



health

Department:
Health
REPUBLIC OF SOUTH AFRICA

TRAVEL ADVISORY TO PREVENT THE IMPORTATION OF MIDDLE EAST RESPIRATORY SYNDROME CORONAVIRUS (MERS-CoV) INTO SOUTH AFRICA

Update: 10 June 2015

The purpose of this advisory is to notify travellers about the MERS-CoV outbreak and inform them about preventative measures they can take and what Department of Health is doing.

What is Middle East respiratory syndrome (MERS)?

Middle East respiratory syndrome coronavirus (MERS-CoV) is a respiratory virus which causes severe respiratory illness. It was first identified in September 2012 in a 60-year-old patient from Jeddah, Kingdom of Saudi Arabia who died from a severe respiratory infection in June 2012. Most reported cases either lived in the Arabian Peninsula or recently travelled from the Arabian Peninsula before they became ill.

Since May 2015, the Republic of Korea has been investigating an outbreak of MERS. This is the largest known outbreak of MERS outside the Middle East to date, involving 64 MERS-CoV cases, including 5 deaths. The index case was a 68-year-old national of the Republic of Korea who had a recent history of travel to 4 countries in the Middle East. There is no evidence of sustained human-to-human transmission in the Republic of Korea.

Where is MERS occurring?

To date, the following countries have reported cases of MERS: Jordan, Kuwait, Oman, Qatar, Saudi Arabia, the United Arab Emirates, and Yemen (Middle East); France, Germany, Greece, Italy, and the United Kingdom (UK) (Europe); Tunisia and Egypt (Africa); China, Malaysia, Republic of Korea and the Philippines (Asia); and the United States of America (Americas). The latest information on cases can be found in WHO Disease Outbreak News at: [Disease Outbreak News \(DONs\)](#)

What are the symptoms of MERS?

Symptoms include fever, cough, and/or shortness of breath. Pneumonia is common while gastrointestinal symptoms, including diarrhoea, have also been reported. Severe illness can cause respiratory failure or organ failure, especially of the kidneys, or septic shock. The virus appears to cause more severe disease in people with weakened immune systems, older people, and those with such chronic diseases as diabetes, cancer and chronic lung disease.

Who is at risk?

People who have visited affected countries in the Middle East and currently Korea, however, the risk is considered to be low. It is believed that humans can be infected through direct or indirect contact with infected dromedary camels in the Middle East. In some cases, the virus appears to pass from an infected person to another person through close contact. This has been seen among family members, patients, and health-care workers. Throughout this epidemic, the majority of cases have resulted from human-to-human transmission in health care settings.

What is the Department of Health doing about it?

To date, there are no MERS-CoV cases in South Africa. However, as part of enhanced precautionary measures to prevent occurrence or spread of MERS-CoV into the country, the Department of Health is issuing travel advice which applies to all travellers coming to or leaving South Africa to/from affected countries:

1. **All travellers and crew members arriving at South African Points of Entry from affected countries are screened for high temperature as part of routine measures to detect sick travellers. Travellers, if found to have a high temperature or any of the symptoms or signs suggestive of MERS-CoV, will be referred to a health care facility for further investigations and management.**

2. Travellers departing South Africa to affected countries are advised to:

2.1. Actions to take before travel:

- Travellers are advised that pre-existing major medical conditions (e.g. chronic diseases such as diabetes, chronic lung disease, immunodeficiency) can increase the likelihood of illness, including MERS-CoV infection, during travel; thus, travellers should consult a health care provider before travelling to review the risk and assess whether making the trip is advisable.
- Travellers are advised to observe the following **general travel health precautions**, which will lower the risk of infection in general, including illnesses such as influenza and traveller's diarrhoea. Specific emphasis should be placed on:
 - washing hands often with soap and water. When hands are not visibly dirty, a hand rub can be used;
 - adhering to good food-safety practices, such as avoiding undercooked meat or food prepared under unsanitary conditions, and properly washing fruits and vegetables before eating them;
 - maintaining good personal hygiene; and
 - avoiding unnecessary contact with farm, domestic, and wild animals.
- Medical staff accompanying travellers on special trips, in particular, Umra or Hajj should be up to date on MERS-CoV information and guidance, including how to recognize early signs and symptoms of infection, who is considered to be in a high-risk group, and what to do when a suspected case is identified, as well as on simple health measures to reduce transmission.

2.2. Actions to take during travel:

Travellers who develop a significant acute respiratory illness with fever and cough (severe enough to interfere with usual daily activities) are advised to:

- minimize their contact with others to avoid infecting them;
- cover their mouth and nose with a tissue when coughing or sneezing and discard the tissue in the trash after use and wash hands afterwards, or, if this is not possible, to cough or sneeze into upper sleeves of their clothing, but not their hands; and
- report to the local health services or medical staff accompanying the tour group.

2.3. Actions to take after Travel

- Returning travellers are advised that if they develop a significant acute respiratory illness with fever and cough (severe enough to interfere with usual daily activities) during the two weeks after their return, they should immediately seek medical attention.

- Persons who have had close contact with a traveller or pilgrim to Umra or Hajj with a significant acute respiratory illness with fever and cough (severe enough to interfere with usual daily activities) and who themselves develop such an illness, are advised to report to a health facility to be investigated for MERS-CoV.
- Medical staff should have a high index of suspicion to the possibility of MERS-CoV infection in returning travellers from affected countries with acute respiratory illness, especially those with fever, cough and pneumonia or acute respiratory distress syndrome. If clinical presentation suggests the diagnosis of MERS-CoV, laboratory testing should be done and infection prevention and control measures implemented. Clinicians should also be alerted to the possibility of atypical presentations in patients who are immunocompromised.

3. Pay attention to your health after you return to South Africa, by doing the following:

- Monitor your health for 14 days if you were in an area with a MERS-CoV outbreak, especially if you were in close contact with a traveller with a significant acute respiratory illness with fever and cough or in a health facility where MERS-CoV patients were treated.
- Seek medical care immediately if you develop a significant acute respiratory illness with fever and cough. **Tell the doctor about your recent travel** and your symptoms before you go to the examination/emergency room or surgery. Advance notice will help the doctor care for you and protect other people who may be in the room.

4. Special recommendation for Health Care Workers

Precautions and infection prevention and control (IPC) considerations:

- Nosocomial transmission has been described; therefore it is important that appropriate IPC be maintained for all hospitalised patients. It is not always possible to identify patients with MERS-CoV early because like other respiratory infections, the early symptoms of MERS-CoV are non-specific. Therefore, health care 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.
- People who are ill with respiratory symptoms should be advised to stay at home whilst they are unwell and avoid contact with healthy people, as far as possible.

WHO guidelines for infection prevention and control for MERS-CoV are available at: http://www.who.int/csr/disease/coronavirus_infections/IPCnCoVguidance_06May13.pdf

For more information visit:

<http://www.nicd.ac.za/?page=search&id=8&q=MERS&x=0&y=0#>

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