



Office of the Medical Health Officers
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June 22, 2015

Dear SHR Physicians and Medical Practitioners:

- **There is a new cluster of MERS-CoV in South Korea with nosocomial transmission and a confirmed case in China.**
- **All patients presenting with Severe Acute Respiratory Infection (SARI) symptoms should be screened for their travel history and links to South Korea, China and the Middle Eastern region in the 14 days prior to symptom onset.**
- **Suspect cases of MERS-CoV should be immediately placed in respiratory isolation with contact and droplet precautions, and airborne precautions for aerosol-generating procedures.**
- **Notify the Medical Health Officer of all suspected cases.**

A new cluster of Middle East respiratory syndrome coronavirus (MERS-CoV) has been reported from South Korea. The index case has recently returned from travel in the Middle Eastern region, and as of May 30, there have been 12 laboratory-confirmed cases of transmission reported in household contacts and health-care associated contacts. One case was the household contact of the third and fourth cases, and travelled to China while asymptomatic. Globally, as of June 1, 2015, the World Health Organization has been notified of 1154 laboratory-confirmed cases of infection, including at least 431 related deaths.

Continued surveillance and awareness for severe acute respiratory infections (SARI) is necessary by acute care facilities and health care providers. Patients presenting with SARI should be screened for their travel history and links to affected areas in the 14 days prior to symptom onset.

Suspect cases should be immediately placed in respiratory precautions. Infection prevention and control measures should include contact and droplet precautions, and airborne precautions for aerosol-generating procedures. People with diabetes, renal failure, chronic lung disease, and immunocompromised persons are considered to be at high risk of severe disease from MERS-CoV infection. Facilities should be mindful of the protection of other patients and visitors, in addition to healthcare workers, to minimize nosocomial transmission and risk.

Report all suspect cases to the Medical Health Officer immediately for further public health follow-up.

Consult with a virologist or microbiologist at the RUH regional lab & Saskatchewan Disease Control Laboratory (SDCL) to arrange advance notification and direct shipping of diagnostic specimens. Lower respiratory specimens (e.g., sputum, endotracheal aspirate, or bronchoalveolar lavage) are recommended where possible and clinically indicated. Airborne precautions should be used to collect respiratory specimens.

The Saskatchewan Severe Acute Respiratory Infection (SARI) reporting form, and links to Q&A's on MERS-CoV can be found at the following web link:

https://www.saskatoonhealthregion.ca/locations_services/Services/Population-Public/Pages/MERS-Cov.aspx

Canadian specific resource may also be accessed at the Public Health Agency of Canada (PHAC) website at: <http://www.phac-aspc.gc.ca/eri-ire/coronavirus/index-eng.php>

Any questions should be directed to SHR Communicable Disease Control number at 306-655-4620.

Sincerely,

Dr. Johnmark Opondo
Deputy Medical Health Officer - Saskatoon Health Region

Healthiest people ~ Healthiest communities ~ Exceptional service