



EPIDEMIOLOGY & SURVEILLANCE

Health Care Services
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Reporting a Suspected Case of Middle Eastern Respiratory Syndrome Coronavirus (MERS-CoV)

Collin County Health Care Services
Business Hours: 972-548-4707 After Hours: 972-547-5350

Clinical Features	&	Epidemiologic Risk
Severe illness Fever ¹ and pneumonia or acute respiratory distress syndrome (based on clinical or radiological evidence)	and	A history of travel from countries in or near the Arabian Peninsula ² within 14 days before symptom onset, or close contact ³ with a symptomatic traveler who developed fever ¹ and acute respiratory illness (not necessarily pneumonia) within 14 days after traveling from countries in or near the Arabian Peninsula ² . – or – A member of a cluster of patients with severe acute respiratory illness (e.g., fever ¹ 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 ¹ and symptoms of respiratory illness (not necessarily pneumonia; e.g., cough, shortness of breath)	and	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 ² in which recent healthcare-associated cases of MERS have been identified.
Fever ¹ or symptoms of respiratory illness (not necessarily pneumonia; e.g., cough, shortness of breath)	and	Close contact ³ with a confirmed MERS case while the case was ill.

Footnotes

1. Fever may not be present in some patients, such as those who are very young, elderly, immunosuppressed, or taking certain medications. Clinical judgement should be used to guide testing of patients in such situations.
2. Countries considered in the Arabian Peninsula and neighboring include: Bahrain; Iraq; Iran; Israel, the West Bank, and Gaza; Jordan; Kuwait; Lebanon; Oman; Qatar; Saudi Arabia; Syria; the United Arab Emirates (UAE); and Yemen. Always check <https://www.cdc.gov/coronavirus/mers/case-def.html#pui> for the most up to date information on affected countries.
3. 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 or PPE; or b) having direct contact with infectious secretions of a confirmed MERS case (e.g., being coughed on) while not wearing recommended PPE.

Control Measure Checklist

1. Minimize Chance for Exposures
2. Ensure Adherence to Standard, Contact and Airborne Precautions
3. Manage Visitor Access and Movement Within the Facility
4. Implement Engineering Controls
5. Monitor and Manage Ill and Exposed Healthcare Personnel
6. Train and Educate Healthcare Personnel
7. Implement Environmental Infection Control
8. Establish Reporting within Hospitals and to Public Health Authorities

For more detailed information visit <https://www.cdc.gov/coronavirus/mers/infection-prevention-control.html>

Laboratory Information

If the patient meets PUI for MERS-CoV approval will be obtained for testing at the Department of State Health Services lab in Austin, TX.

Specimen Collection

To increase the likelihood of detecting infection, CDC recommends collecting multiple specimens from different sites at different times after symptom onset, if possible.

- Lower respiratory
 - Bronchoalveolar lavage, tracheal aspirate, pleural fluid
 - Sputum
- Upper respiratory
 - Nasopharyngeal swab AND oropharyngeal swab (NP/OP swab)
 - Nasopharyngeal wash/aspirate or nasal aspirate
- Serum specimens
 - Serum (for serologic testing collected 14 days or more after onset)
 - Serum (for rRT-PCR testing collect 10-12 days after onset)

For more detailed information visit <https://www.cdc.gov/coronavirus/mers/guidelines-clinical-specimens.html>

Test for Other Respiratory Pathogens

The CDC strongly recommends testing for common respiratory pathogens by molecular or antigen detection methods. Common respiratory pathogens include 1) influenza A, influenza B, respiratory syncytial virus, human metapneumovirus, human parainfluenza viruses, adenovirus, human rhinovirus and other respiratory viruses; 2) Streptococcus pneumoniae, Chlamydia pneumophila, and other pathogens that cause severe lower respiratory infections.

Identification of a respiratory pathogen prior to MERS-CoV testing should not preclude testing for MERS-CoV, especially if MERS is strongly suspected.