

## Health Advisory:

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

May 6, 2014

This document will be updated as new information becomes available. The current version can always be viewed at <http://www.health.mo.gov>

The Missouri Department of Health & Senior Services (DHSS) is now using 4 types of documents to provide important information to medical and public health professionals, and to other interested persons:

**Health Alerts** convey information of the highest level of importance which warrants immediate action or attention from Missouri health providers, emergency responders, public health agencies, and/or the public.

**Health Advisories** provide important information for a specific incident or situation, including that impacting neighboring states; may not require immediate action.

**Health Guidances** contain comprehensive information pertaining to a particular disease or condition, and include recommendations, guidelines, etc. endorsed by DHSS.

**Health Updates** provide new or updated information on an incident or situation; can also provide information to update a previously sent Health Alert, Health Advisory, or Health Guidance; unlikely to require immediate action.

Health Advisory  
May 6, 2014

**FROM: GAIL VASTERLING  
DIRECTOR**

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

On May 3, 2014, the Centers for Disease Control and Prevention (CDC) issued a Health Advisory describing the first case of Middle East Respiratory Syndrome Coronavirus (MERS-CoV) infection in the United States, which was recently identified in Indiana in a traveler from Saudi Arabia. The CDC Health Advisory encourages medical providers to increase their index of suspicion for the possibility of MERS-CoV infection in travelers from the Arabian Peninsula and neighboring countries. It also provides guidance on the identification and evaluation of possible cases, and on appropriate infection control practices.

No suspected cases of MERS-CoV infection have been reported in Missouri.

The CDC Health Advisory is reproduced below with some added information from the Missouri Department of Health and Senior Services (DHSS) for Missouri medical providers and laboratories.

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

Distributed via the CDC Health Alert Network  
May 3, 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

Office of the Director  
912 Wildwood  
P.O. Box 570  
Jefferson City, MO 65102  
Telephone: (800) 392-0272  
Fax: (573) 751-6041  
Web site: <http://www.health.mo.gov>

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>.

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>.

If a Missouri medical provider has a patient that appears to meet the above-mentioned CDC criteria for who should be evaluated for MERS-CoV, that provider should immediately contact DHSS at 800/392-0272 (24/7). The provider will be directed to the department's Bureau of Communicable Disease Control and Prevention (BCDCP) to discuss sending specimens for testing at the Missouri State Public Health Laboratory (MSPHL). **Note that before any specimen is sent for testing, BCDCP staff must first be consulted at 800/392-0272.** After consultation with BCDCP and determination has been made that the patient meets the criteria for testing, the medical provider should then contact the MSPHL at 573/751-3334 or 800/392-0272 for guidance on specimen collection and shipping prior to collecting the specimens. This will help ensure that proper specimens are obtained in the right quantity, and that they are packed and transported properly.

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. All of the swabs mentioned above must be Dacron swabs. Recommended infection control precautions should be utilized when collecting specimens. Specimens can be sent using category B shipping containers.

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.

For Missouri providers, questions can be directed to DHSS' Bureau of Communicable Disease Control and Prevention at 573/751- 6113, or 800/392-0272 (24/7).