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Interim Guidance for First Responders and MERS-CoV

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Middle Eastern Respiratory Syndrome (MERS) caused by the Middle Eastern Respiratory Syndrome Coronavirus (MERS-CoV) was first reported in 2012 in Saudi Arabia. As of June 6, 2014 there have been approximately 681 laboratory-confirmed cases with approximately 204 deaths. All cases have been linked to the Arabian Peninsula (Saudi Arabia, United Arab Emirates (UAE), Qatar, Oman, Jordan, Kuwait, Yemen, Lebanon). This is an ongoing investigation and case counts are likely to change frequently. For the most up-to-date case counts, please visit the following WHO website: http://www.who.int/csr/don/archive/disease/coronavirus_infections/en/. While MERS-CoV shares characteristics with Severe Acute Respiratory Syndrome (SARS) – they are both coronaviruses – seen in 2003, MERS-CoV is less contagious.

The United States has seen two cases, both presumed to have become infected in Saudi Arabia and then travelled to the United States. One of these cases is in Indiana, and the other in Florida. New Jersey does not have any confirmed cases of MERS, however, given the nature of travel and NJ's position as a major transportation hub, the potential for MERS certainly exists.

While the mode of transmission of MERS-CoV is still not entirely understood, it is clear that person to person transmission occurs, but not easily. Close contact is required. A large percentage of those infected with MERS-CoV in the Middle East have been health care workers who have had close contact with sick (i.e., infectious) individuals. The NJ Department of Health (NJDOH) encourages all health care workers to take prudent measures to ensure their personal protection and minimize the risk of transmission.

Most of the following guidance is adapted from the Centers for Disease Control and Prevention's (CDC's) website. Links are provided at the end of this document for more detailed and up to date information.

Which patients in the U.S. should be evaluated for MERS-CoV Infection?

A Patient Under Investigation (PUI) who should be evaluated for MERS-CoV infection, is one who has the following characteristics:

- A. Fever ($\geq 38^{\circ}\text{C}$, 100.4°F) and pneumonia or acute respiratory distress syndrome (based on clinical or radiologic evidence) AND EITHER:
 1. A history of travel from countries in or near the Arabian Peninsula¹ within 14 days before symptom onset OR
 2. close contact² 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

3. 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 or local health department.

OR

- B. Close contact² of a confirmed or probable case of MERS while the case was ill AND fever (>100°F) or symptoms of respiratory illness within 14 days following the close contact.

What precautions should front-line healthcare providers take?

While CDC has not yet published MERS-CoV guidance for infection control for prehospital emergency services (EMS), there is guidance dating back to 2004 for SARS. This is provided in the links below, and forms prudent precautions to take for MERS. In general:

- EMS providers should be aware of the symptoms of MERS (see above) and ask patients with compatible complaints about their travel and contact history.
- Healthcare personnel caring for patients under investigation should adhere to Standard, Contact, and Airborne Precautions, including eye protection.
- Alert the receiving hospital of any patients suspected of having MERS.
- Decontaminate any equipment used on a suspected case of MERS.
- Report any suspected cases of MERS to the local health department.
- Be aware of any increase in call volume related to respiratory complaints and report any anomalies to the local health department.

Additional information/links:

New Jersey Department of Health

MERS-CoV general information page:

<http://nj.gov/health/cd/mers/index.shtml>

Centers for Disease Control and Prevention:

Patients in the US who should be evaluated for MERS-CoV infection:

<http://www.cdc.gov/coronavirus/mers/interim-guidance.html>

Infection prevention and control recommendations for hospitalized patients with MERS:

<http://www.cdc.gov/coronavirus/mers/infection-prevention-control.html>

Infection control for prehospital emergency medical services – SARS:

<http://www.cdc.gov/sars/guidance/i-infection/prehospital.html>

1. Countries considered in or near the Arabian Peninsula include: Bahrain, Iraq, Iran, Israel, Jordan, Kuwait, Lebanon, Oman, Palestinian territories, Qatar, Saudi Arabia, Syria, the United Arab Emirates (UAE), and Yemen.

2. Close contact is defined as a) any person who provided care for the patient, including a healthcare worker or family member, or had similarly close physical contact; or b) any person who stayed at the same place (e.g. lived with, visited) as the patient while the patient was ill.