

Current major event

MERS-CoV situation during the COVID-19 pandemic

Since the detection of the first COVID-19 case in the Region in January 2020 and up to 17 July 2021, a total of 72 laboratory-confirmed cases of MERS and 25 associated deaths were reported to WHO. This includes 2 small-scale hospital outbreaks that occurred in 2020. The COVID-19 pandemic continues to impact the surveillance of MERS among humans.

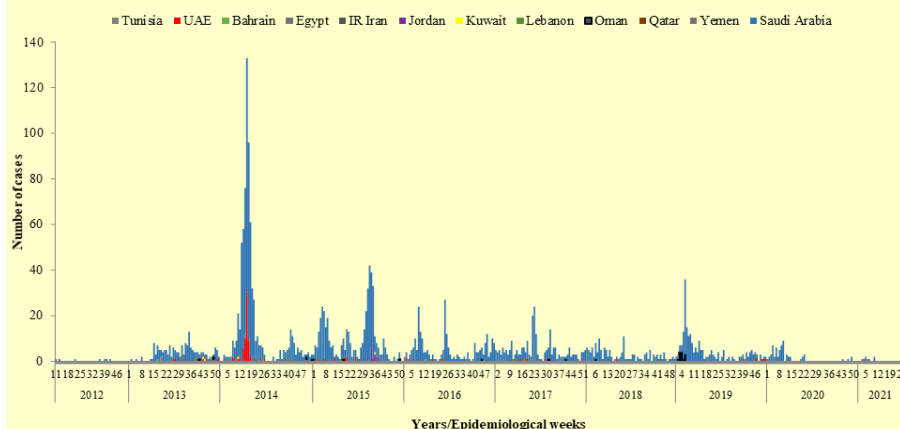
Editorial note

Middle East respiratory syndrome coronavirus (MERS-CoV) has been circulating in several countries of the Eastern Mediterranean Region since the first case was reported in Saudi Arabia. Prior to the pandemic, at least 140 laboratory-confirmed cases of MERS were typically reported to WHO per year, most of whom being detected in Saudi Arabia (91.6%). Globally to date, a total of 2574 laboratory-confirmed cases and 886 associated deaths (CFR 34.4%) have been reported to WHO. Almost a quarter of those cases (22%) reported having been infected through direct or indirect contact with infected dromedary camels, while almost double those cases (42.6%) reported having been infected through human-to-human secondary transmission.

With the start of the COVID-19 pandemic in 2020, a total of 64 laboratory-confirmed cases of MERS and 21 associated deaths were reported to WHO and in 2021 up to 17 July, only 8 cases and 3 associated deaths were reported. The last case was reported on 10 March 2021. Of the 72 cases reported during the pandemic, the exposure of 28 cases was determined by investigations, among whom a majority of 19 were classified as primary cases. The 9 secondary cases reported within this time period were all linked to 2 hospital outbreaks. More than 80% of the 72 reported cases were male with an average of 60 years old.

Since the emergence of SARS-CoV-2 in humans, the detection of MERS-CoV has significantly decreased mostly due to the repurposing of resources to respond to the pandemic. Experts are still investigating other factors that may be contributing to this decrease, with several theories being put forward. One possible explanation is the change in health seeking behaviours and health-service delivery, whereby individuals that are infected with MERS-CoV are not presenting at the health

Distribution of MERS reported cases in the Region by week of onset, 2012-2021



Cases and deaths from Hospital outbreaks in Saudi Arabia, 2015-2021

Year	Hospital out-breaks	Total Cases	Survived	Died	HCW
2015	4	138	71	67	19
2016	6	60	46	14	26
2017	8	91	79	12	41
2018	2	10	6	4	3
2019	2	74	60	14	19
2020	2	12	9	3	4
2021	0	0	0	0	0

facilities to be detected. Similarly, as symptoms of MERS-CoV infections are non-specific, individuals that are presented and do not report exposure to infected dromedary camels may be misclassified as COVID-19 patients and tested for SARS-CoV-2 only. Moreover, anecdotal evidence suggests that the stringent public health and social measures placed to mitigate or suppress the spread of SARS-CoV-2 in communities may have been effective in reducing human-to-human transmission of other respiratory diseases, including MERS. This includes the increase of community awareness and adherence to personal protective measures such as hand hygiene and cough etiquette.

The WHO Regional Office, together with the WHO collaborating centre for MERS in Saudi Arabia, plan to organize a virtual regional meeting in August 2021 to review the MERS situation particularly during the COVID-19 pandemic. The event will share best practices, review the latest scientific advances, identify critical guidance needs, and continue highlighting MERS as a global health security threat. This meeting is a follow up to the last global expert meeting that took place in 2017, which reviewed evidence and knowledge on MERS at the time, and disseminated and reflected on a way forward for the global community to address this disease.

Update on outbreaks

in the Eastern Mediterranean Region

COVID-19 in 22 EMR countries

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

Coronavirus disease 2019 (COVID-19): 2019-2021

Afghanistan	[141 499 (6213), 4.4%]
Bahrain	[267 796 (1380), 0.5%]
Djibouti	[11 622 (155), 1.3%]
Egypt	[283 636 (16 439), 5.8%]
Iran (Islamic Republic of)	[3 501 079 (86 966), 2.5%]
Iraq	[1 483 014 (17789), 1.2%]
Jordan	[760 354 (9887), 1.3%]
Kuwait	[384 573 (2211), 0.6%]
Lebanon	[550 492 (7884), 1.4%]
Libya	[221 495 (3281), 1.5%]
Morocco	[555 488 (9434), 1.7%]
occupied Palestinian territory (oPt)	[344 482 (3855), 1.1%]
Oman	[289 042 (3498), 1.2%]
Pakistan	[989 275 (22 781), 2.3%]
Qatar	[224 160 (599), 0.3%]
Saudi Arabia	[508 521 (8063), 1.6%]
Somalia	[15 085 (781), 5.2%]
Sudan	[37 138 (2776), 7.5%]
Syrian Arab Republic	[25 827 (1904), 7.4%]
Tunisia	[546 233 (17 527), 3.2%]
United Arab Emirates	[659 449 (1896), 0.3%]
Yemen	[6977 (1368), 19.6%]