

## **Updated MERS-CoV Guidance: Ask for Travel History – June 23, 2015**

As of June 23, 2015, the World Health Organization (WHO) has reported 174 confirmed cases of Middle East Respiratory Syndrome Coronavirus (MERS-CoV) in South Korea. All of the reported cases have been healthcare-associated and epidemiologically linked to the index case, who had traveled to Bahrain, Qatar, Saudi Arabia, and the United Arab Emirates within 14 days of illness onset.

The current outbreak in South Korea underscores the need to ask patients for travel history and exposures prior to illness onset. It also highlights the need to implement the appropriate infection control and prevention measures within healthcare facilities to prevent nosocomial transmission to healthcare workers, staff, patients, and visitors.

**Healthcare providers are strongly encouraged to ask for travel history to the Arabian Peninsula and for exposure to a healthcare facility in South Korea if they encounter a patient with fever and acute respiratory illness (with or without pneumonia).**

If the patient meets the clinical case criteria and exposure criteria outlined in this website, [http://www.state.in.us/isdh/files/MERSCoV\\_Flow\\_Chart-6-11-15.pdf](http://www.state.in.us/isdh/files/MERSCoV_Flow_Chart-6-11-15.pdf), s/he is considered a Patient Under Investigation (PUI). For PUIs, immediately contact the ISDH at 317-233-7125 during normal business hours, 8:15-4:45 M-F for a consultation and specimen authorization. For assistance after hours or on holidays or weekends, contact 317-233-1325 to reach the Epidemiologist-on-Call.

The following steps and information should be taken immediately after identifying a PUI:

- 1) ISOLATE the patient in an airborne infection isolation room (AIIR, i.e., negative pressure room) and contact the ISDH immediately. Outpatient and ambulatory physicians without an AIIR should place a mask on the person and isolate him/her in a standard patient room with a closed door. Call ahead for a transfer to the nearest facility with an AIIR and communicate PUI status with transferring responders and the hospital ER.
- 2) IMPLEMENT Standard, Contact and Airborne Precautions (i.e., eye protection, gloves, gown, N95 respirator, etc). Visit <http://www.cdc.gov/coronavirus/mers/infection-prevention-control.html> for detailed guidance.
- 3) INITIATE supportive treatment. There is currently no vaccine or antiviral treatment available for MERS-CoV infection.
- 4) COLLECT multiple specimens for testing. These include bronchoalveolar lavage (BAL), tracheal aspirate, sputum, nasopharyngeal (NP), oropharyngeal (OP), serum, and stool. Lower respiratory specimens are preferred. For additional guidance, visit [http://www.state.in.us/isdh/files/MERS\\_CoV\\_Specimen\\_Authorization\\_for\\_HCW\\_6-11-15\(1\).pdf](http://www.state.in.us/isdh/files/MERS_CoV_Specimen_Authorization_for_HCW_6-11-15(1).pdf).
- 5) IDENTIFY travel dates, itineraries/routes, and dates of illness onset.

For questions, please contact Reema Patel, ISDH Respiratory Epidemiologist, at 317-233-7125 or [repatel@isdh.in.gov](mailto:repatel@isdh.in.gov).