

## Current Event

### New Surge of MERS Cases

During the last three weeks 16 primary cases of MERS were reported from 5 different Regions in Saudi Arabia.

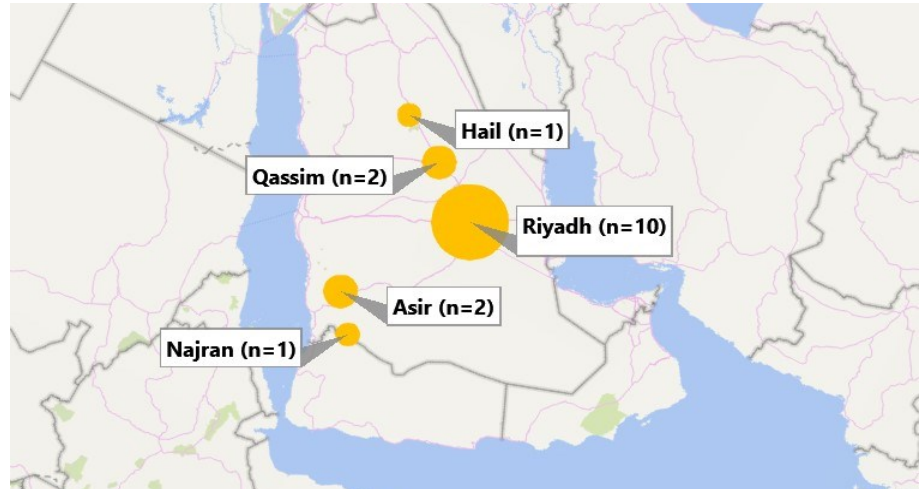
## Editorial Notes

The recent emergence of sporadic primary cases of MERS is not surprising; and it is expected to surface from time to time (Figure 1). The recent increase in the number of primary cases of MERS could result in emergence of some major outbreaks of the disease in healthcare facilities (HCFs) if Infection Prevention and Control (IPC) measures were not properly implemented. This brings up the importance of preparedness and strict implementation of IPC measures. The General Directorates for Health Affairs (GDFHA) in regions that detected new MERS cases during the last three weeks are expected to hold high level meetings with HCFs to review and update their regional preparedness plans. They need to, with no laxity, strengthen their surveillance and IPC measures.

Outbreaks should be considered as opportunities to strengthen the surveillance systems, train healthcare workers, and to promote public awareness programs especially at camels markets and slaughter houses for owners, herders and workers. Customizing health educational messages is considered to the respective target groups. Distribution of health educational materials and personal protective equipments are among the activities conducted in the targeted areas.

Also, increasing numbers of primary cases of MERS creates opportunities for joint activities between relevant authorities in the MoH and their colleagues counterparts in ministries of Agriculture, Municipalities amongst others. The Public Health Units at

Figure 1: Distribution of Primary Cases in the Last Three Weeks (14 Feb - 5 Mar, 2016)



### Cases of MERS-CoV: International Week (IW) No. 9: 28 Feb – 5 Mar 2016

Total	11
Symptomatic (S)	11
Asymptomatic (AS)	0
Healthcare worker (S)	1
Healthcare Worker (AS)	0

regional level are expected to conduct timely detailed community case investigation for every primary case by trained HCWs. All regions need to instruct HCFs to optimize triaging, ensure compliance to IPC guidelines, monitor adequate supplies, improve sampling techniques and shipment and case reporting.

The Central Command and Control Centre (CCC) requested concerned region to form joint teams (MoH, MoA and the ministry of municipality and rural affairs) to visit camel markets and gatherings on at least a monthly basis, to monitor and promote compliance with national guidelines. The results of field and laboratory investigations conducted by MoA teams around primary cases should be shared with the concerned region. The CCC would review and monitor the implementation of the preparedness plans; and would support regions' efforts to ensure full procurements of related supplies.

## Recent Publications:

Kim Y, Cheon S, Min CK, Sohn KM, Kang YJ, Cha YJ, Kang JI, Han SK, Ha NY, Kim G, Aigerim A, Shin HM, Choi MS, Kim S, Cho HS, Kim YS, Cho NH. Spread of Mutant Middle East Respiratory Syndrome Coronavirus with Reduced Affinity to Human CD26 during the South Korean Outbreak. MBio. 2016 Mar 1;7(2). pii: e00019-16. doi: 10.1128/mBio.00019-16.

## MERS-CoV in KSA 2016\*

Region	Case	Primary	Secondary	U.C.
Riyadh (5)	16	11	4	1
Qassim (5)	6	3	0	3
Jeddah (1)	4	3	0	1
Asir	2	2	0	0
Najran	2	2	0	0
Madinah	1	1	0	0
Taif	1	1	0	0
Hail	1	1	0	0
Bisha	1	1	0	0
Makkah	0	0	0	0
Tabuk	0	0	0	0
Al-Ahsaa	0	0	0	0
Eastern Region	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
Al-Baha	0	0	0	0
Hafr Al-Batin	0	0	0	0
Qurayyat	0	0	0	0
<b>Total</b>	<b>34</b>	<b>25</b>	<b>4</b>	<b>5</b>

Case: Confirmed Symptomatic. U.C.: Unclassified cases

\*Period: Form 3 Jan to 5 Mar 2016

Regions with new cases of this week are highlighted in yellow.