

DPHHS HAN UPDATE

Cover Sheet

DATE: August 12, 2013

SUBJECT: Notice to Healthcare Providers and Public Health Officials: Updated Guidance for the Evaluation of Severe Respiratory Illness Associated with Middle East Respiratory Syndrome Coronavirus (MERS-CoV)

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Epidemiology Section
1-406-444-0273**

**DPHHS Health Alert Hotline:
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DPHHS policy is to forward all HAN messages from the Centers for Disease Control and Prevention (CDC)

Information Sheet

Date: August 12, 2013

Subject: Notice to Healthcare Providers and Public Health Officials: Updated Guidance for the Evaluation of Severe Respiratory Illness Associated with Middle East Respiratory Syndrome Coronavirus (MERS-CoV)

Background: MERS-CoV is a beta coronavirus first described in September 2012. As of August 12, 2013, 94 laboratory confirmed cases have been reported to the World Health Organization (WHO); with 49% (46) being fatal. All the cases have been linked to four countries in or near the Arabian Peninsula. **No cases have been identified or reported in the U.S.** This virus has spread between people through close contact; however, the virus has not shown to spread in a communicably sustained pattern.

Information: The CDC has:

- 1) Changed the criteria for who should be evaluated for MERS-CoV
- 2) Clarified recommendations for investigating clusters of severe acute respiratory illness
- 3) Clarified the criterion for laboratory confirmation
- 4) Redefined the definition of a probable case
- 5) Updated the interim guidance about testing of clinical specimens to increase the likelihood of detecting MERS-CoV infection

Recommendations: Please refer to the attached:

CDC HEALTH UPDATE on MERS-CoV

DPHHS Technical Guidance: MERS-CoV Related Guidance for Colleges, Universities, and Individuals with Recent Foreign Travel

Testing can be performed at the Montana Public Health Laboratory (MTPHL) when requested by a licensed healthcare practitioner who has a patient meeting the clinical and epidemiological criteria for MERS. Your local public health department and DPHHS will assist with arranging testing for individuals meeting the above criteria. Please contact MTPHL at 1-800-821-7284 for additional information.



Department of Public Health and Human Services

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Steve Bullock, Governor

Richard H. Opper, Director

DPHHS Technical Guidance: Middle East Respiratory Syndrome Coronavirus (MERS-CoV), Colleges, Universities and Individuals with Recent Foreign Travel.

MERS is an international public health threat that could impact your staff and student body. The following information can be helpful in understanding and mitigating any potential risk.

What is MERS?

Middle East Respiratory Syndrome Coronavirus (MERS-CoV) *MERS-CoV, formerly called “novel coronavirus,”* is a beta coronavirus that was first described in September 2012, when it was reported to have caused fatal acute lower respiratory illness in a male from Saudi Arabia. Genetic sequence analyses have shown that this new virus is different from other known human coronaviruses, including the one that caused severe acute respiratory syndrome (SARS).

What kind of threat is this?

To date, all cases (81 as of July 10, 2013) have been linked to four countries in or near the Arabian Peninsula. No cases have been identified in the U.S. The virus has spread from ill people to others through close contact. Concern exists, because cases have been reported in Europe that traveled from the four countries in the Middle East and transmission from person to person has been documented.

How does this threat affect my college, university or work setting?

Higher education students, faculty and employees may travel internationally. Residents from the United States will be traveling to countries where MERS has been identified and students and others may travel from those same countries to the U.S. To date, the U.S. Centers for Disease Control and Prevention (CDC) and the World Health Organization have NOT issued any travel warnings and do not recommend that anyone change their travel plans because of MERS.

What can we do?

Provide “Guidance for Travel” information (attached) from the Centers for Disease Control & Prevention to staff and/or students who may be traveling to the affected areas of the Middle East and to providers who may see ill persons who recently traveled to or from those same areas. Updates to the guidance may be found at: <http://wwwnc.cdc.gov/travel/notices/watch/coronavirus-saudi-arabia-qatar>

Evaluating a patient for possible MERS?

Individuals who meet the criteria below should be reported immediately to your local public health agency. Your local public health staff will work with the Montana Department of Public Health and Human Services (DPHHS) to assist in evaluating the suspected cases and conducting testing as needed.

A patient under investigation (PUI) is a person with:

- an acute respiratory infection, which may include fever ($\geq 38^{\circ}\text{C}$, 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 countries¹ within 14 days; **AND**
- not already explained by any other infection or etiology, including all clinically indicated tests for community-acquired pneumonia² according to local management guidelines.

In addition, the following people may be considered for evaluation for MERS-CoV infection:

- People who develop severe acute lower respiratory illness of known etiology within 14 days after travel from the Arabian Peninsula or neighboring countries¹ but do not respond to appropriate therapy; OR
- People who develop severe acute lower respiratory illness who are close contacts of a symptomatic traveler who developed fever and acute respiratory illness within 14 days after travel from the Arabian Peninsula or neighboring countries.¹

How is MERS diagnosed and treated?

The Montana Public Health Laboratory can test for MERS-CoV on patients meeting specific clinical and epidemiological criteria. Diagnosis relies on testing with real time reverse transcription polymerase chain reaction (RT-PCR) assays. There is no specific treatment for MERS-CoV infection; care is supportive. Samples with positive results following testing are considered presumptive and will be sent to CDC for confirmation.

Who do we contact for more information?

General Information: CDC MERS Website - Recommendations and guidance on MERS-CoV case definitions, case investigation, specimen collection and shipment for testing, and infection control (including use of personal protective equipment) are available at the CDC MERS website (<http://www.cdc.gov/coronavirus/MERS/index.html>).

Concern regarding an individual: Contact your local health department communicable disease staff. Your local public health agency will coordinate with DPHHS to facilitate testing when needed .

Testing Questions: Testing can be performed at the Montana Public Health Laboratory (MTPHL) when requested by a licensed healthcare practitioner who has a patient meeting the clinical and epidemiological criteria for MERS. Your local public health department and DPHHS will assist with arranging testing for individuals meeting the above criteria. Please contact MTPHL at 1-800-821-7284 for additional information.

1. 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.

2. Examples of respiratory pathogens causing community-acquired pneumonia include influenza A and B, respiratory syncytial virus, *Streptococcus pneumoniae*, and *Legionella pneumophila*.



A Novel Coronavirus Called "MERS-CoV" in the Arabian Peninsula

> **Watch - Level 1, Practice Usual Precautions**

Updated: July 12, 2013

What Is the Current Situation?

Cases of respiratory illness caused by Middle East Respiratory Syndrome Coronavirus (MERS-CoV) have been identified in multiple countries. MERS-CoV was previously called "novel coronavirus." For more information, see [CDC's MERS website](http://www.cdc.gov/coronavirus/mers/overview.html) (<http://www.cdc.gov/coronavirus/mers/overview.html>).

MERS Cases and Deaths, April 2012 - Present

Current as of July 12, 2013, 9:00 AM EDT

Countries	Cases (Deaths)
France	2 (1)
Italy	3 (0)
Jordan	2 (2)
Qatar	2 (0)
Saudi Arabia	66 (38)
Tunisia	2 (1)
United Kingdom (UK)	3 (2)
United Arab Emirates (UAE)	1 (1)
Total	81 (45)

en español (<http://www.cdc.gov/Spanish/especialesCDC/Coronavirus/>)

For more information visit [World Health Organization \(WHO\)](http://www.who.int/csr/don/archive/disease/coronavirus_infections/en/index.html)

(http://www.who.int/csr/don/archive/disease/coronavirus_infections/en/index.html) 

(<http://www.cdc.gov/Other/disclaimer.html>).

CDC does not recommend that anyone change their travel plans because of these cases of MERS. CDC recommends that US travelers to countries in or near the Arabian Peninsula* ([#footnote](#)) monitor their health and see a doctor right away if they develop fever and symptoms of lower respiratory illness, such as cough or shortness of breath. They should tell the doctor about their recent travel.

What Is a Coronavirus?

Coronaviruses are a cause of the common cold. A coronavirus also was the cause of the severe respiratory illness called SARS (severe acute respiratory syndrome). SARS caused a global epidemic in 2003, but there have not been any known cases of SARS since 2004. MERS-CoV is not the same coronavirus that caused SARS.

What Is Known About MERS-CoV?

MERS-CoV is different from any other coronavirus that has been previously found in people. Symptoms of MERS have included fever, cough, and shortness of breath. CDC is working with the World Health Organization and other partners to understand the public health risks from this virus.

How Can Travelers Protect Themselves?

Taking these everyday actions can help prevent the spread of germs and protect against colds, flu, and other illnesses:

- Wash your hands often with soap and water. If soap and water are not available, use an [alcohol-based hand sanitizer](http://www.cdc.gov/flu/about/qa/preventing.htm#hand-sanitizers) (<http://www.cdc.gov/flu/about/qa/preventing.htm#hand-sanitizers>).
- Avoid touching your eyes, nose, and mouth. Germs spread this way.
- Avoid close contact with sick people.
- Be sure you are up-to-date with all of your shots, and if possible, see your healthcare provider at least 4–6 weeks before travel to get any additional shots. Visit CDC's [Travelers' Health](http://wwwnc.cdc.gov/travel/) (<http://wwwnc.cdc.gov/travel/>) website for more information on healthy travel.
- If you are sick
 - Cover your mouth with a tissue when you cough or sneeze, and throw the tissue in the trash.
 - Avoid contact with other people to keep from infecting them.

When Should Someone See a Health Care Provider?

You should see a health care provider if you develop a fever and symptoms of lower respiratory illness, such as cough or shortness of breath, within 14 days after traveling from countries in or near the Arabian Peninsula* ([#footnote](#)). You should tell the health care provider about your recent travel.

Clinician Information:

Health care providers should be alert to patients who develop severe acute lower respiratory illness (e.g., requiring hospitalization) within 14 days after traveling from countries in the Arabian Peninsula* ([#footnote](#)) or neighboring countries, excluding those who transited at airports.

- Consider other more common causes of respiratory illness, such as influenza.

- Evaluate patients using **CDC's case definitions and guidance** (<http://www.cdc.gov/coronavirus/ncv/case-def.html>)
- Immediately report patients with unexplained respiratory illness and who meet CDC's criteria for "patient under investigation" to CDC through the state or local health department.
- Consider evaluating patients for MERS-CoV infection who:
 - Develop severe acute lower respiratory illness of known etiology within 14 days after traveling from the Arabian Peninsula,* ([#footnote](#)) but who do not respond to appropriate therapy
 - Develop severe acute lower respiratory illness who are close contacts of a symptomatic traveler who developed fever and acute respiratory illness within 14 days after traveling from the Arabian Peninsula.* ([#footnote](#))
- See additional recommendations and guidance on CDC's **MERS website** (<http://www.cdc.gov/coronavirus/mers/overview.html>).
- Contact your state or local health department if you have any questions.

Additional Information:

- **CDC Middle East Respiratory Syndrome (MERS)** (<http://www.cdc.gov/coronavirus/mers/index.html>)
- **Middle East Respiratory Syndrome (MERS) Interim Guidance for Airline Crew: Report Ill Travelers on Flights Arriving to the United States** (<http://www.cdc.gov/quarantine/travel-industry/air/mers-interim-guidance-airline-crew-report-ill-travelers-flights-arriving-united-states.html>) (CDC Quarantine site)
- **WHO Coronavirus Infection** (http://www.who.int/csr/disease/coronavirus_infections/en/index.html)  (<http://www.cdc.gov/Other/disclaimer.html>)
- **Novel Coronavirus, Public Health England** (<http://www.hpa.org.uk/Topics/InfectiousDiseases/InfectionsAZ/NovelCoronavirus/>)  (<http://www.cdc.gov/Other/disclaimer.html>)
- **ECDC: Updates to Rapid Risk Assessment on MERS-CoV (PDF)**  (<http://www.ecdc.europa.eu/en/publications/Publications/risk-assessment-middle-east-respiratory-syndrome-coronavirus-MERS-CoV-17-may-2013.pdf>)  (<http://www.cdc.gov/Other/disclaimer.html>)
- **Update: Severe Respiratory Illness Associated with a Novel Coronavirus—Worldwide, 2012–2013** (http://www.cdc.gov/mmwr/preview/mmwrhtml/mm62e0307a1.htm?s_cid=mm62e0307a1_x) MMWR March 7, 2013/62 (Early Release); 1–2
- **Severe Respiratory Illness Associated with a Novel Coronavirus — Saudi Arabia and Qatar, 2012** (http://www.cdc.gov/mmwr/preview/mmwrhtml/mm61e1004a1.htm?s_cid=mm61e1004a1_e) MMWR October 12, 2012/61; 820–820.

*Countries in and near the Arabian Peninsula: 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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This is an official
CDC HEALTH UPDATE

Distributed via the CDC Health Alert Network
August 12, 2013, (12:00 PM ET)
CDCHAN-00352

Notice to Healthcare Providers and Public Health Officials: Updated Guidance for the Evaluation of Severe Respiratory Illness Associated with Middle East Respiratory Syndrome Coronavirus (MERS-CoV)

Summary

The Centers for Disease Control and Prevention (CDC) continues to work closely with the World Health Organization (WHO) and other partners to better understand the public health risks posed by Middle East Respiratory Syndrome Coronavirus (MERS-CoV). To date, no cases have been reported in the United States. The purpose of this health update is 1) to provide updated guidance to healthcare providers and state and local health departments regarding who should be tested for MERS-CoV infection, 2) to make them aware of changes to CDC's "probable case" definition, and 3) to clarify what specimens should be obtained when testing for MERS-CoV. Please disseminate this information to infectious disease specialists, intensive care physicians, primary care physicians, and infection preventionists, as well as to emergency departments and microbiology laboratories.

Background

MERS-CoV, formerly called novel coronavirus, is a beta coronavirus that was first described in September 2012. As of August 12, 2013, 94 laboratory-confirmed cases have been reported to WHO. Of those cases, 49% (46) were fatal. All diagnosed cases were among people who resided in or traveled from four countries (Kingdom of Saudi Arabia, United Arab Emirates, Qatar, or Jordan) within 14 days of their symptom onset, or who had close contact with people who resided in or traveled from those countries. Cases with a history of travel from these countries or contact with travelers from these countries have been identified in residents of France, the United Kingdom, Tunisia, and Italy. **To date, no cases have been reported in the United States.** The most up-to-date details about the number of MERS-CoV cases and deaths by country of residence are on CDC's MERS website (<http://www.cdc.gov/coronavirus/mers/index.html>).

Updates to Interim Guidance and Case Definitions

Interim Guidance for Health Professionals: Patients in the U.S. Who Should Be Evaluated

CDC has changed its criteria for who should be evaluated for MERS-CoV. In the previous guidance ([HAN 348](#), dated June 7, 2013), CDC did not recommend MERS-CoV testing for people whose illness could be explained by another etiology. The new guidance states that, in patients who meet certain clinical and epidemiologic criteria, testing for MERS-CoV and other respiratory pathogens can be done simultaneously and that positive results for another respiratory pathogen should not necessarily preclude testing for MERS-CoV.

The new guidance also clarifies recommendations for investigating clusters of severe acute respiratory illness when there is not an apparent link to a MERS-CoV case. Clusters of patients with severe acute

respiratory illness (e.g., fever and pneumonia requiring hospitalization) should be evaluated for common respiratory pathogens and reported to local and state health departments. If the illnesses remain unexplained, testing for MERS-CoV should be considered, in consultation with state and local health departments.

For CDC's updated interim guidance for healthcare professionals, see (<http://www.cdc.gov/coronavirus/mers/interim-guidance.html>).

Case Definitions

CDC has not changed the case definition of a confirmed case, but the criteria for laboratory confirmation have been clarified. CDC has changed its definition of a probable case so that identification of another etiology does not exclude someone from being classified as a "probable case."

For CDC's updated case definitions, see (<http://www.cdc.gov/coronavirus/mers/case-def.html>).

CDC may change its guidance about who should be evaluated and considered a case as we learn more about the epidemiology of MERS-CoV infection and risk of transmission.

Interim Guidance about Testing of Clinical Specimens

CDC recommends collecting multiple specimens from different sites at different times after symptom onset. Lower respiratory specimens are preferred, but collecting nasopharyngeal and oropharyngeal (NP/OP) specimens, as well as stool and serum, are strongly recommended. This will increase the likelihood of detecting MERS-CoV infection. For more information, see CDC's Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens (<http://www.cdc.gov/coronavirus/mers/guidelines-clinical-specimens.html>). Many state health department laboratories are approved for MERS-CoV testing using the CDC rRT-PCR assay. Contact your state health department to notify them of people who should be evaluated for MERS-CoV and to request MERS-CoV testing. If your state health department is not able to test, contact CDC's EOC at 770-488-7100.

*In accordance with the WHO's guidance for MERS-CoV, a cluster is defined as two or more persons with onset of symptoms within the same 14-day period, and who are associated with a specific setting such as a classroom, workplace, household, extended family, hospital, other residential institution, military barracks, or recreational camp. See WHO's Interim Surveillance Recommendations for Human Infection with Middle East Respiratory Syndrome Coronavirus (http://www.who.int/csr/disease/coronavirus_infections/InterimRevisedSurveillanceRecommendations_nCoVinfection_27Jun13.pdf).

The Centers for Disease Control and Prevention (CDC) protects people's health and safety by preventing and controlling diseases and injuries; enhances health decisions by providing credible information on critical health issues; and promotes healthy living through strong partnerships with local, national, and international organizations.

Categories of Health Alert Network messages:

Health Alert	Requires immediate action or attention; highest level of importance
Health Advisory	May not require immediate action; provides important information for a specific incident or situation
Health Update	Unlikely to require immediate action; provides updated information regarding an incident or situation
HAN Info Service	Does not require immediate action; provides general public health information

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