Middle East Respiratory Syndrome
Corona Virus (MERS-CoV)
June 25, 2015
Updated Recommendations for the Evaluation & Laboratory Submission

The County of Riverside Department of Public Health (DOPH) provides this guidance based on current information. Recommendations may change as updated guidance becomes available.

SITUATION UPDATE

From September 2012, when MERS-CoV was first identified, to June 12, 2015, the World Health Organization (WHO) has been notified of 1,289 laboratory-confirmed cases of MERS-CoV infection reported from 25 countries, including 455 (35%) deaths. An estimated 85% of cases have been reported from the Kingdom of Saudi Arabia.

An outbreak of MERS-CoV began in South Korea in May 2015, when an individual became ill after traveling to several countries of the Arabian Peninsula, and then sought medical care at several healthcare facilities in South Korea. Healthcare providers should consider MERS-CoV infection in ill persons who have recently traveled from countries in or near the Arabian Peninsula or have been in a healthcare facility in South Korea.

New cases of MERS-CoV continue to occur in the Arabian Peninsula. MERS-CoV currently poses a low risk to residents in the USA, and no cases have yet occurred in California. However, if introduced from travelers, MERS-CoV may spread readily in healthcare facilities unless appropriate infection control measures are used.

UPDATED GUIDANCE

Prior criteria for the evaluation for MERS-CoV included severe respiratory illness after travel to the Arabian Peninsula; or milder respiratory illness and time spent in a healthcare facility in the Arabian Peninsula. Evaluation for MERS-CoV should now be extended to persons with fever and pneumonia or acute respiratory distress syndrome who were in a healthcare facility in South Korea within 14 days before symptom onset.

See full criteria for persons under investigation (PUI) at:
www.cdc.gov/coronavirus/mers/interim-guidance.html
SYMPTOMS AND MANAGEMENT

Common symptoms in patients with MERS-CoV include fever, cough, chills, and shortness of breath. Pneumonia is common. Most hospitalized patients have had chronic co-morbidities. No specific treatment is currently available for MERS-CoV infection.

Given the clinical spectrum of MERS-CoV, infections may range from asymptomatic infection to acute and progressively severe respiratory illness, the importance of obtaining a patient travel history cannot be overemphasized.

Patients with severe acute lower respiratory illness should also be evaluated for common causes of community-acquired pneumonia, such as influenza A and B, respiratory syncytial virus, *Streptococcus pneumoniae*, and *Legionella pneumophila*, at the same time as obtaining laboratory specimens for MERS-CoV. Positive results for another respiratory pathogen should not necessarily preclude testing for MERS-CoV since co-infection can occur.

ACTIONS REQUESTED OF CLINICIANS

1. Remain alert for potential cases of MERS-CoV. Obtain a detailed travel history from patients ill with acute respiratory disease. Visit [http://www.cdph.ca.gov/programs/immunize/Pages/MERS-CoV.aspx](http://www.cdph.ca.gov/programs/immunize/Pages/MERS-CoV.aspx) and see “June 2015 – CDPH Update for Health Care Providers on MERS”.

2. Immediately report suspected cases of MERS-CoV to Disease Control at (951) 358-5107; after-hours (951) 782-2974, request to speak to the Public Health second call Duty Officer.


5. Lab specimens should be collected as soon as possible in consultation with the County of Riverside DOPH Disease Control. Contact Disease Control before submitting any laboratory specimens. Revised instructions for specimen collection and processing are located at [http://www.rivco-diseasecontrol.org/](http://www.rivco-diseasecontrol.org/). Questions about specimen collection and packaging should be directed to the Riverside County Public Health Laboratory at (951) 358-5070.

ADDITIONAL RESOURCES

CA Dept. Public Health: [www.cdph.ca.gov/programs/immunize/Pages/MERS-CoV.aspx](http://www.cdph.ca.gov/programs/immunize/Pages/MERS-CoV.aspx)
