



Interim Guidance for Clinicians on Testing, Evaluation, and Infection Prevention in the Management of Patients with Suspected Novel Respiratory Infections: Influenza A H7N9 and Middle East Respiratory Syndrome Coronavirus (MERS-CoV)  
October 23, 2013

**Note: This is an interim guidance. The most up-to-date version is available at:**

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

Every year is, alas, a bad flu year. During fall and winter 2013-2014, however, there are two conditions, Influenza A H7N9 and MERS-CoV, that may require special attention. Here is the low-down on recommended testing and specimen collection to diagnose these pathogens, followed by basic information on infection control precautions. For guidance on identifying patients who meet the suspect case definition for these infections and who therefore require testing, see:

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

Laboratory testing for MERS and H7N9 can only be conducted by the Oregon State Public Health Lab (or by CDC, via OSPHL). Contact your local health department immediately to report suspected cases and to help coordinate specimen transport.

### Influenza A H7N9

#### **Diagnostic Testing**

To confirm or rule out influenza A H7N9 in patients who meet the suspect case definition:

- Contact your local health department about the need for testing. All testing must have prior approval before specimen arrival at the State Public Health Lab.
- Obtain specimens as soon as possible after illness onset, ideally within 7 days
- **Note:** rapid influenza tests may not be sensitive enough to detect this infection, and cannot determine virus subtype. If a patient meets the above description, send samples for testing at the State Public Health Lab, even if rapid flu testing is negative.
- **For H7N9 specimen collection and transport information, see:**

<http://public.health.oregon.gov/LaboratoryServices/SubmittingSamples/Pages/submitting-flu.aspx>

- Coordinate shipping to the Oregon State Public Health Lab through your local health department

## Middle East respiratory syndrome Coronavirus (MERS-CoV)

### **Diagnostic Testing**

To confirm or rule out MERS-CoV infection in these patients:

- Call your local health department immediately to let them know about the possible MERS case and to arrange testing and shipping of specimens
- **For MERS specimen collection and transport information, see:**

<http://public.health.oregon.gov/LaboratoryServices/SubmittingSamples/Pages/mers-cov.aspx>

- Coordinate shipping to the State Public Health Lab through your local health department

### **Isolation Precautions**

In any suspect, 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](http://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](http://www.cdc.gov/flu/avianflu/h7n9-infection-control.htm)



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

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<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](http://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](http://www.cdc.gov/flu/avianflu/h7n9-infection-control.htm)



Interim Guidance for Local Health Departments  
On Reporting and Coordinating Lab Specimen Shipment for Patients with Suspected  
Influenza A H7N9 and Middle East Respiratory Syndrome Coronavirus (MERS-CoV)  
October 23, 2013

**Note: This is an interim guidance. If you're looking at a paper copy, it may be out of date. The most up-to-date version is available at:**

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

Local Health Department Responsibilities:

**Facilitating Specimen Transport to the State Public Health Lab**

- Please help coordinate timely transport of specimens to the State Public Health Lab from the facility evaluating the patient by the LHD/OSPHL courier service. (If folks at the facility say they have a system in place for timely transport, we'll take them at their word and more power to them.)
- Information on collection and shipment of MERS specimens to OSPHL is available at: <http://public.health.oregon.gov/LaboratoryServices/SubmittingSamples/Pages/mers-cov.aspx>
- Information on collection and shipment of H7N9 specimens to OSPHL is available at: <http://public.health.oregon.gov/LaboratoryServices/SubmittingSamples/Pages/submitting-flu.aspx>

**Investigating reported cases of MERS or H7N9 and notifying ACDP**

- **Please notify** the Public Health Division **Epi on call** (971-673-1111) if you are contacted by a clinician **about any such suspect cases**.
- For more information about investigation of suspect, presumptive or confirmed cases of H7N9 or other novel influenza A strains, see the Novel Influenza Investigative Guideline at: <http://public.health.oregon.gov/DiseasesConditions/CommunicableDisease/ReportingCommunicableDisease/ReportingGuidelines/Documents/novel-flu.pdf>
- MERS Investigation would be similar to novel influenza investigation with minor modifications. We'd use the methods outlined in the Investigative Guidelines cited above. If you get a report, just give us a call.

**For information ACDP shared with clinicians about recognizing suspect cases see:**

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

**For information we've shared with clinicians about testing & specimen collection, see:**

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