POSSIBLE CASE
Any person with severe acute respiratory infection requiring admission to hospital:

- With symptoms of fever (≥ 38°C) or history of fever, and cough
- With evidence of pulmonary parenchymal disease (eg. clinical or radiological evidence of pneumonia or Acute Respiratory Distress Syndrome (ARDS))

AND
- Not explained by any other infection or aetiology

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 confirmed case of MERS-CoV infection while the case was symptomatic
- Healthcare worker based in ICU caring for patients with severe acute respiratory infection, regardless of history of travel or use of PPE
- Part of a cluster of two or more epidemiologically linked cases within a two week period requiring ICU admission, regardless of history of travel

Clinicians should additionally be alert to the possibility of atypical presentations in patients who are immunocompromised

If the patient has an alternative aetiology, but this does not fully explain the presentation and/or clinical course, then the patient should be considered a possible case and tested for MERS-CoV

Close contact is defined as:
- prolonged face-to-face contact (>15 minutes) with a symptomatic confirmed case in a household or other closed setting
- healthcare or social care worker who provided direct clinical or personal care or examination of a symptomatic confirmed case, or within close vicinity of an aerosol generating procedure AND who was not wearing full PPE* at the time

MEETS POSSIBLE CASE DEFINITION

- ensure full PPE* is worn (infection control advice here)
- notify local PHE Health Protection Team and local PHE Laboratory – contact details available here
- ensure appropriate samples are collected and sent to both the designated PHE MERS-CoV testing lab and local PHE Lab – see lab guidance here

- if a cluster is suspected, establish if there is an epidemiological link between cases
- inform CIDSC Colindale by email (respiratory.lead@phe.gov.uk), or contact the duty doctor if out of hours) & enter case details on HPZone

PHE TESTING LAB RESULT NEGATIVE FOR MERS-CoV

DISCARD

PHE TESTING LAB RESULT POSITIVE FOR MERS-CoV (PRESUMPTIVE POSITIVE)

REFERENCE LAB RESULT NEGATIVE FOR MERS-CoV

DISCARD

REFERENCE LAB RESULT POSITIVE FOR MERS-CoV = CONFIRMED CASE

ADDITIONALLY FOLLOW “PHE MERS-CoV CLOSE CONTACT ALGORITHM”

BASELINE

- collect appropriate baseline samples and send to PHE Reference lab (RVU) – see lab guidance here
- complete confirmed case initial form (Form 1a) – email to CIDSC Colindale

FOLLOW UP

- ensure appropriate sequential follow up samples are taken after discussion with the CIDSC Colindale incident control team, and sent to PHE Reference lab (RVU)
- complete confirmed case follow-up form (Form 1b) 14-21 days since Form 1a completed – email to CIDSC Colindale

*Full PPE (Personal Protective Equipment): correctly fitted high filtration respirator (FFP3), gown, gloves and eye protection