

QUICK LINKS**MERS Coronavirus—TRAVELER INFORMATION**

- [Introduction](#) • [Mode of Transmission](#) • [Risk Areas](#) • [Risk Factors](#) • [Symptoms](#)
- [Prevention](#) • [Need for Medical Assistance](#)

Traveler Information

MERS CORONAVIRUS

This article primarily provides information on MERS coronavirus, along with some historical information on SARS coronavirus.

INTRODUCTION

MERS coronavirus is an acute respiratory illness caused by a novel coronavirus, Middle East respiratory syndrome coronavirus (MERS-CoV); cases have been reported since 2012. As of June 2015, more than 1,100 cases (and at least 440 deaths) have been reported, with more than half occurring since March 2014. Most cases have occurred in or originated from Saudi Arabia. There is no known effective treatment for coronavirus infection. Entry point screening or travel restrictions are not currently recommended.

SARS coronavirus: Severe acute respiratory syndrome (SARS) was a respiratory illness caused by the SARS coronavirus that first emerged in China in November 2002. The outbreak spread internationally and peaked in April 2003, but by July 2003, all known SARS transmission had ended. A total of 8,096 cases were reported, with 774 deaths.

MODE OF TRANSMISSION

Viral isolation and antibody studies indicate widespread circulation of MERS-CoV in camels throughout Africa and the Middle East, and MERS-CoV sequences from dromedary camels have been matched to those in infected humans. There has been no direct role for bats in the current outbreak. In the community, direct contact with camels, individuals with contact with dromedary camels, and infected humans are the most implicated risk factors. Ongoing low-level circulation of MERS-CoV in human populations may be occurring, but there is currently no evidence of community-based transmission of clinical cases or more than 1 generation of human-to-human transmission. A lack of high quality infection control measures in health care settings has likely played a significant if not causal role in nosocomial transmission when it has occurred. Some degree of persistence in the environment from animal products and excreta is now thought unlikely. There is no evidence of airborne transmission, but this mode of transmission cannot be ruled out.

RISK AREAS

Cases of MERS-CoV have been acquired in or reported in Saudi Arabia, Qatar, Iran, Jordan, Kuwait, Oman, Egypt, Yemen, Lebanon, Iran, the United Arab Emirates, and South Korea.

- At least 25 cases have been exported from the Arabian Peninsula and identified in Europe (United Kingdom, Germany, France, Italy, Greece, the Netherlands, Austria, and Turkey), Africa (Tunisia and Algeria), Asia (China, Malaysia, Philippines, and South Korea), and the Americas (U.S.).

The distribution and extent of MERS-CoV in Saudi Arabia and neighboring countries (Bahrain, Iraq, Iran, Israel, Jordan, Lebanon, Oman, Palestinian Territories, Qatar, Syria, United Arab Emirates, and Yemen) are unknown at present.

RISK FACTORS

- Travel to areas where cases have been reported
- Contact with camels or with persons who have had contact with camels
- Close contact with a person diagnosed with MERS-CoV
- Inpatient or outpatient visit to health care facilities in an endemic area
- Underlying medical condition

SYMPTOMS

Most people who have been infected with MERS-CoV developed severe acute respiratory illness with symptoms of fever, cough, and shortness of breath. Pneumonia occurs in about half of all cases and is always present in severe cases. Gastrointestinal symptoms occur in about 30% of cases. About 30-40% of infected persons have died. Some people, especially healthy, younger individuals and secondary cases, are more likely to have a mild respiratory illness.

PREVENTION

During travel:

Travelers to affected countries, especially older individuals and those with underlying health conditions, should:

- Practice good personal hygiene (e.g., handwashing, cough and sneeze etiquette, and keeping distance of at least 1 m (3 ft) from persons with acute febrile respiratory symptoms).
- Avoid physical contact with wild or farm animals and camels.
- Avoid the consumption of camel products (e.g., unpasteurized milk, undercooked meat, and urine).
- Be aware that the presence of infection control standards sufficient to protect travelers presenting to hospitals with unrelated illnesses cannot be assumed

After travel:

- Any traveler with respiratory symptoms returning from the Arabian Peninsula or neighboring countries should practice cough etiquette (maintain distance from others, cover coughs and sneezes with clothing or disposable tissues, and wash hands frequently), wear a face mask, and seek immediate medical care, informing the provider of his or her travel history.

Entry point screening or travel restrictions are not recommended at this time, but this may change as more information regarding transmission becomes available.

NEED FOR MEDICAL ASSISTANCE

Any traveler with respiratory symptoms within 14 days of returning from the Arabian Peninsula or neighboring countries should practice cough etiquette (maintain distance from others, cover coughs and sneezes with clothing or disposable tissues, and wash hands frequently), wear a face mask, and seek immediate medical care (if symptoms appear), informing the provider of his or her travel history.

Travax content represents decision-relevant, expert synthesis of real-time data reconciled with new and existing available advice from authoritative national and international bodies. Recommendations may differ from those of individual countries' public health authorities.

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