

International Travel and Health

Interim Recommendations

5 June 2013

 Middle East Respiratory Syndrome - Coronavirus (MERS-CoV) - Update This guidance is an update to travel recommendations for Middle East Respiratory Syndrome Coronavirus (MERS-CoV) that WHO published 20th May20131. Since September 2012, more than 50 cases of MERS-CoV have been identified gliobally, Approximately half of these people died. All cases identified so far have had either a direct or indirect connection with the Middle East. However, some cases identified in recent travellers from the Middle East have resulted in local, non-sustained transmission to close contacts. Thus far, all human-to-burnan transmission has occurred either in a household, work environment, or health care setting. The mode of transmission currently remains unknown. The virus is thought to be of animal origin but so far it has not been identified in any animal species. The specific types of exposures that result in infection are also unknown. MERS-CoV infection generally presents as pricumonia, but has also caused kidney failure. The most common symptoms observed are fever, cough, and breathing difficulties, while atypical symptoms such as diarrhoea have also been recorded in patients with immunosuppression,

2. Advice to health care practitioners

- Consider the possibility of MERS-CoV infection in travellers with fever, cough, shortness of breath, or breathing difficulties, or other symptoms suggesting an infection, and with a recent history of travel in the Middle East.
- If a diagnosis of MERS-CoV infection is considered possible, apply infection prevention and control measures recommended by WHO, or outlined in national guidance, and refer the patient to a special infectious disease unit for further investigation.

http://www.who.int/ith/updates/20130520/en/index.html

3. Advice to ministries of health

- Review current surveillance guidance and case definitions for case reporting available on the WHO coronavirus website.
- Alert health care practitioners to the possibility of MERS-CoV infection in symptomatic travellers with a recent history of travel in the Middle East.
- Provide health care practitioners with clear instructions for referral of patients suspected
 of having infection with the MERS-CoV for appropriate management and testing.

4. Advice to travellers

Although the source of the virus and the mechanism of transmission is unknown, it would be prudent to try to reduce the general risk of infection while travelling by:

- Avoiding close contact with people suffering from acute respiratory infections.
- Frequent hand-washing, especially after direct contact with ill people or their environment.
- Adhering to food safety and hygiene rules such as avoiding undercooked meats, raw fruits and vegetables unless they have been peeled or unsafe water.
- · Avoiding close contact with live farm or wild animals.

Travellers to the Middle East who develop symptoms either during travel or after their return are encouraged to seek medical attention and to share their history of travel. People with symptoms of acute respiratory infection should practice cough etiquette (maintain distance, cover coughs and sneezes with disposable tissues or clothing, and wash hands) and to delay travel until they are no longer symptomatic.

Based on the information available, 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.

For further information on the MERS-CoV please see:

WHO Website - Coronavirus

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