

EP0271

ePoster Session

Travel medicine and international health

MERS corona virus screening in returning Indonesian Umrah pilgrims 2014-2015

Masdalina Pane¹, Fiona Kong^{*2}, Herlina Mashud³

¹*Nihrd, Ministry of Health Rep. of Indonesia, Jakarta, Indonesia*

²*Hongkong University, Hongkong, Hong Kong*

³*Prof Sulianti Saroso, Infectious Diseases Hospital, Jakarta, Indonesia*

Background: Port health authorities play an important role in the health screening of all travellers. In Indonesia, there are five main port health authorities directly International connection from 54 port health. Within the island of Java, Jakarta and Surabaya are the main port health authority. Umrah pilgrims from Lampung, Banten, West Java, Jakarta (capital city), central Java, and Yogyakarta provinces go through Jakarta International airport to proceed on their pilgrimage to the two Holy Cities in the Kingdom of Saudi Arabia (KSA).

On return, all umrah pilgrims are screened for fever above 37.5 Celsius degrees and cough or difficulty breathing at the entry point of the airports. All returnees are provided with a health card to present to health authorities within Indonesia if they showed the above symptoms.

If the port health authorities screened travellers as suspect cases based on the list of symptoms, the travellers are given medication to treat the symptoms with imposed observation period. There is a current estimate of 1 to 2 travellers per flight which fall under this suspicion. If they are not feeling better or develop abnormal symptoms suggestive of a respiratory infection, they are referred to the nearest hospital. On suspicion of Middle East Respiratory Syndrome (MERS), all cases will be referred to Prof. Sulianto Saroso Infectious Disease Hospital (RSPI-SS).

Material/methods: Samples are sent from health facilities to the Ministry of Health (MoH), Republic of Indonesia, for testing MERS in the national laboratory. The suspected Umrah returnees in 2014-15 are presented (confirmed by MoH).

Results: A total of 23 matched the clinical symptoms for MERS from 2014 to 2015, 61% (14/23) had co-respiratory-related morbidities (e.g. Mycobacterium tuberculosis (MTB), asthma, chronic obstructive pulmonary disease etc.), while 22% (5/23) had other co-morbidities (e.g. diabetes mellitus, cardiomegaly etc.). One case had missing details. Those above 50 years old made up 77% (17/22) of all cases. However there was one suspected case of an 11 month old baby. Seven cases were reported on May 2014 from different areas of West Java.

Conclusions: When compared to the Hajj pilgrimage, there is no special health requirements (e.g. vaccination, tuberculosis screening) set by the Kingdom of Saudi Arabia (KSA) health authorities. All of the MERS suspects reported here are returnees from the Umrah pilgrimage. There was no difference in visa process for umrah now and before the discovery of MERS. In 2014/15 where the visa lengths of stay and pilgrim numbers were reduced due to the renovation and construction works within the Great Mosque. We will be investigating further into the need to strengthen the current entry points of Indonesia in order to support global health security.