Transmission

- Close contact with (including providing care to) a person infected by MERS
- Close contact with dromedary (Arabian) camels (how the disease spreads is not yet fully understood)

 Symptoms

- Fever, cough and shortness of breath, diarrhoea.
- If severe, can cause breathing to become difficult and stop. Patients may need breathing support in a hospital.

Prevention

- Avoid contact with sick animals
- Avoid consuming raw or undercooked camel products (milk, meat, urine)
- Adopt coughing etiquette
- Use personal protection or barriers when caring for a sick person (masks, gloves)
- Wash hands with soap
- Adopt social mobilization and behaviour change communication
- Keep animals under surveillance

Vulnerable people

- Older people
- People with weakened immune systems
- People with chronic diseases such as renal disease, cancer, chronic lung disease, and diabetes

If an epidemic occurs

- Detect sick people rapidly and refer them to health facilities
- Increase social mobilization and behaviour change communication
- Promote use of personal protection or barriers when caring for a sick person (masks, gloves)
- Isolate sick people
- Promote handwashing with soap
- Promote coughing etiquette
- Disinfect reusable supplies that are used to care for or treat sick people
- Encourage people to avoid contact with animals infected by MERS
- Tell people they should not consume raw or undercooked camel products (milk, meat).
Promote animal surveillance

Community-based assessment - questions

Make a map of the community and mark the information you gather on the map. Record other details.

- When did people start to fall sick with MERS?
- How many people have fallen sick with MERS? Where?
- How many have died? Where?
- How many people live in the affected community or area? How many children under five years of age live in the area?
- Who and where are the vulnerable people?
- Who is most affected by MERS?
- Are areas or markets with animals known to be infected by MERS? Where are they?
- What are the community's habits, practices and beliefs about handling and slaughtering animals, especially animals that are sick or dead?
- Do people cook milk and meat thoroughly before eating them?
- Are there handwashing facilities in the community, at animal markets and other areas where livestock gather? Are soap and water always available?
- Where are the local health facilities and services? (Include traditional and community carers from whom people seek advice.)
- What are the community's habits, practices and beliefs about caring for and feeding sick people?
- Is a social mobilization or health promotion programme in place?
- Which sources or channels of information do people use most?
- Are rumours or is misinformation about MERS spreading in the community?

Volunteer actions

See the following action tools for more information on what actions to take against middle east respiratory syndrome coronavirus (mers-cov):
1 - Community-based surveillance
2 - Community mapping
3 - Communicating with the community
4 - Referral to health facilities
5 - Volunteer protection and safety
6 - Using personal protection equipment (PPE) for highly infectious diseases
19 - Psychosocial support (Psychological first aid (PFA))
20 - Isolating sick people
26 - Coughing etiquette
27 - Shelter and ventilation
28 - Social distancing
29 - Hygiene promotion
34 - Handwashing with soap
35 - Handwashing in a highly infectious epidemic
39 - Preparing and using disinfectants
41 - Handling and slaughtering animals
43 - Social mobilization and behaviour change