

ISSUE BRIEF

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MERS in South Korea: Applying the Lessons of Ebola

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Middle East Respiratory Syndrome (MERS) is the latest in what might appear to some as a constant barrage of horrible diseases. Presently, it has infected about 120 people in South Korea, the schools are in lockdown, and nearly 4,000 people are being monitored in isolation after possible contact with infected people. Will this be the next “Ebola” outbreak?

This is a serious issue. As America learned in the Ebola response in 2014, preparation cannot afford to be weak, slow, or overconfident. If it is any of these, a price will be paid. America needs to be ready in case MERS strikes here.

What Is MERS?

MERS is a virus that originated in the Middle East and may have been contracted from exposure to camels. It is a coronavirus, which simply means that it has characteristics similar to Severe Acute Respiratory Syndrome (SARS) and the common cold. The symptoms are fever, respiratory problems, pneumonia, and eventually kidney failure. Those infected have about a 40 percent death rate. People whose health is already compromised, such as those with cancer or pre-existing respiratory issues, are in the most danger. While MERS can be spread through respiratory droplets, such as those caused

by coughing, it most often spreads by closer contact, such as living with or caring for an infected person.¹

How Did MERS Enter South Korea?

The South Korea public health officials have done their homework. The first step in an outbreak is to determine who is patient zero—the first person with the disease. In this case, a 68-year-old man who had traveled to the Middle East seems to be the vector that brought MERS to the Korean Peninsula. When he became ill, he was treated near a 65-year-old, who caught it and the outbreak began.

As soon as South Korean health officials realized what was occurring, they began acting. Infected patients were isolated to prevent further spread of the disease, and public health “detectives” began the process of identifying who had been exposed. As a result, 4,000 people are now under observation. At the same time, officials started “social distancing” measures, including closing schools, discouraging large gatherings of citizens, testing to confirm diagnoses, and more intensive questioning in emergency rooms—questions such as “Have you traveled recently?” and “Have you cared for someone who is sick with a fever?”

The situation is still dangerous, but officials are confident that the tide has turned. Every day, more people are released from observation and isolation, and many who have been infected are given a clean bill of health.

How Does the Outbreak Affect the U.S.?

The Centers for Disease Control and Prevention (CDC) and the World Health Organization are on high alert to detect and contain any new flare-ups,

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including in the United States. The CDC is ramping up educational materials available for both private citizens and professional health care workers to ensure that they have the right people and the right techniques in place.

Guaranteeing that “It won’t come here!” is impossible. However, America is as ready as it can be. The CDC and DHS have also coordinated for extra screening methods at points of entry into the country if circumstances warrant. At this point, higher levels of awareness are the rule. Individuals should be cognizant of their own health indicators: Have they developed a fever after Middle Eastern travel? Have they been exposed to anyone with a high fever? How are they feeling?²

Going Forward

The MERS outbreak in South Korea is not a repeat of the Ebola experience of 2014. Thus far, the South Koreans have acted correctly to contain the disease in a responsible and scientifically balanced manner.

Yet America should not be complacent. To ensure Americans stay as safe as possible, the CDC and DHS should:

- Continue to actively monitor South Korea’s progress in dealing with the outbreak;
- Ramp up credible awareness and education efforts for the general public;

- Ramp up outreach to medical professionals to ensure they are completely prepared with the knowledge, supplies, and facilities to respond to any unexpected outbreaks in their areas;
- Put fly-away teams of specialists on call to assist local authorities;
- Review and rehearse screening procedures for points of entry and develop a tiered system of response at points of entry to minimize the chance of entry by an infected person; and
- Coordinate across the U.S. government to ensure that other departments and agencies are ready to assist in the event of a MERS outbreak in the United States.

Conclusion

The Ebola response in 2014 was a superb learning experience that should have eliminated any hubris or overconfidence in U.S. abilities to deal with highly infectious diseases. It also showed that America can respond agilely and learn on the fly. Both lessons should be applied to the MERS outbreak for the benefit of all.

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1. Associated Press, “South Korea Reports 10th Death from MERS Virus,” Yahoo News, June 11, 2015, <http://news.yahoo.com/south-korea-reports-10th-death-mers-virus-095443803.html> (accessed June 15, 2015).

2. Centers For Disease Control and Prevention, “Middle East Respiratory Syndrome (MERS): FAQs,” June 10, 2015, <http://www.cdc.gov/coronavirus/mers/faq.html> (accessed June 15, 2015).