2013 Alert #13: Severe Acute Respiratory Illness in Returning Travelers

- Ask about international travel in all patients requiring hospitalization for severe acute respiratory illness.
- Report to the Health Department any persons with:
  - Recent travel to the Arabian Peninsula or neighboring countries and suspected novel coronavirus infection.
  - Recent travel to mainland China and suspected avian influenza A(H7N9) infection.
- No cases of novel coronavirus or influenza A(H7N9) virus infection have been reported in the U.S.

Please distribute to staff in the Departments of Critical Care, Emergency Medicine, Family Practice, Geriatrics, Internal Medicine, Infectious Disease, Infection Control, Obstetrics, Pediatrics, Pulmonary Medicine, Pharmacy, and Laboratory Medicine

May 23, 2013

Dear Colleagues,

We are reminding New York City clinicians about the importance of taking a travel history in patients with severe acute respiratory illness necessitating hospitalization. Two outbreaks of concern are occurring internationally:

1) An outbreak of novel coronavirus has been occurring for approximately one year in the Middle East and has primarily affected Saudi Arabia, Jordan, Qatar, and the United Arab Emirates. Forty-three cases have occurred, including 21 deaths. Risk factors for acquisition are currently unknown. While the infection is likely acquired primarily from an animal vector species (e.g., bat), person-to-person transmission has been documented among some close contacts of cases. Most cases have occurred in the Middle East, though several have occurred in returning travelers or their close contacts in the United Kingdom, France, and Tunisia. No cases have occurred in the United States. Clinical features have included acute respiratory distress syndrome (ARDS), renal failure requiring hemodialysis, consumptive coagulopathy, and pericarditis. Many patients have also had gastrointestinal symptoms including diarrhea during the course of their illness.

2) An outbreak of avian influenza A(H7N9) virus has recently affected several provinces in Eastern China, with 131 human cases and 36 deaths reported. Most cases have had direct or indirect contact with poultry. No person-to-person transmission has been documented definitively, though five small family clusters have occurred in which person-to-person transmission could not be ruled out. No cases have been documented in the United States or any other country outside of mainland China. While no human cases have occurred in the last three weeks, DOHMH encourages providers to remain vigilant since NYC receives significant numbers of overseas visitors through its terminals and ports. Clinical features have included severe respiratory illness, including ARDS and multi-organ failure in cases who died.

Screening and Diagnostic Testing for Suspect Cases
To rapidly detect the importation of either novel coronavirus or avian influenza into NYC, we request that providers take the following steps:

- Ask about international travel in patients with severe respiratory illness requiring hospitalization.
- Report patients to the Health Department who have severe acute respiratory illness requiring hospitalization and meet one of the following criteria:
  - Traveled to the Arabian Peninsula or surrounding countries* in the 10 days before illness onset.
  - Traveled to mainland China in the 10 days before illness onset.
Where possible, acquire lower respiratory tract specimens for diagnosis; otherwise, obtain a nasopharyngeal swab or aspirate. Place the clinical sample in viral transport medium, and contact the Health Department to arrange transport for diagnostic testing at our Public Health Laboratory.

When collecting specimens, use appropriate infection control precautions (see below).

Do not perform viral cultures.

*Bahrain, Iraq, Iran, Israel, Jordan, Kuwait, Lebanon, Oman, Palestinian territories, Qatar, Saudi Arabia, Syria, the United Arab Emirates (UAE), and Yemen.

Infection Control
Healthcare personnel caring for patients under investigation for either novel coronavirus or avian influenza A(H7N9) virus infection should adhere to Standard, Contact, and Airborne Precautions, including eye protection.

Reporting to DOHMH
During business hours, immediately report any suspected case to the Bureau of Communicable Disease at 347-396-2600. At all other times, call the Poison Control Center at 212-764-7667 or 1-800-222-1222.

As always, we appreciate the cooperation of the medical community in New York City and will update you with further information when it becomes available.

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Resources

**Novel Coronavirus:**
CDC Novel Coronavirus:
http://www.cdc.gov/coronavirus/ncov/

WHO Novel Coronavirus:

**Avian Influenza A(H7N9):**
CDC Avian Influenza Avian Influenza A(H7N9) Virus:
http://www.cdc.gov/flu/avianflu/h7n9-virus.htm

CDC Influenza Antiviral Use:
http://www.cdc.gov/flu/professionals/antivirals/

World Health Organization Avian Influenza A(H7N9) Virus: