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August 2013

CHELAN-DOUGLAS PUBLIC HEALTH

Current Conditions of Interest

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"Always Working for a Safer and Healthier Community"

Updated Guidance for the Evaluation of Middle East Respiratory Syndrome Coronavirus (MERS-CoV)

Distributed via the CDC Health Alert Network

August 12, 2013, (12:00 PM ET) CDCHAN-00352

Summary

The Centers for Disease Control and Prevention (CDC) continues to work closely with the World Health Organization (WHO) and other partners to better understand the public health risks posed by Middle East Respiratory Syndrome Coronavirus (MERS-CoV). To date, no cases have been reported in the United States. The purpose of this health update is 1) to provide updated guidance to healthcare providers and state and local health departments regarding who should be tested for MERS-CoV infection, 2) to make them aware of changes to CDC's "probable case" definition, and 3) to clarify what specimens should be obtained when testing for MERS-CoV. 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

MERS-CoV, formerly called novel coronavirus, is a beta coronavirus that was first described in September 2012. As of August 12, 2013, 94 laboratory-confirmed cases have been reported to WHO. Of those cases, 49% (46) were fatal. All diagnosed cases were among people who resided in or traveled from four countries (Kingdom of Saudi Arabia, United Arab Emirates, Qatar, or Jordan) within 14 days of their symptom onset, or who had close contact with people who resided in or traveled from those countries. Cases with a history of travel from these countries or contact with travelers from these countries have been identified in residents of France, the United Kingdom, Tunisia, and Italy. **To date, no cases have been reported in the United States.** The most up-to-date details about the number of MERS-CoV cases and deaths by country of residence are on CDC's MERS website <http://www.cdc.gov/coronavirus/mers/index.html>

Updates to Interim Guidance and Case Definitions

Interim Guidance for Health Professionals: Patients in the U.S. Who Should Be Evaluated

CDC has changed its criteria for who should be evaluated for MERS-CoV. In the previous guidance (HAN 348, dated June 7, 2013), CDC did not recommend MERS-CoV testing for people whose illness could be explained by another etiology. The new guidance states that, in patients who meet certain clinical and epidemiologic criteria, testing for MERS-CoV and other respiratory pathogens can be done simultaneously and that positive results for another respiratory pathogen should not necessarily preclude testing for MERS-CoV.

The new guidance also clarifies recommendations for investigating clusters of severe acute respiratory illness when there is not an apparent link to a MERS-CoV case. Clusters* of patients with severe acute

respiratory illness (e.g., fever and pneumonia requiring hospitalization) should be evaluated for common respiratory pathogens and reported to local and state health departments. If the illnesses remain unexplained, testing for MERS-CoV should be considered, in consultation with state and local health departments.

For CDC's updated interim guidance for healthcare professionals, see <http://www.cdc.gov/coronavirus/mers/interim-guidance.html> (continued next page)



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MERS-CoV cont.

Case Definitions

CDC has not changed the case definition of a confirmed case, but the criteria for laboratory confirmation have been clarified. CDC has changed its definition of a probable case so that identification of another etiology does not exclude someone from being classified as a "probable case."

For CDC's updated case definitions, see <http://www.cdc.gov/coronavirus/mers/case-def.html>.

CDC may change its guidance about who should be evaluated and considered a case as we learn more about the epidemiology of MERS-CoV infection and risk of transmission.

Interim Guidance about Testing of Clinical Specimens

CDC recommends collecting multiple specimens from different sites at different times after symptom onset. Lower respiratory specimens are preferred, but collecting nasopharyngeal and oropharyngeal (NP/OP) specimens, as well as stool and serum, are strongly recommended. This will increase the likelihood of detecting MERS-CoV infection. For more information, see CDC's Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens <http://www.cdc.gov/coronavirus/mers/guidelines-clinical-specimens.html>

Many state health department laboratories are approved for MERS-CoV testing using the CDC rRT-PCR assay. Contact your state health department to notify them of people who should be evaluated for MERS-CoV and to request MERS-CoV testing. If your state health department is not able to test, contact CDC's EOC at 770-488-7100.

*In accordance with the WHO's guidance for MERS-CoV, a cluster is defined as two or more persons with onset of symptoms within the same 14-day period, and who are associated with a specific setting such as a classroom, workplace, household, extended family, hospital, other residential institution, military barracks, or recreational camp. See WHO's Interim Surveillance Recommendations for Human Infection with Middle East Respiratory Syndrome Coronavirus http://www.who.int/csr/disease/coronavirus_infections/InterimRevisedSurveillanceRecommendations_nCoV_infection_27Jun13.pdf

The Centers for Disease Control and Prevention (CDC) protects people's health and safety by preventing and controlling diseases and injuries; enhances health decisions by providing credible information on critical health issues; and promotes healthy living through strong partnerships with local, national, and international organizations.

Washington State DOH MERS-CoV Webpage

The Washington State Department of Health has a MERS (Middle East Respiratory Syndrome) webpage available with general information on MERS, as well as links to a surveillance and reporting guideline, case and contact investigation and report forms, information about MERS-CoV testing at PHL, and Key Messages for Providers. We hope you find this information useful. Please contact DOH Communicable Disease Epidemiology at 206-418-5500 with any questions or comments about the webpage.

<http://www.doh.wa.gov/PublicHealthandHealthcareProviders/NotifiableConditions/MERSCoV.aspx>

For more information about MERS-CoV, the Hajj and Umrah, see the CDD website at <http://www.cdc.gov/features/hajjandumrah/index.html>



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CDC Releases 2014 “Yellow Book”

The Centers for Disease Control and Prevention today released the online version of the 2014 edition of *CDC Health Information for International Travel*, commonly known as the “Yellow Book.” Nicknamed for its yellow cover, this is the ultimate guide for healthy international travel. The most recent version includes special guidance for people who will be living long-term in areas with malaria. The 2014 edition also expanded its chapter on select destinations, providing insiders’ knowledge and specific health risks about popular tourist destinations.

A team of almost 200 experts update this health guide every two years. The Yellow Book provides the latest official CDC recommendations to keep international travelers safe and healthy. It includes a complete catalog of travel-related diseases and up-to-date vaccine and booster recommendations. The information in the book does not just stop with infectious diseases; it also includes advice about preventing and treating common travel-related ailments such as altitude illness, motion sickness, and jet lag. The book offers useful tips on topics such as traveling with pets, packing a travel health kit, avoiding counterfeit medications in foreign countries, and getting travel health and evacuation insurance for emergencies. In addition, the Yellow Book provides advice for people traveling with young children, individuals with disabilities or chronic illnesses, and those traveling for humanitarian aid work or study abroad.

The 2014 edition also includes the following new features:

- An expanded destination-specific list of vaccine requirements and recommendations to help travelers prepare for their next trip
- Updated malaria risk and prevention information, along with ten new country-specific malaria maps, showing travelers if they will be in an area with malaria and how best to prevent it
- New sections on infectious diseases related to travel: Escherichia coli, Salmonellosis, Fascioliasis, and Hand, Foot, and Mouth Disease
- New select destinations: Jamaica, Thailand, Vietnam, and Angkor Wat in Cambodia
- Updated disease risk maps to help travelers understand where important diseases occur

Popular features from previous editions remain in the 2014 edition, including information on cruise ship travel, food and water precautions, international adoptions, and recent immigrants returning home to visit family and friends.

The content is also available at CDC’s Traveler’s Health website, www.cdc.gov/travel. The website lets travelers search by destination and find information about basic travel health preparations and what to do if they get sick or injured while traveling. It is updated as travel health threats emerge and new information becomes available.