



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene

Larry Hogan, Governor - Boyd Rutherford, Lt. Governor - Van Mitchell, Secretary

June 9, 2015

Dear Colleagues,

This letter includes an update on the evolving outbreak of MERS-CoV (Middle East Respiratory Syndrome-Coronavirus) infection and guidance for evaluating suspect MERS-CoV cases presenting to healthcare in Maryland.

MERS-CoV Transmission in South Korea

It is of concern that there has been transmission of MERS-CoV outside of the Arabian Peninsula in the Republic of Korea (South Korea) as well as continued transmission in countries in or near the Arabian Peninsula. (http://www.who.int/csr/disease/coronavirus_infections/en/).

As of June 9, 2015, there are a reported 95 cases of MERS-CoV infections in South Korea, including one diagnosed in China. At least 7 of these patients have died. Some of the South Korean cases are healthcare workers and many these transmissions have occurred in the healthcare setting.

General Information on MERS-CoV

MERS-CoV is a novel respiratory virus first identified in Jordan in April 2012. Since September of 2012, 1,204 laboratory confirmed cases have been identified in numerous countries, including Saudi Arabia, Qatar, Jordan, United Arab Emirates, United Kingdom, France, Tunisia, Italy, and the United States; 448 (37%) of these people have died. There have been no MERS-CoV cases identified in Maryland, although many states, including Maryland, have evaluated suspect cases.

While human coronaviruses are common worldwide and generally are a cause of the common cold, patients with MERS-CoV infections have mostly had severe acute respiratory illness (SARI), presenting with symptoms of fever, cough, shortness of breath, and rarely with gastrointestinal symptoms. Clinical course is generally characterized by pneumonia, respiratory distress and a high mortality rate among confirmed cases. There is currently no vaccine or standardized antiviral therapy for MERS-CoV, although both are under investigation.

MERS-CoV is not the same coronavirus that caused SARS in 2003, but has similar characteristics of SARI and pneumonia in the majority of cases. Most MERS-CoV occurs in older patients (>65 years) with comorbidities (DM, cancer, chronic cardiac, pulmonary, renal disease) and/or immunosuppression.

Suspect MERS Co-V Cases and CDC’s “Person Under Investigation” Definition

Please inform public health of any patients presenting with respiratory illness and recent (past 14 days before onset of symptoms) travel to South Korea or the Arabian Peninsula, particularly if the traveler had exposure (patient, worker, visitor) to a healthcare facility while overseas.

Please be aware of the CDC’s MERS-CoV definition, which details more specific criteria for case definitions. The link is: <http://www.cdc.gov/coronavirus/mers/case-def.html>

MERS Co-V Infection Prevention

CDC has developed recommendations for standard, contact and airborne precautions for the management of hospitalized patients with known or suspected MERS-CoV infection at <http://www.cdc.gov/coronavirus/mers/infection-prevention-control.html>

Though CDC recommendations focus on the hospital setting, the recommendations for personal protective equipment (PPE), source control (i.e., placing a facemask on potentially infected patients when outside of an airborne infection isolation room), and environmental infection control measures are applicable to any healthcare setting.

MERS-CoV Diagnosis

DHMH can test for MERS-CoV infection with CDC-developed molecular diagnostics that will allow healthcare providers to identify MERS-CoV cases.

Testing for MERS-CoV at Maryland DHMH Public Health Laboratories is available with prior authorization from DHMH.

Specimen Collection and Diagnostic Testing

- Lower respiratory tract specimens should be a priority for collection for subsequent PCR testing, as these specimens have the greatest sensitivity for detecting the virus.
- To increase the likelihood of detecting MERS-CoV, CDC recommends collection of specimens from different sites— for example, a nasopharyngeal (NP) swab and a lower respiratory tract specimen such as sputum, bronchoalveolar lavage, bronchial wash, or tracheal aspirate. However, an upper respiratory specimen alone is not considered sufficient for MERS-CoV testing.
- Specimens should be collected with appropriate infection control precautions (airborne precautions).

MERS-CoV Reporting to Public Health

Guidance for the reporting and investigation of suspect MERS cases remains the same with addition of recent travel combined with healthcare exposure in South Korea as a risk for exposure.

If you suspect a MERS-CoV case, please contact your local health department:

<http://dhmh.maryland.gov/SitePages/Contact%20Us.aspx>

Additional MERS-CoV Information

- CDC recently released checklists and resources for healthcare providers and healthcare facilities to prepare for MERS-CoV patients at:
<http://www.cdc.gov/coronavirus/mers/preparedness/checklist-provider-preparedness.html> and <http://www.cdc.gov/coronavirus/mers/preparedness/checklist-facility-preparedness.html>
- Recommendations for travelers are on CDC's Travelers' Health website at:
<http://www.cdc.gov/coronavirus/mers/travel.html>. At this time, there are no recommendations from CDC to change travel plans because of MERS-CoV.
- Update from World Health Organization on the MERS-CoV situation in South Korea can be found at: http://www.who.int/csr/disease/coronavirus_infections/en/

Thank you for the careful consideration of this information.

Sincerely,



Lucy E. Wilson, M.D., Sc.M.
Chief, Center for Surveillance, Infection Prevention and Outbreak Response
Prevention and Health Promotion Administration
Maryland Department of Health and Mental Hygiene