



Public Health
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Region IV Public Health
Clark, Cowlitz, Skamania, Wahkiakum counties
and Cowlitz Tribe

Health Advisory

Please deliver a copy of the accompanying advisory to each provider in your organization. Questions regarding this advisory may be directed to the following Region IV health officers:

Alan Melnick, MD, MPH, CPH

Clark County Public Health, (360) 397-8412

Sarah D. Present MD, MPH

Skamania County Community Health, (509) 427-3850

Wahkiakum County Health & Human Services, (360) 795-8630

Jennifer Vines, MD, MPH

Cowlitz County Health & Human Services, (360) 414-5599

Please distribute

Categories of Health Alert messages:

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

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

Health Update: provides updated information regarding an incident or situation; no immediate action necessary.



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HEALTH ADVISORY

June 12, 2015

TO: Physicians and other Health Care Providers

FROM: Alan Melnick, MD, MPH, CPH, Health Officer
Sarah Present, MD, MPH, Health Officer
Jennifer Vines, MD, MPH, Health Officer

RE: Updated Information and Guidelines for Evaluation of Patients for Middle East Respiratory Syndrome Coronavirus (MERS-CoV) Infection
<http://emergency.cdc.gov/han/han00380.asp>.

As of June 10, 2015, 1,219 laboratory-confirmed cases of MERS-CoV infection have been reported to and confirmed by the World Health Organization (WHO), including at least 449 (37%) deaths. All cases have occurred in or been linked to the Middle East, including the current cluster of illness in the Republic of Korea. The virus can spread from person to person and has caused outbreaks in health care settings.

Evaluating and Reporting Suspected MERS Cases

Consider MERS in persons with fever and acute respiratory illness who have recently traveled in the Arabian Peninsula or the Republic of Korea, or have had contact with an ill traveler from these areas. MERS-CoV is reportable as a "Rare Disease of Public Health Significance." Providers and facilities should immediately report to one of the health departments listed on this advisory any person suspected of having MERS-CoV for timely infection control precautions, testing, and case investigation.

When evaluating patients with an infectious presentation suggestive of MERS,

- Use appropriate infection control
- Obtain a travel history with dates of travel
- Ask about exposures in health care facilities
- Record date of symptom onset
- Obtain appropriate specimen types for testing
- Notify one of the Region IV health departments listed on this advisory, or, if unavailable, state public health (206-418-5595 or 877-539-4344)

CDC recommendations

The CDC continues to recommend that health care providers routinely ask their patients about their travel history and health care facility exposure and to consider a diagnosis of MERS-CoV infection in persons who meet the criteria for patient under investigation (PUI), which has been revised to include considerations of recently being in a Korean health care facility and is available at <http://www.cdc.gov/coronavirus/mers/case-def.html>. Specifically, persons who meet the following updated criteria for PUI should be evaluated for MERS-CoV infection in addition to other common respiratory pathogens and reported immediately to state and local health departments:

- A. Fever AND pneumonia or acute respiratory distress syndrome (based on clinical or radiologic evidence) AND one of the following:
 - o A history of travel from countries in or near the Arabian Peninsula within 14 days before symptom onset, OR close contact with a symptomatic traveler who developed fever and acute respiratory illness (not necessarily pneumonia) within 14 days after traveling from countries in or near the Arabian Peninsula, OR
 - o A history of being in a health care facility (as a patient, worker, or visitor) in the Republic of Korea within 14 days before symptom onset, OR
 - o A member of a cluster of patients with severe acute respiratory illness (e.g., fever and pneumonia requiring hospitalization) of unknown etiology in which MERS-CoV is being evaluated, in consultation with state and local health departments in the US,

OR

- B. Fever AND symptoms of respiratory illness (not necessarily pneumonia; e.g., cough, shortness of breath) AND a history of being in a health care facility (as a patient, worker, or visitor) within 14 days before symptom onset in a country or territory in or near the Arabian Peninsula in which recent health care-associated cases of MERS have been identified,

OR

- C. Fever OR symptoms of respiratory illness (not necessarily pneumonia; e.g., cough, shortness of breath) AND close contact with a confirmed MERS case while the case was ill.

The above criteria serve as guidance for testing; however, patients should be evaluated and discussed with public health departments on a case-by-case basis if their clinical presentation or exposure history is equivocal (e.g., uncertain history of health care exposure).

The full text of this June 11 CDC advisory can be found at <http://emergency.cdc.gov/han/han00380.asp>.

Infection Control in Healthcare Settings

The CDC recommendations are available at:

<http://www.cdc.gov/coronavirus/mers/infection-prevention-control.html>.

- Immediately implement standard, contact, and airborne precautions for MERS-CoV persons under investigation (PUI). Use gloves, gowns, eye protection and an N95 or higher respirator for all patient care activities.
- Care for PUI in an Airborne Infection Isolation Room (AIIR). If this is not available, transfer the patient as soon as possible to a facility with an AIIR. Pending transfer, place a facemask on the patient and house in a single-patient room with the door closed. The patient should not be placed in any room where room exhaust is recirculated without high-efficiency particulate air (HEPA) filtration.
- HCP should perform hand hygiene frequently, including before and after all patient contact, contact with potentially infectious material, and before putting on and upon removal of PPE, including gloves. MERS-CoV may be in respiratory secretions, stool, and urine.

Antiviral Medication and Vaccination for MERS-CoV

- There are no known treatments for illness caused by MERS-CoV. Medical care is supportive and intended to help relieve symptoms.
- There is currently no vaccine available or under development against MERS-CoV.

Diagnostic Testing at Washington State Public Health Laboratories (PHL)

- Washington State Public Health Laboratories (PHL) can test respiratory and serum specimens for MERS-CoV using a CDC-developed PCR assay. CDC can perform serum antibody testing. All testing must be discussed with and approved by one of the Region IV health departments listed on this advisory before submission.
- Use appropriate infection control precautions when collecting respiratory tract, serum and stool specimens. Collect and submit specimens from two or more sites, such as respiratory and serum. Lower respiratory samples may include bronchoalveolar lavage, tracheal aspirate, pleural fluid, and sputum; upper respiratory samples include nasopharyngeal and oropharyngeal swabs and nasal aspirate. CDE provides testing information <http://www.doh.wa.gov/Portals/1/Documents/5100/420-109-MERS-CoV-PHL-Testing.pdf>. CDC guidelines for testing for MERS are at: <http://www.cdc.gov/coronavirus/mers/guidelines-clinical-specimens.html>
- PHL require all clinical specimens have two patient identifiers, a name and a second identifier (e.g., date of birth) on both the specimen label and a completed PHL Virology Submission form available at:

<http://www.doh.wa.gov/Portals/1/Documents/5230/302-017-SerVirHIV.pdf>.
Specimens will be rejected for testing if not properly identified. Also include specimen source and collection date.

Washington Department of Health Resources:

- MERS Surveillance and Reporting Guidelines :
<http://www.doh.wa.gov/Portals/1/Documents/5100/420-107-Guideline-MERS-CoV.pdf>
- How to get testing done at Washington State Public Health Laboratories: <http://www.doh.wa.gov/Portals/1/Documents/5100/420-109-MERS-CoV-PHL-Testing.pdf>
- Key Messages for Healthcare Providers:
<http://www.doh.wa.gov/Portals/1/Documents/5100/420-108-MERS-CoV-MessagesHCP.pdf>

To report a suspect case of MERS or any other notifiable condition, or if you have questions, please call:

- Clark County Public Health: (360) 397-8182.
- Cowlitz County Health Department: (360) 414-5599
- Skamania County Community Health: (509) 427-3850
- Wahkiakum County Health and Human Services (360) 795-6207

Thank you for your partnership.