

**AUGUST 21, 2017**

**HEALTH ADVISORY**

**Evaluation of Patients Returning from the Hajj**

The annual Hajj or pilgrimage to Mecca, Saudi Arabia, will take place in 2017 from approximately August 30 to September 4. In previous years, state and local health departments have seen an increase in patients under investigation (PUIs) for MERS two to three weeks following the completion of Hajj as travelers return to the US. 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 PUI. Providers should immediately contact the North Dakota Department of Health (NDDoH) about any patient who meets the criteria for a PUI (see below or go to [www.cdc.gov/coronavirus/mers/interim-guidance.html](http://www.cdc.gov/coronavirus/mers/interim-guidance.html)). Additional information for travelers can be obtained from CDC – Travelers’ Health at [wwwnc.cdc.gov/travel/notices/alert/hajj-umrah-saudi-arabia-2017](http://wwwnc.cdc.gov/travel/notices/alert/hajj-umrah-saudi-arabia-2017). For more information, or to report a patient under investigation, please call 701.328.2378 or 1.800.472.2180.

A person who has both clinical symptoms and epidemiological risks should be considered a PUI under any of the following three scenarios.

Clinical Features		Epidemiologic Risk
<p><b>Severe illness</b> Fever<sup>1</sup> and pneumonia or acute respiratory distress syndrome (based on clinical or radiological evidence)</p>	and	<p>A 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<sup>1</sup> and acute respiratory illness (not necessarily pneumonia) within 14 days after traveling from countries in or near the Arabian Peninsula<sup>2</sup>.</p> <p>- or -</p> <p>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 in the US.</p>
<p><b>Milder illness</b> Fever<sup>1</sup> and symptoms of respiratory illness (not necessarily pneumonia; e.g., cough, shortness of breath)</p>	and	<p>A history of 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.</p>
<p>Fever<sup>1</sup> or symptoms of respiratory illness (not necessarily pneumonia; e.g., cough, shortness of breath)</p>	and	<p>Close contact<sup>3</sup> with a confirmed MERS case while the case was ill.</p>

**Footnotes**

1. Fever may not be present in some patients, such as those who are very young, elderly, immunosuppressed, or taking certain medications. Clinical judgment should be used to guide testing of patients in such situations.
2. Countries considered in the Arabian Peninsula and neighboring include Bahrain; Iraq; Iran; Israel, the West Bank, and Gaza; Jordan; Kuwait; Lebanon; Oman; Qatar; Saudi Arabia; Syria; the United Arab Emirates (UAE); and Yemen.
3. Close contact is defined as
  - a) being within approximately six feet (2 meters), or within the room or care area, of a confirmed MERS case for a prolonged period of time (such as 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 personal protective equipment.

See CDC's Interim [Infection Prevention and Control Recommendations for Hospitalized Patients with MERS](https://www.cdc.gov/coronavirus/mers/infection-prevention-control.html)(<https://www.cdc.gov/coronavirus/mers/infection-prevention-control.html>). Data to inform the definition of close contact are limited; considerations when assessing close contact include the duration of exposure (e.g., longer exposure time likely increases exposure risk) and the clinical symptoms of the person with MERS (e.g., coughing likely increases exposure risk). Special consideration should be given to those exposed in healthcare settings.

For detailed information regarding healthcare personnel (HCP), please review [CDC Interim U.S. Guidance for Monitoring and Movement of Persons with Potential Middle East Respiratory Syndrome \(MERS-CoV\) Exposure](https://www.cdc.gov/coronavirus/mers/hcp/monitoring-movement-guidance.html) (<https://www.cdc.gov/coronavirus/mers/hcp/monitoring-movement-guidance.html>).

Transient interactions, such as walking by a person with MERS, are not thought to constitute an exposure; however, final determination should be made in consultation with public health authorities.

If a PUI is identified, the provider should contact the NDDoH immediately to discuss MERS testing. If providers are uncertain if their patient meets the criteria of a PUI for MERS, they should contact the NDDoH to discuss the patient's clinical presentation and exposure history.

Please contact the NDDoH Division of Disease Control at 701.328.2378 or 800.472.2180 with any questions related to MERS-CoV or to report suspect cases.

*Categories of Health Alert messages:*

- *Health Alert conveys the highest level of importance; warrants immediate action or attention.*
- *Health Advisory provides important information for a specific incident or situation; may not require immediate action.*
- *Health Update provides updated information regarding an incident or situation; no immediate action necessary.*
- *Health Information provides general information that is not necessarily considered to be of an emergent nature.*

*This message is being sent to local public health units, clinics, hospitals, physicians, tribal health, North Dakota Nurses Association, North Dakota Long Term Care Association, North Dakota Healthcare Association, North Dakota Medical Association, North Dakota EMS Association and hospital public information officers.*