

Community Medicine Newsletter

MERS-CoV Virus Update

Recently, the number of reported cases of the Middle East Respiratory Syndrome Coronavirus (MERS-CoV) increased substantially in the Middle East and two cases were imported into North America. This infection has been reported since September of 2012 in people directly or indirectly linked to seven countries: Saudi Arabia, UAE, Qatar, Oman, Jordan, Kuwait, and Yemen. As of May 12, 2014, the World Health Organization has reported 536 laboratory-confirmed cases, 145 (27%) deaths and 104 (19%) healthcare worker-acquired infections. Sixty two percent of cases had severe respiratory infections, 5% had mild infections and 21% were asymptomatic contacts. Public health organizations are investigating the reason for the increase in cases.

The risk to Canadians is low. While we do not yet fully understand how people become infected with MERS-CoV, the virus does not appear to be easily spread between people. Person to person transmission has occurred through close contact among family members, co-workers, fellow patients and health care workers.

FOR PATIENTS PRESENTING WITH FEVER AND PNEUMONIA OR ACUTE RESPIRATORY DISTRESS SYNDROME (BASED ON CLINICAL OR RADIOLOGIC EVIDENCE) AND

- a history of travel from countries in or near the Arabian Peninsula within 14 days before symptom onset **OR**
- close contact with a symptomatic traveler who developed fever and acute respiratory illness (not necessarily pneumonia) within 14 days after traveling from countries in or near the Arabian Peninsula, **OR**
- close contact with a confirmed or probable case of MERS while the affected person was ill.

WE ASK PHYSICIANS TO PLEASE:

- Place patients under droplet and contact precautions for routine care and airborne precautions for aerosol generating procedures. In hospital, please contact your local infection control practitioner.
- Call VCH Public Health at 604-675-3900 (or the Medical Health Officer on-call at 604-527-4893 after hours) for guidance with risk assessment and collection of clinical specimens. Please call while the patient is still in the office or emergency department
- Collect clinical specimens for PCR testing, including nasopharyngeal swabs or washes to rule out conventional respiratory viruses and sputum (or in hospital endotracheal aspirates and/or bronchoalveolar lavage samples) to increase the detection of MERS-CoV, which primarily causes a lower respiratory tract infection.

We will provide physicians in our region updated recommendations as they become available.

New HIV Testing Guidelines for British Columbia

This week, the Provincial Health Officer released new HIV testing guidelines for British Columbia. These new guidelines recommend that health care providers know the HIV status of all patients under their care.

Specifically, they recommend that providers offer an HIV test,

- Routinely, every five years, to all patients aged 18-70 years
- Routinely, every year, to all patients aged 18-70 years who belong to populations with a higher burden of HIV infection
- Once at age 70 or older if the patient's HIV status is not known

AND offer an HIV test to patients including adults 18-70, youth and the elderly, whenever

- They present with a new or worsening medical condition that warrants laboratory investigation
- They present with symptoms of HIV infection or advanced HIV disease
- They or their providers identify a risk for HIV acquisition
- They request an HIV test
- They are pregnant

Many physicians in our region participated in the STOP HIV/AIDS pilot, and generated valuable clinical experience and data which influenced the content of these guidelines. Thank you for your participation and contribution. For further details, please see www.hivguide.ca

Sincerely,



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