

## May 12, 2014 Update

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

### Second travel-associated case of MERS-CoV announced by US CDC

Dear Colleagues –

The U.S. Centers for Disease Control and Prevention (CDC) today announced a second imported case of MERS-CoV in a traveler returning to the United States from Saudi Arabia. The patient is a health care worker who resides in Saudi Arabia.

This is the second imported case of MERS-CoV reported in the United States. The first case, also a health care worker residing in Saudi Arabia, was reported in our previous bulletin to you ten days ago on May 2. The two cases are not epidemiologically linked.

On May 1, the current case traveled from Jeddah, Saudi Arabia to Orlando, Florida via London, UK, Boston and Atlanta. The patient developed symptoms on May 1, feeling unwell during the flight from Jeddah to London, and with symptoms that included fever, chills and a slight cough during subsequent flights. On May 9, the patient presented to an emergency department of a hospital in Florida and was admitted the same day. The patient is currently doing well. Investigation of close contacts, including airline passengers, is ongoing.

Globally, as of May 12, 2014, the WHO has been informed of more than 500 laboratory-confirmed cases of MERS-CoV, including at least 145 deaths; of these, more than 80% of cases and deaths have been reported from Saudi Arabia. The public health risk to individuals in the community remains low at this time. However, as communicated previously, further importation of MERS-CoV cases to countries outside of the Arabian Peninsula is anticipated given ongoing activity in the region. Nosocomial transmission following a breakdown in WHO-recommended infection prevention and control practices is reminiscent of the SARS-CoV experience in 2003 and is thought to be driving the current surge in activity in health care settings, in combination with possible seasonal amplification in an animal reservoir, believed to be camels. We reinforce that clinicians stay alert for possible importation and obtain a travel history from patients presenting with severe acute respiratory illness (SARI).

#### Action and Advice

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 the US CDC Press Release related to this second case, see:

<http://www.cdc.gov/media/releases/2014/p0512-US-MERS.html>

For the latest WHO MERS-CoV Summary and Literature Update (May 9, 2014), see:

[http://www.who.int/csr/disease/coronavirus\\_infections/archive\\_updates/en/](http://www.who.int/csr/disease/coronavirus_infections/archive_updates/en/)

For current information on MERS-CoV from the Public Health Agency of Canada (PHAC), see:

<http://www.phac-aspc.gc.ca/eri-ire/coronavirus/index-eng.php> including:

- a. Summary risk assessment at: [http://www.phac-aspc.gc.ca/eri-ire/coronavirus/risk\\_assessment-evaluation\\_risque-eng.php](http://www.phac-aspc.gc.ca/eri-ire/coronavirus/risk_assessment-evaluation_risque-eng.php)
- b. Travel health notice at: <http://www.phac-aspc.gc.ca/tmp-pmv/notices-avis/notices-avis-eng.php?id=108>
- c. Infection Prevention and Control Guidance for Acute Care Settings: <http://www.phac-aspc.gc.ca/eri-ire/coronavirus/guidance-directives/nCoV-ig-dp-eng.php>

For previous of our BCCDC Emerging Respiratory Pathogens Bulletins, see:

<http://www.bccdc.ca/dis-cond/DiseaseStatsReports/EmergingRespiratoryVirusUpdates.htm>.

Influenza & Emerging Respiratory Pathogens  
BC Centre for Disease Control