



Ref. MT / 2.13 /95/2015
Date :25 Feb 2015

Reminder Circular

To: All Physician and Nurses in Governmental and Private Hospitals

Subject: Reporting Of Suspected Cases Of Middle East Respiratory Syndrome Corona Virus (MERS-CoV).

In view of the increase in the number of reported confirmed MERS-CoV cases in the region, strengthening of the surveillance of Sever Acute Respiratory Infection (SARI) in the hospitals is the cornerstone of early detection and proper management of MERS-CoV cases and their contacts .

As a members of the surveillance cycle ,you are kindly requested to report any suspected case of MERS-CoV by calling Diseases Control Section hotline **(Tel:66399868)** and following the attached guideline for case definition and investigation.

Thanking you for your cooperation.


Aysha Mubarak Buaneq
Undersecretary

Case Definition and Laboratory Testing

Adopted from WHO July 2014

Suspected case

1. A person with **an acute respiratory infection**, with history of **fever and cough** and **indications of pulmonary parenchymal disease** (e.g. pneumonia or ARDS), based on clinical or radiological evidence, who require admission to hospital, with no other etiology that fully explains the clinical presentation. In addition, clinicians should be alert to the possibility of atypical presentations in patients who are immunocompromised.

AND any of the following:

- a. the patient is part of a cluster¹ of acute respiratory illness that occurs within a 14 day period, without regard to place of residence or history of travel;
 - b. the disease occurs in a health care worker who has been working in an environment where patients with severe acute respiratory infections are being cared for, without regard to place of residence or history of travel;
 - c. the person develops an unusual or unexpected clinical course, especially sudden deterioration despite appropriate treatment, without regard to place of residence or history of travel, even if another aetiology has been identified that fully explains the clinical presentation.
2. A person with an acute respiratory infection, with history of fever and cough and indications of pulmonary parenchymal disease (e.g. pneumonia or ARDS), based on clinical or radiological evidence, and who travelled within 14 days before onset of illness, to countries where MERS-CoV is known to be circulating in dromedary camels or where human infections have recently occurred.
3. Individuals with acute respiratory illness of any degree of severity who, within 14 days before onset of illness, had any of the following exposure:
- a. close physical contact² with a confirmed or probable case of MERS-CoV infection, while that patient was ill;
 - b. a healthcare facility in a country where hospital-associated MERS-CoV infections have been reported;
 - c. direct contact with dromedary camels or consumption or exposure to dromedary camel products (raw meat, unpasteurized milk, urine) in countries where MERS-CoV is known to be circulating in dromedary camel populations or where human infections occurred as a result of presumed zoonotic transmission.

Confirmed case

A person with laboratory confirmation of MERS-CoV infection.

¹A “cluster” is defined as two or more persons with onset of symptoms within the same 14 day period, and who are associated with a specific setting, such as a classroom, workplace, household, extended family, hospital, other residential institution, military barracks or recreational camp.

²Close contact is defined as:

- Health care associated exposure, including providing direct care for MERS CoV patients, working with health care workers infected with MERS CoV, visiting patients or staying in the same close environment of a MERS CoV patient.
- Working together in close proximity or sharing the same classroom environment with a with MERS CoV patient
- Traveling together with MERS CoV patient in any kind of conveyance
- Living in the same household as a MERS CoV patient
- The epidemiological link may have occurred within a 14 day period before or after the onset of illness in the case under consideration.

Cases eligible for MERS-CoV sample collection:

- Cases that fit case definition
- The case should be discussed with public health team through the communicable diseases hotline **66399868**

Recommended samples:

- The preferred sample is deep tracheal aspirate (DTA) but nasopharyngeal swab can be collected if DTA is not possible.

Transportation of sample

- Transfer the sample into a Viral Transport Medium (VTM)
- Transport the Sample to Public Health Laboratory in COLD Chain (4°C) before 9:00 AM. If a delay in transferring samples of > 48 hours consider freezing and shipping with dry ice.
- Follow infection control measures during sample collection and transportation
The reporting physician should fill in the Laboratory Request Form
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For detail information please follow Guidelines On Middle East Respiratory Syndrome coronavirus (MERS-CoV)