



STATE OF MARYLAND
DHMH

Maryland Department of Health and Mental Hygiene
201 W. Preston Street • Baltimore, Maryland 21201

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – Joshua M. Sharfstein, M.D., Secretary

May 2, 2014

Dear Colleagues,

CDC has announced that the first case of MERS CoV (Middle East Respiratory Syndrome Coronavirus) has been identified in the United States in a healthcare worker who was in Riyadh, Saudi Arabia. On April 24, the case traveled by air from Saudi Arabia, through London to Chicago and then by bus from Chicago to a location in Indiana. Fever and respiratory symptoms started on 4/27, hospitalization occurred on 4/28. The patient remains hospitalized in stable condition.

In light of this new information, we again ask you to remain vigilant for possible MERS Co-V cases among recent travelers or contacts of ill travelers.

MERS-CoV is a viral respiratory illness that has sickened numerous people, with most cases occurring in Saudi Arabia and neighboring countries in the Arabian Peninsula. As of May 2, 2014, there are 401 reported cases of MERS-CoV, including 93 deaths, in 12 countries (see: <http://www.cdc.gov/coronavirus/mers/index.html>). These numbers will continue to change.

MERS-CoV shares many characteristics with Severe Acute Respiratory Syndrome (SARS). Although recently, asymptomatic cases have been identified, most people diagnosed with MERS-CoV have had severe illness with fever, cough, shortness of breath, and severe pneumonia. The majority of fatal cases have occurred among patients with underlying medical conditions. Those with the highest risk of MERS-CoV complications are people over 65 years old, children under 12 years old, pregnant women, and people with chronic diseases (cardiac, renal, diabetes mellitus, pulmonary) or immunocompromised conditions.

In Maryland, diagnostic testing for MERS CoV is performed at the Maryland Department of Health and Mental Hygiene's Laboratories Administration. Specimens for testing should include nasopharyngeal swab and sputum specimen OR oropharyngeal swab and nasopharyngeal swab. Treatment for MERS CoV is supportive.

Infection control for MERS CoV consists of contact precautions combined with airborne precautions in a negative pressure room. Suspected cases presenting to healthcare should don a mask and be isolated from other patients during evaluation.

Health care providers should be alert to patients who develop severe acute lower respiratory illness (e.g., requiring hospitalization) within 14 days after traveling from countries in the Arabian Peninsula or neighboring countries. In particular, providers should be on the alert for patients with the following:

- Fever ($\geq 38^{\circ}\text{C}$, 100.4°F) and pneumonia or acute respiratory distress syndrome (based on clinical or radiological evidence);

AND EITHER

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- history of travel from countries in or near the Arabian Peninsula within 14 days before symptom onset;

OR

- 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;

OR

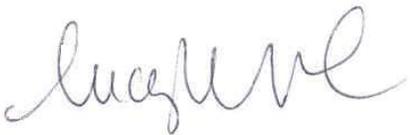
- is a member of a cluster of patients with severe acute respiratory illness (e.g. fever and pneumonia requiring hospitalization) of unknown etiology in which MERS-CoV is being evaluated in consultation with state and local health departments.

For any such patients:

- Immediately institute appropriate infection control for a suspect MERS-CoV case, including standard, contact and airborne precautions, with use of an airborne infection isolation room, gowns, gloves, eye protection and N95/PAPR mask use by healthcare providers (see: <http://www.cdc.gov/coronavirus/mers/infection-prevention-control.html>).
- Evaluate patients using CDC's case definitions and guidance (see: <http://www.cdc.gov/coronavirus/mers/interim-guidance.html>).
- Report immediately to the local health department for assistance with investigation, testing, and isolation recommendations.
- With public health guidance, collect specimens for MERS-CoV testing (see: <http://www.cdc.gov/coronavirus/mers/guidelines-clinical-specimens.html>). Testing for MERS-CoV will occur at DHMH if the patient meets testing criteria.

Thank you for your attention to this matter.

Sincerely,



Lucy E. Wilson, M.D., Sc.M.
Chief, Center for Surveillance, Infection Prevention and Outbreak Response