



WHO Regional Office for the Eastern Mediterranean
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4–17 April 2024

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Public health events and emergencies dashboard

4–17 April 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.

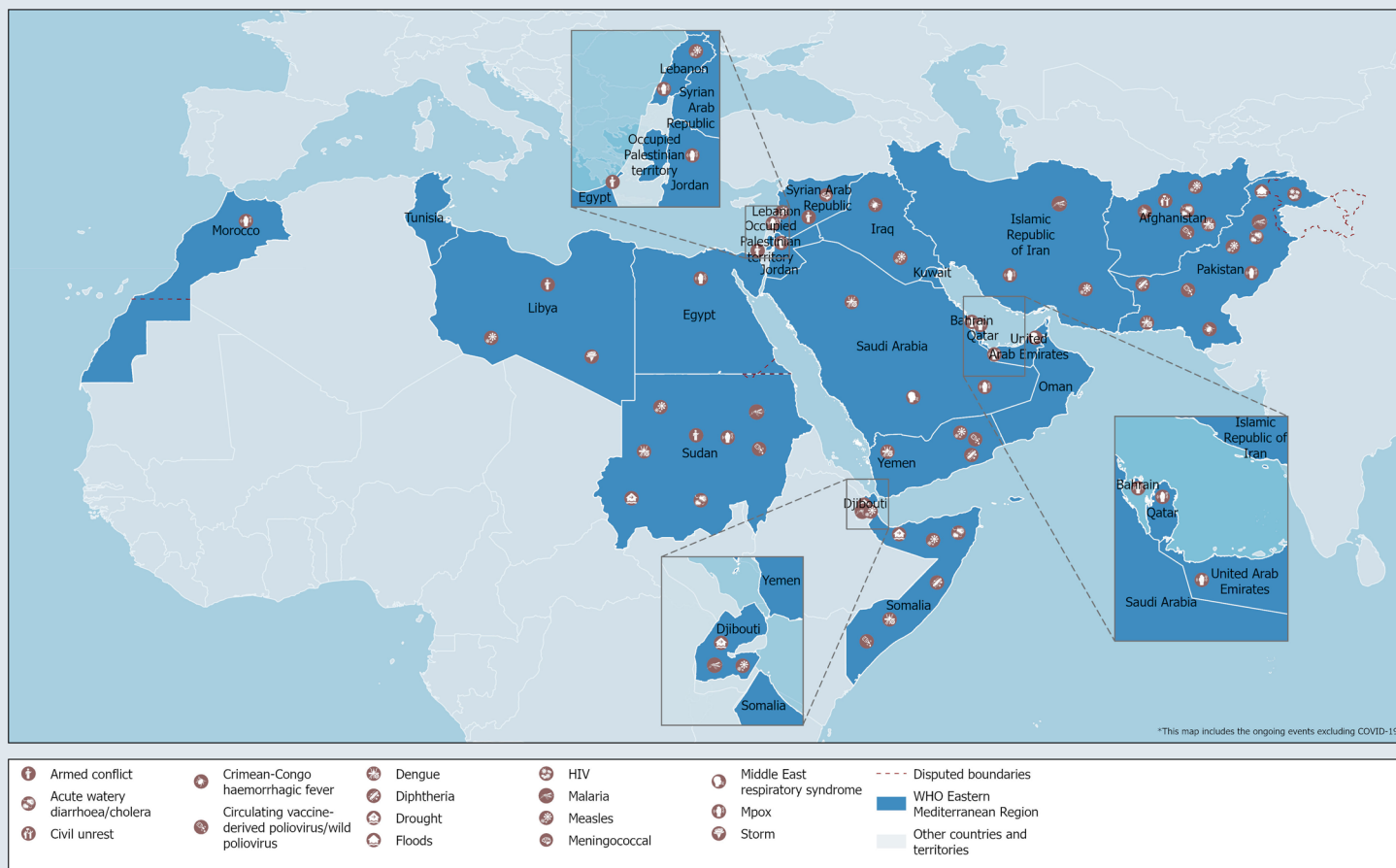
***Grading: Grading is an internal WHO process that triggers WHO emergency procedures and activities for the management of the response.

[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 17 April 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.

Saudi Arabia: Middle East respiratory syndrome

BACKGROUND

Middle East respiratory syndrome (MERS) is recognized as a significant public health risk as it can lead to severe respiratory illness and has a high mortality rate. MERS is known to be prevalent in dromedary camels in the Middle East, and human infection mainly occurs through zoonotic transmission, typically through close contact with these camels or their raw products.

This risk of human infection raises concerns about the potential public health impact of the virus. Further, there have been instances of limited, non-sustained human-to-human transmission in health care settings. Non-sustained human-to-human transmission is where the disease can spread between people but does not lead to widespread or continuous outbreaks.



MERS is known to be prevalent in dromedary camels.

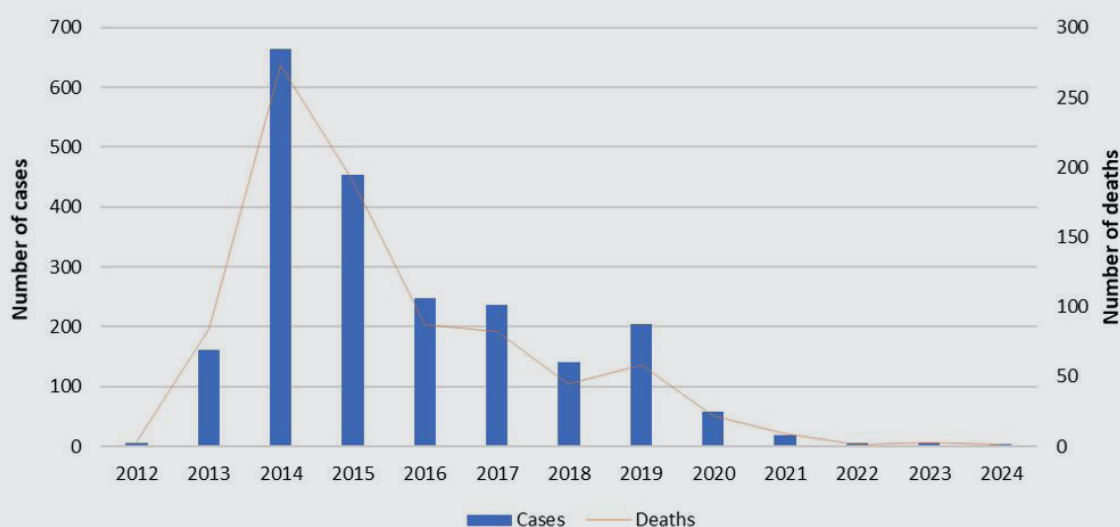
Photo credit: WHO/M. Frost

SITUATION UPDATE

From the first reported case of MERS in 2012 to 12 April 2024, a total of 2613 laboratory-confirmed MERS cases, with 941 associated deaths, were reported globally to WHO. Most of these cases were in countries of the Arabian Peninsula, with 2204 cases (84% of the total) and 860 associated deaths (case fatality ratio: 39%) occurring in Saudi Arabia.

From 10 to 17 April 2024, the Ministry of Health of Saudi Arabia reported three cases of MERS, one of whom died. All cases were reported from Riyadh city and were associated with the same health facility. These cases are considered epidemiologically linked; the last two cases were identified through contact tracing as part of the epidemiological investigation around the index case.

Fig. 1. MERS cases and deaths reported in Saudi Arabia, 2012–2024



Saudi Arabia: Middle East respiratory syndrome

RESPONSE ACTIVITIES

- Saudi Arabia's Ministry of Health has initiated active contact tracing for the identified cases following their isolation. Contacts are monitored daily during the 14-day incubation period; for high-risk contacts, laboratory testing is carried out.
- A triage for respiratory diseases has been put in place in emergency departments to enable early detection of patients with respiratory symptoms. Dedicated nurses – who are available 24 hours a day, seven days a week – assist in this process and ensure that triage forms are filled in accurately.
- A comprehensive refresher training on case definition has begun for all health workers to ensure early detection of cases.
- Training sessions on the implementation of infection prevention and control (IPC) standards and transmission-based precautions related to MERS are ongoing. Ensuring the availability of IPC supplies, such as hand sanitizers and personal protective equipment, was also prioritized.

RECOMMENDATIONS

- WHO emphasizes the importance of strong surveillance by all countries and territories for acute respiratory infections, including MERS. Surveillance should use the testing algorithm where necessary and involve the careful review of any unusual patterns.
- WHO recommends that countries and territories enhance the early identification, case management and isolation of cases; quarantine of contacts; and public health awareness to prevent human-to-human transmission of MERS.
- WHO emphasizes adhering stringently to IPC measures to prevent the potential spread of MERS in health facilities.
- MERS is confirmed to be widespread in dromedary camels. WHO emphasizes general hygiene measures before and after touching animals – either handwashing with soap and water, or hand hygiene with alcohol-based hand rub. Contact with sick animals should be avoided.
- WHO recommends that people avoid drinking raw camel milk or camel urine, or eating camel meat that has not been properly cooked.

Eastern Mediterranean Region: developing a road map for electronic integrated disease surveillance

BACKGROUND

An integrated disease surveillance system is a critical component of public health systems in the Eastern Mediterranean Region. It plays a vital role in supporting the timely detection, response and control of infectious diseases, enabling effective public health interventions. Countries and territories of the Region face various challenges in implementing and maintaining a robust integrated disease surveillance system.

The challenges include:

- lack of standardized protocols and systems across countries and territories of the Region, as each may have its own surveillance methods, data collection tools and reporting mechanisms;
- fragmented, paper-based surveillance and lack of a centralized electronic disease surveillance system across health programmes;
- limited resources and infrastructure; and
- inadequate data management and analysis systems, which hinder the effective use of surveillance data.

Moving from a fragmented, paper-based surveillance system towards an electronic integrated disease surveillance system for the Region will improve access to information and enhance early detection of disease outbreaks. This will facilitate timely public health responses and planning, ultimately boosting the efficiency and effectiveness of surveillance efforts.

The electronic integrated disease surveillance system will act as a single system that consolidates data and health indicators from existing fragmented surveillance systems. Countries and territories will continue to use their own existing surveillance systems, but each such system will serve as a data source that feeds into the single electronic integrated system.



An electronic integrated disease surveillance system is important for early detection and response to outbreaks.

Photo credit: WHO/M. Frost

RESPONSE ACTIVITIES

The findings of a WHO-led rapid assessment will shape the strategies and actions needed to strengthen electronic integrated disease surveillance as part of enhancing health information systems and analytics in the Region. The assessment will gather valuable insights to inform the development of a tailored road map for implementing the electronic integrated disease surveillance system, taking into consideration each country and territory's specific context.

A team from the WHO Regional Office for the Eastern Mediterranean developed a standardized questionnaire that serves as a crucial guide to conducting the rapid assessment. As an initial step, the team will share the questionnaire with the health ministries of Morocco and Tunisia. Working with the two health ministries, WHO will conduct a rapid assessment in these countries in May and July 2024.

The rapid assessment will assess the current situation in aspects of governance and existing digital platforms – which are sources of disease surveillance data. It will also assess factors conducive to the successful implementation of the electronic integrated disease surveillance system. The questionnaire covers the following two main areas of assessment.

- In-depth review of the current digital disease surveillance system, data management and sources, including data flow and workflows for diseases.
- Landscape analysis of existing digital surveillance systems, and formulation of recommendations.

The electronic integrated system will address the challenges and improve surveillance capabilities, data harmonization and sharing, and interoperability.

New public health events and emergencies

4–17 April 2024

Member State/territory	Hazard	Event	WHO grade ^a	Cases/injuries	Deaths	Date of start ^b
Syrian Arab Republic	Biological	Meningococcal disease	Syrian Arab Republic Complex Emergencies, Protracted 3	1	0	16-Apr-24

On 9 April 2024, a confirmed case of meningococcal disease was reported in a refugee camp in Idlib, northwest Syria. The case, a child aged 10 years, exhibited symptoms on 6 April 2024, including fever, headache, vomiting, altered consciousness and purpuric rash. The case tested positive for *Neisseria meningitidis* (the meningococcus) on 8 April 2024 and received treatment. Response initiatives included isolation of the case, distribution of antibiotic prophylaxis, identification of contacts to receive health care, and advocacy for awareness. An investigation is ongoing to identify the infection source, using active case searches and contact tracing.

^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

Multiregional graded emergencies: dengue, cholera and the Greater Horn of Africa drought and food insecurity

^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 17 April 2024

Member State/territory	Hazard	Event	WHO grade	Cases/injuries	Deaths	Date of start
Afghanistan	Biological	Acute watery diarrhoea (AWD)	Afghanistan Complex Emergencies, Protracted 3	30 723	14	22-Sep-21
<p>In week 16 of 2024, 2233 cases of AWD with dehydration were reported from 150 districts. This shows an 18% increase in the number of cases as compared to the previous week. Of these cases, one associated death was reported for a boy aged under 5 years from Paktika province. Since the start of 2024, a total of 30 723 cases of AWD with dehydration and 14 associated deaths have been reported, giving a case fatality ratio of 0.05%. Of this total, 16 856 cases (54.9%) were children aged under 5 years; 15 332 cases (49.9%) were females. Since the start of 2024, 257 districts have reported AWD with dehydration; no new district reported AWD with dehydration cases in week 16.</p>						
Afghanistan	Biological	COVID-19	COVID-19, Protracted 3	229 590	7965	24-Feb-20
<p>As at 17 April 2024, 229 590 COVID-19 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.</p>						
Afghanistan	Biological	Circulating vaccine-derived poliovirus type 2 (cVDPV2)	Polio (cVDPV), Grade 2	0	0	5-Jun-20
<p>No new cases of cVDPV2 were reported from 1 January 2022 to 17 April 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.</p>						
Afghanistan	Societal	Civil unrest	Afghanistan Complex Emergencies, Protracted 3	NA	NA	30-Aug-21
<p>Since 2023, no significant casualties or displacements have been recorded. Civil unrest incidents escalated in the country in 2023, however.</p>						
Afghanistan	Biological	Crimean-Congo haemorrhagic fever	Afghanistan Complex Emergencies, Protracted 3	83	2	5-Mar-23
<p>In week 16 of 2024, seven suspected cases of Crimean-Congo haemorrhagic fever were reported from five provinces, with one associated death. Since the start of 2024, a total of 83 suspected cases, with two associated deaths (giving a CFR of 2.4%), were reported. All suspected cases were aged over 5 years, while 28 (33.7%) of them were females.</p>						
Afghanistan	Biological	Dengue	Afghanistan Complex Emergencies, Protracted 3	677	0	14-Aug-22
<p>During week 16 of 2024, Nangarhar province reported 33 suspected dengue cases, with no associated deaths. This shows an increase on the number of suspected cases reported in the previous week. The lower number of suspected cases reported the previous week may be due to low reporting during the Eid holiday. Since the start of 2024, 677 suspected dengue cases have been reported, with no associated deaths. Of these cases, 416 (61.4%) were females and six (0.9%) were children aged under 5 years.</p>						
Afghanistan	Biological	Measles	Afghanistan Complex Emergencies, Protracted 3	18 744	94	19-Apr-21
<p>During week 16 of 2024, 1316 suspected measles cases were reported. This represents a stabilization in the number of reported cases compared with the previous week. Seven associated deaths were also reported from four provinces: Urozgan (three), Herat (two), Jawzjan (one) and Kabul (one). All deaths were children aged under 5 years and five of those who died were girls. Since the start of 2024, a total of 18 744 suspected measles cases and 94 deaths (case fatality ratio: 0.5%) have been reported.</p>						
Afghanistan	Biological	Wild poliovirus type 1	Afghanistan Complex Emergencies, Protracted 3	6	0	16-Mar-23
<p>Wild poliovirus is endemic in Afghanistan. From 1 January 2023 to 17 April 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.</p>						
Bahrain	Biological	COVID-19	COVID-19, Protracted 3	696 614	1536	24-Feb-20
<p>As at 17 April 2024, 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.</p>						

Ongoing public health events and emergencies

As at 17 April 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 17 April 2024, 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 17 April 2024, 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
Drought and food insecurity have severely affected the already fragile health system in Djibouti, restricting access to health care, causing shortages of medical supplies and health workers and limiting the presence of nongovernmental organizations.						
Djibouti	Biological	Malaria	Ungraded	254 776	NA	13-Feb-19
From January 2019 to September 2023, 254 776 confirmed malaria cases were reported. The highest peaks in confirmed cases were reported for the years 2020 (73 535 cases) and 2021 (59 176), with a marked decrease in confirmed cases in 2022 (40 542). In total, 32 121 confirmed cases were reported from January to September 2023. Malaria reporting in Djibouti is under revision to consolidate various sources of data.						
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. All positive cases originated from the Djibouti region, while most of the suspected cases were reported from Dikhil.						
Egypt	Biological	COVID-19	COVID-19, Protracted 3	516 023	24 830	16-Feb-20
As at 17 April 2024, 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 17 April 2024, 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	7 632 170	146 992	19-Feb-20
As at 17 April 2024, 7 632 170 COVID-19 cases had been reported, with 146 992 deaths.						
Iran (Islamic Republic of)	Biological	Malaria	Ungraded	4425	NA	12-Nov-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 may be attributed to increased cross-border movement.						
Iran (Islamic Republic of)	Biological	Measles	Ungraded	32	3	6-Aug-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 of the Islamic Republic of Iran, 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 17 April 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 17 April 2024, 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	138	5	21-Apr-22
As at 17 April 2024, 138 suspected Crimean-Congo haemorrhagic fever cases had been reported, with five deaths, giving a case fatality ratio of 3.6%. Among the suspected cases, 18 have been confirmed, with one death, giving a case fatality ratio of 5.5%. There has been a slight decrease in cases compared with the same period in 2023, when 23 confirmed cases were reported.						

Ongoing public health events and emergencies

As at 17 April 2024

Member State/territory	Hazard	Event	WHO grade	Cases/injuries	Deaths	Date of start
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.						
Jordan	Biological	COVID-19	COVID-19, Protracted 3	1 746 997	14 122	3-Feb-20
As at 17 April 2024, 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	9-Nov-22
As at 17 April 2024, only one mpox case had been reported, with no deaths.						
Kuwait	Biological	COVID-19	COVID-19, Protracted 3	667 177	2570	24-Feb-20
As at 17 April 2024, 667 177 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 17 April 2024, 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	14	0	4-Jul-23
From 4 January to 12 March 2024, 14 suspected measles cases, with two confirmed cases, were reported. From 17 February to 4 March 2024, seven new suspected cases were identified across various regions: two in Mount Lebanon, two in Nabatieh, and one each in Akkar, Bekaa, and North Lebanon. These cases spanned different age groups, and five of the individuals were unvaccinated.						
Lebanon	Biological	Mpox	Mpox, Protracted 2	27	0	20-Jun-22
As at 17 April 2024, 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	9-Feb-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
As at 17 April 2024, 507 269 confirmed COVID-19 cases had been reported, with 6437 deaths (case fatality ratio: 1.3%).						
Libya	Meteorological	Cataclysmic storm	Libya Tropical Storm, Grade 2	NA	5898	9-Dec-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 March 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 17 April 2024, 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	6-Feb-22
As at 17 April 2024, 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 17 April 2024

Member State/territory	Hazard	Event	WHO grade	Cases/injuries	Deaths	Date of start
Occupied Palestinian territory	Societal	Armed conflict	Israel/oPt Hostilities, Grade 3	76 770	33 970	7-Oct-23
Ongoing hostilities in the occupied Palestinian territory since 7 October 2023 have compounded an existing health care crisis. The Palestinian Ministry of Health reported that over 33 970 people had been killed and more than 76 770 injured by 17 April 2024. 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	3-Dec-20
As at 17 April 2024, 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 17 April 2024, 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 17 April 2024, 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	118 490	0	17-Apr-22
According to the weekly Integrated Disease Surveillance and Response bulletin of the National Institute of Health of Pakistan, the country reported 118 490 suspected cholera cases, including nine confirmed cases (all from Sindh), with no deaths, from 1 January to 17 March 2024.						
Pakistan	Biological	Circulating vaccine-derived poliovirus type 2 (cVDPV2)	Polio (cVDPV), Grade 2	0	0	11-Dec-19
As at 17 April 2024, zero cVDPV2 cases or environmental samples had been reported in Pakistan since 2022.						
Pakistan	Biological	Crimean-Congo haemorrhagic fever	Ungraded	19	4	11-Dec-23
As at 17 April 2024, 19 confirmed Crimean-Congo haemorrhagic fever cases had been reported – of which 18 were health workers – including four deaths.						
Pakistan	Biological	Dengue	Multi-region Dengue, Grade 3	382	0	9-Apr-23
From 1 January to 17 April 2024, 382 confirmed dengue cases were reported. Most of the cases were reported from Sindh province.						
Pakistan	Biological	Diphtheria	Ungraded	85	0	11-Feb-23
From 1 January to 2 March 2024, 85 suspected diphtheria cases were reported, with no deaths. This marks a continued decline in cases since week 46 of 2023. In response to the outbreak, more than 1.9 million people across Balochistan, Khyber Pakhtunkhwa, Punjab and Sindh provinces have received a diphtheria-containing vaccine.						
Pakistan	Hydrological	Flood	Ungraded	NA	43	3-Jun-24
From 25 February to 4 March 2024, relentless rainfall and snowfall affected western Pakistan, especially Balochistan, Gilgit-Baltistan and Khyber Pakhtunkhwa provinces. The severe weather resulted in significant displacements and damages: in Balochistan, 9000 people were displaced and 43 fatalities recorded. Additionally, 1675 houses were destroyed across these three affected provinces.						
Pakistan	Biological	HIV infection-AIDS	Ungraded	5234	590	5-Jul-19
Since the beginning of this outbreak in 2019 to 31 December 2023, 5234 cases of HIV/AIDS were registered in three hospitals, with 590 deaths (case fatality ratio: 11%). In 2023 alone, 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	158 616	NA	23-Sep-22
In January and February 2024, 158 616 confirmed cases of malaria were reported, with no associated deaths. This is a decrease on the 1 836 605 cases reported in the same period of 2023. The number of cases began to rise sharply in May 2023, and reached its highest level in August, and then steadily declined for the remainder of the year.						
Pakistan	Biological	Measles	Ungraded	12 560	NA	26-Jan-21
From 1 January to 24 March 2024, 12 560 cases of measles were reported, of which 5208 cases were confirmed, giving an incidence rate of 21.22 cases per 1 000 000 population. The highest proportions of suspected cases were reported in Khyber Pakhtunkhwa (33%), Sindh (31%) and Punjab (27%) provinces, with respective incidence rates of 40.34, 18.22 and 4.3 per 1 000 000 population.						
Pakistan	Biological	Mpox	Mpox, Protracted 2	7	0	21-Apr-23
As at 17 April 2024, seven mpox cases had been reported, with no deaths. The most recent case was reported on 21 September 2023.						

Ongoing public health events and emergencies

As at 17 April 2024

Member State/territory	Hazard	Event	WHO grade	Cases/injuries	Deaths	Date of start
Pakistan	Biological	Wild poliovirus type 1 (WPV1)	Ungraded	8	0	16-Mar-23
Wild poliovirus is endemic in Pakistan, and instances are reported retrospectively. From 1 January 2023 to 17 March 2024, eight confirmed 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	3-Jan-20
As at 17 April 2024, 514 524 COVID-19 cases and 690 deaths had been reported.						
Qatar	Biological	Mpox	Mpox, Protracted 2	5	0	25-Jul-22
As at 17 April 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 17 April 2024, 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	2304	0	5-Feb-23
As at January 2024, 2304 suspected dengue cases had been reported, of which 1470 were confirmed.						
Saudi Arabia	Biological	Middle East respiratory syndrome (MERS)	Ungraded	2204	860	11-May-12
Since the first report of MERS in Saudi Arabia in 2012, the country has reported 2204 MERS cases in total, including 860 deaths. These figures are correct as at 17 April 2024.						
Saudi Arabia	Biological	Mpox	Mpox, Protracted 2	8	0	17-Jul-22
As at 17 April 2024, 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 17 April 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	7970	81	2-Aug-18
As at 6 April 2024, 7970 cholera cases had been reported, of which 58% were children aged under 5 years and 65% were severe cases. By the same date, there had been 81 associated deaths in 2024. This shows an increase in deaths compared with 2023, when 46 cholera deaths were recorded for the whole year.						
Somalia	Biological	Circulating vaccine-derived poliovirus type 2 (cVDPV2)	Polio (cVDPV), Grade 2	28	0	18-Aug-20
From 5 February to 10 March 2024, one new cVDPV2 case was reported. In total, 28 cases had been reported by 10 March 2024 since the start of the outbreak in August 2020. The most recent case was reported from Bardere district, Gedo province, with the date of onset given as 20 January 2024.						
Somalia	Biological	Dengue	Multi-region Dengue, Grade 3	1863	NA	5-Oct-23
As at 30 November 2023, 1863 suspected dengue cases had been reported, of which 668 cases were confirmed. 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	406	64	29-Jan-24
As at 6 April 2024, 406 suspected diphtheria cases and 64 deaths had been reported. Recently, suspected cases have also been reported from Banaadir and Jubaland states. WHO planned to provide 1000 antitoxin doses in early May.						
Somalia	Climatological	Drought	Greater Horn of Africa Drought and Food Insecurity, Grade 3	NA	118	6-Feb-22
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 fatalities across the country.						

Ongoing public health events and emergencies

As at 17 April 2024

Member State/territory	Hazard	Event	WHO grade	Cases/injuries	Deaths	Date of start
Somalia	Biological	Measles	Somalia Complex Emergencies, Protracted 3	5281	12	3-Sep-22
As at 13 April 2024, a total of 5281 suspected cases of measles and at least 12 deaths had been reported through the surveillance system for fever and rash used by public health emergency and surveillance coordinators in drought-affected districts.						
Sudan	Societal	Armed conflict	Sudan Conflict and Complex Emergency, Grade 3	33 000	15 550	22-Jan-21
Since the outbreak of the current conflict in Sudan on 15 April 2023, at least 15 550 people have been killed and 33 000 injured; establishing the exact numbers of civilian casualties and injuries has been challenging.						
Sudan	Biological	COVID-19	COVID-19, Protracted 3	63 993	5046	15-Mar-20
As at 17 April 2024, 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.						
Sudan	Biological	Cholera	Multi-region Cholera, Grade 3	10 802	291	5-Oct-23
From 28 June 2023 to 3 April 2024, 10 802 cholera cases, including 291 deaths (case fatality ratio: 2.7%), were reported across nine states and 48 localities. Suspected cholera cases have shown a decreasing trend since the start of December 2023 and continuing into 2024.						
Sudan	Biological	Circulating vaccine-derived poliovirus type 2 (cVDPV2)	Polio (cVDPV), Grade 2	0	0	8-Oct-20
No new cVDPV isolates were reported in week 14 of 2024. As at 3 April 2024, zero cVDPV2 cases had been reported in Sudan in 2024.						
Sudan	Biological	Dengue	Multi-region Dengue, Grade 3	9174	73	20-Oct-21
Since week 44 of 2023, 9174 dengue cases have been reported, with 73 deaths (case fatality ratio: 0.8%; attack rate: 45.8 cases per 100 000 population). A total of 76 localities in 13 states have reported dengue cases. North Darfur state reported the highest share of cases (58%), followed by Gedaref (39%), North Kordofan (8%) and Kassala (7%).						
Sudan	Climatological	Drought	Greater Horn of Africa Drought and Food Insecurity, Grade 3	NA	NA	21-May-23
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, combined with a major deterioration of the economy, has led to acute food insecurity at levels higher than usual. As at 21 March 2024, high rates of acute food insecurity were observed in North Darfur (25%), West Darfur (22%), North Kordofan (20%), South Kordofan (20%), Gedaref (19%) and central, eastern and southern states.						
Sudan	Biological	Malaria	Sudan Conflict and Complex Emergency, Grade 3	1 467 006	215	10-Sep-22
As at 10 November 2023, 1 467 006 malaria cases had been reported, with 215 deaths.						
Sudan	Biological	Measles	Sudan Conflict and Complex Emergency, Grade 3	4039	107	8-Jan-21
Measles cases continue to be reported from 12 states in Sudan, reaching 4039 cases and 107 deaths by 31 January 2024, giving a case fatality ratio of 2.65%.						
Sudan	Biological	Mpox	Mpox, Protracted 2	19	1	31-Jul-22
As at 17 April 2024, 19 mpox cases and one death had been reported. The most recent case was reported on 5 April 2023.						
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 17 April 2024, 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.						

Ongoing public health events and emergencies

As at 17 April 2024

Member State/territory	Hazard	Event	WHO grade	Cases/injuries	Deaths	Date of start
Tunisia	Biological	COVID-19	COVID-19, Protracted 3	1 153 361	29 423	3-Feb-20
As at 17 April 2024, 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 17 April 2024, 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	7-Oct-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.						
United Arab Emirates	Biological	Mpox	Mpox, Protracted 2	16	0	25-May-22
As at 17 April 2024, 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	4-Oct-20
As at 17 April 2024, 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 April 2024, 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.						
Yemen	Biological	Circulating vaccine-derived poliovirus type 2 (cVDPV2)	Polio (cVDPV), Grade 2	1	0	30-Nov-21
As at 3 April 2024, one cVDPV2 case had been reported in Yemen in 2024.						
Yemen	Biological	Dengue	Multi-Region Dengue, Grade 3	6094	4	25-Jan-24
As at 17 April 2024, 6094 suspected dengue cases had been reported, with four associated deaths (case fatality ratio: 0.07%).						
Yemen	Biological	Diphtheria	Yemen Complex Emergencies, Protracted 3	318	9	25-Jan-24
By week 8 of 2024, 318 suspected diphtheria cases, including nine deaths, had been reported from the northern and southern governorates. This marks a significant increase on the 265 cases reported in the same period of 2023. Most of these cases (70%) were reported from northern Yemen: particularly Abyan, Al Hudaydah, Dhamar, Hajjah and Taiz, with Al Hudaydah alone accounting for 16.4% of all cases. About 75% of the total cases have been clinically diagnosed, yet a concerning 77.6% of affected individuals have not been vaccinated.						
Yemen	Biological	Measles	Yemen Complex Emergencies, Protracted 3	14 552	95	29-Mar-21
As at 17 April 2024, 14 552 suspected measles cases, with 95 associated deaths (case fatality ratio: 0.7%), had been reported. About 67% of all cases occurred in the northern governorates, but data on age, gender and vaccination status are unavailable. Nearly all cases in the southern governorates were children: 96% of cases were children aged under 15 years; 66% were aged under 5 years. Further, 82.5% of the cases in the southern governorates had no vaccination history. These findings emphasize the need for increased vaccination efforts, especially among young children in the south of the country.						

Closed public health events and emergencies

4–17 April 2024

Member State/territory	Hazard	Event	WHO grade	Date of start
Afghanistan	Biological	Malaria	Afghanistan Complex Emergencies, Protracted 3	25-Sep-23
No new malaria cases have been reported since week 44 of 2023.				



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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.

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