

2 INTERNATIONAL ALERTS

a Middle East respiratory syndrome coronavirus (MERS-CoV): update and advice for pilgrims visiting the Middle East

As at 16 June 2014, the World Health Organization (WHO) has reported a total of 701 laboratory-confirmed cases of human infection with Middle East respiratory syndrome coronavirus (MERS-CoV) including at least 249 deaths. The number of MERS-CoV cases reported continues to increase, with a sharp rise noted since March 2014. To date all reported cases have been linked to countries in the Arabian Peninsula, Iran being the latest country to report cases. Other countries in or near the Arabian Peninsula with laboratory-confirmed cases include Jordan, Saudi Arabia, Yemen, United Arab Emirates (UAE), Qatar, Oman, Kuwait and Lebanon. Countries with travel-associated cases include Algeria, Tunisia, Egypt, United Kingdom (UK), France, Greece, Germany, Italy, the Netherlands, Malaysia, Philippines and the United States of America (USA).

Travel advice on MERS-CoV for pilgrims visiting the Middle East

WHO does not advise special screening at points of entry with regard to religious pilgrimages nor does it currently recommend the application of any travel or trade restrictions. However, the WHO has recently published a travel advisory on MERS-CoV for pilgrimages available at: <http://www.who.int/ith/updates/20140603/en/>.

Actions to take in preparation for Umra or Hajj pilgrimages

People with pre-existing medical conditions (diabetes, renal failure, chronic lung disease, and immunocompromised persons) are considered to be at high risk of severe disease from MERS-CoV infection. Pilgrims planning to travel are advised to consult a healthcare provider before travelling to review the risk and assess whether making the pilgrimage is advisable. Medical staff accompanying pilgrims should be up to date on MERS-CoV information and guidance, including how to recognise early signs and symptoms of infection, who is considered to be at high risk, and what to do when a suspected case is identified.

Actions to take during Umra or Hajj

- To lower the risk of infection, travellers are advised to:
 - ⇒ Practice good hand hygiene and respiratory hygiene (covering mouth and nose when

coughing or sneezing, washing hands after contact with respiratory secretions, or if not possible coughing/sneezing into upper sleeves of clothing and keeping a distance of one metre with other persons when having acute febrile respiratory symptoms)

- ⇒ Avoid close contact with camels, visiting farms and consuming camel products (unpasteurised milk, urine or improperly cooked meat)
- Travellers to the Arabian Peninsula who develop symptoms either during travel or after their return are encouraged to seek medical attention and to share their history of travel with healthcare workers
- Travellers who develop significant acute respiratory illness with fever and cough (severe enough to interfere with usual daily activities) are advised to:
 - ⇒ Report to the medical staff accompanying the group or to the local health services
 - ⇒ Minimise their contact with others to keep from infecting them
 - ⇒ Practise cough etiquette, and delay travelling until they are no longer symptomatic
 - ⇒ Avoid attending crowded places and preferably isolate themselves until the end of the respiratory symptoms and, if isolation is not possible, use a tissue for covering nose and mouth or a surgical mask when in crowded places.

Actions to take after Umra or Hajj

- Travellers returning from Umra or Hajj are advised that if they develop a significant acute respiratory illness during the two weeks after their return, they should seek medical attention and notify their medical practitioner of their recent travel for Umra or Hajj. They should also practice cough etiquette and minimise contact with others.
- Persons who have had close contact with a pilgrim or traveller with a significant acute respiratory illness and who themselves develop such an illness should be advised to seek medical help and inform medical personnel that they have been in contact with a sick traveller so that they can be monitored for MERS-CoV.

Indications for MERS-CoV testing

Clinicians and healthcare facilities should be aware of the possibility of MERS-CoV infection in returning

travellers/pilgrims who present with acute respiratory illness, especially those with fever and cough, and/or pneumonia. They should also be aware of atypical presentation in patients who are immunocompromised. Details of case definitions, indications for testing and appropriate specimens for MERS-CoV can be accessed at the NICD webpage: <http://www.nicd.ac.za/?page=alerts&id=5&rid=340>.

Additional information on MERS-CoV can be accessed at the following websites:

WHO website: www.who.int

NICD website: www.nicd.ac.za

CDC website: www.cdc.gov

Source: Centre for Respiratory Diseases and Meningitis, NICD-NHLS