Middle East Respiratory Syndrome (MERS) is viral respiratory illness first reported in Saudi Arabia in 2012. It is caused by a coronavirus called MERS-CoV. Most people who have been confirmed to have MERS-CoV infection developed severe acute respiratory illness. So far, all the cases have been linked to countries in or near the Arabian Peninsula. **No cases have been identified in the U.S.** This virus has spread from ill people to others through close contact.

### Signs and Symptoms

- Acute respiratory illness with fever >38°C and cough
- Clinical or radiologic evidence of pneumonia or ARDS
- Travel from the Arabian Peninsula or neighboring countries 14 days before illness
- Other symptoms: Chills, sore throat, headache, muscle aches, dyspnea, vomiting, abd pain, and diarrhea

### What specimens would I need for diagnosis of MERS?

CDC recommends collecting multiple specimens from different sites at different times after symptom onset, if possible. Respiratory specimens should be collected as soon as possible after symptoms begin – ideally within 7 days and before antiviral medications are administered.

- Broncheoalveolar lavage, tracheal aspirate, pleural fluid is preferred, or sputum specimen
- Nasopharyngeal AND oropharyngeal swabs
- Serum for serology and rRT-PCR testing
- Stool specimen

**Specimens will be sent to the Ohio Dept of Health**

For complete guidelines on collecting and handling specimens see:


### Infection Control Measures for suspected cases of MERS in clinic or private office

- Place facemask on patient.
- Place patient in single/private room
- Limit number of persons entering room
- Hand hygiene

### Infection Control Measures for suspected cases of MERS in the acute care setting:

- Airborne Infection Isolation Room (AIIR)
- Hand hygiene
- Only essential staff should enter room
- Standard, airborne, and contact precautions. (eye protection is mandatory)
- Limit transport of patient outside of room