11 March 2014 - On 20 February 2014, the Ministry of Health of Saudi Arabia announced two additional laboratory-confirmed cases of Middle East respiratory syndrome coronavirus (MERS-CoV) infection.

Details of the cases provided to WHO are as follows:

- The first case is a 58 year-old man from Al-Ahsa province. He became ill on 2 February and was hospitalised on 4 February. He recovered from the infection and was discharged from hospital on 24 Febraury. The patient suffered from multiple chronic diseases, and was reported to have had contact with animals.
- The second case is an 81 year-old woman from the Riyadh region. She had multiple underlying medical conditions, and was hospitalised on 2 February, where she developed symptoms of MERS on 5 February. The patient died on 8 February. She had no reported contact with animals prior to falling ill.

Globally, from September 2012 to date, WHO has been informed of a total of 186 laboratory-confirmed cases of infection with MERS-CoV, including 81 deaths.

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.