

Current major event

Clusters of microcephaly and Guillain-Barré syndrome declared as PHEIC

On 01 February 2016, the Director-General of WHO declared that the recent cluster of microcephaly cases and other neurologic disorders reported in Brazil, following a similar cluster in French Polynesia in 2014, constitutes a Public Health Emergency of International Concern (PHEIC).

Editorial note

The Zika virus became the latest threat to global health security when the Director General of WHO declared on 1 February 2016 that recently reported clusters of microcephaly and other neurological disorders reported in Brazil constitute a Public Health Emergency of International Concern (PHEIC). The declaration came on the advice of an Emergency Committee of the International Health Regulations (2005) that the WHO Director General set up on 28 January 2016 for Zika virus. Accordingly, WHO has issued temporary recommendations under IHR (*Please see above*).

The Zika virus (ZIKV) is a mosquito-borne arbovirus and like other arbovirus infections such as dengue and chikungunya, ZIKV causes mild illness and is almost self-limiting without sequelae. Information from previous outbreaks suggested that about 20% of people infected with Zika virus develop mild symptoms like fever, malaise and at times a maculopapular rash, non-purulent conjunctivitis or both, while rest are asymptomatic. During the currently ongoing outbreak in America region, WHO estimates that there would be 3-4 million cases of Zika virus infection (including asymptomatic cases) in the next 12 months.

Although no human infection from Zika virus has so far been reported from any country in the Region, serological evidence of the circulation of Zika virus has been reported in at-least two countries in the Eastern Mediterranean Region. The current situation doesn't rule out that case of Zika virus infection may not appear in the region as travel is likely to

Summary of temporary recommendations of the IHR (2005) Emergency Committee

Microcephaly and neurologic disorders:

- Surveillance for microcephaly and GBS should be standardized and enhanced, particularly in areas of known Zika virus transmission and areas at risk of such transmission,
- Research into the etiology of new clusters of microcephaly and neurologic disorders should be intensified to determine whether there is a causative link to Zika virus and/or other factors or co-factors.

Zika Virus Transmission:

- Surveillance for Zika virus infection should be enhanced, with the dissemination of standard case definitions and diagnostics to at-risk areas,
- The development of new diagnostics for Zika virus infection should be prioritized to facilitate surveillance and control measures,
- Risk communications should be enhanced in countries with Zika virus transmission
- Vector control measures and appropriate personal protective measures should be aggressively promoted and implemented to reduce the risk of exposure to Zika virus,
- Pregnant women who have been exposed to Zika virus should be counselled and followed for birth outcomes based on the best available information and national practice and policies

Risk factors for spread of ZIKV in the Eastern Mediterranean Region

- Presence of *Aedes* mosquitoes
- Immunologically naïve population
- Fragile health systems in some conflict affected countries
- Weak entomological surveillance capacity
- International travel and population movement
- Poor laboratory diagnostic capacity
- Effects of climate change (Unknown factors);

contribute to the risk of importation of cases to any country in the region. The risk of importation is high in all countries in the region. However, the risk of local transmission following the introduction of the virus through a viraemic patient returning from the countries with active Zika virus circulation remains considerably high in countries where the mosquitoes that primarily transmit this virus exist.

In view of the risk of spread of ZIKV to the Eastern Mediterranean Region, the most urgent would be to enhance both epidemiological and entomological surveillance in countries with known presence of *Aedes* mosquitoes. Such efforts should be directed to both early identification and recognition of ZIKV transmission as well as identification of any abnormal or sudden increase of congenital birth defect for which no plausible reasons could be explained. This is a testing time for the region to rise to the occasion and mitigate the threat of introduction of this new and emerging health threat.

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 : 2006-2016

Egypt (A/H5N1)	[346 (117), 33.8%]
Egypt (A/H9N2)	[3 (0)]

MERS-CoV: 2012-2016

Saudi Arabia	[1277 (549), 42.9%]
Jordan	[39 (12), 31%]
Oman	[7 (3), 42.8%]
UAE	[78 (11), 14.1%]
Kuwait	[3 (1), 33.3%]
Republic of Korea	[186 (36), 19.3%]
Qatar	[14 (5), 35%]
Iran	[6 (2), 33.3%]

Lassa fever: 2015-2016

Nigeria	[159(82), 51.5%]
Benin	[71(23),32.3%

Ebola Virus Disease: 2014-2016

Guinea	[3804 (2536),66.6%]
Liberia	[10675 (4809),45%]
Sierra Leone	[14124 (3956),28%]

Viral Haemorrhagic Fever (of unknown aetiology)

Sudan	[535(99),18.5%]
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Wild poliovirus: 2014-2016

Pakistan	[360 (0)]
Afghanistan	[47(0)]