May 2, 2014

NOVEL CORONAVIRUS CONFIRMED IN UNITED STATES

Dear Colleague:

I am writing to provide situational awareness and ask for your continued assistance in the early detection and subsequent control of novel coronavirus (Middle East Respiratory Syndrome Coronavirus, MERS-CoV) infections.

Today, the Indiana State Department of Health and the Centers for Disease Control and Prevention (CDC) reported **confirmation of the first imported case of MERS-CoV infection in the United States**. The case-patient had worked as a health care worker in Saudi Arabia and recently traveled to the United States. The individual is hospitalized and is in stable condition. There is an ongoing public health investigation.

Clinicians are at the frontline in suspecting these infections and working with public health to assess the patient under investigation and conduct appropriate laboratory testing. The **attached table** summarizes the illness and exposure criteria that should lead you to suspect this novel infection. **If you suspect your patient may have MERS-CoV infection, you should contact your local health district.** 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 the state public health laboratory (DCLS). The attached table also provides links to additional guidance from the CDC.

Middle East Respiratory Syndrome Coronavirus. MERS-CoV causes a viral respiratory illness first reported in Jordan in 2012. So far, all the cases have been linked to six countries in or near the Arabian Peninsula. **No cases have been identified in Virginia.** Most people who have been confirmed to have MERS-CoV infection developed severe acute respiratory illness. As of April 25, 2014, the World Health Organization is reporting 254 cases of MERS-CoV infection; 93 of these individuals have died. This virus has spread from ill people to others through close contact; however, the virus has not been shown to spread in a sustained way in communities.

Please contact your local health department if you have questions or need further information.

Your assistance in this collaborative effort is greatly appreciated. Together, we can continue to protect the health of all Virginians by ensuring prompt identification of this novel infection.

Sincerely,

David Trump, MD, MPH, MPA
Acting Chief Deputy Commissioner for Public Health and Preparedness & State Epidemiologist
Virginia Department of Health

	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.