

Current major event

Concern remains following spike in MERS-CoV cases

The recent spike in cases of Middle East respiratory syndrome coronavirus (MERS-CoV) in the Eastern Mediterranean Region of WHO remains a concern. So far, ten countries in the region have reported cases of MERS-CoV. While in the Kingdom of Saudi Arabia (KSA) and the United Arab Emirates, both community and hospital-acquired infections continue to be reported, sporadic cases, mostly imported and travel-associated, have been reported in Egypt, Lebanon, Jordan and Yemen in recent time.

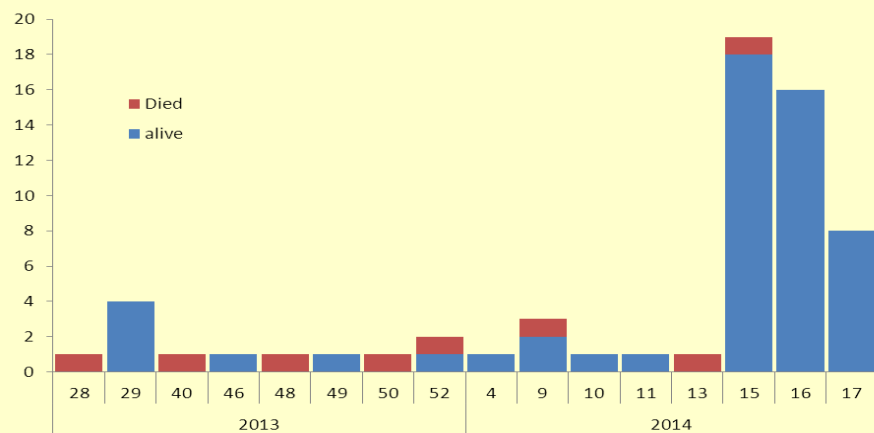
Editorial note

The Middle East respiratory syndrome coronavirus (MERS-CoV), first emerged in March-April 2012, remained a concern to global health as the origin and transmissibility pattern of this novel virus remained unknown till to date. Although a number of scientific studies have been conducted to identify the source of the virus, no definitive conclusion could be drawn although camels were increasingly been presumed to be the possible reservoir of MERS-CoV. However the role of camels in the transmission chain of this virus to humans remains undetermined.

In the midst of this, the recent spike in cases particularly from the KSA and UAE have elevated the concern. In a recent media report issued by WHO following an assessment mission that was conducted by the organization in KSA, it has been mentioned that the upsurge in cases can be explained by an increase, possibly seasonal, in the number of primary cases amplified by several hospital-acquired outbreaks due to important breaches in WHO's recommended infection prevention and control measures. The report also suggested no evidence of sustained human-to-human transmission in the community and the transmission pattern overall remained unchanged in Jeddah which was the hotspot for the recent hospital-acquired outbreak in the KSA.

The media report, quoting WHO, men-

MERS-CoV cases and deaths reported from UAE, July 2013– May 2014,



Cases and deaths from MERS-CoV in the Eastern Mediterranean Region, 2012-2014

Country	Cases	Deaths	CFR (%)	Last date of reporting
Egypt	1	0	-	26/04/2014
Jordan	9	4	44	11/05/2014
KSA	491	147	30	11/05/2014
Kuwait	3	1	33	18/03/2014
Lebanon	1	0	-	08/05/2014
Oman	2	2	100	01/01/2014
Qatar	7	4	57	14/11/2013
Tunisia	3	1	33	20/05/2013
UAE	62	8	13	11/05/2014
Yemen	1	1	100	15/04/2014
Total	580	168	29	

tioned that majority of human-to-human infections occurred in health care facilities and one quarter of all infected cases were healthcare workers.

The amplification of the outbreak in hospitals could be explained by inconsistent and fragmented implementation of infection prevention and control (IPC) measures in health facilities. However, the reason for rise in community-acquired infections could not be explained, although an increased seasonal exposure is being speculated.

In view of the current situation, there is a clear need to improve the healthcare workers' knowledge and attitude about the disease and systematically apply the WHO's recommended IPC measures in health care facilities. Improving health facilities preparedness for any surge in MERS-CoV cases should be accorded highest priority in the current situation.

Update on outbreaks

in the Eastern Mediterranean Region

MERS-CoV in Saudi Arabia, Jordan, Lebanon and UAE

Current public health events of international concern

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

Avian Influenza A (H5N1): 2003-2014

Egypt	[175 (63), 36%]
Indonesia	[195 (163), 83.6 %]

MERS-CoV: 2012-2014

Saudi Arabia	[491 (147), 29.9%]
Jordan	[9 (4), 44.4 %]
Oman	[2 (2), 100%]
UAE	[62 (8), 12.9%]
Kuwait	[3 (1), 33.3%]
Tunisia	[3 (1), 33.3%]
Egypt	[1 (0), 0%]
Yemen	[1 (1), 100%]
Qatar	[7 (4), 57.1%]
Lebanon	[1 (0), 0%]

Ebola Hemorrhagic Fever: 2014

Guinea	[233 (157), 67.4%]
Liberia	[12 (11), 91.7%]

Wild poliovirus: 2013-2014

Pakistan	[152 (0), 0%]
Afghanistan	[18 (0), 0%]
Syria	[36 (0), 0%]
Somalia	[194(0), 0%]
Iraq	[1 (0), 0%]

CFR=Case-Fatality Rate; # Suspected cases