وزارة الصحة
Ministry of Health

Weekly Monitor MERS-CoV

Volume 2 Issue 18 Tuesday 3 May 2016

Current Event

Rapid Response Team (RRT) of Infection Prevention and Control (IPC)

Immediate response to any MERS outbreak is represented by the RRT/ IPC of the Ministry of Health (MoH).

Editorial Notes

The role of RRT is to prevent outbreaks within Healthcare Facilities (HCFs) and limits the size of the outbreak when it happens. The focus of RRT is to achieve rapid improvement in IPC measures through inspection, training and immediate implementation of corrective measures. Example of the impact is demonstrated in figure one in one of the hospitals. The formation of RRTs is not intended to imply failure or negligence, but is a tool to ensure that HCFs with urgent IPC needs are responded to in a timely manner.

RRTs respond to daily emerging priorities based on pre-defined triggers. Response includes guidance, inspection, and training. Team members are an RRT leader, epidemiologist and/or infection control specialist and an officer. Around 230 RRT members are distributed throughout regions, and a minimum of two members in each team. The organizational structure of the RRT is shown in figure two.

The target of RRTs is to provide distant and/or on-the-ground coverage within twelve hours of trigger, to ensure that the HCFs with urgent IPC needs are timely met. Triggers are categorized into four levels based on their severity. Suspected case alerts the first trigger, when it gets confirmed it turned to the second, but when an emerging and ongoing clusters present, the third and fourth triggers get activated. Experienced and specialized teams are designated based on the level of alerts to ensure a proper response. Time spent in each trigger varies from one hour to five days.

The RRT authority across key stakeholders is represented as follows, once a case gets confirmed, laboratory inform the RRT lead, hospitals and regional directorate. The infection control director and regional RRT leader activate the RRT response and inform the regional directorate about the RRT activation. Later, the regional RRT leader reaches out to available RRT members and makes sure that all instructions and materials are in hand; then informs the intended hospital for the upcoming visit. The entire process takes less than twelve hours. After conducting the RRT intervention, the RRT submit a carefully reviewed executive report on the findings and recommendations to the regional and general directorate. A follow-up schedule is conducted based on what have been suggested in the report.

Effective communication and cooperation with the RRTs will ensure rapid containment of the outbreak.

Figure 1: Impact of RRT on Hospital Compliance Performance (March, 2015)

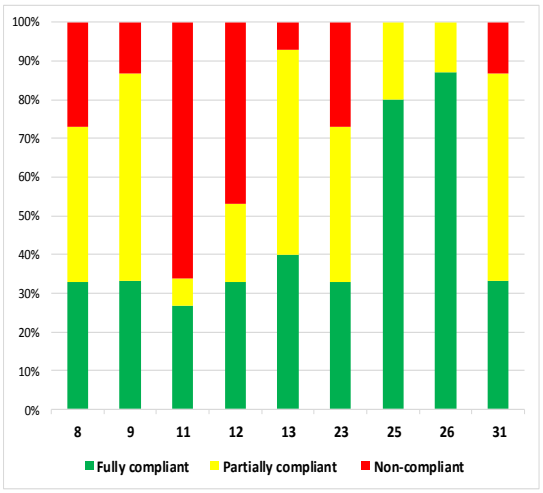
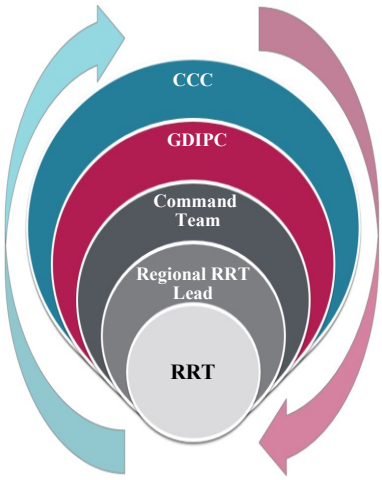


Figure 2: RRT Organization Structure



Cases of MERS-CoV: International Week (IW) No. 17: 24 – 30 Apr 2016

Total	**1**
Symptomatic (S)	1
Asymptomatic (AS)	0
Healthcare worker (S)	0
Healthcare Worker (AS)	0

Recent Publications:

Atabani SF, Wilson S, Overton-Lewis C, Workman J, Kidd IM, Petersen E, Zumla A, Smit E, Osman H. Active Screening and Surveillance in the United Kingdom for Middle East Respiratory Syndrome Coronavirus in returning travellers and pilgrims from the Middle East - a prospective descriptive study for the period 2013- 2015. Int J Infect Dis. 2016 Apr 23. pii: S1201-9712(16) 31030-X. doi: 10.1016/j.ijid.2016.04.016.

MERS-CoV in KSA 2016*

Region	*Case*	*Primary*	*Secondary*	*U.C.*
Qassim	36	10	23	3
Riyadh	28	18	8	2
Hail (1)	6	5	0	1
Jeddah	5	4	0	1
Asir	5	4	1	0
Taif	4	3	1	0
Najran	4	3	0	1
Madinah	2	2	0	0
Eastern Region	2	2	0	0
Al-Ahsaa	2	2	0	0
Al-Baha	1	0	0	1
Bisha	1	1	0	0
Makkah	0	0	0	0
Tabuk	0	0	0	0
Al-Joaf	0	0	0	0
Jazan	0	0	0	0
Northern Borders	0	0	0	0
Qunfotha	0	0	0	0
Hafr Al-Batin	0	0	0	0
Qurayyat	0	0	0	0
Total	***96***	***54***	***33***	***9***

Case: Confirmed Symptomatic. **U.C. :** Unclassified cases
***Period:** Form 3 Jan to 30 Apr 2016
Regions with new cases of this week are highlighted in yellow.