

Current major event

Update on Middle East respiratory syndrome coronavirus (MERS-CoV) in the Eastern Mediterranean Region

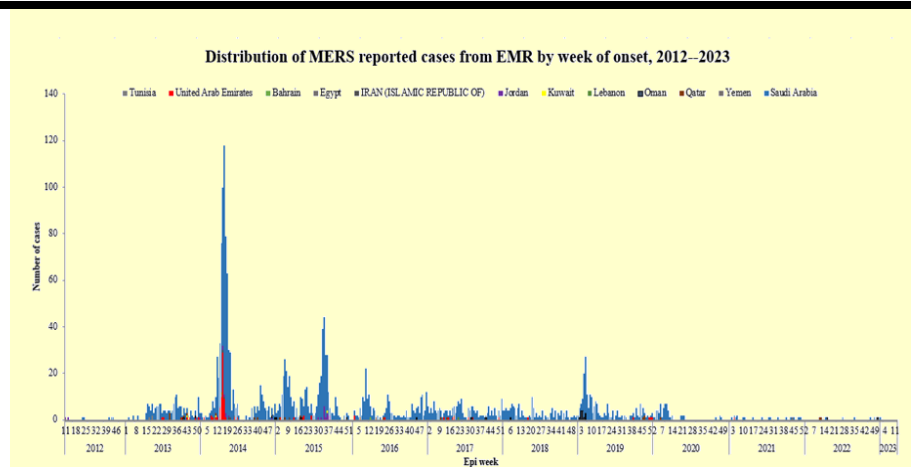
Until April 2023, a total of 2,604 laboratory-confirmed cases of Middle East respiratory syndrome (MERS) were reported globally, with 936 associated deaths at a case-fatality ratio (CFR) of 36%. MERS-CoV infections have been reported from 27 countries worldwide and 12 countries in the Eastern Mediterranean Region (EMR) since April 2012. The majority of these cases—2,196 in total and 855 associated deaths (CFR: 39%) were reported from KSA. Nine new MERS-CoV cases with laboratory confirmation were reported from the EMR in 2022, and one related death was also documented.

Editorial note

MERS is a viral respiratory infection caused by the Middle East Respiratory Syndrome Coronavirus (MERS-CoV). Direct or indirect contact with dromedaries, the virus' natural host and zoonotic source, results in human infection with MERS-CoV. MERS-CoV has shown the ability to spread between people, but up until now, it has mostly done so in healthcare facilities and, to a lesser extent, among close contacts. MERS-CoV infection can result in serious illness and a high fatality rate. The mortality rate for MERS-CoV patients is about 36%.

During the year 2022, 9 new laboratory-confirmed cases of MERS-CoV were reported from the EM countries, 5 of which were reported from KSA, 2 from Qatar, and 2 from the Sultanate of Oman. Out of the 9 new MERS-CoV cases, only one case had died. Among primary cases, 50–59 year-olds are at the highest risk for acquiring infection and among secondary cases 30–39 year-olds are at the highest risk. Among both primary and secondary cases, CFR is higher within the age group of 70–79 year-olds.

The notification of the 9 new cases in 2022 does not change the overall risk assessment. The substantial decrease in MERS cases in the Region when compared with previous years is likely the result of prioritizing COVID-19 activities in areas of surveillance, preparedness, and response, resulting in reduced testing and detection for MERS-CoV. Moreover, infection prevention and control (IPC) measures implemented in health facilities and public health measures implemented in the community during the COVID-19 pandemic may have reduced opportunities for human-to-human transmission of MERS-CoV.



The World Health Organization (WHO) expects that additional cases of MERS-CoV infection will be reported from the Middle East, Africa, and other countries where MERS-CoV is endemic in dromedary camels. Therefore, WHO re-emphasizes the importance of regular risk assessment for MERS-CoV at the national, regional, and global to build effective preparedness and response systems.

Moreover, reactivation of robust MERS-CoV surveillance is pivotal for the early ascertainment of cases and the effective implementation of control measures, thus WHO calls for integrating MERS-CoV into existing respiratory disease surveillance systems in affected countries and increasing laboratory capacity through strengthening the use and development of multiplex kits for MERS-CoV, and other respiratory diseases based on the national context. To support this formal integration process, WHO/EMRO has formulated an operational framework to achieve integrated surveillance of a range of respiratory viruses with epidemic or pandemic potential where MERS is highlighted as one of the priority viruses in the EMR. WHO continued to advocate the sequencing of confirmed MERS-CoV viruses and timely sharing of the sequencing data through public platforms.

As public health and social measures are relaxed after the declaration of COVID-19 global emergency being over and with a potential reduction in the use of standard and enhanced IPC measures in healthcare settings, the number of cases of other respiratory diseases, such as influenza, RSV, and potentially MERS, are expected to increase. Therefore, WHO re-emphasizes the importance of strengthening prevention, preparedness, readiness, and response efforts to reduce the risk of public health threats with epidemic and pandemic potential such as MERS.

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): 2019–2023

Afghanistan	[211 630 (7884), 3.7%]
Bahrain	[696 614 (1536), 0.2%]
Djibouti	[15 690 (189), 1.2%]
Egypt	[515 942 (24 824), 4.8%]
Iran (Islamic Republic of)	[7 597 982 (145 571) 1.9%]
Iraq	[2 465 545 (25 375), 1%]
Jordan	[1 746 997 (14 122), 0.8%]
Kuwait	[665 527 (2570), 0.4%]
Lebanon	[1 235 360 (10 879), 0.9%]
Libya	[507 244 (6437), 1.3%]
Morocco	[1 272 733 (16 296), 1.3%]
occupied Palestinian territory (oPt)	[703 228 (5708), 0.8%]
Oman	[399 449 (4628), 1.2%]
Pakistan	[1 580 124 (30 652), 1.9%]
Qatar	[502 108 (688), 0.1%]
Saudi Arabia	[836 442 (9635) 1.2%]
Somalia	[27 334 (1361), 5%]
Sudan	[63 922 (5034), 7.9%]
Syrian Arab Republic	[57 423 (3163), 5.5%]
Tunisia	[1 152 262 (29 367), 2.5%]
United Arab Emirates	[1 059 468 (2349), 0.2%]
Yemen	[11 945 (2159), 18.1%]