

MEDICAL HEALTH OFFICERS **UPDATE** FOR PHYSICIANS

July 6, 2015

In this Issue:

- Air quality and wildfires
- Locally-acquired cyclosporiasis
- Update on MERS-CoV
- Update on Ebola

To view previous MHO UPDATES, go to:
www.interiorhealth.ca/AboutUs/Leadership/Pages/MHOUpdates.aspx

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Air quality and wildfires

It's wildfire season in BC! With record temperatures and very little rainfall so far this summer, wildfire risk is extremely high. People at greatest risk for severe respiratory illness due to smoke exposure include children, seniors, pregnant women, people with existing chronic heart or lung disease, and those who are doing strenuous activities outdoors.

Visit the Interior Health (IH) website for emergency information related to fires:

www.interiorhealth.ca/YourEnvironment/EmergencyPreparedness/Pages/Forest-Fires.aspx

Locally-acquired cyclosporiasis

Cyclospora infection is caused by a parasite that is not found endemically in BC. We typically see a small number of cases each year associated with international travel to endemic countries. Locally-acquired cases are usually associated with consumption of contaminated imported products such as herbs, leafy greens and berries.

BC reported its first case of locally-acquired cyclosporiasis for 2015 at the end of June. Other locally-acquired cases have been reported elsewhere in Canada and in the US. One or more locally-acquired cases may signal an outbreak.

Cyclosporiasis presents as gastrointestinal illness with frequent watery diarrhea, abdominal cramps, nausea, vomiting, and occasionally fever. Illness can persist if left untreated. Symptoms begin approximately one week after exposure to the parasite.

Action requested of all clinicians:

1. Be alert for cases of *Cyclospora* infection. Consider cyclosporiasis in any patient with prolonged watery diarrhea.
2. Request stool samples from patients with suspect cyclosporiasis. Specimens should be submitted for ova and parasite (O&P) testing. Indicate *Cyclospora* testing on the requisition.
3. Treat cases of cyclosporiasis with a 7-10 day course of oral trimethoprim-sulfamethoxazole. Immunocompromised patients may require longer treatment durations.

Update on MERS-CoV

The Middle East Respiratory Syndrome Coronavirus (MERS-CoV) was first reported in the Kingdom of Saudi Arabia in September 2012 and has since been reported in at least 20 other countries, primarily in the Middle East. All cases reported outside of the region have been epidemiologically linked to the Middle East including a recent cluster in South Korea.

There have been no cases of MERS-CoV reported in Canada. However, we are asking healthcare professionals to be alert for signs and symptoms of illness compatible with MERS-CoV.

Symptoms of MERS-CoV range from asymptomatic to very severe pneumonia with acute respiratory distress syndrome, septic shock and multi-organ failure resulting in death. The clinical course is more severe in immunocompromised patients. The case-fatality rate is approximately 35%. There is no specific treatment for MERS-CoV. Clinical management is supportive.

Action requested of all clinicians:

1. Be alert for cases of MERS-CoV. Consider MERS-CoV in any patient with acute respiratory illness who, within two weeks prior to illness onset, indicated history of contact with a confirmed case/cluster or travel to the Middle East or a healthcare facility in South Korea.
2. Promptly implement respiratory precautions for suspect cases, including respiratory isolation with contact and droplet precautions and eye protection. Airborne precautions are warranted in the event of aerosol-generating circumstances.
3. Immediately report suspect MERS-CoV cases to the IH Communicable Disease (CD) Unit for further guidance and public health follow-up. The CD Unit can be reached during business hours at 1-866-778-7736. After office hours, please call the Medical Health Officer on-call at 1-866-457-5648.

Suggested resource:

BC Centre for Disease Control. **Emerging Respiratory Virus Updates**. Accessible from: www.bccdc.ca/dis-cond/DiseaseStatsReports/EmergingRespiratoryVirusUpdates.htm

Update on Ebola

The epidemic of Ebola Virus Disease (EVD) in West Africa is on-going. Although the overall situation has improved with evidence of decreased transmission, new cases are still occurring in Guinea and Sierra Leone. New cases have also recently been reported in Liberia, almost two months after the country was declared to be Ebola free.

There have been no cases of EVD reported in Canada. The risk to Canadians remains very low.

IH continues its work to ensure that we are prepared if an EVD case comes into our region. Guidelines have been developed in line with provincial and national recommendations to inform emergency preparedness activities.

BC is continuing to conduct surveillance of EVD cases and contacts. The Medical Health Officers are informed of all individuals returning to the IH region from EVD-affected countries. These individuals are monitored for 21 days.

Please ensure that you are familiar with this resource:

Interior Health. **EVD: Ebola preparedness in IH - What you need to know**. Accessible from: <https://www.interiorhealth.ca/YOURENVIRONMENT/COMMUNICABLEDISEASECONTROL/EBOLA/Pages/default.aspx>