

Current Event

MERS: Legal Issues

Since the emergence of MERS, several Public Health Legislations (PHL) have been issued to protect Public Health (PH).

Editorial Notes

PHL have the power to protect health of the community by regulating practices and enforcing rules essential for PH. The balances struck between individual rights and the common good in any given society depends on the nature of the emergency. In major public health events, governments would not rely on personal control measures for disease containment; and would apply rational and robust PHL.

PHL refer to a statute, or rule or local ordinance that has the purpose of promoting or protecting PH; and constitute some legal forces and duties of organized society, by which conditions for maintaining citizen's health are ensured. The objectives of PHL are to protect and promote PH, to control the risk to PH; to promote the control of infectious diseases; to prevent the spread of infectious diseases; and to recognize the role of local governments in protecting PH.

Governments consider implementation of PHL an integral component of a package for prevention and control of epidemic-prone diseases. Governments develop uniform public health legislative schemes to overcome structural weaknesses in the national public health system. Implementation of PHL plays a critical role in reducing illness and premature death.

Simple issuance of PHL does not solve PH problems. There is need for a strong will and support to implement health laws, to ensure community participation as well as periodic review of the PHL to make them effective.

Selected Examples of Regulations Implemented to Control MERS



- Staff of one of the hospitals, during an outbreak of MERS in that hospital, have been barred from performing Hajj
- Camels slaughtering have been banned during Hajj season (in 2015)



- Police have been involved in incidents of Discharge Against Medical Advice (DAMA)



- Have been banned



- Penalties have been executed against individuals and institutions who did not report MERS cases



- Testing for MERS-CoV is not required for referral of patients

Cases of MERS-CoV: International Week (IW) No. 27: 3 – 9 July 2016

Total	7
Symptomatic (S)	7
Asymptomatic (AS)	0
Healthcare worker (S)	0
Healthcare Worker (AS)	0

tive.

PHL generally relate to different areas of the health problem. Typically, PHL have three major areas of practice: police power, disease and injury prevention, and the law of populations. The legal action included the closure of hospitals, the declaration of a public health emergency, the compulsory quarantine of recalcitrant citizens, enacted penalties for quarantine violation, the imposition of mandatory self-quarantine, and enhancement of public health preparedness.

Since the emergence of MERS in Saudi Arabia, the Ministry of Health, Ministry of Environment Water and Agriculture, Ministry of Interior, Ministry of Municipality and Rural Affairs, Ministry of Hajj, and Ministry of Education issued many circulars, bylaws and regulations to ensure ultimate cooperation and coordination to contain and prevent outbreaks.

Recent Publications:

Sung H, Yong D, Ki CS, Kim JS, Seong MW, Lee H, Kim MN. Comparative Evaluation of Three Homogenization Methods for Isolating Middle East Respiratory Syndrome Coronavirus Nucleic Acids From Sputum Samples for Real-Time Reverse Transcription PCR. *Ann Lab Med.* 2016 Sep;36(5):457-62. doi: 10.3343/alm.2016.36.5.457.

MERS-CoV in KSA 2016*

Region	Case	Primary	Secondary	U.C.
Riyadh (3)	66	26	38	2
Qassim	36	10	23	3
Jeddah (1)	9	6	2	1
Najran (2)	9	7	1	1
Hail	7	6	0	1
Taif	6	5	1	0
Asir	5	4	1	0
Al-Ahsaa	4	4	0	0
Eastern Region (1)	4	4	0	0
Madinah	3	3	0	0
Al-Baha	2	1	0	1
Bisha	1	1	0	0
Tabuk	1	1	0	0
Makkah	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	153	78	66	9

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

*Period: Form 3 Jan to 9 July 2016

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

