

Current major event

Middle East respiratory syndrome coronavirus (MERS-CoV) in EMR

To date, a total of 3 cases of Middle East respiratory syndrome (MERS) have been reported from two member states in the Eastern Mediterranean Region (EMR) with 1 associated death. The countries that reported MERS cases were Qatar (2 cases) and Oman (1 case). The 1 associated death was reported from Qatar.

Editorial note

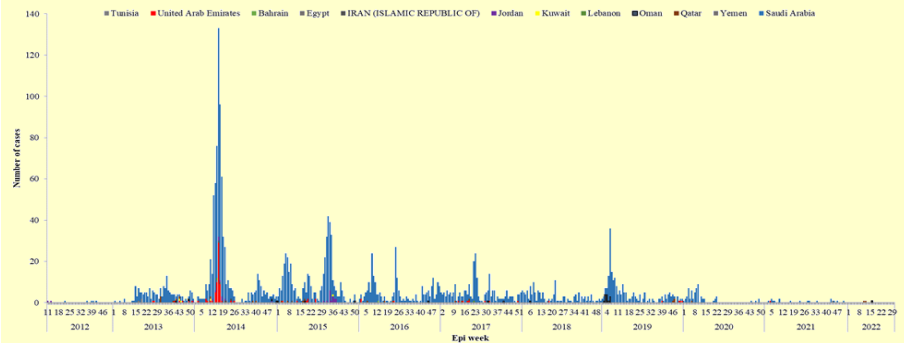
MERS-CoV is a viral respiratory infection of humans and dromedary camels which is caused by a coronavirus called Middle East Respiratory Syndrome Coronavirus. Infection with MERS-CoV can cause a severe disease resulting in high mortality. Approximately 35% of reported patients with MERS-CoV have died, but this may be an underestimate of the true mortality rate, as mild cases of MERS-CoV may be missed by existing surveillance systems and the case-fatality rate counted only amongst the laboratory-confirmed cases.

Humans are infected with MERS-CoV from direct or indirect contact with dromedaries who are the natural host and zoonotic source of MERS-CoV infection. MERS-CoV has demonstrated the ability to transmit between humans but, so far, it has mainly occurred in health care settings and to a limited extent among close contacts.

To date, the total number of laboratory-confirmed MERS-CoV infection cases reported globally to WHO is 2591 including 894 associated deaths. The majority of these cases were reported from Saudi Arabia (2184 cases, including 813 related deaths at a case-fatality rate of 37.2%). Outside of the EMR, there has been only one large outbreak in the Republic of Korea, in May 2015, during which 186 laboratory-confirmed cases (185 in Republic of Korea and 1 in China) and 38 deaths were reported.

The first case of MERS during 2022 was reported during March from Qatar, followed by two cases reported during April from Qatar again and Oman accounting for three cases (*See table*). No additional cases since April have been reported across the Region. The demographic and epidemiological characteristics of reported cases do not show any significant differences when compared with the same corresponding period between 2016 and 2022. Among primary cases, 50–59 year-olds are at the highest risk for acquiring infection and among secondary cases the 30–39 year-olds are at the highest risk. Among primary cases, CFR is higher within the age group of 50–59 year-olds. Among secondary

Distribution of MERS cases reported from EMR, by week of onset 2012-2022



Cases of MERS reported in EMR, 2022

Country	Cases	Deaths
Qatar	2	1
Oman	1	0
Total	3	1

cases it is higher among the age group of 70–79 years-old.

The notification of the three new cases in 2022 does not change the overall risk assessment. WHO expects that additional cases of MERS-CoV infection will be reported from the Middle East and/or other countries where MERS-CoV is circulating in dromedaries. Also, that cases will continue to be exported to other countries by individuals who were exposed to the virus through contact with dromedaries or their products (for example, consumption of camel's raw milk) or in healthcare settings.

Based on the current situation and available information, WHO re-emphasizes the importance of strong surveillance by all Member States for acute respiratory infections, including MERS-CoV and to carefully review any unusual patterns. Early identification, case management and isolation of cases, quarantine of contacts, together with appropriate infection prevention and control measures in health care setting and public health awareness can prevent human-to-human transmission of MERS-CoV.

Due to the impact of COVID-19 pandemic, there has been a decrease in reporting MERS cases in the Region when compared with previous years, illustrating leverage of most, if not all, surveillance and response activities to COVID-19 response. Yet, now with receding COVID-19 pandemic, it is critical to reassess the needs to prioritize MERS as it was and still remains a public health threat necessitating the needs to prioritize MERS as it was and still remains a public health threat necessitating national, regional, and global collaborations under the One Health approach.

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): 2019-2022

Afghanistan	[196 012 (7787), 4%]
Bahrain	[673 693 (1518), 0.2%]
Djibouti	[15 690 (189), 1.2%]
Egypt	[515 348 (24 796), 4.8%]
Iran (Islamic Republic of)	[7 538 125 (144 154) 1.9%]
Iraq	[2 458 509 (25 348), 1%]
Jordan	[1 742 256 (14 114), 0.8%]
Kuwait	[657 745 (2563), 0.4%]
Lebanon	[1 212 497 (10 645), 0.9%]
Libya	[506 889 (6437), 1.3%]
Morocco	[1 264 648 (16 276), 1.3%]
occupied Palestinian territory (oPt)	[702 591 (5706), 0.8%]
Oman	[397 993 (4628), 1.2%]
Pakistan	[1 571 091 (30 599), 1.9%]
Qatar	[435 192 (682), 0.2%]
Saudi Arabia	[814 356 (9315) 1.1%]
Somalia	[27 197 (1361), 5%]
Sudan	[63 275 (4961), 7.8%]
Syrian Arab Republic	[57 152 (3163), 5.5%]
Tunisia	[1 145 163 (29 243), 2.6%]
United Arab Emirates	[1 019 625 (2342), 0.2%]
Yemen	[11 932 (2155), 18.1%]