



Interim Guidance: Recognizing and Diagnosing
Influenza A H7N9 or Middle East Respiratory Syndrome Coronavirus (MERS-CoV)
October 23, 2013

Note: This is an interim guidance. For the most up-to-date version, see:

<http://public.health.oregon.gov/DiseasesConditions/DiseasesAZ/ERI/Documents/guidance-recognizing-emergingrespinf.pdf>

No cases of H7N9 or MERS-CoV have been detected in the US. That may change. Laboratory confirmation requires testing at the Oregon State Public Health Lab (or at CDC via OSPHL). **Contact your local health department about any suspected case of these conditions.**

Influenza A H7N9

Consider and test for H7N9 in all persons with illness compatible with influenza, **and**

- Recent travel (within <10 days of illness onset) to areas where human cases of avian influenza A (H7N9) virus infection have occurred or to areas where avian influenza A (H7N9) is known to be circulating in animals. (Currently, that's China.) **or**
- Recent close contact (within <10 days of illness onset) with a person who has confirmed H7N9 infection. Close contact means coming within about 6 feet (2 meters) of a confirmed case while the case was ill (beginning 1 day prior to illness onset and continuing until resolution of illness). This includes healthcare personnel providing care for a confirmed case, family members of a confirmed case, persons who lived with or stayed overnight with a confirmed case, and others with similar close physical contact.

For info on testing and specimen collection, see:

<http://public.health.oregon.gov/DiseasesConditions/DiseasesAZ/ERI/Documents/guidance-testing-emergingrespinf.pdf>

Call your local health department if you anticipate testing for H7N9.

Middle East respiratory syndrome Coronavirus (MERS-CoV)

Consider and test for MERS-CoV in all persons with pneumonia, associated with fever, **and**

- History of travel from countries on or near the Arabian Peninsula in the 14 days prior to illness onset, **or**
- People with symptoms as above who lived with, visited, had close physical contact with, or provided care for a recent traveler from this area who was ill with fever and acute respiratory illness at the time of contact

These patients should also be evaluated for common causes of community-acquired pneumonia (influenza, respiratory syncytial virus, human metapneumovirus, adenovirus, parainfluenza, *Streptococcus pneumoniae*, and *Legionella pneumophila*.) Positive results for one of these pathogens shouldn't preclude MERS-CoV testing if index of suspicion is high.

For information on testing and specimen collection, see:

<http://public.health.oregon.gov/DiseasesConditions/DiseasesAZ/ERI/Documents/guidance-testing-emergingrespinf.pdf>

Call your local health department if you anticipate testing for MERS.

Isolation Precautions

In any suspected, probable or confirmed case of MERS-CoV or Influenza A H7N9:

- Use **Standard**, **Contact**, and **Airborne** Precautions.
- Use of an Airborne Infection Isolation Room (AIIR) is recommended.
- If this isn't available, arrange for transfer to facility with an AIIR; in the meantime:
 - Have patient wear a facemask
 - Isolate patient in exam room or single-patient room with the door closed.

For guidance on home care for ill persons with suspected MERS, visit:

<http://www.cdc.gov/coronavirus/mers/hcp/home-care.html>

For more information about MERS-CoV, personal protective equipment, and infection control, visit:

www.cdc.gov/coronavirus/mers/infection-prevention-control.html

For more information about H7N9, personal protective equipment, and infection control, visit:

www.cdc.gov/flu/avianflu/h7n9-infection-control.htm