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Current major event

Travel-associated MERS

Since 2012, human infections with Middle East respiratory syndrome coronavirus (MERS-CoV) have been reported from 27 countries. Despite majority of cases being locally-acquired within the Arabian peninsula, 227 travel-associated cases were reported from 19 other countries.

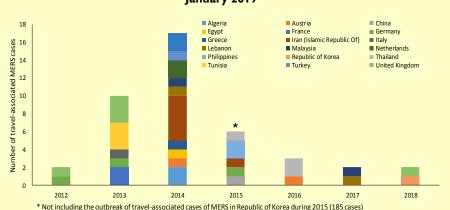
Editorial note

MERS-CoV, was identified for the first time in 2012 and since then a total of 2283 cases and 807 deaths up to epidemiological week 2 in 2019 has been reported globally. Out of the total reported cases 90% of them have been locally acquired in Arabian peninsula. However, 10% are considered travelassociated cases i.e. cases detected in other countries with history of travel to the Arabian Peninsula or history of exposure to an infected traveler.

The largest outbreak of travelassociated MERS was reported to be in Republic of Korea (ROK) from May to July 2015 in which 185 cases and 27 deaths were recorded (CFR 14.59%). Apart from this outbreak, the number of travel-associated MERS cases has ranged from 2-17 cases per year (See graph); in fact since 2014, the number of travel-associated cases reported per year has declined significantly. It has also been observed that for travel-associated cases of MERS, the time period between the onset of symptoms and admission to hospital has also reduced significantly. These declining trends may be due to higher awareness of MERS infection and its potential international transmission and improved detection capacities. The 2015 outbreak experience of ROK in particular has shifted global attention to the risk of travel-associated cases and unveiled the importance of global preparedness for emerging infectious diseases in general.

Additionally, the epidemiological characteristics of travel-associated cases appear to be different than the locally acquired cases (See table). However,

MERS cases reported in countries outside the Arabian Peninsula, April 2012 -January 2019



Characteristics of travel-associated cases of Middle East respiratory syndrome

Total number	227
Median age in years	53.5
% of male cases	62.5
% of fatal cases	17.6
Number of imported cases without any secondary transmission	8
Highest risk age group for imported cases	60 - 69
Number of cases with secondary transmission from the imported case (nosocomial)	179
Highest risk age group for cases with s secondary transmission	40 - 49

due to lack of comprehensive data, these observations remain inconclusive. Data reporting, especially in outbreak situations, needs to be improved for better understanding of the transmission patterns and better planning of control interventions.

WHO and its partners continue to work to increase countries' prevention, detection and response capacities. The experience with the travel-associated cases has reflected the global advancements in detection and control capacities and the importance of international collaboration in strengthening global health security.

Based on the current information available, there is no public health justification for implementing any additional measures to prevent the spread of this disease by restricting travel or trade. Risk communication through travel and tourism sectors is encouraged and healthcare providers are advised to remain vigilant of their patients' travel history.

Update on outbreaks

in the Eastern Mediterranean Region

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

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

Avian influenza: 2006-2017

Egypt (A/H5N1) [359 (122), 33.98%]

Egypt (A/H9N2) [4(0)]

Ebola virus disease (EVD): 2018-2019

Democratic Re-

public of Congo [644 (390), 60.55%]

(DRC)

Yellow fever: 2018-2019

Nigeria [4 004 (33), 0.82 %]

Cholera: 2017-2019

Somalia [6 761 (46), 0.68%]

Yemen [1 401 634 (2 755), 0.19%]

Diphtheria: 2018-2019

Yemen [3 153 (182), 5.77%]

Bangladesh [8 372 (44), 0.52%]

MERS: 2012-2019

Saudi Arabia [1 905 (732), 38.42%]

Dengue fever: 2018-2019

Oman [48(0),]