

## MERS infection prevention and control for acute care hospitals

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:

- Fever AND pneumonia or pneumonitis or respiratory distress AND during the 14 days prior to symptom onset:
  - Lived in or travelled to<sup>^</sup> the Middle East\* or where outbreaks are occurring<sup>#</sup>? 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
- Fever AND symptoms of respiratory illness AND during the 14 days prior to symptom onset:
  - Been in a health care facility in a country<sup>#</sup> 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
- 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
- Part of a cluster of patients with severe acute respiratory illness of unknown aetiology, particularly where the cluster involves healthcare workers

YES

### 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

NO

Continue with normal triage and assessment  
Continue to monitor for signs and symptoms of MERS while in hospital  
Discuss with PHU/communicable disease unit if required

### 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

AND

<sup>^</sup>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. #

<http://www.health.gov.au/internet/main/publishing.nsf/Content/ohp-mers-cov-countries-lab-confirmed.htm> @ See

<http://www.health.gov.au/internet/main/publishing.nsf/Content/cdna-song-mers-cov.htm> for definition of contacts