

Considerations Left behind Middle East Respiratory Syndrome Coronavirus (MERS-CoV) Outbreaks in Republic of Korea

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Dear Sir,

In June 2015, the Middle East respiratory syndrome coronavirus (MERS-CoV) almost paralyzed Korean economic and medical system. An official from the ministry's emergency control center in the Korean Ministry of Health and Welfare announced that as of July 28, 2015, there were 186 known cases from the country, 33 people have died with no additional confirmed case since July 4, 2015 (23 days after outbreak), and quarantine number reached to zero.¹ Judging from this, government declared the cessation of MERS and encouraged people to back to the daily life. In MERS confirmed cases, the number of males are 111 and females are 75 in the 186 reported cases, and the number of patients over the 50 years old is 117 (62.9%) (Table 1). However, regarding of the death due to MERS, the number of males is 24 and females is 12 out of the total 36 and most of them are over the 50 years old (97.2%) except just 1 case (Table 2).¹ To sum up, doctors who specialized menopausal medicine have a responsibility to solve the problems as follows about what to prepare and what kind of acknowledgement should be concerned to prepare for future emergency. We hope the Journal of Menopausal Medicine (JMM) to be the active discussion field for prevention of a future infective disease. To be that way, medical doctors

and researchers who specialized in infective disease and women's medicine including menopausal medicine should study a lot and encouraged to submit their data, opinion and comments.

Questions

1. Dose menopause or estrogen affect immune function / defense effect to MERS?
2. Does vitamin D² have an effect on immune function / defense effect to MERS?
3. Is vitamin supplement useful to MERS?
4. Is influenza vaccine / pneumococcal vaccine useful to MERS?
5. Is hand washing useful to prevention of MERS?
6. When there is hospital-based infection, is it necessary to wear a mask not in a hospital considering of a community-based infection?
7. Is it safe that the hospital employee just wears a mask at the hospital entrance to measure body temperature and interview the visitors to detect a MERS suspicious patient?
8. Can health functional foods³ or complementary and

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Table 1. Characteristics of Middle East respiratory syndrome confirmed persons¹

Unit: person (%)

Total	Gender		Ages									
	Male	Female	0-9	10-19	20-29	30-39	40-49	50-59	60-69	70-79	80-89	90-99
186	111	75	-	1	13	26	29	42	36	30	9	-
(100)	(59.7)	(40.3)	-	(0.5)	(7.0)	(14.0)	(15.6)	(22.6)	(19.4)	(16.1)	(4.8)	-

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Table 2. Current status of the death by Middle East respiratory syndrome¹

Unit: person (%)

Total	Gender		Ages									
	Male	Female	0-9	10-19	20-29	30-39	40-49	50-59	60-69	70-79	80-89	90-99
36	24	12	-	-	-	-	1	6	11	11	7	-
(100)	(66.7)	(33.3)	-	-	-	-	(2.8)	(16.7)	(30.6)	(30.6)	(19.4)	-

Comorbidity: the number of high-risk patients in old age or with underlying medical conditions such as cardio-cerebrovascular disease, cancer and chronic respiratory disease is 33 (91.7%)

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alternative medicine (CAM)⁴ be useful to MERS?

9. Fever and coughing, what kind of examinations do you have to?
10. High fever and coughing, what is the fast and safe way to diagnosis a common cold / influenza / MERS / severe acute respiratory syndrome (SARS)?
11. How far from and how long with the MERS confirmed patient to quarantine people who stayed same room with the MERS-confirmed patients before they got symptoms?

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Conflict of Interest

No potential conflict of interest relevant to this article was reported.

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