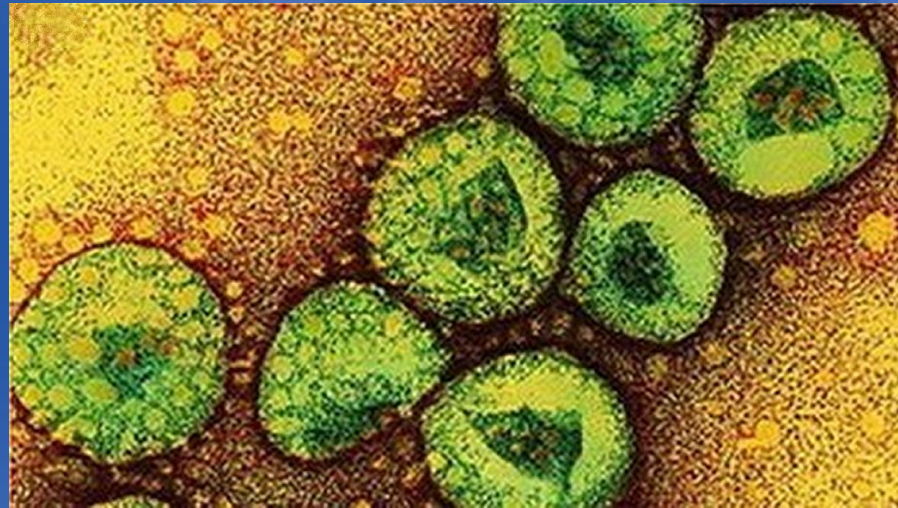


Brief on MERS - CoV

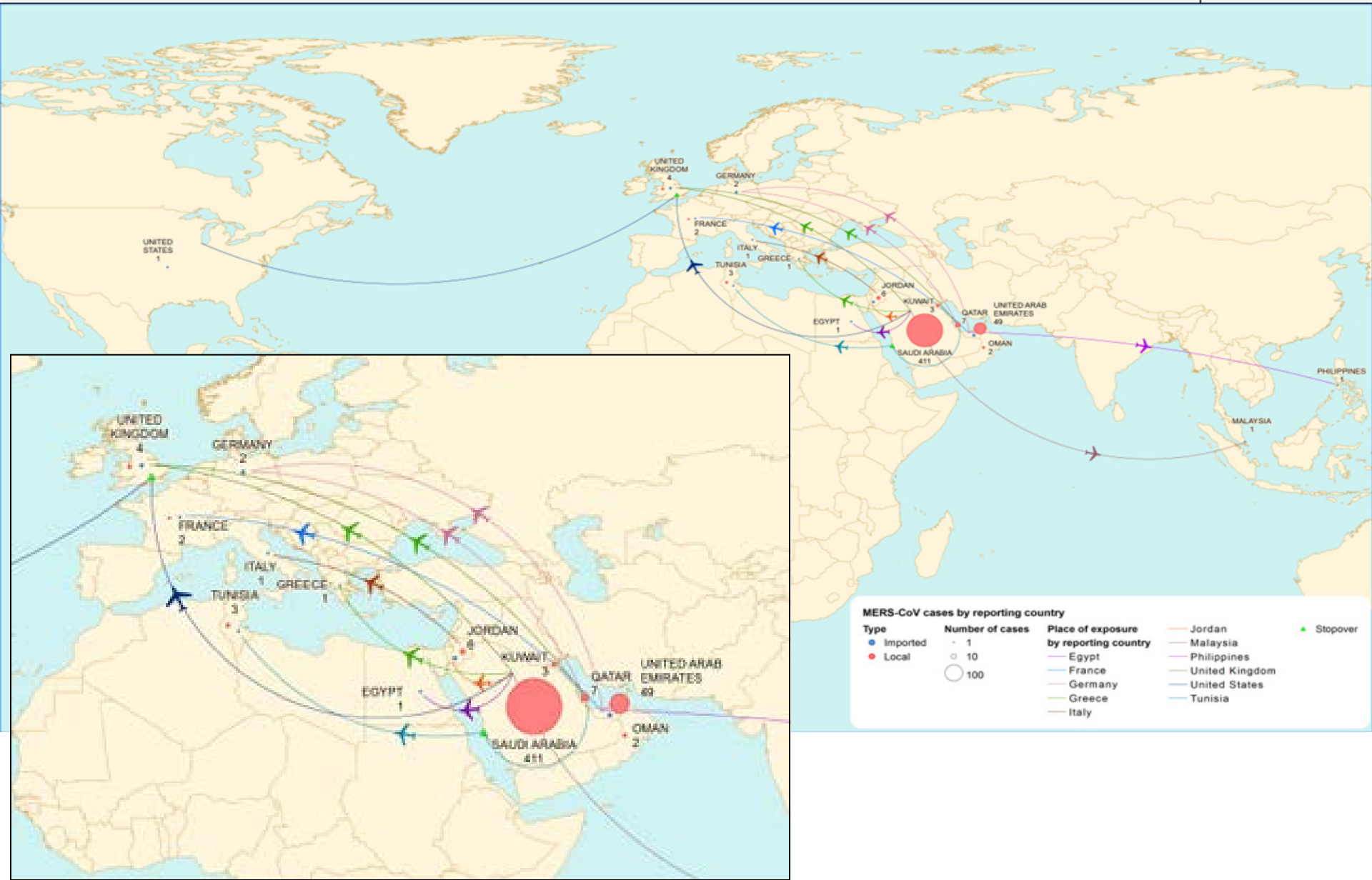


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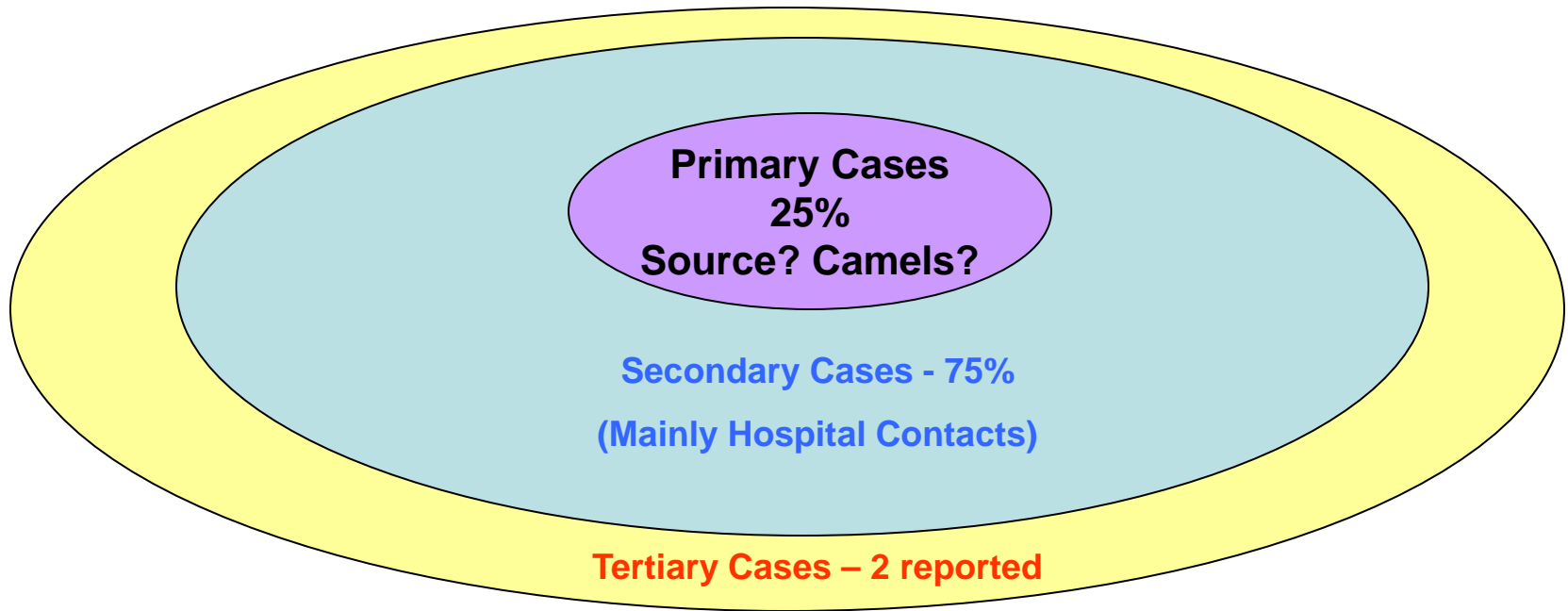
Background

- **1st case** was reported in the Kingdom of Saudi Arabia (KSA) in **June 2012**
- To date cases reported in **18 countries** including **9 Middle-East countries & 2 Asian countries (Malaysia & Philippines)**
- Up to **20 May 2014**, a total of **614 lab-confirmed cases** including **181 deaths** reported to WHO (CFR 30%)
- According to MoH, KSA, **537 cases and 173 deaths** reported (CFR 32%)
- All cases reported outside ME, have a link to ME - recent travel to ME or exposure to a patient who acquired infection in ME
- Since **March/April 2014**, rapid rise in number of cases especially in **KSA & UAE (mainly hospital acquired)**

Distribution of confirmed cases of MERS-CoV by reporting country, March 2012 – 06 May 2014 (n=495)



Human-to-human Transmission (Spread from primary cases)



No evidence for sustained Human-to-Human Transmission

Mode of Transmission

- **Source of spread to primary cases not clear.**
Camels? - need more evidence (25% of reported cases)
- **Human-to-human transmission has been confirmed especially among close household contacts & hospital settings (75% of reported cases). But no sustained human-to-human transmission reported**
- **Evidence suggests up to now only 2 possible tertiary cases**

Symptoms

- **Severity ranges from asymptomatic and mild to severe cases**
- **Common symptoms: fever, cough, runny nose, shortness of breath or breathing difficulties, with or without diarrhoea and vomiting**
- **Symptoms may be severe in elderly & among cases with chronic diseases i.e. diabetes, chronic lung diseases, renal failure, immuno-compromised etc.**
- **Secondary cases are generally milder than the primary cases**

Risk Assessment – Sri Lanka

- **Possibility of spread to Sri Lanka through**
 - **Returning workers to Sri Lanka (a large workforce is in ME)**
 - **Returning pilgrims to Sri Lanka (Muslims after Hajj & Umrah)**
 - **Travellers/ tourists to Sri Lanka from ME**

Risk Communication

- **Elderly & those with chronic diseases should avoid travel to ME**
- **Travellers to ME should adhere to general hygienic measures e.g. frequent hand washing, covering nose & mouth while coughing**
- **Should avoid contact with animals especially camels**
- **Should also follow good food hygiene practices e.g. avoid drinking raw milk**
- **Upon return from ME, should report to nearest health facility if they develop fever, respiratory symptoms etc especially within 2 weeks (incubation period up to 14 days)**

WHO Recommendations

- **WHO encourages all Member States to continue their surveillance for severe acute respiratory infections (SARI)**
- **Recent travelers returning from the ME who develop SARI should be tested for MERS-CoV**
- **All Member States are reminded to promptly assess and notify WHO of any new case of infection with MERS-CoV**
- **WHO does not advise special screening at points of entry (airports & harbours) with regard to MERS nor does it currently recommend the application of any travel or trade restrictions**

WHO Emergency Committee

- **Emergency Committee (EC) convened by the DG/WHO under IHR (2005) met on 28 & 29 April 2014**
- **13 affected State Parties (reporting cases) participated in the informational session**
- **EC indicated that the seriousness of the situation had increased in terms of public health impact, but there is no evidence of sustained human-to-human transmission**
- **EC concluded that the conditions for a Public Health Emergency of International Concern (PHEIC) have not yet been met**
- **DG accepted EC's assessment**