



WHO Regional Office for the Eastern Mediterranean
Health emergencies biweekly bulletin

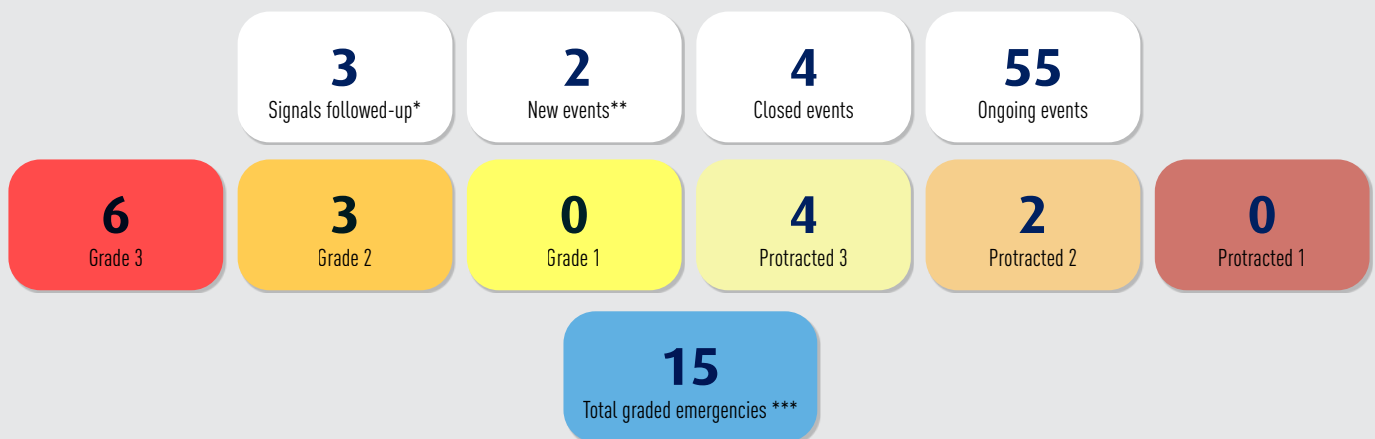
3–16 October 2024

Contents

- 2 Public health events and emergencies dashboard
- 3 Public health events and emergencies map
- 4 **Occupied Palestinian territory: the devastating health impacts of conflict**
- 8 **Iraq: proactive surveillance strategies during Arbaeen**
- 10 New public health events and emergencies
- 11 Ongoing public health events and emergencies
- 16 Closed public health events and emergencies

Public health events and emergencies dashboard

3–16 October 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.

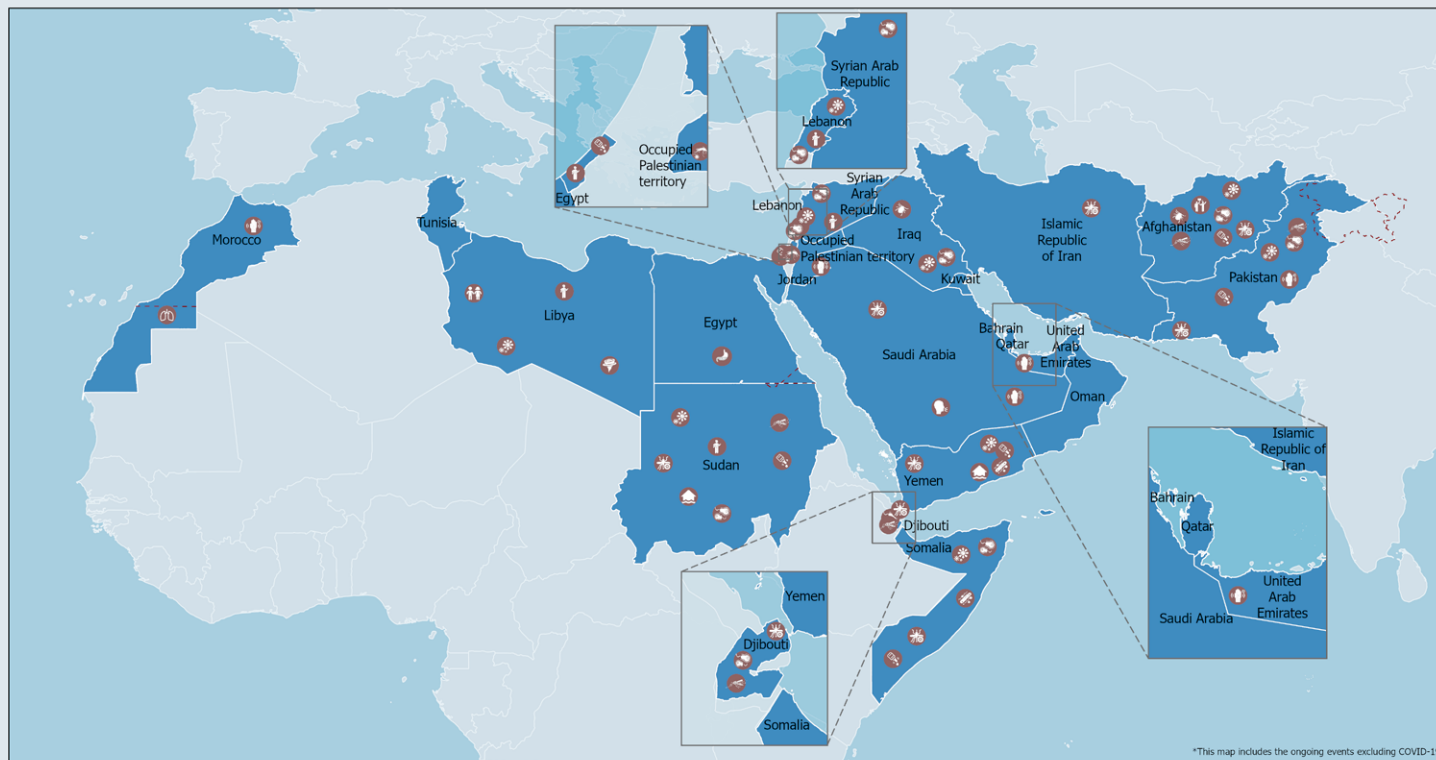
[More information on WHO grading, according to the Emergency Response Framework](#)

Multiple occurrences of the same graded emergency across different countries and territories are considered a single emergency.

Public health events and emergencies map

Geographical distribution of ongoing public health events and emergencies in the Eastern Mediterranean Region

As at 16 October 2024



*This map includes the ongoing events excluding COVID-19.

Armed conflict	Crimean-Congo haemorrhagic fever	Diphtheria	Measles	Refugee influx from Sudan	Disputed boundaries
Acute watery diarrhoea/cholera	Circulating vaccine-derived poliovirus/wild poliovirus	Floods	Middle East respiratory syndrome	Travel-associated Legionnaires' disease	WHO Eastern Mediterranean Region
Civil unrest	Dengue	Gastroenteritis	Mpox	West Nile fever	Other countries and territories
		Malaria	Storm		

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

Occupied Palestinian territory: the devastating health impacts of conflict

BACKGROUND

The occupied Palestinian territory (oPt) is facing the devastating consequences of a long-standing conflict and sustained humanitarian crisis. The escalation of conflict following 7 October 2023 has brought widespread suffering, particularly in the Gaza Strip, affecting people of all ages, from children to the elderly, and continued airstrikes and siege have restricted the entry of essential supplies, including water, food, fuel and medical necessities.

From 7 October 2023 to 7 October 2024, over 41 950 people were killed and 97 550 injured – the figures include aid workers in the Gaza Strip (Figure 1), and 90% of Gaza's population (1.9 million people) have been displaced. Over 40% live near flood-risk areas, compounding the challenges as winter approaches. More than 10 000 people are thought to remain trapped beneath the rubble of destroyed buildings. In the West Bank, 740 people were killed and 6250 injured during the same period (Figure 2).



The war has led to widespread destruction, affecting everyone, including children and the elderly, October 2023.
Photo credit: WHO

Figure 1. Fatalities and injuries from October 2023 to October 2024 in the Gaza Strip

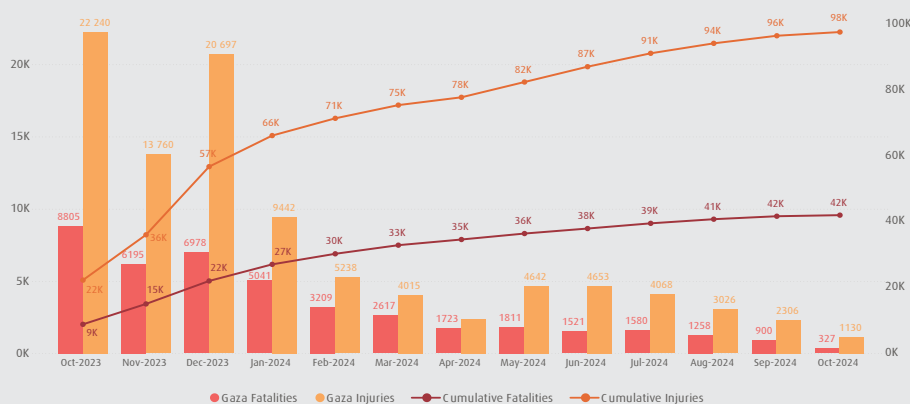
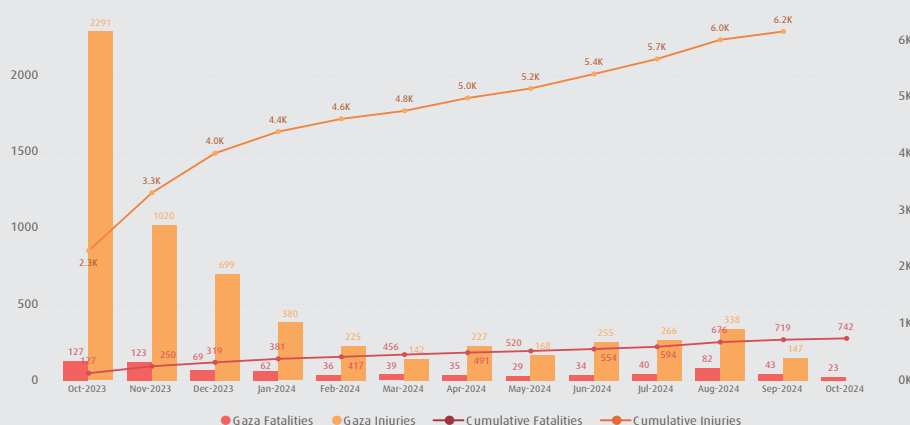


Figure 2. Fatalities and injuries from October 2023 to October 2024 in the West Bank



Occupied Palestinian territory: the devastating health impacts of conflict

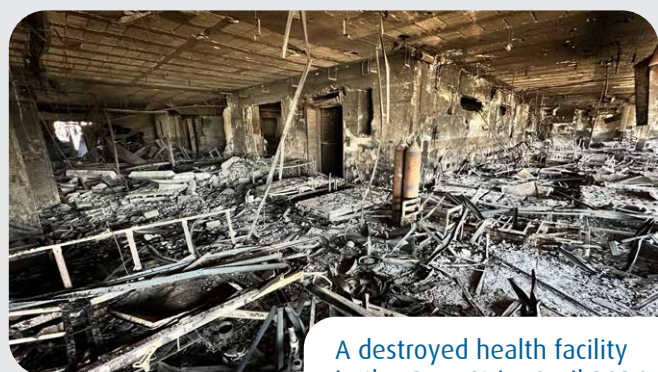
Health impact

The health care infrastructure has been severely impacted: by 7 October 2024, 4516 attacks on health had been reported in the Gaza Strip and 624 in the West Bank. Of 36 hospitals in the Gaza Strip, just 17 are functioning, and then only partially, affecting essential health services, including neonatal, dialysis and trauma care. Of 131 primary health care facilities, just 56 are functioning, again only partially.

Between 7 October 2023 and 7 October 2024, over 990 health workers were killed in the Gaza Strip, and the destruction of roads has had severe consequences for medical transportation, including for the 115 ambulances in the Gaza Strip and 445 ambulances in the West Bank. This has significantly hampered emergency medical responses.

The degradation of reproductive, maternal, newborn and child health capacities has left over 500 000 women with little or no access to essential services such as antenatal care, postnatal care, family planning and management of sexually transmitted infections. As at 2 October 2024, there are an estimated 50 000 pregnant women, with about 5500 expected to give birth in November 2024. Of these, 1400 require caesarean sections.

The shortage of menstrual health products constitutes an additional burden for women, affecting their physical and psychological well-being.



A destroyed health facility in the Gaza Strip, April 2024.

Photo credit: WHO

Chronic illness and mental well-being

Patients with chronic conditions like kidney failure and cancer face severe challenges, particularly in the Gaza Strip where medical resources are severely limited. Over 60 000 people with diabetes and over 45 000 with cardiovascular diseases struggle with care continuity. While there have been estimates that the mental health of over 485 000 people has been affected, the figure is likely to understate the extent of the problem.

Disease outbreaks

Degradation of the water, sanitation and hygiene (WASH) infrastructure has increased disease outbreaks. As at 7 October 2024, there have been over 1.1 million acute respiratory infections, over 669 000 cases of acute watery diarrhoea and over 132 000 acute jaundice cases. Poor hygiene and limited access to clean water have led to more than 225 000 skin disease cases.

The breakdown of preventative health care services has resulted in the re-emergence of diseases previously under control. In 2024, the first polio case in 25 years was reported in Gaza, and there have been 8 reported cases of acute flaccid paralysis.

Conditions are expected to deteriorate further as a result of overcrowding in shelters, overwhelmed medical professionals and under-resourced facilities that struggle to provide essential health care services.

Malnutrition

The Gaza Strip is facing an increased risk of famine. The [Integrated Food Security Phase Classification \(IPC\)](#) assessment for September and October 2024 indicated that the whole territory is in IPC Phase 4 (Emergency). Acute Malnutrition has reached serious levels – at IPC AMN Phase 3, it is ten times higher than before the escalation of hostilities (Table 1).

Table 1. Overview of IPC acute food insecurity and malnutrition, September to October 2024

IPC Phase	Description	Affected population
3 (Crisis) or above	Experiencing high levels of acute food insecurity	1.84 million (including those in IPC Phases 4 and 5)
4 (Emergency)	In urgent need of food assistance	664 000
5 (Catastrophic)	Facing catastrophic food insecurity	133 000

Occupied Palestinian territory: the devastating health impacts of conflict

RESPONSE ACTIVITIES

With millions of people in desperate need of humanitarian assistance, WHO and its partners have been at the forefront of efforts to mitigate the health crisis. Key initiatives between 7 October 2023 and 7 October 2024 include:

- **Supplies**

As a result of WHO-led efforts to streamline casualty management, essential services and supply delivery, over 264 trucks loaded with medical supplies, including life-saving medicines, trauma kits, assistive devices, blood products and equipment for managing malnutrition, entered the Gaza Strip between 7 October 2023 and 7 October 2024. Over US\$ 80 million of supplies were delivered, accounting for 60% of all medical supplies in the Gaza Strip.

WHO also facilitated over 9 million primary health care consultations, managed 1.7 million consultations for noncommunicable diseases and delivered 7 million litres of fuel to hospitals, primary health care facilities, partners and ambulances. The influx of supplies has enabled approximately 16 400 emergency and surgical interventions, serving 324 000 people with basic health care needs and 1.5 million people suffering from noncommunicable diseases.



WHO and partners deliver medical supplies to health facilities in the Gaza Strip, April 2024.

Photo credit: WHO

- **Emergency Medical Teams**

WHO coordinated the deployment of [Emergency Medical Teams](#) to the Gaza Strip. The teams have provided over 1.5 million consultations and lifesaving medical care, including trauma surgery, intensive care and rehabilitation services, and supported trauma and maternal care under challenging conditions.

- **Public health surveillance**

Disease monitoring has been strengthened through the Early Warning, Alert and Response Network (EWARN), with an expanded focus on nutrition surveillance in collaboration with partners.

- **Medical evacuations**

Evacuations of critically ill patients have been facilitated. As at 15 October, only 5138 (33%) out of 15 600 cases requested for medical evacuation have been evacuated, and only 229 patients have been evacuated since the closure of the Rafah crossing in May 2024.

- **Consultations**

Over 482 000 ante- and post-natal consultations have been provided.

- **Capacity-building**

Over 2200 community volunteers have received first aid training, enhancing local emergency response capabilities.

- **Mental health**

Mental and psychosocial support has been provided to 1.4 million people, and 75 000 multidisciplinary rehabilitation consultations conducted.

Occupied Palestinian territory: the devastating health impacts of conflict

Challenges

Challenges to WHO's efforts to mitigate the health impacts of the crisis persist. They include:

- **Limited patient evacuations**
The difficulties involved in evacuating patients from critical zones like the Gaza Strip prevent timely access to essential care.
- **Restricted access and ambulance movement**
Access to northern areas is limited, with frequent mission delays and denials. Movement is obstructed by checkpoints and closures, complicating emergency medical responses.
- **Telecommunications**
The damaged communications infrastructure affects the efficiency of coordination and operations.
- **Electricity and power shortages**
Electricity outages and cuts to power supplies compound the difficulties of maintaining hospital and clinical services.
- **Logistics**
Entry restrictions and other logistical challenges complicate the delivery of medical supplies and personnel to affected areas.

Urgently needed interventions

To address the challenges and improve the effectiveness of response efforts requires:

- an immediate ceasefire and the unconditional release of hostages;
- respect for international humanitarian law, particularly laws protecting health care facilities and workers;
- the removal of impediments to humanitarian access and the establishing of safe medical evacuation corridors; and
- increased humanitarian funding to meet urgent health needs and support regional resilience.

[More on the occupied Palestinian territory](#)

Iraq: proactive surveillance strategies during Arbaeen

BACKGROUND

Mass gathering events bring together a large number of people at a specific location for a specific purpose over a set period. These events can pose significant public health challenges. Mass gatherings such as Arbaeen in Iraq – Arbaeen marks the 40-day period of mourning following the martyrdom of Imam Hussein, the grandson of Prophet Muhammad, in the 61st year of the Islamic calendar (680 CE) – attracted more than 21 million people in 2024 according to official sources, including pilgrims from Afghanistan, Bahrain, the Islamic Republic of Iran, Kuwait, Pakistan and the Syrian Arab Republic among other countries.

Mitigating the public health risks and ensuring the health and safety of both residents and attendees at mass gathering events needs strong proactive public health preparedness. Managing the diverse health risks associated with such large-scale gatherings requires the implementation of effective surveillance systems, preventive health measures and effective coordination between multiple stakeholders.

RESPONSE ACTIVITIES

The WHO Regional Office for the Eastern Mediterranean, in partnership with the WHO Country Office in Iraq and the Iraqi Ministry of Health, started preparations for the 2024 Arbaeen two months in advance.

Preparations involved prior risk-assessments with a focus on priority health risks such as respiratory diseases, haemorrhagic fevers, cholera, heat-related illnesses, food poisoning, physical injuries and road traffic accidents. To detect, monitor and manage these risks, between 11 August and 10 September 2024 – a period covering two weeks before and after Arbaeen – event-based surveillance (EBS) was scaled up in Iraq and, in anticipation of increased cross-border movement, in neighbouring countries, including Afghanistan, the Islamic Republic of Iran and Pakistan.

Proactive collaboration with these countries involved regular meetings and the exchange of relevant updates, extending beyond Arbaeen to allow countries to report any public health risks associated with Arbaeen among returned pilgrims (Figure 3).

To detect and respond early to any health threats relating to Arbaeen, from 11 August to 10 September 2024 the Regional Office closely monitored media and social media in Iraq and neighbouring countries using Epidemic Intelligence from Open Sources (EIOS). Daily reports were shared with the Iraqi Ministry of Health to verify, investigate and mitigate potential risks.

Five potential health signals, all related to biological hazards, were identified. The Iraqi Ministry of Health investigated these signals, concluding that four out of five were due to false information being reported in the media. As at the end of the surveillance period, no other country had reported public health risks among returning pilgrims. The one confirmed signal involved eight cholera cases in Sulaymaniyah Governorate in the Kurdistan region. The Ministry of Health conducted laboratory interventions, and no further cases were reported. Cholera is endemic in Iraq and sporadic cases are expected to be reported occasionally.

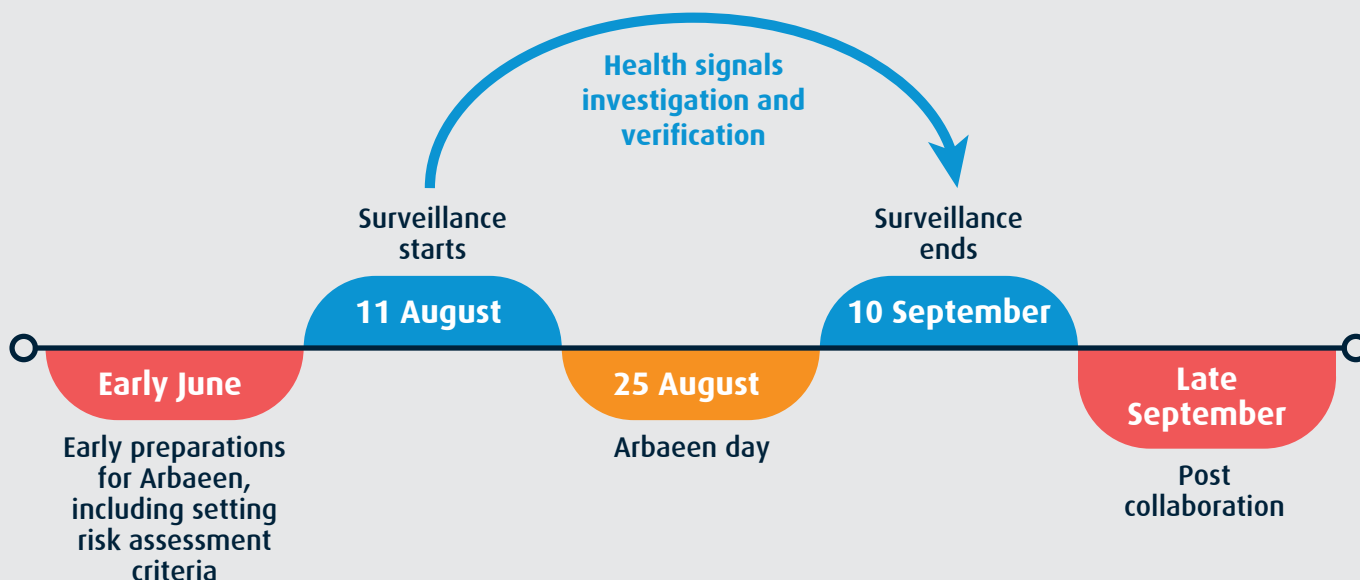
While captured media reports mentioned road traffic accidents, fires and low-magnitude earthquakes, they were all within the normal rates.

The Iraqi Ministry of Health used the surveillance to inform and tailor awareness messages for pilgrims and local communities on how to minimize exposure to risks and access support – including hotlines for health-related consultations – should it be needed.

The Arbaeen season in 2024 concluded without any significant impact on public health and with no new infectious disease outbreaks.

Iraq: proactive surveillance strategies during Arbaeen

Figure 3. Timeline of key activities for Arbaeen 2024



Challenges

There were two main challenges during the 2024 Arbaeen season, a heatwave that hit Iraq during the event, and the declaration of mpox as a Public Health Emergency of International Concern (PHEIC) on 14 August, a time when pilgrims were still entering Iraq to prepare for Arbaeen. The heatwave did not lead to high death rates, and by 10 September 2024, the last day of surveillance, Iraq had not reported any confirmed mpox cases.

Recommendations

Management of the 2024 Arbaeen mass gathering underlined the effectiveness of collaborative efforts and proactive disease surveillance.

That public health safety was maintained in the face of environmental and biological hazards underlines the importance of cross-border collaboration and exchange of information with neighbouring countries. Such collaboration facilitates the harmonization of efforts by multiple sectors and partners and the optimization of available resources, benefiting all participants in the event. It is important that collaboration between countries continues even after the event is over to monitor for any outbreaks associated with the event.

Participants in mass gathering events like Arbaeen need to be aware of the potential health risks and take preventive steps. This includes taking ownership of their own health by getting the recommended vaccinations, remaining hydrated, seeking shade in extreme heat and reporting any health issues to the relevant authorities during and after the event.

New public health events and emergencies

3–16 October 2024

Member State/territory	Hazard	Event	WHO grade ^a	Cases/injuries	Deaths	Date of start ^b
Djibouti	Biological	Acute watery diarrhoea (AWD)	Multi-Region Cholera, Grade 3	1387	–	15-Oct-24
From 28 September to 5 October 2024, Djibouti reported 1387 acute watery diarrhoea cases, a 19% increase on the previous week.						
Lebanon	Societal	Cholera	Multi-Region Cholera, Grade 3	1	–	16-Oct-24
On 14 October 2024, the Ministry of Public Health in Lebanon was notified of a suspected cholera case. On 16 October, the case was confirmed as <i>Vibrio cholerae</i> type O1. The patient had no history of travel. In response, the Ministry is conducting an investigation which includes collecting samples from contacts, searching for additional cases in the patient's surroundings and assessing water sources for contamination. A national cholera response plan will be activated and containment measures implemented.						

^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: mpox

Regional graded emergencies: circulating vaccine-derived poliovirus

Multiregional graded emergencies: dengue and cholera

^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 16 October 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	149 622	72	22-Sep-21
During week 41 of 2024, 3067 cases of AWD with dehydration, with 2 associated deaths were reported, a 5% decrease in case numbers compared with the previous week. Since the start of 2024, 149 622 cases of AWD with dehydration, with 72 associated deaths had been reported from 347 districts (case fatality ratio: 0.05%). Of these cases, 82 738 (55.3%) were children aged under 5 years, and 74 182 (49.6%) were females.						
Afghanistan	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.						
Afghanistan	Biological	Crimean-Congo haemorrhagic fever	Afghanistan Complex Emergencies, Protracted 3	1119	89	5-Mar-23
During week 41 of 2024, 18 suspected cases of Crimean-Congo haemorrhagic fever were reported, with no associated deaths, a 55% decrease in suspected cases compared with the previous week. Since the start of 2024, a total of 1119 suspected cases of Crimean-Congo haemorrhagic fever and 89 associated deaths, have been reported (case fatality ratio 8%).						
Afghanistan	Biological	Dengue	Multi-Region Dengue, Grade 3	2749	1	14-Aug-22
During week 41 of 2024, 152 suspected dengue cases were reported, with no associated deaths, a 21.6% decrease in suspected case numbers compared with the previous week. Since the start of 2024, 2749 suspected cases of dengue have been reported, including 1 associated death (case fatality ratio: 0.04%).						
Afghanistan	Biological	Malaria	Afghanistan Complex Emergencies, Protracted 3	67 167	3	15-Aug-24
Malaria is endemic in some areas of Afghanistan. During week 41 of 2024, 2493 confirmed malaria cases were reported, with 1 associated death. This shows a slight decrease in case number compared with the previous week. Since the start of 2024, 67 167 confirmed malaria cases with 3 associated deaths have been reported. Of the total cases, 14 093 (21.0%) were children aged under 5 years; 31 616 (47.1%) were females.						
Afghanistan	Biological	Measles	Afghanistan Complex Emergencies, Protracted 3	53 258	241	19-Apr-21
During week 41 of 2024, 719 suspected measles cases were reported, with 4 associated deaths. Since the start of 2024, 53 258 suspected measles cases and 241 deaths (case fatality ratio: 0.5%) have been reported. Among suspected measles cases, 42 828 (80.4%) were children aged under 5 years; 24 276 (45.6%) were females.						
Afghanistan	Biological	Wild poliovirus type 1	Afghanistan Complex Emergencies, Protracted 3	22	0	16-Mar-23
During week 39 of 2024, 3 new wild poliovirus type 1 cases were reported. For 2024, Afghanistan has reported a total of 22 wild poliovirus type 1 cases, with no deaths.						
Djibouti	Biological	Dengue	Multi-Region, Dengue Grade 3	15	0	15-Jul-24
From 28 September to 5 October 2024, 15 suspected dengue cases were reported, with no associated deaths.						
Djibouti	Biological	Malaria	Ungraded	34 030	3	13-Feb-19
From 28 September to 5 October 2024, 229 malaria cases were reported, with 2 deaths. This shows a 7% decrease in case numbers compared with the same period in 2023. From 1 January to 5 October 2024, 34 030 malaria cases were reported, with 3 deaths.						
Egypt	Biological	Gastroenteritis	Ungraded	480	–	24-Sep-24
On 11 September 2024, the Ministry of Health and Population in Egypt reported an increase in the number of diarrhoea and gastroenteritis cases. Of a total of 480 cases, 35% were hospitalized and 36 cases were admitted to intensive care. The outbreak peaked on 19 September, with <i>E. coli</i> identified as the main cause. According to the Ministry, out of the cases, 5 deaths occurred, though they are not linked to the gastroenteritis event. Response activities included deploying medical convoys, conducting risk communication and community engagement activities, and implementing water safety measures.						
Iran (Islamic Republic of)	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.						
Iraq	Biological	Cholera	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.						

Ongoing public health events and emergencies

As at 16 October 2024

Member State/territory	Hazard	Event	WHO grade	Cases/injuries	Deaths	Date of start
Iraq	Biological	Crimean-Congo haemorrhagic fever	Iraq Crimean-Congo Haemorrhagic Fever, Grade 2	734	44	21-Apr-22
As at week 41 of 2024, 734 suspected Crimean-Congo haemorrhagic fever cases were reported, including 44 deaths, giving a case fatality ratio of 6%. Among the suspected cases, 187 were confirmed (positivity rate 25%), with 26 deaths, giving a case fatality ratio of 14% among the confirmed cases.						
Iraq	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.						
Jordan	Biological	Mpox	MPOX, Grade 3	2	0	11-Sep-22
On 2 September 2024, 1 confirmed mpox case was reported in Jordan (linked to Clade IIb A.2.1). Since the start of the outbreak 2 cases have been reported.						
Lebanon	Societal	Armed conflict	Ungraded	8408	1640	25-Sep-24
On 8 October 2023, Lebanon experienced a surge in armed conflict in the south. Violence escalated throughout September 2024, causing a huge wave of displacement. From 8 October 2023 to 28 September 2024, 1640 people were killed and 8408 injured. Since 5 October 2024, 13 trauma and surgical kits have been distributed to 6 hospitals and an additional 30 kits prepared for distribution to priority hospitals. In cooperation with the Young Men's Christian Association, WHO continues to monitor the distribution of noncommunicable disease and mental health medications to primary health centres. WHO is also supporting expansion of the capacities of public health emergency operations centres and emergency medical teams.						
Lebanon	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.						
Libya	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 16 October 2024, however, no major armed conflicts that could affect public health have been reported.						
Libya	Meteorological	Cataclysmic storm	Libya Tropical Storm, Grade 2	–	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. As at 16 October 2024, WHO still delivers support to affected areas, strengthening the national capacities of Libya's health system.						
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 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, with 1 associated death. Between then and 30 September 2024, reporting of data has been intermittent.						
Libya	Societal	Refugee influx from Sudan	Ungraded	–	–	9-May-24
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 as at 16 October 2024.						
Morocco	Biological	Travel-associated Legionnaires' disease	Ungraded	2	–	28-Aug-24
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.						
Morocco	Biological	Mpox	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.						

Ongoing public health events and emergencies

As at 16 October 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	105 613	43 165	7-Oct-23
Ongoing war in the occupied Palestinian territory since 7 October 2023, have compounded an existing health crisis. As at 13 October 2024, the Palestinian Ministry of Health reported that over 43 165 people had been killed and 105 613 injured. The Gaza Strip bears the highest casualties, including children, women and elderly people.						
Occupied Palestinian territory	Biological	Circulating vaccine-derived poliovirus type 2	Polio (cVDPV), Grade 2	1	0	22-July-24
On 16 July 2024, the International Health Regulations 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, 3 from Deir Al-Balah and 3 from Khan Yunis in the Gaza Strip. On 16 August 2024, the Ministry of Health reported the first case of cVDPV2 – a 10-month-old child in Deir Al-Balah. The child had not received any doses of polio vaccine. The infection was confirmed to be caused by a strain of poliovirus derived from the vaccine. Over 559 000 children were vaccinated during the first round of the polio vaccination campaign. In the second round, which began in the middle area of the Gaza Strip on 14 October 2024, 590 000 children aged under 10 years will be vaccinated with a second dose of novel oral polio vaccine type 2 (nOPV2).						
Occupied Palestinian territory	Biological	West Nile fever	Israel/oPt Hostilities, Grade 3	10	1	7-Jul-24
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.						
Pakistan	Biological	Cholera	Multi-region Cholera, Grade 3	64 624	0	17-Apr-22
From 30 September to 7 October 2024, 1785 new cholera cases were reported, a 19% decrease compared with the previous week. Most cases were reported from Punjab province, accounting for 85% of the new cases. From 1 January to 7 October 2024, 64 624 cases were reported. The highest number of these cases were reported from Punjab province (1521 cases, 85%), followed by Balochistan province (145 cases, 8%).						
Pakistan	Biological	Dengue	Multi-region Dengue, Grade 3	15	0	9-Apr-23
From 28 September to 5 October 2024, 15 suspected dengue cases, with no associated deaths were reported.						
Pakistan	Biological	Malaria	Ungraded	100 672	–	23-Sep-22
From 30 September to 7 October 2024, 100 672 malaria cases were reported. Most cases were reported from Sindh province (83 942, 83%), followed by Khyber Pakhtunkhwa province (7628, 7.5%).						
Pakistan	Biological	Measles	Ungraded	493	–	26-Jan-21
From 30 September to 7 October 2024, 493 suspected measles cases were reported. Most cases were reported from Punjab province (211, 43%) and Khyber Pakhtunkhwa (211, 42%).						
Pakistan	Biological	Mpox	MPOX, Grade 3	11	1	21-Apr-23
From 1 January to 16 September 2024, 2 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.						
Pakistan	Biological	Wild poliovirus type 1 (WPV1)	Ungraded	32	0	16-Mar-23
During week 41 of 2024, 4 new wild poliovirus type 1 (WPV1) cases were reported – 3 from Sindh province and 1 from Khyber Pakhtunkhwa province – with onset dates ranging from 15 August to 22 September 2024. During the same week, 15 new WPV1-positive environmental samples were reported – 9 from Balochistan province, 3 from Punjab province, 2 from Sindh province and 1 from Khyber Pakhtunkhwa province – with sample collection dates between 16 and 23 September 2024. Since the start of 2024, 32 WPV1 cases and 401 environmental samples have been reported.						
Saudi Arabia	Biological	Dengue	Multi-region, Dengue Grade 3	9296	0	5-Feb-23
From January to October 2024, 9296 suspected dengue cases were reported, with 5555 confirmed cases.						
Saudi Arabia	Biological	Middle East respiratory syndrome (MERS)	Ungraded	2205	863	11-May-12
As at 16 October 2024, the country has reported 2205 MERS cases, including 863 deaths, since the first report of MERS in Saudi Arabia in 2012.						
Saudi Arabia	Biological	Mpox	MPOX, Grade 3	764	0	17-Jul-22
From 1 January to 16 September 2024, 95 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.						

Ongoing public health events and emergencies

As at 16 October 2024

Member State/territory	Hazard	Event	WHO grade	Cases/injuries	Deaths	Date of start
Somalia	Biological	Cholera	Multi-region Cholera, Grade 3	19 640	138	2-Aug-18
As at 6 October 2024, 19 640 cholera cases had been reported in 2024 of which 65% were severe and 58% were children aged under 5 years. By the same date, 138 associated deaths had been reported (a case fatality ratio of 0.7%). Kismayo, the district with the highest number of reported cases in 2024, accounts for 16% of the total. No new deaths have been reported since 4 August 2024, and the outbreak trend is coming under control after the surge of cases and deaths in early 2024. WHO, United Nations Children's Fund (UNICEF), United Nations Population Fund (UNFPA), health, and water, sanitation and hygiene (WASH) clusters are collaborating on preparedness for an increase in cases following the rains expected in November.						
Somalia	Biological	Circulating vaccine-derived poliovirus type 2 (cVDPV2)	Polio (cVDPV), Grade 2	28	–	18-Aug-20
Since 1 January 2024, 3 new cVDPV2 cases were reported from Bardera district of Gedo province (2 cases) and Baidoa district of Bay province (1 case), with dates of onset on 20 January, 8 March and 5 June 2024 respectively. From the start of the outbreak in August 2020 to 16 October 2024, 28 cases of cVDPV2 were reported.						
Somalia	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 by rapid diagnostic tests. No deaths have been reported in 2024. The outbreak has spread across 30 districts in five states. No further significant updates are available as at 16 October 2024.						
Somalia	Biological	Diphtheria	Somalia Complex Emergencies, Protracted 3	791	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 9 October 2024, 791 suspected cases and at least 85 deaths were reported.						
Somalia	Biological	Measles	Somalia Complex Emergencies, Protracted 3	10115	34	3-Sep-22
As at 9 October 2024, 10115 suspected measles cases and at least 34 deaths had been reported through the surveillance system for fever and rash in 2024. The measles outbreak has been spreading in Somalia since 2023.						
Sudan	Societal	Armed conflict	Sudan Conflict and Complex Emergency, Grade 3	–	–	22-Jan-21
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.						
Sudan	Biological	Cholera	Multi-region Cholera, Grade 3	26 299	822	5-Oct-23
From 22 July to 16 October 2024, 26 299 cholera cases, including 822 deaths (case fatality ratio: 3.1%) were reported from 5 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.						
Sudan	Biological	Circulating vaccine-derived poliovirus type 2 (cVDPV2)	Polio (cVDPV), Grade 2	0	0	8-Oct-20
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.						
Sudan	Biological	Dengue	Multi-region Dengue, Grade 3	9484	75	20-Oct-21
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.						
Sudan	Hydrological	Floods	Ungraded	–	30	2-Sep-24
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.						
Sudan	Biological	Malaria	Sudan Conflict and Complex Emergency, Grade 3	1 845 955	178	10-Sep-22
From 1 January to 27 September 2024, 1 845 955 malaria cases, including 178 deaths (case fatality ratio: 0.01%) were reported across 15 states. Week 39 of 2024 marks a 2% decrease compared with cases reported in week 38 of 2024. The numbers should be interpreted with caution because the source of the data is the early warning system, and it does not cover all the states besides the low data completeness.						

Ongoing public health events and emergencies

As at 16 October 2024

Member State/territory	Hazard	Event	WHO grade	Cases/injuries	Deaths	Date of start
Sudan	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.						
Syrian Arab Republic	Societal	Armed conflict	Syrian Arab Republic Complex Emergencies, Protracted 3	–	–	27-Jun-18
The security situation within the Syrian Arab Republic remains unstable.						
Syrian Arab Republic	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.						
United Arab Emirates	Biological	Mpox	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.						
Yemen	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 41 of 2024. For 2024, Yemen has reported a total of 33 circulating vaccine-derived poliovirus type 2 cases and 7 environmental samples.						
Yemen	Biological	Dengue	Multi-Region Dengue, Grade 3	15 262	13	25-Jan-24
As at week 42 of 2024, 15 262 suspected dengue cases have been reported, including 13 deaths (case fatality ratio: 0.09%), since the start of 2024. The current trend of dengue cases remains within the expected seasonal range across most of the country. Rains across the western highlands and parts of the south over the past month have not led to a significant increase in dengue reports, with the exception of Taiz Governorate.						
Yemen	Biological	Diphtheria	Yemen Complex Emergencies, Protracted 3	1629	77	25-Jan-24
As at week 42 of 2024, 1629 probable diphtheria cases, including 77 deaths (case fatality ratio: 4.7%) have been reported since the start of 2024. The number of cases remains within the seasonally expected range for the country. Northern governorates represent 67% of reported cases and 49% of deaths.						
Yemen	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.						
Yemen	Biological	Measles	Yemen Complex Emergencies, Protracted 3	35 682	302	29-Mar-21
As at week 42 of 2024, 35 682 suspected measles cases have been reported, including 302 deaths (case fatality ratio: 0.85%), since the start of 2024. Nearly 74% of the cases were reported in northern governorates, with Sa'ada accounting for 22% of the country's total reports. Challenges persist in northern Yemen, where data reporting and sharing are complicated by quality issues and vaccination coverage is limited or non-existent.						

Closed public health events and emergencies

3–16 October 2024

Member State/territory	Hazard	Event	WHO grade	Date of start
Djibouti	Climatological	Drought	Greater Horn of Africa Drought and Food Insecurity, Grade 3	21-May-23
Based on WHO's latest grading review, the Greater Horn of Africa region no longer requires a unified emergency grade.				
Somalia	Climatological	Drought	Greater Horn of Africa Drought and Food Insecurity, Grade 3	2-Jun-22
Based on WHO's latest grading review, the Greater Horn of Africa region no longer requires a unified emergency grade.				
Sudan	Climatological	Drought	Greater Horn of Africa Drought and Food Insecurity, Grade 3	21-May-23
Based on WHO's latest grading review, the Greater Horn of Africa region no longer requires a unified emergency grade.				
United Arab Emirates	Biological	Middle East respiratory syndrome (MERS)	Ungraded	10-Jul-23
On 10 July 2023, a 28-year-old male MERS-CoV case was reported in the United Arab Emirates. The event was closed on 8 October 2024 after no secondary cases related to the initial index case were reported.				



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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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