Novel coronavirus infection in the EMR

The Ministry of Health in Saudi Arabia informed WHO on 23 March of a new confirmed case of infection with the novel coronavirus (nCoV). To date, WHO has been informed of a global total of 16 confirmed cases of human infection with nCoV, including nine deaths.

Editorial note

The recent confirmed case of infection with nCoV puts the total number of cases reported so far, from the Eastern Mediterranean Region (EMR) to 13 including 8 deaths (Please see the table). Apart from the cases that were reported retrospectively from Jordan, human infections with this novel virus was first reported from the region in September 2012 in a patient in Jeddah, Kingdom of Saudi Arabia (KSA) with the date of onset of symptoms in June. (Please see the graph). The patient later died. From June 2012 through March 2013, several new cases of infection with nCoV have occurred with varying onset of illness.

The recent case in Saudi Arabia was a contact of another previously reported case from the KSA. This linkage provides yet another evidence of person-to-person transmission within a family. In February, the United Kingdom’s (UK), Health Protection Agency (HPA) also reported a cluster of three cases within one family indicating a possible person-to-person transmission of the novel coronavirus (nCoV).

In light of these recent evidence of limited person-to-person transmission of this novel virus, there is now heightened urgency for enhanced and proactive surveillance for severe acute respiratory infections (SARI) including patients with atypical presentation for viral pneumonia. Both well and sick contacts of any confirmed case also needs to be investigated intensively.

Coronaviruses, first identified in the 1960s, are part of a diverse group of viruses found in humans and animals. In humans, these viruses typically cause respiratory illnesses like the common cold. Severe respiratory diseases caused by SARS coronavirus (SARS-CoV) in 2002-2003 also belonged to the same family of viruses. However, genetic sequence analyses have shown that nCoV is different from any other known human coronaviruses, including the one that caused SARS.

While there are gaps in our knowledge of the clinical, virological, and epidemiological aspects of this novel viral infection, the current priority for the countries in the region would be to control the infection before its dramatic international spread. The only way this could be done is to remain vigilant and strengthen surveillance for SARI and to report to WHO of any new case with full clinical and epidemiological details for better understanding of disease manifestations associated with this virus.

Update on outbreaks in the Eastern Mediterranean Region

Novel Coronavirus in Saudi Arabia; Hepatitis E in South Sudan; .

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

Avian influenza

Egypt [171 (61), 35.67%]  
Indonesia [192 (160), 83.3%]  
Viet Nam [123 (61), 49.5%]  
Cambodia [26 (23), 88.4%]  
Global total [621 (367), 59%]

Hepatitis E

S. Sudan [8453 (145), 1.7%]#  

Novel coronavirus

Saudi Arabia [9 (6), 66.6%]  
Qatar [2 (0)]  
Jordan [2 (2), 100%]  
UK [3 (1), 33%]  

West Nile Virus

Tunisia [81 (12), 14.8%]#  

Yellow fever

Sudan [849 (171), 20.2%]#  
Chad [139 (9), 6.4%]  

CFR=Case-Fatality Rate; # Suspected cases