Imported case of MERS

The Ministry of Health of Kuwait received a notification from IHR national focal point (NFP) of Republic of Korea (RoK) on a Korean male aged 61 years, who visited Kuwait during the period from 16 August to 6 September 2018 and was laboratory confirmed as MERS on 8 September 2018 upon his return to RoK.

Editorial note

Middle East respiratory syndrome coronavirus (MERS-CoV) has been circulating in the Arabian peninsula since 2012. Being a newly emerging virus with epidemic and pandemic potentials and having a high case fatality rate amongst those who get infection, WHO and its partners have been working, over the years, to enhance surveillance and early detection of the disease in order to stop transmission of the virus’ circulation. Despite majority of cases being locally-acquired within the Arabian peninsula, a total of 227 travel-associated cases have been reported so far since 2012, all with history of travel to the countries in Arabian Peninsula. This reflects the ability of the virus to spread internationally. Up to date, 19 countries, globally, have reported imported cases of MERS.

This is the second time, the Republic of Korea has reported imported MERS case (please see the table). Although the MERS-CoV has the ability to cause human-to-human transmission specifically in healthcare settings, human-to-human transmission following these imported cases have, so far, been minimal or almost negligible except in 2015, when an imported case in RoK triggered the biggest hospital outbreak from MERS-CoV outside Arabian Peninsula. In this outbreak in RoK in 2015, multiple generations of transmission was observed making it the second largest hospital with 186 total cases and 36 deaths reported in a little more than one month, second only to Saudi Arabia in country-specific number of reported cases. This remains the largest outbreak from travel-associated case of MERS since the virus emerged in 2012.

The recent report of this imported case from RoK raised an alarm bell and the whole global community was on alert should the case result in multiple chains of transmission again. A detailed case investigation (Please see above) revealed no conclusive risk of exposures and the source of infection of the imported case remained unidentified. As soon as this imported case was notified by the IHR NFP, the ministry of health of Kuwait also conducted a field investigation and a total of 39 close contacts of this MERS patient were identified in Kuwait whose health status was monitored for 14 days since the first day of their presumed contact. None of these close contacts developed any symptom and all were tested negative for MERS-CoV.

This incident is a stark reminder that MERS-CoV remains a persistent threat to global security and that international collaboration and timely detection and response will remain critical to prevent global spread.

Travel-associated MERS cases 2012-18

<table>
<thead>
<tr>
<th>Year</th>
<th>Cases</th>
<th>Countries reporting</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>2</td>
<td>UK, Germany</td>
</tr>
<tr>
<td>2013</td>
<td>10</td>
<td>UK, Germany, France, Italy, Tunisia</td>
</tr>
<tr>
<td>2014</td>
<td>17</td>
<td>Algeria, Egypt, USA, Iran, Lebanon, Malaysia, Austria, Greece, Netherlands, Turkey</td>
</tr>
<tr>
<td>2015</td>
<td>191</td>
<td>Thailand, China, RoK, Philippines, Germany, Iran</td>
</tr>
<tr>
<td>2016</td>
<td>3</td>
<td>Austria, Thailand</td>
</tr>
<tr>
<td>2017</td>
<td>2</td>
<td>Lebanon, Malaysia</td>
</tr>
<tr>
<td>2018</td>
<td>2</td>
<td>UK, RoK</td>
</tr>
<tr>
<td>Total</td>
<td>227</td>
<td>19 Countries</td>
</tr>
</tbody>
</table>

Update on outbreaks in the Eastern Mediterranean Region

MERS in Saudi Arabia; cholera in Somalia; cholera in Yemen; Dengue in Yemen.

Current public health events of international concern

[Please see above for cumulative N of cases (deaths), CFR %]

Avian influenza: 2006-2017

Egypt (A/H5N1) [359 (122), 34%]
Egypt (A/H9N2) [4 (0)]

Ebola virus disease (EVD): 2018

Democratic Republic of Congo (DRC) [162 (106), 65.4%]

Dengue fever: 2018

Yemen [1 188 (7), 0.6%]

Rift Valley fever: 2018

Kenya [95 (11), 11.6%]
Uganda [23 (8), 34.8%]

Cholera: 2017-2018

Somalia [6 423 (42), 0.7%]
Yemen [1 125 189 (2 326), 0.2%]
Tanzania [4 007 (75), 1.9%]

Diphtheria: 2018

Yemen [1 904 (98), 5.1%]
Bangladesh [8 178 (44), 0.5%]

MERS: 2012-2018

Saudi Arabia [1 882 (729), 38.7%]

Yellow Fever: 2017-2018

Brazil [1 266 (415), 32.7%]