

Management guidelines for MERS coronavirus in general practice

28 April 2025

It is unlikely but possible that a patient in primary care with respiratory symptoms will have Middle East Respiratory Syndrome (MERS), so be alert for the possibility of MERS in returned travellers.

Isolate

Infection control recommendations for suspected cases aim to provide the highest level of protection for health care workers, given the current state of knowledge.

In patients with compatible symptoms and exposure history, General Practitioners (GPs) should follow standard and transmission-based precautions (contact, droplet and airborne) for infection control, to minimise the risk of spread of MERS. The recommendations include:

- Keep patient in a single room with the door closed
- Contact precautions, including careful attention to hand hygiene
- Encourage patient to use respiratory etiquette
- Ask patient to wear a mask
- Use personal protective equipment, including a P2 mask/respirator, gloves, and eye protection
- Single use equipment wherever possible
- Clean areas where the patient has been after they have left.

The Royal Australasian College of General Practitioners (RACGP) provides infection prevention and control guidelines for general practices and other office-based and community-based practices on the [RACGP website](#).

Inform

If transferring a patient to the emergency department, please ensure your phone call and letter of referral includes details of relevant travel history, or known exposure to confirmed or probable cases, and include details of any relevant treatments or investigations undertaken for the patient. Ensure the ambulance personnel are informed so appropriate personal protective equipment (PPE) can be used.

Please also remember to inform your local public health unit/communicable disease control unit about the case urgently.

Testing for MERS

Do not collect clinical samples in a general practice setting. This is best done as part of a comprehensive follow up plan and with ready access to appropriate PPE and reference laboratory facilities. Patients should be referred to a hospital for investigation and management.

Reporting

Notify the relevant state and territory public health unit/communicable diseases units of any suspected (and probable or confirmed) cases to discuss patient testing and/or referral and coordinate management of contacts.

Confirmed and probable cases must be reported to state/territory public health authorities immediately on being classified. State and territory authorities should notify the Commonwealth Department of Health and Aged Care which is responsible for reporting to World Health Organization (WHO) (under International Health Regulations 2005).

Advice for contacts of cases

Contacts of cases should be directed to your state/territory communicable disease unit for advice.

[Australian Capital Territory](#) – 02 5124 9213

[New South Wales](#) – 1300 066 055

[Northern Territory](#) – Darwin: 08 8922 8044 or 1800 008 002. For areas outside of Darwin refer to the [Northern Territory Health website](#).

[Queensland](#) – Brisbane Metro North: 07 3624 1111, Brisbane Metro South: 07 3156 4000. For areas outside of Brisbane refer to the [Queensland Health website](#).

[South Australia](#) – 1300 232 272

[Tasmania](#) – 1800 671 738

[Victoria](#) – 1300 651 160

[Western Australia](#) – 08 9222 2131. For medical or nurse practitioners reporting urgently notifiable diseases after hours (5pm to 8am Monday to Friday, weekends and public holidays) call 1800 434 122 and follow the prompts.

Further information

- WHO has [situation updates and the latest advice](#).
- The Department of Foreign Affairs and Trade's Smartraveller website has [information for travellers](#).