First cases of novel coronavirus (2019-ncov) reported in WHO Eastern Mediterranean Region

On 29 January, WHO Eastern Mediterranean Region reported its first cases of 2019-ncov following confirmation on the same day of four cases by the Ministry of Health and Prevention in the United Arab Emirates (UAE). An additional case was also reported on 30 January bringing the total number of reported cases to five in the UAE.

Editorial note

This has not been unexpected as WHO has assessed the risk of 2019-ncov to be very high for China, high at the regional level and high at the global level. [See table].

A report from the UAE Ministry of Health and Prevention dated 29 January 2020 indicated that four members of the same family from Wuhan City, China (63 year-old female, 38 year-old female, 36 year-old male and 10 year-old male) arrived in UAE on 4 and 16 January 2020, and were hospitalized on 25 and 27 January after testing positive for coronavirus. Two of the persons (both males) were asymptomatic. One additional case (male, 41 years old) was also reported following hospitalization on 30 January (See above).

WHO Regional Office for the Eastern Mediterranean (EMRO) is monitoring the trends of the disease and is working with Member States to ensure the highest degrees of readiness to detect and respond to potential cases. This is vital in controlling transmission and providing effective treatment to those who become ill.

Several priority actions have been taken to scale up country preparedness and operational readiness capacities to prevent, early detect and rapidly respond to 2019-ncov as required under the International Health Regulations (IHR 2005) for the Region and being put in place. These actions include:

1- Providing leadership and coordination: An incident management system has been activated in EMRO and a regional plan to enhance preparedness and operational readiness of countries has been developed using a risk assessment approach.

2- Enhancing capacities required under IHR (2005) at international points of entry (PoE): Regular communication takes place with the focal points for national IHR, surveillance and influenza. Active entry screening has also been established at PoE in most of the countries in the Region through temperature monitoring, assessing signs and symptoms, collecting primary information through a structured questionnaire and disseminating information to travellers.

3- Strengthening surveillance and reporting systems: This is done by disseminating 2019-ncov standard guidelines and tools, the strengthening of event-based surveillance and case investigation, the follow up and reporting on suspected cases as well as the enhancement of existing national acute respiratory infection surveillance systems.

4- Improving access to quality diagnostics testing and rapid turnaround of results: The testing capacity for 2019-ncov in the Region was inadequate and EMRO has supported all regional Member States to enhance the 2019-ncov laboratory testing capacity and sample referral system. As of today 20 out of 22 countries now have the capacity to detect 2019-ncov in country.

5- Enhance national and health care facility infection, prevention and control (IPC) measures: Countries in the Region are identifying IPC surge capacity and undertaking risk assessment of IPC capacity at all the levels. The regional office has distributed personal protective equipment (PPE) kits for basic IPC for prioritized countries, and also disseminated WHO IPC guidance and materials on 2019-ncov.

6- Improve case management: EMRO distributed case management guidelines for 2019-ncov, and provided guidance to countries to strengthen their referral systems of suspected and confirmed cases, to designate referral facilities for case management and to map existing public/private health facilities at different levels of care/capacities for surge response.

7- Improving risk communication and community engagement (RCCE): EMRO is supporting the development of comprehensive national RCCE plans for 2019-ncov, developing regular talking points and disseminating credible information and messages targeting different audiences in appropriate formats.

8- Strengthening rapid response capacities at national and subnational levels: This is done through the identification of members of multidisciplinary rapid response team(s) at the different administrative levels and ensuring the mechanism of activation and deployment of rapid response team(s) is in place, with the team(s) having the 2019-ncov guidelines, SOPs and tools.

WHO expects further exported cases to appear in other countries and the possibility of other cases arriving in the Region. Countries will need to apply additional efforts to strengthen capacities for the early detection, investigation and rapid response to public health events.

2019-ncov cases reported from UAE

<table>
<thead>
<tr>
<th>Case</th>
<th>Admission</th>
<th>Symptoms</th>
<th>Residence</th>
<th>Age</th>
<th>Sex</th>
<th>PCR for ncov</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case 1</td>
<td>25 Jan 2020</td>
<td>(23 Jan 2020): Fever, cough, runny nose</td>
<td>Wuhan City, China</td>
<td>63</td>
<td>F</td>
<td>Positive</td>
</tr>
<tr>
<td>Case 2</td>
<td>27 Jan 2020</td>
<td>(23 Jan 2020): Fever, cough, runny nose</td>
<td>Wuhan City, China</td>
<td>38</td>
<td>F</td>
<td>Positive</td>
</tr>
<tr>
<td>Case 3</td>
<td></td>
<td>Asymptomatic</td>
<td>Wuhan City, China</td>
<td>10</td>
<td>M</td>
<td>Positive</td>
</tr>
<tr>
<td>Case 4</td>
<td>27 Jan 2020</td>
<td>Asymptomatic</td>
<td>Wuhan City, China</td>
<td>36</td>
<td>M</td>
<td>Positive</td>
</tr>
<tr>
<td>Case 5</td>
<td>30 Jan 2020</td>
<td>(21 Jan 2020): Fever, Malaise, sore throat, dry cough</td>
<td>Wuhan City, China</td>
<td>41</td>
<td>M</td>
<td>Positive</td>
</tr>
</tbody>
</table>

Risk assessment carried out for China

<table>
<thead>
<tr>
<th>National</th>
<th>Regional</th>
<th>Global</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very High</td>
<td>High</td>
<td>High</td>
</tr>
</tbody>
</table>

Update on outbreaks in the Eastern Mediterranean Region

2019-ncov in UAE; 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): 2018-2020

Democratic Republic of Congo (DRC) [3 428 (2 250), 65.64%]

2019-ncov acute respiratory disease: 2019-2020

United Arab Emirates [5 (0)]

Cholera: 2017-2020

Somalia [10 391 (53), 0.51%]

Yemen [2 222 416 (3 761), 0.17%]

Diphtheria: 2017-2020

Yemen [5 151 (308), 5.98%]

Bangladesh [9003 (46), 0.51%]

Sudan [114 (14), 12.28%]

MERS: 2012-2020

Saudi Arabia [2108 (784), 37.2%]

United Arab Emirates [3 (0)]

Multidrug-resistant typhoid fever: 2016-2020

Pakistan [15 832 (0)]