

## Current Event

### Misconceptions about MERS

The Command and Control Centre (CCC) discussed results of a survey intended to assess levels of misconceptions about MERS in the community.

## Editorial Notes

MERS is a public health risk in Saudi Arabia. Role of the general public in controlling the spread of MERS is essential. Assessment of knowledge, attitude and practice toward MERS is necessary to plan, implement and evaluate effective risk communication and awareness activities.

As a preliminary stage, the CCC represented by the communication platform explored major areas of misconceptions and/or misunderstandings that may stand as obstacles toward achieving healthy behaviors to control MERS. A cross-sectional survey was performed for that purpose among the population in Saudi Arabia to explore the prevalence of misconceptions about MERS and also the top sources of health information in the community. The survey was conducted during the period between February 7, 2016, and March 27, 2016. A total of 1373 participants were enrolled. Majority of the sample were Females, Saudis, and living in urban areas (68.5 %, 93.3%, and 81.6% respectively). About 45% of the participants were young adults (20-29 years old).

The majority of respondents had several misconceptions in all aspects of MERS. Some of the most concerning findings are mainly about transmission of infection, dealing with infected camels, and confusion about the risk groups (Table 1). Perceived severity of MERS was not realized by the majority, and over one third were not worried at all about MERS. Participants

Table 1: Some of the Top Misconceptions about MERS

Misconceptions	N (%)
Some people may not be infected with MERS without symptoms	734 (53.5)
Not consuming camels' milk and meat is a method of prevention against MERS.	773 (56.3)
Infected camels' raw meat is not a source of MERS-CoV.	890 (64.8)
Risk of MERS is higher among children than adults	1096 (79.8)
Infected camels with MERS will be culled by the responsible authorities.	1135 (82.7)

### Cases of MERS-CoV: International Week (IW) No. 13: 27Mar – 2 Apr 2016

Total	6
Symptomatic (S)	6
Asymptomatic (AS)	0
Healthcare worker (S)	0
Healthcare Worker (AS)	0

with higher educational level (above high school) were more worried about MERS than their counterparts, although the association was not significant. Around 75% believed that fighting MERS is a shared responsibility, and the rest thought that the community has no role over it. Misconceptions about MERS were significantly higher among females, students, and those who are living in urban areas compared to their counterparts.

Internet was the participants' top source of information for MERS, followed by Television/Radio, and then newspapers. Also, study subjects sought knowledge about MERS from family and friends more than physicians.

Addressing these gaps of knowledge in the community through the appropriate channels of communication is needed. It would help in reducing misconceptions and prevent the transmission of MERS.

## Recent Publications:

Thornbrough JM, Jha BK, Yount B, Goldstein SA, Li Y, Elliott R, Sims AC, Baric RS, Silverman RH, Weiss SR. Middle East Respiratory Syndrome Coronavirus NS4b Protein Inhibits Host RNase L Activation. MBio. 2016 Mar 29;7(2). pii: e00258-16. doi: 10.1128/mBio.00258-16.

## MERS-CoV in KSA 2016\*

Region	Case	Primary	Secondary	U.C.
Qassim (3)	36	10	23	3
Riyadh	24	17	6	1
Jeddah	5	4	0	1
Hail (1)	5	5	0	0
Taif (1)	4	3	1	0
Asir (1)	3	3	0	0
Najran	2	2	0	0
Madinah	1	1	0	0
Bisha	1	1	0	0
Eastern Region	1	1	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
<b>Total</b>	<b>83</b>	<b>47</b>	<b>30</b>	<b>6</b>

Case: Confirmed Symptomatic. U.C.: Unclassified cases  
\*Period: Form 3 Jan to 2 Apr 2016  
Regions with new cases of this week are highlighted in yellow.

