

1 May 2014 - On 26 April 2014, the Ministry of Health and Population of Egypt reported the first laboratory-confirmed case of infection with Middle East respiratory syndrome coronavirus (MERS-CoV) in the country.

The patient is a 27 year-old man who has been living in Riyadh, Saudi Arabia for the past 4 years. The patient had contact with a previously laboratory-confirmed case (his uncle) who died on 19 April, and another laboratory-confirmed case (neighbour of his uncle) who is still under treatment in a hospital in Jeddah, Saudi Arabia. The patient became ill on 22 April, returned to Egypt on 25 April and was laboratory-confirmed with MERS-CoV on 26 April. The patient is currently in a stable condition.

Read full story: WHO has mobilized a team to support Saudi Arabia to review the current situation, identify information gaps to better understand the public health risk associated with the current upsurge in cases, particularly in health-care settings, and to determine the type of further investigations to be conducted, in order to understand the transmission chain and health care associated transmission. Saudi Arabia has provided information on 138 cases identified between 11 to 26 April 2014 in the country, including preliminary details of cases and deaths associated with the outbreak in Jeddah. WHO will update the global total of laboratory-confirmed cases of infections with MERS-CoV, including deaths, based on official information provided by Saudi Arabia as quickly as possible.

## **WHO advice**

Based on the current situation and available information, WHO encourages all Member States to continue their surveillance for severe acute respiratory infections (SARI) and to carefully review any unusual patterns.

Infection prevention and control measures are critical to prevent the possible spread of MERS-CoV in health care facilities. Health-care facilities that provide for patients suspected or confirmed to be infected with MERS-CoV infection should take appropriate measures to decrease the risk of transmission of the virus from an infected patient to other patients, health-care workers and visitors. Health care workers should be educated, trained and refreshed with skills on infection prevention and control.

It is not always possible to identify patients with MERS-CoV early because some have mild or

unusual symptoms. For this reason, it is important that health-care workers apply standard precautions consistently with all patients – regardless of their diagnosis – in all work practices all the time.

Droplet precautions should be added to the standard precautions when providing care to all patients with symptoms of acute respiratory infection. Contact precautions and eye protection should be added when caring for probable or confirmed cases of MERS-CoV infection. Airborne precautions should be applied when performing aerosol generating procedures.

Patients should be managed as potentially infected when the clinical and epidemiological clues strongly suggest MERS-CoV, even if an initial test on a nasopharyngeal swab is negative. Repeat testing should be done when the initial testing is negative, preferably on specimens from the lower respiratory tract.

Health-care providers are advised to maintain vigilance. Recent travellers returning from the Middle East who develop SARI should be tested for MERS-CoV as advised in the current surveillance recommendations. All Member States are reminded to promptly assess and notify WHO of any new case of infection with MERS-CoV, along with information about potential exposures that may have resulted in infection and a description of the clinical course. Investigation into the source of exposure should promptly be initiated to identify the mode of exposure, so that further transmission of the virus can be prevented.

People at high risk of severe disease due to MERS-CoV should avoid close contact with animals when visiting farms or barn areas where the virus is known to be potentially circulating. For the general public, when visiting a farm or a barn, general hygiene measures, such as regular hand washing before and after touching animals, avoiding contact with sick animals, and following food hygiene practices, should be adhered to.

WHO does not advise special screening at points of entry with regard to this event nor does it currently recommend the application of any travel or trade restrictions.

### [Coronavirus infections](#)

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