It is very unlikely but possible that a patient with respiratory symptoms will have Middle Eastern Respiratory Syndrome (MERS), so being alert to the possibility of MERS in the returned traveller is advised. The transmission risk from a patient with MERS in the early stages of disease with limited symptoms is unknown, therefore the infection prevention protocols are deliberately cautious.

### Identify Symptoms and Exposure History

**Does the patient meet any of the following four combinations of symptoms and exposures:**

1. **Fever AND pneumonia or pneumonitis or respiratory distress AND during the 14 days prior to symptom onset:**
   - Lived in or travelled to^ the Middle East* or where outbreaks are occurring^? OR
   - Had contact with someone with fever and acute respiratory illness of unknown aetiology with a history of having lived in or travelled to the Middle East or where outbreaks are occurring

2. **Fever AND symptoms of respiratory illness AND during the 14 days prior to symptom onset:**
   - Been in a health care facility in a country^ in which recent healthcare-associated cases of MERS are occurring, OR
   - Been in contact with camels or raw camel products (milk/ meat) in the Middle East

3. **Fever OR acute non respiratory symptoms AND during the 14 days prior to symptom onset:** 
   - Had contact@ with a probable or confirmed MERS case when the case was ill

4. **Part of a cluster of patients with severe acute respiratory illness of unknown aetiology, particularly where the cluster involves healthcare workers**

### Isolate and Inform

- Place patient in negative pressure single room if available, otherwise a well ventilated single room away from other patients with the patient wearing a surgical mask. Access to own toilet facilities should be provided.
- If patient has to leave room then they should wear a mask.
- Restrict entry of non-essential staff.
- Keep a log of those who enter the room.
- Inform State/Territory Public Health Unit/Communicable Disease Branch
- Liaise with clinical laboratory staff about upcoming samples to ensure appropriate samples collected and appropriate precautions taken by laboratory staff
- Inform infection control
- Inform ID physician
- Arrange transfer as per local plans and Public Health Unit direction

### Determine PPE

**Standard, contact, droplet and airborne precautions for suspected and confirmed MERS patients.**

Aerosol- generating procedures require airborne precautions:
- P2 mask OR PAPR
- Face shield/goggles or PAPR
- Long sleeved gown (disposable)
- Gloves
- Hand hygiene

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^Note: Transiting through an international airport (<24 hours duration, remaining within the airport) in the Middle East is not considered to be risk factor for infection.  
* Affected countries in the Middle East and immediate surrounding areas may be defined as Iran, Jordan, Kuwait, Lebanon, Oman, Qatar, Saudi Arabia (KSA), United Arab Emirates (UAE) and Yemen.  