



At the end of June 2017, a total of 2039 laboratory-confirmed cases of Middle East respiratory syndrome coronavirus (MERS-CoV), [Read the MERS situation update, June 2017](#) including 730 deaths (case-fatality rate: 35.8%) were reported globally; the majority of these cases were reported from Saudi Arabia (1671 laboratory-confirmed cases, including 656 deaths with a case-fatality rate of 39.3%).

During the months of May and June 2017, 3 simultaneous hospital outbreaks of MERS-CoV were reported from 3 different hospitals in Riyadh city, Riyadh Region in Saudi Arabia, of which 2 clusters are related. A total of 48 cases with 6 related deaths were reported from these 3 hospital clusters (CFR: 12.5%). The date of reporting of last laboratory-confirmed case from these 3 hospital clusters was 17 June 2017.

The demographic and epidemiological characteristics of the cases reported in 2017 do not show any significant difference compared with cases reported during the same period from 2012 to 2016. Owing to improved infection prevention and control practices in the hospitals, the number of hospital-acquired cases of MERS has dropped significantly in 2015 and in 2016 compared to previous years.

The age group of those aged 50–59 years continues to be the group at highest risk for acquiring infection as primary cases. For secondary cases, it is the age group of 30–39 years who are mostly at risk. The number of deaths is higher in the age group of 50–59 years for primary cases and 70–79 years for secondary cases.

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