



## Department of Health

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**Date:** September 23, 2015

**To:** Healthcare Providers, Hospitals, and Local Health Departments

**From:** New York State Department of Health (NYSDOH) Division of Epidemiology

### Informational Message:

#### Middle East Respiratory Syndrome Coronavirus (MERS-CoV) Update

For healthcare facilities, please distribute immediately to the Infection Control Department, Emergency Department, Infectious Disease Department, Director of Nursing, Medical Director, Primary Care Providers, and all patient care areas.

Since its discovery in 2012, Middle East Respiratory Syndrome Coronavirus (MERS-CoV) has caused 1,569 laboratory-confirmed cases and at least 554 deaths (as of September 18, 2015). All cases to date have been linked to countries in or near the Arabian Peninsula<sup>1</sup>, and the majority of cases have occurred in Saudi Arabia.

The annual Hajj pilgrimage to Mecca, Saudi Arabia draws approximately 2 million Muslims from around the world, more than 11,000 of whom are from the United States. This year the Hajj takes place from September 20th through September 25th. To date, no MERS cases have occurred that are known to be associated with the Hajj. While most of the recent new cases of MERS in Saudi Arabia have been healthcare-related and centered around Riyadh, Saudi Arabia, some have been in other cities and/or without known healthcare contacts. It is important to consider travel history in all patients presenting with fever and respiratory symptoms, especially from now through October 9<sup>th</sup> (the latest onset date for MERS associated with the Hajj). Additionally, exposure to ill persons or healthcare facilities during Hajj travel would be important considerations for determining a patient's risk for MERS. For more information on the Hajj and recommendations for travelers please see the CDC's **Traveler's Health – Hajj and Umrah in Saudi Arabia** (<http://wwwnc.cdc.gov/travel/notices/alert/hajj-umrah-saudi-arabia-2015>).

**Healthcare providers and facilities should continue to ask all patients presenting with fever and/or respiratory symptoms about their travel history and healthcare facility exposure as a standard practice. Additionally:**

- Post signs prominently at all entrances, at reception, and at triage locations, in at least English, French, Spanish, Chinese, Russian, Italian, Korean, and Haitian Creole asking all persons presenting for care to provide their international travel history. NYSDOH International Travelers Posters are available in English and nine other languages,

<sup>1</sup> 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.

including Arabic, and are available at (listed under Hospitals):

<http://www.health.ny.gov/diseases/communicable/ebola/>

- The patient registration protocol must require reception staff to obtain a travel history and symptoms from all patients upon initial reception.

**When evaluating a patient, please remember to:**

- Consider other common causes of respiratory illness
- Evaluate patients using CDC's MERS case definitions and guidance (Case definitions: <http://www.cdc.gov/coronavirus/mers/case-def.html> and Interim Guidance for Healthcare Professionals: <http://www.cdc.gov/coronavirus/mers/interim-guidance.html>).
- Implement Standard, Contact, and Airborne precautions, with eye protection, as recommended for management of patients with suspected or known MERS-CoV infection.
  - Interim Infection Prevention and Control Recommendations for Hospitalized Patients with Middle East Respiratory Syndrome Coronavirus (MERS-CoV): <http://www.cdc.gov/coronavirus/mers/infection-prevention-control.html>
- Test for MERS-CoV and other respiratory pathogens by sending specimens to NYSDOH's Wadsworth Center Laboratories. Providers wishing to access public health testing must obtain pre-approval from the NYSDOH via their local health department (LHD).
  - For patients under investigation (PUIs), CDC recommends collecting multiple specimens from different sites after symptom onset, including a lower respiratory specimen (e.g., sputum, bronchoalveolar lavage fluid, or tracheal aspirate), a nasopharyngeal/oropharyngeal swab, and serum.
  - For guidelines on how to ship MERS specimens see Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens from PUIs for MERS-CoV Version 2.1: <http://www.cdc.gov/coronavirus/mers/guidelines-clinical-specimens.html>

**Patients who meet the criteria for a PUI (<http://www.cdc.gov/coronavirus/mers/case-def.html>) should be reported immediately to the LHD:**

- Providers and facilities located **outside of NYC (regardless of the jurisdiction of the patient's usual residence)**, should immediately contact their LHD to seek approval for testing at NYSDOH's Wadsworth Center. LHD contact information is available at <http://www.nyscho.org/i4a/pages/index.cfm?pageid=3713>. Providers who are unable to reach their LHD can contact the NYSDOH Bureau of Communicable Disease Control at (518) 473-4439 during business hours or the NYSDOH Public Health Duty Officer at 1-866-881-2809 evenings, weekends, and holidays.
- Likewise, providers and facilities who are **located in NYC (regardless of the jurisdiction of the patient's usual residence)**, should immediately contact the NYCDOHMH at 1-866-692-3641 to seek approval for testing at the NYCDOHMH Public Health Lab.

Questions about this informational message or MERS-CoV can be directed to the NYSDOH Bureau of Communicable Disease Control at 518-473-4439 during business hours or 866-881-2809 during evenings, weekends, and holidays.