

Regional Office for the Eastern Mediterranean

# **Weekly Epidemiological Monitor**

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# Current major event

#### MERS cluster in Saudi Arabia

During the period from 27 July 2017 to 10 August 2017, a cluster of 13 laboratory confirmed cases of MERS including one related death (Case-fatality rate, CFR: 7.7%) was reported in a hospital in Al-Jawf Region, Saudi Arabia. This new hospital outbreak of MERS represents the seventh cluster of MERS in the country since the beginning of the year 2017 (Please see the table).

### **Editorial note**

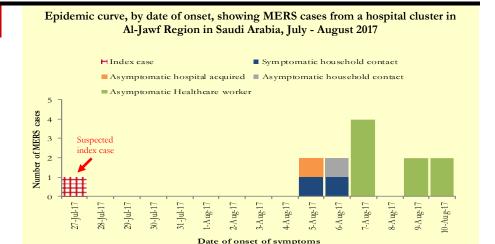
From April 2012 up to 20 August 2017, the total number of Middle East respiratory syndrome (MERS) cases globally reached 2067 cases including 735 deaths (CFR: 35.5%). During this period of time, Saudi Arabia reported 1698 MERS cases including 661 deaths (CFR: 38.9); while since the beginning of 2017, Saudi Arabia reported 171 new cases including 37 deaths (CFR: 21.6).

This latest cluster of MERS cases, in Al-Jawf Region, is the seventh recorded hospital outbreak of the disease from the Kingdom of Saudi Arabia (KSA) during this year.

The initial case of the new cluster, in Al-Jawf Region, was a 51 year-old male who developed symptoms on 27 July and was admitted to a hospital on 30 July. The case was confirmed as MERS-CoV positive on 1 August 2017, after collection of a nasopharyngeal swab on 31 July and testing it at the Madinah Regional laboratory. The patient died later on 4 August 2017.

As a consequence of vigilant contract tracing, 12 more cases were identified including two symptomatic household contacts, eight asymptomatic Healthcare workers (HCWs), one asymptomatic household contact and one asymptomatic hospital acquired case (Please see the graph above).

Up till now, it is not clear if this hospital outbreak reported from Al-Jawf Region, Saudi Arabia will prolong and generate more secondary cases than reported so far. The Ministry of Health of Saudi Arabia evaluates each case and their



#### MERS hospital outbreaks reported

Region	Month	Cases	Deaths	CFR (%)
Riyadh	March	15	1	6.7
Asir	May	3	2	66.7
Riyadh		5	1	20
Riyadh	June	33	6	18.2
		9	0	-
		6	1	16.7
Al-Jawf	August	13	1	7.7
Total		84	12	14.3

contacts and implements measures to limit further human-to-human transmission and bring MERS outbreaks under control

It is clear that enhanced vigilance played a role to minimize the spread of reported clustering compared to the previous epidemics. These activities must be systematically continued for detection of any change in MERS-CoV as well as changes that can be recognized by observing a shift in the epidemiological characteristics of the virus. Owing to its ability to cause hospital outbreaks, the world remains on heightened alert regarding the possibilities that the virus may change and be more transmissible between humans.

Thus, vigorous infection prevention and control measures are critical to prevent the possible spread of MERS-CoV in health care facilities.

## 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 [7,253 (0)]

MERS-CoV: 2012-2017

Saudi Arabia [1,698 (661), 38.9%]

Cholera: 2016-2017

Somalia [76,236 (1,157), 1.5%]

Yemen [522,360 (1,991), 0.4%]

Lassa Fever: 2017

Nigeria [710 (114), 16.1%]

Avian Influenza A (H7N9): 2013-2017

China [1,557 (605), 38.9%]

Dengue fever: 2017

Côte d'Ivoire [858 (2), 0.2%]

Wild poliovirus: 2014-2017

Pakistan [383 (0)]

Afghanistan [66 (0)]

Zika Virus Infection: 2015-2017

84 countries and territories have reported transmission so far.