



2 May 2014

PHE Risk Assessment – Middle East Respiratory Syndrome coronavirus (MERS-CoV)

The risk of infection with MERS-CoV to UK residents in the UK remains very low.

The risk of infection with MERS-CoV to UK residents travelling to the Middle East remains very low.

The probability of MERS-CoV in those who come to the UK from, or return from, the Middle East and meet the case definition for a “case under investigation” is low, but requires testing for MERS-CoV infection.

The probability that a cluster of cases of severe acute respiratory infection of unexplained aetiology requiring intensive care admission is due to MERS-CoV remains very low, but warrants investigation and testing. A history of travel to the Middle East would increase the likelihood of MERS-CoV.

The increase in MERS-CoV amongst healthcare workers in the Middle East, reinforces the importance of strict adherence to recommended infection control measures in healthcare facilities. Where UK infection control procedures have been followed, the probability that a case of severe acute respiratory infection in a healthcare worker caring for a case of MERS-CoV or that severe acute respiratory infection of unknown aetiology in a healthcare worker is due to MERS-CoV is very low, but warrants testing. The risk will be higher in healthcare workers exposed to MERS-CoV not adhering to UK infection control procedures or not using adequate personal protective equipment.

The risk to contacts of confirmed cases of MERS-CoV infection is low but contacts should be followed up in the 14 days following exposure and any new febrile or respiratory illness investigated urgently.

Although there is growing evidence implicating camels in the Middle East as a reservoir and possible vector for MERS-CoV transmission to humans, this still requires confirmation. All travellers to the Middle East are advised to practice good general hygiene measures, such as regular hand washing before and after visiting farms, barns or market areas, especially where camels are present. They are also advised to avoid unnecessary contact with camels and avoid raw camel milk/camel products from the Middle East, particularly if they have chronic health conditions, as they may be at a higher risk of MERS-CoV.

All travellers are advised generally to avoid the consumption of any type of raw milk, raw milk products and any food that may be contaminated with animal secretions unless it has been peeled and cleaned and/or thoroughly cooked. Specific advice regarding pilgrimages, including Umrah, is available at



http://www.nathnac.org/pro/factsheets/Haji_Umrah.htm

Travellers returning from the Middle East with severe respiratory symptoms should seek medical advice and mention their travel history so that appropriate measures and testing can be undertaken. People who are acutely ill with an infectious disease are advised not to travel.

On 24th April, ECDC released their ninth updated rapid risk assessment relating to MERS-CoV <http://www.ecdc.europa.eu/en/publications/Publications/Middle-East-respiratory-syndrome-coronavirus-risk-assessment-25-April-2014.pdf>

This assessment highlighted that an additional case in Greece has raised the total number of EU countries affected to 5, and that the risk of imported cases to the EU continues. However, the risk assessment for Europeans visiting or residing in the region remains low, and occurrence of secondary transmission from imported cases continues to be low.

PHE remains vigilant and closely monitors developments in the Middle East and in the rest of the world where new cases have emerged, and continues to liaise with international colleagues to assess whether our recommendations need to change.