

Middle East Respiratory Syndrome (MERS) Information

About MERS-

- 536 cases, 145 deaths (Middle East)
- 2 Cases imported to US
- CDC believes the US will probably see more cases



Signs and Symptoms-

When to suspect MERS?

- Fever/chills + Cough/Difficulty breathing
- Symptom onset within 14 days of travel from Arabian Peninsula** or within 14 days after close contact with an ill person that traveled in these areas.

**Countries considered in the Arabian Peninsula and neighboring include: Bahrain; Iraq; Iran; Israel, the West Bank, and Gaza; Jordan; Kuwait; Lebanon; Oman; Qatar; Saudi Arabia; Syria; the United Arab Emirates (UAE); and Yemen

MERS Testing

- Must obtain approval from local health dept to submit specimens to IDPH lab, Chicago.
- Health Dept will tell us what type of specimens to collect. Tests currently being performed during investigations include:
 - Lower resp. via bronchoalveolar lavage, tracheal aspirate, pleural fluid or sputum
 - Nasopharyngeal
 - Blood
 - Stool

Collection- Nasopharyngeal for MERS

- Collected by RN in hospital setting only
- Must be in negative airflow, airborne isolation
- Wear CAPR, gloves, gown
- Frequently generates cough/sneeze. Protect yourself!
- Obtain flexible wire swab
- Insert via nares parallel to palate (not upwards) until resistance is met
- Leave for 10 seconds, rotating gently as tolerated
- Remove and repeat via opposite nare
- Remove and place into the transport system

Hospitals-

What to do if we suspect MERS:

- Screen patients ASAP for MERS symptoms (triage, check-in)
- Always cover coughs- Place a facemask on the patient immediately
- Isolate from other patients in a private room with the door closed until airborne isolation implemented
- Use “Maximum Precautions”-
 - Isolation in negative airflow isolation room
 - Respirators
 - SIH & SIH Medical Group practitioners- Wear CAPRs (built in eye protection)
 - Non SIH practitioners- Wear N-95s & eye protection
 - Gloves
 - Gowns
 - Maintain isolation until directed to remove
- Limit patient movement out of the room and place a facemask on the patient anytime they are not in airborne isolation room
- Notify Infection Prevention Nurse immediately for health dept reporting and lab testing approval
- Limit visitors

Out-patient areas-

What to do if we suspect MERS:

- Screen patients ASAP for MERS symptoms (at time of call for apt if possible)
- Always cover coughs- Place a facemask on the patient immediately
- Direct patient to nearest Emergency Dept
- Obtain name, date of birth and name of ED pt will be using
- Alert ED of pending patient arrival

Employee Health-

What if I am exposed?

- Exclude from work for 14 days from exposure and assess for symptoms of infection
- If no symptoms may return after 14 days
- If emergency staffing needs, asymptomatic staff may work wearing a mask at all times