

## Current major event

### RRT Training held in Somalia

WHO, with Somalia's Federal Ministry of Health, conducted a week-long Training of Trainers workshop in Hargeisa, Somalia, to enhance the capacity of Somalia's rapid response teams for health risk assessments, timely outbreak investigation, containment and response in complex emergency situations.

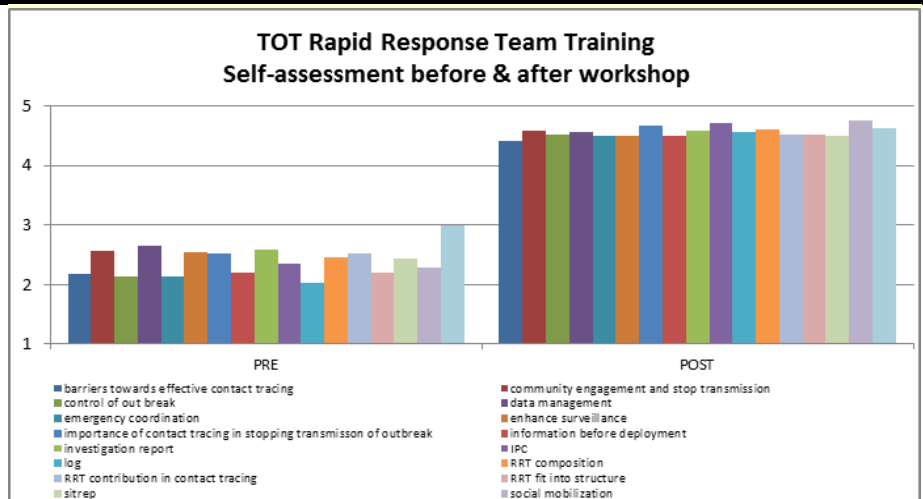
### Editorial note

Rapid response teams (RRTs) are multi-disciplinary teams of health workers and coordinators at the district, regional and national levels with the capacity to be deployed quickly to respond to a public health emergency. They perform a variety of interconnected tasks including alert investigation, coordination of response activities, risk communication, collaboration with community stakeholders, and preparation of appropriate strategies and field investigation methods, to name a few.

The RRT training workshop held in Somalia included health workers from all regions of Somalia, where the prolonged humanitarian crises caused by conflict, population displacement and food insecurity have severely impacted health services and rendered the population more vulnerable to communicable disease outbreaks. This has led to high rates of morbidity and mortality among the affected population due to limited capacity of the national health authorities to identify, notify and respond to outbreaks.

WHO, in collaboration with health authorities and partners, have implemented a communicable disease surveillance and response system in Somalia using the WHO EWARN guidelines. The current system consists of 248 sentinel sites all over Somalia including Central Zone (80), South Zone (43), Somaliland (75), and Puntland (45). A well-constituted and properly-trained RRT can be the cornerstone of the early warning system for disease surveillance and outbreak detection and response.

The scenario-based workshop for the RRT is intended to provide skills and



EMR countries that received RRT training	
Jordan	Y
Morocco	Y
Saudi Arabia	Y
Somalia	Y
UAE	Y
Sudan	Y
Yemen	Y
Syria	Y

knowledge necessary to form multi-disciplinary RRTs who can investigate and responds to outbreaks as they occur anywhere in Somalia. As a Training of Trainers (TOT), this course also equips attendees to provide training to teams at lower levels.

This regional RRT training program has generated an invaluable pool of experts equipped with the knowledge, skills and tools to respond to health emergencies in their respective countries.

Having a trained RRT at the central and peripheral level are amongst the core capacities required under the International Health Regulations (2005). To date, a number of countries have conducted such training to establish a functional and trained RRT.

It is expected that having a trained RRT at the central and peripheral level, the countries would be better prepared to deal with any public health emergency and be able to contain locally and health security threats that have the potential to be a global health threat.

## Update on outbreaks

in the Eastern Mediterranean Region

MERS-CoV in Saudi Arabia; Cholera in Somalia; Cholera in Yemen

### Current public health events of international concern

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

#### Avian Influenza : 2006-2016

Egypt (A/H5N1)	[356 (121), 33.9%]
Egypt (A/H9N2)	[3 (0)]

#### MERS-CoV: 2012-2016

Saudi Arabia	[1414 (601), 42.5%]
Bahrain	[1 (1), 100%]

#### Cholera : 2016

Somalia	[13728 (497), 3.6%]
Yemen	[2241 (47), 2.4%]

#### Yellow fever: 2015-2016

Angola	[4347 (377), 8.7%]
DRC	[2987 (16), 0.5%]

#### Lassa fever : 2015-2016

Nigeria	[273(149), 54.5%]
Benin	[54( 28),51.8%

#### Avian Influenza A (H7N9) : 2013-2016

China	[775 (307),36%]
-------	-----------------

#### Avian Influenza A (H5N6) : 2016

China	[4 (0)]
-------	---------

#### Wild poliovirus: 2014-2016

Pakistan	[376(0)]
Afghanistan	[66(0)]

#### Zika Virus Infection: 2007-2016

73 countries and territories have reported transmission so far