

## Current major event

### Health risks at the hajj

Hajj, the annual Muslim pilgrimage to Makkah in the Kingdom of Saudi Arabia will be performed from 8th to 12th day in the 12th month of the Islamic (lunar) calendar this year. In the Gregorian calendar, this could be during the first week of October this year. Owing to mass migration during the hajj which is unparalleled in scale, the pilgrims may face a number of health hazards which also can amplify depending on the conditions prevailing during the hajj.

### Editorial note

Pilgrimage to Makkah (Hajj) is one of the largest annual global mass gatherings; over two million pilgrims (Hajjees) from more than 188 countries convene and move as one block within a very limited geographical area during a short time interval. Although, it is a religious event, the mass migration and the congestion during the hajj that may pose intense physical, environmental and health-care demands may create an environment for enhanced transmission of different disease pathogens amongst the pilgrims. There is also a risk of further dissemination of these health risks to other countries when the pilgrims start returning to their own countries. The advanced age of many pilgrims also adds to the morbidity and mortality risks.

Though managing the health risks during the hajj may be overwhelming and overtly challenging, the Ministry of Health (MoH) of the Kingdom of Saudi Arabia (KSA), drawing from its own institutional experience (*please see above*), which has tested the time, mounts an extra-ordinary preparedness efforts to face the public health challenges associated with hajj every year which is truly demanding. As part of these preparedness measures, the MoH of KSA has put in place, this year as well, a competent surveillance and response systems to early detect and rapidly respond to any public health event of any national and international concern.

### Reported health events related to hajj in the past and response from KSA

Event/disease	Reported year	Burden	Action by KSA authorities
Meningococcal meningitis (W135)*	2000	>400 cases in KSA and other 15 countries	Requirement of ACYW135 vaccine since 2001
Cholera**	1989	102 cases	Improvement of water supply and sewage system
Meningococcal meningitis (A)**	1987	Outbreak in KSA and other two countries	Requirement of AC vaccine from 1988 onwards
Pneumonia****	annual	cause of more than 50% hospital admissions	Recommendation for Pneumococcal vaccine to >65 and <65 with co morbidity
Influenza **	annual	Most of consultations are ILI	Recommendation for seasonal influenza vaccine since 2009 specially for the high risk groups
Stampede**	2006	380 deaths and 289 wounded	Construction of new multi-level bridge (4 levels)
food poisoning**	annual	44-132 cases per year	Activation of food regulation, Health education
Poliomyelitis**	-	Disease for global eradication	Proof of vaccination required for all under 15 years who comes from affected country, and will be vaccinated again at entry points

\*Mayer L, Reeves M, Al-Hamdan N, et al. Outbreak of W135 meningococcal disease in 2000: not emergence of a new W135 strain but clonal expansion within electrophoretic type-37 complex. *J Infect Dis* 2002; 185:1596-1605.

\*\*Ahmed, Q.A., Y.M. Arabi, and Z.A. Memish, *Health risks at the Hajj*. *Lancet*, 2006. 367(9515): p. 1008-1015.

\*\*\*Al-Ghamdi SM, Akbar HO, Qari YA, Fathaldin OA, Al-Rashed RS. Pattern of admission to hospitals during Muslim pilgrimage (Hajj). *Saudi Med J* 2003; 24: 1073-76.

### MERS-CoV cases reported in the EMR from June to September 2014

Month	Country	
	KSA	Iran (I.R)
June	28	0
July	3	1
August	6	0
September	9	0
<b>Total</b>	<b>46</b>	<b>1</b>

Owing to the current risk of Middle East Respiratory Syndrome Coronavirus (MERS-CoV) in the region, this year's hajj (1435 H; 2014 G), draws particular importance. Although the cases have declined in the KSA (*please see the table*) since the last upsurge observed in April to June this year, the situation is being addressed adequately. WHO, in collaboration with MoH/KSA, recently organized a meeting in Jeddah from 16 to 17 September with the Heads of Medical Missions of top 10 countries sending the highest number of pilgrims for the hajj. The meeting reviewed the public health preparedness for the hajj as well as the coordination and information sharing mechanisms between the countries and the MoH/KSA should there be any public health event that requires a rapid and coordinated response for its containment. It is expected that all these public health preparedness measures will contribute to having a safe and blessed hajj this year for all the pilgrims as well as prevent any international spread of diseases associated with hajj.

## Update on outbreaks

in the Eastern Mediterranean Region

### MERS-CoV in Saudi Arabia

#### Current public health events of international concern

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

#### Avian Influenza A (H5N1): 2006-2014

Egypt [176 (64), 36.4%]

#### MERS-CoV: 2012-2014

Saudi Arabia [730 (268), 36.7%]

Jordan [11 (6), 54.5%]

Oman [2 (2), 100%]

UAE [68 (8), 11.8%]

Kuwait [3 (1), 33.3%]

Tunisia [3 (1), 33.3%]

Qatar [7 (4), 57.1%]

Yemen [1 (1), 100%]

Egypt [1 (0), 0%]

Lebanon [1 (0), 0%]

Iran [5 (1), 20%]

#### Ebola Hemorrhagic Fever: 2014

Guinea [1008 (632), 62.7%]

Liberia [3022 (1578), 52.2%]

Sierra Leone [1813 (593), 32.7%]

Nigeria [20 (8), 40%]

Senegal [1 (0), 0%]

DRC [62 (35), 56.5%]

#### Wild poliovirus: 2014

Pakistan [145 (0), 0%]

Afghanistan [8 (0), 0%]

Somalia [5 (0), 0%]

#### Severe Respiratory Illness (Enterovirus D68):

USA [130 (0), 0%]