COVID-19 situation updates Eastern Mediterranean Region

The number of COVID-19 cases continues to increase across the globe and as of 17 May 2020, it has infected about 4,525,497 cases with 307,395 deaths (CFR 6.7%). The EMR is contributing 7% to the global total with 335,088 cases, and 9,916 associated deaths at a CFR of 3%.

Editorial note

The novel coronavirus was first detected in China on 31 December 2019 and reported to WHO on 7 January 2020.Later named SARS-CoV-2, the virus has continued to spread across the globe and has been reported in most countries. The EMR reported its first few cases of COVID-19 on 29 January 2020, with Iran witnessing a sudden outbreak in late February that grew quickly, serving as an epicenter outside of China and resulting in the spread of the virus to more countries in the Region through travel.

Currently, EMR is the third most affected region of WHO and has witnessed a high number of cases totaling 335,088 with 9,916 deaths (CFR 3%) (see table). The number of cases being reported from the Region is on the rise and increasing rapidly in some countries like Pakistan and Saudi Arabia. The epidemiological picture is highly diverse across EMR countries, with a high risk of further spreading the diseases among communities.

Iran has continued reporting the highest number of cases (120,198), followed by Saudi Arabia (54,752) and Pakistan (40,151). There is growing concern that conflict-affected countries such as Yemen (126) and Syria (51) may experience explosive outbreaks, with new cases and deaths expected to rise due to their fragile health systems.

WHO recommends that countries should control the further transmission of the virus by strengthening testing, contact tracing and clinical management capacities, all of which are important to inform regular risk assessment and to guide public health measures. Early, sustained and layered application of non-pharmaceutical interventions such as physical distancing measures (isolation, quarantine and prohibiting mass gatherings) have been seen to be effective.

Moreover, the stockpiles of medical supplies required for supportive medical care of COVID-19 patients should be augmented. Surge capacity should be built through the allocation of health resources to essential services and pandemic response, and prioritizing infection prevention and control (IPC) measures to protect health care workers and prevent nosocomial transmission. Similarly, emergency risk communication and longer-term health communication incorporating behavior change becomes important. Lastly, for vaccine development, strategies should be developed, cooperation between the countries should be strengthened and international vaccine supply agreements should be established.

WHO has continued to monitor the situation from the start, and has been providing support to countries through the development and dissemination of various technical guidance documents including ones for actions at points of entry and the strengthening of capacities for surveillance, laboratory, clinical management and IPC in order to limit the further spread of the virus. All the above activities are detailed in WHO’s Strategic Preparedness and Response Plan for COVID-19. Other support by WHO has included the procurement of protective equipment, conducting online trainings, and accelerating research and development through the solidarity trials and unity studies to help test and develop therapeutics, diagnostics and vaccines.