



Middle East Respiratory Syndrome Coronavirus (MERS-CoV) Updated Information for Emergency Departments & Hospitals

KEY POINTS

- **The outbreak of MERS-CoV infection continues, with ongoing transmission in the Middle East and a large nosocomial outbreak currently occurring in South Korea**
- **A travel history is mandatory for all patients presenting to Emergency Departments with febrile respiratory illness**
- **Patients meeting the suspect case definition for MERS-CoV should be isolated immediately in a negative pressure isolation room, if available or in a single room from which the air does not circulate to other areas, with transmission-based precautions (contact and airborne) applied.**
- **Investigations and management should be performed as for community acquired pneumonia and appropriate specimens should also be collected for MERS CoV PCR testing**
- **Contact the Communicable Disease Control Directorate promptly to notify any suspected, probable or confirmed cases and to discuss contact management.**

The outbreak of respiratory illness caused by Middle East respiratory syndrome coronavirus (MERS CoV) has been ongoing since September 2012 with around 1300 laboratory confirmed cases (over 450 deaths) reported from 25 countries. Most cases have occurred in Saudi Arabia, and all have been linked with travel to or residence in Middle Eastern countries, or with contact with sick travellers from these countries. Previously, limited secondary transmission from imported cases has occurred in France and Britain.

A large nosocomial outbreak involving several hospitals is currently occurring in South Korea (Republic of Korea - RoK) with over 120 cases and 9 deaths to date. Transmission has occurred to patients, healthcare workers, visitors and relatives who were in close contact with the primary imported case or secondary and later cases. This outbreak is by far the largest to occur outside the Middle East, and the circumstances are currently unclear, but in most instances transmission is thought to have occurred before the diagnosis was considered and appropriate infection control measures were instituted.

WHO does not believe the virus has changed or is behaving differently to previous experience. There is no indication of sustained transmission from person-to-person, with transmission limited to certain hospitals and households. The risk of importation of MERS-CoV to Australia has not appreciably increased.

All patients presenting to Emergency Departments with febrile respiratory illness should have a travel history taken. For patients with suspected pneumonia or pneumonitis, who in the 14 days prior to symptom onset have a history of residence or travel in the Middle East*, or close contact with confirmed or probable cases, or have visited a healthcare facility in South Korea:

- the patient should be placed in a negative pressure isolation room, if available, or in a single room from which the air does not circulate to other areas, and implement transmission-based precautions (contact and airborne).
- investigations and management should be performed as for community acquired pneumonia. Appropriate specimens should also be collected for MERS-CoV PCR testing.

Please contact the on-call Public Health Physician at the Communicable Disease Control Directorate (CDCD) urgently to notify any suspect, probable or confirmed cases (ph. 9388 4801 during office hours, or 9328 0553 after hours).

Further advice for clinicians and the general public is available on the Commonwealth Department of Health website at: <http://www.health.gov.au/MERS-coronavirus>

Dr Paul Armstrong, **DIRECTOR, CDCD**