

Weekly Monitor MERS-CoV

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Case Definitions of MERS

The first case of MERS in Saudi Arabia was reported on September 2012. To ensure early detection and timely reporting of MERS sporadic primary cases and outbreaks, Ministry of Health (MoH) developed surveillance criteria to identify suspected cases of MERS.

Epidemiological clues to MERS infection include:

- History of contact with camels or camel's products in the 14 days before the onset of illness. Such contact may either be direct i.e. the patient him/herself having the history of contact with camels, or indirect, i.e. the patient had contact with another healthy person who had had contact with camels or camel's products.
- History of contact with an ill patient suffering from an acute respiratory illness in the community or healthcare setting in the 14 days before the onset of illness.

All suspected cases should have nasopharyngeal swabs, and, when intubated, lower respiratory secretions samples collected for MERS-CoV testing.

Suspected cases should also be evaluated for common viral and bacterial causes of community-acquired pneumonia. Testing for MERS-CoV and other respiratory pathogens can be done simultaneously. Positive results for another respiratory infection should not preclude testing for MERS-CoV because co-infection can occur.

Protected exposure is defined as contact within 1.5 meters with a patient with confirmed or probable MERS infection while wearing all personal protective equipment (Surgical or N95 mask, gloves, and gowns, and, when indicated, goggles).

Close contact is defined as:

•Any person who provided care for

A Suspected Case of MERS (Categories)

Adults (> 14 years)

- Acute respiratory illness with clinical and/or radiological, evidence of pulmonary parenchymal disease (pneumonia or Acute Respiratory Distress Syndrome).
- II. A hospitalized patient with healthcare associated pneumonia based on clinical and radiological evidence.
- III.Upper or lower respiratory illness within 2 weeks after exposure to a confirmed or probable case of MERS infection.
- IV.Unexplained acute febrile (≥38°C) illness, AND body aches, headache, diarrhea, or nausea/vomiting, with or without respiratory symptoms, AND leucopenia (WBC<3.5x109/L) and thrombocytopenia (platelets<150x109/L).

Pediatrics (≤ 14 years)

- I. Meets the above case definitions and has at least one of the following
 - History of exposure to a confirmed or suspected MERS in the 14 days prior to onset of symptoms
 - History of contact with camels or camel products in the 14 days prior to onset of symptoms.
- II. Unexplained severe pneumonia

A Confirmed Case

is a suspected case with laboratory confirmation of MERS-CoV infection.

A Probable Case

is a patient in category I or II of suspected cases (Adults and pediatrics) with inconclusive laboratory results for MERS-CoV and other possible pathogens who is a close contact of a laboratory-confirmed MERS case or who works in a hospital where MERS cases are cared for or had recent contact with camels or camel's products.

the patient, including a healthcare worker or family member, or had similarly close physical contact; or

• Any person who stayed at the same place (e.g. lived with, or visited) a known case of MERS.

The Regional Directorates for Health are expected to widely distribute the case definition of MERS in all MOH, non-MOH (governmental and private) health facilities and ensure that all healthcare workers are adequately trained.

MERS-CoV in KSA 2016*				
Region	Case	Primary	Secondary	U.C.
Qassim	36	10	23	3
Riyadh	30	19	9	2
Hail (1)	7	6	0	1
Jeddah	5	4	0	1
Asir	5	4	1	0
Taif	4	3	1	0
Najran	4	3	0	1
Al-Ahsaa	3	3	0	0
Madinah	2	2	0	0
Eastern Region	2	2	0	0
Al-Baha	1	0	0	1
Bisha	1	1	0	0
Makkah	0	0	0	0
Tabuk	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	100	57	34	9

Case: Confirmed Symptomatic. U.C.: Unclassified cases *Period: Form 3 Jan to 21 May 2016
Regions with new cases of this week are highlighted in yellow.

- XC