

4 **INTERNATIONAL OUTBREAKS OF IMPORTANCE TO SOUTH AFRICAN TRAVELLERS AND HEALTHCARE WORKERS**

a **Middle East Respiratory Syndrome Coronavirus (MERS-CoV) update**

Background:

The Middle East respiratory syndrome (MERS) is an emerging infectious disease caused by a MERS coronavirus (MERS-CoV). It was first reported in Saudi Arabia in 2012. Since September 2012 and as of 18 September 2015 WHO has been notified of a total of 1 569 laboratory-confirmed cases of human infection with MERS-CoV, including 554 related deaths. To date all the cases reported from outside the Middle East have either had a recent travel history to the Middle East or could be linked to a chain of transmission originating from a case with a travel history to the Middle East. In May 2015, South Korea reported the largest outbreak outside Middle East, namely 186 cases including 36 deaths. The last case of MERS-CoV infection from this outbreak was laboratory confirmed on the 4th of July 2015. In the Middle East, specifically Saudi Arabia, the number of cases continues to increase. Of the 26 countries that have reported cases, Saudi Arabia has reported the highest number of cases to date.

In South Africa, 61 samples have been tested for MERS CoV in 2015 and none of these have tested positive. The majority of specimens 75% (43/61) were received from the viral watch sentinel influenza surveillance site at OR Tambo International Airport, where all suspected influenza patients are also tested for MERS CoV. Among these individuals, 25 (58%) tested influenza positive. An additional 18 patients were individuals suspected by the attending clinician to have MERS CoV. Among these individuals, 4 (22%) tested influenza positive. Although no cases have been identified in South Africa so far, travellers returning from countries where MERS-CoV cases have been reported are advised to seek medical attention if they develop a respiratory illness with fever and cough during the two weeks after their return, and to report their recent travel history to their healthcare provider.

Transmission

The majority of human cases reported to date have resulted from human-to-human transmission in health care settings. This underscore the importance of following appropriate infection-control measures. To date, there is no evidence of sustained human-to-human transmission.

Travel

WHO does not advise screening at points of entry or travel or trade restrictions with regards to MERS. Mass gathering events such as the Hajj provide a basis for communicable diseases to spread easily among humans. This year, Hajj will take place from approximately 20–25 September. Because people with pre-existing medical conditions (e.g. chronic diseases such as diabetes, chronic lung disease, renal failure immunodeficiency) and the elderly, are more likely to develop severe disease from MERS-CoV infection; the WHO is advising that pilgrims should consult a health care provider before travelling to review the risk and assess whether making the pilgrimage is advisable.

More detailed information on travel to Saudi Arabia during Hajj can be accessed from the NICD website at: <http://www.nicd.ac.za/?page=alerts&id=5&rid=575>

Additional resources and updates:

World Health Organization website: http://www.who.int/csr/disease/coronavirus_infections/en/index.html

http://www.who.int/csr/bioriskreduction/infection_control/publication/en/

http://apps.who.int/iris/bitstream/10665/174652/1/WHO_MERS_IPC_15.1_eng.pdf?ua=1

Source: Centre for Respiratory Diseases and Meningitis; Division of Public Health Surveillance and Response, NICD-NHLS