

May 7, 2014

Dear Colleagues:

Subject: Middle East Respiratory Syndrome Coronavirus (MERS-CoV)

Given recent developments in the situation regarding Middle East Respiratory Syndrome Coronavirus (MERS-CoV), the Office of the Chief Medical Officer of Health would like to provide you with the following updates and reminders:

- There has been a surge in cases in the Middle East (primarily Saudi Arabia and United Arab Emirates) since April 2014. Several of the cases have been acquired through secondary infection, although sustained human-to-human transmission has not been documented.
- A range of clinical severity has been reported – some cases can have mild symptoms, others can present with severe acute respiratory disease requiring hospitalization and often require mechanical ventilation and other advanced respiratory support. Most cases with severe symptoms also have existing underlying medical conditions.
- The US CDC has recently reported the first travel associated case of MERS-CoV in North America (Indiana). This case occurred in a health care worker.

The possibility of travel associated cases of MERS-CoV and other emerging respiratory viruses reinforces the need for consistent and routine screening and infection control practices in all health care settings, for timely diagnosis and the protection of patients and clinicians.

The following measures should be routinely followed to assist with infection prevention and control and diagnosis of MERS-CoV:

SCREEN

- Patients with a **new/worse cough** or **shortness of breath AND fever > 38 C** should be identified at the earliest opportunity (telephone screen at time of appointment, screening on arrival in clinic or ER) and basic infection control measures taken (ask patient to clean hands, wear mask, arrange physical separation from other patients)

ASSESS

- Patients who meet initial screening criteria should be asked if they have travelled or resided in the **Middle East** (Saudi Arabia, United Arab Emirates, Qatar, Jordan or surroundings) in the past 14 days and/or had close contact with a probable or confirmed case of MERS-CoV (including occupational exposure)
- Clinically and diagnostically evaluate the patient for evidence of pulmonary parenchymal disease (pneumonia, pneumonitis, ARDS) using appropriate contact and droplet precautions.
- Determine need for hospital admission. If required, ensure the receiving facility and the transporting personnel are aware of the control measures for suspect MERS-CoV.

TELL

- **Report** any cases meeting the above criteria immediately to your Regional Medical Officer of Health (RMOH) and/or the regional Public Health office to discuss risk assessment and further laboratory testing. *Lab confirmation is not needed in order to consult Public Health.*

For further information please consult:

http://www2.qnb.ca/content/qnb/en/departments/ocmoh/for_healthprofessionals/cdc.html



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