



County of Santa Cruz

HEALTH SERVICES AGENCY

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PUBLIC HEALTH DIVISION

PUBLIC HEALTH ADVISORY

Communicable Disease:	Middle East Respiratory Syndrome Coronavirus (MERS-CoV)
Date:	June 18, 2013
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SITUATION

A novel coronavirus, known as Middle East Respiratory Syndrome (MERS-CoV) has caused severe illness and death in several countries. This coronavirus was identified in Saudi Arabia in 2012. As of today, 64 cases have been laboratory-confirmed, with 38 deaths. Most people who get MERS-CoV develop severe acute respiratory illness, with symptoms of fever, cough and shortness of breath. There is clear evidence of person-to-person transmission, though the specifics of modes and routes of transmission are still being investigated by the World Health Organization (WHO) and the Centers for Disease Control and Prevention (CDC). Neither organization has yet to issue travel warnings to any of the countries affected. No cases have been reported in the U.S. as yet.

CLINICIAN ACTIONS

- Report suspected cases of MERS-CoV to the Communicable Disease Unit at 831-454-4114 for patients with the following:
 - ❑ Acute respiratory infection, which may include fever ($\geq 38^{\circ}$ or 100.4°F) and cough AND
 - ❑ Suspicion of pulmonary parenchymal disease, for example, pneumonia or acute respiratory distress syndrome based on clinical or radiological evidence of consolidation; AND
 - ❑ History of travel to the Arabian Peninsula or neighboring countries* within 14 days; AND
 - ❑ Not due to any other infection or etiology, including community-acquired pneumonia**

- Additionally, the following persons **may be considered for evaluation** for MERS-CoV:
 - ❑ Persons with severe acute lower respiratory illness of known etiology with symptom onset within 10 days of travel from the Arabian Peninsula or neighboring countries but do not respond to appropriate therapy; OR
 - ❑ Persons with 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.

INFECTION CONTROL

For patients with known or suspected MERS-CoV infection, the CDC recommends implementing infection control guidance developed for Severe Acute Respiratory Syndrome (SARS), which can be accessed at cdc.gov/sars/infection.

- **Airborne and Contact Precautions**, in addition to **Standard Precautions**, should be applied.
- Your **Infection Control Practitioner** should be notified immediately.

In the absence of a vaccine, effective drugs, or natural immunity to MERS-CoV, public health measures are the only means available to limit the spread of this disease, identify cases and activate infection control methods. These measures include the following:

- Surveillance for cases or suspicious clusters of disease, with appropriate diagnostic testing.
- Rapid isolation and strict adherence to infection control precautions.
- Prompt identification and careful monitoring of contacts.
- Consideration of quarantine, in some instances, to minimize movement of exposed persons.

LABORATORY SUBMISSION

Please notify the **Communicable Disease Unit** at 831-454-4114 before submitting any specimens.

For complete instructions on specimen collection and laboratory submission, please click on the following link: <http://www.cdc.gov/coronavirus/mers/downloads/Interim-Guidelines-MERS-Collection-Processing-Transport.pdf>

ADDITIONAL RESOURCES

- Centers for Disease Control and Prevention - <http://www.cdc.gov/features/novelcoronavirus/>
- California Dept. of Public Health - <http://www.cdph.ca.gov/programs/cder/Pages/MERS-CoV.aspx>

* 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.

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

*** **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.

