COMMONWEALTH of VIRGINIA

Department of Health

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Middle East Respiratory Syndrome Coronavirus (MERS-CoV) in the United States

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Dear Colleague:

Thank you for your daily efforts to protect the health of the people of Virginia. I am reaching out today given the Centers for Disease Control and Prevention's (CDC) announcements this month concerning the **first two imported case of MERS-CoV infection identified in the United States.** These cases are unrelated to each other; however, both case-patients had been healthcare workers in Saudi Arabia and developed respiratory symptoms during or shortly after travel to the United States. Dr. Trump, our State Epidemiologist, recently distributed information to hospitals, emergency departments and state level clinical associations; however I want to be sure that all clinicians in Virginia have the latest information and guidance. **Please consider the following three requests:**

1) **Familiarize yourself with the current situation concerning MERS-CoV, including risk stratification of patients, by reviewing the information in this letter and the attachment (share widely)**
2) **Be sure you are familiar with the contact procedures for your local health department and our 24/7 after hours answering service (866-531-3068)**
3) **Contact your local health department concerning suspect cases to facilitate reporting, diagnosis and testing**

For the past year, CDC, Virginia Department of Health (VDH), Division of Consolidated Laboratory Services (DCLS), other state and local health departments, and clinicians nationwide have been prepared for the introduction of MERS-CoV infection to the United States. VDH and DCLS assisted clinicians in Virginia with testing several individuals for whom a MERS-CoV diagnosis was considered. **No illnesses have been confirmed in Virginia, to date.**

Despite that imported cases of MERS-CoV have been reported in the US, the risk of MERS-CoV infection for the general public remains **extremely low**. This year there has been an increase in cases in the Middle East. To date, testing of MERS-CoV strains have not revealed substantial changes in the virus to explain the recent surge of cases. Some of the increase may be a result of increased monitoring and laboratory testing. The greatest risk of transmission appears to be from close contact with a person ill with MERS-CoV infection (e.g., caring for an infected person in a home or healthcare setting).

It is prudent, however, to expect more cases of MERS-CoV in the United States, since international travel allows such easy movement of recently exposed individuals or those early in their illnesses. To help you

prepare to assess patients for MERS-CoV and conduct appropriate laboratory testing, the attached table summarizes the illness and exposure criteria that should lead you to suspect this novel infection.

Some key actions that I would like to highlight:

- If evaluating a patient with pneumonia or acute respiratory distress syndrome, ask about recent travel to the Middle East and about any health care exposures.
- Implement standard, contact, and airborne precautions early if you are managing a hospitalized patient with known or suspected MERS-CoV infection.
- Report to your local health district (www.vdh.virginia.gov/LHD/index.htm) that you are considering MERS-CoV infection. The local health district will work with you to evaluate your patient's clinical status and exposure history to assure the criteria are met for testing by DCLS.

Public health also is conducting investigations to identify any additional illnesses and prevent the spread of the virus. Because little is known about transmission of MERS-CoV on aircraft, the CDC is working with state and local health departments to conduct contact investigations among others who were on airline flights with the case-patients. This type of investigation involves several steps: 1) identify all crew members and passengers who might have been exposed to the infected patient; 2) notify all crew members and passengers of their potential exposure and assess their health status; 3) recommend medical evaluation (if symptomatic); and 4) provide education about how to watch for and report symptoms of the illness. VDH has been actively involved in this response and has contacted some travelers in Virginia.

For the most current information and guidance, please visit CDC's MERS website, www.cdc.gov/coronavirus/MERS/index.html. If you have questions or need additional information, please contact your local health district.

Again, let me thank you for your assistance in evaluating and caring for your patients during this evolving situation. I value the partnership between governmental public health and the clinical community and will continue to ensure timely dissemination of important public health information.

Sincerely,

Marissa J. Levine, MD, MPH, FAAFP
State Health Commissioner

	Middle East Respiratory System Coronavirus (MERS-CoV)
Illness & Severity	Fever (≥38°C, 100.4°F) **AND** pneumonia or acute respiratory distress syndrome (based on clinical or radiological evidence)
	AND
Exposure History	*One of the following types of exposure:* History of travel from the Arabian Peninsula or neighboring countries within 14 days of illness onset. Currently, the included countries are Bahrain, Iraq, Iran, Israel, Jordan, Kuwait, Lebanon, Oman, Palestinian Territories, Qatar, Saudi Arabia, Syria, the United Arab Emirates, and Yemen. **OR** Close contact[1] 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** Is 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-CoV is being evaluated, in consultation with state and local health departments.
Preferred Samples	To increase the likelihood of detecting MERS-CoV, CDC recommends collecting multiple specimens from different sites at different times after symptom onset, if possible. Lower respiratory specimens are preferred, but collecting nasopharyngeal and oropharyngeal (NP/OP) specimens, as well as stool and serum, are strongly recommended depending upon the length of time between symptom onset and specimen collection. Respiratory specimens should be collected as soon as possible after symptoms begin – ideally within 7 days and before antiviral medications are administered. Specimens should be collected with appropriate infection control precautions. www.cdc.gov/coronavirus/mers/guidelines-clinical-specimens.html
LOCAL HEALTH DEPARTMENT MUST COORDINATE ANY TESTING WITH DCLS	
Treatment Recommendation for Confirmed or Suspected Cases	Supportive care. No specific treatment recommendations. CDC recommends using appropriate infection prevention and control measures, including standard, contact, and airborne precautions, while managing hospitalized patients with known or suspected MERS-CoV infections. www.cdc.gov/coronavirus/mers/infection-prevention-control.html People being evaluated for MERS-CoV infection who do not require hospitalization for medical reasons may be cared for and isolated at home. www.cdc.gov/coronavirus/mers/hcp/home-care.html
Additional CDC Information	www.cdc.gov/coronavirus/mers/index.html

1. Close contact is defined as a) any person who provided care for the patient, including a healthcare worker or family member, or had similarly close physical contact; or b) any person who stayed at the same place (e.g. lived with, visited) as the patient while the patient was ill.