



Government of the District of Columbia
Department of Health



Center for Policy, Planning and Evaluation Administration
Division of Epidemiology – Disease Surveillance and Investigation

August 24, 2017

Health Notice for District of Columbia Healthcare Providers and Clinical Laboratories
Increased Vigilance for Middle East Respiratory Syndrome Among
Persons Who Travel to Saudi Arabia for the Annual Pilgrimage (Hajj)

Summary

The purpose of this Health Notice is to increase awareness and provide timely updates on Middle East Respiratory Syndrome (MERS), an illness caused by MERS Coronavirus (CoV). Healthcare providers should maintain awareness of the need to detect patients who should be evaluated for MERS. The annual Hajj or pilgrimage to Mecca, Saudi Arabia will take place in 2017 from approximately August 30 to September 4. In previous years, state and local health departments have seen an increase in patients under investigation (PUIs) for MERS two to three weeks following the completion of Hajj as travelers return to the United States (U.S.). **We advise healthcare providers to consistently collect travel history information during the clinical evaluation of patients and to promptly report PUIs to the District of Columbia Department of Health (DOH).**

Background

Middle East Respiratory Syndrome is an illness caused by a virus first reported by health officials in Saudi Arabia in September 2012. Most MERS cases have been reported in adults, although children have been infected. Most hospitalized MERS patients have had chronic co-morbidities. Among confirmed MERS cases reported to date, the case fatality proportion is approximately 35%. No specific treatment for MERS infection is currently available. Clinical management includes supportive management of complications and implementation of recommended infection prevention and control measures. Limited clinical data for MERS patients are available; most published clinical information to date is from critically ill patients. At hospital admission, common signs and symptoms include fever, chills/rigors, headache, non-productive cough, dyspnea, and myalgia. Other symptoms can include sore throat, coryza, nausea and vomiting, dizziness, sputum production, diarrhea, vomiting, and abdominal pain. Atypical presentations including mild respiratory illness without fever and diarrheal illness preceding development of pneumonia have been reported. MERS is thought to spread from an infected person's respiratory secretions, such as through coughing. However, the precise ways the virus spreads are not currently well understood. All reported cases have been linked to countries in and near the Arabian Peninsula.

Recommended Actions for Healthcare Providers

1) Consider MERS testing for patients who meet the criteria for a patient under investigation (PUI)

The Centers for Control and Prevention (CDC) recommends that healthcare providers consider a person a PUI if they have both the clinical features and epidemiologic risk for MERS described in the scenarios below (<https://www.cdc.gov/coronavirus/mers/interim-guidance.html>):

Clinical Features	Epidemiologic Risk
Severe illness Fever <i>and</i> pneumonia or acute respiratory distress syndrome (based on clinical or radiological evidence)	A history of travel from countries in or near the Arabian Peninsula within 14 days before symptom onset, <i>or</i> close contact 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. – <i>or</i> – 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 in the US.
Milder illness Fever <i>and</i> symptoms of respiratory illness (not necessarily pneumonia; e.g., cough, shortness of breath)	A history of being in a healthcare facility (as a patient, worker, or visitor) within 14 days before symptom onset in a country or territory in or near the Arabian Peninsula in which recent healthcare-associated cases of MERS have been identified.
Fever <i>or</i> symptoms of respiratory illness (not necessarily pneumonia; e.g., cough, shortness of breath)	Close contact with a confirmed MERS case while the case was ill.

Important Notes:

- **Countries considered in or near the Arabian Peninsula:** Bahrain; Iraq; Iran; Israel, the West Bank and Gaza; Jordan; Kuwait; Lebanon; Oman; Qatar; Saudi Arabia; Syria; the United Arab Emirates (UAE); and Yemen.
- **Fever** may not be present in some patients, such as those who are very young, elderly, taking certain medications, or immunosuppressed. Clinical judgement should be used to guide testing of patients in such situations.
- **Close contact** is defined as a) being within approximately 6 feet (2 meters), or within the room or care area, of a confirmed MERS case for a prolonged period of time (such as caring for, living with, visiting, or sharing a healthcare waiting area or room with, a confirmed MERS case) while not wearing recommended personal protective equipment (e.g., gowns, gloves, NIOSH-certified disposable N95 respirator, eye protection); or b) having direct contact with infectious secretions of a confirmed MERS case (e.g., being coughed on) while not wearing recommended personal protective equipment.

The above criteria serve as guidance for testing; however, patients can be evaluated and discussed with DOH on a case-by-case basis if their clinical presentation or exposure history is unclear (e.g., uncertain history of healthcare exposure).

2) Promptly Report PUIs for MERS to DOH

- All PUIs for MERS **must** be reported to DOH by submitting a Notifiable Disease and Condition Case Report Form. Access the form using our online reporting system **DC Reporting and Surveillance Center (DCRC):** <https://doh.dc.gov/service/infectious-diseases>.
- DOH will assist with coordinating clinical sample testing for MERS or consultation with the CDC

Additional Information and Resources

- Clinical specimen collection guidelines for MERS: <https://www.cdc.gov/coronavirus/mers/guidelines-clinical-specimens.html>
- Information for healthcare providers: <https://www.cdc.gov/coronavirus/mers/hcp.html>
- Information for travelers: <https://wwwnc.cdc.gov/travel/notices/alert/hajj-umrah-saudi-arabia-2017>

Please contact the DC DOH Division of Epidemiology–Disease Surveillance and Investigation for more information:

Phone: 202-442-8141 (8:15am-4:45pm) | 1-844-493-2652 (after-hours calls)

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