WHO statement 04 - 17 June 2014 -The sixth meeting of the Emergency Committee convened by the Director-General under the International Health Regulations (2005) concerning Middle East respiratory syndrome coronavirus (MERS-CoV) was held by teleconference on Monday, 16 June 2014, from 1215 to 1619 Geneva time (CEST).

Members and advisers of the Committee are listed here: http://www.who.int/entity/ihr/procedures/emerg_comm_members_20140616/en/index.html
In addition to Members of the Emergency Committee, three expert advisors participated in the informational session only. These advisors did not participate in the formulation of advice to the Director-General.

Seven affected States Parties reporting cases of MERS-CoV or evidence of infection since the fifth meeting of the Committee were also on the first part of the teleconference: Algeria, Iran, Jordan, Netherlands, Saudi Arabia, United Arab Emirates (UAE), and United States of America.

The WHO Secretariat provided an update on and assessment of epidemiological and scientific developments, including a description of recently reported cases, transmission patterns, and the main observations of a recent WHO mission to UAE.

Affected countries gave information about recent events in their countries, including description of cases, measures taken and their concerns about the current situation.

The Committee discussed the information provided. Based on current information, the Committee indicated that the situation remains serious in terms of public health impact. However, the upsurge in cases that began in April has now decreased and there is no evidence of sustained human-to-human transmission in communities. There have been significant efforts made to strengthen infection prevention and control measures. As a result, the Committee unanimously concluded that the conditions for a Public Health Emergency of International Concern (PHEIC) have not yet been met.

However, the Committee emphasized that the situation continues to be of concern, especially given the anticipated increase in travel to Saudi Arabia related to Umra, Ramadan and the Hajj. The Committee focused attention on the need to further analyse the hospital outbreaks to better understand where breaches in infection prevention and control are taking place, including where patients who have not yet received a diagnosis gather and wait, often under crowded conditions, such as in emergency departments and clinics. The Committee also noted that recent investigative findings increasingly support the hypothesis that camels are an important source of exposure to MERS-CoV in the community.

The Committee reiterated that its previous advice remains relevant, and that all countries should:

- strengthen efforts to implement basic infection prevention and control measures, and

increase education on these measures, especially among health care workers;

- continue efforts to complete critical investigations as soon as possible, including case-control, serological, environmental, and animal studies, to better understand the epidemiology, especially risk factors; and to assess where breakdowns in infection prevention and control measures are occurring , and to share preliminary findings;
- support strengthening capacities in vulnerable countries, especially those in Africa, and that these countries, and particularly those in Africa, should take concrete action in anticipation of Umra, Ramadan and Hajj with respect to basic public health actions such as conducting surveillance for MER CoV, raising awareness about and implementing basic infection prevention and control measures;
- improve awareness about MERS CoV among the pilgrims who are planning to go for Umra and Hajj, especially for those with chronic illness, and for accompanying medical delegations to be made aware of how to detect MERS, and personal hygiene and basic infection control precautions.
- continue to enhance awareness through effective risk communication concerning MERS-CoV to the general public, health professionals, and policy makers;
- use WHO recommendations, including for groups at higher risk of infection with MERS-CoV:
- World Health Organization travel advice on MERS-CoV for pilgrimages

- Update on MERS-CoV transmission from animals to humans, and interim recommendations for at-risk groups

- Assessment of potential risk factors of infection of Middle East respiratory syndrome coronavirus (MERS-CoV) among health care personnel in a health care setting

- Interim surveillance recommendations for human infection with Middle East respiratory syndrome coronavirus

- strengthen intersectoral collaboration and joint activities between animal and human health sectors;
- share with WHO all relevant information needed to assess and manage MERS, in a timely manner, as required by the International Health Regulations (2005).

Finally, the Committee indicated that there was no solid information to support the use of thermal screening as a means to stop or slow the entry of MERS-CoV infections, and that resources for supporting such screening could be better used to strengthen surveillance, infection control and prevention or other effective public health measures.

Based on the Committee's advice, and information currently available, the Director-General accepted the Committee's assessment. She thanked the Committee for its work.

The WHO Secretariat will continue to provide regular updates to the Committee Members and Advisors. In view of the Committee's ongoing concerns, the Emergency Committee will be reconvened in September 2014, or earlier if circumstances require.