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NOTES FROM THE DEPUTY CHIEF PUBLIC HEALTH OFFICER

An update on A(H7N9) and MERS-CoV: Advice to health care professionals during influenza season

As we approach the peak of flu season, it is useful to keep in mind that the emerging respiratory viruses - A(H7N9) in mainland China and MERS-CoV in the Middle East - are still present. While there are no reported cases in Canada, it is important to take a travel history in all patients presenting with a severe respiratory infection.

WHAT TO DO

If a patient presents with a severe respiratory infection and has a history of travel to either mainland China or the Middle East in the previous two weeks, notify your local public health authority/Medical Health Officer. For hospitalized cases, arrange for respiratory isolation with contact and droplet precautions. Ensure airborne precautions for aerosol-generating procedures. Both diseases can present with mild or atypical illness so you may wish to consult with public health or an infectious disease specialist when there is an exposure risk. To remain up-to-date, refer to the evergreen H7N9 Risk Assessment and the MERS-CoV Risk Assessment by the Public Health Agency of Canada.

A (H7N9)

As of December 13, 2013, the World Health Organization (WHO)

http://www.who.int/csr/don/2013_12_10/en/index.html has been informed of 143 laboratory-confirmed human cases of avian influenza A (H7N9), including 47 deaths. This includes new human cases in the past six weeks: two cases in Zheijiang province in China and two in Hong Kong (that were linked to travel in mainland China). All four cases have been linked to live poultry exposure. There is no evidence of sustained human-to-human transmission.

MIDDLE EAST RESPIRATORY SYNDROME CORONAVIRUS (MERS-COV)

As of December 13, 2013, the WHO

http://www.who.int/csr/don/2013_12_02/en/ has been informed of 163 laboratory-confirmed cases of Middle East respiratory syndrome coronavirus (MERS-CoV) infection, including 71 deaths. This includes new cases in the last 6 weeks, including a family cluster of three cases in the United Arab Emirates (UAE) and two cases from Kuwait. Saudi Arabia has reported approximately 80 percent of cases; five other Middle Eastern countries have also been affected: Kuwait, Jordan, UAE, Oman and Qatar. Cases have also been reported in the United Kingdom, France and Tunisia; all linked to travel to the Middle East. Human-to-human transmission has been observed, but sustained community transmission has not been observed. The reservoir for the virus remains unknown; the MERS-CoV virus has been identified in camels but most cases have not been linked to camel exposure. Investigations are under way. The WHO statement following the December 4, 2013 meeting of the Emergency Committee concerning MERS-CoV

http://www.who.int/mediacentre/news/statements/2013/mers_cov_20131204/en/, noted that the



conditions for a public health emergency of international concern have not been met and that ongoing vigilance is needed.

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USEFUL LINKS

National Interim Case Definition: Avian Influenza A(H7N9) Virus http://www.phac-aspc.gc.ca/eri-ire/h7n9/case-definition-cas-eng.php

National Interim Case Definition: Middle East Respiratory Syndrome Coronavirus (MERS-CoV) http://www.who.int/mediacentre/news/statements/2013/mers_cov_20131204/en/

Emerging Respiratory Pathogens and Severe Acute Respiratory Infection(SARI) Case Report Form http://www.phac-aspc.gc.ca/eri-ire/coronavirus/form-formulaire-eng.php

Protocol for Microbiological Investigations of Severe Acute Respiratory Infections (SARI) http://www.phac-aspc.gc.ca/eri-ire/proto-sari-iras-eng.php