

Regional Office for the Eastern Mediterranean

# **Weekly Epidemiological Monitor**

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# **Current major event**

### **EMR** countries worried of Ebola Virus Disease Outbreak in W. Africa

The confirmation of Ebola Virus Disease outbreak in the West African states of Guinea and Liberia has created a lot of fear in the countries of the Eastern Mediterranean Region. In the last two weeks, the WHO Regional Office (EMRO) has been receiving a lot of requests from the health authorities and individuals from countries in EMR, for information and technical guidance on Ebola.

### **Editorial note**

Ebola virus disease (EVD), formerly known as Ebola Hemorrhagic Fever is caused by Ebola virus. The virus is one of the filoviridae family, along with genus Marburg virus and Cueva virus. It is a highly pathogenic virus and the case fatality rate can reach 90%. Ebola virus includes 5 species (Sudan, Bundibugyo, Zaire, Reston and Tai ebolaviruses). The first three species have been associated with massive outbreaks compared to the remaining two. The disease was discovered first in Sudan in 1976 and followed by Democratic Republic of Congo (formerly Zaire). It is now known that the fruit bats are the natural hosts of the virus. Ebola affects other wild animals like gorilla, chimpanzees, monkeys, forest duikers and porcupines. Outbreaks in humans have been linked to epizootic outbreaks in these animals.

This current outbreak was first reported from Guinea. The possible index case was detected retrospectively with onset of the disease in December 2013. The affected areas are bordering Liberia and Sierra Leone. Strengthening of surveillance system in the bordering countries and active case finding activities resulted in detection of suspected cases of the EVD and confirmation of cases in Liberia. Lab test on reported suspected cases in Sierra Leone turned out negative for EVD but two were confirmed as Lassa Fever (which is endemic in the country). At present confirmatory tests on suspected cases in Mali is still under process.

#### Ebola Hemorrhagic fever in Africa, 1976-2014 At risk of epidemic country Country with positive serology Country without positive serology Guinea 2014 (168/108) Epidemic of confirmed cases (c/d) = number of reported cases/deat Liberia Sudan: (Former Sudan) 1976 (**284/**151), 1979 (**34/**22), 2004 (**17/**7) Côte d'Ivoir 1994 (**1**/0) Uganda. 2000 -01(425/224), 1994 (**52**/31) 2007-08 (149/37), 2011 1996 (**31**/21) (1/1), 2012 (31/21) 1996-7 (60/45) 2001-02 (65/53) DRC (ex-Zaire): 1976 (**318/**280), 1977 Republic of Congo, 2001-02 (59/44) (1/1), 1995 (315/254), 2007 (264/187), 2008-09 2002-03 (**143**/128) South Africa 2003 (35/29)

### Cumulative reported human cases and deaths of EVD by species

Species	Period of reporting	No. of cases	No. of deaths	CFR
Zaire	1976 -2014	1588	1219	77%
Sudan	1976 -2012	792	426	54%
Bundibugyo	2007-2012	206	66	32%
Reston	1996	1	0	0%
Taï Forest	1994	1	0	0%

Countries in the Eastern Mediterranean Region have good reasons to be worried of the ongoing EVD outbreak in West Africa. A number of countries in this Region have strong trade and travel links with West Africa. There is a big Lebanese community running business all over West Africa and do travel home frequently. West African itinerant migrants workers pass through Morocco, Tunisia, Libya and occasionally Egypt in large numbers on their way to Europe and there are frequent flights between the Region and West Africa. However, the potential risk of importation of cases to the Region, should NOT result in negative over-reaction by any country in the Region. WHO does not recommend trade or travel bans for this event.

Effective response to EVD requires robust surveillance system, active case findings, contact tracing, improve lab capacity, trained health staff, specified isolation areas for treatment of the patients with full nursing barriers, strict infection prevention and control measures increased awareness among the affected and at risk populations. There is no specific treatment or vaccine for EVD.

# **Update on outbreaks**

in the Eastern Mediterranean Region

Novel Coronavirus in Saudi Arabia. Jordan and UAE

## Current public health events of international concern

### [cumulative N° of cases (deaths), CFR %] Avian Influenza A (H5N1): 2003-2014

	( )
Egypt	[175 (63), <b>36%</b> ]
Indonesia	[195 (163), <b>83.6 %</b> ]
Viet Nam	[126 (63), <b>50%</b> ]
Global total	[666 (391), <b>58.7%</b> ]

#### Saudi Arabia [194 (69), 35.6%] Jordan [5 (3), **60** %] Oman [4 (4), 100%] UAE [29 (8), **27.6%**]

Kuwait [3 (1), **33.3%**] Tunisia [3 (1), 33.3%]

Qatar [9 (5), 60%]

### Ebola Hemorrhagic Fever:

MERS-CoV: 2012-2014

Guinea [168 (108),64.3%] Liberia [26 (13),50%] Mali [6(0),0%]

### Wild poliovirus: 2013-2014

Pakistan [136 (0), **0%**] Afghanistan [18 (0), **0%**] Syria [27 (0), **0%**] Somalia [194(0), **0%**] [1 (0), **0%**]

CFR=Case-Fatality Rate; # Suspected cases