



NEW YORK CITY DEPARTMENT OF  
HEALTH AND MENTAL HYGIENE  
Mary T. Bassett, M.D., M.P.H.  
*Commissioner*

## 2015 Advisory #10: Update on Middle East Respiratory Syndrome

- **Middle East Respiratory Syndrome (MERS) continues in the Arabian Peninsula, and a new outbreak is now occurring in the Republic of Korea**
  - **Report any suspect cases of febrile lower respiratory illness who report recent travel to the Arabian Peninsula or the Republic of Korea (see details below)**
  - **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**

June 11, 2015

Dear Colleagues,

We are writing to provide an update on the spread of the Middle East Respiratory Syndrome Coronavirus (MERS-CoV) to the Republic of Korea and to emphasize the critical importance of ensuring 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**

Middle East Respiratory Syndrome Coronavirus (MERS-CoV) infections continue to occur, primarily in the Arabian Peninsula, with most cases reported from the Kingdom of Saudi Arabia. However, cases have been exported to other countries as occurred twice in the United States in 2014, and the current outbreak in the Republic of Korea is the largest outside of the Middle East. As of June 11, 2015, the World Health Organization reported 121 cases and 9 deaths in the Republic of Korea after the importation of its first case in May 2015. Secondary and tertiary cases due to healthcare-associated infections and household exposures have been reported in the Korean outbreak, but no community-wide transmission has been identified.

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 around 35%. Treatment is supportive and may involve a prolonged intensive care unit (ICU) stay; no specific treatments for MERS-CoV infection are currently available.

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.

If indicated, testing for MERS-CoV is available at the NYC Public Health Laboratory. Where possible, acquire both lower and upper (nasopharyngeal and oropharyngeal swabs) respiratory tract specimens for

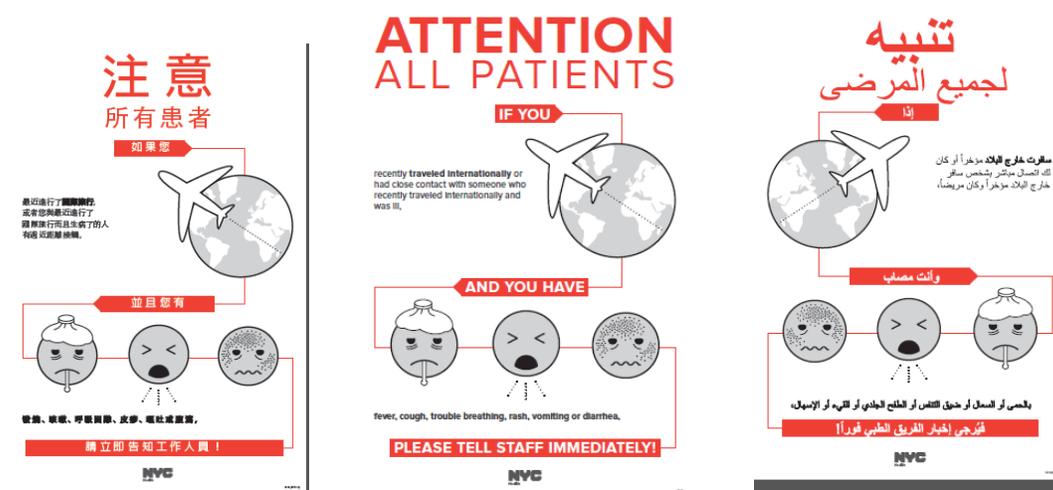
diagnosis. Place primary respiratory specimens in viral transport medium, and contact the Health Department to arrange transport for diagnostic testing at our Public Health Laboratory. **Do not perform viral cultures.** Testing for other common causes of respiratory illness should be considered as well,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

Providers should immediately report to the Health Department’s Provider Access Line at 866-692-3641 any patients with severe febrile respiratory illness (defined as fever and either pneumonia or Adult Respiratory Distress Syndrome) who have traveled from countries in or near the Arabian Peninsula or have been in a healthcare facility (as a patient, worker or visitor) in the Republic of Korea within 14 days before symptom onset. Additional criteria for reporting suspect cases are available at <http://www.cdc.gov/coronavirus/mers/case-def.html>.

More information on MERS-CoV is available in the attached CDC Health Alert as well as on the CDC website at [www.cdc.gov/coronavirus/mers/hcp.html](http://www.cdc.gov/coronavirus/mers/hcp.html) and the WHO website at [http://www.wpro.who.int/outbreaks\\_emergencies/wpro\\_coronavirus/en](http://www.wpro.who.int/outbreaks_emergencies/wpro_coronavirus/en).

**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 DOHMH website in multiple languages (See Infection Prevention and Control on the Ebola page at <http://www.nyc.gov/html/doh/html/hcp/ebola-info.shtml>).



Both the WHO ([www.wpro.who.int/outbreaks\\_emergencies/en/](http://www.wpro.who.int/outbreaks_emergencies/en/)) and the CDC ([www.cdc.gov/outbreaks](http://www.cdc.gov/outbreaks)) maintain websites that list all current 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,  
*Marcelle Layton MD*  
 Marcelle Layton, MD, Assistant Commissioner  
 Bureau of Communicable Disease