

Davis. “We are committed to working with the WHO to identify sustainable and scalable digital and data tools and approaches that meet global health needs.”

Bernardo Mariano, director of WHO’s Department of Digital health and Innovation, said: “Digital technologies can play a powerful role in improving the health of people worldwide.”

“WHO’s goal is to ensure digital technologies for health are safe and that proven tools reach everyone, everywhere,” Mr Mariano added. “Digital health can help expand primary health care, allow health workers to fight resurgent or new diseases and ensure people can benefit from the transformation in digital health. What we call ‘digital health’ today will be, in future, known simply as the way we deliver health services in the digital age.”

Technical advisory group members will meet regularly over the coming year to implement their work plan in support of WHO’s digital health agenda.

Representing the public, private and social sectors, the experts will provide insights, guidance, feedback, and new opportunities for WHO as it helps drive digital health transformation in countries and globally. Members come from a wide array of digital health fields, including artificial intelligence, virtual and augmented reality, biomedical innovation, robotic surgery, and wearable technologies; also represented are experts in health and wellness, ethics, governance, security, economics and law.

Earlier this year, WHO established its first Digital Health Department to work on digital health technologies. World Health Assembly resolution WHA/71 A71 on digital health underpins this work.

Available from: <https://www.who.int/news-room/detail/25-10-2019-who-expert-panel-on-digital-health-meets-for-first-time>

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## MIDDLE EAST RESPIRATORY SYNDROME CORONAVIRUS (MERS-COV) – THE KINGDOM OF SAUDI ARABIA

**18 October 2019 / Disease Outbreak News: Update** - From 2012 through 30 September 2019, the total number of laboratory-confirmed MERS-CoV infection cases reported globally to WHO is 2468, with 851 associated deaths. The global number reflects the total number of laboratory-confirmed cases reported to WHO under the International Health Regulations (IHR 2005) to date. The total number of deaths includes the deaths that WHO is aware of to date through follow-up with affected member states.

### WHO risk assessment

Infection with MERS-CoV can cause severe disease resulting in high mortality. Humans are infected with MERS-CoV from direct or indirect contact with dromedary camels. MERS-CoV has demonstrated the ability to transmit between humans. So far, the observed non-sustained human-to-human transmission has occurred mainly in health care settings.

The notification of additional cases does not change the overall risk assessment. WHO expects that additional cases of MERS-CoV infection will be reported from the Middle East, and that cases will continue to be exported to other countries by individuals who might acquire the infection after exposure to dromedary camels, animal products (for example, consumption of camel's raw milk), or humans (for example, in a health care setting or household contacts).

WHO continues to monitor the epidemiological situation and conducts risk assessment based on the latest available information.

#### WHO advice

Based on the current situation and available information, WHO encourages all Member States to continue their surveillance for acute respiratory infections 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. It is not always possible to identify patients with MERS-CoV infection early because like other respiratory infections, the early symptoms of MERS-CoV infection are non-specific. Therefore, healthcare workers should always apply standard precautions consistently with all patients, regardless of their diagnosis. Droplet precautions should be added to the standard precautions when providing care to 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 available information, WHO encourages all Member States to continue their surveillance for acute respiratory infections and to carefully review any unusual patterns.

Early identification, case management and isolation, together with appropriate infection prevention and control measures can prevent human-to-human transmission of MERS-CoV.

MERS-CoV causes more severe disease in people with underlying chronic medical conditions such as diabetes mellitus, renal failure, chronic lung disease, and compromised immune systems. Therefore, people with these underlying medical conditions should avoid close unprotected contact with animals, particularly dromedary camels, when visiting farms, markets, or barn areas where the virus is known to be potentially circulating. General hygiene measures, such as regular hand washing before and after touching animals and avoiding contact with sick animals, should be adhered to.

Food hygiene practices should be observed. People should avoid drinking raw camel milk or camel urine or eating meat that has not been properly cooked.

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.

Available from: <https://www.who.int/csr/don/18-october-2019-mers-saudi-arabia/en/>