



14/7/17 July 2017

The Secretary
Ministry of Religious Affairs
Government of Pakistan
Islamabad

Subject: Advisory on the Prevention and Control of Middle East Respiratory Syndrome Corona Virus (MERS-CoV) during upcoming Hajj

Middle East respiratory syndrome (MERS) is a viral respiratory disease caused by a novel coronavirus (Middle East respiratory syndrome coronavirus, or MERS-CoV) that was first identified in Saudi Arabia in 2012. Typical MERS symptoms include fever, cough and shortness of breath. Pneumonia is common, but not always present. Gastrointestinal symptoms, including diarrhoea, have also been reported. Some laboratory-confirmed cases of MERS-CoV infection are reported as asymptomatic, meaning that they do not have any clinical symptoms. The source of the virus is still unknown but virological studies point towards dromedary camels. MERS-CoV has spread from ill people to others through close contact, such as caring for or living with an infected person.

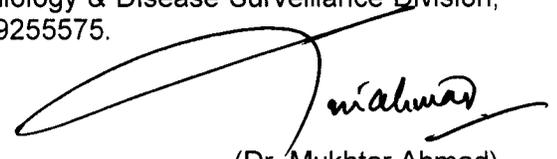
2. Since April 2012 and as of 5th July 2017, 2037 cases of MERS, including 710 deaths, have been reported by 27 countries worldwide. Most of the cases have been reported from Middle East; Saudi Arabia (approximately 80%), United Arab Emirates, Qatar, Jordan, Oman, Kuwait, Egypt, Yemen, Lebanon, South Korea, Philippines, Thailand and Iran. So far, all cases of MERS have been linked through travel to or residence in countries in and near the Arabian Peninsula.

3. The 10th Meeting of the Emergency Committee regarding Middle East Respiratory Syndrome Coronavirus (MERS-CoV) was concluded on 2 September 2015 that the conditions for a Public Health Emergency of International Concern (PHEIC) have not yet been met. However, it was felt that the seriousness of the situation has increased in terms of public health impact.

4. Mass gathering events such as the Hajj provide a basis for communicable diseases to spread easily. In the wake of incidence of MERS-CoV cases in KSA, its travel associated international spread and the upcoming Hajj seasons, it is imperative to institute effective prevention and control measures among Pakistani pilgrims. Emphasizing the need to have close collaboration on the pattern of Hajj 2017, the National Institute of Health, recommends the following actions to the Ministry of Religious Affairs:

- i. Pilgrims with pre-existing medical conditions such as diabetes, chronic lung disease and immunodeficiency should consult their Physicians before travelling to assess whether making the pilgrimage is advisable for them.
- ii. "Health Alert Cards" preferably in local languages or urdu having information about symptoms and prevention of MERS-CoV, be handed over to all travelers including pilgrims and flight crews traveling to & from Middle East countries.
- iii. Through health education sessions conducted at each Hajji camp in collaboration with the provincial / Area Health Departments, the departing pilgrims must be informed about the following general health precautions to lower the risk of infection in general:
 - a. Frequent hand washing with soap and water, if soap and water are not available, use an alcohol-based hand sanitizer

- b. Avoid touching eyes, nose, and mouth after touching common surfaces/hand shake with ill persons
 - c. Avoid close contact with sick people.
 - d. Avoid undercooked meat or food prepared under unsanitary conditions, and wash fruits and vegetables before eating them;
 - e. Maintaining good personal hygiene;
 - f. Avoid unnecessary contact with farm, domestic, and wild animals, especially camels
- iv. The posters based on the health education material should be made available to all departing pilgrims through the travel and tourism sectors and by placing at important / visible location. Also a leaflet containing brief symptoms of MERS CoV and instruction to the pilgrims to report to the respective DHQ Hospital if any one develop symptoms on return.
 - v. Train & provide the doctors in the "Hajj Medical Mission" with up to date information and guidance on MERS-CoV. The Hajj Medical Mission must also include a Surveillance and Infection Control experts.
 - vi. Sufficient supplies of the empiric broad spectrum antibiotics, soaps, alcohol-based sanitizers and personal protective equipment (gloves, gowns, surgical masks, N-95 respirators) shall be made available to the medical mission.
 - vii. Pilgrims developing a significant acute respiratory illness with fever, cough or diarrhea should be advised to:
 - o Cover their mouth and nose with a tissue when coughing or sneezing and discard the tissue in the trash after use
 - o Minimize their contact with others to keep from infecting them
 - viii. Returning pilgrims should be advised through a leaflet to seek immediate medical attention if they develop a significant acute respiratory illness with fever and cough during two weeks after their return.
 - ix. For appropriate referral and diagnosis of onboard sick travelers, the National Health Authorities must be informed along with contact information of ill passenger(s).
5. For any further technical assistance, the Field Epidemiology & Disease Surveillance Division, NIH may be contacted on Tel: 051-9255237 and Fax No. 051-9255575.



(Dr. Mukhtar Ahmad)
Executive Director

Cc:

- i. Secretary, Ministry of National Health Services, Regulations & Coordination, Government of Pakistan
- ii. Joint Secretary Hajj Mission, Ministry of Religious Affairs, Government of Pakistan
- iii. Director General Hajj Mission, Ministry of Religious Affairs, Government of Pakistan
- iv. Director General Health Services, Punjab, Sindh, Khyber Pakhtoonkhwa, Balochistan, Gilgit-Baltistan and AJK
- v. Director Population & Health Services, FATA
- vi. District Health Officer, Islamabad
- vii. Director Central Health Establishment, Ministry of National Health Services, Regulations & Coordination, Islamabad
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