



NEW YORK CITY DEPARTMENT OF
HEALTH AND MENTAL HYGIENE
Mary T. Bassett, MD, MPH
Commissioner

2018 Advisory # 24: Update on Middle East Respiratory Syndrome

- **Sporadic cases of Middle East Respiratory Syndrome (MERS) continue to occur in the Arabian Peninsula.**
 - **Report any patients with febrile lower respiratory illness who report recent travel (defined as travel within the 14 days prior to onset) to the Arabian Peninsula, including travel associated with the annual Hajj to Mecca, Saudi Arabia which takes place approximately August 19-24, 2018.**
 - **Suspect cases should be managed with standard, contact, and airborne precautions.**
- **Always collect a travel history on patients presenting with febrile illness and remain aware of current outbreaks overseas.**

Please distribute to staff in the Departments of Critical Care, Emergency Medicine, Family Practice, Geriatrics, Internal Medicine, Infectious Disease, Infection Control, Obstetrics/Gynecology, Pediatrics, Pulmonary Medicine, Pharmacy, and Laboratory Medicine

August 9, 2018

Dear Colleagues,

While numbers of Middle East Respiratory Syndrome (MERS) cases worldwide are currently low, the Health Department wishes to emphasize the critical importance of ensuring that protocols are in place in all acute care 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 potential communicable diseases of greater public health concern.

Middle East Respiratory Coronavirus Syndrome

Sporadic cases of Middle East Respiratory Syndrome Coronavirus (MERS-CoV) continue to occur, primarily in the Arabian Peninsula, with most cases reported from the Kingdom of Saudi Arabia (KSA). With travel to KSA increasing during the annual Hajj season (starting the evening of August 19th and ending the evening of August 24th), providers should remain alert for suspect cases in patients returning with fever and lower respiratory symptoms.

Persons with MERS-CoV infection may have symptoms ranging from mild or no respiratory symptoms to severe acute respiratory illness, multi-organ failure and death. Common symptoms on presentation include fever, non-productive cough, dyspnea, rigors, headache, and myalgia; pneumonia is a frequent finding, and gastrointestinal symptoms have been reported. The median incubation period for cases associated with limited human-to-human transmission is estimated to be 5 days (range 2–14 days). The estimated case fatality rate is approximately 35 percent. Treatment is supportive and may involve a prolonged intensive care unit (ICU) stay; no specific treatments for MERS-CoV infection are currently available. The CDC's definitions for Patients Under Investigation (PUI) may be found here: [cdc.gov/coronavirus/mers/case-def.html](https://www.cdc.gov/coronavirus/mers/case-def.html). Providers should immediately report any patients meeting these criteria to the Health Department's **Provider Access Line at 866-692-3641**. More information on MERS-CoV is on the CDC website at [cdc.gov/coronavirus/mers/hcp.html](https://www.cdc.gov/coronavirus/mers/hcp.html). The World Health Organization recently published a review of MERS cases occurring worldwide at [who.int/csr/disease/coronavirus_infections/risk-assessment-august-2018.pdf](https://www.who.int/csr/disease/coronavirus_infections/risk-assessment-august-2018.pdf).

Infection Control Precautions: Suspect cases should be managed with **standard, contact and airborne precautions** while under evaluation and if admitted:

- Place a surgical mask on the patient immediately and put them in an airborne infection isolation room (AIIR).
- Limit personnel entering the room and use the following personal protective equipment: N95 or higher respirator, gown, gloves and goggles or face shields (these are especially critical during high risk procedures such as bronchoscopy, intubation, nebulized therapy or tracheal suction).
- Notify your infection control department as soon as possible regarding any patients with suspect MERS.

Laboratory testing: If indicated, testing for MERS-CoV is available at the NYC Public Health Laboratory after consultation with a Health Department medical epidemiologist.

- 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.
- Place primary respiratory specimens in viral transport medium, and contact the Health Department to arrange transport for diagnostic testing at our Public Health Laboratory.
- Do not perform viral cultures.** Testing for other common causes of respiratory illness should be considered as well, including influenza.

Travel history should be a critical part of routine triage protocols in acute care settings

We remind all healthcare providers in NYC hospitals and acute care settings to always **obtain a travel history from patients presenting with fever and/or other infectious disease symptoms.**

Travel history is critical for rapidly recognizing any potential infectious diseases of greater public health concern that may be associated with outbreaks overseas. STOP Triage posters to remind patients to report recent travel history are available on the Health Department's website in multiple languages: <https://www1.nyc.gov/site/doh/providers/health-topics/novel-respiratory-viruses.page>

Maintain aware of international outbreaks of public health concern: The Health Department will soon be providing regular updates on the Provider Page of nyc.gov/health, listing current outbreaks around the world to help in the evaluation of travelers returning with infectious disease symptoms: <https://www1.nyc.gov/site/doh/providers/reporting-and-services-main.page>. In the meantime, the CDC also maintains a list of current outbreaks occurring worldwide cdc.gov/outbreaks.

Any patient suspected of having a potential travel-related communicable disease that can be transmitted from person-to-person should be **immediately isolated in a single patient room (AIIR if available) with strict attention to infection control precautions.** After an initial medical evaluation, providers should report the suspected case to the Health Department's **Provider Access Line at 1-866-692-3641** so that details and next steps can be discussed with a Health Department physician.

Thank you for your continued vigilance for potential cases of MERS as well as other travel-associated infections of potential public health concern occurring in New York City.

Sincerely,



Demetre C Daskalakis MD MPH
Deputy Commissioner
Disease Control