

Current major event

MERS-CoV: Enhanced surveillance and preparedness will be the key

Over 100 health officials from the countries in the Eastern Mediterranean Region as well as from France, Germany and the United Kingdom met in the WHO Regional Office in Cairo from 20-22 June and discussed on a collective response plan to counter the threats of novel coronavirus infection to global health. The meeting concluded with an urgent call to improve surveillance and strengthen global public health preparedness.

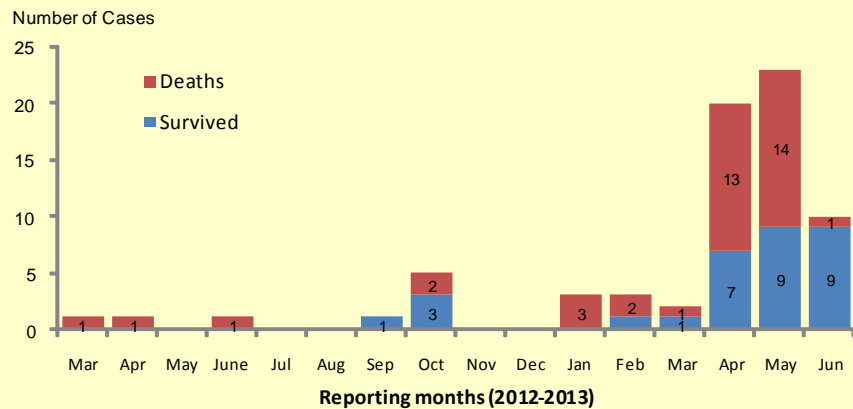
Editorial note

The emergence of a novel coronavirus, now named the Middle East Respiratory Syndrome Coronavirus (MERS-CoV), in September 2012 has raised global concern with over 60% of cases being fatal, and documented international spread. About 75% of the cases are elderly men and most severe illness has occurred in people with chronic health conditions. The majority of patients required intensive care including mechanical ventilation. There are no specific treatments or vaccines for the MERS-CoV.

As of June 2013, WHO has received reports of laboratory-confirmed cases originating in the following countries in the WHO Eastern Mediterranean Region: Jordan, Qatar, Saudi Arabia, and the United Arab Emirates. Laboratory-confirmed cases have also been reported from France, Germany, Italy, Tunisia and the United Kingdom; they were either transferred for care of the disease or returned from the Middle East while ill or subsequently became ill. In France, Italy, Tunisia and the UK, there has been limited local transmission among the close contacts of the laboratory-confirmed or probable cases who had not been to the Middle East.

Despite no current evidence of sustained human-to-human transmission, MERS-CoV may evolve to spread quickly among humans and affect wider geographical areas. While major gaps remain in knowledge and understanding of the emergence of this virus, clinical manifestations as well as the transmission risk,

Laboratory-confirmed cases of Middle East Respiratory Syndrome-Coronavirus (MERS-CoV), March 2012- 23 June 2013 (n = 70)



Four major recommendations of the meeting

- Increase detection through enhanced surveillance and testing;
- Develop and participate in free and open data sharing to produce a global database for informed management and control policies.
- Develop and participate in further development of diagnostic assays;
- Ensure international cooperation and collaboration, as envisaged by the International Health Regulations(2005);

recent scientific research is enhancing the global knowledge on the disease. These new knowledge now need to be translated into concrete public health actions that can improve global and regional public health preparedness.

Strengthening countries' abilities to control, detect, and treat cases of MERS-CoV infection are among the most urgent actions that were recommended in the meeting to stem the growing outbreak of disease caused by the virus. The meeting also agreed on a series of public health actions in seven key areas that were key to increasing Member States' and the international community's ability to prepare for, control, detect, alert the world to, and treat cases of diseases caused by MERS-CoV. These public health actions need to be implemented quickly and rapidly by countries in order to prevent another global public health emergency like that of SARS or pandemic influenza. The key will be to strengthen surveillance and improve public health vigilance for MERS-CoV by all countries.

Update on outbreaks

Novel Coronavirus in Saudi Arabia, UAE & Tunisia; **Hepatitis E** in South Sudan; **Meningococcal meningitis** in South Sudan; **Wild poliovirus** in Somalia.

Current public health events of international concern

[cumulative N° of cases (deaths), CFR %]

Avian influenza

Egypt	[173 (63), 36.4%]
Indonesia	[192 (160), 83.3 %]
Viet Nam	[125 (62), 49.6%]
Cambodia	[31 (27), 87.1%]
Global total	[629 (375), 59.6%]

Hepatitis E

South Sudan	[10656 (184), 1.7%]#
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Novel Coronavirus (MERS-CoV)

Saudi Arabia	[61(31), 50%]
Italy	[3 (0)]
Jordan	[2 (2), 100%]
France	[2 (1), 50%]
Tunisia	[2 (0)]

Influenza A (H7N9) virus

China	[132 (37), 28%]
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Meningococcal meningitis

South Sudan	[196 (13), 6.6%]#
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Wild poliovirus

Somalia	[1 (0)]
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CFR=Case-Fatality Rate; # Suspected cases