At the end of February 2019, a total of 2574 laboratory-confirmed cases of Middle East respiratory syndrome (MERS), including 823 associated deaths (case-fatality rate 32.6%) were reported globally. The majority of these cases were reported from Saudi Arabia (1862 cases, including 746 related deaths with a case-fatality rate of 37%).

During the month of February, a total of 76 laboratory-confirmed cases of MERS were reported globally: 64 of the cases were reported from Saudi Arabia with 10 associated deaths and 8 from were reported from Oman with 2 associated deaths. This month, Saudi Arabia experienced an outbreak in West Dammam city and one of its hospitals. From January 29 to end of February, a total of 52 laboratory-confirmed cases with 7 associated deaths have been reported for the outbreak. 3 patients have been hospitalized, 16 patients were primary cases, 18 secondary cases (17 household contacts and 1 hospital-acquired cases, including 3 healthcare workers). There is no ongoing active transmission occurring in Oman this month. A total of 4 additional secondary cases have been linked to the cluster previously reported in January and a new non-linked cluster of 4 cases (including 1 HCW) with 2 deaths was reported as well. The new cluster includes 1 suspected index case and 3 secondary cases (including 1 HCW).

The demographic and epidemiological characteristics of reported cases, when compared during the same corresponding period of 2012 to 2018, do not show any significant difference or change, except for the increase in the number of secondary cases and healthcare worker cases due to the hospital outbreak this month. Owing to improved infection prevention and control practices in hospitals, the number of hospital-acquired cases of MERS has dropped significantly since 2015.

The age group 50–59 years continues to be at highest risk for acquiring infection of primary cases. The age group 30–39 years is most at risk for secondary cases. The number of deaths is higher in the age group 60–69 years for primary cases and 70–79 years for secondary cases. The case fatality rates are 37% and 28% for primary and secondary cases respectively; the case fatality rate is 55% for healthcare workers, compared to 14% for non-HCW secondary cases. In Saudi Arabia, 2574 laboratory-confirmed cases were reported, 1975 were in male cases (77.2%), 600 were in female cases (22.8%) and 19 were of unknown sex (1.0%).

The median age of all laboratory-confirmed cases was 54 years (range 10−105). The median age of secondary cases was 34 years (range 10−92), and that of primary cases was 66 years (range 10−105). The majority of cases (72%) were over 50 years of age. Non-HCW secondary cases had a median age of 30 years (range 10−105) and primary cases had a median age of 66 years (range 10−105). The age group 50–59 years continues to be at highest risk for acquiring infection of primary cases. The age group 30–39 years is most at risk for secondary cases. The number of deaths is higher in the age group 60–69 years for primary cases and 70–79 years for secondary cases.

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