Middle East Respiratory Syndrome Coronavirus – MERS-CoV

Information for the Public
Please refer to the following PHAC website for up to date public information regarding MERS-CoV, including public and travel health notices, frequently asked questions and links to other sources of information


Information for Health Professionals
- Background and Situation
- Risk assessment
- Surveillance and case definitions
- Laboratory testing
- Public health measures (including IPAC guidelines)

Background and Situation update
Coronaviruses typically infect the upper respiratory tract and cause mild illness, including the common cold. However, some coronaviruses (including SARS) can cause a more serious infection. Among the cases of the novel coronavirus MERS-CoV (Middle East Respiratory Syndrome Coronavirus – MERS-CoV), all had respiratory symptoms. Most presented with severe acute respiratory disease and required hospitalization.

Situation to date
For further information and updates on numbers, please refer to the WHO website:


Risk to Canadians
The public health risk posed by MERS-CoV to Canadians at this time is low, but the situation is evolving. This virus is suspected to be animal in origin, recent findings are linking to camels. Transmission between humans has been observed, however, it was limited to close family and hospital contacts. The exact method of transmission is unknown at this time. Sustained community transmission has not been observed. Please visit the PHAC website for the detailed risk assessment:


Surveillance
In response to this situation, PHAC developed the following interim (as of April 22, 2013) case definitions for surveillance of severe acute respiratory illness (SARI) and MERS-CoV. Case definitions are subject to change over time, as more information becomes available about the virus and its transmission. Health care professionals should be aware of these case definitions when evaluating any cases of SARI in their practice. If any cases of SARI meet the definition of “Persons Under Investigation” for MERS-CoV (as
outlined by PHAC – see link below), they should be reported to the Regional Health Authority, who will notify the Newfoundland and Labrador Department of Health and Community Services.

Case Definitions
For the most current case definitions for MERS-CoV, please refer to the PHAC website


Report form

Public Health Measures

Management of Cases
Enhanced surveillance and strict infection control measures are necessary to identify any cases that present to our facilities and to protect the health care workers who will be exposed to these cases. For more information visit:


Laboratory testing
Testing for MERS-CoV infection will be performed at the National Microbiology Laboratory (NML). If a case is clinically suspected, biological samples should be forwarded to the NL Public Health Laboratory, who will forward the specimen to NML. For further information on testing contact the NL Public Health Laboratory at 777-6583 or visit the website http://publichealthlab.ca/

Infection Control
PHAC
Please refer to the PHAC website for the most up to date guidance on infection control measures recommended for patients with confirmed or suspect MERS-CoV infection:


World Health Organization
WHO has published The WHO interim guidance on infection prevention and control during health care for probable or confirmed cases of novel coronavirus (MERS-CoV) infection:


Newfoundland and Labrador Department of Health and Community Services
For information on NL prevention and control please visit:

http://www.health.gov.nl.ca/health/publichealth/cdc/infectionpreventionandcontrol.html

For hand hygiene information and posters visit:
http://www.health.gov.nl.ca/health/publichealth/cdc/infectionpreventionandcontrol.html#education