Possible case definitions (either 1, 2 or 3)

1. Any person with severe acute respiratory infection requiring admission to hospital with symptoms of fever (≥ 38°C) or history of fever, and cough plus evidence of pulmonary parenchymal disease (eg clinical or radiological evidence of pneumonia or acute respiratory distress syndrome (ARDS)).

   AND AT LEAST ONE OF:
   - history of travel to, or residence in an area where infection with MERS-CoV could have been acquired in the 14 days before symptom onset.
   - close contact during the 14 days before onset of illness with a symptomatic confirmed case of MERS-CoV infection.
   - person is a healthcare worker based in ICU caring for patients with severe acute respiratory infection, regardless of travel or PPE use.
   - part of a cluster of two or more epidemiologically linked cases within a two-week period requiring ICU admission, regardless of history of travel.

2. Acute influenza-like-illness symptoms (ILI), plus contact with camels or consumption of camel products or contact with a hospital, in an affected country in the 14 days prior to onset.

   ILI is defined as sudden onset of respiratory infection with measured fever of ≥ 38°C and cough.

3. Acute respiratory illness (ARI) plus contact with a confirmed case of MERS-CoV in the 14 days prior to onset.

   ARI is defined as sudden onset of respiratory infection with at least one of: shortness of breath, cough or sore throat.

MEETS POSSIBLE CASE DEFINITION

Local clinician/microbiologist:
- ensure appropriate samples are taken and contact the nearest MERS-CoV testing laboratory.
- ensure full PPE is worn (correctly fitted respirator [FFP3], gown, gloves and eye protection) & patient managed as per MERS-CoV infection control advice.
- notify local PHE health protection team (HPT).

PHE Health Protection:
- inform PHE Colindale by email at respiratory.lead@phe.gov.uk and enter case details on HPZone (Infection and unlisted managed context: MERS-CoV).
- collect possible case dataset (Form 1) – email to PHE Colindale (respiratory.lead@phe.gov.uk).
- if a cluster is suspected, establish if there is an epidemiological link between cases.

MERS-CoV TESTING LABORATORY RESULT POSITIVE (PRESUMPTIVE POSITIVE)

Clinician/microbiologist: ensure full PPE is worn (see infection control advice).

MERS-CoV testing laboratory: Inform local HPT, the referring laboratory and PHE reference laboratory (RVU) and send residual material urgently to PHE reference laboratory (RVU) for confirmatory testing – see laboratory guidance.

PHE HPT: Telephone PHE Colindale immediately or contact the duty doctor if out of hours. Start to identify and collate list of close contacts – email to PHE Colindale.

REFERENCE LABORATORY RESULT POSITIVE FOR MERS-COV = CONFIRMED CASE (SEE PAGE 2)

REFERENCE LABORATORY RESULT NEGATIVE FOR MERS-COV

TESTING LABORATORY RESULT NEGATIVE FOR MERS-COV

DISCARD as MERS-CoV
A confirmed case will trigger an IMT

BASELINE

Clinician/microbiologist: collect appropriate baseline samples and send to PHE reference laboratory (RVU) – see laboratory guidance

PHE HPT: complete confirmed case initial form (Form 1a) – email to respiratory.lead@phe.gov.uk

ADDITIONALLY FOLLOW PHE MERS-CoV CLOSE CONTACT ALGORITHM

FOLLOW UP

Clinician/microbiologist: ensure appropriate sequential follow-up samples are taken after discussion with the PHE Colindale incident management team. See laboratory guidance

PHE HPT: complete confirmed case follow-up Form 1b 14-21 days since Form 1a completed – email to respiratory.lead@phe.gov.uk

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