

Weekly Epidemiological Monitor Volume 13: Issue no 46: 15 November 2020

REGIONAL OFFICE FOR THE **Eastern Mediterranean**

Current major event

Yellow fever elimination strategy

The global strategy to eliminate yellow fever epidemics (EYE) has been developed by Gavi, UNICEF and WHO to face the increased risk of yellow fever. This global long-term strategy (2017-2026) targets the most vulnerable countries, while addressing global risk, building resilience in urban centres, preparing areas with potential for outbreaks, and ensuring reliable vaccine supply.

Editorial note

Yellow fever is an acute viral hemorrhagic disease transmitted by infected mosquitoes, mainly the Aedes aegypti. Fortyseven countries in both Africa (34) and Central and South America (13) are either endemic for, or have regions that are endemic for, yellow fever. A modeling study based on African data sources estimated the burden of yellow fever during 2013 was 84 000-170 000 severe cases and 29 000-60 000 deaths. Sudan is the only country in the yellow fever zone of the Eastern Mediterranean Region (EMR). Large epidemics have been reported in Sudan in 1940, 1959, 2003, 2005, 2012 and 2013.

This Region is an integral partner to the EYE strategy with a range of high and moderate risk countries. The Region has seen an uptick in arboviral disease outbreaks, with yellow fever being a priority.

Sudan has taken great steps towards assuring population immunity, in the face of marked challenges from other outbreaks, including political changes. In Sudan, more than 32 million persons aged 9 months to 60 years have received the yellow fever vaccine in all states through a phased approach. Some localities in Darfur were covered during the yellow fever outbreak response in 2012-2013, with the other states being covered during four rounds of mass campaigns between 2014-2019. The campaigns targeted the population at risk including South Sudanese refugees and residents of those areas that reported yellow fever outbreaks in the past, especially in Darfur and South Kordofan states. In August 2020, a mini-catch up was implemented in White Nile state, covering 442 936 out of 466 001 children aged 9 months to 7 years (95%). 102 061 South Sudanese refugees aged 9 months to 60 years were targeted in two camps: Alsalm and Elgablain with 68% and 88.7% coverage respectively. The inclusion of the yellow fever vaccine into the routine immunization schedule will be launched in January 2021 as a single dose at 9 months of age with MCV1.

Aside from Sudan, the Region also includes moderate-risk countries for yellow fever, especially Djibouti and Somalia, who share



Yellow fever risk assessment for seven EMR countries in Africa

countries in Airica	
Country	Risk
Libya	No evidence
Tunisia	No evidence
Morocco	No evidence
Egypt	Potential risk
Djibouti	Moderate risk
Somalia	Moderate risk
Sudan	High risk

borders with other countries that are at high risk and who experienced recent outbreaks. (*See table*)

There is eagerness in the Region to improve understanding of the risk and take steps to prepare and prevent the spread of yellow fever. The most recent yellow fever outbreak in Ethiopia has further triggered the eagerness to implement the EYE strategy in moderate risk countries of EMR.

However, challenges to implement the general strategy in moderate risk countries remain. In Djibouti and Somalia, country capacity including surveillance and laboratory is very limited, and establishing such a system is not easy due to the lack of resources and persistence of complex emergencies, long-standing conflicts or natural disasters. Moreover, during 2020, all existing financial and human resources have been repurposed to COVID-19 response, leaving no more room for scaling up preparedness against yellow fever while the moderate risk for the disease remains or is even elevated.

The WHO regional and country offices aim to develop an EYE implementation framework for the Region, followed by the application of risk assessment tool for moderate-risk countries. Cross-regional collaboration and experience-sharing toward framework implementation should be fostered and done in parallel.

Update on outbreaks

in the Eastern Mediterranean Region

COVID-19 in 22 EMR countries

Current public health events of concern [cumulative N° of cases (deaths), CFR %]	
Coronavirus disease 2019 (COVID-19): 2019-2020	
Afghanistan	[43 240 (1617), 3.7%]
Bahrain	[84 523 (333), 0.4%]
Djibouti	[5654 (61), 1.1%]
Egypt	[110 547 (6442), 5.8%]
Iran (Islamic Republic of)	[749 525 (41 034), 5.5%]
Iraq	[516 915 (11 623), 2.2%]
Jordan	[141 305 (1704), 1.2%]
Kuwait	[136 341 (835), 0.6%]
Lebanon	[104 267 (806), 0.8%]
Libya	[73 602 (1017), 1.4%]
Morocco	[288 211 (4697), 1.6%]
occupied Palestinian territory (oPt)	[74 350 (633), 0.9%]
Oman	[119 442 (1326), 1.1%]
Pakistan	[356 904 (7141), 2%]
Qatar	[135 570 (234), 0.2%]
Saudi Arabia	[352 950 (5641), 1.6%]
Somalia	[4301 (107), 2.5%]
Sudan	[14 728 (1119), 7.6%]
Syrian Arab Republic	[6613 (341), 5.2%]
Tunisia	[80 404 (2370), 2.9%]
United Arab Emirates	[149 135 (528), 0.4%]
Yemen	[2072 (603), 29.1%]

Published by World Health Organization, Regional Office for Eastern Mediterranean, Cairo, Egypt Tel: +20 2 22765492 Fax: +20 2 2765456 Email: <u>emrgohspoutbreak@who.int</u> Previous issues are available at <u>http://www.emro.who.int/surveillance-forecasting-response/weekly-epidemiological-monitor/</u>