Buncombe County Health and Human Services
Aging and Veteran's Services ~ Social Work Services
Public Assistance & Work Support Strategies ~ Public Health
Amanda Stone, MSW
Health and Human Services Director

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Middle East respiratory syndrome coronavirus (MERS CoV).
for Medical Providers

Please see the information summarized below for NC healthcare providers regarding the **Middle East respiratory syndrome coronavirus (MERS CoV).**

MERS CoV has **not** been detected in North Carolina or anywhere else in the US at this time. However, rapid identification and reporting of suspected cases will be critically important if cases do occur here so that appropriate control measures can be implemented.

Please contact me or the Buncombe County Disease Control staff (#250-5109) if you have any questions re: this or other communicable disease concerns.

Thanks,

Jenni

Jennifer Mullendore, MD, MSPH
Medical Director
Buncombe County Department of Health and Human Services
Office: (828) 250-6308
Jennifer.Mullendore@buncombecounty.org

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MERS CoV

- a novel coronavirus first identified in September 2012 in Saudi Arabia
- associated with severe and often fatal respiratory infections among persons who live in or have traveled to the Middle East
- no cases have been identified in the United States as of 5/30/2013
- clear evidence of person-to-person transmission both in household and healthcare settings, but the efficiency of transmission is not yet clear
- different from all coronaviruses previously associated with human infections, including SARS
- reservoir and route of transmission have not been identified

Case Investigation and Testing

- **MERS CoV infection should be considered in any patient who meets the following criteria:**
  - Acute respiratory infection, which may include fever (≥ 38°C , 100.4°F) and cough; **AND**
  - Suspicion of pulmonary parenchymal disease (e.g., pneumonia or acute respiratory distress syndrome based on clinical or radiological evidence of consolidation); **AND**
  - History of travel from the Arabian Peninsula or neighboring countries* within two weeks; **AND**
  - Not already explained by any other infection or etiology, including all clinically indicated tests for community-acquired pneumonia according to local management guidelines.

- **In addition, the following persons may be considered for evaluation for MERS CoV infection:**
  - Persons who develop severe acute lower respiratory illness of known etiology within two weeks after travel from the Arabian Peninsula or neighboring countries but do not respond to appropriate therapy; **OR**
  - Persons who develop severe acute lower respiratory illness who are close contacts of a symptomatic traveler who developed fever and acute respiratory illness within two weeks after travel from the Arabian Peninsula or neighboring countries.
    - Close contact is defined as providing care for the ill traveler (e.g., a healthcare worker or family member), or having similar close physical contact; or stayed at the same place (e.g. lived with, visited) as the traveler while the traveler was ill.

- Persons who meet these criteria should also be evaluated for common causes of community-acquired pneumonia (influenza A and B, respiratory syncytial virus, *Streptococcus pneumoniae*, and *Legionella pneumophila)*, if this has not been already done.

    - Viral culture should **not** be attempted in cases with a high index of suspicion.

- **Clinicians caring for patients meeting these criteria should immediately contact their local health department or the state Communicable Disease Branch (919-733-3419; available 24/7) to discuss laboratory testing and control measures.**
- **In addition, any clusters of severe acute respiratory illness in healthcare workers or of unknown etiology should be immediately reported to local health department and thoroughly investigated.**
- **Currently, testing for MERS CoV is only available at the CDC through consultation with NC DPH**. Detailed information about specimen collection and transport is available at www.cdc.gov/coronavirus/mers/guidance.html.

Infection Control

- Transmission of MERS CoV has been documented in healthcare settings.
- Until the transmission characteristics are better understood, **patients under investigation and probable and confirmed cases should be managed** according to CDC's infection control recommendations for the coronavirus that caused SARS. These include:
  - **Contact and airborne isolation precautions for all patient contact, including:**
    - **Use of fit-tested NIOSH-approved N95 or higher level respirators**
    - **Use of eye protection**
    - **Use of negative-pressure airborne isolation rooms if available**
  - **If the patient must be moved from his/her room, a standard surgical mask should be worn by the patient.**
  - **Continuation of isolation precautions until 10 days after resolution of fever, provided that respiratory symptoms are resolved or improving.**

Treatment

- **No antivirals are currently available** for treatment of MERS CoV or other novel coronavirus infections.

This is a rapidly evolving situation and **recommendations are likely to change as new information becomes available**. Updated information and guidance are available from the CDC at www.cdc.gov/coronavirus/mers.

* Countries considered in the Arabian Peninsula and neighboring include: Bahrain, Iraq, Iran, Israel, Jordan, Kuwait, Lebanon, Oman, Palestinian territories, Qatar, Saudi Arabia, Syria, the United Arab Emirates (UAE), and Yemen.

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