衞生防護中心
Centre for Health Protection

# Scientific Committee on Emerging and Zoonotic Diseases

## Consensus Summary on Middle East Respiratory Syndrome

**(Updated on 26 March 2014)**

As of 25 March 2014, more than 190 cases of Middle East Respiratory Syndrome Coronavirus (MERS-CoV) have been identified in countries in the Middle East (Jordan, the Kingdom of Saudi Arabia (KSA), Kuwait, Oman, Qatar and the United Arab Emirates), Europe (France, Germany, Italy and the United Kingdom) and North Africa (Tunisia) since its first report in September 2012. Most of the cases were reported since April 2013 and some mild and asymptomatic cases have been identified.

2. So far, all cases either occurred in the Middle East or had direct links to primary cases infected in the Middle East.

3. People of all age groups were affected although males of middle and older ages were over-represented. The majority of the cases had reported co-morbidities. Patients usually presented with acute febrile respiratory symptoms but some immunocompromised individuals had atypical presentations. Co-infection was also observed in some cases. The case fatality rate remained high at around 43%. Based on the available accumulated information, the longest incubation period is about 14 days.

4. Middle East Respiratory Syndrome (MERS) is an emerging infection whose animal source has yet to be identified. Some studies suggest that camels might be a potential source of human MERS-CoV infection. However, most primary human cases did not have a history of direct exposure to animals. More work is needed to

determine the route of transmission to humans and the types of exposures that result in infection.

5. The currently observed pattern of disease occurrence could be consistent with ongoing transmission in an animal reservoir with sporadic spillover into humans resulting in non-sustained clusters. Unrecognized sustained transmission among humans with the occurrence of occasional severe cases is also possible.

6. Person-to-person transmission has occurred in many clusters, either in a household, work environment, or health care setting. With the exception of the large cluster associated with health care facilities in Eastern KSA, the number of confirmed secondary cases per cluster has remained low. To date, evidence does not support sustained human-to-human transmission and the pandemic potential of MERS-CoV is considered as low.

7. Although the International Health Regulations Emergency Committee of the World Health Organization (WHO) has not yet classified MERS as a Public Health Emergency of International Concern, the risk of sporadic importation resulting in clusters of infections in Hong Kong exists. The risk may increase during mass pilgrimages.

8. People travelling to the Middle East need to be aware of the presence of MERS-CoV in this area and of the risk of infection. They should avoid contact with animals, especially camels. People with underlying illnesses should seek medical consultation before travelling. Travellers who develop symptoms during travel or up to 14 days after their return are encouraged to seek medical attention and inform their doctors of their travel history.

9. Surveillance for MERS is crucial. Health care professionals should continue to maintain vigilance for cases of MERS-CoV infection and notify any suspected cases to the Centre for Health Protection. They should look out for atypical presentation in people with underlying medical conditions. Lower respiratory specimens such as sputum, endotracheal aspirate, or bronchoalveolar lavage should be used for diagnosis whenever possible. Patients should be managed as potentially infected when the clinical and epidemiological clues strongly suggest MERS-CoV infection even if an initial test is negative, and repeat testing should be done. Health care facilities dealing with patients suspected of being infected with MERS-CoV should exercise strict infection control measures.

10. The following recommendations were made by the Committee:

- Continue intensive surveillance for MERS;
- Strengthen health education for travellers to the Middle East;
- Maintain close liaison with WHO and international health authorities to monitor the latest development; and
- Health care facilities to maintain stringent infection control measures.

Centre for Health Protection
Department of Health
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