



WHO Regional Office for the Eastern Mediterranean  
**Health emergencies biweekly bulletin**

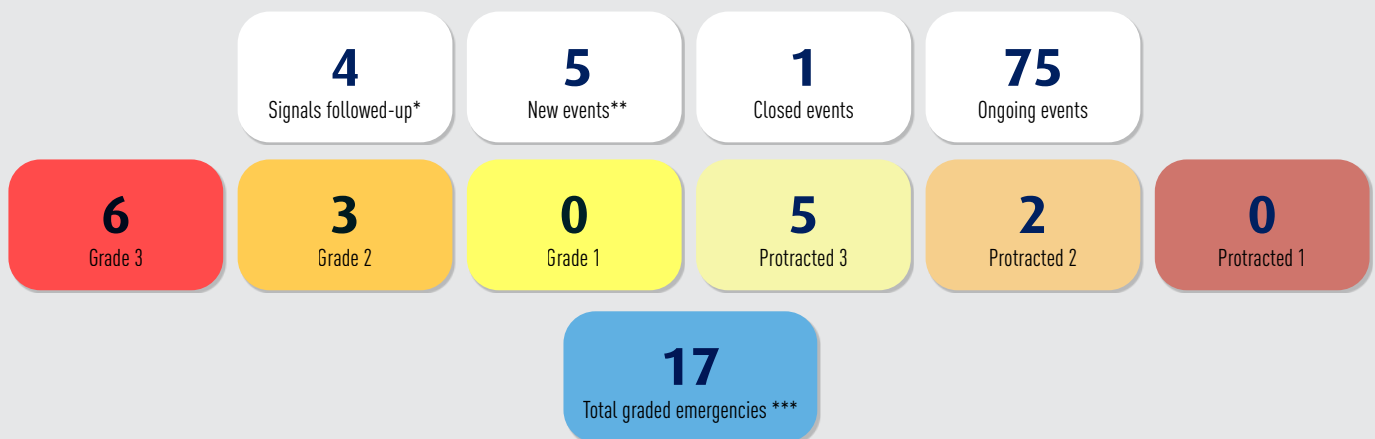
5–18 September 2024

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## Public health events and emergencies dashboard

5–18 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.

\*\*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.

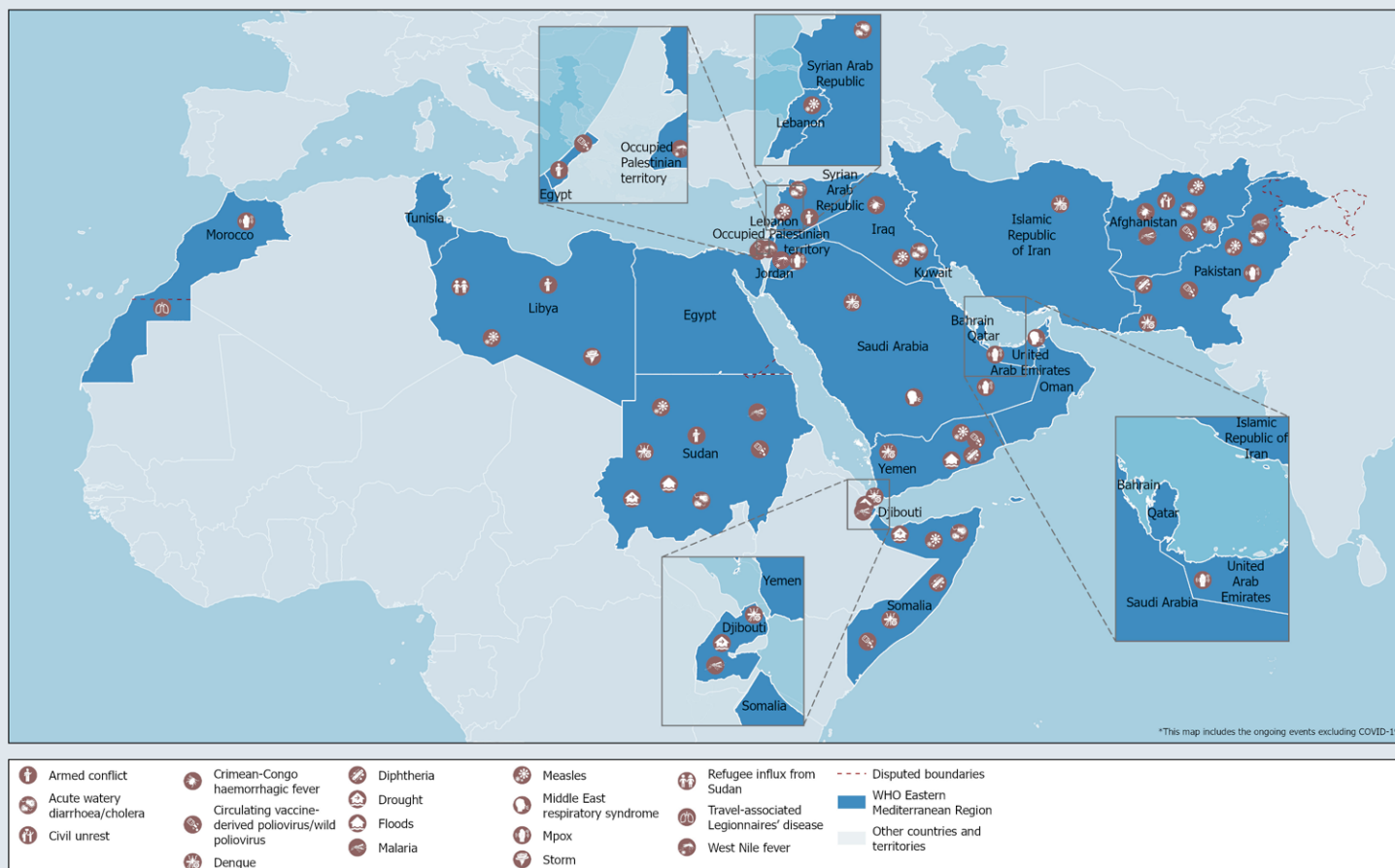
[More information on WHO grading, according to the Emergency Response Framework](#)

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 18 September 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.

# Sudan: response strategies against the cholera outbreak

## BACKGROUND

On 12 August 2024, the Sudan Federal Ministry of Health (FMOH) officially declared a new cholera outbreak and notified WHO under Article 6 of the [International Health Regulations \(IHR 2005\)](#). This is the second cholera declaration in the country in less than a year. FMOH declared an earlier outbreak in September 2023.

Factors contributing to the risk of a prolonged outbreak with higher mortality rates include the high number of displacements due to the ongoing armed conflict, natural disasters such as floods, high rates of malnutrition and limited access to water supplies. Low levels of community awareness are also leading to cases presenting late at health facilities which already suffer from resource shortfalls in managing cases.



Experts convene at a water station in Gedaref State.

Photo credit: WHO

## SITUATION UPDATE

The first case in the current cholera outbreak was reported on 22 July 2024 in Kassala state. As of 15 September 2024, 9533 cases, including 315 deaths (a case fatality ratio of 3.3%) had been reported across eight states and 47 localities. Kassala state reported the highest number of cases, followed by River Nile, Gedaref, Red Sea, Northern, Sennar, Gezira and Khartoum states (Table 1).

Table 1. Distribution of cholera cases by state from 22 July to 15 September 2024

State	Percentage of cases	Number of cases
Kassala	44.8%	4274
River Nile	25.4%	2422
Gedaref	23.3%	2229
Red Sea	2.4%	233
Northern	1.5%	143
Sennar	1.2%	117
Gezira	0.7%	65
Khartoum	0.5%	50

Kassala reported the highest number of deaths, followed by Gedaref, Sennar, River Nile, Red Sea, Gezira, Northern and Khartoum states (Table 2).

Table 2. Distribution of cholera deaths by state from 22 July to 15 September 2024

State	Percentage of cases	Number of cases
Kassala	40.0%	126
Gedaref	23.1%	73
Sennar	17.4%	55
River Nile	16.8%	53
Red Sea	0.9%	3
Gezira	0.6%	2
Northern	0.6%	2
Khartoum	0.3%	1

# Sudan: response strategies against the cholera outbreak

## RESPONSE ACTIVITIES

WHO has supported the FMOH and Health Cluster partners across several strategic response pillars.

- **Coordination and planning**  
WHO coordinated meetings, activated a cholera task force, developed a cholera response plan and mobilized resources.
- **Surveillance and response**  
WHO enhanced routine and early warning surveillance for early detection and trained and deployed 101 rapid response teams at state and locality level to conduct field investigations, collect samples, provide risk communication and initiate early case management and referral.
- **Case management**  
WHO established cholera treatment units and oral rehydration points to provide immediate care to people affected by cholera and to expand treatment capacities across several states to strengthen and improve access to health care.
- **Water, sanitation and hygiene (WASH) interventions**  
WHO has promoted community hygiene, distributed chlorine for water purification and conducted regular water quality monitoring at main water sources and on a household level.  
  
In collaboration with partners, WHO supported water quality monitoring and chlorination efforts. It donated 45 kg of chlorine powder to Kassala state to support chlorination for disinfection purposes, especially at cholera treatment centres. WHO also supported a 15-day general cleaning campaign at all internally displaced people gathering sites in Kassala state.
- **Oral cholera vaccines (OCV)**  
A reactive OCV campaign was conducted from 19 to 22 August 2024 in the Wad El Helew locality of Kassala state. The campaign used 51 000 doses remaining from previous campaigns and achieved 100% administrative coverage. An additional 404 081 doses have arrived in Sudan for a campaign in two priority localities in Kassala scheduled to begin on 16 September 2024, and a request for more than 1.4 million OCV doses has been approved to implement a reactive vaccination campaign targeting five localities in Gedaref, River Nile and Kassala states.
- **Operational support and logistics**  
In August 2024, WHO dispatched 28 metric tonnes of cholera response supplies to states reporting cases, including 135 cholera kits (different modules), 2376 bottles of intravenous fluids, 900 rapid diagnostic tests, 16 100 personal protective equipment gowns, 4100 hand sanitizers, 91 200 chlorine tablets, 40 health care waste management sets and 25 sets of disinfectants. Throughout the outbreak, WHO delivered 77 metric tonnes of supplies to affected states, including supplies to state ministries of health and partners.  
  
WHO will continue to address the cholera outbreak in Sudan with comprehensive response strategies and focus efforts on ensuring resources are available to mitigate the outbreak and safeguard public health.



WHO experts at a water station in Gedaref state.  
Photo credit: WHO

# Saudi Arabia: advancing MERS-CoV preparedness with WHO collaboration

## BACKGROUND

Middle East respiratory syndrome (MERS) is an emerging viral respiratory disease caused by the MERS coronavirus (MERS-CoV). MERS is considered a zoonotic disease: scientific evidence suggests dromedary camels are a major reservoir host and source of MERS infection in humans.

MERS-CoV was first identified in Saudi Arabia in 2012, and the country has remained the epicentre of MERS outbreaks. A majority of globally reported cases originate in

Saudi Arabia and despite ongoing efforts to control MERS the virus continues to pose a threat to public health.

The need for multisectoral coordination to address the threat posed by emerging infectious zoonotic diseases has never been greater. As countries navigate the complexities of MERS prevention and control, it is essential that key stakeholders work together across sectors and borders to safeguard the health and well-being of populations.



WHO experts and participants during the workshop.

Photo credit: WHO

## RESPONSE ACTIVITIES

WHO Regional Office for the Eastern Mediterranean, in collaboration with the Saudi Public Health Authority and Saudi Ministry of Health, organized a national workshop on Multisectoral coordination for MERS-CoV preparedness, prevention and control between 9–12 September 2024.

Hosted by Saudi Arabia, the workshop – attended by provincial and central public health professionals, infectious disease experts, veterinarians, infection prevention and control specialists and policy-makers – aimed to enhance MERS-CoV preparedness and improve response strategies through a simulation exercise.

### Assessment and preparedness

On the first day, participants engaged in a tabletop exercise focused on conducting risk assessments, outlining preparedness measures, identifying stakeholders and developing multisectoral coordination strategies. These initial discussions laid the groundwork for the functional exercise that followed over the next two days, simulating a real-world MERS-CoV outbreak to test national response capabilities and sectoral collaboration.

The functional exercise simulated a health care facility MERS outbreak linked to a camel beauty contest. The exercise assessed Saudi Arabia's ability to respond to an outbreak

involving the human and animal health sectors and adhering to the One Health approach which highlights the interconnectedness of human, animal and environmental health. The exercise provided an opportunity to test national MERS surveillance, outbreak detection and prevention systems and enhance cross-sector coordination.

Facilitated by WHO experts, the workshop allowed stakeholders to refine their roles, improve coordination and practice effective responses to MERS-CoV transmission. Key gaps in surveillance and response systems were identified, leading to recommendations to better align national protocols with the One Health strategy, ultimately enhancing Saudi Arabia's preparedness for zoonotic diseases.



Participants discussions during the workshop.

Photo credit: WHO

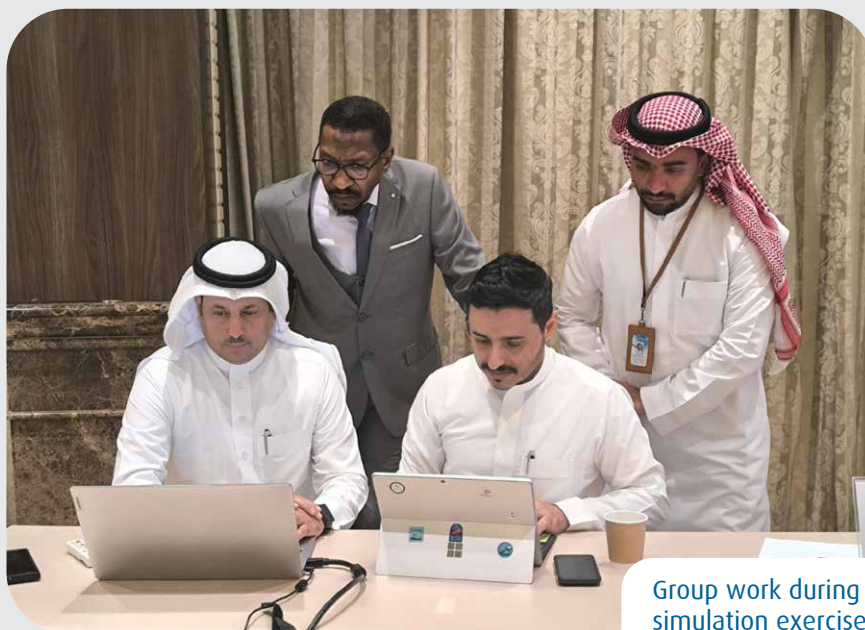
# Saudi Arabia: advancing MERS-CoV preparedness with WHO collaboration

## Action plans

The workshop concluded with a session focused on a detailed action plan to update national MERS-CoV guidelines – last revised in 2018 – to reflect the latest scientific knowledge and best practices. Participants identified strategies to strengthen multisectoral coordination mechanisms and enhance collaboration between the human, animal and environmental health sectors. A key focus of discussions was on integrating lessons learned from the COVID-19 pandemic into MERS-CoV preparedness, including the importance of early detection, rapid response and robust multisectoral collaboration.

The role of the WHO Collaborating Centre for Middle East Respiratory Syndrome in Saudi Arabia – currently the only centre of its kind globally – was reinforced, solidifying its position as a leading hub for MERS-CoV research, preparedness and response efforts within Saudi Arabia and internationally.

The workshop showcased Saudi Arabia's ongoing commitment to control MERS and its leadership in managing zoonotic diseases. The outcomes strengthened national preparedness and provide a model for countries confronting similar emerging threats. The lessons learned will contribute to regional and global efforts to enhance health security and improve outbreak response strategies.



Group work during the simulation exercise.

Photo credit: WHO

# New public health events and emergencies

5–18 September 2024

Member State/territory	Hazard	Event	WHO grade <sup>a</sup>	Cases/injuries	Deaths	Date of start <sup>b</sup>
<b>Iraq</b>	Biological	Cholera	Multi-Region Cholera, Grade 3	8	0	12-Sep-24
On 5 September 2024, the International Health Regulations (2005) National Focal Point in Iraq reported 8 cholera cases in the city of Sulaymaniyah in the Kurdistan Region. These cases were sporadic, with no evidence of community transmission. Stool cultures from the cases tested positive for <i>Vibrio cholerae</i> 01 serotype Ogawa. Iraq is cholera endemic, having reported cases consistently since 2018.						
<b>Morocco</b>	Biological	Mpox <sup>c</sup>	MPOX, Grade 3	5	0	2-Jun-22
From 1 January to 16 September 2024, 1 mpox case and no deaths were reported in the country and notified to WHO. Clade II is the only clade identified in the country so far. Since the start of the outbreak, 5 mpox cases have been reported.						
<b>Pakistan</b>	Biological	Mpox <sup>c</sup>	MPOX, Grade 3	11	1	21-Apr-23
From 1 January to 16 September 2024, 2 mpox cases and 1 death were reported in the country and notified to WHO. Clade II is the only clade identified in the country so far. Since the start of the outbreak, 11 mpox cases and 1 death have been reported.						
<b>Saudi Arabia</b>	Biological	Mpox <sup>c</sup>	MPOX, Grade 3	764	0	17-Jul-22
From 1 January to 16 September 2024, 95 mpox cases and no deaths were reported in the country and notified to WHO. Clade II is the only clade identified in the country so far. Since the start of the outbreak, 764 mpox cases have been reported.						
<b>United Arab Emirates</b>	Biological	Mpox <sup>c</sup>	MPOX, Grade 3	28	0	25-May-22
From 1 January to 16 September 2024, 1 mpox case and no deaths were reported in the country and notified to WHO. Clade II is the only clade identified in the country so far. Since the start of the outbreak 28 mpox cases have been reported.						

<sup>a</sup> 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

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

<sup>c</sup> 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.



# Ongoing public health events and emergencies

As at 18 September 2024

Member State/territory	Hazard	Event	WHO grade	Cases/injuries	Deaths	Date of start
<b>Afghanistan</b>	Biological	Acute watery diarrhoea (AWD)	Afghanistan Complex Emergencies, Protracted 3	135 493	63	22-Sep-21
During week 37 of 2024, 4463 cases of AWD with dehydration, with 1 associated death were reported, a 19.3% decrease in case numbers compared with the previous week. Since the start of 2024, 135 493 cases of AWD with dehydration, with 63 associated deaths have been reported from 343 districts (case fatality ratio: 0.05%). Of these cases, 74 966 (55.3%) were children aged under 5 years, and 67 105 (49.5%) were females.						
<b>Afghanistan</b>	Biological	COVID-19	COVID-19, Protracted 3	9419	47	24-Feb-20
Since the start of 2024, a total of 9419 COVID-19 confirmed cases and 47 deaths have been reported, giving a case fatality ratio of 0.5%. Out of the total cases, 54% (5084 cases) were females, who also accounted for 74.5% (35 deaths) out of the total deaths.						
<b>Afghanistan</b>	Societal	Civil unrest	Afghanistan Complex Emergencies, Protracted 3	–	–	30-Aug-21
Since 2023, no significant casualties or displacements have been recorded. Civil unrest incidents escalated in the country in 2023, however.						
<b>Afghanistan</b>	Biological	Crimean-Congo haemorrhagic fever	Afghanistan Complex Emergencies, Protracted 3	999	84	5-Mar-23
During week 37 of 2024, 22 suspected cases of Crimean-Congo haemorrhagic fever, with 1 associated death were reported, a 38.9% decrease in suspected cases compared with the previous week. Since the start of 2024, a total of 999 suspected cases of Crimean-Congo haemorrhagic fever, with 84 associated deaths, have been reported (case fatality ratio 8.4%). Out of the total cases, 998 (99.9%) were aged over 5 years, and 302 (30.2%) were female.						
<b>Afghanistan</b>	Biological	Dengue	Multi-Region Dengue, Grade 3	2147	0	14-Aug-22
During week 37 of 2024, Nangarhar province reported 81 suspected dengue cases, with no associated deaths, a 28.3% decrease in suspected case numbers compared with the previous week. Since the start of 2024, 2147 suspected cases of dengue have been reported, with no associated deaths. Of these, 1145 cases (53.3%) were females, and 40 cases (1.9%) were children aged under 5 years.						
<b>Afghanistan</b>	Biological	Malaria	Afghanistan Complex Emergencies, Protracted 3	55 192	2	15-Aug-24
Malaria is endemic in some areas of Afghanistan. During week 37 of 2024, 3922 confirmed malaria cases were reported, with no associated deaths. This shows a slight increase in case numbers compared with the previous week. Since the start of 2024, 55 192 confirmed malaria cases, with 2 associated deaths have been reported across 32 provinces. Of the total cases, 11 570 (21.0%) were children aged under 5 years; 25 964 (47.0%) were females.						
<b>Afghanistan</b>	Biological	Measles	Afghanistan Complex Emergencies, Protracted 3	50 136	225	19-Apr-21
During week 37 of 2024, 860 suspected measles cases and 2 associated deaths were reported. This shows a slight decrease in the number of suspected cases compared with the previous week. Since the start of 2024, a total of 50 136 suspected measles cases and 225 deaths (case fatality ratio: 0.4%) have been reported. Among suspected measles cases, 40 291 (80.4%) were children aged under 5 years; 22 827 (45.5%) were females.						
<b>Afghanistan</b>	Biological	Wild poliovirus type 1	Afghanistan Complex Emergencies, Protracted 3	18	0	16-Mar-23
During week 35 of 2024, only 1 wild poliovirus type 1 case was reported. For 2024, Afghanistan has reported a total of 18 wild poliovirus type 1 cases, with no deaths.						
<b>Bahrain</b>	Biological	COVID-19	COVID-19, Protracted 3	696 614	1536	24-Feb-20
As at 18 September 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.						
<b>Djibouti</b>	Biological	COVID-19	COVID-19, Protracted 3	15 690	189	18-Mar-20
As at 18 September 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.						
<b>Djibouti</b>	Biological	Dengue	Multi-Region, Dengue Grade 3	8	0	15-Jul-24
From 8 to 14 September 2024, 8 suspected dengue cases were reported, with no associated deaths.						
<b>Djibouti</b>	Climatological	Drought	Greater Horn of Africa Drought and Food Insecurity, Grade 3	–	–	21-May-23
About 11% of the population in Djibouti is estimated to be acutely food insecure.						

# Ongoing public health events and emergencies

As at 18 September 2024

Member State/territory	Hazard	Event	WHO grade	Cases/injuries	Deaths	Date of start
<b>Djibouti</b>	Biological	Malaria	Ungraded	33 022	1	13-Feb-19
From 8 to 14 September 2024, 318 malaria cases were reported, a 69% increase in case numbers compared with the same period in 2023. From 1 January to 14 September 2024, a total of 33 022 malaria cases were reported, with 1 death.						
<b>Egypt</b>	Biological	COVID-19	COVID-19, Protracted 3	516 023	24 830	16-Feb-20
As at 18 September 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.						
<b>Iran (Islamic Republic of)</b>	Biological	COVID-19	COVID-19, Protracted 3	7 627 863	146 837	19-Feb-20
As at 18 September 2024, 7 627 863 COVID-19 cases had been reported, with 146 837 deaths.						
<b>Iran (Islamic Republic of)</b>	Biological	Dengue	Multi-Region Dengue, Grade 3	193	3	18-Jun-24
From 27 May to 21 August 2024, 193 dengue cases and 3 deaths were reported.						
<b>Iraq</b>	Biological	COVID-19	COVID-19, Protracted 3	2 465 545	25 375	24-Feb-20
As at 18 September 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.						
<b>Iraq</b>	Biological	Crimean-Congo haemorrhagic fever	Iraq Crimean-Congo Haemorrhagic Fever, Grade 2	673	42	21-Apr-22
From week 1 to week 37 of 2024, 673 suspected Crimean-Congo haemorrhagic fever cases were reported, with 42 deaths, giving a case fatality ratio of 6.2%. Among the suspected cases, 173 were confirmed, with 25 deaths, giving a case fatality ratio of 14.4% among the confirmed cases.						
<b>Iraq</b>	Biological	Measles	Iraq Complex Emergencies, Protracted 2	31 210	53	19-Apr-23
During week 32 of 2024, 33 measles cases were reported, with zero deaths. From 1 January to 7 August 2024, 31 210 measles cases were reported, with 53 deaths.						
<b>Jordan</b>	Biological	COVID-19	COVID-19, Protracted 3	1 746 997	14 122	3-Feb-20
As at 18 September 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.						
<b>Jordan</b>	Biological	Mpox	MPOX, Grade 3	2	0	11-Sep-22
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. Since the start of the outbreak 2 cases have been reported.						
<b>Kuwait</b>	Biological	COVID-19	COVID-19, Protracted 3	667 177	2570	24-Feb-20
As at 18 September 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.						
<b>Lebanon</b>	Biological	COVID-19	COVID-19, Protracted 3	1 239 904	10 947	22-Feb-20
As at 18 September 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.						
<b>Lebanon</b>	Biological	Measles	Ungraded	5	0	4-Jul-23
From 22 August to 4 September 2024, 5 suspected measles cases were reported, with no deaths. Since the start of 2024, the most affected age group was children aged under 5 years. Akkar and Baalbek-Hermel governorates reported the highest number of cases, with 2 cases among 100 000 population. Among reported cases, 97% were unvaccinated and 20% required hospitalization.						
<b>Libya</b>	Societal	Armed conflict	Libya Complex Emergencies, Protracted 2	–	–	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. From August 2023 to 17 September 2024, however, no major armed conflicts that could affect public health have been reported.						
<b>Libya</b>	Biological	COVID-19	COVID-19, Protracted 3	507 269	6437	25-Mar-20
As at 18 September 2024, 507 269 confirmed COVID-19 cases were reported, with 6437 deaths (case fatality ratio: 1.3%).						

# Ongoing public health events and emergencies

As at 18 September 2024

Member State/territory	Hazard	Event	WHO grade	Cases/injuries	Deaths	Date of start
<b>Libya</b>	Meteorological	Cataclysmic storm	Libya Tropical Storm, Grade 2	–	5898	9-Dec-23
<p>On 11 September 2023, heavy rains and flooding hit Derna city in Libya, causing 5898 deaths and displacing more than 44 800 people. Later, on 11 August 2024, flooding hit Kufra district, displacing 3000 people and disrupting power and hospital services. In response, WHO provided urgent medical aid to 60 000 people. No further updates regarding the situation in Libya are available as at 2 September 2024.</p>						
<b>Libya</b>	Biological	Measles	Libya Complex Emergencies, Protracted 2	1962	1	16-Mar-23
<p>A measles outbreak has been spreading in Libya since early 2023, affecting 6 districts, with Sabha district most affected. As at week 49 of 2023, 1962 suspected measles and rubella cases had been reported, of which 251 measles cases and 196 rubella cases were confirmed, and 1 associated death. Between then and 10 September 2024, reporting of data has been intermittent. Shahat municipality has exceeded the alert threshold for rubella.</p>						
<b>Libya</b>	Societal	Refugee influx from Sudan	Ungraded	–	–	9-May-24
<p>In April 2024, Kufra district in south-eastern Libya declared a state of emergency after a significant increase in the number of displaced persons from Sudan raised concerns about the potential spread of infectious diseases in an area with limited access to health services. As at 12 August 2024, the number of displaced persons from Sudan reached around 100 000. Additionally, flooding in Libya, on 11 August 2024, displaced another 3000 people within Kufra. In response, WHO has been providing urgent medical aid to 60 000 people. No further significant updates have been available since 1 September 2024.</p>						
<b>Morocco</b>	Biological	COVID-19	COVID-19, Protracted 3	1 277 956	16 298	3-Mar-20
<p>As at 18 September 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.</p>						
<b>Morocco</b>	Biological	Travel-associated Legionnaires' disease	Ungraded	2	–	28-Aug-24
<p>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.</p>						
<b>Occupied Palestinian territory</b>	Societal	Armed conflict	Israel/oPt Hostilities, Grade 3	110 183	42 044	7-Oct-23
<p>Ongoing war in the occupied Palestinian territory since 7 October 2023, have compounded an existing health crisis. As at 18 September 2024, the Palestinian Ministry of Health reported that 42 044 people had been killed and 110 183 injured. The Gaza Strip bears the highest casualties, including children, women and elderly people.</p>						
<b>Occupied Palestinian territory</b>	Biological	COVID-19	COVID-19, Protracted 3	703 228	5708	3-Dec-20
<p>As at 18 September 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.</p>						
<b>Occupied Palestinian territory</b>	Biological	Circulating vaccine-derived poliovirus type 2	Polio (cVDPV), Grade 2	1	0	22-July-24
<p>On 16 July 2024, the International Health Regulation National Focal Point of the occupied Palestinian territory notified WHO of the detection of circulating vaccine-derived poliovirus type 2 (cVDPV2) in 6 environmental samples from Deir Al-Balah (3) and Khan Yunis (3) in the Gaza Strip. Subsequently, on 16 August 2024, the Ministry of Health reported the first case of cVDPV2 in a 10-month-old child in Deir Al-Balah. The child had not received any doses of the polio vaccine. The infection was confirmed to be caused by a strain of poliovirus derived from the vaccine.</p>						
<b>Occupied Palestinian territory</b>	Biological	West Nile fever	Israel/oPt Hostilities, Grade 3	10	1	7-Jul-24
<p>From 4 July to 4 September 2024, 10 cases of West Nile fever were reported, including 7 males and 3 females. On 22 August, the International Health Regulations National Focal Point in the occupied Palestinian territory reported the death of a 66-year-old female due to West Nile fever in the West Bank.</p>						
<b>Oman</b>	Biological	COVID-19	COVID-19, Protracted 3	399 449	4628	24-Feb-20
<p>As at 18 September 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.</p>						
<b>Pakistan</b>	Biological	COVID-19	COVID-19, Protracted 3	1 580 631	30 656	27-Feb-20
<p>As at 4 September 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.</p>						
<b>Pakistan</b>	Biological	Cholera	Multi-region Cholera, Grade 3	1809	0	17-Apr-22
<p>From 9 to 15 September 2024, 1809 suspected cholera cases were reported. Most cases were reported from Punjab province (1543 cases, 85%), followed by Balochistan province (110 cases, 6%).</p>						

# Ongoing public health events and emergencies

As at 18 September 2024

Member State/territory	Hazard	Event	WHO grade	Cases/injuries	Deaths	Date of start
<b>Pakistan</b>	Biological	Dengue	Multi-region Dengue, Grade 3	2172	–	9-Apr-23
From 9 to 15 September 2024, 2172 suspected dengue cases were reported. Most cases were reported from Punjab province (1796 cases, 83%), followed by Sindh province (249 cases, 11%).						
<b>Pakistan</b>	Biological	Diphtheria	Ungraded	12	0	11-Feb-23
From 9 to 15 September 2024, 12 probable diphtheria cases were reported. Most cases were reported from Punjab province (5 cases), followed by Khyber Pakhtunkhwa (4 cases).						
<b>Pakistan</b>	Biological	Malaria	Ungraded	120 720	–	23-Sep-22
From 9 to 15 September 2024, 120 720 malaria cases were reported. Most cases were reported from Sindh province (104 455, 86%), followed by Khyber Pakhtunkhwa province (7839, 6.5%).						
<b>Pakistan</b>	Biological	Measles	Ungraded	446	–	26-Jan-21
From 9 to 15 September 2024, 446 suspected measles cases were reported. Most cases were reported from Khyber Pakhtunkhwa province (198 cases, 44%), followed by Punjab province (174, 39%).						
<b>Pakistan</b>	Biological	Wild poliovirus type 1 (WPV1)	Ungraded	17	0	16-Mar-23
From week 1 to week 37 of 2024, 17 wild poliovirus type 1 cases were reported.						
<b>Qatar</b>	Biological	COVID-19	COVID-19, Protracted 3	514 524	690	3-Jan-20
As at 18 September 2024, 514 524 COVID-19 cases and 690 deaths had been reported, giving a case fatality ratio of 0.1%.						
<b>Saudi Arabia</b>	Biological	COVID-19	COVID-19, Protracted 3	841 469	9646	3-Mar-20
As at 18 September 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.						
<b>Saudi Arabia</b>	Biological	Dengue	Multi-region, Dengue Grade 3	8193	0	5-Feb-23
From January to August 2024, 8193 suspected dengue cases were reported, including 4793 confirmed cases.						
<b>Saudi Arabia</b>	Biological	Middle East respiratory syndrome (MERS)	Ungraded	2205	860	11-May-12
During week 36 of 2024, only 1 new MERS case was reported from Saudi Arabia. Since the first report of MERS in Saudi Arabia in 2012, the country has reported 2205 MERS cases in total, including 860 deaths.						
<b>Somalia</b>	Biological	COVID-19	COVID-19, Protracted 3	27 334	1361	16-Mar-20
As at 18 September 2024, 27 334 confirmed COVID-19 cases had been reported, with 1361 deaths, giving a case fatality ratio of 5%.						
<b>Somalia</b>	Biological	Cholera	Multi-region Cholera, Grade 3	19 010	138	2-Aug-18
As at 15 September 2024, 19 010 cholera cases had been reported in 2024, with 138 associated deaths, resulting in a case fatality ratio of 0.7%. This marks a decrease in deaths, as no new deaths have been reported since 4 August 2024. Of the total cases, 64% were severe and 58% were children aged under 5 years. The district with the highest number of reported cases in 2024 is Kismayo, which accounts for 16% of total cases.						
<b>Somalia</b>	Biological	Circulating vaccine-derived poliovirus type 2 (cVDPV2)	Polio (cVDPV), Grade 2	28	–	18-Aug-20
From 1 January to 10 September 2024, 3 new cVDPV2 cases were reported from Bardera district of Gedo province (2 cases) and Baidoa district of Bay province (1 case). From the start of the outbreak in August 2020 to 10 September 2024, 28 cases of cVDPV2 were reported.						
<b>Somalia</b>	Biological	Dengue	Multi-region Dengue, Grade 3	5019	0	5-Oct-23
From the onset of the dengue outbreak on 3 October 2023 to 8 September 2024, 5019 suspected dengue cases were reported. Of these, 1680 cases were confirmed. No deaths have been reported in 2024. The outbreak has spread across 30 districts in five states.						
<b>Somalia</b>	Biological	Diphtheria	Somalia Complex Emergencies, Protracted 3	761	85	29-Jan-24
A diphtheria outbreak in Somalia started in Hirshabelle State in July 2023 and spread to Puntland and Galmudug states in September 2023. From the start of the outbreak in July 2023 to 15 September 2024, 761 suspected cases and 85 deaths were reported.						

# Ongoing public health events and emergencies

As at 18 September 2024

Member State/territory	Hazard	Event	WHO grade	Cases/injuries	Deaths	Date of start
<b>Somalia</b>	Climatological	Drought	Greater Horn of Africa Drought and Food Insecurity, Grade 3	–	134	6-Feb-22
<p>At the start of 2023, Somalia faced its fifth consecutive failed rainy season, resulting in a worsening of food security and nutrition outcomes and affecting more than 7.8 million people. In October 2023, Somalia experienced El Niño floods which, rather than offset the impact of drought, caused serious damage. In 2024, the annual Gu rains affected more than 268 000 people, including 81 000 people who were displaced. Flash floods killed people, bringing the total number of confirmed deaths to 134 since October 2023. Additionally, in August 2024, riverine flooding displaced 3650 people from the Beledweyne and Afgooye districts. However, the water levels in the Shabelle River soon dropped, reducing the risk of further flooding. No further significant updates are available since 17 September 2024.</p>						
<b>Somalia</b>	Biological	Measles	Somalia Complex Emergencies, Protracted 3	9748	32	3-Sep-22
<p>A measles outbreak has been spreading in Somalia since 2023. As at 15 September 2024, the surveillance system for fever and rash, used by public health emergency and surveillance coordinators in drought-affected districts, has reported a total of 9748 suspected measles cases and at least 32 deaths since the start of 2024.</p>						
<b>Sudan</b>	Societal	Armed conflict	Sudan Conflict and Complex Emergency, Grade 3	–	–	22-Jan-21
<p>From April 2023 to 15 September 2024, the Federal Ministry of Health in Sudan reported more than 33 000 injuries and 3000 deaths due to the escalation of conflict. However, the open-source media reported more than 23 000 fatalities, including 45 humanitarian workers. As at 16 September 2024, there have been 106 verified attacks on health care facilities, resulting in 183 deaths and 125 injuries.</p>						
<b>Sudan</b>	Biological	COVID-19	COVID-19, Protracted 3	64 317	5047	15-Mar-20
<p>As at 18 September 2024, 64 317 COVID-19 cases and 5047 deaths had been reported.</p>						
<b>Sudan</b>	Biological	Cholera	Multi-region Cholera, Grade 3	9533	315	5-Oct-23
<p>From 22 July to 15 September 2024, 9533 cholera cases, including 315 deaths (case fatality ratio: 3.3%) were reported from 8 states. Week 37 of 2024 marks a 25% increase in cases compared with week 36 of 2024. These figures should be interpreted with caution: the data comes from an early warning system that does not cover all states and has low data completeness.</p>						
<b>Sudan</b>	Biological	Circulating vaccine-derived poliovirus type 2 (cVDPV2)	Polio (cVDPV), Grade 2	0	0	8-Oct-20
<p>No new vaccine-derived poliovirus isolates were reported in week 37 of 2024. As at 15 September 2024, no cases of cVDPV2 had been reported in Sudan in 2024.</p>						
<b>Sudan</b>	Biological	Dengue	Multi-region Dengue, Grade 3	9484	75	20-Oct-21
<p>From 1 January to 20 August 2024, 9484 dengue cases, including 75 deaths, with a case fatality ratio of 0.8% were reported from 12 states. These figures should be interpreted with caution: the data comes from an early warning system that does not cover all states and has low data completeness.</p>						
<b>Sudan</b>	Climatological	Drought	Greater Horn of Africa Drought and Food Insecurity, Grade 3	–	–	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, 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.</p>						
<b>Sudan</b>	Hydrological	Floods	Ungraded	–	30	2-Sep-24
<p>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 are 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.</p>						
<b>Sudan</b>	Biological	Malaria	Sudan Conflict and Complex Emergency, Grade 3	1 621 164	172	10-Sep-22
<p>During week 25 of 2024, 8472 malaria cases and zero deaths were reported. This marks a 37% decrease against the 13 490 cases reported in week 24 of 2024. No deaths have been reported in the previous 10 weeks. From 1 January to 21 June 2024, 1 621 164 malaria cases, including 172 deaths (case fatality ratio: 0.01%) were reported across 15 states. These figures should be interpreted with caution: the data comes from an early warning system that does not cover all states and has low data completeness.</p>						

# Ongoing public health events and emergencies

As at 18 September 2024

Member State/territory	Hazard	Event	WHO grade	Cases/injuries	Deaths	Date of start
<b>Sudan</b>	Biological	Measles	Sudan Conflict and Complex Emergency, Grade 3	5491	120	8-Jan-21
From 1 January to 15 September 2024, 5491 measles cases, including 120 deaths (case fatality ratio: 2.1%) were reported from 11 states. Week 37 of 2024 marks a 79% decrease in cases compared with week 36 of 2024. These figures should be interpreted with caution: the data comes from an early warning system that does not cover all states and has low data completeness.						
<b>Syrian Arab Republic</b>	Societal	Armed conflict	Syrian Arab Republic Complex Emergencies, Protracted 3	–	–	27-Jun-18
The security situation within the Syrian Arab Republic remains unstable.						
<b>Syrian Arab Republic</b>	Biological	COVID-19	COVID-19, Protracted 3	57 423	3163	23-Mar-20
As at 18 September 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.						
<b>Syrian Arab Republic</b>	Biological	Cholera	Multi-Region Cholera, Grade 3	454	0	13-Aug-24
In the Syrian Arab Republic, 454 suspected cholera cases were reported, including 15 confirmed cases, with no associated deaths. Among the reported cases, 56% were males, 49% were children aged under 5 years, and 21% were aged between 5 to 14 years. Additionally, 116 cases (16% of the total) have been reported from internally displaced persons camps. Laboratory testing through culture analysis has confirmed a 3% positivity rate, with 15 out of 454 tests returning positive results.						
<b>Tunisia</b>	Biological	COVID-19	COVID-19, Protracted 3	1 153 361	29 423	3-Feb-20
As at 18 September 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.						
<b>United Arab Emirates</b>	Biological	COVID-19	COVID-19, Protracted 3	1 067 030	2349	29-Jan-20
As at 18 September 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.						
<b>United Arab Emirates</b>	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.						
<b>Yemen</b>	Biological	COVID-19	COVID-19, Protracted 3	11 945	2159	4-Oct-20
As at 18 September 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.						
<b>Yemen</b>	Biological	Circulating vaccine-derived poliovirus type 2 (cVDPV2)	Polio (cVDPV), Grade 2	33	0	30-Nov-21
No new vaccine-derived poliovirus were reported during week 37 of 2024. For 2024, Yemen has reported a total of 33 cVDPV2 cases.						
<b>Yemen</b>	Biological	Dengue	Multi-Region Dengue, Grade 3	11 105	11	25-Jan-24
As at 3 August 2024, 11 105 suspected dengue cases have been reported, including 11 deaths (case fatality ratio: 0.1%), since the start of 2024. The current trend of dengue cases remains within the expected seasonal range across most of the country. However, concerns are growing about the potential impact of flooding in the western highlands and the southern coastal areas. These concerns are particularly focused on vector-borne diseases.						
<b>Yemen</b>	Biological	Diphtheria	Yemen Complex Emergencies, Protracted 3	1059	46	25-Jan-24
As at 3 August 2024, 1059 suspected diphtheria cases, including 46 deaths (case fatality ratio: 4.3%) have been reported since the start of 2024. The number of cases remains within the seasonally expected range for the country. Diphtheria antitoxin stocks are available in health care facilities, following WHO's management and distribution of global stocks.						
<b>Yemen</b>	Hydrological	Floods	Ungraded	–	48	27-Aug-24
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.						
<b>Yemen</b>	Biological	Measles	Yemen Complex Emergencies, Protracted 3	26 109	222	29-Mar-21
From 1 January to 3 August 2024, 26 109 suspected measles cases were reported, including 222 deaths (case fatality ratio: 0.85%). The highest number of cases was reported from Sa'ada governorate, accounting for 19% of Yemen's total measles reports.						

# Closed public health events and emergencies

5–18 September 2024

Member State/territory	Hazard	Event	WHO grade	Date of start
<b>Jordan</b>	Biological	West Nile fever	Ungraded	14-Aug-24
Only 1 case of West Nile fever was reported on 29 July 2024. Since then, no additional cases have been reported. As the period extended beyond 3 typical incubation periods the event was closed.				



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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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