

ATTACHMENT

<p align="center">REPORT ANY SUSPECT CASE TO YOUR LOCAL HEALTH DEPARTMENT.</p> <p>Both illness & severity criteria AND the exposure history criteria must be met for testing to be performed by DHMH.</p>			
	<p align="center">Middle East Respiratory Syndrome Coronavirus (MERS-CoV)</p>	<p align="center">Variant Influenza A H3N2v</p>	<p align="center">Avian Influenza A H7N9</p>
<p>Illness & Severity</p>	<p>Acute respiratory infection, which may include fever ($\geq 38^{\circ}\text{C}$, 100.4°F) and cough</p> <p align="center">AND</p> <p>Suspicion of pulmonary parenchymal disease (e.g., pneumonia or acute respiratory distress syndrome based on clinical or radiological evidence of consolidation)</p>	<p>Illness compatible with influenza</p>	<p>New-onset severe acute respiratory infection requiring hospitalization (i.e., illness of suspected infectious etiology that is severe enough to require inpatient medical care in the judgment of the treating clinician)</p>
<p>AND</p>	<p>AND</p>	<p>AND</p>	<p>AND</p>
<p>Exposure History</p>	<p>History of travel from the Arabian Peninsula or neighboring countries within 14 days of illness onset. Contact with ill traveler from affected countries within 14 days.</p> <p>Currently, the included countries are Bahrain, Iraq, Iran, Israel, Jordan, Kuwait, Lebanon, Oman, Palestinian Territories, Qatar, Saudi Arabia, Syria, the United Arab Emirates, and Yemen.</p>	<p>Recent (within 7 days of illness onset) contact with swine or recent attendance at an event (such as an agricultural fair) where swine were present.</p> <p>Contact with swine may be direct contact (i.e., touching or handling a pig) or indirect contact (coming within about 6 feet (2 meters) of a pig without known direct contact).</p>	<p>Recent travel (within <10 days of illness onset) to areas where human cases of avian influenza A (H7N9) virus infection have become infected or to areas where avian influenza A (H7N9) viruses are known to be circulating in animals.</p> <p>Currently, only China meets travel criteria.</p>

Specimen Collection and Diagnostic Testing	<p>To increase the likelihood of detecting MERS-CoV, CDC recommends collection of specimens from different sites— for example, a nasopharyngeal (NP) swab and a lower respiratory tract specimen such as sputum, bronchoalveolar lavage, bronchial wash, or tracheal aspirate.</p> <p>Also, MERS-CoV can be detected in serum and stool, and should be collected if possible.</p> <p>Lower respiratory tract specimens should be a priority for collection and PCR testing.</p> <p>Specimens should be collected with appropriate infection control precautions.</p>	<p>Nasopharyngeal (NP) swab or nasal aspirate placed in viral transport media vial.</p> <p>For patients with lower respiratory tract illness, a lower respiratory tract specimen (e.g., an endotracheal aspirate or bronchoalveolar lavage) is preferred.</p>	<p>Nasopharyngeal (NP) swab or nasal aspirate placed in viral transport media vial.</p> <p>For patients with lower respiratory tract illness, a lower respiratory tract specimen (e.g., an endotracheal aspirate or bronchoalveolar lavage) is preferred.</p>
Treatment Recommendations for Confirmed or Suspected Cases	<p>Supportive care. No specific antiviral treatment recommendations, although investigational antiviral protocols may be available.</p>	<p>Consider antiviral treatment with oral oseltamivir or inhaled zanamivir. Antiviral treatment is most effective when started as soon as possible after influenza illness onset.</p>	<p>Antiviral treatment with a neuraminidase inhibitor, as early as possible. Treatment should be initiated even if it is more than 48 hours after illness onset.</p>
Infection Prevention Recommendations for Healthcare Personnel	<p>Considerations include: Airborne isolation for suspect and confirmed cases, assessment and triage of acute respiratory infection patients, patient placement, visitor management and exclusion, personal protective equipment (PPE) for healthcare personnel and visitors, source control measures for patients (e.g., put facemask on suspect patients), adherence to requirements for performing aerosol generating procedures</p>	<p>Considerations include: Airborne isolation for suspect and confirmed cases, assessment and triage of acute respiratory infection patients, patient placement, visitor management and exclusion, personal protective equipment (PPE) for healthcare personnel and visitors, source control measures for patients (e.g., put facemask on suspect patients), adherence to requirements for performing aerosol generating procedures</p>	<p>Considerations include: Airborne isolation for suspect and confirmed cases, assessment and triage of acute respiratory infection patients, patient placement, visitor management and exclusion, personal protective equipment (PPE) for healthcare personnel and visitors, source control measures for patients (e.g., put facemask on suspect patients), adherence to requirements for performing aerosol generating procedures</p>
Additional CDC Information	<p>http://www.cdc.gov/coronavirus/mers/index.html</p>	<p>http://www.cdc.gov/flu/swineflu/h3n2v-cases.htm</p>	<p>www.cdc.gov/flu/avianflu/h7n9-virus.htm</p>

Adapted on July 29, 2013 from table prepared by Virginia Department of Health, July 8, 2013