

Management guidelines for MERS coronavirus in general practice

6 June 2024

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, 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 control standards for office-based practice, available from 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 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 6205 2155

[New South Wales](#) – 1300 066 055

[Northern Territory](#) – 08 8922 8044 Monday-to Friday daytime and 08 8922 8888 ask for CDC doctor on call – for after hours

[Queensland](#) – 13 432 584

[South Australia](#) – 1300 232 272

[Tasmania](#) – 1800 671 738 (from within Tasmania), 03 6166 0712 (from mainland states) After hours, follow the prompt “to report an infectious disease”

[Victoria](#) – 1300 651 160

[Western Australia](#) – 08 9222 8588 or 1300 623 292 After hours 08 9328 0553.

Further information

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