

Interim Guidance: Recognizing and Diagnosing Influenza A H7N9 or Middle East Respiratory Syndrome Coronavirus (MERS-CoV)

January 2017

Note: This is an interim guidance. The most up-to-date version is available at:

<https://public.health.oregon.gov/DiseasesConditions/DiseasesAZ/MERS1/MERS-CoV-Recognizing.pdf>

BACKGROUND

MERS-CoV cases among persons that have travelled in affected countries have been detected in the US. Laboratory confirmation for MERS-CoV or influenza A H7N9 can be done at the Oregon State Public Health Lab (OSPHL) or at CDC via OSPHL. **Contact your local health department about any suspected case of MERS-CoV or novel influenza.**

MIDDLE EAST RESPIRATORY SYNDROME CORONAVIRUS (MERS-CoV)

Report immediately (by phone to your local health department) any patient meeting the MERS-CoV *Patient under Investigation* Definition:

<http://www.cdc.gov/coronavirus/mers/case-def.html>

Local public health will then consult with Oregon Public Health Division staff (or refer you to them) to get approval for testing through OSPHL.

For any patient tested for MERS, a *Patient under Investigation Short Form* (available at: <http://www.cdc.gov/coronavirus/mers/downloads/mers-investigation-short-form.pdf>) should be completed and faxed, attn: MERS Epidemiologist, to 971-673-1100.

These patients should also be evaluated for common causes of community-acquired pneumonia (influenza, respiratory syncytial virus, human metapneumovirus, adenovirus, parainfluenza, *Streptococcus pneumoniae*, and *Legionella pneumophila*.) Positive results for one of these pathogens shouldn't preclude MERS-CoV testing if index of suspicion is high.

We are also interested in hearing about people with apparent fever or symptoms of respiratory illness within 14 days following close contact with a confirmed case if MERS while the case is still ill. Close contact is defined as: a) being within about 6 feet (2 meters) or within the room or care area for a prolonged period of time (e.g., healthcare personnel, household members) while not wearing recommended personal protective equipment (i.e., gowns, gloves, respirator, eye protection) or b) having direct contact with infectious secretions (e.g., being coughed on) while not wearing recommended personal protective

MERS-CoV: Recognizing and Diagnosing

equipment. Data to inform the definition of close contact are limited. At this time, brief interactions, such as walking by a person, are considered low risk and do not constitute close contact.

For information on **testing and specimen collection**, see:

<http://public.health.oregon.gov/LaboratoryServices/Pages/test.aspx?TestID=396>

INFLUENZA A H7N9

Consider and test for H7N9 in all persons with illness compatible with influenza who meet the CDC *Case under Investigation* definition:

<http://www.cdc.gov/flu/avianflu/h7n9/case-definitions.htm>

For information on **testing and specimen collection**, see:

<http://public.health.oregon.gov/LaboratoryServices/Pages/test.aspx?TestID=346>

Call your local health department if you anticipate the need to test for H7N9 or other novel influenza.

ISOLATION PRECAUTIONS

If any suspected, probably or confirmed case of MERS-CoV or Influenza A H7N9:

- Use **Standard, Contact**, and **Airborne** Precautions.
- Use of an Airborne Infection Isolation Room (AIIR) is recommended. .
- If this isn't available, arrange for transfer to a facility with an AIIR; in the meantime:
 - Have patient wear a face mask
 - Isolate patient in exam room or single-patient room with the door closed.

RESOURCES

- For guidance on home care for ill persons with suspected MERS, visit: www.cdc.gov/coronavirus/mers/hcp/home-care.html
- For more information about MERS-CoV, personal protective equipment, and infection control, visit: www.cdc.gov/coronavirus/mers/infection-prevention-control.html
- For more information about H7N9, personal protective equipment, and infection control, visit: www.cdc.gov/flu/avianflu/novel-flu-infection-control.htm