

Cover Sheet

DATE: May 5, 2014

SUBJECT: Confirmed Middle East Respiratory Syndrome Coronavirus (MERS-CoV) Case in Indiana, 2014

INSTRUCTIONS:

DISTRIBUTE to your local HAN contacts. This HAN is intended for general sharing of information. **Remove this cover sheet before redistributing and replace it with your own.**

For LOCAL HEALTH DEPARTMENT reference only

DPHHS Subject Matter Resource for more information regarding this HAN, contact:

**DPHHS CDCP
Epidemiology Section
1-406-444-0273**

**DPHHS Health Alert Hotline:
1-800-701-5769**

**DPHHS HAN Website:
www.han.mt.gov**

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Categories of Health Alert Messages:

Health Alert: conveys the highest level of importance; warrants immediate action or attention.

Health Advisory: provides important information for a specific incident or situation; may not require immediate action.

Health Update: provides updated information regarding an incident or situation; unlikely to require immediate action.

Information Service: passes along low level priority messages that do not fit other HAN categories and are for informational purposes only.

Please call DPHHS to update contact information at 444-0919 or 444-6906

Information Sheet

Date: May 5, 2014

Subject: Centers for Disease Control and Prevention Confirm Middle East Respiratory Syndrome Coronavirus (MERS-CoV) case reported in the United States

Background: Middle East Respiratory Syndrome (MERS) is viral respiratory illness first reported in Saudi Arabia in 2012. It is caused by a coronavirus called MERS-CoV. The first case in the United States has now been reported in a hospital in Indiana from a traveler to Saudi Arabia. **Montana is not affected at present.**

Information: The CDC requests that public health officials, healthcare providers, and others should be alert for and evaluate patients for MERS-CoV infection who:

- 1) develop severe acute lower respiratory illness within 14 days after traveling from countries in or near the Arabian Peninsula, excluding those who only transited at airports in the region; or
- 2) are close contacts of a symptomatic recent traveler from this area who has fever and acute respiratory illness; or
- 3) are close contacts of a confirmed case.

Please refer to the attached the May 3rd, 2014 CDC Health Advisory on MERS-CoV for more detailed information.

Recommendations:

- Immediately report any suspected cases of MERS CoV based upon the clinical and epidemiological criteria to your local health department

More information, including detailed information on the clinical presentation and testing can be obtained from <http://www.cdc.gov/coronavirus/mers/index.html>

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-CoV. 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.

This is an official
CDC HEALTH ADVISORY

Distributed via the CDC Health Alert Network
May 3, 2014, 16:30 (4:30 PM ET) CDCHAN-
00361

**Confirmed Middle East Respiratory Syndrome Coronavirus
(MERS-CoV) Case in Indiana, 2014**

Summary:

The first case of Middle East Respiratory Syndrome Coronavirus (MERS-CoV) infection in the United States, identified in a traveler, was reported to CDC by the Indiana State Department of Health (ISDH) on May 1, 2014, and confirmed by CDC on May 2. The patient is in a hospital in Indiana after having flown from Saudi Arabia to Chicago via London. The purpose of this HAN is to alert clinicians, health officials, and others to increase their index of suspicion to consider MERS-CoV infection in travelers from the Arabian Peninsula and neighboring countries. 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:

The first known cases of MERS-CoV occurred in Jordan in April 2012. The virus is associated with respiratory illness and high death rates, although mild and asymptomatic infections have been reported too. All reported cases to date have been linked to six countries in the Arabian Peninsula: Saudi Arabia, Qatar, Jordan, the United Arab Emirates (UAE), Oman, and Kuwait. Cases in the United Kingdom, France, Italy, Greece, Tunisia, Egypt, and Malaysia have also been reported in persons who traveled from the Arabian Peninsula. In addition, there have been a small number of cases in persons who were in close contact with those infected travelers. Since mid-March 2014, there has been an increase in cases reported from Saudi Arabia and UAE. Public health investigations are ongoing to determine the reason for the increased cases. There is no vaccine yet available and no specific treatment recommended for the virus. In some cases, the virus has spread from infected people to others through close contact. However, there is currently no evidence of sustained spread of MERS-CoV in community settings. Additional information is available at (<http://www.cdc.gov/coronavirus/mers/index.html>).

Recommendations:

Healthcare providers should be alert for and evaluate patients for MERS-CoV infection who 1) develop severe acute lower respiratory illness within 14 days after traveling from countries in or near the Arabian Peninsula, excluding those who only transited at airports in the region; or 2) are close contacts of a symptomatic recent traveler from this area who has fever and acute respiratory illness; or 3) are close contacts of a confirmed case. For these patients, testing for MERS-CoV and other respiratory pathogens can be done simultaneously. Positive results for another respiratory pathogen (e.g H1N1 Influenza) should not necessarily preclude testing for MERS-CoV because co-infection can occur.

Clusters of patients with severe acute respiratory illness (e.g., fever and pneumonia requiring hospitalization) without recognized links to cases of MERS-CoV or to travelers from countries in or near the Arabian peninsula should be evaluated for common respiratory pathogens. If the illnesses remain unexplained, providers should consider testing for MERS-CoV, in consultation with state and local health departments. Healthcare professionals should immediately report to their state or local health department any person being evaluated for MERS-CoV infection as a patient under investigation (PUI). Additional information, including criteria for PUI are at <http://www.cdc.gov/coronavirus/mers/interim-guidance.html>. Healthcare providers should contact their state or local health department if they have any questions.

Persons at highest risk of developing infection are those with close contact to a case, defined as any person who provided care for a patient, including a healthcare provider or family member not adhering to recommended infection control precautions (i.e., not wearing recommended personal protective equipment), or had similarly close physical contact; or any person who stayed at the same place (e.g. lived with, visited) as the patient while the patient was ill.

Healthcare professionals should carefully monitor for the appearance of fever (T> 100F) or respiratory symptoms in any person who has had close contact with a confirmed case, probable case, or a PUI while the person was ill. If fever or

respiratory symptoms develop within the first 14 days following the contact, the individual should be evaluated for MERS-CoV infection. Ill people who are being evaluated for MERS-CoV infection and do not require hospitalization for medical reasons may be cared for and isolated in their home. (Isolation is defined as the separation or restriction of activities of an ill person with a contagious disease from those who are well.). Providers should contact their state or local health department to determine whether home isolation, home quarantine or additional guidance is indicated since recommendations may be modified as more data becomes available. Additional information on home care and isolation guidance is available at <http://www.cdc.gov/coronavirus/mers/hcp/home-care.html>. Healthcare providers should adhere to recommended infection-control measures, including standard, contact, and airborne precautions, while managing symptomatic contacts and patients who are persons under investigation or who have probable or confirmed MERS-CoV infections. For CDC guidance on MERS-CoV infection control in healthcare settings, see Interim Infection Prevention and Control Recommendations for Hospitalized Patients with MERS-CoV at <http://www.cdc.gov/coronavirus/mers/infection-prevention-control.html>.

For suspected MERS-CoV cases, healthcare providers should collect the following specimens for submission to CDC or the appropriate state public health laboratory: nasopharyngeal swab, oropharyngeal swab (which can be placed in the same tube of viral transport medium), sputum, serum, and stool/rectal swab. Recommended infection control precautions should be utilized when collecting specimens. Specimens can be sent using category B shipping containers. Providers should notify their state or local health departments if they suspect MERS-CoV infection in a person. State or local health departments should notify CDC if MERS-CoV infection in a person is suspected. Additional information is available at <http://www.cdc.gov/coronavirus/mers/guidelines-clinical-specimens.html>.

Additional or modified recommendations may be forthcoming as the investigation proceeds.

For more Information:

For more information, for consultation, or to report possible cases, please contact your local public health agency. If unable to reach local public health, contact the Montana State Health Department (DPHHS) (406) 444-0273.

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	Does not require immediate action; provides general public health information

##This message was distributed to state and local health officers, state and local epidemiologists, state and local laboratory directors, public information officers, HAN coordinators, and clinician organizations##