May 2, 2014 Update

***** Please share with your workplace colleagues as appropriate. *****

First travel-associated case of MERS-CoV in North America announced by the United States

Dear Colleagues –

Reinforcing the message to you in our earlier bulletin this week regarding the dramatic surge in MERS-CoV cases in the Arabian Peninsula and possible importation elsewhere, the U.S. Centers for Disease Control and Prevention (CDC) has today announced an imported case of MERS-CoV in a traveler returning to the United States from Saudi Arabia.

This patient traveled on April 24 from Riyadh, Saudi Arabia to Chicago, Illinois via London, England by plane and then to Indiana from Chicago by bus. The patient developed respiratory symptoms on April 27 and was admitted to hospital on April 28; the patient is currently in isolation and in stable condition. Contact tracing investigations are ongoing.

Since our last bulletin to you on April 30, 2014, 19 new cases of MERS-CoV have been reported, including 17 from Saudi Arabia and one from Jordan, as well as this latest reported case from the United States (ex. Saudi Arabia). Since the beginning of the outbreak in April 2012, a total of 472 cases and at least 126 deaths have thus now been reported globally. Previous travel-associated cases of MERS-CoV have been reported from countries in Europe, North Africa and Southeast Asia, with some limited, indigenous transmission to close contacts.

As communicated to you in our last bulletin, the majority of recent MERS-CoV cases are secondary cases, most of whom acquired their infection in health care settings. The current MERS-CoV epidemiologic pattern is thus reminiscent of the SARS-CoV experience in 2003, driven by nosocomial transmission in healthcare settings but without sustained community-level spread. The public health risk to individuals in the community remains low at this time.

However, further importation of cases to countries outside the Arabian Peninsula is anticipated and given SARS-like nosocomial amplification of MERS-CoV within that region, clinicians are again reminded to stay alert for possible importation and to obtain a travel history from patients presenting with severe acute respiratory illness (SARI). In the event of SARI in a patient with links to affected areas (e.g. residence, travel history or contact with someone with such history) clinicians should discuss with their local Medical Health Officer and consult a virologist or microbiologist at the BC Public Health Microbiology & Reference Laboratory (PHMRL) to arrange for advance notification and direct specimen shipping. Healthcare workers should immediately implement infection control precautions to prevent further spread to other healthcare workers, their patients and visitors.

For our latest Emerging Respiratory Pathogens Bulletin (April 30, 2014), including more detailed guidance, maps and epidemic curves, see:
http://www.bccdc.ca/dis-cond/DiseaseStatsReports/EmergingRespiratoryVirusUpdates.htm.

For the full version of the US CDC Press Release, see:
http://www.cdc.gov/media/releases/2014/p0502-US-MERS.html.