



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

Disease Outbreak News: Update / 18 December 2019 - From 2012 through 30 November 2019, a total of 2494 laboratory-confirmed cases of MERS-CoV and 858 associated deaths were reported globally to WHO under the International Health regulations (IHR 2005). 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.

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-december-2019-mers-saudi-arabia/en/>

WHO LAUNCHES NEW REPORT ON GLOBAL TOBACCO USE TRENDS

19 December 2019 News release Geneva, Switzerland - For the first time, the World Health Organization projects that the number of males using tobacco is on the decline, indicating a powerful shift in the global tobacco epidemic. The findings, published today in a new WHO report, demonstrate how government-led action can protect communities from tobacco, save lives and prevent people suffering tobacco-related harm.

“Declines in tobacco use amongst males mark a turning point in the fight against tobacco,” said Dr Tedros Adhanom Ghebreyesus, WHO Director-General. “For many years now we had witnessed a steady rise in the number of males using deadly tobacco products. But now, for the first time, we are seeing a decline in male use, driven by governments being tougher on the tobacco industry. WHO will continue working closely with countries to maintain this downward trend.”

During nearly the past two decades, overall global tobacco use has fallen, from 1.397 billion in 2000 to 1.337 billion in 2018, or by approximately 60 million people, according to the WHO global report on trends in prevalence of tobacco use 2000-2025 third edition.

This has been largely driven by reductions in the number of females using these products (346 million in 2000 down to 244 million in 2018, or a fall over around 100 million).

Over the same period, male tobacco use had risen by around 40 million, from 1.050 billion in 2000 to 1.093 billion in 2018 (or 82% of the world’s current 1.337 billion tobacco users).