وزارة الصحة
Ministry of Health

Weekly Monitor MERS-CoV

Volume 2 Issue 15 Tuesday 12 April 2016

Current Event

MERS Outbreaks in Health Care Facilities (HCFs)

The Command and Control Centre reviewed common factors associated with the emergence of MERS outbreaks in HCFs.

Editorial Notes

Number of common factors have been observed during investigations of MERS outbreaks in HCFs in Saudi Arabia *(Figure 1)*. These factors were linked to the surge of the health acquired secondary cases of MERS, including Health Care Workers (HCWs). Identifying and addressing these gaps provide an opportunity to prevent future outbreaks.

Many of MERS outbreaks originated in the Emergency Department (ED). Almost all MERS outbreaks in HCFs stemmed from one or more of the following factors: Inadequate awareness of physicians to the case definition of MERS; insufficient adherence to Infection Prevention and Control (IPC) practices and procedures especially during Aerosol Generating Procedures (AGP), by not wearing proper Personal Protective Equipment (PPE), or performing AGP in rooms with no negative pressure; inadequate implementation of respiratory triaging of cases; discharge against medical advice and inadequate communication of such incidents; gaps and flaws in the referral mechanism of MERS cases; overcrowded ED and irregular control of entrances; and inadequate control of visitation.

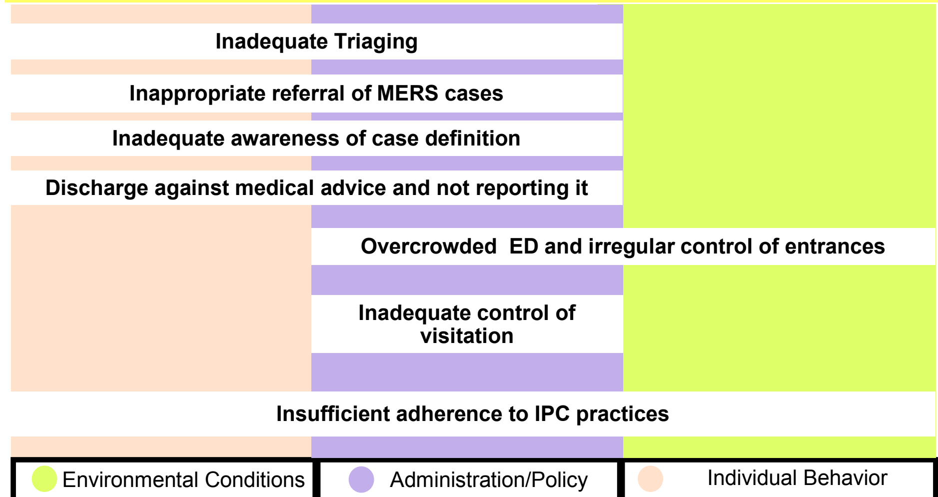
Temporary solutions like intensified IPC measures during the incident of an outbreak is valuable but would not address the root cause of the intra-hospital and/or hospital-to-hospital transmission of MERS. Therefore, number of decisions and recommendations have been negotiated to resolve the frequent factors that led to MERS outbreaks in the HCFs.

Capacity enhancement through mandatory training on infection control practices is necessary to keep HCWs aware and alert, especially staff in the EDs. Moreover, triage training and increasing awareness of case definitions for MERS will improve the efficiency of capturing susceptible cases in the EDs. Rearranging triage area and controlling access to EDs should all be considered to protect both of patients and HCWs.

Simple yet very important modifications would have greater impact in minimizing MERS outbreaks in the HCFs. Ministry of Health is working on bridging these gaps through improving communication and continuous follow-up.

Suspected MERS case should be handled as confirmed until approved otherwise, suspected cases should remain isolated even if they test negative for MERS.

Figure 1: Common Factors Associated with MERS Outbreaks in HCFs (by Categories)



Cases of MERS-CoV: International Week (IW) No. 14: 3 – 9 Apr 2016

Total	4
Symptomatic (S)	4
Asymptomatic (AS)	0
Healthcare worker (S)	0
Healthcare Worker (AS)	0

Recent Publications:

Cha RH, Yang SH, Moon KC, Joh JS, Lee JY, Shin HS, Kim DK, Kim YS. A Case Report of a Middle East Respiratory Syndrome Survivor with Kidney Biopsy Results. J Korean Med Sci. 2016 Apr;31 (4):635-40. doi: 10.3346/jkms.2016.31.4.635. Epub 2016 Mar 10.

MERS-CoV in KSA 2016*

Region	*Case*	*Primary*	*Secondary*	*U.C.*
Qassim	36	10	23	3
Riyadh (1)	25	17	6	2
Jeddah	5	4	0	1
Hail	5	5	0	0
Taif	4	3	1	0
Asir (1)	4	4	0	0
Najran (1)	3	2	0	1
Madinah	1	1	0	0
Bisha	1	1	0	0
Eastern Region (1)	2	2	0	0
Al-Baha	1	0	0	1
Makkah	0	0	0	0
Tabuk	0	0	0	0
Al-Ahsaa	0	0	0	0
Al-Joaf	0	0	0	0
Jazan	0	0	0	0
Northern Borders	0	0	0	0
Qunfotha	0	0	0	0
Hafr Al-Batin	0	0	0	0
Qurayyat	0	0	0	0
Total	*87*	*49*	*30*	*8*

Case: Confirmed Symptomatic. **U.C. :** Unclassified cases
***Period:** Form 3 Jan to 9 Apr 2016
Regions with new cases of this week are highlighted in yellow.

Published by:
The National Command & Control Center (CCC)

مـــركز القيادة و الـتحـــكم
Command & Control Center

For Correspondence please contact us at :
CCC@moh.gov.sa