



## **Department of Navy (DON) Surveillance Advisory: Middle East Respiratory Syndrome Coronavirus (MERS-CoV)** (with DRSi reporting guidance)

### **Issue**

- The first two cases of MERS-CoV infection detected in the United States, identified in healthcare workers returning from Saudi Arabia, were reported to the US Centers for Disease Control and Prevention (CDC) in May 2014. NAVMED clinicians and public health authorities should maintain a high index of suspicion to consider MERS-CoV infection in travelers from the Arabian Peninsula and neighboring countries.
- As of 9 May 2014, 536 laboratory confirmed cases of MERS-CoV, including 145 deaths, have been reported by the World Health Organization (WHO).
- All reported cases to date have been linked to seven countries in the Arabian Peninsula: Saudi Arabia, Qatar, Jordan, the United Arab Emirates, Oman, Kuwait and Yemen. In some cases, the virus has spread from infected people to others through close contact. However, there is currently no evidence of sustained spread of MERS-CoV in the community.
- No special screenings at points of entry or travel restrictions are recommended by the WHO or the CDC.
- The National Center for Medical Intelligence (NCMI) reports the risk for DoD personnel, including those operating in affected areas, to be low. The Armed Forces Health Surveillance Center is monitoring the situation and no MERS-CoV transmission has been identified in the United States or in the DoD population.
- NMCPHC medical surveillance strategy includes central analysis of electronic clinical data, local ESSENCE monitoring, and reporting of unusual conditions and clusters via Disease Reporting System internet (DRSi).

### **Background**

MERS-CoV is a novel coronavirus associated with severe acute lower respiratory illness and high death rates among patients in or with direct links to seven countries in the Arabian Peninsula. To date, MERS-CoV cases have been identified in Saudi Arabia, Qatar, Jordan, the United Arab Emirates, Oman, Kuwait and Yemen. Additional cases identified in France, Germany, Greece, Italy, the United Kingdom, Tunisia, Malaysia, the Philippines and the United States have consisted of individuals who were transferred for care from, or had recent travel to, the Middle East or were close contacts of these cases.

The US Department of Health and Human Services has determined that MERS-CoV poses a significant potential for a public health emergency and the Food and Drug Administration has authorized emergency use of diagnostics for MERS-CoV detection. MERS-CoV has spread in hospitals. The largest outbreak to date

occurred April through May 2013 in eastern Saudi Arabia and involved 23 confirmed cases in four healthcare facilities. It remains unknown what the reservoir of the virus is, how sporadic infections are acquired and exactly how the virus spreads from person to person. MERS-CoV has a 2-14 day incubation period and a clinical spectrum ranging from asymptomatic infection to severe illness. On 13 May 2014, the [WHO Emergency Committee concerning MERS-CoV](#) convened and determined that conditions have not been met for a Public Health Emergency of International Concern.

## NMCPHC Surveillance and Reporting Guidance and MERS-CoV Resources

- Office of the Assistant Secretary of Defense for Health Affairs memorandum dated 14 June 2013 addresses reporting of MERS-CoV cases and instructs providers to be alert to severe acute lower respiratory illness in patients with deployment/travel history to the Arabian Peninsula and neighboring countries.
  - If you suspect a case, immediately notify your Public Health Emergency Officer and your cognizant Navy Environmental Preventive Medicine Unit (NEPMU). CDC provides case definitions for surveillance and reporting at <http://www.cdc.gov/coronavirus/mers/case-def.html#case>.
  - Navy and Marine Corps units providing patient care should report suspect ([patient under investigation](#)), probable or confirmed MERS-CoV cases via DRSi immediately by completing an outbreak report. Individual case reports should also be filed using the category 'Any other unusual condition'.
    - Include clinical presentation, travel history, hospital admission status/dates and information about contacts with other suspect cases.
    - For further information on reporting Medical Events, [click here](#) or contact the NDRS helpdesk at [NDRS@nmcpnc.med.navy.mil](mailto:NDRS@nmcpnc.med.navy.mil), COMM: 757-953-0954, DSN: 377-0954.
  - In accordance with BUMED INST 6220.12C, naval research laboratories should immediately notify the cognizant NEPMU of suspect, probable or confirmed cases of MERS-CoV encountered while providing laboratory support to any MHS beneficiary.
  - Syndromic surveillance activities play an integral part in NMCPHC's surveillance and preparedness strategy. Navy MTFs should review their surveillance protocols to ensure they include routine ESSENCE monitoring.
- CDC MERS-CoV resources can be found at <http://www.cdc.gov/coronavirus/> and include infection control recommendations for health care settings as well as a [travel alert](#) recommending that travelers to countries in the Arabian Peninsula protect themselves from respiratory illnesses through frequent hand washing and seek medical care if they experience symptoms of lower respiratory illness.
- For more information on the global MERS-CoV situation, see: [http://www.who.int/csr/disease/coronavirus\\_infections/en/](http://www.who.int/csr/disease/coronavirus_infections/en/).
- Contact your cognizant [NEPMU](#) if you have any questions. NEPMU staff can assist with investigation support, risk assessment and obtaining guidance on laboratory testing.