



**Yakima Health District**  
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**Public Health Advisory**  
**Middle East Respiratory Syndrome Coronavirus (MERS-CoV) and Upcoming Annual Hajj**  
**Pilgrimage to Mecca, Saudi Arabia**  
**30 AUG 2017**

**Action requested:**

Healthcare providers should evaluate patients in the U.S. for MERS-CoV infection if they meet the following criteria, defined as a [Patient Under Investigation \(PUI\)](#):

1. Fever<sup>1</sup> AND pneumonia or acute respiratory distress syndrome (based on clinical or radiologic evidence) AND EITHER:
  - history of travel from countries in or near the Arabian Peninsula<sup>2</sup> within 14 days before symptom onset, OR
  - close contact<sup>3</sup> with a symptomatic traveler who developed fever and acute respiratory illness (not necessarily pneumonia) within 14 days after traveling from countries in or near the Arabian Peninsula<sup>2</sup>, OR
  - a member of a cluster of patients with severe acute respiratory illness (e.g., fever<sup>1</sup> and pneumonia requiring hospitalization) of unknown etiology in which MERS-CoV is being evaluated, in consultation with state and local health departments, OR
2. Fever<sup>1</sup> AND symptoms of respiratory illness (not necessarily pneumonia; e.g., cough, shortness of breath) AND being in a healthcare facility (as a patient, worker, or visitor) within 14 days before symptom onset in a country or territory in or near the Arabian Peninsula<sup>2</sup> in which recent healthcare-associated cases of MERS have been identified; OR
3. Fever<sup>1</sup> OR symptoms of respiratory illness (not necessarily pneumonia; e.g. cough, shortness of breath) AND close contact<sup>3</sup> with a confirmed MERS case while the case was ill.

The above criteria serve as guidance for testing; however, patients should be evaluated and discussed with public health departments on a case-by-case basis if their clinical presentation or exposure history is equivocal (e.g., uncertain history of health care exposure).

**Background: The annual Hajj or pilgrimage to Mecca, Saudi Arabia will take place in 2017 from approximately August 30 to September 4. Healthcare providers should routinely ask patients about their travel history, and evaluate patients for MERS-CoV infection if they have both clinical features and an epidemiologic risk for being a potential MERS case. Providers should immediately contact YHD at (509) 249-6541 about any patient who meets the above criteria.**

**Resources**

- MERS Interim Guidance for Healthcare Professionals:  
<https://www.cdc.gov/coronavirus/mers/interim-guidance.html>.
- Additional information for travelers can be obtained from CDC – Travelers' Health  
<https://wwwnc.cdc.gov/travel/notices/alert/hajj-umrah-saudi-arabia-2017>.

<sup>1</sup> Fever may not be present in some patients, such as those who are very young, elderly, immunosuppressed, or taking certain medications. Clinical judgement should be used to guide testing of patients in such situations.

<sup>2</sup> Countries considered in the Arabian Peninsula and neighboring include: Bahrain; Iraq; Iran; Israel, the West Bank & Gaza; Jordan; Kuwait; Lebanon; Oman; Qatar; Saudi Arabia; Syria; the United Arab Emirates (UAE); & Yemen.

<sup>3</sup> Close contact is defined as a) being within approximately 6 feet, or within the room or care area, of a confirmed MERS case for a prolonged period of time (i.e., caring for, living with, visiting, or sharing a healthcare waiting area or room with, a confirmed MERS case) while not wearing recommended personal protective equipment or PPE (e.g., gowns, gloves, NIOSH-certified disposable N95 respirator, eye protection); or b) having direct contact with infectious secretions of a confirmed MERS case (e.g., being coughed on) while not wearing recommended PPE.

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