New Delhi, 24 January 2016 – **Thailand today confirmed Middle East respiratory syndrome coronavirus** (MERS CoV) **disease in a traveler**, the second such case in the country in the last seven months, as WHO cautioned other member states in its South-East Asia Region against the continuing risks and the need to remain vigilant.

"The new case of MERS CoV is a reminder of the continued risk of importation of the disease from countries where it still persists. All countries need to further enhance surveillance for severe acute respiratory infections, focus on early diagnosis, and step up infection prevention and control procedures in health-care facilities to rapidly detect any case of importation and effectively prevent its spread," Dr Poonam Khetrapal Singh, Regional Director, WHO South-East Asia Region, said.

A 71-year -old national from Oman, who arrived in Bangkok, Thailand for treatment on 22 January, and was admitted to a private hospital, tested positive for MERS CoV. He has since been transferred to the Bamrasnaradura Infectious Disease Institute. Measures are being taken to trace all those who could have been in his contact during his journey to Thailand, and within Bangkok.

This is the second MERS CoV case in Thailand and in the WHO South-East Asia Region. Earlier, on 18 June 2015 another Omani national who arrived in Bangkok for treatment, was tested positive for MERS CoV.

In the recent past, countries in the WHO South-East Asia Region have been reviewing and strengthening preparedness to respond to MERS CoV.

WHO has been strongly advocating for strengthening health systems and ensuring strict infection control measures are in place in countries to respond to infectious diseases such as MERS CoV.

In the Region, WHO is supporting Ministries of Health to build capacities and strengthen preparedness as required under the International Health Regulations (2005) to effectively detect and respond to outbreaks and other hazards.

MERS CoV is caused by a virus. Typical symptoms include fever, cough and shortness of breath. Pneumonia is common, but not always present. Gastrointestinal symptoms, including diarrhea, have also been reported.