To investigate a cluster of Middle East respiratory syndrome (MERS) cases in a women-only dormitory in Riyadh, Saudi Arabia, in October 2015, we collected epidemiologic information, nasopharyngeal/oropharyngeal swab samples, and blood samples from 828 residents during November 2015 and December 2015–January 2016. We found confirmed infection for 19 (8 by reverse transcription PCR and 11 by serologic testing). Infection attack rates varied (2.7%–32.3%) by dormitory building. No deaths occurred. Independent risk factors for infection were direct contact with a confirmed case-patient and sharing a room with a confirmed case-patient; a protective factor was having an air conditioner in the bedroom. For 9 women from whom a second serum sample was collected, antibodies remained detectable at titers >1:20 by pseudoparticle neutralization tests (n = 8) and 90% plaque-reduction neutralization tests (n = 2). In closed high-contact settings, MERS coronavirus was highly infectious and pathogenicity was relatively low.

Middle East respiratory syndrome (MERS) coronavirus (CoV) is a zoonotic virus (1). Approximately 2,266 laboratory-confirmed cases of MERS have been reported to the World Health Organization (WHO) (2) since the identification of the first human cases in 2012 (3,4).

Although the primary source of human infections is MERS-CoV–infected dromedaries, the modes of transmission from dromedaries to humans remain unclear (5). Human-to-human transmission has occurred primarily in healthcare settings (6), sometimes resulting in large explosive outbreaks (7,8). However, to date, no sustained human-to-human infection has been detected. Few outbreaks of MERS-CoV outside of healthcare settings have been documented, and limited transmission within families has been reported, but secondary attack rates in households or in settings outside of healthcare facilities (e.g., farms) seem to be low (9).

The nonspecificity of clinical definitions for MERS-CoV and the tendency of surveillance to focus on severe cases suggest that the prevalence of mild or asymptomatic infection cannot be estimated from case-based clinical surveillance alone (10). Mild or asymptomatic cases have been identified from contact tracing of laboratory-confirmed case-patients in several countries, including Saudi Arabia, the United Arab Emirates, Qatar, and South Korea (11–16).

In early October 2015, a cluster of MERS-CoV infections was identified among expatriate women working for a women-only university in Riyadh, Saudi Arabia. At the time the outbreak investigation was initiated, Kingdom of Saudi Arabia (KSA) Ministry of Health officials had identified 8 MERS case-patients by reverse transcription PCR (RT-PCR) (17); all patients were epidemiologically linked through their place of residence, a dormitory that housed expatriate women. Two additional laboratory-confirmed cases were identified among healthcare workers who had been exposed to the first case-patient, who had sought treatment at a medical clinic near the residence (17).

As part of this outbreak investigation, we conducted a molecular and seroepidemiologic study of the residents of an expatriate dormitory where the initial case-patients lived. Our goal was to describe and characterize the outbreak, determine potential source(s) of the outbreak, estimate the extent of MERS-CoV infection among residents, and evaluate risk factors for infection among residents.

**Methods**

**Selection and Recruitment of Study Participants**

We used the MERS-CoV standardized serologic investigation protocol developed by WHO and the Consortium for the Standardization of Influenza Seroepidemiology (18)

1Current affiliation: World Health Organization, Geneva, Switzerland.

2Current affiliation: King Saud University, Riyadh, Saudi Arabia.
and adapted it to the context of this outbreak. All 828 residents of the women-only expatriate dormitory in Riyadh were informed of the purpose of the outbreak investigation by KSA Ministry of Health official field teams and asked in person to participate. The KSA Ministry of Health, WHO, and Institut Pasteur field teams provided information sessions about the study and about MERS-CoV. The response team established a nursing station within the residential compound and assigned 2 nurses to reside within the compound to follow up with exposed persons and keep a log of any medical complaints from the residents throughout the outbreak period. Because this outbreak investigation was part of a public health response, it was not considered by the KSA Ministry of Health, Institut Pasteur, or The University of Hong Kong to be research that was subject to review by an institutional review board. As such, written informed consent was not required.

Included in the investigation were all residents of the dormitory who orally provided consent for completion of a questionnaire; collection of a nasopharyngeal or oropharyngeal swab sample, or both; and collection of a blood sample for serologic testing. Exclusion criteria included being <16 years of age at the time of recruitment, having any contraindication to venipuncture, or both.

The interviewers were trained to use the data collection forms developed for this investigation; because most residents were from the Philippines, the questionnaire was translated into Tagalog (Appendix, https://wwwnc.cdc.gov/EID/article/25/10/19-0130-App1.pdf). Each question was read aloud to women in groups of 15–25 in the dormitory while they filled in the questionnaire by hand. A subset of more sensitive questions was administered one-on-one by a member of the investigation team over the course of the 3-day field investigation. Before study implementation, frontline staff, including all outbreak investigation personnel, were trained with regard to infection control procedures, including proper hand hygiene and the correct use of respiratory face masks, to minimize their own risk for infection when in close contact with patients during home visits and elsewhere and to minimize the potential risk for MERS-CoV transmission between participants or between households.

Specimen Collection and Testing for MERS-CoV
Any participant who reported respiratory symptoms during the initial investigation (October 19–28, 2015) or during a 14-day follow-up period (after last contact with a confirmed/suspected MERS-CoV patient) was immediately isolated, and nasopharyngeal/oropharyngeal swab samples were collected and tested for MERS-CoV by RT-PCR. RT-PCR testing of human biological specimens was conducted at the Riyadh Regional Laboratory by use of standardized RT-PCR methods for MERS-CoV testing (19). Any participants with a positive MERS-CoV result by RT-PCR according to WHO criteria (10) were reported to WHO under the requirements of the International Health Regulations (2005) (https://www.who.int/ihd/9789241596664/en).

On November 1–2, 2015, a total of 5 mL of blood was collected from consenting residents of the compound. The blood was collected in a serum collection tube according to standard procedures and labeled with a coded identification number linked to the data collection forms. Transport of specimens within national borders complied with the applicable national regulations of Saudi Arabia. International transport of MERS-CoV specimens followed applicable international regulations (20).

Serologic assays used to detect and confirm seropositivity in the serum samples were MERS-CoV S1 IgG ELISA (EUROIMMUN EI 2604–9601G kit, https://www.euroimmun.com), MERS-CoV spike pseudoparticle neutralization test (ppNT), and 90% plaque-reduction neutralization test (PRNT$_{90}$). Serologic testing for MERS-CoV antibodies was conducted at the University of Hong Kong, as previously described (21). All serum samples were screened by MERS-CoV S1 ELISA, and positive or equivocal samples were further tested by ppNT and PRNT$_{90}$. Serologic results were interpreted as positive if PRNT$_{90}$ or ppNT titer for either the first or second serum specimen was $\geq 1:20$.

Statistical Analyses
We entered all data for analysis in the entry form in Epi Info 3.5.4 (https://www.cdc.gov/epiinfo) and exported it to statistical software Stata 14 (https://www.stata.com). We estimated risk factors for infection among case-patients and non–case-patients (risk ratios [RRs] and 95% CIs) and within a nested case–control study (odds ratios [ORs] and 95% CIs) by restricting analyses to residents living in villas in which laboratory-confirmed cases had been identified.

Results
The first patient in this cluster who had laboratory-confirmed MERS was a 27-year-old woman who worked as a janitor in a women-only university in Riyadh. She reported experiencing dry cough and fatigue on October 1, 2015; she sought care at a private healthcare clinic on October 4 and was provided treatment and sent home the same day. On October 7, after signs and symptoms worsened to include fever, shortness of breath, productive cough, and signs of pneumonia, she again sought care in the same healthcare clinic, and a diagnosis of MERS was suspected. On October 8, a nasopharyngeal sample was collected and the patient was transferred to a public hospital in Riyadh, designated for isolation and treatment of MERS patients. MERS-CoV infection was confirmed on October 9. A second case in this cluster has recently been described (22). The first patient resided in an enclosed, women-only, expatriate dormitory composed of 24 villas (Figure 1). Each
SYNOPSIS

Villa is a 3-story building with 7 bedrooms (2 on the ground floor, 3 on the first floor, and 2 on the second floor) and is inhabited by 24–50 women. On inspection of the living quarters, the field team found that most of the windows in the bedrooms were closed and sealed and that ventilation within the bedrooms was poor. Initial open-ended interviews with some residents informed the study team that residents shared the same kitchen and dining room within the villa but did not typically eat together or share food at mealtimes. There were no designated social spaces; however, residents reported gathering around laptops to watch movies together.

A total of 828 women who lived in the residence complex were included in the seroepidemiologic study; none of the eligible women refused to participate. All participants were female, and median age was 35.1 (26.6–41.3) years. None were Saudi Arabia nationals; they were from the Philippines (84.6%), Sri Lanka (6.4%), Indonesia (2.9%), Nepal (1.6%), and India (1.1%) (Table 1). A total of 49 participants (1 case-patient and 48 non–case-patients) reported having >1 chronic condition (e.g., asthma, diabetes, heart disease, hypertension, breast cancer) (Table 1). The MERS case-patient reported having asthma; among non–case-patients, the most common chronic conditions reported were asthma (31%), diabetes (25%), and hypertension (18%).

In terms of occupation, almost half (49.1%) of participants reported working at the women-only university in Riyadh, including 17 (89.5%) of the MERS case-patients (Table 1). Participants reported working in 1 of 4 hospitals as either their primary or secondary occupation (Table 1). Contact tracing of the initial patient and molecular and serologic laboratory test results identified an additional 18 MERS-CoV infections (Figure 2; Table 2). Of the 19 total case-patients, 12 (63.2%) were from villa 2A; 2 (10.5%) were from a facing villa (1B); and 1 case (5.3%) was reported from each of 5 villas either close to the mostly affected villa (2A) or 2 other villas (10A and 7A) populated with residents from the Philippines (Figure 1).

Among the 8 MERS-CoV cases positive by PCR, 8 were also serologically positive for MERS-CoV (Table 2). According to PRNT$_{90}$ or ppNT serology results for either the first or second serum sample, an additional 11 persons were serologically positive for MERS-CoV infections. Therefore, a total of 19 of the 828 dormitory residents had evidence of MERS-CoV infection by molecular or serologic testing or both; the infection attack rate [IAR] for the cohort was 2.3%.

Of the 9 patients from whom a second sample was collected in March 2016, a total of 8 had ppNT titers of $\geq 1:20$, and only 2 of these had PRNT$_{90}$ titers of $\geq 1:20$. For 2 of these 8 patients, ppNT indicated a $\geq$4-fold fall in antibody titer; for the others, ppNT antibody levels remained within 2-fold that of the initial serum sample.

Bivariate analyses indicated significant associations between MERS and the following risk factors: having direct contact with a known MERS patient (RR 10.9, 95% CI 6.7–17.6); sharing a bedroom (RR 25.5, 95% CI 10.3–63.1), kitchen (RR 15.5, 95% CI 5.4–44.2), bathroom (RR 25.5, 95% CI 10.3–63.1), meal (RR 19.4, 95% CI 7.5–50.3), or transportation vehicle (RR 11.8, 95% CI 4.9–28.5); and having indirect contact with a known patient (RR 15.5, 95% CI 5.4–44.2) (Table 3). The presence of a chronic condition did not vary by MERS infection status. According to multivariate analyses, direct contact with a known MERS patient (OR 27.6, 95% CI 8.4–91.0) and sharing a bedroom with a MERS patient (OR 5.7, 95% CI 1.5–22.5) remained statistically significant. Having a functioning air conditioner in the bedroom was protective (OR 0.15, 95% CI 0.03–0.82). None of the women reported traveling outside of Saudi Arabia in the 14 days before symptom onset (data not shown).
Transmissibility of MERS-CoV in Closed Setting

Table 1. Demographic characteristics of participants with and without MERS-CoV infection in study of MERS-CoV transmissibility in a closed setting, Riyadh, Saudi Arabia, 2015*

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>All participants, no. (%), n = 828</th>
<th>Case-patients, no. (%), n = 19†</th>
<th>Non–case-patients, no. (%), n = 809</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex</td>
<td>F 814/814 (100)‡</td>
<td>19/19 (100)‡</td>
<td>795/795 (100)‡</td>
</tr>
<tr>
<td></td>
<td>M 0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Nationality</td>
<td>Filipino 659 (84.6)</td>
<td>19 (100)</td>
<td>640 (84.2)</td>
</tr>
<tr>
<td></td>
<td>Sri Lankan 50 (6.4)</td>
<td>0</td>
<td>50 (6.6)</td>
</tr>
<tr>
<td></td>
<td>Nepali 12 (1.5)</td>
<td>0</td>
<td>12 (1.6)</td>
</tr>
<tr>
<td></td>
<td>Bangladeshi 28 (3.6)</td>
<td>0</td>
<td>28 (3.7)</td>
</tr>
<tr>
<td></td>
<td>Indonesian 22 (2.8)</td>
<td>0</td>
<td>22 (2.9)</td>
</tr>
<tr>
<td></td>
<td>Indian 8 (1.0)</td>
<td>0</td>
<td>8 (1.0)</td>
</tr>
<tr>
<td>Highest level of education reached</td>
<td>779</td>
<td>19</td>
<td>761</td>
</tr>
<tr>
<td></td>
<td>Primary school 80 (10.3)</td>
<td>1 (5.3)</td>
<td>79 (10.4)</td>
</tr>
<tr>
<td></td>
<td>High school 377 (48.4)</td>
<td>10 (52.6)</td>
<td>368 (48.4)</td>
</tr>
<tr>
<td></td>
<td>University/degree 234 (30.0)</td>
<td>4 (21.1)</td>
<td>230 (30.3)</td>
</tr>
<tr>
<td></td>
<td>Postgraduate degree 77 (9.9)</td>
<td>4 (21.1)</td>
<td>73 (9.9)</td>
</tr>
<tr>
<td></td>
<td>No education 11 (1.4)</td>
<td>0</td>
<td>11 (1.4)</td>
</tr>
<tr>
<td>Primary occupation</td>
<td>770</td>
<td>19</td>
<td>751</td>
</tr>
<tr>
<td></td>
<td>Women-only university 378 (49.1)</td>
<td>17 (88.5)</td>
<td>361 (48.1)</td>
</tr>
<tr>
<td></td>
<td>Public university 12 (1.6)</td>
<td>0</td>
<td>12 (1.6)</td>
</tr>
<tr>
<td></td>
<td>Hospital A 32 (4.2)</td>
<td>0</td>
<td>32 (4.3)</td>
</tr>
<tr>
<td></td>
<td>Hospital B 238 (30.9)</td>
<td>2 (10.5)</td>
<td>236 (31.4)</td>
</tr>
<tr>
<td></td>
<td>Hospital C 54 (7.0)</td>
<td>0</td>
<td>54 (7.2)</td>
</tr>
<tr>
<td></td>
<td>Hospital D 56 (7.3)</td>
<td>0</td>
<td>56 (7.5)</td>
</tr>
<tr>
<td>Secondary occupation</td>
<td>83/805 (10.3)‡</td>
<td>3 (15.8)</td>
<td>80 (10.7)</td>
</tr>
<tr>
<td></td>
<td>Hospital A NA</td>
<td>2 (10.5)</td>
<td>17 (2.3)</td>
</tr>
<tr>
<td></td>
<td>Hospital D NA</td>
<td>1 (5.3)</td>
<td>10 (1.3)</td>
</tr>
<tr>
<td></td>
<td>Other (health club) NA</td>
<td>0</td>
<td>53 (7.0)</td>
</tr>
<tr>
<td>Any underlying medical conditions</td>
<td>49780 (6.3)‡</td>
<td>1 (5.0)</td>
<td>48/761 (6.3)</td>
</tr>
<tr>
<td>Regularly smoke (% daily)</td>
<td>10/773 (1.3)‡</td>
<td>1/19 (5.6)</td>
<td>9/755 (1.2)</td>
</tr>
<tr>
<td>Current chronic conditions§</td>
<td>49780 (6.3)‡</td>
<td>1/19 (5.3)</td>
<td>48/761 (6.3)</td>
</tr>
</tbody>
</table>

*Median age (interquartile range): for all, 35.1 (26.6–41.3) years; for case-patients, 29.8 (28–37.2) years; for non–case-patients, 35.2 (29.6–41.4) years. CoV, coronavirus; MERS, Middle East respiratory syndrome; NA, not applicable.
†Molecular or serologic evidence of MERS-CoV infection.
‡Denominator indicates the number of women who answered the question.
§Included asthma, diabetes, heart disease, hypertension, and breast cancer.

Discussion

This study details the comprehensive investigation of a cluster of MERS cases reported outside a healthcare-associated or camel industry–associated occupational setting. In this women-only, expatriate worker dormitory in Riyadh, Saudi Arabia, the overall IAR of 2.3% is similar to that found in a household contact study conducted in 2014 (IAR of 4.3%) (9). However, in this outbreak, the residential setting was more crowded than typical single-family households. Although we found the IAR in some villas to be low, we identified IARs as high as 35.3% (12/34) in 1 villa (2A), probably because of the exceptionally crowded living and sleeping conditions. Within this villa, 12 women were infected with MERS-CoV but only 10 reported any symptoms. Rates of IAR were not affected by the presence or absence of underlying conditions or the median age of residents by villa.

This study identified the independent risk factors for infection to be direct contact and sharing a bedroom with a MERS patient. Findings from other serologic studies have been similar (23). We hypothesize that the increased human-to-human transmission within villas resulted from the clustering of the women’s activities. For example, the same women who lived together typically ate and socialized together, worked together, and traveled to and from work together. These activities added to the likelihood of intense direct physical contact among the women and probably led to limited but effective human-to-human transmission within their residence.

Globally, the extent of human-to-human transmission outside of healthcare facilities is uncertain, and whether MERS-CoV has the potential for sustained community transmission is unclear. Transmission among family members seems to be limited but can be amplified in healthcare settings (24,25) among persons with underlying medical conditions and to healthcare workers. Contributors to propagation of MERS-CoV infection in healthcare facilities include aerosol-generating procedures such as intubation, suction, and collection of nasopharyngeal swabs (26). Compared with the total number of MERS-CoV infections reported to WHO to date, patients in our study cohort were significantly younger (median age 32 vs. 52 years, respectively), healthier (6.3% vs. 41.0% reporting ≥1 chronic condition), and more likely to be female (0 vs. 68.1% male) (27).
Healthcare staff can prevent human-to-human transmission of MERS-CoV through stringent adherence and implementation of detailed and clear protocols for standard, droplet, and aerosol infection prevention and control (IPC) measures among the various persons within a healthcare setting (i.e., healthcare workers, patients, and visitors) (28). Such IPC measures were not followed by the inhabitants of the dormitory in this study.

Although we were able to rule out a connection to dromedary camels, we were not able to specifically determine the source of this outbreak. Of the 19 laboratory-confirmed case-patients, 17 reported working at the same women-only university in Riyadh and the other 2 worked primarily as cleaners at the same healthcare facility in Riyadh (hospital B). Of these 19 case-patients, 3 also reported having a secondary place of employment, including working as cleaners at 2 other hospitals in Riyadh (hospitals A and D). We hypothesize that 1 of the 19 infected women identified in this investigation may have been exposed to and infected with MERS-CoV while working as a cleaner in a healthcare facility.

Table 2. Characteristics of MERS-CoV–positive participants identified from molecular and serologic assay results in study of MERS-CoV transmissibility in a closed setting, Riyadh, Saudi Arabia, 2015*

<table>
<thead>
<tr>
<th>Age, y</th>
<th>Bldg no.</th>
<th>Signs/symptoms†</th>
<th>Symptom onset date</th>
<th>RT-PCR‡</th>
<th>SI ELISA</th>
<th>ppNT</th>
<th>PRNT90</th>
<th>Serologic test result§</th>
</tr>
</thead>
<tbody>
<tr>
<td>23</td>
<td>1B</td>
<td>Yes</td>
<td>Oct 11</td>
<td>+</td>
<td>1.586</td>
<td>0.523</td>
<td>80</td>
<td>20</td>
</tr>
<tr>
<td>28</td>
<td>5B</td>
<td>Yes</td>
<td>Oct 14</td>
<td>+</td>
<td>2.225</td>
<td>NA</td>
<td>80</td>
<td>NA</td>
</tr>
<tr>
<td>29</td>
<td>2A</td>
<td>Yes</td>
<td>Oct 13</td>
<td>+</td>
<td>1.816</td>
<td>NA</td>
<td>20</td>
<td>NA</td>
</tr>
<tr>
<td>29</td>
<td>2A</td>
<td>Yes</td>
<td>Oct 14</td>
<td>+</td>
<td>4.57</td>
<td>NA</td>
<td>160</td>
<td>NA</td>
</tr>
<tr>
<td>28</td>
<td>2A</td>
<td>Yes</td>
<td>Oct 1</td>
<td>+</td>
<td>3.154</td>
<td>2.741</td>
<td>160</td>
<td>160</td>
</tr>
<tr>
<td>26</td>
<td>2A</td>
<td>Yes</td>
<td>Oct 7</td>
<td>+</td>
<td>3.154</td>
<td>NA</td>
<td>160</td>
<td>NA</td>
</tr>
<tr>
<td>39</td>
<td>2A</td>
<td>Yes</td>
<td>Sep 30</td>
<td>+</td>
<td>1.553</td>
<td>NA</td>
<td>40</td>
<td>NA</td>
</tr>
<tr>
<td>53</td>
<td>2A</td>
<td>No</td>
<td>NS</td>
<td>+</td>
<td>4.242</td>
<td>NA</td>
<td>160</td>
<td>NA</td>
</tr>
<tr>
<td>41</td>
<td>1B</td>
<td>No</td>
<td>NS</td>
<td>NA</td>
<td>1.311</td>
<td>0.33</td>
<td>20</td>
<td>10</td>
</tr>
<tr>
<td>37</td>
<td>2A</td>
<td>Yes</td>
<td>Oct 10</td>
<td>–</td>
<td>1.214</td>
<td>0.569</td>
<td>40</td>
<td>20</td>
</tr>
<tr>
<td>30</td>
<td>2A</td>
<td>Yes</td>
<td>Oct 22</td>
<td>–</td>
<td>0.759</td>
<td>0.605</td>
<td>20</td>
<td>20</td>
</tr>
<tr>
<td>24</td>
<td>2A</td>
<td>Yes</td>
<td>Oct 1</td>
<td>–</td>
<td>1.422</td>
<td>NA</td>
<td>80</td>
<td>NA</td>
</tr>
<tr>
<td>32</td>
<td>2A</td>
<td>Yes</td>
<td>Sep 26</td>
<td>–</td>
<td>3.381</td>
<td>1.012</td>
<td>80</td>
<td>20</td>
</tr>
<tr>
<td>28</td>
<td>2A</td>
<td>Yes</td>
<td>Sep 19</td>
<td>–</td>
<td>1.999</td>
<td>1.654</td>
<td>40</td>
<td>40</td>
</tr>
<tr>
<td>30</td>
<td>1A</td>
<td>No</td>
<td>NS</td>
<td>NA</td>
<td>3.295</td>
<td>1.496</td>
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<tr>
<td>36</td>
<td>2B</td>
<td>No</td>
<td>NS</td>
<td>–</td>
<td>1.419</td>
<td>NA</td>
<td>20</td>
<td>NA</td>
</tr>
<tr>
<td>42</td>
<td>7A</td>
<td>No</td>
<td>NS</td>
<td>NA</td>
<td>0.576</td>
<td>NA</td>
<td>10</td>
<td>NA</td>
</tr>
<tr>
<td>37</td>
<td>10A</td>
<td>No</td>
<td>NS</td>
<td>NA</td>
<td>1.115</td>
<td>NA</td>
<td>80</td>
<td>NA</td>
</tr>
<tr>
<td>45</td>
<td>2A</td>
<td>No</td>
<td>NS</td>
<td>–</td>
<td>1.111</td>
<td>0.563</td>
<td>20</td>
<td>20</td>
</tr>
</tbody>
</table>

*First samples collected November 13, 2015; second samples collected March 22, 2015. Bldg, building; CoV, coronavirus; MERS, Middle East respiratory syndrome; NA, not available/not collected; NS, no signs/symptoms reported; ppNT, pseudoparticle neutralization test; PRNT90, 90% plaque-reduction neutralization test; RT-PCR, reverse transcription PCR; +, positive; −, negative.
†Self-reported or observed signs/symptoms in the 14 d before epidemiologic interview.
§Serologic test result was defined as positive if either PRNT90 or ppNT titers were ≥20. SI ELISA results are shown for information only; they were not used in designating infection status.
where persons with undiagnosed MERS had been cared for. In August 2015, hospital B, reportedly the primary occupation location for 2 women who were MERS-CoV positive according to PCR, was the location of a small cluster of laboratory-confirmed MERS cases (n = 5). Unfortunately, viral genomic sequencing was conducted on only 1 of those patients (22); without further epidemiologic and sequencing data from other patients in this cluster, or from the laboratory-confirmed patients in the small cluster in hospital B in August 2015, we cannot surmise further.

The time lag between identification of MERS patients in hospital B in August 2015 and the timing of this outbreak in October 2015 suggests that persons with subclinical cases may have been in or working in this hospital during August–October 2015; however, because testing for MERS-CoV in Saudi Arabia was substantial (29), missing symptomatic cases was unlikely. A subject of some debate and recent focus has been the potential role of mildly symptomatic or asymptomatic infections and potential environmental contamination in the spread of MERS-CoV in healthcare facilities (22,30–33). The rapid initiation of this investigation and use of an existing protocol (34) (developed for such use after the rapid isolation of close contacts regardless of the development of symptoms and the implementation of a no-fly policy among residents of the compound until the full 14-day follow-up was completed) probably limited further human-to-human transmission inside and potentially outside of Saudi Arabia.

Our study highlights the potential role of healthcare workers not responsible for direct patient care (e.g., hospital cleaners) in the spread of MERS-CoV. Often, hospital cleaning staff may be from other countries, may speak several languages, and may be missed by efforts to increase IPC specific to MERS-CoV. Specific MERS-CoV IPC training should be directed to cleaning staff in healthcare facilities, in addition to healthcare providers, in appropriate languages, particularly to protect them from infection and from facilitating virus spread within the healthcare facility.

For the 8 women with RT-PCR–confirmed infection, antibody titers ranged from 1:10 to 1:80 by PRNT and from 1:20 to 1:160 by ppNT. For 9 of the 19 women with confirmed evidence of infection by RT-PCR, serologic testing, or both, for whom follow-up serum samples were available 3 months after the putative exposure, 7 women had PRNT titers of <1:20 and 1 woman had ppNT titers of <1:20. Thus, the ppNT antibody test was somewhat more sensitive for detecting evidence of past infection. A ppNT titer of 1:20 is therefore an optimal indicator of past infection in seroepidemiologic assays. The ppNT, although more sensitive, correlated well with PRNT among persons with RT-PCR–confirmed MERS-CoV infection (35) and was uniformly negative in serum from persons in areas where MERS-CoV is not endemic (e.g., Hong Kong [36]). For this study, we categorized those without RT-PCR evidence of MERS-CoV infection but PRNT or ppNT antibody titers ≥:20 as being MERS-CoV infected.

Of the 8 women who had RT-PCR–confirmed infection, 2 were asymptomatic, as were 6 of the 11 women whose diagnosis was made solely by serologic testing. Serologic studies of cohorts of patients positive for MERS-CoV by RT-PCR have shown that milder disease and asymptomatic infections may not be associated with detectable serologic responses (37). Thus, our serologic testing probably underestimates the true number of MERS-CoV infections that may have occurred. However, our data provide evidence that even asymptomatic infections can sometimes lead to detectable serologic responses and that such investigations are useful. Furthermore, the serologic results at 5 months after putative exposure show evidence of antibody titers waning to below diagnostic limits in some patients but also show that antibodies may remain detectable in others. This information is useful when interpreting seroepidemiologic studies in high-risk populations.

Our study had several limitations. Because of multicollinearity of the exposure variables (38), the accuracy of individual predictors may be compromised. The lack of collection of acute blood samples during the outbreak limited our ability to detect seroconversion. In addition, we were not able to conduct sequencing for patients of this outbreak and therefore were not able to use this information to potentially confirm that all 19 infected women acquired their infection from a common source or to identify the source of the outbreak.

Table 3. Bivariate analyses of reported exposures to known MERS patient, including overall cohort, in study of MERS-CoV transmissibility in a closed setting, Riyadh, Saudi Arabia, 2015

<table>
<thead>
<tr>
<th>Reported exposure</th>
<th>Case-patients, n = 19</th>
<th>Non–case-patients, n = 809</th>
<th>p value†</th>
<th>RR (95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct contact with known (symptomatic) MERS-CoV case-patient</td>
<td>11 (57.9)</td>
<td>43 (5.3)</td>
<td>&lt;0.001</td>
<td>10.9 (6.7–17.6)</td>
</tr>
<tr>
<td>Shared bedroom with known case-patient</td>
<td>6 (31.6)</td>
<td>10 (1.2)</td>
<td>&lt;0.001</td>
<td>25.5 (10.3–63.1)</td>
</tr>
<tr>
<td>Shared kitchen with known case-patient</td>
<td>4 (21.1)</td>
<td>11 (1.4)</td>
<td>&lt;0.001</td>
<td>15.5 (5.4–44.2)</td>
</tr>
<tr>
<td>Shared bathroom with known case-patient</td>
<td>6 (31.6)</td>
<td>10 (1.2)</td>
<td>&lt;0.001</td>
<td>25.5 (10.3–63.1)</td>
</tr>
<tr>
<td>Shared meal with known case-patient</td>
<td>5 (26.3)</td>
<td>11 (1.4)</td>
<td>&lt;0.001</td>
<td>19.4 (7.5–50.3)</td>
</tr>
<tr>
<td>Shared transportation to/from place of employment with known case-patient</td>
<td>5 (26.3)</td>
<td>18 (2.2)</td>
<td>&lt;0.001</td>
<td>11.8 (4.9–28.5)</td>
</tr>
<tr>
<td>Reported nondirect contact with case-patient‡</td>
<td>4 (21.1)</td>
<td>11 (1.4)</td>
<td>&lt;0.001</td>
<td>15.5 (5.4–44.2)</td>
</tr>
</tbody>
</table>

*CoV, coronavirus; MERS, Middle East respiratory syndrome; RR, risk ratio.
†By χ² test.
‡No physical contact, nonphysical contact (including talk to the known case-patient).
The rapid initiation of contact tracing, isolation, and subsequent investigation probably contributed to the quick halt of human-to-human transmission in this outbreak. On the basis of the possible source of infection, to reduce secondary human-to-human transmission outside the occupational setting, our study indicates that IPC measures introduced in healthcare facilities should focus on not only healthcare personnel but also those working within the wider facility, including cleaners.

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References


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Transmissibility of MERS-CoV Infection in a Closed Setting, Riyadh, Saudi Arabia, 2015

Appendix

Outbreak Investigation Questionnaire

The following questionnaire was administered in groups of 15 participants by a trained interviewer from the Ministry of Health or Institut Pasteur. The interviewer read each question aloud while the participants wrote their answers directly into the questionnaire.

MERS-CoV Outbreak Investigation Questionnaire

GENERAL INFORMATION

PANGKALAHATANG IMPORMASYON

1. Subject ID: ___ ___ ___ ___ ___ ___ ___
   Numero ng ID: ___ ___ ___ ___ ___ ___ ___

2. Subject Name: First name ________________ Surname________________
   Panglan: ___________________________ Apelyido: _________________

3. Date of interview (dd/mm/yyyy): ____/____/____
   Petsa ng pakikipanayam o interbyu (araw/buwan/taon) _____/_____/_____ 

4. Location of Interview (Region, City, Province):
   ______________________________________
   Lugar ng pakikipanayam (Rehiyon/Syudad/Probinsya):
   ______________________________________
5. Language used for interview: □ English □ Filipino □ Other, please specify □ □

Gamit na salita sa pakikipanayam: □ English □ Tagalog/Filipino □ At iba pa, (tukuyin) □ □

6. Gender (tick one): □ Female □ Male

Kasarian (lagyan ng tsek ang isa): □ Babae □ Lalake

7. Place of primary residence of subject (address):

____________________________

Lugar ng pangunahing paninirahan ng paksa/pasyente (address):

____________________________

8. How long have you lived in this complex? _____ months _____ year

Gaano katagal ka ng nanirahan sa complex na ito: ________buwan _________ taon

9. Date of birth: ____/____/_____ (mm/dd/yyyy)

Petsa ng kapanganakan: _____/_____/_____ (buwan/araw/taon)

10. What is your current marital status? □ Single □ Married □ Divorce □ Widowed

Ano ang iyong kasalukuyang katayuan civil? □ Single □ Kasal □ Diborsyado/Dibosyada □ Byudo/byuda

   a. If you are married, does your husband live in KSA? □ Yes □ No

   Kung ikaw ay may-asawa, ang iyong asawa ay nakatira sa KSA? □ Oo □ Hindi

   b. If yes, where does he live? (location, city province) _________________

   Kung Oo, saan siya nakatira? (lokasyon, syudad/probinsya) _________________

   c. If yes, how often do you visit your husband? □ More than once a week □ once a week □ once a month

   Kung oo, gaano kadalas mo bisitahin ang iyong asawa? □ Higit sa isang beses sa isang lingo

   □ minsan sa isang lingo

   □ minsan sa isang buwan
11. What is your nationality? □ Filipino □ Indian □ Indonesian □ Sri Lankan □ Other _________

Ano ang iyong nasyonalidad? □ Filipino □ Indian □ Indonesian □ Sri Lankan □ At iba pa: _________

12. How long have you been living in Saudi Arabia? _________

Gaano katagal ka na naninirahan sa Saudi Arabia? _________


Anong building ang iyong tinitirhan? _____________


Sa anong floor ka nakatira? □ Palapag □ Unang palapag □ Pangalawang palapag

15. How many women live in your villa with you in total? _______ total

Gaano karaming mga kababaihan ang nakatira sa inyong villa? _______ (lahat)

i. Ground floor: _____ Palapag: __________

ii. First floor: _______ Unang palapag: ________

iii. Second floor: _______ Pangalawang palapag: ______

16. What is your bedroom number? □ One □ Two □ Three

Ano ang iyong bedroom number? □ Una/Isa □ Pangalaw/Dalawa □ Pangatlo/Tatlo

17. How many women share the bedroom with you? _______________ women

Gaano karaming mga kababaihan kasama/kabahagi mo sa kwarto? _______________ babae

18. Do you have a bottom or top bunk? □ Top □ Bottom

Mayroon ba kayong isang ibaba o itaas bunk? □ Ibaas □ Ibaba

18.1 Do you have a personal electronic fan in your bed space? □ Yes □ No

Mayroon ba kayong isang personal na elektronikong fan sa iyong kwarto? □ Meron □ Wala

18.2 Do you use a curtain on your bunk bed? □ Yes □ No

Gumagamit ka ba ng isang kurtina sa iyong bunk bed? □ Oo □ Hindi

19. Is there a window in your bedroom? □ Yes □ No

Mayroon bang bintana sa iyong kwarto? □ Meron □ Wala

19.1 If yes, is this window covered? □ Yes □ No

Kung Oo, may takip ba ang bintana na ito? □ Meron □ Wala

20. Is there a working air conditioner in your bedroom? □ Yes □ No

Mayroon bang gumaganang air conditioner sa iyong kwarto? □ Meron □ Wala
21. How many bathrooms are on your floor? □ 1 □ 2 □ 3
Ilan ang mga banyo sa iyong palapag(floor)? □ 1 □ 2 □ 3

21.1 How many women share your bathroom? ______ women □ Unknown
Gaano karaming mga babae ang gumagamit ng iyong banyo? ______ babae

22. Is there a kitchen on your floor? □ Yes □ No
Mayroon bang isang kusina sa iyong palapag? □ Meron □ Wala

22.1 If not, which kitchen(s) do you use (check all that apply)?
□ Ground floor □ First floor □ Second Floor
Kung wala, alin or saan (mga) kitchen ang iyong ginagamit (i-check ang lahat ng naaangkop)?
□ Palapag □ Unang palapag □ Pangalawang palapag

22.2 How many women share the kitchen you use? ______ women □ Unknown
Gaano karaming mga babae ang gumagamit ng iyong kusina? ______

22.3 Where is your refrigerator? □ Bedroom □ Kitchen □ both Bedroom and Kitchen
Saan ang iyong refrigerator? □ Silid Tulugan □ Kusina □ Pareho Silid tulugan at Kusina

23. Is there a washing machine on your floor? □ Yes □ No
Mayroon bang isang washing machine sa iyong palapag? □ Meron □ Wala

23.1 Do you use the washing machine to clean your clothes? □ Yes □ No
Ginagamit mo ba ang washing machine upang linisin ang iyong mga damit? □ Oo □ Hindi

23.2 If not, which washing machine do you use? □ Ground floor □ First floor □ Second floor □ Don’t use washing machine
Kung Hindi, ano o saan ang washing machine ang ginagamit mo? □ Palapag □ Unang Palapag □ Pangalawang palapag □ Hindi gumagamit ng washing machine

23.3 How many women share the washing machine you use? ______ women
Gaano karaming mga babae ang kashare mo sa ginagamit mong washing machine?
_______ babae

24. Have you seen other animals or pests at your home? □ YES □ NO
Mayroon bang mga hayop o mga peste sa iyong bahay? □ Meron □ Wala

24.1 If yes, which other animals have you seen in or around your home? □ Cats □ Dogs □ Rats □ Mice □ Bats □ Cockroaches □ Other ________________
Kung Meron, anong mga hayop ang makikita sa paligid ng iyong bahay?
□ Pusa □ Aso □ Daga □ Bubwit □ Paniki □ Ipis □ At iba pa: ________________

25. Did you attend any social gatherings within the residential complex in the last two months? □ Yes □ No
Ikaw ba ay dumalo o nakadalo sa anumang social na pagtitipon sa loob ng residential complex nyo sa huling dalawang buwan? □ Oo □ Hindi

25.1 If yes, what was the gathering for (e.g., EID) (add some answers plus an other with open ended)
Kung Oo, ano or para saan ang pagtitipon na iyon? (magdagdag ng ilang mga sagot kasama ang isa pa or mga event na di pa natapos)
Gathering 1: (description) ____________________________ Number of women attending (estimate): ____
Pagtitipon 1: (isalarawan) __________________________ Bilang ng mga kababaihan na dumalo o dadalo____
Gathering 2: (description) __________________________ Number of women attending (estimate): ____
Pagtitipon 2: (isalarawan) __________________________ Bilang ng mga kababaihan na dumalo o dadalo____

26. Do you socialize with the women in your villa? □ Yes □ No
Ikaw ba ay nakikisalamuha sa mga babae sa iyong villa? □ Oo □ Hindi
26.1. If yes, what socialization do you do?
□ Watch TV/movies/you tube together on a shared laptop/computer □ play volleyball
□ Attend parties □ share meals □ sing songs
□ Other _________________________
Kung Oo, anong klase ng kaganapan or pagtitipon ang ginagawa mo?
□ Magkasama sa panonood ng TV / pelikula / Youtube sa isang laptop / computer
□ Dumalo sa mga party □ Magkasalo sa pagkain □ Kumanta /Kantahan
□ At iba pa:

27. Did you attend any social gathering last month? □ Yes □ No
Dumalo ka ba ng anumang mga pagtitipon noong nakaraang buwan? □ Oo □ Hind
27.1 If yes when? _____________________________ Kung Oo, kalian?

27.2 What was the nature of the social gathering? _____________________________
Ano ang klase ng pagtitipon? _____________________________
28. Have you had any contact with a known or suspected MERS-CoV patient? □ Yes □ No

No
Ikaw ba ay nagkaroon ng anumang contact sa isang kilala o pinaghahihinalaang mga pasyente MERS-CoV? □ Oo □ Hindi

28.1 If yes, who did you come in contact with? (name)________________________
Kung Oo, sino ito? (ibigay ang pangalan) ______________________________

28.2 yes, what was the nature of the contact (choose all that apply)

□ Shared a bedroom □ shared a kitchen □ shared a bathroom □ shared a meal
□ shared transportation to or from work
□ had direct contact with patient (e.g., hugged, touched patient)
□ had no direct contact but spoke to patient (within 3 feet)…. □ Other_____________________

Kung Oo, ano o paano kayo nagkaroon ng contact (piliin ang lahat na naaangkop)

□ Magkasama or share ng isang kwarto □ Magkashare ng kusina
□ Magkashare ng banyo □ Magkashare ng pagkain
□ Magkashare ng sasakyan papunta at pauwi ng trabaho
□ nagkaroon ng direktang kontak sa mga pasyente (eg, niyakap, hinawakan pasyente)
□ walang direktang contact ngunit nakipag ugap sa pasyente (sa loob ng 3 talampakan)
□ At iba pa ______________

29 Have you had contact with a roommate or housemate with respiratory, gastrointestinal symptoms or fever in the last 4 weeks? □ Yes □ No

29.1 If yes, who did you have contact with? (list)
Contact 1:________________________
Contact 2:________________________
Contact 3:________________________
Contact 4:________________________

(add more if necessary)

Nagkaroon ng kontakt sa isang kasama sa kuwarto o kasambahay na may sakit sa paghinigang, Gastrointestinal sintomas o lagnat sa huling 4 na linggo? □ Oo □ Hindi
Kung Oo, sino or kani-kanino ka nakipag-ugnayan? (listahan)
Contact 1:________________________
Contact 2:________________________
Contact 3:________________________
Contact 4:________________________

(add more if necessary)
30 Where do you work? ____________________________
Saan ka nagtatrabaho? ____________________________

31 What building are you working in? ____________________________
Ano ang pangalan ng gusali o lokasyon na pinagtatrabahuhan mo?
__________________________

32 If working in Princess Nora University, do you have contact with any students or faculty? □ Yes □ No
Kung ikaw ay nagtatrabaho sa Princess Nora University, Mayroon ba kayong ka-ugnayan sa anumang mga mag-aaral o mga kasapi na guro? □Oo □ hindi

32.1 If yes, were any of these students/faculty members sick in the last two weeks? □ Yes □ No
Kung Oo, meron ba sa alinman nitong mga mag-aaral o kasaping mga guro ay may sakit sa huling dalawang linggo? □Oo □ hindi

33 Where is your current primary employment? ______________

33.1 How long have you worked at this location? ___ ___ Years___ ___ Months
Saan ang iyong kasalukuyang pangunahing trabaho? ______________
Gaano ka na katagal nagtrabaho sa lokasyon na ito? ______ taon______buwan
Ano ang address ng iyong trabaho? _______________________

34 What is/are your job/jobs at this location? (tick all that apply)
□ Technician □ Cleaning □ Engineer □ Other ____________________________

34.1 Of the listed options, which you selected, which is your primary job?
__________________________
Ano ang / iyong mga trabaho / sa lokasyon na ito? (lagyan ng tsek ang lahat ng naaangkop)
□Tekniko □ Paglilinis □Engineer □ At iba pa ________________
Sa mga nakalista pagpipilian, na kung saan na iyong pinili, ano sa mga ito ang iyong pangunahing trabaho? ___________________

35 How often in the week do you work at this location?

Day Working? Hour start Hour end
Monday □ YES _________ _________
Tuesday □ YES _________ _________
Wednesday □ YES _________ _________
Thursday □ YES _________ _________
Friday □ YES _________ _________
Saturday □ YES _________ _________
Sunday □ YES _________ _________

Gaano kadalas sa isang linggo ka nagtatrabaho sa lokasyon na ito?

Araw Nagtatrabaho? Umpisa ng trabaho Tapos ng Trabaho

Lunes □ Oo _________ _________
Martes □ Oo _________ _________
Miyerkules □ Oo _________ _________
Huwebes □ Oo _________ _________
Biyernes □ Oo _________ _________
Sabado □ Oo _________ _________
Linggo □ Oo _________ _________

36 If you hold only one job, what do you do in the evenings after 14:00 or 15:00 until you go to sleep? ______________________________________________

Kung ikaw ay mayroon lamang isang trabaho, ano ang ginagawa mo sa gabi sa pagitan ng 14:00 o 15:00? ______________________________________________

Page 8 of 21
37 How frequent do you go for shopping?
_______________________________________________
Gaano ka kadalas pumunta para sa pamimili?___________________________

37.1 When was the last time (date) that you went for shopping?
Kailan (petsa) ka huling nagpunta para sa pamimili?___________________________

37.2 Where did you do your last shopping?
Saan ka huling namili?___________________________

38 Do you usually play volleyball with other sisters in the
compound?
Ikaw ba ay karaniwang naglalaro ng volleyball kasama ng iba pang mga babae sa compound?
____________________________________________________

38.1 When was the last time you played volleyball with other sisters in the compound?
Kailan ka huling naglaro ng volleyball kasama ng iba pang mga babae sa compound?
____________________________________________________

39 Do you usually watch TV with roommates/ housemates in the compound?
Ikaw ba ay karaniwang nanonood ng TV kasama ng iyong mga roommate / kasambahay sa compound?
____________________________________________________

39.1 If yes, when was the last time you watched TV with roommates/ housemates in the
compound?
Kung Oo, kalian ang huling panahon na nanood ka ng TV kasama ng iyong mga roommate / kasambahay sa compound?
____________________________________________________

40 What personal protective equipment do you usually wear when working at your
primary job?
☐ No protective equipment used ☐ Gloves ☐ Coveralls
☐ Dust masks ☐ Boots or boot covers ☐ Respirators
☐ Eye protection (goggles, safety glasses) ☐ Others: ____________________________
Ano ang mga personal na proteksyon kagamitan at karaniwang iyong isinusuot kapag
nagtatrabaho sa iyong pangunahing trabaho?
☐ Walang kagamitang pangprotekcyonna ginamit ☐ Guwantes
☐ Coveralls ☐ Dust masks ☐ Bota ☐ Respirators
☐ Proteksyon sa mata (goggles) ☐ At liba pa: ____________________________
41 How often do you usually wash your hands while working at your primary job (check all) □ At mealtimes □ Before and after each animal related task
□ At bathroom times □ The beginning and end of the day □ Rarely
Gaano kadalas ka nakadalandi na nagwawasahin ang iyong mga kamay habang nagtatrabaho sa iyong pangunahing trabaho (i-check ang lahat)
□ sa oras ng kainan □ Bago at pagkatapos ng bawat gawain na may kaugnayan sa hayop
□ sa oras ng pagba banyo □ Sa pag simula at pagtatapos ng araw □ Madalang

42. Were any animals (e.g. camels, sheep, goats, cattle, horses, cats, dogs, birds) kept in or around your home in the last six months? □ YES □ NO □ UNKNOWN
Mayroon bang mga hayop (eg kamelyo, tupa, kambing, baka, kabayo, pusa, aso, ibon) sa inyong paligid ng iyong tahanan sa huling anim na buwan? □ Meron □ Wala □ Di Alam

42.2 Which animals?
□ kamelyo □ tupa □ kambing □ baka □ kabayo □ pusa □ aso, □ bon

43. In the last six months, did you have any contact with any carcasses, body fluids, secretions, urine or excrement of camels in or around your home? □ YES □ NO □ UNKNOWN
Sa huling anim na buwan, ikaw ba ay mayroon anumang contact sa mga bangkay, likido sa katawan, secretions, ihi o dumi ng kamelyo sa o sa paligid ng iyong bahay? □ Meron □ Wala □ Di Alam

44. In the last six months, did you have any contact with any camel bedding, stray of feed in or around your home? □ YES □ NO □ UNKNOWN
Sa huling anim na buwan, ikaw ba ay mayroon anumang contact sa mga gamit ng kamelyo (tulugan), o nagkalat/nagbigay ng kanilang mga pagkain sa paligid ng iyong bahay? □ Oo □ Hindi □ Di Alam

45. Do others living in your household (e.g., domestic help or relative) frequently visit or work on a farm or market where camels are kept or sold? □ YES □ NO □ UNKNOWN
Mayroon ba sa ibang nakatira sa inyong sambayan (eg, domestic helper/ka tulong o kamag-anak) ang madalas bumisita o nagtatrabaho sa isang sakahan o pamilihan kung saan nagbebenta ng kamelyo? □ Meron □ Wala □ Di Alam
46. Have others living in your household (e.g., domestic help or relative) had visited or worked in the past 2 weeks at a farm or market where camels are kept or sold? □ YES □ NO □ UNKNOWN
   Sa ibang nakatira sa inyong sambahayan (eg, domestic helper/ka tulong o kamag-anak) bumisita ba sila o nagtrabaho sa isang sakahan o pamilihan ng kamelyo sa huling dalawang (2) lingo? □ Oo □ Hindi □ Di Alam

47. Have others living in your household (e.g., domestic help or relative) had direct contact with camels in the past 2 weeks? □ YES □ NO □ UNKNOWN
   Sa ibang nakatira sa inyong sambahayan (eg, domestic helper/ka tulong o kamag-anak) nagkaroon ba ng direktang kontakt sa mga kamelyo sa nakaraan 2 linggo? □ Oo □ Hindi □ Di Alam

**FOOD EXPOSURES**

The following series of questions are focused on food exposures in the last month

Ang mga sumusunod na serye ng mga katanungan ay nakatutok sa mga exposure ng pagkain sa nakaraang buwan

During the past six months, how often on average did you consume any of the following products:

Sa panahon ng nakaraang anim na buwan, gaano kadalas sa average na ubusin mo ang alinman sa mga sumusunod na produkto

48. Did you drink unpasteurized camel milk? □ YES □ NO □ UNKNOWN
   Uminom ka ba unpasteurized kamelyo gatas? □ Oo □ Hindi □ Di Alam

49. Did you use camel urine, for example, for medicinal purposes? □ YES □ NO □ UNKNOWN
   Sa layunin ng panggagamot, gumamit ka ba ng ihi ng kamelyo? □ Oo □ Hindi □ Di Alam

50. Did you drink camel urine? □ YES □ NO □ UNKNOWN
   Uminom ka ba ng ihin ng kamelyo? □ Oo □ Hindi □ Di Alam

**TRAVEL HISTORY AND EXPOSURES**

51. During the last 2 months have you travelled outside KSA? □ YES □ NO □ UNKNOWN
   Sa panahon ng huling 2 buwan ikaw ba ay nakapaglakbay sa labas KSA? □ Oo □ Hindi □ Di Alam
51.1 If yes, what countries/regions have you visited?

<table>
<thead>
<tr>
<th>Country Region/City</th>
<th>Approximate Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

Kung oo, ano mga bansa / rehiyon ang iyong mong binisita?

<table>
<thead>
<tr>
<th>Bansa Rehiyon/Syudad Petsa</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td></td>
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<tr>
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<td></td>
</tr>
</tbody>
</table>

52. While traveling, have you attended any mass gatherings (e.g., weddings, festivals or religious pilgrimages) outside KSA where there were large numbers of people together? □ YES □ NO □ UNKNOWN

52.1 If yes, specify event(s) and location:

__________________________________________________________

53. When you travelled, did you have direct or indirect contact with dromedary camels while outside of KSA? □ YES □ NO □ UNKNOWN

54. In the last month, have you visit any health care facility outside of KSA? □ YES □ NO □ UNKNOWN

54.1 If yes, where (city, country, hospital name) _______________

Sa mga nakaraang buwan, ikaw ba ay bumisita sa anumang health care facility sa labas ng KSA?
□ Oo □ Hindi □ Di Alam
Kung oo, saan (Syudad, Bansa, pangalan ng ospital) ____________________
Palatandaan at Sintomas

55. Are you sick today with fever and/or cough? □ YES □ NO
   a. If yes, when did your symptoms start (DD/MM/YYYY): ____/____/______

Ikaw ay may sakit ngayon at may lagnat at / o pag-ubo? □ Oo □ Hindi
Kung Oo, kailan nagsimula ang iyong mga sintomas
(petsa: araw/buwan/taon):____/____/______

56. Did you experience any respiratory signs or symptoms during the last four weeks?
   □ YES □ NO □ UNKNOWN
   
   If yes, when did these symptoms start (DD/MM/YYYY): ____/____/______

Nakaranas ka ba ng anumang respiratory (sakit sa paghinga) na palatandaan o sintomas
sa loob ng huling apat na linggo? □ Oo □ Hindi □ Di Alam
Kung Oo, kailan nagsimula ang mga sintomas na ito (petsa: araw/buwan/taon):____/____/______

57. If you answered yes to either #1 or #2, please indicate which symptoms:

<table>
<thead>
<tr>
<th>Symptom Today</th>
<th>Last 4 weeks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dry Cough</td>
<td>□ YES □ NO □ UNKNOWN □ YES □ NO □ UNKNOWN</td>
</tr>
<tr>
<td>Productive Cough</td>
<td>□ YES □ NO □ UNKNOWN □ YES □ NO □ UNKNOWN</td>
</tr>
<tr>
<td>Phlegm</td>
<td>□ YES □ NO □ UNKNOWN □ YES □ NO □ UNKNOWN</td>
</tr>
<tr>
<td>Runny nose</td>
<td>□ YES □ NO □ UNKNOWN □ YES □ NO □ UNKNOWN</td>
</tr>
<tr>
<td>Sore throat</td>
<td>□ YES □ NO □ UNKNOWN □ YES □ NO □ UNKNOWN</td>
</tr>
<tr>
<td>Fever</td>
<td>□ YES □ NO □ UNKNOWN □ YES □ NO □ UNKNOWN</td>
</tr>
<tr>
<td>Shortness of breath</td>
<td>□ YES □ NO □ UNKNOWN □ YES □ NO □ UNKNOWN</td>
</tr>
<tr>
<td>Muscle pain</td>
<td>□ YES □ NO □ UNKNOWN □ YES □ NO □ UNKNOWN</td>
</tr>
<tr>
<td>Diarrhea</td>
<td>□ YES □ NO □ UNKNOWN □ YES □ NO □ UNKNOWN</td>
</tr>
<tr>
<td>Chest Pain</td>
<td>□ YES □ NO □ UNKNOWN □ YES □ NO □ UNKNOWN</td>
</tr>
<tr>
<td>Vomiting</td>
<td>□ YES □ NO □ UNKNOWN □ YES □ NO □ UNKNOWN</td>
</tr>
<tr>
<td>Rashes</td>
<td>□ YES □ NO □ UNKNOWN □ YES □ NO □ UNKNOWN</td>
</tr>
</tbody>
</table>

Kung sumagot ka ng Oo sa alinman sa # 1 o # 2, mangyaring ipaliwag kung aling mga
sintomas:
58. Did you seek medical care? □ YES □ NO □ UNKNOWN

If yes, where did you seek medical care (name and address of medical facility)?
_________________________________________________________________________________

If yes, when did you seek medical care (DD/MM/YYYY): ____/___/______

Ikaw ba ang kumonsulta sa manggagamot? □ OO □ HINDI □ DI MATUKOY

Kung Oo, saang ospital ka nagpakonsulta? (pangalan at address ng mga medikal na pasilidad)?
_________________________________________________________________________________

Kung Oo, kailan ka nagpakonsulta? (petsa: araw/buwan/taon): ____/___/______

59. Where you hospitalized during the course of your illness? □ YES □ NO □ UNKNOWN

59.1 If yes, when were you hospitalized (DD/MM/YYYY): ____/___/______

59.2 If yes, which hospital did you receive treatment(s)? (name and address)
_________________________________________________________________________________

Ikaw pa ay na-ospital sa mga panahon ng iyong pagkakasakit? □ OO □ HINDI □ DI MATUKOY
Kung Oo, kelan ka na-osiptal (petsa: araw/buwan/taon): ____/___/______
Kung Oo, saan o anong ospital ka nakatanggap ng (mga) paggamot? (pangalan at address ng ospital) _________________________________________________________________

MEDICAL HISTORY AND RELATED EXPOSURES

KASAYSAYAN MEDIKAL AT MGA KAUGNAY NA PAGKAKALANTAD

60. Do you currently smoke tobacco (ex. cigarettes, cigars, shisha)?
☐ Daily ☐ Less than daily ☐ Not at all ☐ Unknown
Ikaw ba sa kasalukuyan ay nagsisigarilyo (nagtatabako)? (ex. Sigarilyo, tabako, shisha)?
☐ Araw-araw ☐ Madalang sa araw-araw ☐ Hindi ☐ Di Matukoy

61. Do you share the same cigarette, cigar, shisha? ☐ YES ☐ NO ☐ UNKNOWN
Ikaw ba ay nakikibahagi ng parehong sigarilyo, cigar, shisha? ☐ OO ☐ HINDI ☐ DI MATUKOY

62. Have you smoked tobacco daily in the past? ☐ YES ☐ NO ☐ UNKNOWN
Ikaw ba ay nagsisigarilyo ng tabako araw-araw sa mga panahon nakalipas? ☐ OO ☐ HINDI ☐ DI MATUKOY

63. Is there any hereditary disease running in your family? ☐ YES ☐ NO ☐ UNKNOWN

63.1 If yes, please specify the disease(s):
_________________________________________

Mayroon ba sa iyong pamilya ang anumang mga sakit na namamana? ☐ OO ☐ HINDI ☐ DI MATUKOY

Kung Oo, mangyaring tukuyin ang (mga) sakit: ________________________________

64. Do you currently have any chronic illness (ex. asthma, cancer, diabetes)? ☐ YES ☐ NO ☐ UNKNOWN

64.1 If yes, please specify the disease(s):
_________________________________________

Sa kasalukuyan mayroon ka bang anumang mga hindi gumagaling na sakit (ex. Hika, kanser, diabetes)? ☐ OO ☐ HINDI ☐ DI MATUKOY

Kung Oo, mangyaring tukuyin ang (mga) sakit: ________________________________
65. Have you taken medications regularly in the last six months? □ YES □ NO □ UNKNOWN

65.1 If yes, what medications do you regularly take? (list all)

__________________________________________
__________________________________________

Ikaw ba ay may mga gamot na regular na iniinom sa huling anim na buwan? □ OO □ HINDI □ DI MATUKOY

Kung Oo, anong gamot ang regular mong iniinom? (lista ang lahat)
__________________________________________
__________________________________________

66. Have you taken any traditional medications in the last six months? □ YES □ NO □ UNKNOWN

If yes, which traditional medications (list all)

__________________________________________
__________________________________________

Ikaw ba ay may iniinom na anumang tradisyonal na mga gamot sa huling anim na buwan? □ OO □ HINDI □ DI MATUKOY

Kung Oo, anong tradisyunal na gamot? (lista ang lahat)
__________________________________________
__________________________________________

67. What is your height ______ cm Ano ang iyong taas ______ cm

68. What is your weight ________.____ kg Ano ang iyong timbang ________.____kg

69. How many bars of soap to you use per month? ______

Gaano karaming mga bar ng sabon ang nagagamit mo sa bawat buwan? ______

70. How frequently do you bathe? ___________ per day/per week

Gaano ka kadalas maligo? ___________ beses isang araw/ isang lingo

71. What is the highest level of education? □ Primary school □ High School □ University □ Post Graduate degree

Ano ang pinakamataas na antas ng iyong edukasyon? □ Mababang Paaralan □ Mataas na paaralan □ Unibersidad □ Post Graduate degree

72. Have you visited anyone in the hospital in the last 2 months? □ YES □ NO □ UNKNOWN
If yes, was the person sick with respiratory illness (cough, breathing problems)? □ YES □ NO □ UNKNOWN

72.1 If yes, at what hospital (regions, city, district)______________________________

72.2 If yes, what was your relationship to the person in the hospital? □ Close family □ Extended family □ Friend □ Other________________________

Ikaw ba ay mayroong sinumang binisita sa ospital sa huling 2 buwan? □ OO □ HINDI □ DI MATUKOY

Kung Oo, ang taong ito ba ay may sakit paghinga/respiratory (tulad ng ubo, at iba pang mga problema sa paghinga)? □ OO □ HINDI □ DI MATUKOY

Kung Oo, saan o anong ospital (mga rehiyon, lungsod, distrito) ____________________

Kung oo, ano ang iyong relasyon sa taong nasa ospital? □ Malapit na kamag-anak □ Extended family □ Kaibigan □ At iba pa________________

73. Had you heard of MERS Coronavirus before this outbreak? □ YES □ NO

73.1 If yes, what was the source of your information? □ Ministry of Health □ TV □ Supervisor □ Other ____________________

Mayroon ka bang napapakinggan tungkol sa MERS Coronavirus noon pa man bago pa ito naging outbreak? □ OO □ HINDI

Kung Oo, saan o anong pinagmulan ng iyong impormasyon? □ Ministry of Health □ TV □ Supervisor □ Other ____________________

74. In the last month, how many times have you been visited by a health care professional about MERS-CoV? ____________________

74.1 How many times have samples been collected from you? __________

74.2 What samples were collected? □ NP □ OP □ Blood □ other__________

74.3 What dates were samples collected from you?

Sa nakaraang buwan, ilang beses ka na binisita ng isang propesyonal ng pangkalusugang pag-aalaga tungkol sa MERS-CoV? ______________

Ilang beses na samples na nakolekta mula sa iyo? ____________________

Anong sample ang nakolekta sa iyo? □ NP □ OP □ Blood □ Blood □ At iba pa__________

Anong petsa ang sample na nakolekta mula sa iyo? ____________________

75 May we contact you again with follow up questions or clarifications? □ YES □ NO

Telephone number of subject: _____________________________________________

Maari ba kaming makipag-ugnayan muli sa iyo para sa susunod pang mga katanungan o paglilinaw? □ OO □ HINDI Numero ng telepono: _________________________
The following questionnaire was administered individually to participants by a trained interviewer from the Ministry of Health or Institut Pasteur. The interviewer read each question aloud and recorded the participants answers directly into the questionnaire.

Outbreak Investigation Questionnaire

GENERAL INFORMATION

PANGKALAHATANG IMPORMASYON

1. Subject ID: ___ ___ ___ ___ ___ ___ ___ ___
   Numero ng ID: ___ ___ ___ ___ ___ ___ ___ ___

2. Subject Name: First name ________________ Surname_________________
   Pangalan: ___________________________ Apelyido: _______________

SECONDARY JOB

3. Do you hold other jobs aside from your primary job? □ YES □ NO
   3.1. If yes, what is/are your other job(s)? ______________________________
   3.2. If yes, where is this other job? ______________________________
   3.3. If yes, how often in the week do you work at this second location?

4. Day Working? Hour start Hour end
   Monday □ YES __________ __________
   Tuesday □ YES __________ __________
   Wednesday □ YES __________ __________
   Thursday □ YES __________ __________
   Friday □ YES __________ __________
   Saturday □ YES __________ __________
   Sunday □ YES __________ __________
Ikaw ba ay may iba pang trabaho sa ibang lugar maliban sa lokasyon na ito? □ Meron □ Wala

Kung oo, ano ang / iyong (mga) iba pang mga trabaho?_________________________
Kung oo, gaano kadalas sa isang linggo ka nagtatrabaho dito sa pangalawang lokasyon?

Araw Nagtatrabaho? Umpisa ng trabaho Tapos ng Trabaho
<table>
<thead>
<tr>
<th>Araw</th>
<th>Umpisa</th>
<th>Tapos</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lunes</td>
<td>Oo</td>
<td>______</td>
</tr>
<tr>
<td>Martes</td>
<td>Oo</td>
<td>______</td>
</tr>
<tr>
<td>Miyerkules</td>
<td>Oo</td>
<td>______</td>
</tr>
<tr>
<td>Huwebes</td>
<td>Oo</td>
<td>______</td>
</tr>
<tr>
<td>Biyernes</td>
<td>Oo</td>
<td>______</td>
</tr>
<tr>
<td>Sabado</td>
<td>Oo</td>
<td>______</td>
</tr>
<tr>
<td>Linggo</td>
<td>Oo</td>
<td>______</td>
</tr>
</tbody>
</table>

5. If the second location is a health care facility:

5.1. What is the name of the health care facility in which you work? ________________
5.2. What is the location of the health care facility in which you work? ______________
5.3. Where in the health care facility do you work? _______________________________
5.4. What/which department(s) in this health care facility do you work?________________________
5.5. Do you have any contact with biological specimens during your work? □ Yes □ No □Unknown
5.6. Do you handle soiled patient linens during your work? □ Yes □ No □Unknown
5.7. Have you worked in a room where there was a MERS-CoV patients? □ Yes □ No □Unknown

Kung ang pangalawang lokasyon/trabaho ay isang pasilidad ng pangangalagang pagkalusugan:

Ano ang pangalan ng pangangalagang pangkalusugan (health care facility) kung saan ka nagtatrabaho: ___________________________________________

Ano ang lokasyon ng pangkalusugang pag-aalaga pasilidad kung saan ka nagtatrabaho
____________________________________________

Saan sa mga pasilidad ng pangangalagang pangkalusugan ka nagtatrabaho?
__________________________

Ano, o sa aling (mga) departamento ng pasilidad na ito sa pangangalaga ng kalusugan ka nagta trabaho?____________________________
Mayroon ka bang anumang mga contact sa mga biological ispesimen sa panahon ng iyong trabaho? __________________________ □ Meron □ Wala □ Di Alam

Humahawak ka ba ng maruming gamit ng pasyente tulad ng linens sa panahon ng iyong trabaho? □ Oo □ Hindi □ Di Alam

Ikaw ba ay nakapagtrabaho sa isang silid kung saan nagkaroon ng mga pasyenteng may MERS-CoV? □ Oo □ Hindi □ Di Alam

6. In the last 6 weeks, have you worked in a health care facility? □ Yes □ No

6.1. What is the name of the health care facility in which you worked? __________________

6.2. What is the location of the health care facility in which you worked? __________________

6.3. Where in the health care facility did you work? ________________________________

6.4. What/which department(s) in this health care facility did you work?________________________

6.5. Did you have any contact with biological specimens during your work? □ Yes □ No □ Unknown

6.6. Did you handle soiled patient linens during your work? □ Yes □ No □ Unknown

6.7. Did you work in a room where there was a MERS-CoV patients? □ Yes □ No □ Unknown

Sa huling 6 na linggo, ikaw aba y nagtrabaho sa isang pasilidad ng pangangalaga ng kalusugan? □ Oo □ Hindi

Ano ang pangalan ng mga pasilidad ng pangangalagang pangkalusugan sa kung saan ka nagtrabaho? ____________________________

Ano ang lokasyon ng mga pasilidad ng pangangalagang pangkalusugan sa kung saan ka nagtrabaho?____________________

Saan sa mga pasilidad ng pangangalagang pangkalusugan ka nagtatrabaho?____________________

Ano, o sa aling (mga) departamento ng pasilidad na ito sa pangangalaga ng kalusugan ka nagta trabaho?____________________

Mayroon ka bang anumang mga contact sa mga biological ispesimen sa panahon ng iyong trabaho? __________________________ □ Meron □ Wala □ Di Alam

Humahawak ka ba ng maruming gamit ng pasyente tulad ng linens sa panahon ng iyong trabaho? □ Oo □ Hindi □ Di Alam

Nagtatrabaho ka ba sa isang silid kung saan nagkaroon ng mga pasyente MERS-CoV?
PERSONAL PROTECTIVE EQUIPMENT AND HYGIENE PRACTICES if you also worked in a health care facility in the last 3 months

7. What personal protective equipment do you usually wear when working at the health care facility?

☐ No protective equipment used ☐ Gloves ☐ Coveralls
☐ Dust masks ☐ Boots or boot covers ☐ Respirators ☐ Eye protection (goggles, safety glasses) ☐ Others: ____________________________

PERSONAL NA KAGAMITANG PANGHARANG AT KALINISAN NA NAKASANAYAN kung ikaw rin ay nagtrabaho sa isang pasilidad ng pangangalagang pangkalusugan sa nakaraang 3 buwan

Ano ang personal na proteksyon kagamitan ay karaniwang mo magsuot kapag nagtatrabaho sa mga pasilidad ng pangangalaga ng kalusugan?

☐ Walang kagamitang pangproteksyon na ginamit ☐ Guwantes ☐ Coveralls
☐ Dust masks ☐ Boots or boot covers ☐ Respirators
☐ Proteksyon sa mata (goggles) ☐ At Iba pa: ____________________________

8. How often do you usually wash your hands while working at the health care facility (check all)

☐ At mealtimes ☐ Before and after each animal related task ☐ At bathroom times
☐ The beginning and end of the day ☐ Rarely

Gaano kadalas ka kadalasang naghuhugas ng inyong mga kamay habang nagtatrabaho sa iyong pangunahing trabaho (i-check ang lahat)

☐ sa oras ng kainan ☐ Bago at pagkatapos ng bawat gawain na may kaugnayan sa hayop
☐ sa oras ng pagba banyo ☐ Sa pag simula at pagtatapos ng araw ☐ Madalang

Pregnancy

3. Are you pregnant? ☐ YES ☐ NO ☐ UNKNOWN
Ikaw ba ay buntis? ☐ OO ☐ HINDI ☐ DI MATUKOY

4. If no, were you pregnant in the last six months? ☐ YES ☐ NO ☐ UNKNOWN
Kung Hindi, ikaw ba ay buntis sa huling anim na buwan? ☐ OO ☐ HINDI ☐ DI MATUKOY