



UK Health
Security
Agency

MERS-CoV: diagnosis and management of cases and contacts

Guidance for healthcare professionals and health protection teams (HPTs)

Version 2.3: May 2026

Classification of contacts, follow-up advice and recommendations for asymptomatic contacts of MERS-CoV

Table 1. Contact tracing matrix

Exposure risk	Description	Example scenarios	Public health actions
High exposure (category 3)	<p>Unprotected direct contact involves touching a case or infectious materials</p> <p>Or:</p> <p>Unprotected close contact involves face-to-face contact for under 15 minutes, or being within 2 metres of the case for the same period of time</p> <p>Or:</p> <p>Direct contact with respiratory secretions or body fluids from an infectious case¹ without appropriate PPE [note 2]</p>	<p>Household contact (shared kitchen and/or bathroom and/or living space) or overnight contact of case whilst they were infectious [note 1].</p> <p>Direct or close contact with an infectious case [note 1].</p> <p>Health or social care worker providing direct clinical or personal care or examination of an infectious case [note 1].</p> <p>Person without direct or close contact, but in same room during aerosol-generating procedure [note 3] on an infectious case [note 1] without appropriate PPE [note 2].</p> <p>Person sharing a car with an infectious case [note 1]</p> <p>Passengers on a plane seated 2 seats in all directions around an infectious case [note 1] as well as cabin crew for the same cabin as the infectious case [note 1]. If the infectious case is a crew member, all passengers seated in the area served by the crew member during the flight, and other members of the crew should be considered contacts. Contact tracing may need to be wider depending on the clinical state of the case, which may have allowed infectious respiratory particles to travel a further distance.</p> <p>Passengers on coaches/trains seated 2 seats in all directions around an infectious case [note 1].</p>	<p>Active follow-up for 14 days from last exposure</p> <p>Advise high risk of exposure and provide category 3 contact information sheet</p> <p>Self-isolate for 14 days from last exposure</p> <p>Advise not to travel for 14 days from last exposure</p> <p>Arrange for asymptomatic testing as per FFX protocol</p>
Medium exposure (category 2)	<p>Protected contact outside of a controlled environment</p> <p>Or:</p> <p>Contact which is not direct or close</p> <p>Or:</p> <p>Contact to a contaminated environment (with respiratory secretions or body fluids of an infectious case [note 1]) whilst wearing appropriate PPE [note 2] correctly with no known breaches</p> <p>Or:</p> <p>In non-containment level 4 facilities handling specimens from an infectious case [note 1] who have had no breach of laboratory practice/PPE [note 4].</p>	<p>Direct or close [note 2] contact with an infectious case [note 1] or their body fluids outside of a designated HCID unit wearing appropriate PPE [note 3].</p> <p>An inpatient room where a case has been admitted after the case has left but before decontamination.</p> <p>Laboratory staff in non-containment level 4 facilities handling specimens from an infectious case [note 1] who have had no breach of laboratory practice/PPE [note 4].</p> <p>Subsequent patients in consulting room after an infectious case [note 1] was seen and prior to room cleaning, provided no contamination with respiratory secretions or body fluids.</p> <p>Passengers on a plane seated more than 2 seats in all directions around an infectious case [note 1].</p>	<p>Passive follow up for 14 days from last exposure</p> <p>Advise low risk exposure and provide category 2 contact information sheet</p> <p>Contact can conduct normal activities (no restrictions) provided remains asymptomatic</p> <p>No testing required if asymptomatic</p> <p>If symptoms develop within 14 days of contact, arrange testing as a possible case</p>

Exposure risk	Description	Example scenarios	Public health actions
Low exposure (category 1) Description Protected direct contact in a controlled environment	Protected direct or close contact in a controlled environment Or: Protected exposure to a contaminated environment whilst wearing appropriate PPE [ote 2] [note 4] correctly with no known breaches in a controlled environment	Clinical staff caring for an infectious case [note 1] in a controlled environment (such as a designated HCID Unit) wearing appropriate PPE [note 3] with no known breaches. UKHSA laboratory staff in containment level 4 diagnostic laboratory handling specimens from an infectious case who have had no breach of laboratory practice/PPE [note 6].	Passive follow up for 14 days from last exposure Advise very low risk exposure and provide category 1 contact information sheet Contact can conduct normal activities (no restrictions) provided remains asymptomatic No testing required if asymptomatic If symptoms develop within 14 days of contact, arrange testing as a possible case

Notes

Note 1. The infectious period for MERS-CoV is assumed to be the period during which the case is symptomatic.

Note 2. Appropriate PPE for suspected and confirmed HCIDs should be as per local trust policy. Further guidance can be found in the [National infection prevention and control manual \(NIPCM\) for England Addendum on high consequence infectious disease \(HCID\) personal protective equipment \(PPE\)](#). A list of aerosol generating procedures (AGPs) can be found in the [National infection prevention and control manual \(NIPCM\) for England: Chapter 2](#).

Note 3. Appropriate PPE for laboratory staff can be found in the HSE document [Safe working and the prevention of infection in clinical laboratories and similar facilities](#).

Note 4. Laboratory practice and PPE guidance for containment level 4 laboratories can be found in the HSE document [Biological agents: The principles, design and operation of Containment Level 4 facilities](#).

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Version 2.3

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Published: May 2026
Publishing reference: GOV-20949



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