



NEW YORK CITY DEPARTMENT OF  
HEALTH AND MENTAL HYGIENE  
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*Commissioner*

### 2013 Alert # 37: Severe Acute Respiratory Illness in Returning Travelers

- Ask about international travel in all patients requiring hospitalization for severe acute respiratory illness.
- Report to the Health Department any persons with severe acute respiratory infection and:
  - Recent travel to the Arabian Peninsula or neighboring countries and suspected MERS coronavirus infection.
  - Recent travel to mainland China and suspected avian influenza A (H7N9) infection.
- No cases of novel coronavirus or influenza A (H7N9) virus infection have been reported in the U.S.

Please distribute to staff in the Departments of Critical Care, Emergency Medicine, Family Practice, Geriatrics, Internal Medicine, Infectious Disease, Infection Control, Obstetrics, Pediatrics, Pulmonary Medicine, Pharmacy, and Laboratory Medicine

October 16, 2013

Dear Colleagues,

We are reminding New York City clinicians about the importance of taking a travel history in patients with severe acute respiratory illness necessitating hospitalization. Two recent international outbreaks of concern may affect travelers returning to New York City, though no cases of either have yet occurred anywhere in the United States:

1) An outbreak of **MERS coronavirus** has been occurring for approximately 18 months in the Middle East, primarily involving Saudi Arabia, Jordan, Qatar, and the United Arab Emirates. One hundred thirty-eight cases have occurred, including 60 deaths. Risk factors for acquisition are currently unknown. While infection is likely acquired from an animal vector species, person-to-person transmission has been documented among some close contacts of cases, including healthcare workers. Most cases have occurred in the Middle East, though several have occurred in returning travelers or their close contacts in the United Kingdom, France, Italy, and Tunisia. While no cases have occurred in the United States, NYC clinicians should remain vigilant, especially with expected Hajj travel by New Yorkers occurring in mid-October. Clinical features have included acute respiratory distress syndrome (ARDS), renal failure requiring hemodialysis, consumptive coagulopathy, and pericarditis. Many patients have also experienced gastrointestinal symptoms as part of their illness.

2) An outbreak of **avian influenza A (H7N9) virus** has recently affected several provinces in eastern China, with 135 human cases and 44 deaths reported. Most cases have had direct or indirect contact with poultry. One case of person-to-person transmission has been documented, and five small family clusters have occurred in which person-to-person transmission could not be ruled out. No cases have been documented in the United States or any other country outside of China. Clinical features have included severe respiratory illness, including ARDS and multi-organ failure in fatal cases.

#### Screening and Diagnostic Testing for Suspect Cases

To rapidly detect the importation of either MERS Co-V or avian influenza into NYC, we request that providers:

- Ask about international travel in patients with severe respiratory illness requiring hospitalization.
- Report patients to the Health Department who have severe acute respiratory illness requiring hospitalization and meet one of the following criteria:
  - Traveled to the Arabian Peninsula or surrounding countries\* in the 14 days before illness onset.

- Traveled to mainland China in the 10 days before illness onset.
- Where possible, acquire both lower and upper respiratory tract specimens for diagnosis. Place clinical samples in viral transport medium, and contact the Health Department to arrange transport for diagnostic testing at our Public Health Laboratory.
- Do not perform viral cultures.

\*Bahrain, Iraq, Iran, Israel, Jordan, Kuwait, Lebanon, Oman, Palestinian territories, Qatar, Saudi Arabia, Syria, the United Arab Emirates (UAE), and Yemen

### Infection Control

Clinicians caring for patients under investigation for either novel coronavirus or avian influenza A (H7N9) virus infection should adhere to Standard, Contact, and Airborne Precautions, including eye protection.

### Posters for Clinical Settings

To remind staff to consider travel history when evaluating patients with severe acute respiratory illness, two posters are available for use in your facility:

1. A poster listing Guidelines for Clinicians, which will help medical staff to recognize, triage and report suspected MERS or H7N9 cases, and
2. A “STOP” poster for entrances and triage stations, which asks patients who recently traveled and have fever and respiratory symptoms (as well as rash, vomiting and diarrhea, to cover generic symptoms applicable to other travel-related diseases) to identify themselves to staff immediately. It is available in English, Spanish and Chinese.

Posters soon will be sent to NYC hospital Emergency and Infection Control Departments. They also may be obtained by calling 311 or may be downloaded at <http://www.nyc.gov/html/doh/html/hcp/providers.shtml#mers>.

### Reporting to DOHMH

Immediately report any suspected case by calling 1-866-692-3641.

As always, we appreciate the cooperation of the medical community in New York City and will update you with further information when it becomes available.

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### Resources

#### **MERS Co-V:**

CDC MERS:

<http://www.cdc.gov/coronavirus/ncv/>

WHO MERS:

[http://www.who.int/csr/disease/coronavirus\\_infections/en/](http://www.who.int/csr/disease/coronavirus_infections/en/)

#### **Avian Influenza A (H7N9):**

CDC Avian Influenza Avian Influenza A (H7N9) Virus:

<http://www.cdc.gov/flu/avianflu/h7n9-virus.htm>

#### **CDC Influenza Antiviral Use:**

<http://www.cdc.gov/flu/professionals/antivirals/>

**World Health Organization Avian Influenza A (H7N9) Virus:**

[http://www.who.int/influenza/human\\_animal\\_interface/influenza\\_h7n9/en/index.html](http://www.who.int/influenza/human_animal_interface/influenza_h7n9/en/index.html)