

## Current major event

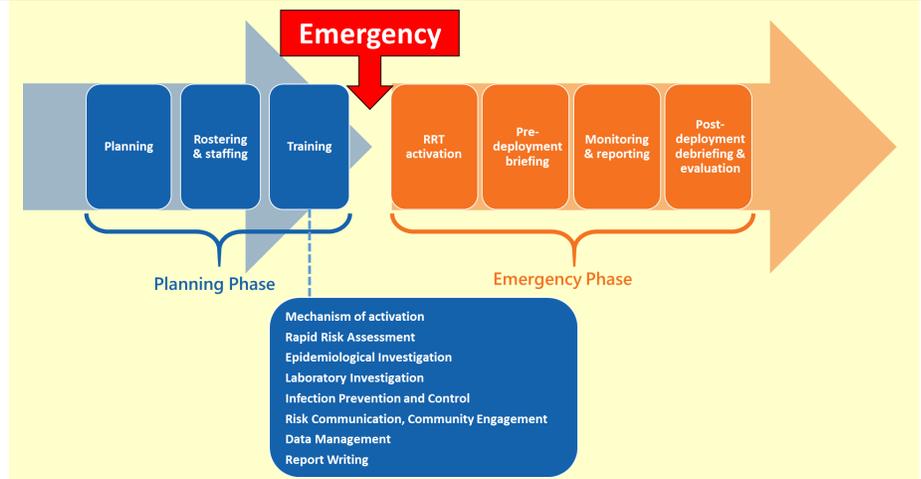
### Rapid Response Team Training

Between 22 and 25 of July 2019, WHO Eastern Mediterranean regional Office (EMRO), with support of the US-CDC and Japan Government, has conducted a sub-regional training for national Rapid Response Teams (RRTs) for seven countries in the region on outbreak investigation of MERS and other emerging disease epidemics and clusters using the multi-hazards risk approach.

### Editorial note

Two-thirds of the countries in the region are affected, whether directly or indirectly by the ongoing conflicts and protracted emergencies, resulting major population migration and displacement. These fragile conditions are the breeding grounds for increased emerging infectious disease outbreaks and pose a danger to public health security in the region and globally. To reduce morbidity and mortality associated with these infectious threats, a RRT should be available at a peripheral level, or at least at a national level in each country. Training the national and subnational Rapid Response Teams is one of the strategic priorities under IHR core capacities. Thus, ensuring the availability of trained and rapidly deployable national RRTs for timely field investigation and response to emerging disease outbreaks is a national priority to countries in the Region.

EMRO has historically supported many regional and sub-regional RRT training workshops. However, several gaps in the availability and capacity of multi-disciplinary RRTs continue to exist. As a result, the 4-day training was organized in furtherance to the trainings conducted in previous years. The overall goal of the training was to build the functional skills and knowledge of the RRTs and familiarize them with regional and global mechanisms and tools available for field investigations and response. 30 participants from 7 countries in the region attended the workshop (*see table*). Various training methodologies were used including: tutored presentations, group discussion, group exercises, games, role plays and simulation exercises.



**Number of RRT participants attending workshop from each EMR country**

Country	No of participants
Egypt	5
Iraq	4
Kuwait	4
Oman	4
Saudi Arabia	5
Sudan	4
Syria	4

Peer teaching methodologies were also adopted. One of the countries volunteered to facilitate a training session on data management, which was well-received by the other countries. Additionally, a special session at the end of each day was dedicated to discussing countries' experiences with responding to outbreaks and sharing their lessons learnt.

Throughout the 4 day training workshop, four scenario-based exercises were used to cover different public health threats. The scenarios included MERS, avian influenza, dengue fever and cholera. As a result, the RRTs are now fully equipped with necessary knowledge, skills and tools to investigate and respond to an outbreak of not only respiratory emerging disease but other emerging infectious diseases.

The training ended with a consultative discussion on the way forward for maintaining and enhancing the regional and national response capacities. The need for more updated guidelines and continuous support from WHO was highlighted.

### Update on outbreaks

*in the Eastern Mediterranean Region*

**MERS** in Saudi Arabia; **Cholera** in Somalia; **Cholera** in Yemen; **Multidrug-resistant typhoid fever** in Pakistan.

### Current public health events of concern

[cumulative N° of cases (deaths), CFR %]

#### Avian influenza: 2006-2017

Egypt (A/H5N1) [359 (122), 33.98%]

Egypt (A/H9N2) [4 (0)]

#### Ebola virus disease (EVD): 2018-2019

Democratic Republic of Congo (DRC) [2 659 (1 782) 67.01%]

Uganda 3 (3), 100%

#### Cholera: 2017-2019

Somalia [8 454 (46) , 0.54%]

Yemen [1 898 711 (3 585), 0.18%]

#### Diphtheria: 2018-2019

Yemen [3 906 (218), 5.58%]

Bangladesh [8 699 (45), 0.51%]

#### MERS: 2012-2019

Saudi Arabia [2 067 (770), 37.25%]

#### Multidrug-resistant typhoid fever: 2016-2019

Pakistan [9 822 (0) ]