

## 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