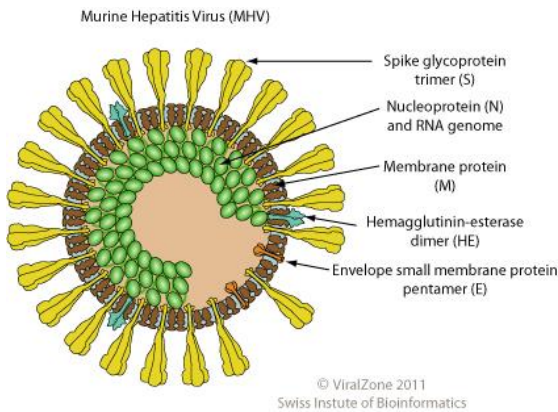


Middle East Respiratory Syndrome (MERS-CoV)



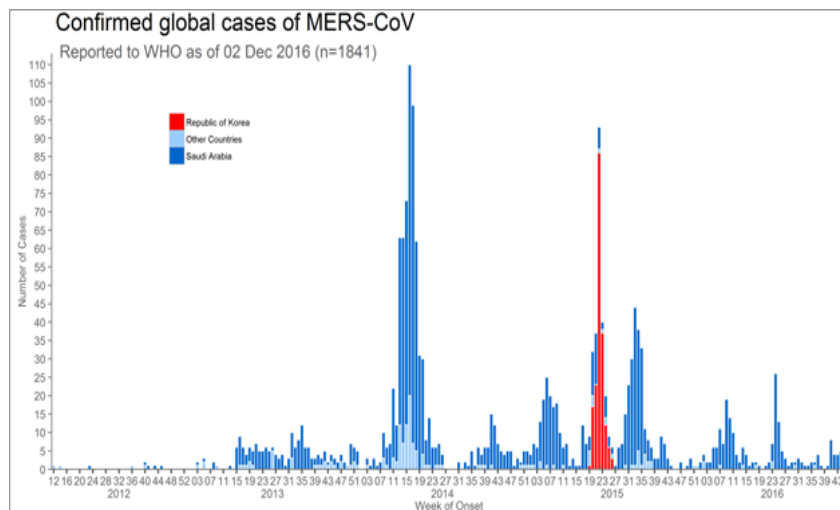
ViralZone, SIB Swiss Institute of Bioinformatics.

The cases and clusters that have occurred outside the Arabic peninsula can all be traced back to individuals that have been on the peninsula or have had close contact with an infected person. The reservoirs and mode of transmission to humans are still not known for sure, but evidence suggests that bats may function as reservoirs of the MERS virus and that dromedary camels serve as immediate hosts. Human-to-human transmission in hospitals is frequently reported.

MERS is a coronavirus first identified in 2012, in a man in Saudi Arabia who was admitted to hospital with acute respiratory distress syndrome and kidney failure. For the next couple of years, scattered cases were diagnosed until a sharp increase in numbers was reported on the Arabic Peninsula in March and April 2014. Of the over 500 reported cases, the majority represented hospital-based outbreaks and up to 75 percent of the cases appeared to be acquired due to exposure to persons known to be infected. Nevertheless, there has so far been no clear evidence of sustained human-to-human transmission of the virus in community settings.



Most reported cases of the MERS virus have been in adults, and the severity of symptoms seems to



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be directly proportional to age, leading to severe pneumonia and respiratory distress syndrome, and in some cases kidney failure. Mild and asymptomatic infection are also described during hospital outbreaks. So far 1626 cases have been reported and the case fatality rate has proven to be high, as 3-4 out of every 10 people reported with MERS have died.

Currently there is no specific antiviral treatment recommended for MERS, and treatment of severe cases is limited to supportive care.

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