



**LAC DPH Health Advisory:
Middle East Respiratory Syndrome
Coronavirus**
August 9, 2018



*This message is intended for primary care, urgent care, emergency medicine, pulmonary and critical care, and infectious disease providers, as well as infection control staff.
Please distribute as appropriate.*

Key Messages

- Sporadic cases of Middle East Respiratory Syndrome (MERS) continue to occur in the Arabian Peninsula.
- In previous years, U.S. state and local health departments have seen an increase in suspected MERS cases as travelers return 2-3 weeks after Hajj, the annual pilgrimage to Mecca, Saudi Arabia. Hajj will take place this year approximately August 19-24.
- Health care providers are asked to inquire about recent international travel in patients presenting with febrile illness, especially if severe or requiring hospitalization.
- Suspect MERS cases (see case definition below) should be immediately isolated with standard, contact, and airborne precautions and reported to LAC DPH by calling 213-240-7941 (after hours 213-974-1234 and ask for the physician on call).

Situation

While numbers of MERS cases worldwide currently are low, travel to the Arabian Peninsula may present some risk. We emphasize the critical importance of ensuring protocols are in place in healthcare settings to immediately and consistently take a travel history on all patients presenting with fever and/or other infectious disease symptoms to help ensure prompt recognition of MERS and other potential communicable diseases of public health concern.

Background

MERS is caused by a distinctive coronavirus (MERS-CoV). Typical early symptoms include fever, cough, chills, and shortness of breath. Pneumonia is common. Complications of MERS include severe pneumonia and organ failure. Approximately 35% of confirmed cases have died. Most severe cases of MERS have had underlying chronic medical conditions. There is no known vaccine or specific treatment; management is supportive.

Since the first case of MERS was reported in 2012 from Saudi Arabia, more than 2000 confirmed cases of MERS have been reported in more than 27 countries. All MERS cases to date have resided in or traveled to the Arabian Peninsula or have been linked to a case who had recently traveled there.

There have been no confirmed cases of MERS in Los Angeles County. Since 2013, more than 100 persons have been investigated in California for possible infection with the MERS coronavirus. All have tested negative; the risk of MERS in California has been very low. No travel warnings or restrictions have been issued related to MERS.

Actions Requested of Providers

- Always ask about international travel (including travel to the Arabian Peninsula) in patients with febrile illness, especially if severe or requiring hospitalization.
- Contact LAC DPH for consultation regarding a suspect MERS case (or for other internationally spread communicable diseases).
- Immediately isolate a patient suspected of MERS in a single room with standard, contact, and airborne precautions while seeking further guidance (see Infection Control below).

Case Definition for Suspect MERS

Suspect cases of MERS are patients who meet one of the three following definitions:

A) A person with fever ($\geq 38^{\circ}\text{C}$, 100.4°F) AND pneumonia or acute respiratory distress syndrome (based on clinical or radiological evidence); AND EITHER

- 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
- 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 infection is being evaluated.

OR

B) A person with fever AND symptoms of respiratory illness (not necessarily pneumonia; e.g., cough, shortness of breath) AND being in a healthcare 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 healthcare associated cases of MERS have been identified.

OR

C) A person with 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.

* Includes Bahrain, Iraq, Iran, Israel, the West Bank and Gaza, Jordan, Kuwait, Lebanon, Oman, Qatar, Saudi Arabia, Syria, Palestinian territories, the United Arab Emirates (UAE), and Yemen.
Refer to map at: <https://wwwnc.cdc.gov/travel/notices/alert/coronavirus-saudi-arabia-qatar>

**Definition of close contact: a) being within approximately 6 feet (2 meters), or within the room or care area, of a confirmed MERS case for a prolonged period of time (such as caring for, living with, visiting, or sharing a healthcare waiting area or room with, a confirmed MERS case) while not wearing recommended personal protective equipment or PPE (e.g., gowns, gloves, NIOSH-certified disposable N95 respirator, eye protection); or b) having direct contact with infectious secretions of a confirmed MERS case (e.g., being coughed on) while not wearing recommended personal protective equipment.
<https://www.cdc.gov/coronavirus/mers/case-def.html>

Infection Control

If a suspect MERS case is identified, immediately take infection control precautions including:

- Place a surgical mask on the patient immediately
- Place the patient in an Airborne Infection Isolation Room (AIIR) or if not available, a single room with the door closed
- Implement standard, contact, and airborne infection control precautions
- Limit personnel entering the patient's room
- Notify the infection preventionist on call
- Ensure that all healthcare workers in contact with the patient wear Personal Protective Equipment (PPE):
 - N95 or higher respirators
 - Goggles or face shields (especially for high risk procedures such as intubation, bronchoscopy, nebulized therapy or tracheal suction)
 - Gown and gloves.

MERS Consultation and Diagnostic Testing

Contact the LAC DPH Acute Communicable Disease Control Program (ACDC) to report a suspect case or to obtain consultation.

If diagnostic testing is indicated, LAC DPH will arrange for testing at the LAC DPH Public Health Laboratory. Where possible, acquire both lower (e.g., sputum, bronchoalveolar lavage fluid or tracheal aspirate) and upper (nasopharyngeal and oropharyngeal swabs) respiratory tract specimens for diagnosis, as well as serum. Patients should also be evaluated for other common causes of respiratory illness as well.

For persons residing in the Cities of Long Beach or Pasadena, contact the numbers listed below for consultation.

Reporting

Reporting suspect cases in Los Angeles County:

Los Angeles County DPH Acute Communicable Disease Control Program:

- Weekdays 8:30 am - 5:00 pm: call 213-240-7941.

- After hours: call 213-974-1234 and ask for the physician on call.

Reporting suspect cases in the cities of Long Beach or Pasadena, contact the local health department:

Long Beach Health and Human Services:

- Weekdays 8:00 am to 5:00 pm: call 562-570-4302.
- After hours: call 562-500-5537, ask for the Duty Officer.

Pasadena Health Department:

- Weekdays: 8:00 am- 5:00 pm (closed every other Friday): call Communicable Disease Control Program 626-744-6089
- After hours: call 626-744-6043.

For More Information

- LAC DPH MERS webpage
<http://publichealth.lacounty.gov/acd/MERS.htm>
- CDPH MERS-CoV webpage
<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/MERS-CoV.aspx>
- CDC MERS webpage
<https://www.cdc.gov/coronavirus/mers/interim-guidance.html>

This Health Advisory was sent by Dr. Sharon Balter, Director, Division of Communicable Disease Control and Prevention, Los Angeles County Department of Public Health

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<http://publichealth.lacounty.gov/lahan>