



**World Health  
Organization**

Eastern Mediterranean Region

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## Foreword

As we release this health emergencies bulletin for the final quarter of 2023, we are reminded of the gravity of the challenges in the WHO Eastern Mediterranean Region. This fourth quarter was marked by a series of crises that tested our determination and strained our resources. From the resurgence of cholera in Sudan and the outbreak of nosocomial Crimean-Congo haemorrhagic fever in Pakistan to the escalation of conflict in the occupied Palestinian territory, each emergency demanded our urgent attention and concerted action.

Reflecting on these emergencies, it is clear that their toll on human lives, on health systems and on communities has been staggering. As we continue to grapple with these challenges, it is imperative that we reinforce our commitment to proactive and dynamic response efforts. Vulnerable populations in the Region look to WHO and the United Nations system for support and assistance. We must not falter in our duty to serve them.

This bulletin gives an overview of some of the major crises in the Region and the coordinated response efforts under way. From detailed epidemiological analysis of outbreaks to discussion of strategic measures being used to contain the spread of infectious diseases, each bulletin issue offers valuable insights into current challenges and what we are doing to address them.

In particular, the escalation of conflict in the occupied Palestinian territory – and its spillover into neighbouring countries – underscores the urgent need for collective action. The humanitarian situation in the Gaza Strip is dire, with tens of thousands of lives lost, and millions displaced. Attacks

on health facilities and personnel exacerbate the suffering of civilians and further impede access to essential services.

Even amid these crises, however, stories of resilience, courage and solidarity emerge. Meanwhile, the joint efforts of health workers, humanitarian organizations and local communities highlight the compassion and collaboration that define our collective response to emergencies.

As we navigate these turbulent times, we must remember our mandate to promote health, keep the world safe and serve the vulnerable. Let us persevere in our commitment to uphold the principles of humanity and solidarity.



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WHO Regional Office for the Eastern Mediterranean

# Health emergencies new events and map

## NEW EVENTS IN EASTERN MEDITERRANEAN REGION – OCTOBER TO DECEMBER 2023\*\*

Member State/territory	Event	WHO grade**
Pakistan	Crimean-Congo haemorrhagic fever	Ungraded
Pakistan	Diphtheria	Ungraded
Somalia	Dengue	Grade 3
Syrian Arab Republic	Tuberculosis	Protracted 3

\*This table only includes new events that started between October and December 2023.

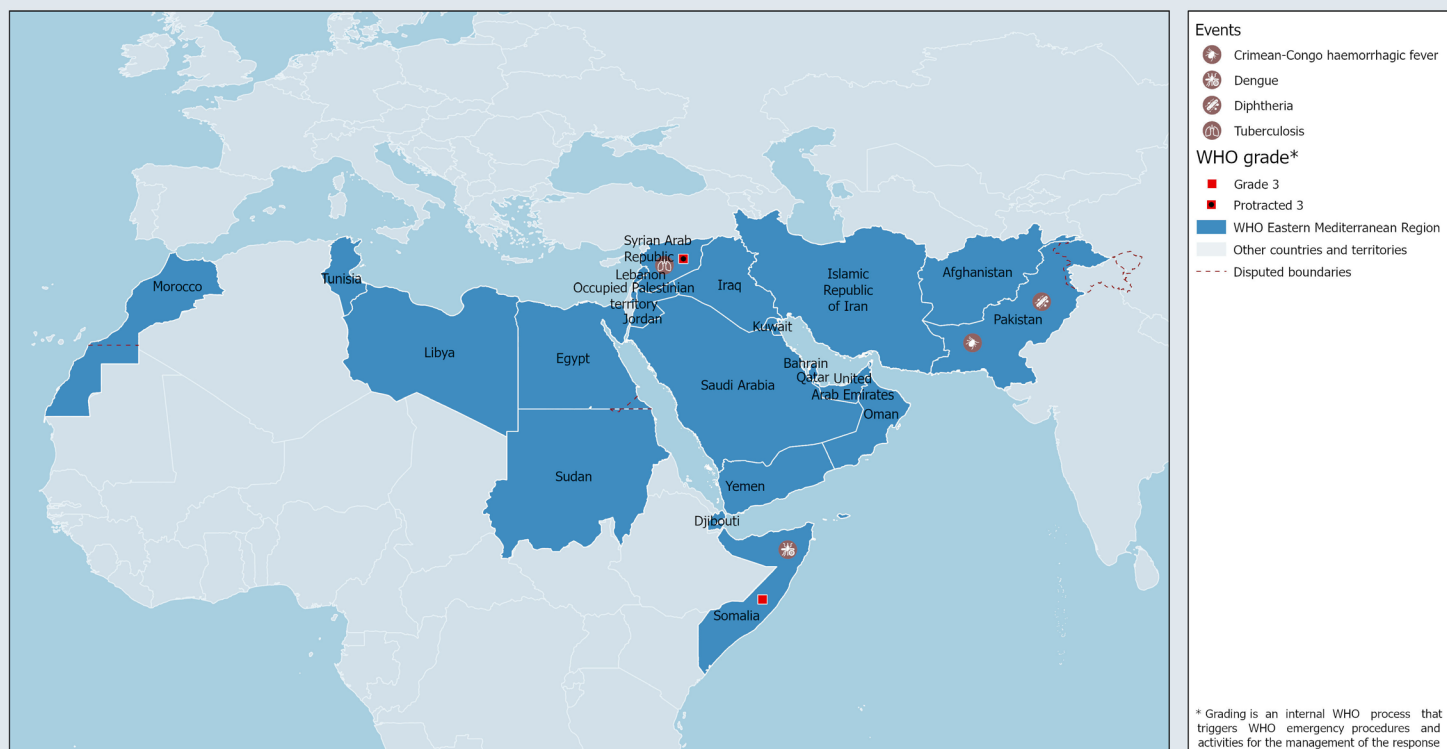
\*\*Grading is an internal WHO process that triggers WHO emergency procedures and activities for the management of the response.

[More information on WHO grading according to the Emergency Response Framework](#)

## HEALTH EMERGENCIES MAP

### Geographical distribution of new events in the Eastern Mediterranean Region

1 October to 31 December 2023



The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

# Occupied Palestinian territory: escalation of hostilities

SITUATION AS AT 30 DECEMBER 2023



**21 672**  
deaths



**56 165**  
injured



**1.9 million**  
displaced

## BACKGROUND

### Gaza Strip

The ongoing conflict in the Gaza Strip is unfolding as the most severe episode of conflict in decades. Although the Gaza Strip has suffered previous escalations, the hostilities that intensified as of 7 October 2023 are unprecedented in terms of the scale of deaths, destruction and human suffering incurred.

The still unfolding and intensifying military operations, along with the almost complete siege of the Gaza Strip, have created a catastrophic humanitarian situation.

Between 7 October and 30 December 2023, at least 21 672 people were killed in the Gaza Strip – about 70% of whom were women and children. A further 56 165 people had been injured by the same date. Thousands of people remain missing, presumably buried under rubble.

In response to continuous bombardment, ground military operations and evacuation threats, the Gaza Strip's population has suffered mass displacements, from the eastern, northern and central Gaza Strip towards the west.

By the end of 2023, 1.9 million people (85% of the Gaza Strip's population) were estimated to be internally displaced. Nearly 1.4 million internally displaced people are sheltering in 155 United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA) facilities across all five governorates of the Gaza Strip. This far exceeds the intended capacity of the shelters: the average number of internally displaced people per shelter has reached more than 4.5 times the average capacity.

As at 27 December 2023, 13 of the Gaza Strip's 36 hospitals were partially functional: nine in the south and four in the north. Those in the north have been offering maternity, trauma and emergency services. Yet they face a shortage of medical staff, including specialized surgeons, neurosurgeons and intensive care staff, and lack medical

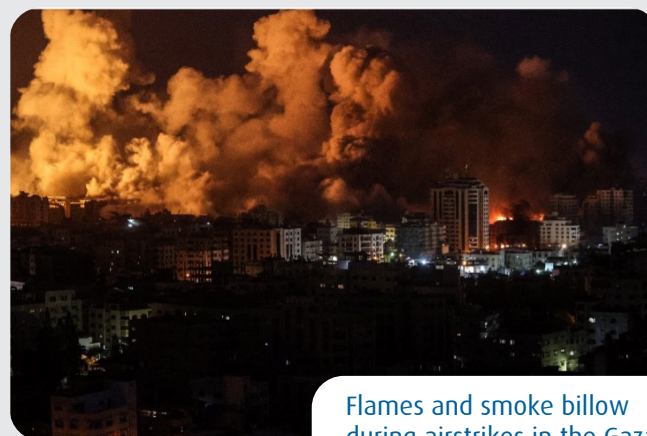
supplies. Moreover, they have an urgent need for fuel, food and safe drinking water.

Since 11 October 2023, the Gaza Strip has suffered severely from limited electricity and fuel after the electricity supply and fuel reserves for its sole power plant were cut off.

Almost the entire population of the Gaza Strip is exposed to security and protection risks, and has insufficient access to water, food, and health and other basic services.

WHO reported 294 attacks on health facilities in the Gaza Strip between 7 October and 29 December 2023. These attacks caused the following:

- 600 deaths and 764 people injured
- 65 health workers detained
- 95 health facilities affected, including 26 hospitals damaged
- 76 ambulances affected, including 38 that sustained damages.



Flames and smoke billow during airstrikes in the Gaza Strip, October 2023.

Photo credit: WHO

# Occupied Palestinian territory: escalation of hostilities

## West Bank



**307**  
deaths



**3822**  
injured

While the focus of the recent hostilities has mainly been the Gaza Strip, the situation in the West Bank remains tense. Between 7 October and 30 December 2023, 307 people, including 79 children, were killed in the West Bank, including east Jerusalem. A further 3822 people were injured by the same date.



Residential buildings in the Gaza Strip destroyed and damaged by airstrikes, October 2023.

Photo credit: WHO

## RESPONSE ACTIVITIES

WHO and its partners have been actively responding to the health impacts of the hostilities in the occupied Palestinian territory through the following activities.

- WHO activated mass casualty management plans for the seven main hospitals in the Gaza Strip. Additionally, WHO and health partners supported the setting up of primary health care/mobile teams at shelters and in areas where internally displaced people are concentrated. Supplies were repositioned to hospitals.
- WHO has been advocating for access to essential goods, including food, drinking water, fuel, nonfood items and protection-related items. Emphasis has been placed on the urgent need for a humanitarian corridor and patient referrals.
- WHO has been coordinating the shipment of WHO supplies to the Gaza Strip via Egypt through the Egyptian Red Crescent. The focus has been on addressing the depletion of medical supplies and advocating for faster deliveries, using existing vehicles, to seven hospitals (five in the south and two in the north).
- WHO has been actively involved in activating interagency contingency plans and a flash appeal to target health priorities in the Gaza Strip. As at 18 December 2023, a total of US\$ 46 million had been received, with a further US\$ 47 million pledged. Key health priorities such as trauma and emergency care, rehabilitation of health facilities, and enhancing access to essential health services have all been incorporated into these plans.
- In response to attacks on health care, WHO – with the Palestine Red Crescent Society, as well as other United Nations agencies – evacuated more than 140 patients from Al-Shifa Hospital in the northern Gaza Strip to the south. A reconnaissance mission to Al-Ahli Hospital in the northern Gaza Strip was also conducted.



Members of the Egyptian Red Crescent load WHO humanitarian supplies onto an aid convoy at the Rafah crossing, Egypt, October 2023.

Photo credit: Egyptian Red Crescent

# Occupied Palestinian territory: escalation of hostilities

## Egypt

Many key activities, including the shipment of humanitarian aid to people in the Gaza Strip, have been carried out through Egypt, as the country shares a border with the occupied Palestinian territory. These activities include the following.

- On 25 October 2023, the WHO Regional Office for the Eastern Mediterranean and the WHO Country Office in Egypt set up a coordination presence and a warehouse in Ismailia, Egypt, to store humanitarian aid.
- WHO has been providing technical support to the Egyptian Red Crescent in logistics and coordination to transport aid across the border.
- With WHO support, public health emergency operations centres have been established at the central level of the Egyptian Ministry of Health and Population and in each governorate of Egypt.
- The Egyptian Ministry of Health and Population pre-positioned 10 mobile clinics near the Rafah crossing for triage, and 160 ambulances have been on standby to operate as needed.
- The Egyptian Ministry of Health and Population established three hospital lines, with more than 1000 beds, for patients evacuated from the Gaza Strip and referred to Egypt. Between October and December 2023, WHO delivered 66 aid trucks to the Gaza Strip through Egypt's Rafah crossing.
- According to the Egyptian Red Crescent, as at 4 December 2023, 591 medical evacuees and 11 605 dual nationals had entered Egypt from the Gaza Strip since the escalation of hostilities.



Injured people are evacuated from the Gaza Strip to Egypt to receive treatment, October 2023.

Photo credit: WHO

# Occupied Palestinian territory: hostilities spill over into Lebanon

## SITUATION AS AT 26 DECEMBER 2023



**118**  
deaths



**536**  
injured



**74 471**  
displaced

### BACKGROUND

Lebanon is among the countries affected by the hostilities in the occupied Palestinian territory. Since 8 October 2023, there has been a continued increase in the exchange of fire at Lebanon's southern border.

As at 26 December 2023, the Lebanese Ministry of Public Health had reported 118 deaths and 536 injuries due to cross-border armed clashes. The International Organization for Migration estimated that there are about 74 471 internally displaced people in 23 out of the 26 districts across all eight governorates of Lebanon as a result of the spillover of hostilities.

Since the start of the spillover of hostilities into Lebanon on 8 October, four attacks on health workers have been recorded.

Due to increased hostilities, six out of 29 primary health care centres in Nabatiyeh governorate, south-east Lebanon, have been closed. Health facilities in southern Lebanon have reported very low numbers of consultations and increased difficulties for health workers reporting to their duty stations.

### RESPONSE ACTIVITIES

- WHO and the Lebanese Ministry of Public Health have been addressing hospital readiness for mass casualty management through various trainings. About 2910 health workers from 120 hospitals were trained on the clinical approach for trauma care.
- On 22 December 2023, a training on mass casualty management concluded for 36 hospitals, with 180 health workers trained. Additionally, WHO support has enabled trainings on the management of psychiatric emergencies and on basic psychosocial support skills for 25 frontline health workers.

# Occupied Palestinian territory: hostilities spill over into Syrian Arab Republic

SITUATION AS AT 31 DECEMBER 2023



99  
deaths



>400  
injured

## BACKGROUND

As the Syrian Arab Republic prepared to mark 13 years of conflict, humanitarian needs in the country remained huge. Recurrent disease outbreaks, spread of waterborne diseases and vaccine-preventable illnesses, a prolonged drought and water crisis, and food insecurity are contributing to rising morbidity and mortality and increased humanitarian needs. This situation is compounded by climate change-induced disasters that pose significant safety and health risks, especially in the context of an already weak health system.

Since the escalation of hostilities in the occupied Palestinian territory, the security situation in the Syrian Arab Republic has been increasingly unstable, particularly in the north-east and north-west regions. In October 2023, these two parts of the country experienced an escalation in hostilities, substantially affecting essential services and infrastructure such as water and power stations, farms, schools, health facilities, camps for internally displaced people, markets and mosques. Insecurity also affects access to health care, as health workers and patients face challenges in safely reaching health facilities.

People are being displaced, yet tracking displacement remains challenging owing to rapid movements in the north-west Syrian Arab Republic. About 60 000 people have returned to their former residences at the same time as new displacements have occurred.

From the time that hostilities escalated in October 2023 until 31 December 2023, at least 99 civilians were killed and more than 400 injured, according to local health authorities. Children accounted for more than one third of these casualties: on average, at least one child was killed per day during this period.

Global shipping costs have continued to skyrocket for medicines, essential goods and food items, the prices of which were already inflated. Coupled with increasing fuel scarcity, this continues to reduce the purchasing power of Syrians.

This is heightening the risk of increased levels of food insecurity, malnutrition and related morbidity, and engagement in negative coping mechanisms. Additionally, humanitarian partners are facing delays and an increase in shipping costs – up twofold or threefold on regular global shipping prices. This is due to maritime diversions associated with conflicts in the Eastern Mediterranean Region; some suppliers have outright refused to ship directly to the Syrian Arab Republic in the current climate.

Levels of depression and stress-related disorders in the country increased by an estimated 200% and 600% respectively in 2023. Increased hostilities and the potential or actual impacts – including deaths, injuries, destruction and displacement – negatively affect the mental and physical health and well-being of the population. This calls for the urgent expansion of mental health and psychosocial support services across the country.

Funding cuts for the overall humanitarian response in the Syrian Arab Republic have continued to hamper the health sector's ability to meet the growing health needs across the country. Funding for humanitarian health activities declined by more than 27% from 2022 to 2023. In the north-west Syrian Arab Republic alone, 15 hospitals suspended operations in 2023 owing to funding shortages and more hospitals are at risk of closure.

## RESPONSE ACTIVITIES

- The United Nations Humanitarian Country Team has focused on preparedness, including pre-positioning of critical supplies and business continuity planning, in case of further escalation of hostilities.
- The humanitarian efforts led by the United Nations and its partners in the north-west Syrian Arab Republic have actively addressed escalating needs by providing food assistance, protection services, tents and hygiene kits to the affected population. Mental health support, trauma kits and other aid were distributed. More than 140 trucks have delivered essential items since the spillover of violence in October 2023.
- The Syria Cross-Border Humanitarian Fund has initiated a focused reserve allocation to address urgent needs.
- WHO has conducted emergency preparedness simulation exercises and ordered trauma care supplies to mitigate the impacts on health facilities.



# Sudan: cholera resurgence

SITUATION AS AT 31 DECEMBER 2023



**8939**  
cases



**246**  
deaths

## BACKGROUND

Cholera is an acute diarrhoeal infection caused by the bacterium *Vibrio cholerae*. People are most often infected via the ingestion of contaminated water or food.

The first suspected cholera case of the current cholera outbreak in Sudan was reported on 28 June 2023 in Dilling, in South Kordofan state. From 28 June to 31 December 2023, 8939 cholera cases, including 246 deaths (case fatality ratio [CFR]: 2.8%), were reported across nine states and 56 localities. The attack rate was 41 cases per 100 000 population.

Red Sea state was the most affected state, with 2635 suspected cases, including 93 deaths (CFR: 3.5%), and an attack rate of 171 cases per 100 000 population (Table 1).

South Kordofan had the second highest attack rate, at 143.3 cases per 100 000 population, with 346 cases, including eight deaths (CFR: 2.3%). No additional reports were received from the state between 30 July and 31 December 2023, however.



Hygiene practices are one of the ways to prevent spread of cholera.

Photo credit: WHO/A. Khier

Table 1. Distribution of cholera cases and deaths by states in Sudan from 28 June to 31 December 2023

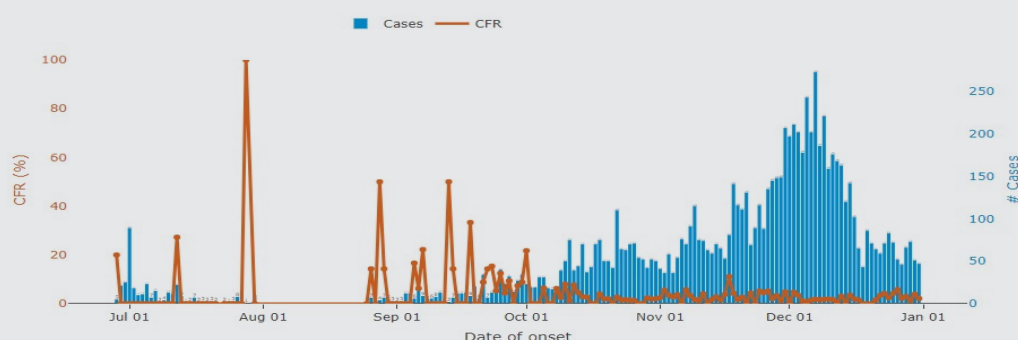
State	Cases	Deaths	Case fatality ratio (%)	Attack rate (cases per 100 000 population)
Red Sea	2635	93	3.5	171
Gedaref	2049	50	2.4	76
Gezira	1860	26	1.4	31
White Nile	1274	32	2.5	48
Khartoum	557	26	4.7	19
South Kordofan	346	8	2.3	143.3
Sennar	117	5	4.3	7.7
Kassala	97	6	6.2	4.0
Blue Nile	3	0	0	0.9

# Sudan: cholera resurgence

As at 26 December 2023, 3280 rapid diagnostic tests (RDTs) had been performed countrywide, with 3070 positive results (94% RDT positivity), while 112 culture tests were positive out of 212 tests performed in the National Public Health Laboratory (53% culture positivity).

Culture-confirmed cases were reported from seven states, namely: Red Sea (98 tests, 48 positive; positivity rate: 49%); Gedaref (61 tests, 22 positive; positivity rate: 36%); Kassala (25 tests, 16 positive; positivity rate: 64%); Gezira (15 tests, 15 positive; positivity rate: 100%); White Nile (nine tests, seven positive; positivity rate: 78%); Sennar (two tests, both positive; positivity rate: 100%); and Khartoum (one test, positive; positivity rate: 100%).

Fig. 1. Cholera cases and case fatality ratio by date of onset in Sudan, 2023



Sudan's cholera outbreak is occurring in a context of armed conflict, with a weak health system, contaminated water sources and poor sanitation and hygiene practices. This situation is compounded by other risk factors, such as mass movements of internally displaced people, putting further pressure on a health system already exhausted by the ongoing crisis. The availability of clean, safe potable water is extremely limited.

Across Sudan, 54% of schools and about half of the health facilities do not have basic water services. In addition, 70% of the population (about 28 million people) do not have

access to basic sanitation facilities that are not shared with other households.

Sudan has the highest ratio of people practising open defecation in the Middle East and North Africa region. Open defecation remains prevalent and continues to be a serious gap in response efforts for other waterborne diseases (hepatitis E virus). Barriers to the use of available latrines and the construction of new ones include cultural beliefs. Sanitation continues to be a low political and budgetary priority in Sudan.

## RESPONSE ACTIVITIES

### Coordination

- WHO provided technical support to develop national and subnational cholera response plans.
- WHO has been providing technical and operational support in collaboration with the state ministries of health and other stakeholders in all outbreak-affected states.
- WHO supported Sudan's Federal Ministry of Health to conduct an intra-action review for cholera in Gezira state in November 2023, with the participation of all health and water, sanitation and hygiene (WASH) partners.

The WHO Country Office in Sudan has been monitoring the response activities to track the progress of field interventions and provide additional support to the affected states.



Oral cholera campaigns covered more than 99% of the targeted population.

Photo credit: WHO/B. Miaron

# Sudan: cholera resurgence

## Surveillance

- WHO has activated zero reporting from all health facilities in outbreak-affected states. Zero reporting is a surveillance mechanism used to identify which health facilities do not have reported cholera cases.
- WHO activated the early warning, alert and response system in 10 Sudanese states and at six points of entry in Sudan.

## Oral cholera vaccine

- Gedaref (six localities), Gezira (one locality) and Khartoum (one locality) implemented oral cholera vaccine campaigns using the single dose strategy. More than 2.7 million people aged 1 year and over were targeted, with an overall administrative coverage of more than 99%.
- WHO provided technical support to the Federal Ministry of Health to finalize and submit its next oral cholera vaccine request to the International Coordinating Group on Vaccine Provision. This proposes targeting six states and 14 localities that have recently had culture-positive test results.

## Laboratories

- Laboratory capacity to culture cholera specimens is available in Red Sea state, with some local testing capacity using RDTs available in all outbreak-affected states.
- WHO distributed cholera kits, including RDTs and Cary-Blair media, to the affected states.
- Laboratory reagents and supplies were provided to the National Public Health Laboratory in Port Sudan to support the country's ongoing case detection and response measures.



Laboratory technician processes samples in a cholera treatment centre in Gedaref.

Photo credit: WHO/A. Khier

## Case management

- Cholera kits and other supplies have been deployed to outbreak-affected states.
- Intrastate support missions were conducted, with WHO experts deployed from Kassala state to Gedaref, Gezira and Sennar states to provide technical support.

- WHO is supporting 10 out of 18 cholera treatment centres in Gedaref, Gezira, Kassala, Khartoum, Red Sea and Sennar states with equipment, operating costs, and supplies – including fuel for generators – and providing supplies to cholera treatment centres and treatment units operated by state health authorities and health partners.
- WHO is strategically launching 70 oral rehydration therapy corners in a phased manner to record the mild and moderate cholera cases in three states in Sudan.
- WHO has trained more than 1266 health workers in surveillance and standard case management for cholera and other communicable diseases. WHO has also trained 391 health workers on infection prevention and control (IPC), and more than 30 rapid response teams to respond timeously to alerts of epidemic-prone diseases.

## WASH

- Water quality monitoring visits were carried out to monitor the safety of the main water sources and reservoirs. Tests for bacteriological contamination were done at drinking water sources, along with free residual chlorine tests at drinking water sources and at the household level.
- By 31 December 2023, 2656 drinking water samples had been collected across six states. Of these, 2438 samples (92%) were tested, with 1546 samples (63%) showing the drinking water to be safe.



Water quality testing to ensure the safety of water sources.

Photo credit: WHO/A. Khier

## Risk communication and community engagement

- Risk communication and community engagement (RCCE) messages reached 109 090 households in cholera-affected states, and 1022 community awareness sessions were given in the affected states.
- In total, 3183 RCCE messages were delivered through mass media and 8016 messages were delivered through social media.

# Pakistan: nosocomial Crimean-Congo haemorrhagic fever outbreak

SITUATION AS AT 23 NOVEMBER 2023



**18**  
cases



**4**  
deaths

## BACKGROUND

Crimean-Congo haemorrhagic fever (CCHF) is a disease caused by a tick-borne virus transmitted to people either by tick bites or through contact with infected animal blood or tissues during or immediately after slaughter. Human-to-human transmission can occur, usually in health care settings, through close contact with the blood, secretions, organs or other bodily fluids of infected people.

CCHF is enzootic and endemic in the Balochistan province of Pakistan. It presents a significant public health challenge. Since 2000, confirmed CCHF cases have emerged sporadically across about 20 of Balochistan's 36 districts, mostly in areas where animal herding drives the domestic economy. These districts are mostly rural and often lie near the border with Afghanistan.

The incidence of CCHF notably rises around Eid al-Adha owing to the movement of cattle to densely populated urban centres for trade. This period sees an increased risk of both animal-to-human and human-to-human transmission, including household- and hospital-acquired infections. Factors contributing to the spread of CCHF include insufficient community awareness and inadequate infection prevention and control (IPC) measures in health care settings.

A critical challenge in managing CCHF in Pakistan is the lack of a robust disease surveillance system, both for human populations and for tick surveillance in livestock. Compounding this problem are the underdiagnosis and underreporting of CCHF cases, along with insufficient action from provincial and district authorities. Pakistan's high frequency of animal husbandry further exacerbates these challenges.

The unique geographic position and cross-border dynamic with Afghanistan adds another layer of complexity to disease control: CCHF cases residing in Afghanistan often seek treatment in the Balochistan and Khyber Pakhtunkhwa provinces of Pakistan.

A 45-year-old dairy farmer in Balochistan was admitted to Sandeman Provincial Hospital, Quetta, on 21 October 2023 with symptoms of fever, malaise and bleeding from the nose. He remained in the medical intensive care unit until he received a laboratory confirmation of CCHF on 25 October. The patient was then transferred to Fatima Jinnah Chest and General Hospital, Quetta, a designated facility for CCHF case management. He recovered and was discharged from the hospital on 29 October.

This case, however, led to a significant nosocomial transmission of CCHF. Three doctors who treated the patient developed symptoms on 28 and 29 October and tested positive for CCHF. By 3 November, a nosocomial infection had spread in the medical intensive care unit at Sandeman Provincial Hospital, affecting 12 health workers who had had direct contact with the patient.

Contact tracing was conducted to identify further infections. As at 23 November, out of 222 contacts traced, 18 cases had been identified (including the 12 aforementioned health workers): 16 health workers and two patient attendants (Table 2). Of these 18 cases, eight were admitted to Aga Khan University Hospital, Karachi: two of the patients died and the remaining six recovered and were discharged. The other 10 cases were admitted to Fatima Jinnah Chest and General Hospital, among them two health workers who later died; the rest of the cases recovered and were discharged.

This outbreak highlights the critical need for enhanced IPC measures in health care settings, especially when dealing with high-risk pathogens like CCHF.



Tick bites are one of the routes of CCHF transmission.

Photo credit: Doktoridudu/  
Wikimedia Commons

# Pakistan: nosocomial Crimean-Congo haemorrhagic fever outbreak

Table 2. Crimean-Congo haemorrhagic fever status among health workers, as at 23 November 2023

Classification of cases	Number tested	Number of positive results	Number of deaths
Doctor	105	8	1
Nurse	32	2	0
Paramedic	21	2	1
Pharmacist	6	1	0
Support staff	28	3	1
Patient attendant	30	2	1

## RESPONSE ACTIVITIES

### Coordination

- WHO supported the Provincial Department of Health in Balochistan in the CCHF outbreak investigation, data management and analysis, and development of situation reports.
- WHO developed and provided CCHF guidelines and case management standard operating procedures to the Provincial Department of Health and Sandeman Provincial Hospital staff.
- WHO procured and supplied Sandeman Provincial Hospital with 15 treatments of Ribavirin for CCHF case management.
- WHO provided the Provincial Department of Health and Sandeman Provincial Hospital with personal protective equipment and IPC supplies, including 100 bottles of surface disinfectant bleach powder and 100 bottles of hand sanitizer.

### Laboratories

- WHO strengthened the laboratory testing capacity for CCHF diagnosis and supported the Provincial Public Health Reference Laboratory in Quetta through the procurement and provision of seven testing kits (comprising 700 polymerase chain reaction [PCR] tests in total). The laboratory has performed 223 PCR tests for CCHF and identified 19 CCHF cases.
- WHO provided standard operating procedures for testing and biosafety to the Provincial Reference Laboratory at Fatima Jinnah Chest and General Hospital, including on how to put on and take off personal protective equipment.

### Training

- Provincial Public Health Reference Laboratory staff in Quetta have been trained on biosafety best practices.

- WHO trained 28 health providers at Sandeman Provincial Hospital on IPC following the recent outbreak. In addition, WHO had previously dispensed training on IPC practices to 56 health workers (40 nurses and 16 doctors) from 11 secondary and tertiary care hospitals over one week, as part of IPC capacity-building.

### Risk communication and community engagement

- WHO developed and printed information, education and communication materials on community awareness and IPC in Urdu. The materials were disseminated to the general public and health workers. The materials ensure that health workers are well-informed while dealing with CCHF and can follow the correct IPC measures to perform their tasks safely without being infected or causing hospital-acquired infections. The materials were also developed, printed and sent to the WHO Sub-Office Balochistan.



One of the WHO information, education and communication materials in Urdu



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Data and information are provided by Member States through WHO country offices via regular situation reports, teleconferences and email exchanges. Situations are evolving and dynamic, therefore the figures stated herein are subject to change.

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