DEPARTMENT OF DEFENSE (AFHSC)
Global MERS-CoV Surveillance Summary #60
8 JUL 2015

CASE REPORT: From SEP 2012 to 8 JUL 2015, 1,437 (+9) cases of Middle East respiratory syndrome coronavirus (MERS-CoV) have been reported including 528 (+2) deaths in the Kingdom of Saudi Arabia (KSA) (+4), Jordan, Qatar, United Arab Emirates (UAE), United Kingdom, France, Germany, Tunisia, Italy, Oman, Kuwait, Yemen, Malaysia, Greece, Philippines (+1), Egypt, Lebanon, Netherlands, Iran, Algeria, Austria, Turkey, Republic of Korea (ROK) (+4), China, Taiwan, and the U.S.

No new confirmed cases have been reported in Thailand since its only case was reported on 20 JUN. On 6 JUL, one confirmed case was reported in the Philippines, a traveler from KSA. Suspicious cases remain under observation in the Philippines, Guam, and Japan.

Since the last summary, ongoing transmission continues in urban areas of KSA. While incidence appears to be declining, transmission continues in ROK bringing the total to 186 confirmed cases, 4 suspect cases, and 35 deaths reported by the ROK MOHW. WHO reports the decline in incidence in ROK has coincided with stronger contact tracing, monitoring, and quarantine efforts – suggesting that disease control measures are working.

There have been three large cluster events among the cases reported so far involving Pyeongteak Saint Mary’s Hospital, Samsung Medical Center, and one case that seeded two smaller outbreaks at Dae Cheong Hospital and KonYang University Hospital. Each of these clusters can be explained by a combination of factors such as crowded environments in ERs, close and unprotected contact with asymptomatic cases, and possible fomite transmission.

TRICARE has deemed three hospitals ‘off-limits’ for care: Good Morning Hospital, Pyeongtaek Saint Mary’s Hospital, and Samsung Seoul Hospital.

According to WHO, from 3-14 JUL, the city of Gwangju is hosting the 2015 Summer Universiade (the World University Games). The most recent risk assessment indicates there is no overlap between the of the ongoing ROK outbreak and the locations of the upcoming games.

BACKGROUND: In SEP 2012, WHO reported two cases of a novel coronavirus (now known as MERS-CoV) from separate individuals - one with travel history to the KSA and Qatar and one a KSA citizen. This was the sixth strain of human coronavirus identified (including SARS). Limited human-to-human transmission has been identified in at least 33 spatial clusters predominately involving close contacts. Limited camel-to-human transmission of MERS-CoV has been proven to occur; and recent studies suggest camels infected with MERS-CoV may appear asymptomatic but are able to shed large quantities of the virus from the upper respiratory tract. Media outlets, as well as the ECDC and a review article in the American Journal of Infection Control, indicate “strict infection control measures are essential, given that MERS-CoV survival on hospital surfaces is at least 48 hours and that it has been detected for up to 16 days in respiratory specimens and stool and up to 13 days in urine.”

The most recent known date of symptom onset is 30 JUN 2015; however at least 40% of symptomatic cases have reported without onset date. Due to inconsistencies in reporting, it is difficult to determine a cumulative breakdown by gender, however AFHSC is aware of at least 395 cases in females to date. On 18 JAN, Qatar’s SCH reported that their recent studies have shown people in the 50-69 year age group are more vulnerable to the MERS-CoV virus. CDC reports 241 of the total cases have been identified as healthcare workers (HCWs). Of these, 134 were from KSA, 31 from UAE, 5 from Jordan, 2 from Iran, 1 from Tunisia, and 29 from ROK. Characteristics of reported cases are limited, however, CDC reports among the 241 HCW cases: 11 died; 55 were asymptomatic; 20 had comorbidities; and 15 presented with only mild symptoms. On 31 MAR, WHO released a Situation Update stating that the recent epidemiological and demographic characteristics of the outbreak are not significantly different from those reported in previous years.

INTERAGENCY/GLOBAL ACTIONS: WHO reiterated on 3 FEB that people with diabetes, renal failure, or chronic lung disease, and immunocompromised persons are considered to be at high risk of severe disease from MERS-CoV infection. WHO convened the Ninth International Health Regulations (IHR) Emergency Committee on 16 JUN to discuss MERS-CoV and concluded that the conditions for a Public Health Emergency of International Concern (PHEIC) have not yet been met. The Committee noted the findings of the recent ROK-WHO MERS Joint Mission which stated the main factors contributing to the spread of MERS-CoV in ROK are:

- The practice of seeking care at multiple hospitals (“doctor shopping”)
- Limited human-to-human transmission
- Lack of awareness among HCWs and the public about MERS-CoV
- Close and prolonged contact of infected MERS-CoV patients in hospitals
- Suboptimal infection prevention and control measures in hospitals
- The practice of seeking care at multiple hospitals (“doctor shopping”)
- The custom of many visitors or family members staying with infected patients in hospital rooms

On 19 JUN, WHO noted that “it is not always possible to identify patients with MERS-CoV early, so it is necessary for all health care facilities to have standard infection prevention and control practices in place” to prevent transmission.

CDC has elevated their travel notice for MERS-CoV in the ROK to a Travel Watch Level 2 for MERS-CoV in the Arabian Peninsula, which includes specific precautions for the upcoming HAJ season. (approximately 20 – 25 SEP 2015) and Umrah Pilgrimages (approximately 17 JUN – 17 JUL 2015). On 11 JUN, CDC released a Health Advisory to provide updated guidance in the evaluation of patients for MERS-CoV infection. These have been revised to include individuals with a travel history to a healthcare setting in ROK.

On 9 JUN, the U.S. Embassy in ROK posted an updated U.S. Citizen Security Message regarding MERS-CoV for AMCITs in ROK.

All information has been verified unless noted otherwise. Sources include the USFK, ROK MOHW, KCDC, U.S. Embassy in ROK, U.S. CDC, WHO, KSA MOH, ECDC, and SCH Qatar.

For questions or comments, please contact: usarmy.ncr.medcom-afhsc.list.dib.alert-response@mail.mil

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MEDICAL COUNTERMEASURES IN DEVELOPMENT: On 16 JUN, ROK announced that it plans to begin trials of an experimental plasma treatment for MERS-CoV. This “treatment” involves giving blood from previous MERS-CoV patients, who have successfully fought off infection, to patients currently struggling with the viral infection. Other countermeasures in development include:

<table>
<thead>
<tr>
<th>RESEARCH GROUP</th>
<th>TYPE OF COUNTERMEASURE</th>
<th>PRESENT STAGE OF DEVELOPMENT</th>
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</thead>
<tbody>
<tr>
<td>ROK MOHW</td>
<td>Plasma treatment</td>
<td>Clinical trials stage</td>
</tr>
<tr>
<td>Inovio Pharmaceuticals and GeneOne Life Sciences</td>
<td>DNA-based vaccine</td>
<td>Phase 1 trial announced</td>
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<tr>
<td>Novavax and University of Maryland School of Medicine</td>
<td>Recombinant nanoparticle vaccine</td>
<td>Preclinical Testing phase</td>
</tr>
<tr>
<td>U.S. NIH and Fudan University</td>
<td>M336 antibody treatment</td>
<td>Preclinical Testing Phase</td>
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<tr>
<td>Greffex</td>
<td>Treatment</td>
<td>Not yet announced</td>
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<tr>
<td>Abviro</td>
<td>Treatment</td>
<td>Not yet announced</td>
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<tr>
<td>Shanghai Kaibao</td>
<td>Treatment</td>
<td>Not yet announced</td>
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<tr>
<td>Nanovirivide</td>
<td>Treatment</td>
<td>Not yet announced</td>
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<tr>
<td>Purdue University</td>
<td>Enzyme Inhibition Treatment</td>
<td>Not yet announced</td>
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<tr>
<td>Ludwig-Maximilians-Universitaet (LMU) in Munich</td>
<td>Modified Vaccinia virus Ankara (MVA) vaccine</td>
<td>Phase 1 clinical trials</td>
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</table>

Text updated from the previous report will be printed in red; items in (+xx) represent the change in number from the previous Summary (1 JUL 2014). All information has been verified unless noted otherwise. Sources include the ROK MOHW, USFK, CDC, WHO, KSA MOH, ECDC, NEJM, SCH Qatar, and ASM.
Global Distribution of MERS-CoV Cases*
(SEP 2012 – JUL 2015)

*Data includes confirmed, suspect and probable cases reported by WHO, CDC, and various country MOHs
Geographic Distribution of MERS-CoV Cases
1 Apr 2012 - 8 Jul 2015

- **Imported Cases**
- **Imported Cases with Local Transmission**
- **Local Transmission**

*186 cases have been reported in the Kingdom of Saudi Arabia without specific location information*
## Global MERS-CoV NUMBERS AT A GLANCE

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<tbody>
<tr>
<td><strong>Confirmed Cases</strong></td>
<td>9</td>
<td>171</td>
<td>777</td>
<td>480 cases (+9)</td>
<td>1437 cases (+9)</td>
</tr>
<tr>
<td><strong>Confirmed Deaths</strong>*</td>
<td>6 deaths</td>
<td>72 deaths</td>
<td>277 deaths</td>
<td>173 deaths (+2)</td>
<td>at least 528 deaths (+2)</td>
</tr>
<tr>
<td><strong>Case-Fatality Proportion</strong></td>
<td>66%</td>
<td>42%</td>
<td>36%</td>
<td>36%</td>
<td>37%</td>
</tr>
<tr>
<td><strong>Mean Age</strong></td>
<td>45 years</td>
<td>51 years</td>
<td>49 years</td>
<td>56 years</td>
<td>51 years</td>
</tr>
<tr>
<td><strong>Gender Breakdown</strong>*</td>
<td>1 female</td>
<td>at least 58 females</td>
<td>at least 175 females</td>
<td>151 females (+5)</td>
<td>at least 395 females (+5)</td>
</tr>
<tr>
<td><strong># of Healthcare Workers (HCWs) reported</strong>*</td>
<td>at least 2 HCWs</td>
<td>at least 31 HCWs</td>
<td>at least 87 HCWs</td>
<td>62 HCWs (+3)</td>
<td>at least 241 HCWs (+3)</td>
</tr>
</tbody>
</table>

*Disclaimer: Data reported on MERS-CoV cases are limited and adapted from multiple sources including various Ministries of Health, CDC, and WHO. Consequently, yearly information may not equate to the cumulative totals provided by WHO and CDC.

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Global MERS-CoV Epidemiological Curve - 8 JUL 2015

Total Cases: 1,437
Total Deaths: 528
ROK MERS-CoV Epidemiological Curve - as of 8 JUL 2015

Number of Cases

Cases
Deaths

Total Confirmed Cases: 186
Total Deaths: 35
### MERS-CoV Web Sites

- **WHO**
- **WHO Lab Testing Guidance**
- **WHO Travel Advice for Pilgrimages**
- **WHO 9th IHR Meeting Press Release**
- **CDC**
- **CDC Travel Advisory for the Arabian Peninsula**
- **CDC Travel Advisory for ROK**
- **CDC MMWR**
- **ECDC**
- **AFHSC Detecting and Reporting Guidelines for MERS-CoV**

### Information and News

- **Latest WHO DON on MERS-CoV in the Philippines** (WHO, 8 JUL)
- **Latest WHO DON on MERS-CoV in ROK** (WHO, 7 JUL)
- **Latest WHO DON on MERS-CoV in the Arabian Peninsula** (WHO, 3 JUL)
- **ECDC updates its rapid risk assessment on MERS-CoV** (ECDC, 1 JUL)
- **Middle East Respiratory Syndrome** (American Journal of Respiratory and Critical Care Medicine, 29 JUN)
- **Experts cover MERS outbreak in American Journal of Respiratory and Critical Care Medicine** (EurekAlert, 29 JUN)
- **Researchers find potential way to beat MERS virus** (Znews, 23 JUN)
- **4-year old girl quarantined in Chaiyaphum hospital under suspicion of contracting MERS** (Thai VISA News, 23 JUN)
- **South Korean Retailers Pinched by MERS** (NYT, 22 JUN)
- **MERS coronavirus: Candidate vaccine gears up for clinical** (EurekAlert, 22 JUN)
- **WHO MERS-CoV Risk Assessment and Line List of ROK Cases** (WHO, JUN 2015)
- **Acute Respiratory Infections in Travelers Returning from MERS-CoV–Affected Areas** (CDC EIDJ, JUN 2015)
- **Tests show hospitalized Czech man does not have MERS** (Reuters, 17 JUN)
- **Man infected with MERS earlier this year dies in Germany** (EuroNews, 16 JUN)
- **South Korea begins plasma treatment trial for Mers** (BBC, 16 JUN)
- **China, US develop new MERS treatment** (ChinaDaily, 15 JUN)
- **MERS-CoV deaths rise with few drugs in pipeline** (Pharmaceutical Market Live, 15 JUN)
- **South Korea Cuts Key Rate as MERS Emerges as Threat to Recovery** (NY Times, 11 JUN)
- **CDC EID Journal Articles on MERS-CoV** (CDC, 10 JUN)
- **South Korea's Park delays trip to U.S. over MERS outbreak** (Washington Post, 9 JUN)
- **Security Message for U.S. Citizens: Seoul (South Korea) Updated Information Regarding MERS** (OSAC, 9 JUN)
- **WHO DON on first novel coronavirus infection** (WHO, 23 SEP 2012)