

IHR Event Communication
Bahrain Coronavirus infection
24.4.2016



Risk Assessment

[X] Serious Public Health Impact

Middle East Respiratory Syndrome Coronavirus (MERS-CoV) causes severe human infections resulting in high mortality and has demonstrated the ability to transmit between humans. So far, the observed human-to-human transmission has occurred mainly in health care settings.

[X] Unusual or unexpected

This is the first MERS-CoV case reported from Bahrain. Infection with MERS-CoV is an emerging disease in humans, not previously detected. Recent human infections with MERS-CoV have been reported since April 2012 from a number of countries.

[X] International disease spread

The exportation of cases from the affected countries in Middle East has resulted in limited human to human transmission among close contacts of travellers returning to their country of origin. On one occasion, a large hospital based outbreak resulted in 186 cases from a single imported case. 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 infection after exposure to animals or animal products (for example contact with dromedaries) or human source (for example in a health care setting).

[] Interference with international travel or trade

Based on the current information available, there is no public health justification for implementing any measures to prevent the spread of this disease by restricting travel or trade.

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On 10 April 2016 the National IHR Focal Point of Bahrain reported the first fatal case of Middle East Respiratory Syndrome (MERS).

Details of the reported case are as follow:

A 61-year-old male Saudi, retired and living in Altarf city, Al Ahssa Region. He was admitted on 29 March in cardiac center in Bahrain for open heart surgery. He was screened for MERS including laboratory diagnosis as a routine procedure for those coming from Saudi Arabia and tested negative for MERS.

On 4 April, and while hospitalized, he developed fever, cough, and shortness of breath, whereupon a chest X-ray confirmed the diagnosis of pneumonia. A nasopharyngeal swab was collected on 9 April and tested positive for MERS-CoV by PCR (UpE and Orf1a genes) at the Public health laboratory on the same day. For further confirmation, another deep tracheal sample was collected and tested positive for MERS-CoV by PCR (UpE and Orf1a genes) in the same laboratory and on the same day. The patient has comorbid conditions of diabetes mellitus, hypertension, dyslipidemia and ischemic heart disease.

The case owned a dromedary barn in Saudi Arabia and had a history of frequent contact with them and consumption of their raw milk. He had no history of exposure to the other known risk factors in the 14 days prior to the onset of symptoms.

The patient was in critical but stable condition admitted in ICU on mechanical ventilation. He was transferred to a hospital in Dammam city in Saudi Arabia on 12 April. He had cardiac dysrhythmia and arrest and passed away on the same day.

Investigation of 142 contacts including 128 healthcare contacts in Bahrain is ongoing. Initial and follow up nasopharyngeal swabs tested negative for all of them.

The National IHR Focal Point for Saudi Arabia has been notified. Investigation of 19 household contacts in Saudi Arabia is ongoing and none of them has developed symptoms. The Ministry of Agriculture was notified and investigation of dromedaries is also ongoing.

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