

WHO Regional Office for the Eastern Mediterranean Health emergencies biweekly bulletin

22 August–4 September 2024

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Public health events and emergencies dashboard

22 August-4 September 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.

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.

^{**}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

Public health events and emergencies map

Geographical distribution of ongoing public health events and emergencies in the Eastern Mediterranean Region As at 4 September 2024

Egypt Crimean-Congo haemorrhagic fever Armed conflict Diphtheria Measles Refugee influx from Sudan Disputed boundaries Acute watery diarrhoea/cholera Middle East respiratory syndrome WHO Eastern Mediterranean Region Orought Circulating vaccine-derived poliovirus/wild Travel-associated Legionnaires' disease Floods Other countries and (i) Civil unrest

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.

Storm

West Nile fever

Malaria

Dengue

Jordan: efforts to manage West Nile fever

BACKGROUND

West Nile fever (WNF) is a mosquito-borne viral disease caused by the West Nile virus (WNV). It was first identified in Uganda, on the western side of the River Nile, in 1937. The virus is primarily transmitted by Culex mosquitoes which act as vectors after feeding on infected wild birds (the virus reservoirs). Birds are key carriers of WNV, especially during migration. Travelling along migratory routes, they can bring the virus to new areas. Mosquitoes that bite infected birds become carriers of the virus, spreading it to other birds, animals and humans (Fig. 1).

Humans are considered dead-end hosts, meaning they do not contribute to further transmission of the virus though in rare cases WNV can be transmitted through organ transplants, blood transfusions and breast milk. No human-to-human transmission through casual contact has been documented.

Most cases of WNF are asymptomatic. Symptomatic cases include fever, joint pain, swollen lymph nodes and rashes. Severe cases can result in meningitis.

In the Eastern Mediterranean Region, including Jordan, environmental conditions favour the spread of WNF. Warm temperatures and the prevalence of Culex mosquitoes, especially near water sources, elevate the risk of outbreaks. Aided by bird migration, WNV can easily spread across borders making regional surveillance crucial. Most human cases are asymptomatic, making it difficult to detect infections without robust monitoring systems. Since there is no approved vaccine for humans, preventing outbreaks depends on the timely identification of cases and the implementation of proactive mosquito control measures.

SITUATION UPDATE

Jordan began to monitor WNF in 1998 with a seroprevalence study conducted in Hashimiah town.

In 2024, the risk of WNF increased in Jordan when neighbouring countries reported an upsurge of cases. On 4 September 2024, Jordan's Ministry of Health reported a confirmed case of WNF, a 6-year-old female from Karak city who was admitted to hospital on 23 July with a fever that was followed by skin rash. The rash was blanchable and macular, appeared below the knees on both sides and persisted for four days. The symptoms led to an initial

suspicion of hemophagocytic lymphohistiocytosis. The case was placed under medical supervision, recovered and was discharged from hospital on 18 August 2024 after completing two incubation periods.

Laboratory confirmation of the case was through a PCR test at the central laboratory of the Ministry of Health.

The case highlights the ongoing risk of WNF transmission in Jordan and reinforces the importance of surveillance and rapid response to prevent further spread.

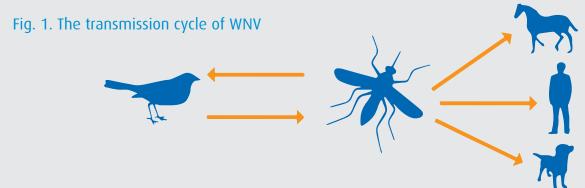


Jordan: efforts to manage West Nile fever

RESPONSE ACTIVITIES

Prevention efforts are critical, especially given there is no human vaccine for WNF. In response, the Ministry of Health implemented the following measures:

- Following the confirmed case of WNF, the Ministry of Health launched targeted mosquito control efforts focusing on areas identified as Culex mosquito breeding sites. These spraying campaigns aim to reduce mosquito populations and limit the risk of further virus transmission.
- A committee has been established to implement a preparedness and response plan for WNF.
- Four sentinel sites were assigned to report and monitor acute fever cases.
- The case definition of WNF was redistributed to all reporting sites and public health officers were alerted to detect cases with clinical manifestations suggestive of WNF.
- Mosquito control programmes, initially aimed at malaria control and including entomological research, were strengthened, with enhanced mosquito surveillance based on larval collection.
- Entomology and laboratory capacities for vector surveillance were strengthened with governmental and non-governmental support.
- Community awareness campaigns about the importance of eliminating mosquito breeding sites were conducted.



Recommendations:

In the absence of a vaccine the only way to reduce infection is by raising awareness of the risk factors and educating people about the measures they can take to reduce exposure to the virus, with a focus on public health educational messages such as the following:

- Reduce the risk of mosquito transmission
 - Efforts to prevent transmission should first focus on personal and community protection against mosquito bites through using mosquito nets, insect repellents, the wearing of light-coloured clothing (long-sleeved shirts and trousers) and avoiding outdoor activity at peak biting times. Community programmes should also encourage communities to destroy mosquito breeding sites in residential areas.
- Reduce the risk of animal-to-human transmission
 Gloves and other protective clothing should be worn
 - Gloves and other protective clothing should be worn while handling sick animals or their tissues and during slaughtering and culling.
- Reduce the risk of transmission through blood transfusion and organ transplants
 - Blood and organ donation restrictions and laboratory testing should be considered in affected areas at the time of the outbreak and after assessing the local/regional epidemiological situation.

The ongoing response efforts reflect Jordan's commitment to preventing further spread of WNF and ensuring the safety of the population through proactive vector control and public health interventions. By highlighting the importance of maintaining effective surveillance systems to guide public health responses and limit transmission, actively monitoring transmission of the virus, detecting new cases early and enforcing vector control strategies WHO and the Jordanian Ministry of Health can minimize the impact of the disease and protect public health.

New public health events and emergencies

22 August-4 September 2024

Member State/territory	Hazard	Event	WHO grade ^a	Cases/injuries	Deaths	Date of start ^b
Jordan	Biological	Mpox ^c	Mpox, Grade 3	2	-	3-Sep-24

On 2 September 2024, 1 confirmed mpox case was reported in Jordan (a 33-year-old male). The first mpox case recorded in Jordan was on 8 September 2022. The WHO Country Office in Jordan will support the Jordanian Ministry of Health and provide technical support for genomic sequencing and clade identification of the current case. Since the start of the outbreak, 2 cases have been reported.

Morocco B	Biological	Travel-associated Legionnaires' disease	Ungraded	2	-	28-Aug-24
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On 24 August 2024, the European Legionnaires' Disease Surveillance Network notified WHO of a new cluster of 2 cases of Travel-associated Legionnaires' disease, potentially associated with a visit to a hotel in Al Hoceima province, Morocco. The first case was detected in Belgium with symptom onset in September 2023 and the second case was detected in Portugal with symptom onset in July 2024

On 25 August 2024, the Arba'at Dam in Red Sea State, Sudan, collapsed following heavy rains. Over 30 deaths have been confirmed, and 64 people reported missing. Around 70 villages near the dam were affected, with 20 completely destroyed. Around 13 000 families (65 000 people) living west of the dam have been impacted. Of these, about 10 000 families (50 000 people) have had their homes destroyed or damaged.

Yemen Hydrological	Floods	Yemen Complex Emergencies, Protracted 3	-	48	27-Aug-24
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On 6 August 2024, severe flooding affected over 18 740 families across the Hajjah, Hodeida, Sa'dah, and Taiz governorates of Yemen, resulting in 48 reported deaths. Health infrastructure was heavily impacted, with 11 facilities flooded in Hodeida. Some critical health facilities sustained significant damage. WHO is monitoring for diarrhoeal and vector-borne diseases in the aftermath and providing emergency health kits, mobile clinics and medical supplies to address urgent health needs.

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

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

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

^c Mpox was closed in the EMS when countries in the Region reported no new cases to WHO. It was reopened following the resumption of case reports from these countries when a public health emergency of international concern was declared.

Since the start of 2024, a total of 9419 COVID-1 also accounted for 74.5% (35 deaths) out of the Afghanistan Socie Since 2023, no significant casualties or displac Afghanistan Biolo	th of AWD wit and 57 associ ogical 19 confirmed e total death	cases and 47 deaths have been reported from 34	O districts (case fatality ratio: 0.05%). Of COVID-19, Protracted 3	9419		nildren aged under
2024, 120 278 cases of AWD with dehydration a years, and 59 429 (49.9%) were females. Afghanistan Biolo Since the start of 2024, a total of 9419 COVID-1 also accounted for 74.5% (35 deaths) out of the Afghanistan Socie Since 2023, no significant casualties or displace Afghanistan Biolo	ogical 19 confirmed e total death:	COVID-19 cases and 47 deaths have been reported from 34	O districts (case fatality ratio: 0.05%). Of COVID-19, Protracted 3	9419	55.6%) were ch	nildren aged under
Since the start of 2024, a total of 9419 COVID-1 also accounted for 74.5% (35 deaths) out of the Afghanistan Since 2023, no significant casualties or displace Afghanistan Biolo	19 confirmed e total death: etal	cases and 47 deaths have been reported s.			47	
also accounted for 74.5% (35 deaths) out of the Afghanistan Socie Since 2023, no significant casualties or displac Afghanistan Biolo	e total death: etal	S.	l, giving a case fatality ratio of 0.5%. Out	of the total cases E/C		24-Feb-20
Since 2023, no significant casualties or displac Afghanistan Biolo		Civil unrest		טו נווכ נטנמו נמטפט, 14'	% (5084 cases)	were females, w
Afghanistan Biolo	cements have		Afghanistan Complex Emergencies, Protracted 3	-	_	30-Aug-21
		e been recorded. Civil unrest incidents es	calated in the country in 2023, however.			
Duning week 0/ of 0007 /1	ogical	Crimean-Congo haemorrhagic fever	Afghanistan Complex Emergencies, Protracted 3	41	3	5-Mar-23
During week 34 of 2024, 41 suspected cases of	f Crimean-Co	ngo haemorrhagic fever, with 3 associate	ed deaths, were reported, a 22.6% decreas	se in suspected cases	compared with	the previous we
Afghanistan Biolo	ogical	Dengue	Multi-Region Dengue, Grade 3	1844	0	14-Aug-22
During week 34 of 2024, Nangarhar province rep the start of 2024, 1844 suspected cases of den						
Afghanistan Biolo	ogical	Malaria	Afghanistan Complex Emergencies, Protracted 3	2850	0	15-Aug-24
Malaria is endemic in some areas of Afghanista case numbers compared with the previous week 9138 (20.8%) were children aged under 5 years	k. Since the	start of 2024, 43 886 confirmed malaria				
Afghanistan Biolo	ogical	Measles	Afghanistan Complex Emergencies, Protracted 3	47 119	213	19-Apr-21
During week 34 of 2024, 1403 suspected measl Since the start of 2024, a total of 47 119 suspe aged under 5 years; 21 411 (45.4%) were femal	ected measle:					
Afghanistan Biolo	ogical	Wild poliovirus type 1	Afghanistan Complex Emergencies, Protracted 3	18	0	16-Mar-23
During week 35 of 2024, only 1 wild poliovirus t	type 1 case w	vas reported. For 2024, Afghanistan has	reported a total of 18 wild poliovirus type	1 cases, with no death	hs.	
Bahrain Biolo	ogical	COVID-19	COVID-19, Protracted 3	696 614	1536	24-Feb-20
As at 4 September 2024, 696 614 COVID-19 cas	ses and 1536	deaths had been reported. A total of 10	578 766 PCR tests had been conducted by	the same date.		
Djibouti Biolo	ogical	COVID-19	COVID-19, Protracted 3	15 690	189	18-Mar-20
As at 4 September 2024, 15 690 COVID-19 case:	es and 189 de	eaths had been reported. A total of 319 1	53 PCR tests had been conducted by the s	same date.		•
Djibouti Biolo	ogical	Dengue	Multi-Region, Dengue Grade 3	1353	4	15-Jul-24
During week 34 of 2024, 7 suspected dengue ca deaths.	ases were rep	ported, with no associated deaths. Since	the start of 2024, a total of 1353 suspect	ed dengue cases were	e reported, with	4 associated
Djibouti Clima	atological	Drought	Greater Horn of Africa Drought and Food Insecurity, Grade 3	-	-	21-May-23

Member State/territory	Hazard	Event	WHO grade	Cases/injuries	Deaths	Date of start
Djibouti	Biological	Malaria	Ungraded	32 308	1	13-Feb-19
During week 34 of 2024, 143 malaria ca	ses were reported.	From 1 January to 7 August 2024, a total	of 32 308 malaria cases were reported, wi	th 1 death.		
Egypt	Biological	COVID-19	COVID-19, Protracted 3	516 023	24 830	16-Feb-20
As at 4 September 2024, 516 023 COVID	-19 cases had bee	n reported, with 24 830 deaths. A total of	12 645 544 PCR tests had been conducted	by the same date.		
Iran (Islamic Republic of)	Biological	COVID-19	COVID-19, Protracted 3	7 627 863	146 837	19-Feb-20
As at 4 September 2024, 7 627 863 COV	ID-19 cases had be	een reported, with 146 837 deaths.				
Iran (Islamic Republic of)	Biological	Dengue	Multi-Region Dengue, Grade 3	193	3	18-Jun-24
From 27 May to 21 August 2024, 193 de	ngue cases and 3 o	deaths were reported.				
Iraq	Biological	COVID-19	COVID-19, Protracted 3	2 465 545	25 375	24-Feb-20
As at 4 September 2024, 2 465 545 COV	ID-19 cases had be	een reported, with 25 375 deaths. A total o	f 19 550 473 PCR tests had been conducte	ed by the same date.		
Iraq	Biological	Crimean-Congo haemorrhagic fever	Iraq Crimean-Congo Haemorrhagic Fever, Grade 2	639	39	21-Apr-22
From week 1 to week 35 of 2024, 639 st confirmed, with 23 deaths, giving a case			orted, with 39 deaths, giving a case fatality	y ratio of 6.1%. Amon	ig the suspected	cases, 161 were
Iraq	Biological	Measles	Iraq Complex Emergencies, Protracted 2	31 210	53	19-Apr-23
During week 32 of 2024, 33 measles cas	ses were reported,	with zero deaths. From 1 January to 7 Aug	ust 2024, 31 210 measles cases were repo	orted, with 53 deaths.		
Jordan	Biological	COVID-19	COVID-19, Protracted 3	1 746 997	14 122	3-Feb-20
As at 4 September 2024, 1 746 997 COV	ID-19 cases had be	een reported, with 14 122 deaths. A total o	f 17 201 885 PCR tests had been conducte	ed by the same date.		
Jordan	Biological	West Nile fever	Ungraded	1	0	14-Aug-24
On 29 July 2024, a case of West Nile few treatment plants in Karak city.	ver was reported in	a 6-year-old child. The Ministry of Health	has initiated spraying campaigns targetin	ng the breeding sites	of Culex mosqui	toes at wastewater
Kuwait	Biological	COVID-19	COVID-19, Protracted 3	667 177	2570	24-Feb-20
As at 4 September 2024, 667 177 COVID	-19 cases had bee	n 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 4 September 2024, 1 239 904 COV	ID-19 cases had be	een reported, with 10 947 deaths. A total o	f 10 696 009 PCR tests had been conducte	ed by the same date.		
Lebanon	Biological	Measles	Ungraded	178	0	4-Jul-23
	opulation. Akkar a	nd Baalbek-Hermel governorates reported	pected cases, 61 were confirmed. The mos the highest number of cases, with 2 case:			
Libya	Societal	Armed conflict	Libya Complex Emergencies, Protracted 2	-	-	9-Feb-18
A state of emergency was announced by no major armed conflicts that could affe			on-and-off conflicts since then, and into 2	2024. From August 20	23 to 1 Septemb	er 2024, however,
Libya	Biological	COVID-19	COVID-19, Protracted 3	507 269	6437	25-Mar-20

Member State/territory	Hazard	Event	WHO grade	Cases/injuries	Deaths	Date of start
ibya	Meteorological	Cataclysmic storm	Libya Tropical Storm, Grade 2	-	5898	9-Dec-23
			splacing more than 44 800 people. Later, c aid to 60 000 people. No further updates			
Libya	Biological	Measles	Libya Complex Emergencies, Protracted 2	1962	1	16-Mar-23
	nd 196 rubella cases		rict most affected. As at week 49 of 2023, 1 Between then and 1 September 2024, repor			
Libya	Societal	Refugee influx from Sudan	Libya Complex Emergencies, Protracted 2	-	-	9-May-24
of infectious diseases in an area with lin	nited access to heal	th services. As at 12 August 2024, the num	rease in the number of displaced persons f iber of displaced persons from Sudan reach medical aid to 60 000 people. No further u	ed around 100 000. Ad	ditionally, floodi	ng in Libya, on 11
Morocco	Biological	COVID-19	COVID-19, Protracted 3	1 277 956	16 298	3-Mar-20
As at 4 September 2024, 1 277 956 COV	/ID-19 cases and 1	6 298 deaths had been reported. A total of	13 068 242 PCR tests had been conducte	d by the same date.		
occupied Palestinian territory	Societal	Armed conflict	Israel/oPt Hostilities, Grade 3	100 068	41 479	7-0ct-23
		October 2023, have compounded an existing bears the highest casualties, including c	ng health crisis. As at 4 September 2024, t children, women and elderly people.	the Palestinian Minist	ry of Health rep	orted that 41 479
Occupied Palestinian territory	Biological	COVID-19	COVID-19, Protracted 3	703 228	5708	3-Dec-20
s at 4 September 2024, 703 228 COVII	D-19 cases, with 57	08 deaths, had been reported. A total of 3	477 872 PCR tests had been conducted b	y the same date.		
Occupied Palestinian territory	Biological	Circulating vaccine-derived poliovirus type 2	Polio (cVDPV), Grade 2	1	0	22-July-24
n 6 environmental samples from Deir I	Al-Balah (3) and Kh	an Yunis (3) in the Gaza Strip. Subsequent	an territory notified WHO of the detection of tly, on 16 August 2024, the Ministry of Hea confirmed to be caused by a strain of polic	lth reported the first	case of cVDPV2	
Occupied Palestinian territory	Biological	West Nile fever	Israel/oPt Hostilities, Grade 3	10	1	7-Jul-24
		rever were reported, including 7 males and Year-old female due to West Nile fever in t	3 females. On 22 August, the Internationa the West Bank.	al Health Regulations	National Focal I	Point in the
Oman	Biological	COVID-19	COVID-19, Protracted 3	399 449	4628	24-Feb-20
as at 4 September 2024, 399 449 COVII	D-19 cases and 462	8 deaths had been reported. A total of 3 7	37 036 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
s at 4 September 2024, 1 580 631 COV	VID-19 cases and 3	D 656 deaths had been reported. A total of	f 31 656 354 PCR tests had been conducte	d by the same date.		
akistan	Biological	Cholera	Multi-region Cholera, Grade 3	52 793	0	17-Apr-22
		d. This marks a 22% increase in the numb kk 34 of 2024, 52 793 cases were reported.	er of reported cases compared with the pr	evious week. Most of	the cases in we	ek 34 were
eported from Punjad province (71%). I						

Member State/territory	Hazard	Event	WHO grade	Cases/injuries	Deaths	Date of start
Pakistan	Biological	Diphtheria	Ungraded	9	0	11-Feb-23
From 18 to 24 August 2024, 9 probable (diphtheria cases w	ere reported.				
Pakistan	Biological	Malaria	Ungraded	88 049	-	23-Sep-22
From 18 to 24 August 2024, 88 049 mala 8.3%).	aria cases were rep	orted. Most of the cases were reported fr	om Sindh province (72 604 cases, 82%), fo	ollowed by Khyber Pak	khtunkhwa provi	nce (7362 cases,
Pakistan	Biological	Measles	Ungraded	662	-	26-Jan-21
From 18 to 24 August 2024, 662 suspect 32%].	ed measles cases v	vere reported. Most of the cases were repo	rted from Punjab province (293 cases, 44%), followed by Khyber	Pakhtunkhwa pi	ovince (211 cases,
Pakistan	Biological	Wild poliovirus type 1 (WPV1)	Ungraded	16	0	16-Mar-23
From week 1 to week 35 of 2024, 16 wil	d poliovirus type 1	cases were reported.				
Qatar	Biological	COVID-19	COVID-19, Protracted 3	514 524	690	3-Jan-20
As at 4 September 2024, 514 524 COVID	-19 cases and 690	deaths had been reported, giving a case f	atality ratio of 0.1%.			
Saudi Arabia	Biological	COVID-19	COVID-19, Protracted 3	841 469	9646	3-Mar-20
As at 4 September 2024, 841 469 COVID	-19 cases, with 96	46 deaths, had been reported. A total of 4	5 484 848 PCR tests had been conducted l	by the same date.		
Saudi Arabia	Biological	Dengue	Multi-region, Dengue Grade 3	8193	0	5-Feb-23
From January to August 2024, 8193 sus	pected dengue cas	es were reported, including 4793 confirme	ed cases.			
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	n total, including 860 deaths.			
Somalia	Biological	COVID-19	COVID-19, Protracted 3	27 334	1361	16-Mar-20
As at 4 September 2024, 27 334 confirm	ned COVID-19 case	s had been reported, with 1361 deaths, giv	ring a case fatality ratio of 5%.			
Somalia	Biological	Cholera	Multi-region Cholera, Grade 3	18 636	138	2-Aug-18
		eported in 2024, with 138 associated death s, 64% were severe and 58% were childre				
Somalia	Biological	Circulating vaccine-derived poliovirus type 2 (cVDPV2)	Polio (cVDPV), Grade 2	28	-	18-Aug-20
From 1 January to 1 September 2024, 3 in August 2020 to 1 September 2024, 28		were reported. from Bardera district of G were reported.	edo province (2 cases) and Baidoa district	of Bay province (1 ca	se). Since the s	tart of the outbreak
Somalia	Biological	Dengue	Multi-region Dengue, Grade 3	5019	0	5-0ct-23
From the onset of the dengue outbreak 2024. The outbreak has spread across 3		to 18 August 2024, 5019 suspected dengu tates.	ie cases were reported. Of these, 1680 cas	ses were confirmed. N	lo deaths have b	een reported in
Somalia	Biological	Diphtheria	Somalia Complex Emergencies, Protracted 3	710	81	29-Jan-24
A diphtheria outbreak in Somalia starte deaths have been reported.	d in Hirshabelle St	ate in July 2023 and spread to Puntland a	nd Galmudug states in September 2023. A	s at 25 August 2024,	710 suspected o	ases and 81

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	-	134	6-Feb-22
2023, Somalia experienced El Niño flood affected more than 268 000 people, incl	ds which, rather th luding 81 000 peop	iled rainy season, resulting in a worsening an offset the impact of drought, caused se le who were displaced. Flash floods killed the Beledweyne and Afgooye districts. Ho	erious damage. In 2024, the annual Gu rain people, bringing the total number of con	ns, which typically be firmed deaths to 134	gin in April and since October 21	end in June, 123. Additionally, i
Somalia	Biological	Measles	Somalia Complex Emergencies, Protracted 3	9651	32	3-Sep-22
		2023. As at 1 September 2024, the surveill suspected measles cases and at least 32		oublic health emerger	icy and surveilla	nce coordinators
Sudan	Societal	Armed conflict	Sudan Conflict and Complex Emergency, Grade 3	-	-	22-Jan-21
	orkers. Establishin	f Health in Sudan reported 32 576 injuries g the exact numbers of civilian casualties njuries.				
Sudan	Biological	COVID-19	COVID-19, Protracted 3	64 317	5047	15-Mar-20
As at 4 September 2024, 64 317 COVID-	19 cases and 5047	deaths had been reported.				
Sudan	Biological	Cholera	Multi-region Cholera, Grade 3	2895	112	5-0ct-23
		cluding 112 deaths (case fatality ratio: 3.9 all states and has low data completeness.		jures should be interp	oreted with caut	on: the data
Sudan	Biological	Circulating vaccine-derived poliovirus type 2 (cVDPV2)	Polio (cVDPV), Grade 2	0	0	8-0ct-20
No new cVDPV2 cases were reported in	2024 and 2023.					
Sudan	Biological	Dengue	Multi-region Dengue, Grade 3	9484	75	20-0ct-21
, ,	•	cluding 75 deaths, with a case fatality rati over all states and has low data complete	•	hese figures should b	e interpreted wi	th caution: the
Sudan	Climatological	Drought	Greater Horn of Africa Drought and Food Insecurity, Grade 3	-	-	21-May-23
areas, and 3.1 million people need shor	t- to long-term as: nan usual. As at 21	Sudan are affecting more than 5.6 million sistance. The ongoing war has triggered properties and the strict of the	opulation displacement, which, combined	with a major deterior	ation of the eco	nomy, has led to
Sudan	Biological	Malaria	Sudan Conflict and Complex Emergency, Grade 3	1 621 164	172	10-Sep-22
previous 10 weeks. From 1 January to 2	1 June 2024, 1 621	ths were reported. This marks a 37% decre 164 malaria cases, including 172 deaths m that does not cover all states and has lo	(case fatality ratio: 0.01%) were reported			
Sudan	Biological	Measles	Sudan Conflict and Complex Emergency, Grade 3	5469	119	8-Jan-21
		ncluding 119 deaths (case fatality ratio: 2. all states and has low data completeness.		e figures should be in	terpreted with c	aution: the data

Member State/territory	Hazard	Event	WHO grade	Cases/injuries	Deaths	Date of star
Syrian Arab Republic	Societal	Armed conflict	Syrian Arab Republic Complex Emergencies, Protracted 3	-	-	27-Jun-18
he security situation within the Syrian	Arab Republic rei	mains unstable.				
Syrian Arab Republic	Biological	COVID-19	COVID-19, Protracted 3	57 423	3163	23-Mar-20
s at 4 September 2024, 57 423 COVID-	-19 cases and 316	3 deaths had been reported. A total of 202	513 PCR tests had been conducted by th	ne same date.		
Syrian Arab Republic	Biological	Cholera	Multi-Region Cholera, Grade 3	454	0	13-Aug-24
iged under 5 years, and 21% were age	d between 5 to 14	s were reported, including 15 confirmed ca: years. Additionally, 116 cases (16% of the 15 out of 454 tests returning positive resu	total) have been reported from internally			
unisia	Biological	COVID-19	COVID-19, Protracted 3	1 153 361	29 423	3-Feb-20
s at 4 September 2024, 1 153 361 COV	/ID-19 cases and 2	29 423 deaths had been reported. A total o	f 5 013 383 PCR tests had been conducted	ed by the same date.		
Inited Arab Emirates	Biological	COVID-19	COVID-19, Protracted 3	1 067 030	2349	29-Jan-20
s at 4 September 2024, 1 067 030 COV	/ID-19 cases and 2	2349 deaths had been reported. A total of 2	00 761 593 PCR tests had been conduct	ed by the same date.		
		Middle East respiratory syndrome	He worded	1	0	7-0ct-23
Inited Arab Emirates	Biological	(MERS)	Ungraded	'	0	7 000 20
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Closed public health events and emergencies

22 August-4 September 2024

Member State/territory	Hazard	Event	WHO grade	Date of start
Libya	Disaster	Floods	Libya Complex Emergencies, Protracted 2	19-Aug-24

On 11 August 2024, Kufra district in southeastern Libya experienced heavy rains that caused severe flooding and substantial property damage, though no casualties were reported. The main hospital was subsequently put out of service. Later, on 16 August, Ghat, Tahala and surrounding regions in southwest Libya also experienced severe flooding, significantly disrupting health services and infrastructure. Approximately 400–500 families were displaced from Ghat city, and about 8000 people from Tahala. In response, WHO deployed 6 mobile clinics to provide medical services and distributed 24 emergency and pediatric medical kits in Ghat. As at 2 September, the main hospital had returned to normal service and the situation has stabilized. While there is no need for further special response activities, continuous monitoring for upcoming floods in the area is necessary.



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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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