

Read the MERS situa tion update for February 2019

- At the end of February 2019, a total of 2374 laboratory-confirmed cases of Middle East respiratory syndrome (MERS), including 823 associated deaths (case–fatality rate: 34.6%) were reported globally; the majority of these cases were reported from Saudi Arabia (1983 cases, including 745 related deaths with a case–fatality rate of 37.5%).
- During the month of Feburary, a total of 76 laboratory-confirmed cases of MERS were reported globally: 68 of the cases were reported from Saudi Arabia with 10 associated deaths and 8 from were reported from Oman with 2 associated deaths. This month, Saudi Arabia experienced an outbreak in Wadi Aldwaser city and one of its hospitals. From January 29 to end of February, a total of 52 laboratory-confirmed cases with 7 associated deaths have been reported for this outbreak: 1 suspected index, 3 unknown exposures, 10 sporadic primary cases, 38 secondary cases (7 household contacts and 31 hospital-acquired cases, including 11 healthcare workers (HCWs)). There is no ongoing active transmission occurring. In Oman this month, 4 additional secondary cases have been linked to the cluster previously reported in January and a new non-linked cluster of 4 cases (including 1 HCW) with 2 deaths was reported as well. The new cluster includes 1 suspected index case and 3 secondary cases (including 1 HCW).
- The demographic and epidemiological characteristics of reported cases, when compared during the same corresponding period of 2013 to 2019, do not show any significant dill erence or change, except for the increase in the number of secondary cases and healthcare worker cases due to the hospital outbreak this month. Owing to improved infection prevention and control practices in hospitals, the number of hospital-acquired cases of MERS has dropped significantly since 2015.
- The age group 50–59 years continues to be at highest risk for acquiring infection of primary cases. The age group 30–39 years is most at risk for secondary cases. The number of deaths is higher in the age group 50–59 years for primary cases and 70–79 years for secondary cases.

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