

Regional Office for the Eastern Mediterranean

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Current major event

Call for strengthening surveillance for SARI

There has been a renewed call to strengthen surveillance for severe acute respiratory infection (SARI) in the countries of the WHO Eastern Mediterranean Region. This was the main recommendation of a recently concluded intercountry meeting of the Eastern Mediterranean Acute Respiratory Infection Surveillance Network held at Sharm-El-Shaikh, Egypt from 24-27 November 2013.

Editorial note

The countries of WHO's Eastern Mediterranean Region have made substantial progress, in the past years, to establish and strengthen surveillance system for Influenza-like Illness (ILI) and Severe Acute Respiratory Infection (SARI). Despite different stages of development and variability in the system, the countries have gained substantial capacities in using the epidemiological surveillance data to improve their understanding of influenza epidemiology. The contribution of the National Influenza Centers (NICs) to sentinel-based surveillance system in identification, detection and characterization of seasonal influenza virus have also been widely recognized.

The emergence of novel respiratory pathogen in the region in 2012, now called the Middle East Respiratory Syndrome coronavirus (MERS-CoV), serves as a stark reminder that novel respiratory pathogens will continue to appear and present significant risks to national, regional and global health security. The public health threat posed by MERS-CoV, in addition to the ongoing threats such as the avian influenza A(H5N1) infection in the region should act as the trigger to further enhance and scale up the routine and sentinel based surveillance system for ILI and SARI. In view of these ongoing and other emerging threats from novel respiratory viruses, the system should remain functional, effective and responsive. Integrating and

Status of establishing SARI surveillance in the WHO Eastern Mediterranean Region Countries with SARI surveillance Countries with ILI/ARI surveillance Countries with no ILI/SARI surveillance

sustaining both the epidemiological and virological aspect of the system within the routine disease surveillance system still remain a challenge in the region. But only such a system will be able to early detect any suspected case (s) or cluster of cases that may be caused by a novel respiratory or influenza virus.

One of the advantages of having a robust surveillance system for SARI is that in the event of emergence of any novel respiratory pathogen, the system can serve as a platform for rapidly scaling up and expanding its population coverage for detection and identification of cases or cluster of cases of unknown illness outside the SARI sentinel surveillance sites that may have been caused by any novel respiratory pathogen.

The recently concluded meeting attended by over 50 delegates from 18 EMR member states provided an ideal platform to review the progress made in establishing the sentinel surveillance system for SARI in the region. The meeting participants endorsed a number of recommendations to enhance the sentinel surveillance system for ILI/ SARI in the region with the aim of integrating it within the routine disease surveillance system of the countries. The full implementation of these recommendations can collectively enhance the existing surveillance system for SARI in the region and contribute to improving the regional public health preparedness against any novel respiratory pathogens.

Update on outbreaks

in the Eastern Mediterranean Region

Novel Coronavirus in Qatar, Kuwait and United Arab Emirates; Wild poliovirus in Syria; Yellow fever in Sudan.

Current public health events of international concern

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

Avian influenza	
Egypt	[173 (63), 36.4%]
Indonesia	[192 (160), 83.3 %]
Viet Nam	[125 (62), 49.6%]
Cambodia	[31 (27), 87.1%]
Global total	[629 (375), 59.6%]
Hepatitis E	
0 4 0 1	

South Sudan	[12,718 (251), 1.9%]#
Novel Coronavirus	(MERS-CoV)
Saudi Arabia	[130 (53), 41%]

Kuwait [2(0)]Qatar [10 (2), 20%] **UAE** [7 (2), **28** %] Yellow fever

[44 (14), 32%] Crimen-Congo haemorrhagic fever

Sudan

Pakistan

Wild poliovirus Syria [17(0)]Somalia [180(0)]Cameroon [2(0)]

CFR=Case-Fatality Rate; # Suspected cases

[88 (18), 20%]