

# Weekly Epidemiological Monitor

**REGIONAL OFFICE FOR THE Eastern Mediterranean** 

## **Current major event**

#### **Regional meeting on Middle East** respiratory syndrome

The WHO Regional Office for the Eastern Mediterranean held a regional meeting on Middle East respiratory syndrome (MERS). The event was attended by participants from the ministries of health of several countries in the Region together with experts representing the United States Centers for Disease Control and Prevention (CDC), ERASMUS, FAO, OIE, Hong Kong University and WHO from the global, regional and country teams.

#### **Editorial note**

The virtual meeting discussed the current situation of MERS surveillance in the Eastern Mediterranean Region and highlighted the infrastructure and capacities created for MERS that were used to respond to COVID-19 pandemic (read meeting objectives above).

The participants discussed the status of the MERS situation in the different countries as well as the cross cutting challenges that resulted from the repurposing of all resources and activities to the COVID-19 pandemic response. Participants highlighted at the same time the importance of being vigilant and redirecting focus to MERS as it remains a public health threat.

The OIE briefed participants on the latest MERS activities in dromedary camels and the updated case definition used for reporting MERS-CoV infections in those animals.

The WHO collaborating centre in Hong Kong presented findings from studies in the Region and described the differences in MERS lineages from different geographical areas, while emphasizing the knowledge gap in understanding the differences in transmission sources and dynamics outside of Saudi Arabia.

The CDC presented findings of several studies from the Region about viral shedding periods. Despite the availability of research studies conducted by the countries and partners during the last few years, participants acknowledged and stressed that there is still a knowledge gap regarding the risk of contracting the infection from asymptomatic or mild cases.

WHO addressed the importance of infection prevention and control (IPC), and how it plays an important role in the preparedness and response to emerging infectious diseases. It pointed out the recurrence of outbreaks caused by coronaviruses in recent years, which were amplified in health care settings, raising the need for IPC programmes and buy-in from political and public health leaders.

A representative of the King Abdullah International Medical Research Center presented their ongoing work on the development of MERS vaccines for humans and camels, with three leading candidates still in trial. FAO presented the USAID-funded project that has been ongoing since 2015 in four countries: Egypt, Ethiopia, Jordan and Kenya, highlighting the project's achievements in surveillance data and analysis; the camel value chain; and building national laboratory capacities.

FAO highlighted the absence of regional and international meetings on MERS which had previous taken place in 2013-2015. It stressed the need to re-activate these technical meetings, underlining the importance of the One Health approach to strengthen collaborations between the human and animal stakeholders.

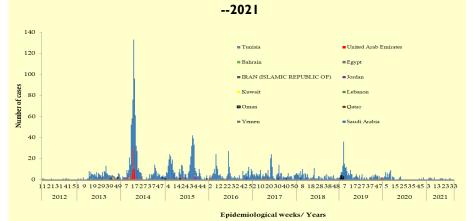
The WHO Regional Office presented research advances from the Region where several studies have been supported by WHO. However, a common challenge identified was the lack of large scale studies including multi-affected countries. It was highlighted by WHO how the COVID-19 pandemic impacted ongoing MERS surveillance research, with attention and resources being diverted to the COVID-19 pandemic.

WHO headquarters briefed participants on the global MERS workplan, highlighting the importance of strengthening surveillance in endemic countries to be able to early detect suspected cases of high threat respiratory pathogen infections, thus improving the countries' ability to respond to outbreaks.

The meeting concluded by reinforcing the need for sustained prioritization and investment in both animal and human surveillance and research.

Despite the disruption caused by the COVID-19 pandemic in the momentum of MERS activities in the Region, vigilance is still key in dealing with the disease. Lessons learned from MERS in integrated surveillance, vaccine development, strong collaborations between partners, and information sharing should be sustained and effectively used.

# Distribution of MERS reported cases from EMR by week of onset, 2012



### Update on outbreaks

in the Eastern Mediterranean Region

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COVID-19 in 22 EMR countries	
Current public health events of	
<b>concern</b> [cumulative N° of cases (deaths), <b>CFR</b> %]	
Coronavirus disease 2019 (COVID-19): 2019-2021	
Afghanistan	[155 509 (7226), 4.6%]
Bahrain	[275 597 (1390), 0.5%]
Djibouti	[13 216 (177), 1.3%]
Egypt	[311 576 (17 658), 5.7%]
Iran (Islamic Republic of)	[5 691 634 (122 370), 2.1%]
Iraq	[2 022 109 (22 537), 1.1%]
Jordan	[832 399 (10 802), 1.3%]
Kuwait	[412 048 (2454), 0.6%]
Lebanon	[629 561 (8382), 1.3%]
Libya	[346 176 (4775), 1.4%]
Morocco	[938 801 (14 443), 1.5%]
occupied Palestinian territory (oPt)	[443 216 (4495), 1%]
Oman	[303 955 (4101), 1.3%]
Pakistan	[1 257 955 (28 106), 2.2%]
Qatar	[237 359 (607), 0.3%]
Saudi Arabia	[547 532 (8743), 1.6%]
Somalia	[20 900 (1152), 5.5%]
Sudan	[38 827 (2953), 7.6%]
Syrian Arab Republic	[36 713 (2332), 6.4%]
Tunisia	[709 834 (25 028), 3.5%]
United Arab Emirates	[737 655 (2113), 0.3%]
Yemen	[9345 (1775), 19%]

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