



مركز القيادة و التحكم
Command & Control Center

Approach to handling suspected and confirmed MERS-CoV cases

V 5.0

Purpose of this document

- Establish and communicate clinical operations **protocols** that **must be followed** for **MERS-CoV cases diversions** to appropriate hospitals



Disclaimer for use of this document

This document:

- Is **NOT intended as a comprehensive MERS-CoV guideline**
- Should be supplemented with **other important guidelines** such as infection prevention and control and isolation guidelines which are found **on the MOH website¹**:
 - **MERS-CoV readiness guideline** :
<http://www.moh.gov.sa/en/CCC/Regulations/Final-MERS-CoV%20IPC%20Guidelines-24.06.2014.pdf>
- Is subject to **change** as guidelines are updated

¹ To be updated

Acknowledgments

This document was developed with

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- Dr. Ahmad Wazzan, President, Saudi Arabian Society of Emergency Medicine
- Dr. Tariq Madani, Advisor to HE Minister of Health, Chairman of Scientific Advisory Board
- Dr. Tariq Al-Arnous, Control Tower Platform Leader, Command and Control Center

**For any comments, clarifications,
or recommendations pertaining
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Contents

- **Guiding principles**

- Case definitions
- MERS-CoV designated hospitals & teams definitions
- MERS-CoV diversion plans
- Transfer protocols



General guiding principles to follow in handling MERS-CoV cases (1 of 2)

The following principles were followed to create the referral pathways. They should be followed in case of doubt or when handling cases not specifically addressed in this guide:

General

- All hospital staff should be aware of latest MERS-CoV **case definition**¹
- At all times, handle suspect patients with appropriate **protection equipment** (i.e. PPEs applied on patients and by health professionals) and follow all recommended IPC guidelines²
- When transferring patients to other locations, **transfer protocols**² should be followed
- For **other infectious diseases** not covered in this guideline, please follow standard MoH guidelines

1 Case definitions available on MoH websites: MERS-CoV: <http://www.moh.gov.sa/en/CCC/Regulations/Final-MERS-CoV%20IPC%20Guidelines-24.06.2014.pdf>

2 Transfer protocols available in this document

General guiding principles to follow in handling MERS-CoV cases (2 of 2)

Suspected cases

- **Important: Whenever a suspect case of MERS-CoV is identified, call the infectious diseases hotline (937) to report the case and receive up-to-date guidance**
- When possible (i.e. isolation room and adequate personnel available), preference is to admitting suspect MERS-CoV patients in **same facility** that received patient rather than transferring patient to other ERs or MERS-CoV Designated Hospitals (MDH)

Confirmed cases

- Confirmed MERS-CoV patients should be transferred to MERS-CoV Designated Hospitals (MDH) following appropriate transfer protocols¹

¹ Transfer protocols available in this document

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MERS-CoV case definition

Suspect case (patients who should be tested for MERS-CoV)

- I. A person with **fever** and **community-acquired pneumonia** or acute **respiratory distress** syndrome based on clinical or radiological evidence
OR
- II. A **hospitalized** patient with **healthcare associated pneumonia** based on clinical and radiological evidence
OR
- III. A person with
 - 1) Acute **febrile ($\geq 38^{\circ}$ C) illness**
AND
 - 2) Body **aches, headache, diarrhea, or nausea/vomiting**, with or without **respiratory symptoms**
AND
 - 3) Unexplained **leucopenia** ($WBC < 3.5 \times 10^9/L$) and **thrombocytopenia** ($platelets < 150 \times 10^9/L$)
- IV. A person (including health care workers) who had **protected** or **unprotected exposure** to a confirmed or probable case of MERS-CoV infection and who presents with **upper** or **lower respiratory illness** within 2 weeks after exposure

- A **probable case** is a patient in category I or II with absent or inconclusive laboratory results for MERS-CoV and other possible pathogens who is a **close contact** of a laboratory-confirmed MERS-CoV case or who **works in a hospital** where MERS-CoV cases are cared for
- A **confirmed case** is a person with laboratory confirmation of MERS-CoV infection

SOURCE: KSA MoH MERS-CoV Infection Prevention and Control Guidelines

<http://www.moh.gov.sa/en/CCC/Regulations/Final-MERS-CoV%20IPC%20Guidelines-24.06.2014.pdf>



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Specific hospitals have been designated to handle confirmed MERS-CoV cases

MERS-CoV Designated Hospitals

Western province

- King Fahad Hospital, Jeddah

Central province

- Prince Mohammad bin Abdulaziz Hospital, Riyadh

Eastern province

- Dammam medical complex, Dammam

Dedicated teams, reachable through the 937 hotline, will be in place to assist in managing MERS-CoV cases

Teams, reachable through the 937 hotline, who can help in diagnosing, handling, or transferring cases

MERS-CoV

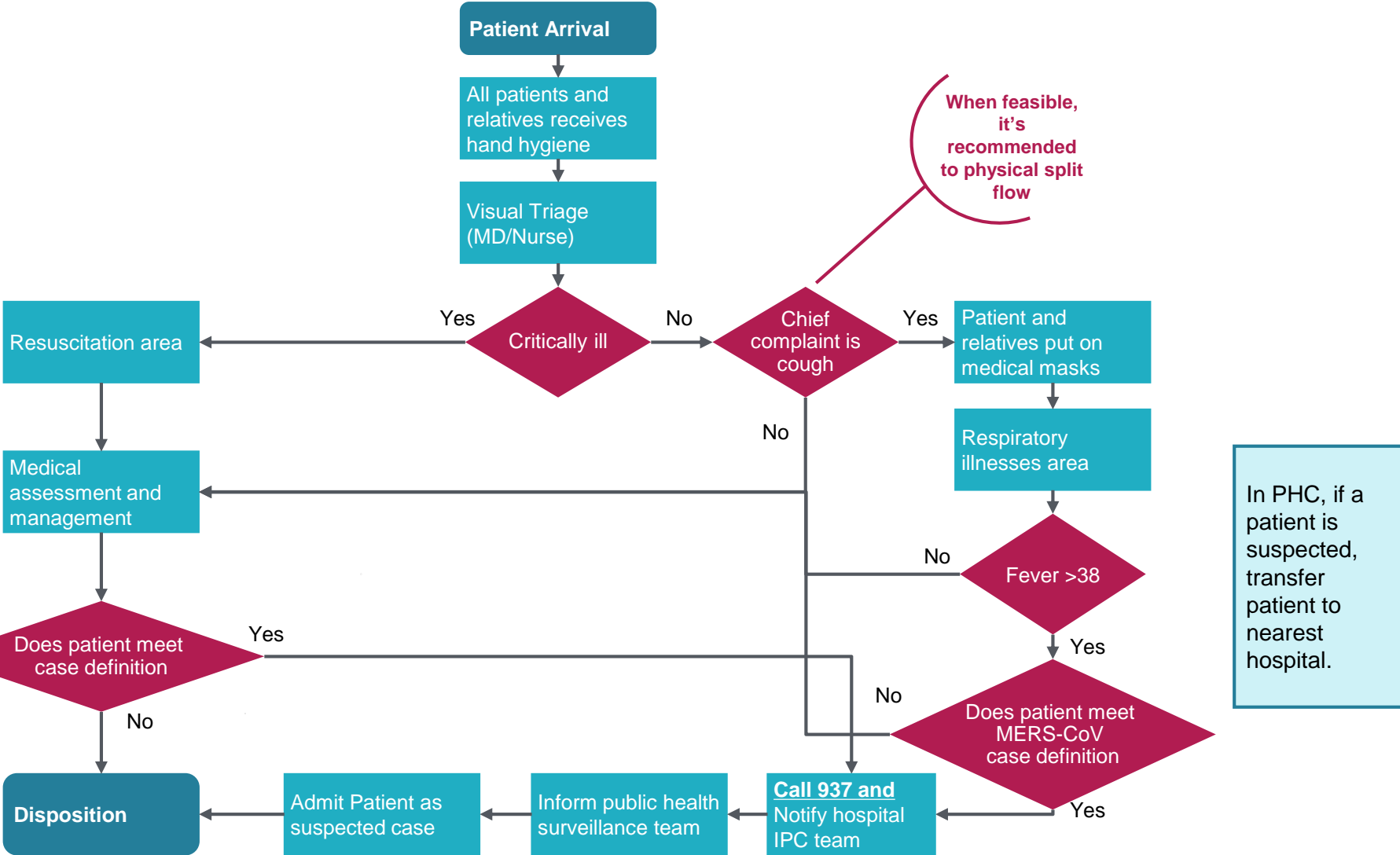
- **MERS-CoV Team:** Intensivist (ICU consultant) and Infectious Diseases consultant on call that can help in diagnosing cases over the phone and advising on appropriate course of action to take
- **ECMO team:** Emergency team that responds when there is an ECMO need to insert ECMO and transfer the patient

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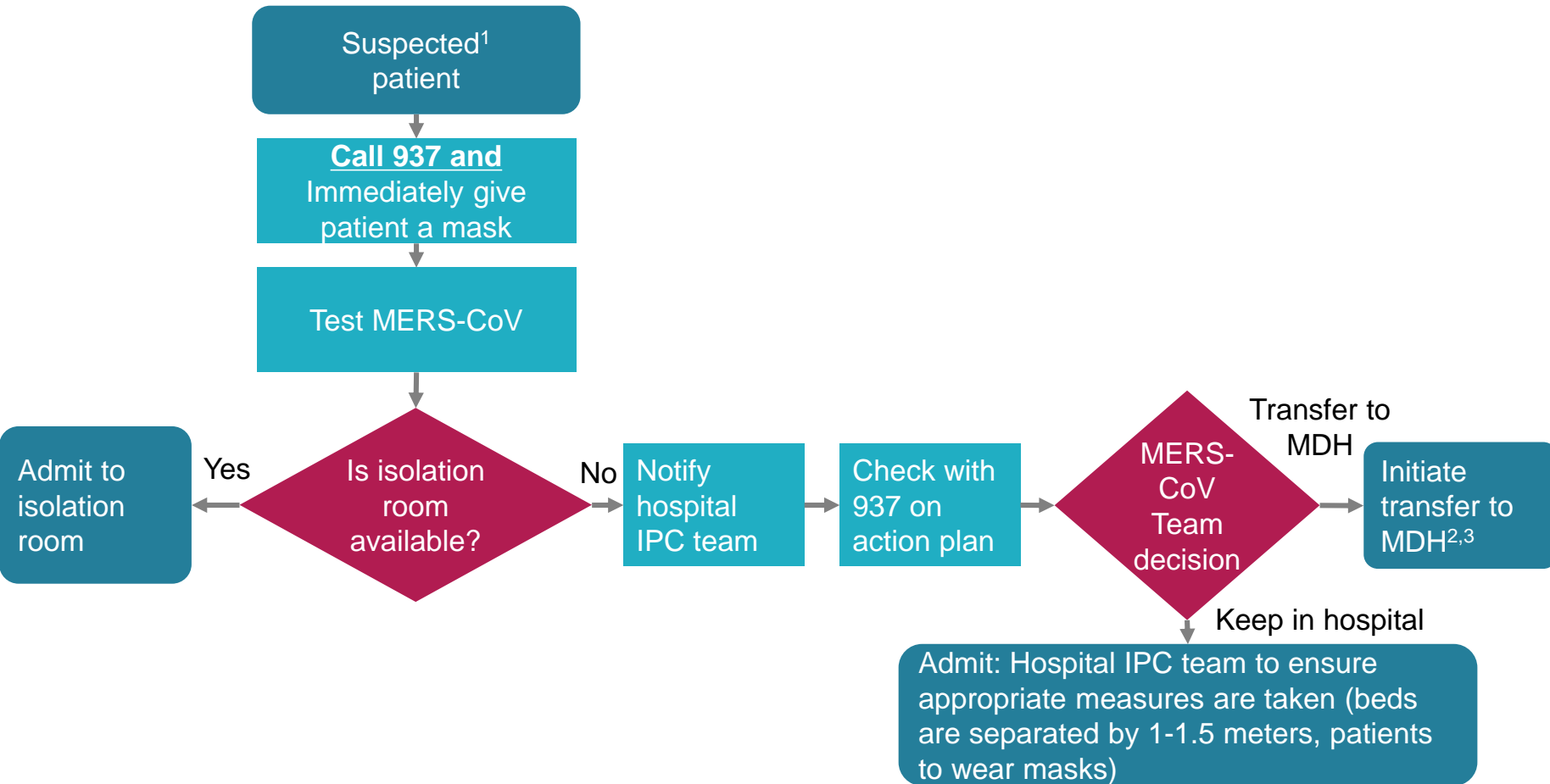
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Identification of suspected MERS-CoV case



Diversion plan for a **suspect MERS-CoV (ICU and non-ICU) patient**

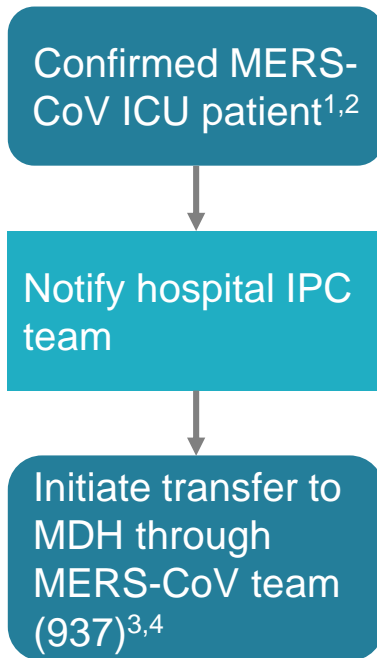


1 Refer to MERS-CoV case definition as per MoH's MERS-CoV online guideline <http://www.moh.gov.sa/en/CCC/Regulations/Final-MERS-CoV%20IPC%20Guidelines-24.06.2014.pdf>

2 Follow transfer from hospital protocol presented in this guide

3 List of MDHs presented in this guide

Diversion plan for a confirmed MERS-CoV (ICU and non-ICU) patient



1 Refer to MERS-CoV case definition as per MoH's MERS-CoV online guideline <http://www.moh.gov.sa/en/CCC/Regulations/Final-MERS-CoV%20IPC%20Guidelines-24.06.2014.pdf>

2 Follow protocol for confirming +ve MERS-CoV case

3 Follow transfer from hospital protocol

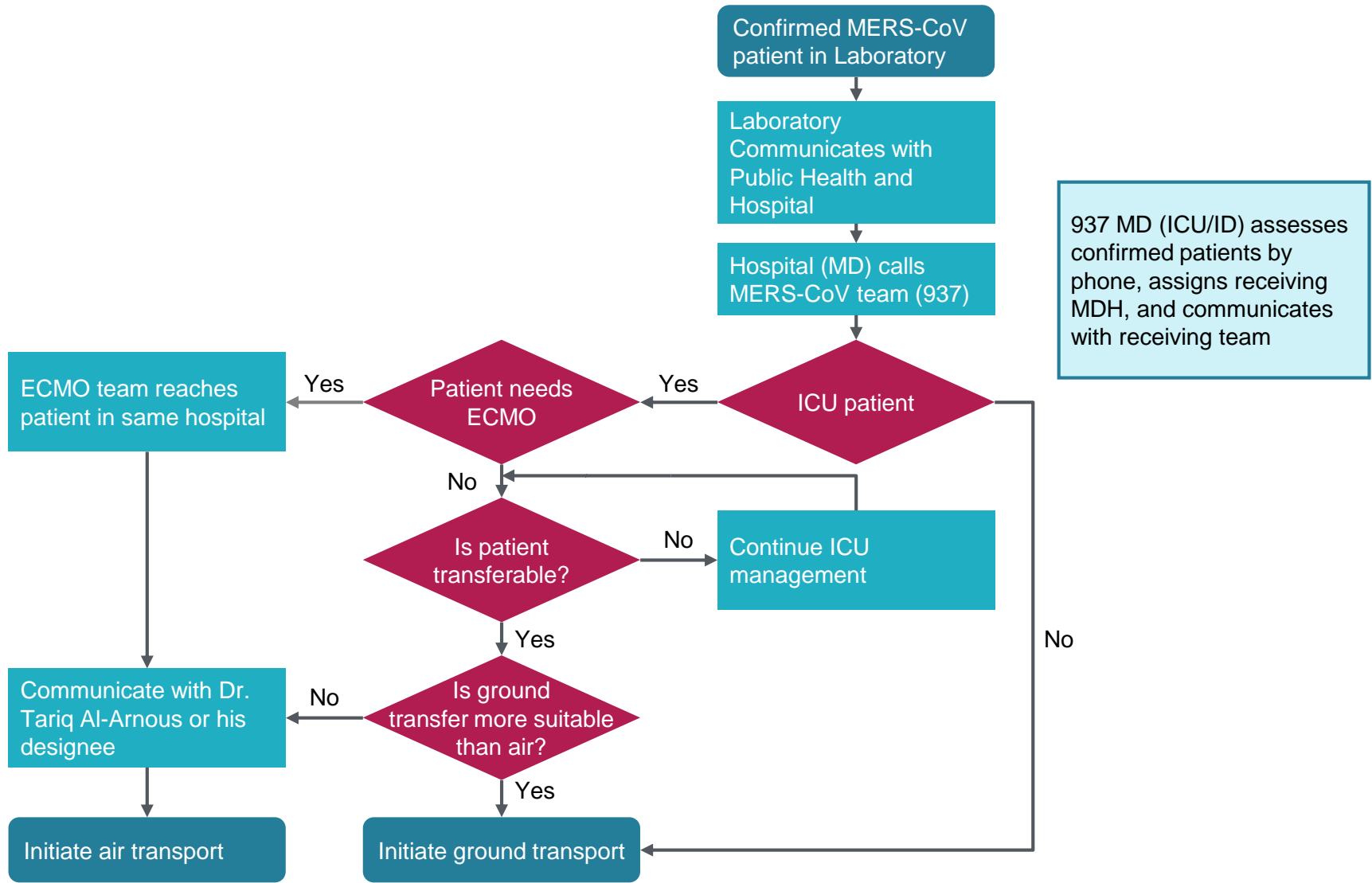
4 List of MDHs presented in this guide

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Transfer protocol of a MERS-CoV case from a Hospital to an MDH



Transfer protocol for ECMO

