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NH-HAN 20140504



First Case of Middle East Respiratory Syndrome Coronavirus in the United States

NH Division of Public Health Services (NH DPHS) recommends:

1. Awareness of confirmation of the first case of MERS Co-V in the United States and review of the attached CDC Health Advisory.
2. Heightened suspicion for the possibility of MERS Co-V in returning travelers presenting with respiratory illness.
3. Immediate reporting of suspected cases of MERS Co-V to the NH DPHS Bureau of Infectious Disease Control at 603-271-4496 (after hours 1-800-852-3345, x5300).
4. Review of your institutional pandemic respiratory virus control plans with the potential threat and impact of respiratory viruses such as MERS Co-V and novel influenza.

Background:

The first case of Middle East Respiratory Syndrome Coronavirus (MERS-CoV) infection in the United States was confirmed on May 2, 2014. The patient is currently hospitalized in Indiana after flying from Saudi Arabia to Chicago via London. None of the passengers on the flight have been identified as being from New Hampshire. The purpose of this HAN is to alert clinicians, health officials, and others to maintain their index of suspicion to consider MERS-CoV infection in travelers from the Arabian Peninsula and neighboring countries, where cases of this infection have increased since March 2014.

Clinicians should consider the possibility of MERS Co-V infection in persons exhibiting symptoms of severe respiratory illness who have appropriate travel or exposure history. Appropriate travel or exposure currently includes the following:

- Persons with recent travel (within 14 days of illness onset) to the Arabian Peninsula and neighboring countries which includes: Bahrain, Iraq, Iran, Israel, Jordan, Kuwait, Lebanon, Oman, Palestinian territories, Qatar, Saudi Arabia, Syria, the United Arab Emirates (UAE), and Yemen; or
- Persons who are close contacts of a symptomatic recent traveler from this area who has fever and acute respiratory illness; or
- Persons who are close contacts of a confirmed case.

See the attached CDC Health Advisory for additional specific information on clinical presentation, testing, treatment, prophylaxis, and infection control recommendations.

Diagnostic Testing:

The New Hampshire Public Health Laboratories has the capacity to test patient specimens for MERS-CoV. Before collecting and handling specimens for MERS-CoV testing, please contact the NH DPHS using the information below to ensure testing is appropriate and to receive specimen collection and submission instructions. Detailed information on specimen collection is available on the CDC website:

<http://www.cdc.gov/coronavirus/mers/guidelines-clinical-specimens.html>

Reporting of Suspected Cases:

Clinicians should report suspected cases of MERS Co-V immediately to the NH DPHS Bureau of Infectious Disease Control at 603-271-4496 (after hours 1-800-852-3345, x5300). Suspected cases of MERS Co-V are patients 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.

- ▶ Additional information is available on the CDC website at:
<http://www.cdc.gov/coronavirus/mers/interim-guidance.html>.
- ▶ For any questions regarding the contents of this message, please contact NH DHHS, DPHS, Bureau of Infectious Disease Control at 603-271-4496 (after hours 1-800-852-3345 ext.5300).
- ▶ To change your contact information in the NH Health Alert Network, contact Denise Krol at 603-271-4596 or email Denise.Krol@dhhs.state.nh.us

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From: Elizabeth A. Talbot, MD – Deputy State Epidemiologist
Originating Agency: NH Department of Health and Human Services, Division of Public Health Services

Attachment: CDC Health Advisory CDCHAN-00361

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 the CDC Emergency Operations Center at (770) 488-7100.

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

##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##