



Epidemiology Unit

Ministry of Healthcare and Nutrition

231, De Saram Place, Colombo 01000, Sri Lanka

Tele: (+94 11) 2695112, 4740490, 4740491, 4740492 2681548 Fax: (+94 11) 2696583 E-mail: chepid@slt.net.lk, epidunit@slt.net.lk Web: www.epid.gov.lk

EPID/34/XB/2008

1st August 2013

Director/Medical Superintendent
All Teaching, General and Base Hospitals

Update on Middle East Respiratory Syndrome Corona Virus Infection (MERS-CoV)

This update follows the earlier alert on this infection (formerly known as Novel Corona Virus Infection (NCoV)) sent in March 2013.

Globally, from September 2012 to date, WHO has been informed of a total of 94 laboratory-confirmed cases of infection with MERS-CoV, including 46 deaths. These have been reported from 9 countries i.e. France, Germany, Italy Jordan, Qatar, Saudi Arabia, Tunisia and the United Arab Emirates. All cases have had some association (whether direct or indirect) with the Middle East.

A large number of Sri Lankans travel to Middle Eastern countries for employment daily and on pilgrimages especially during this Haj Umra pilgrim period. Therefore there is a considerable risk for Sri Lanka in importing the disease.

This infection is an acute serious respiratory illness with fever, cough, shortness of breath and breathing difficulties and generally presents as pneumonia. Many have also had gastrointestinal symptoms including diarrhoea and some have had kidney failure. According to available evidence **human to human transmission of the infection has been observed although exact mechanism of transmission is not certain. However sustained community transmission has not been established.**

This virus can be detected by RT PCR and laboratory confirmation facilities are available at the MRI.

The fact sheet and a summary guideline on case management developed along WHO guidance which had been sent to all your institutions in March had been updated and posted on the Epidemiology Unit website (www.epid.gov.lk).

According to global surveillance guidelines all admitted patients who fit into the following case definitions should be **notified immediately to the Epidemiology Unit by telephone, fax or email.**

1. **A person** with acute respiratory tract infection (with fever $\geq 38^{\circ}\text{C}$ and cough) with radiological or clinical evidence of pneumonia which is not already explained by any other infection or aetiology

AND ANY OF THE FOLLOWING CRITERIA

- disease is in a cluster (more than 2 persons) that occurs within a 14 day period
 - disease occurs in a health care worker who has been in contact with similar patients in the work environment
 - residence in or history of travel to Middle Eastern Countries within past 14 days
 - disease takes an unusual or unexpected clinical course, especially sudden deterioration despite appropriate treatment
2. **A person** with acute respiratory illness of any degree of severity who, within 14 days before onset of illness, were in close physical contact with a confirmed or probable case of MERS-CoV infection, while that patient was acutely ill
3. **Deaths** in patients who fit into any of the above category

Lower respiratory samples from all patients notified should be sent to the MRI according to the instructions issued (please see Unit website www.epid.gov.lk)

These samples should be taken only from patients that fit to the case definitions given above.

Further, existing surveillance activities should be strengthened in the designated sentinel surveillance hospitals for Severe Acute Respiratory Infections (SARI).

Please ensure that the above surveillance case definitions are strictly adhered to when notifying. The responsibility of notification may be delegated to the Infection Control Unit or any other designated official. Details needed are **Name of patient, Age, Sex, Address, Symptoms, Date of Onset, Date of admission, Travel history and Date of death if relevant.**

Contact Details

Telephone: 011 2695112, 0112681548

Fax: 0112696583

Email: chepid@sltnet.lk

Please do not hesitate to contact me if you need further clarifications regarding the issue.

Thank you,

Dr Paba Palihawadana
Chief Epidemiologist
Epidemiology Unit

CC Director General of Health Services
 Deputy Director General Public Health Services
 Consultant Microbiologist
 Infection Control Unit
 Regional Epidemiologist