LETTER TO THE EDITOR

Coronavirus: A new threat to pilgrims

Dear Editor,

The period between November 2012 and July 2013 marked the pandemic of severe acute respiratory syndrome coronavirus (SARS CoV) that killed around 775 people in 2003.1 Recently, a new strain of coronavirus, novel coronavirus (London1 novel CoV), has been reported worldwide. This virus has killed 18 people and more than 30 confirmed cases have been reported by the World Health Organization since September 2012. A majority of these cases have been reported from the Middle East; and of the 24 cases reported from Saudi Arabia, to date 15 have died.2 The virus has travelled from Saudi Arabia to Europe, where new cases are being reported. Therefore, it has been placed by the experts in the list of viruses that pose a threat to cause epidemics and pandemics.3

London1 novel CoV is a large RNA virus belonging to the same family as SARS, the Coronaviridae. This virus has more commonly been observed to cause diseases in people who have recently travelled to the Arabian Peninsula or its neighboring countries. Within 10 days, most cases have presented with fever (≥ 38°C or 100.4°F), cough, and shortness of breath, as well as lower respiratory tract symptoms such as severe acute pneumonia and renal failure, which may have a fatal outcome. The origin for this virus remains unknown and it is believed that person-to-person transmission can occur through airborne droplets and skin contact.4

Travelers who have been to the Arabian Peninsula or its neighboring countries, their family members, and those who have been in close contact with them must be screened for the virus using quantitative polymerase chain reaction. Currently, there is no particular treatment regimen or vaccine available for the illness, but recently a combination of two standard antiviral agents (ribavirin and interferon alpha 2b) has given good outcomes. Reduction of morbidity aims at isolating the patient and curtailing renal and respiratory tract symptoms.2 Because not much data are available regarding novel CoV and experts suspect an upcoming pandemic, it has become a growing concern, especially for Hajj pilgrims. As there have been no travel restrictions to the Middle East, people travelling to and from there must be vigilant about their personal hygiene and should avoid contact with people suffering from respiratory symptoms. If they develop respiratory symptoms, medical assistance must be sought immediately. In countries such as Thailand, travelers returning from the Middle East are being screened for the fear of upcoming pandemics. Travelers from other Middle East countries must also be screened at their airports, particularly at the Hajj terminals as the Hajj season is approaching. Further research is required for a better understanding of this virus.

Conflicts of interest

The authors declare that they have no conflicts of interest related to the content in this letter.

References

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