

MERS-CoV infection advice with regard to travelling

Statement of the Health Security Committee (HSC)* based on scientific input by the European Centre for Disease Prevention and Control (ECDC)

* The statement is based on Article 11 "Coordination of response" of Decision 1082/2013/EU on serious cross border health threats and can be adapted to the needs and circumstances of Member States."

4 August 2015

The Middle East respiratory syndrome (MERS) is an emerging infectious disease that was first reported in September 2012 in Saudi Arabia. The disease is caused by the MERS coronavirus (MERS-CoV) that primarily infects the respiratory system but can affect many organ systems in severe cases. Since 2012, more than 1 400 cases of MERS have been reported from 26 countries. The majority of cases have been reported from the Middle East region where Saudi Arabia alone has notified more than 1 000 cases. Seven European countries have reported confirmed cases, all with direct or indirect connection with the Middle East.

The largest outbreak outside of the Middle East has been in South Korea where a person who returned from travels in the Arabian Peninsula gave rise to several hospital-centred clusters with altogether close to 200 cases. The outbreak in South Korea has been propagated mainly through nosocomial transmission and transmission to family caregivers. The imported index case was diagnosed on 20 May 2015 and the epidemic curve peaked during the first week of June. No transmission has been reported in South Korea since 4 July.

There is growing evidence that the dromedary camel is a host species for MERS-CoV and that zoonotic introductions from camels play an important role for the epidemiology in the Middle East. However, zoonotic infections are likely to be rare events and almost all human cases, whether in the Middle East or elsewhere, are the result of transmission from an ill person to a close contact, most of which have occurred in healthcare settings. It is not yet fully understood how the virus spreads but contamination through respiratory droplets plays an important role as well as aerosol-generating medical procedures.

The following statement is a summary of the technical guidance for consideration by National Contact Points in Member States, and should be reviewed according to how the MERS epidemic evolves.

Based on currently available information, the risk for travellers to countries affected by MERS to acquire MERS-CoV infection is considered low.

South Korea

As no transmission has occurred in South Korea since 4 July, the risk to travellers or the risk of imported cases to the EU are considered as negligible.

Arabian Peninsula

The risk of transmission in Saudi Arabia is related to the high number of nosocomial clusters identified, the persistent transmission in healthcare settings for more than two years, the suspicion of infections occurring through unrecognised chains of transmissions in the community and the risk related to exposure to camels and camel products. In this context, the risk for travellers to the Arabian Peninsula and in particular to Saudi Arabia is considered low and related to contacts with healthcare facilities or to exposures to live camels and camel products.

In line with the most recent WHO advice countries should not impose travel or trade restrictions in relation to MERS-CoV. However, EU citizens travelling to countries with ongoing MERS-CoV transmission should be made aware that MERS-CoV is circulating in these areas and should be reminded of the importance of good hand and food hygiene, and to avoid contact with sick people.

Travellers to the Arabian Peninsula should avoid close contact with camels, visiting farms and consuming unpasteurized camel milk, urine or improperly cooked meat.

People with pre-existing medical conditions are more likely to develop severe disease if exposed to MERS-CoV. Those at higher risk of severe MERS-CoV infection, and therefore for whom awareness of the risks is particularly important, include:

- Elderly people;
- People with chronic diseases, including: heart diseases, kidney diseases, respiratory diseases, nervous system disorders and diabetes;
- People with immuno-deficiency conditions, congenital and acquired;
- Pregnant women.

Hajj and Umrah travellers with pre-existing medical conditions should be advised to consult a healthcare provider to review the risk before deciding to make the pilgrimage. The MoH of Saudi Arabiaⁱ advises patients with chronic diseases and the elderly to postpone their pilgrimage.

Travellers with pre-existing medical conditions should be advised to identify a trusted health care facility prior to travel in case of a health emergency during their stay. Travellers who require medical care should minimise contact with other sick people in the facility.

Countries should advise returning travellers from all countries affected by MERS to seek medical attention if they develop a respiratory illness with fever and cough during the two weeks after their return and to disclose their recent travel history to the healthcare provider.

The Health Security Committee will re-evaluate the evidence and situation on a regular basis and revise this statement accordingly.

ⁱ <http://www.moh.gov.sa/en/Hajj/News/Pages/News-2015-07-06-001.aspx>