

Protecting and improving the nation's health

MERS-CoV/Avian Influenza Primary Care Algorithm

Algorithm for the assessment and initial management in primary care of returning travellers and visitors from countries* affected by Middle East Respiratory Syndrome-Coronavirus (MERS-CoV) or avian influenza A (eg H5N1, H7N9, H10N8) presenting with febrile respiratory illness: recognition of a possible case and initial management

*High-risk areas as defined in PHE algorithms:

¹MERS-CoV: <u>PHE MERS-CoV Case Algorithm</u> <u>https://www.gov.uk/government/publications/mers-cov-public-health-</u> investigation-and-management-of-possible-cases

² Avian influenza H5N1: <u>PHE H5N1 Case Algorithm</u> <u>https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/358675/Case_management_of_suspected_human_case.pdf</u>

³ Avian influenza H7N9 or H10N8: <u>PHE H7N9 Case Algorithm</u> <u>https://www.gov.uk/government/uploads/system/uploads/attachment_</u> <u>data/file/358673/Investigation_and_management_of_possible_human</u> <u>cases_of_avian_influenza_A_H7N9__flow_diagram_July_new.pdf</u>

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Infection control procedures: If the patient mentions a febrile respiratory illness on arrival to the primary care facility, standard respiratory precautions are indicated to minimise contact/exposure to staff and other patients

| Risk assessment | | | | |
|---|---|----|--|---|
| MERS-CoV or avian influenza A (eg H5N1, H7N9, H10N8) | | | | |
| Clinical | A. Fever ≥38°C AND B. Lower respiratory tract symptoms (cough or shortness of breath) or clinical signs of lower respiratory tract infection OR C. Other severe/life-threatening illness suggestive of an infectious process | | | |
| Exposure | AND History of travel to, or residence in a high-risk area* for MERS-CoV or avian influenza A within two weeks of symptom onset (Note: two weeks has been chosen as the longest period, but for H5N1 the period is seven days, H7N9 10 days and MERS-CoV 14 days) | | | |
| | No | | Yes | |
| Unlikely to I influenza A as clinically | be MERS-CoV or avian Treat and investigate indicated | No | | Does clinical severity warrant hospitalisation? |
| 1. Treat and investigate as indicated 2. Suggest non-urgent molecular testing for influenza. Avian influenza/MERS-CoV is unlikely if clinical severity does not require hospitalisation | | | If patient deteriorates and needs hospitalisation | Yes |
| Follow up preferably b /improveme consider vo Isolation | b by local PHE health protection team, by phone, to confirm recovery ent. The patient should be asked to luntary isolation while symptomatic for contacts is not recommended | | Inform and discuss with local PHE health protection team to risk assess using PHE algorithms according to travel history: | |
| Infection control procedures: ensure respiratory isolation ask patient to wear a surgical mask wear personal protective equipment (PPE) – if possible, this should be a correctly fitted FFP3 respirator, gown, gloves and eye protection. If not available, wear a surgical mask, plastic apron and gloves. Eye protection may be considered if the likelihood of splash exists when arranging an ambulance for the patient inform ambulance personnel of possible diagnosis and of the need to wear PPE | | | MERS-CoV: 1 Algorithm H5N1: ² PHE H H7N9 or H10N Algorithm | <u>PHE MERS-CoV Case</u> <u>H5N1 Case Algorithm</u> N8: ³ <u>PHE H7N9 Case</u> |
| | | | Arrange for admission Inform hosp occupational h | immediate hospital bital infection control and health |