The Middle East respiratory syndrome coronavirus (MERS-CoV) that has been causing illness and death, mostly in Saudi Arabia, is “of great concern” but not yet a global emergency, said members of a World Health Organization (WHO) committee on July 17.

According to a July 21 update of the WHO’s morbidity and mortality figures for MERS-CoV (http://bit.ly/15QRx3D), there have been 90 laboratory-confirmed cases of MERS-CoV infection since September 2012, including 45 deaths. Scientists have yet to identify the animal host of MERS-CoV or the mode of exposure to the virus.

Among the latest cases are 4 individuals in Saudi Arabia: a 26-year-old man who was in close contact with a previously laboratory-confirmed case and a 42-year-old female health care worker, both with mild symptoms that did not require hospitalization, and a 41-year-old man and a 59-year-old woman, both of whom had underlying medical conditions but no contact with known MERS-CoV confirmed cases or animals. Four cases were reported in the United Arab Emirates involving health care workers from 2 hospitals in Abu Dhabi. Of these, a 28-year-old man and 30-year-old women were asymptomatic. The other 2 cases were in women aged 30 and 40 years who had mild upper respiratory symptoms and were in stable condition.

The members of the WHO committee said the current MERS-CoV situation was serious and of great concern but not yet dangerous enough to be a “public health emergency of international concern” (PHEIC). The WHO defines a PHEIC as “an extraordinary event which is determined to constitute a public health risk to other States through the international spread of disease and to potentially require a coordinated international response” (http://bit.ly/15Fo50d). The definition implies a situation that is serious, sudden, unusual, or unexpected, carrying implications for public health beyond the borders of an affected country and possibly requiring immediate international action.

The WHO committee called for improvements in surveillance, laboratory capacity, contact tracing and serological investigation, travel-related guidance, and data collection. The WHO said it is not advising screening at points of entry, and it does not currently recommend any travel or trade restrictions. The committee planned to meet again in September.

In the July 17 US Federal Register, the Food and Drug Administration (FDA) formally announced its emergency use authorization for a diagnostic test to detect MERS-CoV. The secretary of Health and Human Services had previously determined that MERS-CoV has significant potential for resulting in a public health emergency and affecting national security or the health and security of US citizens living abroad.

The FDA had approved the Centers for Disease Control and Prevention’s Novel Coronavirus 2012 Real-time RT-PCR Assay, a real-time reverse transcriptase–polymerase chain reaction for the in vitro detection of MERS-CoV viral RNA, in June. As part of the approval, the FDA waived its customary current good manufacturing practice requirements and labeling requirements to allow the diagnostic test to be disseminated quickly to public health and other qualified laboratories.