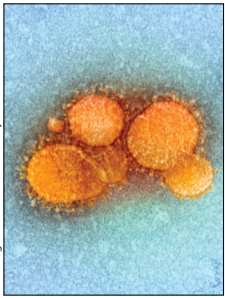




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MERS—the latest threat to global health security



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For more on MERS see [Seminar Lancet](#) 2015; published online June 3. [http://dx.doi.org/10.1016/S0140-6736\(15\)60454-8](http://dx.doi.org/10.1016/S0140-6736(15)60454-8)

For more on South Korean and China MERS see [Comment Lancet Respir Med](#) 2015; published online June 3. [http://dx.doi.org/10.1016/S2213-2600\(15\)00238-6](http://dx.doi.org/10.1016/S2213-2600(15)00238-6)

The spread of Middle East respiratory syndrome (MERS) to South Korea, and now to China, is an important signal of the need for increased vigilance in global health security measures. As reported in Correspondence in this week's issue, the rapid transmission of MERS in South Korea led to 12 laboratory-confirmed cases over a 2-week period in May, and many more cases since, with relatives, medical staff, and a fellow patient all contracting the disease, which started with one 68-year-old man who had travelled to the Middle East. The son of one of these South Korean patients, after visiting his father in hospital, then developed symptoms but nevertheless travelled into mainland China via Hong Kong. He is now in isolation with confirmed MERS in Huizhou, Guangdong province, and high-risk contacts are under surveillance.

This outbreak of MERS in Seoul is the largest case cluster outside the Middle East. Poor hospital infection control measures are likely to be important in the transmission of MERS here, as with previous outbreaks in Saudi

Arabia. Lack of monitoring of close contacts for signs of infection, and prevention of travel to China, are other notable failures. With the exact mode of transmission and source of the MERS coronavirus still unknown, the development of treatments, let alone vaccines, remain a long way off, making prevention all the more important. The spectre of a previous coronavirus infection, which caused severe acute respiratory syndrome (SARS), still hangs over China, contributing to widespread concern and confusion about MERS now.

With new cases of Ebola still occurring in west Africa, frequent influenza epidemics worldwide, MERS (and previously SARS) adds to the infectious disease threat to global health security. As David Hui and colleagues call for in *The Lancet Respiratory Medicine*, we need "bold leadership...to generate the best evidence base for formulating effective public health, infection control and treatment interventions required to effectively tackle these infections". Our global health security depends upon such leadership. ■ [The Lancet](#)

Iraq's neglected health and humanitarian crisis



Haider Hamdani/Stringer

"The situation is bad, really bad, and rapidly getting worse", said WHO Director-General Margaret Chan in her keynote address to launch a new humanitarian response plan for Iraq last week. Iraq's health and humanitarian crisis results from decades of war and occupation, most recently the take over of territory by the Islamic State of Iraq and the Levant (ISIL) and the counter-insurgency launch by the government and its allied forces. Since January, 2014, 2.9 million people have fled their homes and presently 8.2 million people in Iraq require immediate humanitarian support. 6.9 million Iraqis need immediate access to essential health services and 7.1 million access to water, sanitation, and hygiene assistance.

The world knows of some of the brutality of the ISIL insurgency but the reality is more horrific: Iraqi populations have been subjected to mass executions, systematic rape, executions, and torture. Children have been used as suicide bombers and human shields and have been killed by crucifixion and buried alive. Survivors of gender-based violence have trauma and depression, and suicides have risen, especially in women and girls.

Iraq's Government has supported its citizens, providing cash grants, health and education support, shelter and food, but it is now facing financial difficulty due to a slump in oil prices and the high costs of the counter-insurgency. International partners have provided food, built camps for internally displaced people, and reached millions of people with health services; 5.3 million Iraqi children have been vaccinated against polio. But WHO notes 84% of all health projects and centres are at risk of closure before the end of June if they do not receive support.

The new humanitarian and health response plan is comprehensive and goes into detailed plans for key areas, such as health, food security, and shelter. But it is only realistic if fully funded. US\$497.9 million is being requested. This money will help agencies and the government not only to alleviate immediate suffering but also to protect future generations. It is time that the international community gave more attention to the human side of the Iraq conflict. As Margaret Chan concluded in her speech, "The people of Iraq need help, desperately." ■ [The Lancet](#)

For the humanitarian response plan for Iraq see http://www.humanitarianresponse.info/en/system/files/documents/files/2015_iraq_hrp.pdf