

Current major events

Public health events associated with travel history in EMR

In recent time, EMRO has been receiving an increasing number of requests for verification on public health events occurring in countries outside the Region that are related to travel in the EMR Member States.

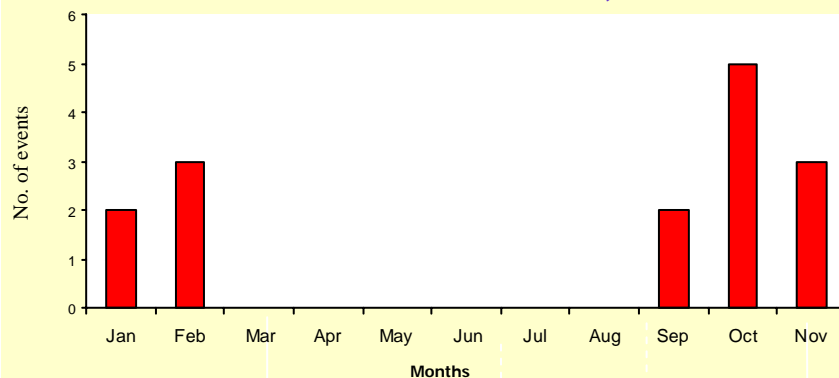
These requests for verification have been received from the IHR National Focal Points (NFPs) of State Parties outside the EMR in accordance with *Article-9* of IHR 2005. All these events have occurred amongst the tourists who had recent travel history in countries in the EMR and the events reported so far range from hemolytic uremic syndrome (HUS, cholera, legionella pneumophila (serogroup-1) and hepatitis A infections.

Editorial note

The increasing number of requests for verification of public health events that are directly related to travel in the EMR Member States in recent time, raise important concern. These requests are made in accordance with *Article-9* (other reports) and *Article 44* (Collaboration and Assistance) of IHR 2005. The EMR Member States in whose territory these events are allegedly occurring are expected to cooperate and take advantage of this information to verify, investigate the source of contamination and take appropriate measures to eliminate the risks. The consequence of ignoring these verification requests and or lack of transparency by concerned EMR State Parties may lead to negative reactions from the alerting regions. This might significantly affect trade and travels resulting to direct economic ramification for these countries. The requests for verifications, if taken in a positive light, can compliment national surveillance system for communicable disease in respective countries.

Tourism is one of the top three global economic forces these days and with globalization; the number of travelers have increased. While travelers have a

Number of public health events received by EMRO for verification that are occurring outside the Region but with travel history in EMR Member States: Jan-Nov, 2008



International travel and health

- **Health risks depending on destination:** urban vs. rural, type of accommodation (hotel, camping), etc
- **Prevention:** Vaccination against Yellow fever preferably 10 days before departure and prophylaxis against other endemic diseases in destination countries
- **Food hygiene:** Eating only thoroughly cooked food and drink only well-sealed bottled or packaged cold drinks.

"boil it, cook it, peel it or forget it"

responsibility to know in advance the risk of their exposure to disease pathogens and unfavorable environmental conditions in the countries they visit, the destination countries are equally responsible for ensuring the public health safety of the travelers visiting their countries.

Timely sharing of information on public health risks by the home countries is as important as the need for rapid investigation of such events by the holiday countries. Such prompt transfer of information in an open and transparent environment will not only reassure the public about their public health safety when they are traveling but also show a respect to the scope and purpose of IHR 2005 for prevention and protection of international community against any spread of disease.

Amongst all travels, pilgrimage to Makah, about three weeks away from today, remains the major potential pool for potential infections among travelers.

Update on outbreaks

in the Eastern Mediterranean Region

Acute Haemorrhagic Fever: in Sudan
Dengue: in Pakistan, Sudan. **Cholera:** in Iraq; Iran, Somalia and Afghanistan.

Current public health events of international concern

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

Acute Haemorrhagic Fever syndrome

Sudan	[33 (14), 42.4%]
Mali	[41 (?), ? %]

AWD/Cholera

Somalia	[532 (8), 1.5%]
Iran	[216 (5), 2.3%]
Afghanistan	[5403* (24), 0.4%]
Iraq	[771 (8), 1 %]

Dengue fever

Sudan	[68(?), ?%]
Pakistan	[10 (8 ?)]#

Plague

Uganda	?
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Arenavirus (New Virus)

Zambia	[5 (4), 80%]
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Yellow fever

Cote d' Ivoire	[6 (0), 0%]
Guinea	[2 (0), 0%]
Burkina Faso	[2 (0), 0%]
Central African Republic	[1 (0), 0%]

(* = Suspected)

CFR = Case-Fatality Rate

? = No data

= Risk assessment ongoing. Of these suspected cases, 8 deaths were reported.