The ninth meeting of the Emergency Committee (EC) convened by the Director-General under the International Health Regulations (IHR 2005) regarding Middle East respiratory syndrome coronavirus (MERS-CoV) was conducted with members and advisors of the Emergency Committee by teleconference on 16 June 2015, from 12:00 to 15:00 Central European Summer Time (UTC +2). WHO convened the meeting in regards to the outbreak in the Republic of Korea.

The WHO Secretariat updated the Committee on epidemiological and scientific developments, including recent cases and transmission patterns in the Republic of Korea and China, related risk assessments, and control and prevention measures. These countries provided updates and assessments on the MERS-CoV situation and developments in their countries.

Members and advisers of the Committee who participated in the recent Republic of Korea-WHO MERS Joint mission, were invited to share their observations based on their experience.

Middle East respiratory syndrome coronavirus - press briefing

The Committee noted the assessment of the Joint mission regarding main factors contributing to the spread of MERS-CoV in the Republic of Korea were:

- lack of awareness among health care workers and the general public about MERS;
- suboptimal infection prevention and control measures in hospitals;
- close and prolonged contact of infected MERS patients in crowded emergency rooms and multibed rooms in hospitals;
- the practice of seeking care at multiple hospitals (“doctor shopping”);
- the custom of many visitors or family members staying with infected patients in the hospital rooms facilitating secondary spread of infections among contacts.

The Committee commended the speed with which the Republic of Korea provided information under the IHR about an infected traveller, enabling China to rapidly locate, isolate and provide care to the individual and place his contacts in quarantine.

The Committee noted that available evidence on genetic sequencing did not identify any significant changes in the viruses obtained from cases in the Republic of Korea compared to viruses from the Middle East. Ongoing monitoring of potential genetic changes in these viruses is important. In this outbreak, transmission of MERS-CoV has been strongly associated with health care settings. This aspect stresses the need for health authorities to make every possible effort to ensure that effective infection prevention and control measures are in place at all times.

There is no current evidence of sustained community transmission. The Committee noted that subsequent public health measures to stop the outbreak, including extensive efforts to enhance contact tracing and steps to ensure that cases and contacts (during the incubation period) are appropriately isolated or quarantined and monitored and that they do not travel, appear to have coincided with a decline in the incidence of cases.

However, close monitoring of the situation remains critical to ensure that transmission is interrupted and that all cases without an evident epidemiological link to known chains of transmission be evaluated carefully. For the next several weeks, it is possible for additional cases to be identified, including among contacts who were not identified in the early stages of the outbreak. If reports or rumours of contacts travelling outside of the country are identified, it is important that other countries take notice and quickly assess such possibilities.

The Committee noted that there are still many gaps in knowledge regarding the transmission of this virus between people, including the potential role of environmental contamination, poor ventilation and other factors, and indicated that continued research in these areas was critical.

The Committee expressed its assessment that this outbreak is a wakeup call and that in a highly mobile world, all countries should always be prepared for the unanticipated possibility of outbreaks of this, and other serious infectious diseases. The situation highlights the need to strengthen collaboration between health and other key sectors, such as aviation, and to enhance communication processes.

The Committee reiterated that its previous advice remains relevant and indicated its strong support for the recommendations of the Joint Mission.

The Committee concluded that the conditions for a Public Health Emergency of International Concern (PHEIC) have not been met.

In reaching this conclusion, the Committee noted that after the outbreak was detected, and after a period of organization, the Republic of Korea has strongly initiated actions to bring this outbreak under control. This includes use of multiple approaches to identify contacts and to ensure their appropriate quarantine and monitoring, as well as effective means to stop inappropriate travel of cases and contacts during the period of time when they are potentially infectious. Such efforts reflect adoption of the recommendations of the Joint mission.

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.

WHO does not recommend the application of any travel or trade restrictions and considers screening at points of entry to be unnecessary at this time. Raising awareness about MERS and its symptoms among those travelling to and from affected areas is good public health practice.

WHO will continue to provide updates to the Committee Members and Advisors. The Emergency Committee will be reconvened should circumstances require.