International Health Surveillance Division (IHS)

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Health Information Update

Source: WHO, Event Information Site for IHR National Focal
Event Updates: **13 November 2018**

Event Updated	Country	Hazard	Disease	Event Description	IHR Assessment
2018-11-13	**Saudi Arabia**	**Infectious**	**Coronavirus Infection**	**Between 16 October and 30 October 2018, the National IHR Focal Point of The Kingdom of Saudi Arabia reported four (4) additional cases of MERS-CoV infection, including one death.** The details of the cases are reported below: **1. Case reported on 16 October** A 64-year-old male national, retired and living in Afif city, Riyadh Region. He developed fever, cough, and shortness of breath on 10 October and was admitted to hospital in Riyadh on 14 October, whereupon a chest X-ray, the diagnosis of pneumonia was confirmed. A nasopharyngeal swab collected on 14 October tested positive for MERS-CoV by PCR (UpE and Orf1a genes) at the Riyadh regional laboratory on 15 October. The patient has diabetes mellitus, hypertension, anemia, and chronic obstructive lung diseases as comorbid conditions. Investigation of history of exposure to any of the known risk factors in the 14 days prior to the onset of symptoms is ongoing. Currently, the patient is in stable condition in the ward. Investigation of 11 household contacts was conducted and no further cases were identified. **2. Case reported on 20 October** A 53-year-old male non-national, buyer at bird's market and living in Riyadh city, Riyadh Region. He developed fever, cough, and shortness of breath on 8 October and was admitted to hospital in Riyadh on 18 October, whereupon a chest X-ray, the diagnosis of pneumonia was confirmed. A nasopharyngeal swab collected on 18 October tested positive for MERS-CoV by PCR (UpE and Orf1a genes) at the Riyadh regional laboratory on 19 October. The patient has diabetes mellitus and hypertension as comorbid conditions. He had a history of contact with camels and consumption of their raw milk in the 14 days prior to the onset of symptoms. Ministry of Agriculture has been informed and investigation of camels is ongoing. Currently, the patient is in stable condition in the ward. Investigation of 3 household contacts was conducted and one case tested positive for MERS-CoV on 8 November 2018. **3. Case reported on 29 October** A 74-year-old male national, retired and living in Almjmmah city, Riyadh Region. He developed fever, cough, and shortness of breath on 20 October and	**Public Health Risk (PHR)**

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				was admitted to hospital in Riyadh on 26 October, whereupon a chest X-ray, the diagnosis of pneumonia was confirmed. A nasopharyngeal swab collected on 27 October tested positive for MERS-CoV by PCR (UpE and Orf1a genes) at the Riyadh regional laboratory on 28 October. The patient had diabetes mellitus and hypertension as comorbid conditions. He had a history of contact with camels and consumption of their raw milk in the 14 days prior to the onset of symptoms. The patient's condition deteriorated and he was admitted to ICU on mechanical ventilation. He passed away on 1 November. Investigation of 17 household contacts was conducted and no further cases were identified. Ministry of Agriculture has been informed and investigation of camels is ongoing. **4. Case reported on 30 October** A 62-year-old male national, retired and living in Omluj city, Tabuk Region. He developed fever, cough, and shortness of breath on 22 October and was admitted to hospital in Jeddah on 28 October, whereupon a chest X-ray, the diagnosis of pneumonia was confirmed. A nasopharyngeal swab collected on 28 October tested positive for MERS-CoV by PCR (UpE and Orf1a genes) at the Jeddah regional laboratory on 29 October. The patient has diabetes mellitus as comorbid condition. Investigation of history of exposure to any of the known risk factors is ongoing. Currently, the patient is in stable condition in the ward. Investigation of 15 household contacts was conducted and no further cases were identified. Infection with MERS-CoV can cause severe disease resulting in high mortality. Humans are infected with MERS-CoV from direct or indirect contact with dromedary camels. MERS-CoV has demonstrated the ability to transmit between humans. So far, the observed non-sustained human-to-human transmission has occurred mainly in health care settings. The notification of additional cases does not change the overall risk assessment. WHO expects that additional cases of MERS-CoV infection will be reported from the Middle East, and that cases will continue to be exported to other countries by individuals who might acquire the infection after exposure to dromedary camels, animal products (for example, consumption of camel's raw milk), or humans (for example, in a health care setting). WHO continues to monitor the epidemiological situation and conducts risk assessment based on the latest available information. **Since 2012 until 31 October 2018, the total number of laboratory-confirmed**	

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				MERS-CoV cases reported globally to WHO is 2,266, with 804 associated deaths. The global number reflects the total number of laboratory-confirmed cases reported to WHO under IHR to date. The total number of deaths includes the deaths that WHO is aware of to date through follow-up with affected member states. Based on the current situation and available information, WHO encourages all Member States to continue their surveillance for acute respiratory infections and to carefully review any unusual patterns. Infection prevention and control measures are critical to prevent the possible spread of MERS-CoV in health care facilities. It is not always possible to identify patients with MERS-CoV early because like other respiratory infections, the early symptoms of MERS-CoV are non-specific. Therefore, healthcare workers should always apply standard precautions consistently with all patients, regardless of their diagnosis. Droplet precautions should be added to the standard precautions when providing care to patients with symptoms of acute respiratory infection; contact precautions and eye protection should be added when caring for probable or confirmed cases of MERS-CoV infection; airborne precautions should be applied when performing aerosol generating procedures. MERS-CoV appears to cause more severe disease in people with diabetes, renal failure, chronic lung disease, and immunocompromised persons. Therefore, these people should avoid close contact with animals, particularly camels, when visiting farms, markets, or barn areas where the virus is known to be potentially circulating. General hygiene measures, such as regular hand washing before and after touching animals and avoiding contact with sick animals, should be adhered to. Food hygiene practices should be observed. People should avoid drinking raw camel milk or camel urine, or eating meat that has not been properly cooked. ***WHO does not advise special screening at points of entry with regard to this event nor does it currently recommend the application of any travel or trade restrictions.***	
* A **p u b l i c**					

health risk is something that is (or is likely to be) hazardous to human **health** or could contribute to a disease or an infectious condition in humans.