Emerging Infectious Diseases reported from the EMR in 2016

In 2016, like in the past year, a number of countries in the WHO Eastern Mediterranean Region (EMR) reported emerging infectious diseases (EID). Some countries reported explosive outbreaks from these EIDs.

Editorial note

The occurrence of EIDs in the EMR of WHO is on the rise. A number of countries in the region have reported the occurrence and emergence of high number of infectious diseases in 2016, sometimes in epidemic proportions. In some countries, explosive outbreaks owing to a number of precipitating risk factors were reported.

The Middle East respiratory syndrome coronavirus (MERS-CoV) continues to circulate in the region and five gulf countries in the Region—Bahrain, Oman, Qatar, Saudi Arabia and UAE have reported community acquired cases in 2016. Hospital outbreaks that were small in frequency and number were also reported from MERS in Saudi Arabia this year.

Unlike last year, no surge of human infections from avian influenza (H5N1) virus was reported from Egypt but cases were reported sporadically in 2016. Outbreaks of highly pathogenic avian influenza were also reported in poultry this year from Lebanon, Iraq and also from Gaza of occupied Palestine territory.

The Crimean-Congo hemorrhagic fever (CCHF) has seen a resurgence in Pakistan this year with geographic spread of the disease to traditional non-endemic belts in the country. Afghanistan and the Islamic Republic of Iran also reported cases of CCHF as the disease remains endemic in these two countries.

Cholera is re-emerging in the region. Like last year, a number of countries—Afghanistan, Iraq, Somalia and Yemen have reported cholera cases this year. Somalia and Yemen have witnessed explosive outbreaks while Afghanistan and Iraq has reported sporadic laboratory-confirmed cases.

In Sudan, dengue has reemerged in its traditionally endemic belt (on the coast line of Red sea). While chikungunya has made inroads in Somalia and Pakistan after a long hiatus. In addition, seasonal influenza surge was noted in Pakistan, Palestine and in Yemen.

The emergence of such a high number of infectious diseases with epidemic potentials and re-emergence of cholera, dengue, West Nile Fever and Chikungunya warrant that all countries should have a strong surveillance and laboratory diagnostic system as well as a rapid response structure for early detection and response to contain and limit transmission from these infections. Building and maintaining the public health core capacities required under the International Health Regulations (2005) remains a top priority in the Region as much as preventing health security threats remain a shared responsibility.

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 [14 710 (497), 3.3%]
Yemen [7730 (82), 1%]

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)]

Pakistan [376(0)]
Afghanistan [660(0)]

Zika Virus Infection: 2007-2016
73 countries and territories have reported transmission so far