



WHO Regional Office for the Eastern Mediterranean
Health emergencies biweekly bulletin

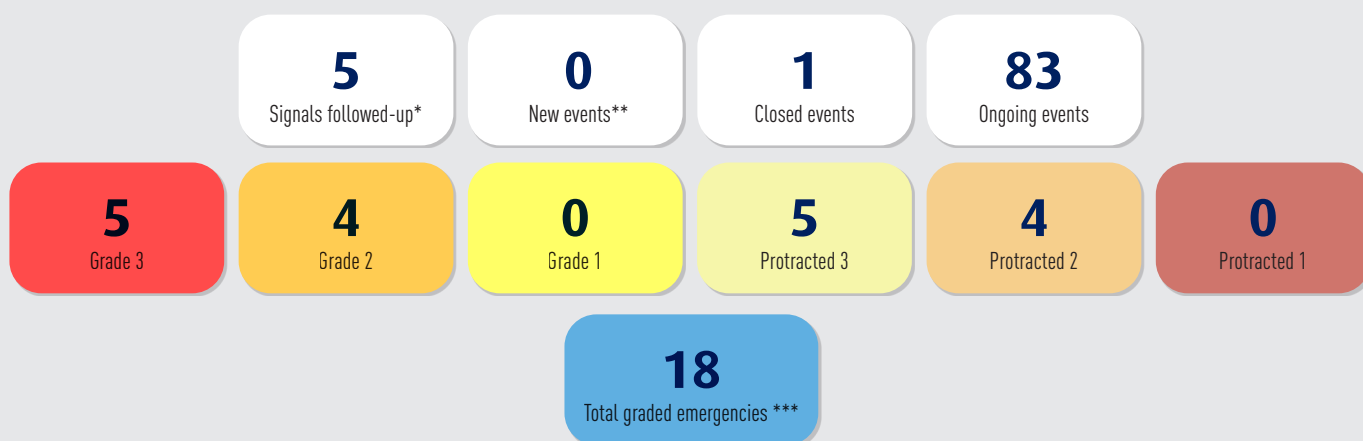
8–21 February 2024

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Public health events and emergencies dashboard

8–21 February 2024



*Signals followed-up: Signals are data and/or information detected that represent a potential acute risk to human health. Signals followed-up are signals for which confirmation is requested and/or for which official government websites and reports are continuously monitored for further information.

**Events: An event is defined by article 1 of the International Health Regulations (2005) as "a manifestation of disease or an occurrence that creates a potential for disease". This can include events that are infectious, zoonotic, food safety-related, chemical, radiological or nuclear in origin and which are transmitted by people, vectors, animals, goods/food or the environment.

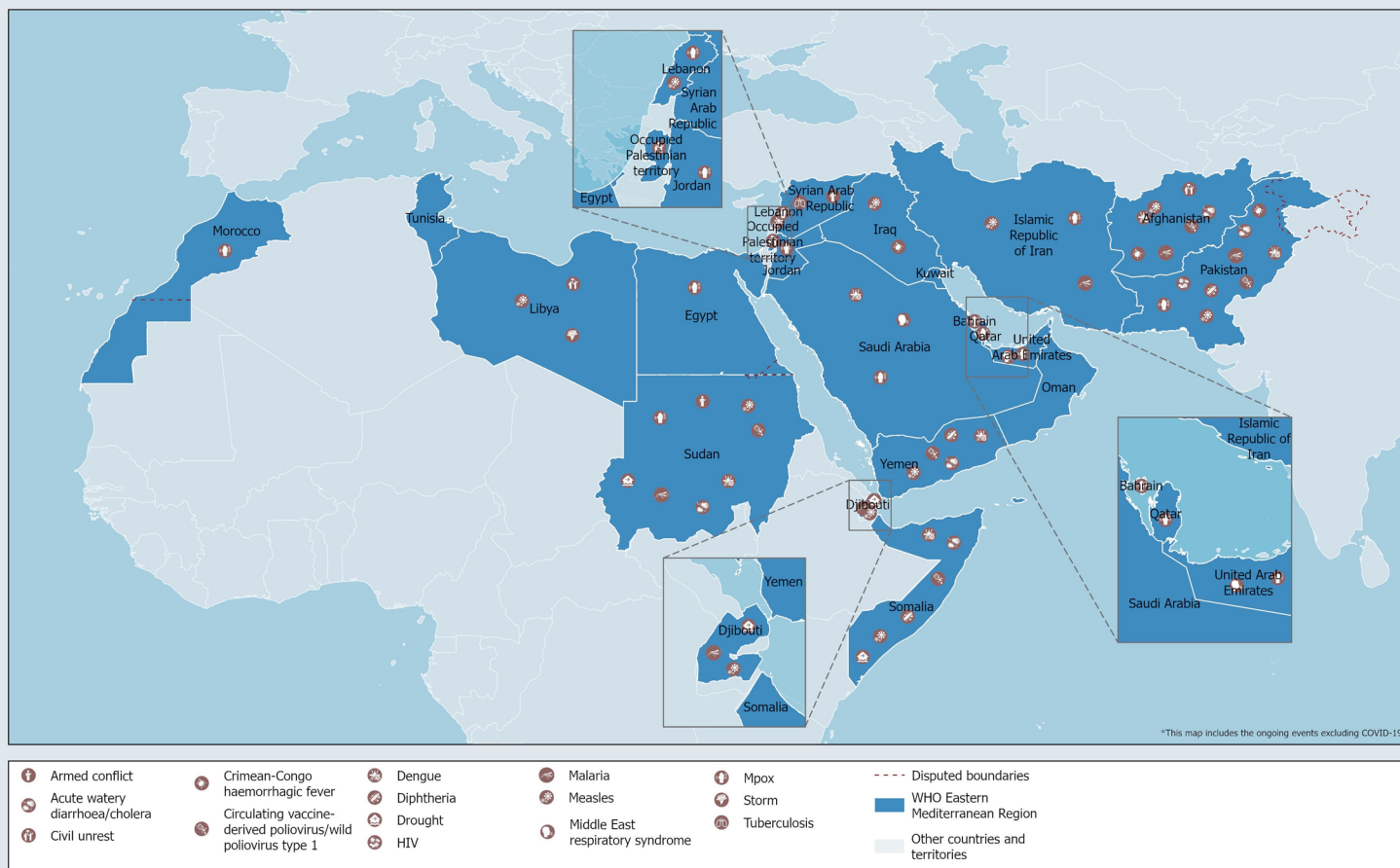
***Grading: Grading is an internal WHO process that triggers WHO emergency procedures and activities for the management of the response.

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

Multiple occurrences of the same graded emergency across different countries and territories are considered a single emergency. For instance, COVID-19 is a graded emergency in all 22 countries and territories of the WHO Eastern Mediterranean Region, but it counts as just one emergency when calculating the total number of graded emergencies in the Region.

Public health events and emergencies map

Geographical distribution of ongoing public health events and emergencies in the Eastern Mediterranean Region
As at 21 February 2024



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.

BACKGROUND

Poliomyelitis (polio) is a highly infectious viral disease that largely affects children aged under 5 years. The poliovirus can spread from one person to another, mainly through the faecal-oral route, or less often, via a common vehicle (e.g., contaminated water or food). The virus then multiplies in the intestine, from which it can invade the nervous system and cause paralysis.

In May 2014, the WHO Director-General declared the international spread of poliovirus a public health emergency of international concern under the [International Health Regulations \(2005\)](#). Of the three strains of wild poliovirus (types 1, 2 and 3), wild poliovirus type 2 was eradicated in 1999 and wild poliovirus type 3 was eradicated in 2020. The only remaining strain is wild poliovirus type 1 (WPV1), which is found in Afghanistan and Pakistan.

In the context of global polio eradication, it is important to monitor circulating vaccine-derived poliovirus (cVDPV) as it can perpetuate poliovirus transmission and cause paralysis. Strains of cVDPV emerge in underimmunized populations, where the weakened poliovirus from the oral

polio vaccine (OPV) can undergo genetic changes. Given that cVDPVs pose a risk similar to WPV1, this complicates polio eradication efforts. Continued vaccination campaigns, enhanced surveillance and global collaboration are thus necessary.

Addressing cVDPVs requires careful vaccine switching, robust surveillance systems, and strategies to prevent reintroduction. Failure to control cVDPVs can undermine progress made towards eradicating polio, a fact that only emphasizes the need for sustained efforts to achieve and maintain a polio-free world.



A child is given the oral polio vaccine during a polio vaccination campaign, Sudan, November 2020.
Photo credit: WHO/WHO Sudan

SITUATION UPDATE

Sudan is currently classified as affected by circulating vaccine-derived poliovirus type 2 (cVDPV2). An outbreak reported in 2020, imported from Chad, affected 15 of 18 Sudanese states and paralysed 58 children. The outbreak was declared over in August 2022, following a poliovirus outbreak response assessment on 1 August 2022.

In 2022, a single case was reported of cVDPV2 from a different strain, known as emergence group NIE-ZAS-1. This case was a 48-month-old infant with acute flaccid paralysis, from West Darfur, in western Sudan, and was closely related to the strain that circulated in Borno state, Nigeria, in 2021.

On 23 January 2024, the Sudanese focal point for the International Health Regulations notified WHO of the detection of a new strain of cVDPV2. According to the notification, four genetically linked cVDPV2 strains were isolated from environmental samples collected from Port Sudan district, Red Sea state. Currently, no human cases are associated with this new strain.

The first environmental isolation of the cVDPV2 strain was reported on 18 September 2023, followed by repeated isolations in October and November 2023 from the same

environmental collection site. All these isolates belong to the new strain (SUD-RED-1 emergence) and are unrelated to previously identified cVDPV2 strains.

According to WHO and United Nations Children's Fund (UNICEF) estimates of national immunization coverage in Sudan in 2022, coverage of the oral poliovirus vaccine third dose (OPV3) and inactivated poliovirus vaccine first dose (IPV1) were 85% and 94% respectively.

The present outbreak is neither linked with the 2022 outbreak, nor with circulation in countries bordering Sudan, such as Chad and Egypt. So far, there are no reports that the SUD-RED-1 emergence has infected children. The likelihood of transmission among the general population is very high, however.

Despite efforts to mitigate the risk of poliovirus circulation, Sudan remains vulnerable owing to the very low immunization coverage (53%) of the pentavalent 3 vaccine in 2023. Further, Sudan's significant population movements, due to the ongoing war, elevate the risk of further spread of cVDPV2, which could have severe consequences for public health.

RESPONSE ACTIVITIES

- WHO, in collaboration with local and national public health authorities, completed a field investigation and risk assessment supported by the Global Polio Eradication Initiative partners. A response is being planned.
- Sudan's Federal Ministry of Health declared a cVDPV2 outbreak on 23 January 2024. The Ministry's Expanded Programme on Immunization (EPI) activated the polio outbreak response national technical committee. An action plan has been developed for the setting up of technical subcommittees to strengthen outbreak response activities.
- A risk assessment was done on the scope of supplementary immunization activities and feasibility of their implementation, and on calculation of novel oral polio vaccine type 2 (nOPV2). The risk assessment recommended that two subnational immunization days are needed to cover eight accessible states, with a target population of 2.5 million children.
- Further response activities in Red Sea state are in progress, including supplying Port Sudan with nOPV2, as well as finger markers used by health workers to indicate which children have been vaccinated. The budget for WHO to conduct a vaccination campaign with UNICEF is available, and the printing of information, education and communication materials on polio is under way.



A health worker conducts environmental sampling, 2022.

Photo credit: WHO/L. Mackenzie

Iraq: enhancing detection and control of Crimean-Congo haemorrhagic fever

BACKGROUND

Crimean-Congo haemorrhagic fever (CCHF) is caused by the tick-borne virus *Orthonairovirus hemorrhagiae*. It is estimated that 3 billion people are at risk of CCHF infection globally. An estimated 10 000 to 15 000 CCHF infections occur each year, across many African, Asian, Balkan and Middle Eastern countries, with an estimated 1000 to 2000 deaths a year.

But the true burden of CCHF is not yet known. This is for many reasons including insufficient One Health operations by the human and animal health sectors; fragmented surveillance and reporting systems in various entities; limited laboratory capacity for confirmation; insufficient capacity among health workers to suspect, detect and confirm infection and provide timely treatment; and lack of awareness and insufficient preventive measures among communities. CCHF poses a global health risk owing to its epidemic potential, high fatality rate and lack of vaccine or specific treatments.

Ixodid (hard) ticks, especially those of the genus *Hyalomma*, are both a reservoir and a vector for the CCHF virus, which has a transovarial cycle. Many wild and domestic animals, such as cattle, goats, sheep and hares, serve as amplifying hosts for the virus.

CCHF affects both animals and humans. The infected animals are asymptomatic, while the disease in humans can be severe, with a case fatality ratio of up to 50%. Transmission of CCHF to humans occurs through exposure to an infected tick bite or through contact with infected

animal tissues, blood or fresh meat. Transmission from an infected person to other people occurs via contact with infectious blood or bodily fluids. Nosocomial infection of CCHF occurs in health care settings due to improper sterilization of medical equipment, contamination of medical supplies or direct contact with bodily fluids of infected patients.

Iraq reported its first CCHF case in 1979. Since then, the country has reported 5 to 40 cases a year. An increase in cases in Iraq was observed in 1996, when 48 confirmed cases were reported, and a large CCHF outbreak occurred in 2022 and 2023. In 2022, Iraq reported 1370 suspected CCHF cases and 114 associated deaths (case fatality ratio: 8.3%). In 2023, 2186 suspected CCHF cases were reported, with 144 associated deaths (case fatality ratio: 6.6%).

The escalating burden of CCHF in Iraq underscores the urgent need for proactive and coordinated measures to mitigate the impact of this deadly disease. The rise in CCHF cases seen in 2022 and 2023, coupled with the spread of the disease to urban areas and the high mortality rate, highlights the gravity of the situation.

A CCHF response requires a comprehensive human–animal health approach in the context of One Health. This should include enhanced human, animal and tick surveillance; capacity-building of the human and animal health sectors; public education; vector control; and intersectoral collaboration.



Tick bites are the principal route for CCHF infection.

Photo credit: EPA/Patrick Pleul

Iraq: enhancing detection and control of Crimean-Congo haemorrhagic fever

RESPONSE ACTIVITIES

WHO organized a training workshop in Iraq to strengthen molecular detection of CCHF in both ticks and humans, fostering collaboration between the human and animal health sectors.

A mission was conducted by the WHO laboratory and vector-borne diseases teams from the WHO Regional Office for the Eastern Mediterranean to provide tick identification and CCHF genomic sequencing training to laboratory staff. Eight laboratory professionals, four from each sector, took part in the training.

The curriculum covered diverse topics, including molecular detection techniques, tick identification methods and biosafety protocols. Participants gained practical experience in total nucleic acid extraction, quantification, polymerase chain reaction (PCR) test preparation and CCHF detection in ticks.

The training also emphasized biosafety measures, as well as real-time data analysis using bioinformatics tools, like EPI2ME, and platforms such as Iraq's National Center for Biotechnology Information.

The training equipped participants with essential skills in laboratory techniques, bioinformatics, and data analysis, enhancing Iraq's capacity to detect and respond to CCHF outbreaks.

The mission team also collaborated with relevant government ministries in Iraq to finalize a five-year strategic response plan for CCHF.

By fostering collaboration between the human and animal health sectors and implementing the recommended measures, Iraq is better positioned to mitigate the impacts of CCHF. This will help to safeguard public health in the Eastern Mediterranean Region as a whole.



Participants during one of the practical sessions on CCHF sequencing.

Photo credit: WHO

Ongoing public health events and emergencies

As at 21 February 2024

Member State/territory	Hazard	Event	WHO grade ^a	Cases/injuries	Deaths	Date of start ^b
Afghanistan	Biological	Acute watery diarrhoea (AWD)	Afghanistan Complex Emergencies, Protracted 3	15 566	10	22-Sep-21
In week 8 of 2024, 1787 cases of AWD with dehydration were reported from 112 districts, with one associated death. This represents a stabilization in the number of cases against the previous week. Since 1 January 2024, 15 566 cases of AWD with dehydration have been reported, with 10 deaths. Of these, 8477 cases (54.5%) were children aged under 5 years and 7742 cases (49.7%) were females. Since the start of 2024, 224 districts have reported AWD with dehydration, while no new districts reported cases during week 8 of 2024.						
Afghanistan	Biological	COVID-19	COVID-19, Protracted 3	229 590	7965	24-Feb-20
As at 9 December 2023, 229 590 cases and 7965 deaths had been reported. A total of 1 340 648 polymerase chain reaction (PCR) tests had been conducted by the same date.						
Afghanistan	Biological	Circulating vaccine-derived poliovirus type 2 (cVDPV2)	Polio (cVDPV), Grade 2	0	0	1-Jan-23
No new cases of cVDPV2 were reported from 1 January 2022 to 6 February 2024. WHO and the Global Polio Eradication Initiative are focusing on reaching every last child in Afghanistan with vaccines and on strengthening surveillance and technical support at all levels.						
Afghanistan	Societal	Civil unrest	Afghanistan Complex Emergencies, Protracted 3	NA	NA	30-Aug-21
In 2023, no major casualties or displacements were observed. Civil unrest events increased in the country in 2023.						
Afghanistan	Biological	Crimean-Congo haemorrhagic fever	Afghanistan Complex Emergencies, Protracted 3	1234	114	3-May-23
Between 1 January and 16 December 2023, 1234 suspected cases of Crimean-Congo haemorrhagic fever were reported from 26 provinces, with 114 associated deaths reported from 15 provinces. About 75% of the suspected cases have been reported from just five provinces. The number of cases reported in week 50 of 2023 is almost four times the total figure reported for the whole of 2022.						
Afghanistan	Biological	Dengue	Afghanistan Complex Emergencies, Protracted 3	1810	1	14-Aug-22
There has been a rising trend in suspected dengue cases since week 29 of August 2023. In week 50 of 2023, 33 suspected cases of dengue were reported from Nangarhar province. From January to December 2023, 1496 suspected cases of dengue and one death were reported. A total of 921 samples were collected in 2023, of which 356 were confirmed as dengue. As at 7 February 2024, 1810 suspected cases and one death had been reported since the start of the outbreak.						
Afghanistan	Biological	Malaria	Afghanistan Complex Emergencies, Protracted 3	1609	0	25-Sep-23
No new malaria cases have been reported since week 44 of 2023. From 4 July to 28 October 2023, 1609 confirmed malaria cases were reported: 1303 were confirmed by a laboratory and 306 were confirmed by rapid diagnostic tests. Cases were reported from 22 districts in 11 provinces: Badakhshan, Faryab, Ghazni, Kabul, Kandahar, Kapisa, Kunar, Laghman, Paktika, Parwan and Takhar.						
Afghanistan	Biological	Measles	Afghanistan Complex Emergencies, Protracted 3	4871	18	19-Apr-21
Since January 2024, 4871 suspected measles cases and 18 deaths have been reported, giving a case fatality ratio of 0.4%. Of these cases, 3936 (80.8%) were children aged under 5 years and 2238 (45.9%) were females.						
Afghanistan	Biological	Wild poliovirus type 1 (WPV1)	Afghanistan Complex Emergencies, Protracted 3	6	0	16-Mar-23
Wild poliovirus is endemic in Afghanistan. From 1 January 2023 to 6 February 2024, six cases were reported. WHO and the Global Polio Eradication Initiative are focusing on reaching all children in Afghanistan with vaccines and on strengthening surveillance and technical support at all levels.						
Bahrain	Biological	COVID-19	COVID-19, Protracted 3	696 614	1536	24-Feb-20
As at 9 December 2023, 696 614 COVID-19 cases and 1536 deaths had been reported. A total of 10 578 766 PCR tests had been conducted by the same date.						

^a 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](#)

Global graded emergencies: COVID-19 and mpox

Regional graded emergencies: circulating vaccine-derived poliovirus (cVDPV)

Multi-regional graded emergencies: dengue, cholera and the Greater Horn of Africa drought and food insecurities

^b Date of start: The date the health event is created in the Event Management System (EMS).

Ongoing public health events and emergencies

As at 21 February 2024

Member State/territory	Hazard	Event	WHO grade	Cases/injuries	Deaths	Date of start
Bahrain	Biological	Mpox	Mpox, Protracted 2	2	0	18-Sep-22
As at 20 December 2023, two mpox cases had been reported, with no deaths.						
Djibouti	Biological	COVID-19	COVID-19, Protracted 3	15 690	189	18-Mar-20
As at 9 December 2023, 15 690 COVID-19 cases and 189 deaths had been reported. A total of 319 153 PCR tests had been conducted by the same date.						
Djibouti	Climatological	Drought	Greater Horn of Africa Drought and Food Insecurity, Grade 3	NA	NA	21-May-23
It is estimated that about 11% of the population of Djibouti is acutely food insecure.						
Djibouti	Biological	Malaria	Ungraded	35 795	0	13-Feb-19
As at 30 November 2023, 35 795 confirmed malaria cases had been reported, with no associated deaths.						
Djibouti	Biological	Measles	Ungraded	12	NA	26-Jun-22
As at 15 February 2023, 12 suspected measles cases had been reported, two of which were confirmed.						
Egypt	Biological	COVID-19	COVID-19, Protracted 3	516 023	24 830	16-Feb-20
As at 2 December 2023, 516 023 COVID-19 cases had been reported, with 24 830 deaths. A total of 12 645 544 PCR tests had been conducted by the same date.						
Egypt	Biological	Mpox	Mpox, Protracted 2	3	0	27-Sep-22
As at 20 December 2023, three mpox cases had been reported, with no deaths. The most recent case was reported on 12 December 2022.						
Iran (Islamic Republic of)	Biological	COVID-19	COVID-19, Protracted 3	7 626 527	146 799	19-Feb-20
As at 28 January 2024, 7 626 527 COVID-19 cases had been reported, with 146 799 deaths.						
Iran (Islamic Republic of)	Biological	Malaria	Ungraded	4425	1013	11-Dec-22
As of 2022, malaria cases have shown an increasing trend, with 4425 reported cases, of which 1013 were locally transmitted. The reported cases were primarily concentrated around the border area in the Sistan and Baluchestan province of the Islamic Republic of Iran and the Balochistan province of Pakistan, an area currently facing a malaria outbreak. The surge in cases is attributed to increased cross-border movement due to flooding in Pakistan, political issues in Afghanistan and illegal trade and fuel-smuggling activities.						
Iran (Islamic Republic of)	Biological	Measles	Ungraded	32	3	8-Jun-21
In 2022, a measles outbreak was reported in the Islamic Republic of Iran, despite the disease's elimination in the country in 2019. Since the outbreak began, 32 cases and three associated deaths have been reported. The outbreak, especially in the Sistan and Baluchestan province, is linked to the ongoing measles outbreak in neighbouring Pakistan.						
Iran (Islamic Republic of)	Biological	Mpox	Mpox, Protracted 2	1	0	18-Aug-22
As at 7 February 2024, only one mpox case had been reported, with no deaths. The most recent case was reported on 18 August 2023.						
Iraq	Biological	COVID-19	COVID-19, Protracted 3	2 465 545	25 375	24-Feb-20
As at 20 December 2023, 2 465 545 COVID-19 cases had been reported, with 25 375 deaths. A total of 19 550 473 PCR tests had been conducted by the same date.						
Iraq	Biological	Crimean-Congo haemorrhagic fever	Iraq Crimean-Congo Haemorrhagic Fever, Grade 2	3584	155	21-Apr-22
As at 6 February 2024, a total of 3584 suspected cases of Crimean-Congo haemorrhagic fever had been reported, of which 968 were confirmed, with 155 deaths. From 1 January 2023 to 6 February 2024, 42 suspected cases were reported. All were tested, with four cases confirmed – all of which were symptomatic – including one of whom later died.						
Iraq	Biological	Measles	Iraq Complex Emergencies, Protracted 2	3655	2	19-Apr-23
From 1 January to 6 February 2024, 3655 measles cases were reported, with an incidence rate of 84 cases per 1 000 000 population, and two deaths. Iraq's health ministry will conduct a measles, mumps and rubella vaccination campaign for children aged under 5 years in schools in high-risk areas and populations. It will also enhance measles surveillance and conduct awareness and community engagement campaigns on measles.						

Ongoing public health events and emergencies

As at 21 February 2024

Member State/territory	Hazard	Event	WHO grade	Cases/injuries	Deaths	Date of start
Jordan	Biological	COVID-19	COVID-19, Protracted 3	1 746 997	14 122	2-Mar-20
As at 9 December 2023, 1 746 997 COVID-19 cases had been reported, with 14 122 deaths. A total of 17 201 885 PCR tests had been conducted by the same date.						
Jordan	Biological	Mpox	Mpox, Protracted 2	1	0	11-Sep-22
As at 20 December 2023, only one mpox case had been reported, with no deaths. The most recent case was reported on 8 September 2022.						
Kuwait	Biological	COVID-19	COVID-19, Protracted 3	666 551	2570	24-Feb-20
As at 9 December 2023, 666 551 COVID-19 cases had been reported, with 2570 deaths. A total of 8 455 743 PCR tests had been conducted by the same date.						
Lebanon	Biological	COVID-19	COVID-19, Protracted 3	1 239 904	10 947	22-Feb-20
As at 9 December 2023, 1 239 904 COVID-19 cases had been reported, with 10 947 deaths. A total of 10 696 009 PCR tests had been conducted by the same date.						
Lebanon	Biological	Measles	Ungraded	6	0	4-Jul-23
From 4 to 18 January 2024, six suspected measles cases were reported from Nabatieh (2), South Lebanon (2), Bekaa (1) and North Lebanon (1). The highest attack rates were for children aged under 5 years, followed by children aged 5–9 years. Among the measles cases in children, 77% of cases had never received a single dose of measles vaccine. WHO supported the Ministry of Public Health in Lebanon to conduct a measles risk assessment. It will continue to support the Ministry to enhance surveillance and disease outbreak investigation and response. To improve early detection and reporting, WHO supported the Ministry to run 25 training sessions targeting 919 health workers across all central and peripheral hospitals and medical centres in the country.						
Lebanon	Biological	Mpox	Mpox, Protracted 2	27	0	20-Jun-22
As at 20 December 2023, a total of 27 mpox cases had been reported, with no deaths. The most recent case was reported on 9 March 2023.						
Libya	Societal	Armed conflict	Libya Complex Emergencies, Protracted 2	NA	NA	2-Sep-18
A state of emergency was announced by the government on 2 September 2018 and there have been on-and-off conflicts since then, and into 2024. Since August 2023, however, no major armed conflicts have been reported.						
Libya	Biological	COVID-19	COVID-19, Protracted 3	507 269	6437	25-Mar-20
From 3 January 2020 to 7 February 2024, 507 269 confirmed COVID-19 cases were reported, with 6437 deaths (case fatality ratio: 1.3%).						
Libya	Meteorological	Cataclysmic storm	Libya Tropical Storm, Grade 2	NA	5898	12-Sep-23
On 11 September 2023, heavy rains and flooding hit Libya, which caused extensive damage, especially in Derna city, displacing more than 44 800 residents and leading to 5898 fatalities. Emergency response teams used 182 sentinel sites for daily data sharing from the flood-hit areas, which reported 11 226 suspected cases of infectious diseases/medical conditions, including two associated deaths. More than 96% of the cases were either respiratory infections or diarrhoea. On 1 February 2024, the Libyan government declared a state of emergency in the city of Zliten, following a rise in groundwater levels, which, if not addressed, would worsen the damage caused by Tropical Storm Daniel.						
Libya	Biological	Measles	Libya Complex Emergencies, Protracted 2	1962	1	16-Mar-23
A measles outbreak has been spreading in Libya since early 2023, affecting six districts. Sabha has been the most affected district. As at week 49 of 2023, 1962 suspected measles and rubella cases had been reported, among which 251 measles cases and 196 rubella cases were confirmed, with one associated death. Since then and as at 7 February 2024, reporting of data has been intermittent.						
Morocco	Biological	COVID-19	COVID-19, Protracted 3	1 277 956	16 298	3-Mar-20
As at 19 December 2023, 1 277 956 COVID-19 cases and 16 298 deaths had been reported. A total of 13 068 242 PCR tests had been conducted by the same date.						
Morocco	Biological	Mpox	Mpox, Protracted 2	3	0	2-Jun-22
As at 20 December 2023, three mpox cases had been reported, with no deaths. The most recent case was reported on 20 August 2022.						

Ongoing public health events and emergencies

As at 21 February 2024

Member State/territory	Hazard	Event	WHO grade	Cases/injuries	Deaths	Date of start
Occupied Palestinian territory	Societal	Armed conflict	Israel/occupied Palestinian territory Hostilities, Grade 3	69 333	29 313	7-Oct-23
From 7 October 2023 to 21 February 2024, hostilities due to the ongoing war in the occupied Palestinian territory had killed 29 313 people and injured 69 333 people. About 1.7 million people had been internally displaced by the same date. The Gaza Strip bears the highest casualties, including children, women and elderly people.						
Occupied Palestinian territory	Biological	COVID-19	COVID-19, Protracted 3	703 228	5708	12-Mar-20
As at 29 January 2023, 703 228 COVID-19 cases, with 5708 deaths, had been reported. A total of 3 477 872 PCR tests had been conducted by the same date.						
Oman	Biological	COVID-19	COVID-19, Protracted 3	399 449	4628	24-Feb-20
As at 9 December 2023, 399 449 COVID-19 cases and 4628 deaths had been reported. A total of 3 737 036 PCR tests had been conducted by the same date.						
Pakistan	Biological	COVID-19	COVID-19, Protracted 3	1 580 631	30 656	27-Feb-20
As at 9 December 2023, 1 580 631 COVID-19 cases and 30 656 deaths had been reported. A total of 31 656 354 PCR tests had been conducted by the same date.						
Pakistan	Biological	Cholera	Multi-region Cholera, Grade 3	1893	NA	17-Apr-22
According to the weekly Integrated Disease Surveillance and Response bulletin of the National Institute of Health of Pakistan, the country reported 1893 suspected cholera cases from 1 January to 7 February 2024 (week 6). Of this total, 904 cases (48%) were from Balochistan province. A decreasing trend in weekly cases was observed from week 1, when 477 suspected cases were reported, to week 6, when 187 suspected cases were reported. In the same reporting period, among 408 stool cultures performed, a single sample tested positive for <i>Vibrio cholerae</i> .						
Pakistan	Biological	Circulating vaccine-derived poliovirus type 2 (cVDPV2)	Polio (cVDPV), Grade 2	0	0	12-Nov-19
Zero cVDPV2 cases were reported in 2022 and 2023, and the number of cVDPV2-positive environmental samples in 2022 and 2023 was also zero.						
Pakistan	Biological	Crimean-Congo haemorrhagic fever	Ungraded	19	4	12-Nov-23
As at 20 November 2023, 19 confirmed cases of Crimean-Congo haemorrhagic fever had been reported – of which 18 were health workers – including four deaths.						
Pakistan	Biological	Cholera	Multi-Region Cholera, Grade 3	15 476	NA	17-Apr-22
There has been an ongoing cholera outbreak in Pakistan since 1 January 2022. By 7 December 2023, 15 476 cholera cases had been reported, most of them in Sindh province. Cases were also reported from other provinces, namely Balochistan, Khyber Pakhtunkhwa and Punjab.						
Pakistan	Biological	Dengue	Multi-region Dengue, Grade 3	319	0	9-Apr-23
In week 34 of 2023, 319 confirmed dengue cases were reported. This is compared with 175 cases reported in week 33. Most of the cases were reported from Faisalabad, Lahore, Multan and Rawalpindi.						
Pakistan	Biological	Diphtheria	Ungraded	611	55	2-Nov-23
As at week 45 of 2023, 611 suspected diphtheria cases had been reported, with 55 deaths, giving a case fatality ratio of 9%. Children aged above 5 years accounted for 488 cases (79.9%), while 123 cases (20.1%) were children aged under 5 years.						
Pakistan	Biological	HIV/AIDS	Ungraded	5234	590	1-Jan-19
As at 31 December 2023, 5234 cases of HIV/AIDS had been registered in three hospitals, with 590 deaths (case fatality ratio: 11%). In 2023, 1255 cases were registered. The WHO Regional Office for the Eastern Mediterranean is analysing 2023 data, and the WHO Country Office in Pakistan is closely following the HIV/AIDS situation.						
Pakistan	Biological	Malaria	Ungraded	2 036 831	NA	23-Sep-22
As at 5 November 2023, 2 036 831 confirmed malaria cases had been reported. By 31 October 2023, the number of confirmed malaria cases reported that year was 1.75 times as many as the number reported in the same period of 2022 (1 959 896 cases versus 1 115 820 cases).						
Pakistan	Biological	Measles	Ungraded	13 628	NA	26-Jan-21
From week 1 to week 43 of 2023, 13 628 measles cases were reported, with an incidence rate of 57.78 cases per 1 000 000 population. Children aged 9 to 24 months accounted for 4801 of the cases (35%), while 4182 cases (31%) were children aged 25 to 60 months.						

Ongoing public health events and emergencies

As at 21 February 2024

Member State/territory	Hazard	Event	WHO grade	Cases/injuries	Deaths	Date of start
Pakistan	Biological	Mpox	Mpox, Protracted 2	7	0	21-Apr-23
As at 20 December 2023, seven mpox cases had been reported, with no deaths. The most recent case was reported on 21 September 2023.						
Pakistan	Biological	Wild poliovirus type 1 (WPV1)	Ungraded	6	0	16-Mar-23
From 1 January 2023 to 6 February 2024, six WPV1 cases were reported. WHO and the Global Polio Eradication Initiative are focusing on reaching every last child in Pakistan with vaccines, and strengthening surveillance and technical support at all levels.						
Qatar	Biological	COVID-19	COVID-19, Protracted 3	514 524	690	1-Mar-20
As at 29 January 2024, there had been 514 524 confirmed COVID-19 cases, with 690 deaths, giving a case fatality ratio of 0.1%.						
Qatar	Biological	Mpox	Mpox, Protracted 2	5	0	25-Jul-22
As at 7 February 2024, five mpox cases had been reported, with no deaths. The most recent case was reported on 20 September 2022.						
Saudi Arabia	Biological	COVID-19	COVID-19, Protracted 3	841 469	9646	3-Mar-20
As at 9 December 2023, 841 469 COVID-19 cases, with 9646 deaths, had been reported. A total of 45 484 848 PCR tests had been conducted by the same date.						
Saudi Arabia	Biological	Dengue	Multi-region, Dengue Grade 3	14 055	0	2-May-23
As at 20 December 2023, 14 055 confirmed dengue cases had been reported, with no deaths.						
Saudi Arabia	Biological	Middle East respiratory syndrome (MERS)	Ungraded	2200	858	5-Nov-12
Since the first report of MERS in Saudi Arabia in 2012, the country has reported 2200 MERS cases in total, including 858 deaths. These figures are correct as at 12 December 2023.						
Saudi Arabia	Biological	Mpox	Mpox, Protracted 2	8	0	17-Jul-22
As at 20 December 2023, eight mpox cases had been reported, with no deaths. The most recent case was reported on 30 August 2022.						
Somalia	Biological	COVID-19	COVID-19, Protracted 3	27 334	1361	16-Mar-20
As at 4 February 2024, 27 334 confirmed COVID-19 cases had been reported, with 1361 deaths, giving a case fatality ratio of 5%.						
Somalia	Biological	Cholera	Multi-region Cholera, Grade 3	2567	23	2-Aug-18
As at 11 February 2024, 2567 cholera cases had been reported, with 23 associated deaths. A total of 312 cases had been confirmed as <i>Vibrio cholerae</i> 01 Ogawa by culture.						
Somalia	Biological	Circulating vaccine-derived poliovirus type 2 (cVDPV2)	Polio (cVDPV), Grade 2	27	0	18-Aug-20
As at 4 February 2024, 27 cases of cVDPV2 had been reported since the start of the outbreak in August 2020. From 1 January to 4 February 2024, no new cVDPV2 cases were reported from Somalia.						
Somalia	Biological	Dengue	Multi-region Dengue, Grade 3	668	NA	5-Oct-23
As at 30 November 2023, 1863 suspected dengue cases had been reported, of which 668 cases tested positive. The WHO Country Office in Somalia drafted a detailed work plan for dengue and other arbovirus infections. The activities will be implemented in an integrated approach since Somalia has adopted integrated disease surveillance and response.						
Somalia	Biological	Diphtheria	Somalia Complex Emergencies, Protracted 3	270	53	29-Jan-24
From 8 January 2023 to 7 February 2024, 270 suspected cases of diphtheria were reported, with 53 deaths, giving a case fatality ratio of 20%. The cases were reported from Galmudug, Hirshabelle and Puntland states.						

Ongoing public health events and emergencies

As at 21 February 2024

Member State/territory	Hazard	Event	WHO grade	Cases/injuries	Deaths	Date of start
Somalia	Climatological	Drought	Greater Horn of Africa Drought and Food Insecurity, Grade 3	NA	118	2-Jun-22
<p>The drought situation in Somalia is extremely serious. The country marked its fifth consecutive failed rainy season at the start of 2023. This has led to an acutely food-insecure population and the worsening of food security and nutrition outcomes, affecting more than 7.8 million people. Later in 2023, in October, Somalia finally experienced rain; however, this took the form of El Niño floods that hit the country. The flooding caused serious damage instead of improving the drought impacts. According to the Somali Disaster Management Agency, as at 10 December 2023, 2.48 million people had been affected by the drought, with 899 000 people displaced and 118 people killed across the country.</p>						
Somalia	Biological	Measles	Somalia Complex Emergencies, Protracted 3	1662	NA	3-Sep-22
<p>As at 4 February 2024, 1662 suspected measles cases had been reported. The regions reporting the most cases include Banaadir (371), Gedo (314) and Lower Shabelle (179).</p>						
Sudan	Societal	Armed conflict	Sudan Conflict and Complex Emergency, Grade 3	33 000	14 600	22-Jan-21
<p>Since the outbreak of the current conflict in Sudan in mid-April 2023, at least 14 600 people have been killed and 33 000 injured; establishing the exact numbers of civilian casualties and injuries has been challenging. Most civilian deaths have resulted from the use of heavy weaponry in densely populated areas, with women and children accounting for a significant proportion of the reported casualties.</p>						
Sudan	Biological	COVID-19	COVID-19, Protracted 3	63 993	5046	15-Mar-20
<p>As at 9 December 2023, 63 993 COVID-19 cases and 5046 deaths had been reported. A total of 479 278 PCR tests had been conducted by the same date.</p>						
Sudan	Biological	Cholera	Multi-region Cholera, Grade 3	10 640	295	10-May-23
<p>From 28 June 2023 to 7 February 2024, 10 640 cholera cases, including 295 deaths (case fatality ratio: 2.8%), were reported across nine states and 48 localities, with an attack rate of 47.5 per 100 000 population. Suspected cholera cases have shown a decreasing trend since the start of December 2023.</p>						
Sudan	Biological	Circulating vaccine-derived poliovirus type 2 (cVDPV2)	Polio (cVDPV), Grade 2	0	0	8-Oct-20
<p>As at December 2023, zero cVDPV2 cases had been reported in Sudan, compared with one case in 2022. There were also zero cVDPV2 positive environmental samples in 2023, compared with one such sample in 2022.</p>						
Sudan	Biological	Dengue	Multi-region Dengue, Grade 3	5525	55	20-Oct-21
<p>Since week 44 of 2023, 5525 dengue cases have been reported, with 55 deaths (case fatality ratio: 0.99%; attack rate: 3.9 cases per 10 000 population). Forty-four localities in 10 states have reported dengue cases. Gedaref state reported the highest share of cases (58%), followed by North Darfur (17%), North Kordofan (13%) and Kassala (7%).</p>						
Sudan	Climatological	Drought	Greater Horn of Africa Drought and Food Insecurity, Grade 3	NA	NA	21-May-23
<p>Prolonged dry spells and crop failures across 14 states in Sudan are affecting more than 5.6 million people. Over 22 million people – half of the Sudanese population – live in the 115 affected areas, and 3.1 million people need short- to long-term assistance. The ongoing war has triggered population displacement, which has led to acute food insecurity at levels higher than usual.</p>						
Sudan	Biological	Malaria	Sudan Conflict and Complex Emergency, Grade 3	1 467 006	215	10-Sep-22
<p>As at 10 November 2023, 1 467 006 malaria cases had been reported, with 215 deaths. Of the reported malaria deaths, 96% were in Gezira and North Darfur states.</p>						
Sudan	Biological	Measles	Sudan Conflict and Complex Emergency, Grade 3	4039	107	1-Aug-21
<p>Measles cases are reported from 12 states in Sudan, reaching 4039 cases and 107 deaths by 11 December 2023, giving a case fatality ratio of 2.65%.</p>						
Sudan	Biological	Mpox	Mpox, Protracted 2	19	1	31-Jul-22
<p>As at 20 December 2023, 19 mpox cases and one death had been reported. The most recent case was reported on 5 April 2023.</p>						

Ongoing public health events and emergencies

As at 21 February 2024

Member State/territory	Hazard	Event	WHO grade	Cases/injuries	Deaths	Date of start
Syrian Arab Republic	Societal	Armed conflict	Syrian Arab Republic Complex Emergencies, Protracted 3	NA	NA	27-Jun-18
The security situation within the Syrian Arab Republic remains unstable.						
Syrian Arab Republic	Biological	COVID-19	COVID-19, Protracted 3	57 423	3163	23-Mar-20
As at 19 December 2023, 57 423 COVID-19 cases and 3163 deaths had been reported. A total of 202 513 PCR tests had been conducted by the same date.						
Syrian Arab Republic	Biological	Tuberculosis	Syrian Arab Republic Complex Emergencies, Protracted 3	10	0	5-Dec-23
On 10 September 2023, a cluster of 10 tuberculosis cases, with 20 contacts, was reported from Al-Hasakah governorate. Of the 10 cases, six were confirmed and four were suspected. Confirmed cases received treatment, while the suspected cases and contacts received preventive treatment. As at 10 December 2023, no new tuberculosis cases had since been reported.						
Tunisia	Biological	COVID-19	COVID-19, Protracted 3	1 153 361	29 423	2-Mar-20
As at 19 December 2023, 1 153 361 COVID-19 cases and 29 423 deaths had been reported. A total of 5 013 383 PCR tests had been conducted by the same date.						
United Arab Emirates	Biological	COVID-19	COVID-19, Protracted 3	1 067 030	2349	29-Jan-20
As at 20 December 2023, 1 067 030 COVID-19 cases and 2349 deaths had been reported. A total of 200 761 593 PCR tests had been conducted by the same date.						
United Arab Emirates	Biological	Middle East respiratory syndrome (MERS)	Ungraded	1	0	10-Jul-23
On 10 July 2023, a 28-year-old male MERS-CoV case was reported in the United Arab Emirates. Investigation revealed no camel or sick person contact. Immediate actions included contact tracing, incident reporting and notifying relevant authorities, prioritizing public health without disclosing personal data.						
United Arab Emirates	Biological	Mpox	Mpox, Protracted 2	16	0	25-May-22
As at 20 December 2023, 16 mpox cases had been reported, with no deaths. The most recent case was reported on 24 July 2022.						
Yemen	Biological	COVID-19	COVID-19, Protracted 3	11 945	2159	10-Apr-20
As at 9 December 2023, 11 945 COVID-19 cases and 2159 deaths had been reported. A total of 329 592 PCR tests had been conducted by the same date.						
Yemen	Biological	Circulating vaccine-derived poliovirus type 1 (cVDPV1)	Polio (cVDPV), Grade 2	0	0	29-May-20
As at 17 December 2023, there was no evidence of cVDPV1 in the country. The Global Polio Eradication Initiative and partners are supporting the local public health authorities in field investigation and field monitoring. The most recent case was reported on 31 January 2020.						
Yemen	Biological	Circulating vaccine-derived poliovirus type 2 (cVDPV2)	Polio (cVDPV), Grade 2	3	0	30-Nov-21
As at 12 December 2023, three cVDPV2 cases had been reported in Yemen in 2023.						
Yemen	Biological	Dengue	Multi-region Dengue, Grade 3	34 969	29	25-Jan-24
Dengue is endemic in Yemen. Various subnational-level outbreaks took place in 2023 and were reported to WHO in January 2024. Over 2023, 34 969 dengue cases were reported, with 29 associated deaths (case fatality ratio: 0.08%). Of the cases, 58% were males, with most cases in the age group 15–29 years (35%). Cases were reported from the northern (36.5%) and southern (63.5%) governorates. A peak in cases was observed in epidemiological week 23 of 2023. Despite the El Niño-related floods, dengue is below the expected levels of reporting.						
Yemen	Biological	Diphtheria	Ungraded	128	1	25-Jan-24
From 1 to 29 January 2024, 128 diphtheria cases, with one associated death, were reported from both the northern and southern governorates of Yemen. Of the total cases, 75 cases (80%) were reported from the northern governorates: Dhamar (18%), Al Hudaydah (18%), Hajjah (10.2%) and Al Dhale'e (8.6%). Children aged 5–14 years accounted for 45% of the cases; 64% of the total cases were males. Challenges reported include limited vaccination coverage in the northern governorates and a shortage of diphtheria antitoxin.						
Yemen	Biological	Measles	Yemen Complex Emergencies, Protracted 3	49 498	396	29-Mar-21
As at 25 November 2023, 49 498 suspected measles cases and 396 deaths had been reported. The main hot spots were Saada (11.3% of cases), Taiz (8.3%), Al Bayda (8.1%) and Aden (7.3%). North Yemen accounted for 61.3% of reports and 33% of deaths.						

Closed public health events and emergencies

8–21 February 2024

Member State/territory	Hazard	Event	WHO grade	Date of start
Morocco	Geological	Earthquake	Morocco Earthquake, Grade 2	10-Sep-23

On 9 September 2023, Morocco was hit by an earthquake measuring 6.8 on the Richter scale, with numerous aftershocks recorded. The earthquake's epicentre was located in the Al Haouz region, causing significant repercussions across at least nine provinces. Over 320 000 people were exposed to the earthquake's destructive force. The city of Marrakesh, one of the most severely affected areas, reported considerable damage. According to the Moroccan Ministry of Interior, 1037 deaths and 1204 injuries were reported, including 721 critical injuries. As the Moroccan Ministry of Health adequately managed this event, the situation has transitioned towards recovery and reconstruction.



World Health
Organization

Eastern Mediterranean Region

WHO Health Emergencies Programme

WHO Regional Office for the Eastern Mediterranean
Monazamet El Seha El Alamia Street
Extension of Abdel Razak El Sanhoury Street
P.O. Box 7608
Nasr City, Cairo, 11371, Egypt

WHO country office contributors

Sudan:

Mohammad Taufiq Mashal
Awad Omer

Regional Office contributors

Public health intelligence:

Farida Abougazia
Tarek Awad
Aura Corpuz
Mona Elbarbary
Ali Elkony
Rana Elzahar
Abdelrahman Khalifa
Basant Mohamed
Sara Morsy
Jeremias Naiene

Geographic information system:

Ramy Ahmed
Hanem Mohamed Basha

Design:

Zena Harb

Editing:

Lisa Drysdale

Special contributors

**Infectious Hazard Prevention
and Preparedness programme:**

Mustafa Aboualy
Chiroi Kodama

Editorial advisory group

Paiman Akbar
Rick Brennan
Aura Corpuz
Sarah Eissa
Mona Elbarbary
Sherein Elnossery
Farida Mahgoub
Basant Mohamed
Shaza Mohammed
Thomas Mollet
Muhammad Tayyab

Data and information are provided by Member States through WHO country offices. Situations are evolving and dynamic, therefore the figures stated herein are subject to change.

For more information and queries, email:
emrgowhebulletins@who.int