

Dear State and Local Public Health Laboratory Directors,

On May 6, 2014 APhL and CDC hosted a National Public Health Laboratory Alert call to discuss the public health response to the first case of MERS in the US. Listed below is a summary of the teleconference highlights. More detailed minutes will be available in the next few days.

Teleconference Highlights:
Epidemiology Situational Update

- The best specimens to collect for MERS:
 - Lower Respiratory Specimens appear to perform best on the rRT-PCR assay.
 - Sputum, tracheal aspirate, BAL
 - Upper Respiratory Specimens should also be collected
 - NP/OP Swabs. Collect both specimens and place swabs together in a single VTM tube
 - Serum is an acceptable specimen for MERS rRT-PCR
 - For specimens collected more than 14 days after illness onset, serology is recommended. Send serum (>14 days after symptom onset) to CDC for serologic testing.

Testing Update

- In June 2013, FDA granted an [EUA](#) for the CDC Novel Coronavirus 2012 Real-time RT-PCR Assay. Currently, there are 44 states that have validated the assay.
- The CDC MERS rRT-PCR assay uses 3 targets: upE, N2 and N3
 - When screening for MERS CoV, run upE and N2 assays. N3 should be used as a confirmatory test only. Do not test all three targets simultaneously.
 - If only one of the screening target assays is positive (UpE or N2), run the N3 to verify the results.
 - If the N3 is positive, prepare to send to CDC for confirmation.
- If UpE and N2 are both positive, send to CDC for confirmation. Do not wait for the confirmatory result.
- For a summary test results interpretation and reporting instructions, please see page 16 of the EUA [labeling](#).
- **Whenever any positive or suspicious result is received, contact your epidemiologists and CDC as soon as possible.**
- While the EUA is for symptomatic patient testing, CDC is currently in the process of developing recommendations for testing asymptomatic individuals that are close contacts. More information will be distributed as this becomes available.

Reagent Ordering/External Quality Control

- The first round of external quality assessment (EQA) panels were sent to 15 laboratories and CDC has received their results. The next round of 30 EQA panels will be sent to the state PHLs in the next week and should arrive Wednesday.

- The MERS CoV rRT-PCR kits that were deployed in 2013 have 1000 reactions/kit. These kits do not expire until April 9, 2015. Please keep this in mind and do not request new kits unless your laboratory has experienced an issue with contamination or your lab runs out of reactions.
- If you have questions about kit distribution, the EQA panel or LRN Results Messenger, please contact Luis Lowe (lhowe@cdc.gov).

Indiana Experience

- Challenges experienced in Indiana
 - Communications with governing officials was overwhelming at times in the initial investigation. Labs should have plans in place for triaging messages.
 - Hospital did not use the electronic test ordering system causing a data entry backlog.
- Successes
 - The investigation was a cohesive effort between the hospital, PHL, and Epis in Indiana. The laboratory was ready to test Epi screened specimens as they were requested. Epis triaged specimens and the lab did not test any specimens that did not have an authorization number.

Important Contacts

- Luis Lowe: lhowe@cdc.gov
- EOC phone number: 770-488-7100
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Please feel free to contact me with additional questions or concerns.

Kelly

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