

Current major event

Travel-associated MERS reported in Lebanon

Middle East respiratory syndrome (MERS) is a global health concern given that the origin and transmissibility pattern of the MERS coronavirus is, as yet, unclear. Since April 2012, around 224 MERS cases including 40 associated deaths (CFR=17.9%) have been reported in 19 countries outside the Arabian Peninsula (Bahrain, Jordan, Kuwait, Oman, Qatar, Saudi Arabia, United Arab Emirates, and Yemen) where patients had a history of travel to, or were secondary to patients with a history of travel to the Arabian Peninsula (*Please see table*).

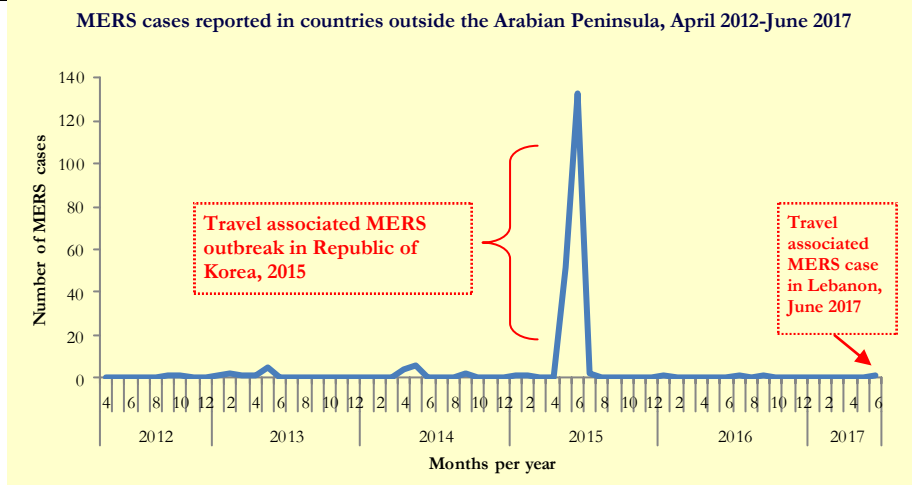
Editorial note

Any patient who has travelled to the Arabian Peninsula (where the disease emerged for the first time in April 2012) and has developed symptoms upon return to his/ her country is considered to be a travel-associated MERS case.

Most recently, Lebanon reported a new laboratory-confirmed case of MERS on 16 June 2017 at a hospital in Beirut for a Lebanese traveller with a history of living and working in Riyadh, Saudi Arabia. The 39 year-old male is a healthcare worker who developed mild symptoms on 8 June 2017 but tested negative for MERS-CoV in Riyadh on 11 June 2017. He travelled back to Lebanon on the same day. He had no history of previous comorbid conditions, no contact with a confirmed MERS case, and no contact with camels in the 14 days prior to onset of his symptoms. The patient is presently in isolation at home, and in stable condition.

As of 25 June 2017, a total of 2,039 laboratory-confirmed MERS cases have been reported to WHO, including 730 deaths (CFR= 35.8%). To date, 27 countries (of which 12 are in the Eastern Mediterranean Region of WHO) have reported laboratory-confirmed MERS cases. The majority of these cases (82%) have been reported in Saudi Arabia.

This new travel-associated MERS case has once again highlighted the need for applying strict measures of infection



Countries reported Travel Associated MERS cases outside the Arabian Peninsula, 2012-2017

Country of Reporting	Cases	Deaths	CFR (%)
Algeria	2	1	50
Austria	2	1	50
China	1	0	-
Egypt	1	0	-
France	2	1	50
Germany	3	2	66.7
Greece	1	1	100
Iran	6	2	33.3
Italy	1	0	-
Lebanon	2	0	-
Malaysia	1	1	100
Netherlands	2	0	-
Philippines	2	0	-
R. of Korea	185	27	14.6
Thailand	3	0	-
Tunisia	3	1	33.3
Turkey	1	0	-
UK	4	3	75
USA	2	0	-
Total	224	40	17.9

prevention and control for health care workers and patients. Given the ease and frequency of international travel in the modern era, any emerging novel virus can represent a threat to global public health.

The biggest outbreak of travel-associated MERS to date happened in the Republic of Korea where 185 cases and 27 deaths (CFR= 14.6%) were reported from May to July 2015 (*Please see the graph above*).

WHO does not recommend the application of any travel or trade restrictions or entry screening, however, countries are encouraged to work with the travel and tourism sectors to make information on MERS prevention available to travellers and transport operators.

Update on outbreaks in the Eastern Mediterranean Region

MERS-CoV in Saudi Arabia; Cholera in Somalia; Cholera in Yemen; Chikungunya in Pakistan.

Current public health events of international concern [cumulative N° of cases (deaths), CFR %]

Avian Influenza: 2006-2017

Egypt (A/H5N1) [359 (122), 34%]
Egypt (A/H9N2) [3 (0)]

Chikungunya: 2016-2017

Pakistan [6,507 (0)]

MERS-CoV: 2012-2017

Saudi Arabia [1,671 (656), 39.3%]

Cholera: 2016-2017

Somalia [53,015 (795), 1.5%]
Yemen [224,989 (1,416), 0.6%]

Meningococcal disease: 2017

Nigeria [14,513 (1,166), 8%]

Avian Influenza A (H7N9): 2013-2017

China [1,533 (592), 38.6%]

Ebola Virus Disease: 2017

DRC [8 (4), 50%]

Wild poliovirus: 2014-2017

Pakistan [382 (0)]
Afghanistan [65 (0)]

Zika Virus Infection: 2015-2017

84 countries and territories have reported transmission so far.