WHO has been informed of **an additional three laboratory-confirmed cases of Middle East respiratory syndrome coronavirus (MERS-CoV) infection in Saudi Arabia**
. The first patient is a 67-year-old woman from Riyadh with underlying medical conditions.

She became ill on 25 July 2013. She has no known exposure to animals or to a case confirmed with MERS-CoV infection. She is currently hospitalized.

The other two patients are health care workers, both women, from Assir and Riyadh regions . Both of them have mild symptoms and were exposed to patients who were laboratory-confirmed cases. Globally, from September 2012 to date, WHO has been informed of a total of 94 laboratory-confirmed cases of infection with MERS-CoV, including 46 deaths.

Based on the current situation and available information, WHO encourages all Member States to continue their surveillance for severe acute respiratory infections (SARI) and to carefully review any unusual patterns.

Health care providers are advised to maintain vigilance. Recent travellers returning from the Middle East who develop SARI should be tested for MERS-CoV as advised in the current surveillance recommendations.

Specimens from patients' lower respiratory tracts should be obtained for diagnosis where possible. Clinicians are reminded that MERS-CoV infection should be considered even with atypical signs and symptoms, such as diarrhoea, in patients who are immunocompromised.

Health care facilities are reminded of the importance of systematic implementation of infection prevention and control (IPC). Health care facilities that provide care for patients suspected or confirmed with MERS-CoV infection should take appropriate measures to decrease the risk of transmission of the virus to other patients, health care workers and visitors.

All Member States are reminded to promptly assess and notify WHO of any new case of infection with MERS-CoV, along with information about potential exposures that may have resulted in infection and a description of the clinical course.

Investigation into the source of exposure should promptly be initiated to identify the mode of exposure, so that further transmission of the virus can be prevented. WHO does not advise special screenig at points of entry with regard to this event nor does it currently recommend the application of any travel or trade restrictions.

WHO has convened an Emergency Committee under the International Health Regulations (IHR) to advise the Director-General on the status of the current situation. The Emergency Committee, which comprises international experts from all WHO Regions, unanimously advised that, with the information now available, and using a risk-assessment approach, the conditions for a Public Health Emergency of International Concern (PHEIC) have not at present been met.