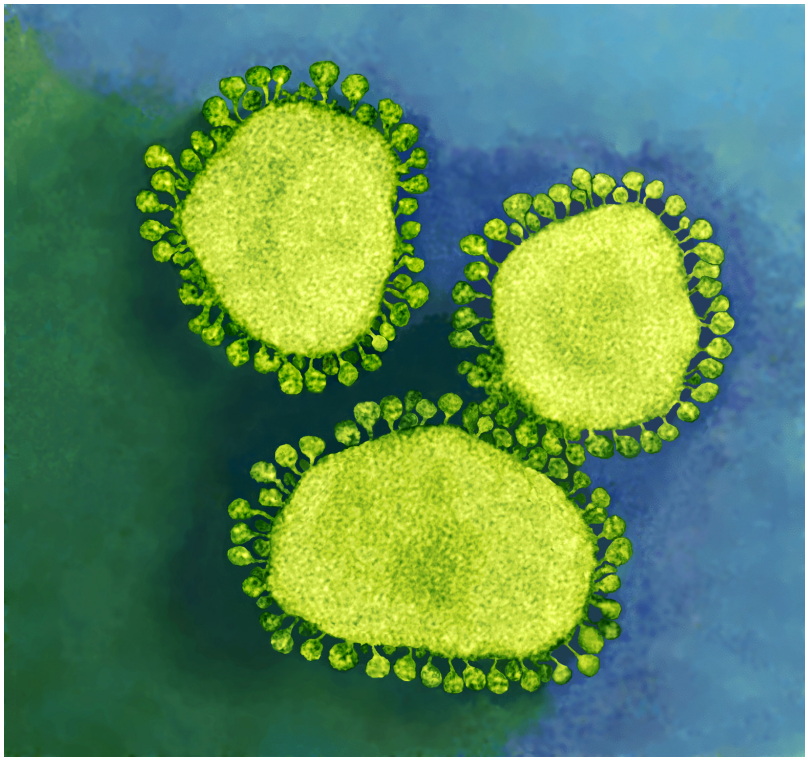

Cairo, 22 September 2021 – Integrating work on Middle East respiratory syndrome (MERS) with the COVID-19 response took centre stage at a virtual meeting organized by the WHO Regional Office for the Eastern Mediterranean on 16 August 2021. Participants discussed how to view the pandemic as an opportunity to learn more about effective collaboration, information-sharing, case management and vaccine development to prepare and respond to emergencies under a “One Health” approach.

The MERS coronavirus (MERS-CoV) remains a high-threat respiratory pathogen because it causes severe disease that has a high case-fatality ratio of around 34%. The disease has epidemic potential and no medical countermeasures. A huge investment has been made to build a MERS preparedness and readiness programme since the lethal zoonotic pathogen was first identified in humans in Saudi Arabia and Jordan in 2012 and a large outbreak struck Saudi Arabic in early 2014.

Programmes addressing MERS in some countries of the Region had already laid the groundwork for the timely and effective COVID-19 pandemic response that began in early 2020. However, momentum for MERS detection was also disrupted because of the pandemic as the attention of the global community shifted towards combating COVID-19. Vigilance is still needed to keep MERS a top public health priority that necessitates national, regional, and international collaboration under a “One Health” approach.

For that reason, the infectious hazard prevention and preparedness unit of the WHO Health Emergencies Programme organized the 3-hour meeting to review the MERS situation across the Region in the context of the ongoing COVID-19 pandemic and discussed the current situation of human MERS surveillance and the impact of the MERS on COVID-19 pandemic preparedness and response activities. Participants included representatives from the ministries of health of Saudi Arabia, Qatar, Oman and United Arab Emirates, along with experts from the United States Centers for Disease Control and Prevention, ERASMUS, the Food and Agriculture Organization of the United Nations, World Organisation for Animal Health, Hong Kong University, and the WHO Regional Office and headquarters.

Lessons learned by countries in the Region

Meeting participants discussed the importance of the “One Health” approach to strengthen collaboration between the human and animal stakeholders, including surveillance data and analysis, the camel value chain, building national laboratory capacities and continued collaboration between veterinary and human laboratories. They also agreed on tackling the main challenges facing the prevention and control of MERS outbreaks, such as the early identification of cases in community and health care systems; compliance with infection prevention and control (IPC) measures; and contact follow up. A brief about work undertaken in the development of vaccines for humans and camels was presented, along with related challenges, including the absence of clear regulations for manufacturing veterinary vaccines for camels and their stockpiling.

Some positive aspects of the COVID-19 response were discussed, including its future utilization for any future potential outbreaks and having trained personnel in the field and tools and guidance documents in place. The team also presented the significant progress made in research and development areas for diagnostics, therapeutics and vaccine production.

Finally, four countries discussed their experiences in preventing and controlling MERS. Saudi Arabia presented different systems in the process of continuous monitoring and evaluation, the national standard auditing programme at hospitals, the advanced IPC tools and programmes in health care settings, and the MERS/COVID-19 preparedness tool. Oman presented lessons learned around the adoption of surveillance strategies in the time of the pandemic, while Qatar talked about its adoption of the “One Health” approach through strong collaboration between the Ministry of Public Health and the animal health department. Finally, United Arab Emirates presented lessons learned on the leveraging of its business continuity plan, emergency preparedness and response, capacity-building, and the sustainable implementation of the “One Health” approach.

Note for editors

MERS-CoV is a zoonotic virus that has repeatedly entered the human population via direct or indirect contact with infected dromedary camels. Populations in close contact with dromedaries and health care workers caring for MERS-CoV patients are believed to be at higher risk of infection. To date, limited human-to-human transmission has occurred between close contacts of confirmed cases in household settings. Non-sustained human-to-human transmission, mainly in health care settings, continues to occur due to inadequate and/or incomplete compliance with infection prevention and control measures and the delay in triage or isolation of suspected MERS patients.

To date, a total of 2578 laboratory-confirmed cases of MERS, including 887 associated deaths (case-fatality ratio of 34%) were reported globally. The majority of these cases were reported from Saudi Arabia, with 2178 cases, including 850 related deaths (case-fatality ratio of 37%).

Studies in the Region on MERS continue to progress, particularly in MERS-affected countries. Serologic studies are under way to assess the magnitude of transmission and hence identify exposure risk factors mainly in asymptomatic infections. Large multi-country studies remain limited, highlighting the need for more collaborative work in research among affected countries.

Related links

Latest regional MERS updates

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