



WHO Regional Office for the Eastern Mediterranean
Health emergencies biweekly bulletin

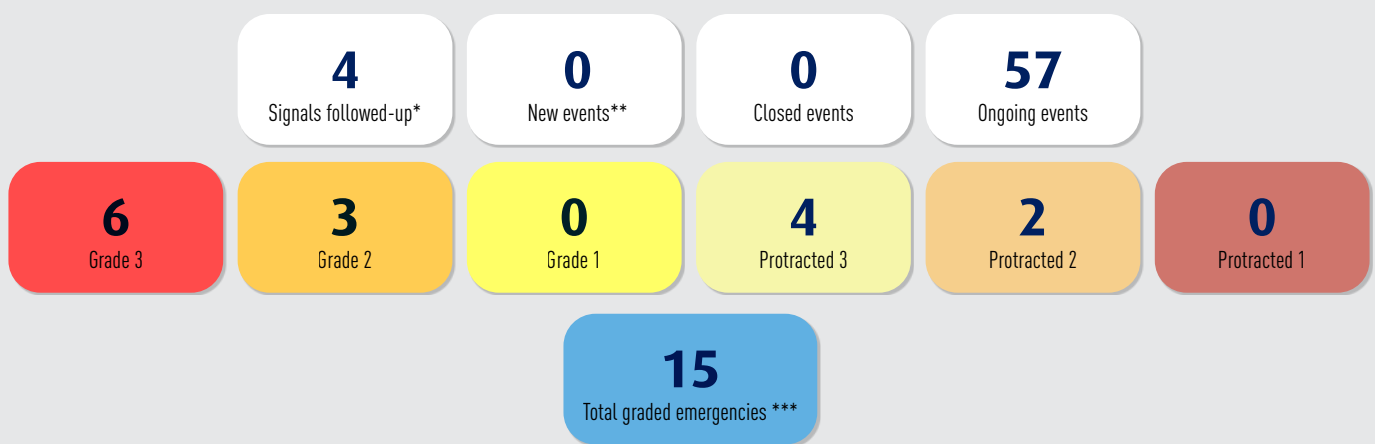
17–30 October 2024

Contents

- 2 Public health events and emergencies dashboard
- 3 Public health events and emergencies map
- 4 **Lebanon**: health impact of armed violence
- 7 **Afghanistan**: scaling up oxygen access
- 9 Ongoing public health events and emergencies

Public health events and emergencies dashboard

17–30 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.

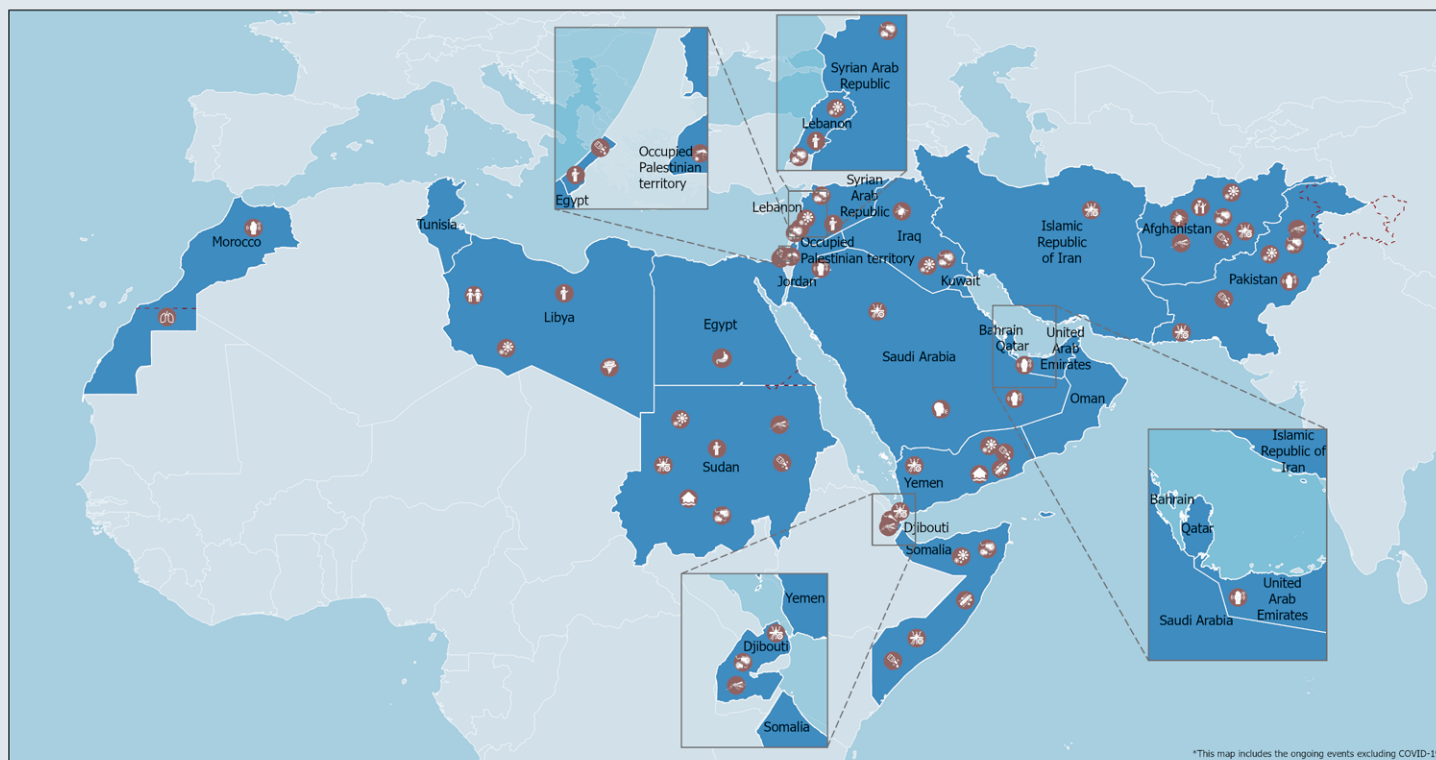
[More information on WHO grading, according to the Emergency Response Framework](#)

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 30 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.

Lebanon: health impact of armed violence

BACKGROUND

Lebanon has experienced a surge in the armed violence that erupted in the south of the country on 8 October 2023.

On 17 September 2024, a wave of explosions involving personal pagers (message-receiving devices) killed 12 people, including two children (an eight-year-old girl and an eleven-year-old boy). Between 2750 and 2800 people were injured: 750 in the south, 150 in the Bekaa and 1850 in the Beirut and Dahieh areas.

Around 10% of those injured – less than 300 patients – suffered facial injuries and brain haemorrhages and needed artificial ventilation, and 460 required surgical operations to the eyes, face or limbs, particularly the hands. Multiple amputations were performed. Around 100 hospitals received the injured, with 1184 ambulances transporting 1817 of the wounded. Blood banks, notably the Red Cross, participated in blood transfusion and provided 200 units of blood for transfusion.

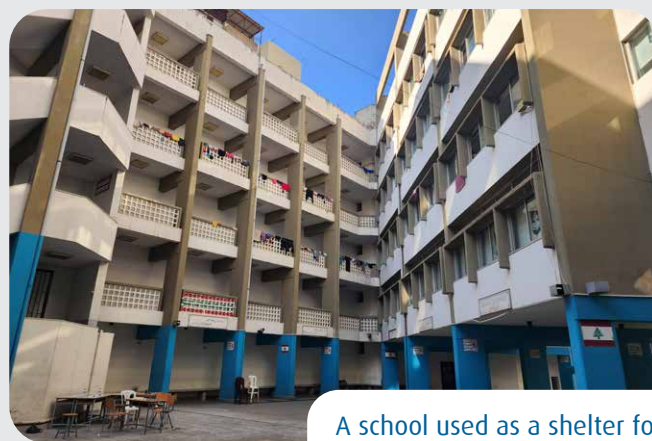
On 18 September 2024, the day following the initial incidents, a wave of explosions involving walkie-talkies caused more than 450 injuries and 20 fatalities. This time, no children or women were hurt.

On 20 September, airstrikes in the southern suburbs of Beirut killed 55 people, including seven children, and injured 66. Fifty-four hospitals received the injured, and

the Ministry of Public Health (MoPH) reported that security forces were conducting tests to identify body parts.

On 23 September, a wave of airstrikes killed 558 people, including 50 children and 94 women, and injured 1835 people. Four paramedics were killed, 16 were injured and 14 ambulances targeted.

A huge wave of displacement followed these four attacks, with many seeking refuge in the Syrian Arab Republic through the Masnaa border crossing.



A school used as a shelter for internally displaced people.

Photo credit: WHO

SITUATION UPDATE

From 8 October 2023 to 23 October 2024, armed confrontations killed 2593, injured 12 119 and displaced 809 043 people.

The ongoing violence negatively impacted health sector institutions and workers. Eight hospitals across Lebanon were fully evacuated, seven were partially evacuated due to insecurity and/or structural damage, 98 primary health care centres and dispensaries were closed, and 27 attacks against health care facilities and 53 on health centres resulted in 99 deaths and 82 injuries.

On 21 October, an attack occurred a few hundred meters from Rafik Hariri University Hospital, Lebanon's largest public hospital, resulting in 18 deaths, including four children, and 60 injuries. Despite sustaining minor damages, the hospital remains fully functioning.

Recurring attacks on health care facilities have reduced the bed capacity at key referral hospitals. The hospital bed capacity in conflict-affected areas in Nabatieh governorate has been reduced by 40%, and by 24% in Baalback Hermel governorate. In Nabatieh governorate, a conflict zone, access to lifesaving obstetric care and deliveries is not available.

The Epidemiological Surveillance Unit (ESU) received 34 signals of infectious diseases from shelters housing internally displaced people. Reported signals included acute watery diarrhoea, food poisoning, hepatitis A, respiratory infections, suspected tuberculosis, measles, scabies and lice. The ESU initiated investigation and verification for the signals and referred cases as appropriate.

As at 23 October 2024, health facilities have achieved an 80% rate of completeness and timeliness in their indicator-based surveillance reporting to the ESU.

Lebanon: health impact of armed violence

RESPONSE ACTIVITIES

Response activities actively coordinated and implemented by WHO and partners include:

Supplies and support

- From 18 to 23 October 2024, 15 trauma and emergency surgery kits were delivered to 12 hospitals across Beirut, Keserwan, Aley, Baabda, Matn, Hasbaya and Tripoli, 30 noncommunicable disease kits and 150 glucometer kits were distributed to the Ministry of Health chronic medications programme at YMCA, and 25 insulin kits were delivered to the MoPH Central Drug Warehouse to be dispatched to primary healthcare centres (PHCCs).
- Continuous support is provided to the Public Health Emergency Operations Centre (PHEOC) to maintain coordination for mass casualty management and the deployment of [emergency medical teams \(EMTs\)](#). WHO EMTs were deployed to support PHEOC in implementing WHO EMT tools and methodology and facilitate knowledge transfer of best EMT practices.
- A one-day comprehensive training session was provided to MoPH warehouse management teams on monitoring stock levels, analysing inventory, optimizing storage space and digitalizing supply chain management.

Health service expansion and support

- Health care services are expanding to reach more shelters for internally displaced people through primary health care satellite units (PSUs) and mobile medical units (MMUs).
- The MoPH provided medications to 303 PHCCs to support internally displaced people.
- Chronic medications, including mental health medications, were distributed to 46 187 internally displaced people.

Cholera response and preparedness

- Continued support is provided to the ESU as it investigates the only confirmed cholera case reported (an 82-year-old female in northern Lebanon), explores sources of infection and implements containment measures.
- Mapping in-country contingency stock for cholera response is ongoing in close coordination with MoPH and partners.
- A cholera preparedness and response plan was activated to strengthen surveillance, support water testing laboratories and build the capacity of the health care system.
- The cholera task force, chaired by MoPH, meets weekly to discuss ongoing investigation efforts.
- Work is ongoing to train laboratory and hospital staff.

Mental health initiatives

- The [e-mental health application Step-by-Step](#), an evidence-based WHO self-help psychological intervention that can be delivered through the Internet, has had 149 new users since the start of the emergency.
- The National Mental Health Programme has trained 1675 frontline workers on psychological first aid.
- Specialized mental health services are offered at 49 PHCCs.



WHO team member prepares a shipment of medical supplies in Lebanon.
Photo credit: WHO/C. Black

Lebanon: health impact of armed violence

Challenges

- Hospitals are overwhelmed by a continuous influx of trauma cases.
- Mass trauma management and other critical health service capacities in Bekaa, Baalbek and Nabatieh have been diminished due to the closure of hospitals and PHCCs.

Next steps

- On 14 November 2024, the [Essential Programme on Immunization](#), with support from WHO and UNICEF, will launch a national supplementary immunization campaign. The campaign targets children aged 0–59 months with bivalent oral polio vaccine (bOPV), and children aged 9 months –10 years with mumps and rubella (MMR) vaccine. The campaign will be conducted in two phases, the first targeting 55 000 internally displaced children residing in shelters, the second children all over the country.
- Discussions are underway to initiate and activate the [Health Resources and Services Availability Monitoring System \(HeRAMS\)](#) in Lebanon.
- A total of 1500 locally procured first aid kits, and 25 trauma backpacks, will be distributed to internally displaced people shelters.



WHO team member prepares boxes of trauma and surgical supplies for distribution in Lebanon.

Photo credit: WHO/C. Black

Afghanistan: scaling up oxygen access

BACKGROUND

The COVID-19 pandemic revealed severe inequities in access to medical oxygen. Afghanistan was among the countries disproportionately affected by shortages, leading to preventable fatalities. Despite oxygen supplies and support received during the pandemic, access gaps remain. To address these, a shared understanding of oxygen demand in both routine and surge situations, along with clear insights into the scale and type of support needed for cost-effective health system strengthening, is required.



Pressure swing adsorption was assessed at Indira Gandhi Children's Hospital in Kabul.

Photo credit: WHO

RESPONSE ACTIVITIES

To scale up oxygen access, a team from the WHO Regional Office for the Eastern Mediterranean conducted a country support mission to Kabul in October 2024. The three-day mission included a two-day oxygen scale up partners workshop and a field visit to assess oxygen-generating pressure swing adsorption (PSA) plant installations.

Oxygen scale up partners workshop

The two-day workshop brought together the Ministry of Public Health (MoPH), United Nations Children Fund (UNICEF), Medecins Sans Frontières (MSF), Aga Khan Health Services (AKHS), the International Medical Corps (IMC) and representatives from the Afghanistan Private Hospitals Association (APHA) to enhance collaboration and strengthen oxygen systems nationwide.

Workshop highlights

- **Situational analysis**
Participants provided updates on current activities, challenges and future priorities, identifying key gaps such as a shortage of trained biomedical engineers, frequent power outages and limited availability of spare parts in the local market. Maintenance issues have left many PSA plants underutilized or out of service.
- **Strategic actions**
Stakeholders prioritized expanding training programmes for technical staff, improving coordination through the National Oxygen Task Force and integrating oxygen into national health plans.

- **Collaborative efforts**

Emphasis was placed on improving data sharing between partners and the MoPH, enhancing coordination among stakeholders and leveraging resources to strengthen the oxygen supply chain and improve situational awareness and resource planning.



Participants engage in group work during the workshop.

Photo credit: WHO

The workshop provided a foundation for addressing immediate and long-term needs in Afghanistan's oxygen ecosystem. Stakeholders reached a consensus on the priorities of a National Oxygen Roadmap focused on improving infrastructure, enhancing technical capacity and ensuring robust governance frameworks.

Afghanistan: scaling up oxygen access



Participants at the oxygen scale up partners workshop.
Photo credit: WHO

Field visit to PSA plant installations

On the third day, WHO and MoPH biomedical engineers visited the Indira Gandhi Children's Hospital in Kabul to assess the WHO-supported PSA plant installation. The PSA plants have robust backup systems, including diesel generators for power backup, ensuring reliable oxygen delivery during power outages. Their commissioning is expected by the end of 2024, marking a significant step towards addressing Afghanistan's oxygen supply challenges and ensuring the consistent availability of critical care services.

Next steps

Workshop and field visit insights will guide the finalization and implementation of Afghanistan's National Oxygen Roadmap, which aims to provide a strategic framework for scaling up medical oxygen access. This includes addressing gaps in infrastructure, workforce development and system governance.

The mission reflects the importance of coordination, collaboration and strategic planning in building resilient health care systems to meet both routine and emergency demands. WHO's Regional Office and its partners remain committed to supporting Afghanistan in this effort.

Ongoing public health events and emergencies

As at 30 October 2024

Member State/territory	Hazard	Event	WHO grade ^a	Cases/injuries	Deaths	Date of start ^b
Afghanistan	Biological	Acute watery diarrhoea (AWD)	Afghanistan Complex Emergencies, Protracted 3	155 282	77	22-Sep-21
<p>During week 43 of 2024, 2806 cases of AWD with dehydration and 4 associated deaths were reported across 171 districts, with no new districts reporting AWD with dehydration alerts. The highest cumulative incidence per 10 000 population was in Paktya (125.8), followed by Nimroz (118.7), Logar (97.7), and Kabul (76.3) provinces. Cases reported during week 43 mark a 5% decrease compared with the previous week. From 1 January to 26 October 2024, 155 282 cases of AWD with dehydration and 77 deaths were reported from 348 districts (case fatality ratio: 0.05%). Of these, 86 025 cases (55.4%) were children aged under 5 years, and 76 957 (49.5%) were females. During the same period, 8465 rapid diagnostic tests were conducted, with 1266 tests returning positive (positivity rate of 15%).</p>						
Afghanistan	Societal	Civil unrest	Afghanistan Complex Emergencies, Protracted 3	–	–	30-Aug-21
<p>Since 2023, no significant casualties or displacements have been recorded. Civil unrest incidents escalated in the country in 2023, however.</p>						
Afghanistan	Biological	Crimean-Congo haemorrhagic fever	Afghanistan Complex Emergencies, Protracted 3	1148	93	5-Mar-23
<p>During week 43 of 2024, 9 suspected cases of Crimean-Congo haemorrhagic fever (CCHF) were reported, with no associated deaths, a 55% decrease in suspected cases compared with the previous week. From 1 January to 26 October 2024, 1148 suspected cases of CCHF and 93 associated deaths were reported (case fatality ratio: 8.1%). Of the cases, 1143 (99.6%) were aged over 5 years, and 357 (31.1%) were females. Of the deaths, 92 (98.9%) aged over 5 years, and 26 (28%) were females. From 1 January to 26 October 2024, 772 samples of suspected CCHF cases in 13 provinces were tested, with 251 returning positive (positivity rate of 32.5%). The highest cumulative incidence of suspected CCHF per 100 000 population in 2024 was reported from Balkh (9.5), followed by Kabul (7.7), Kapisa (6.6), and Jawzjan (5.7) provinces.</p>						
Afghanistan	Biological	Dengue	Multi-Region Dengue, Grade 3	3263	1	14-Aug-22
<p>During week 43 of 2024, 333 suspected dengue cases, with no associated deaths, were reported from Nangarhar province, an 84% increase compared with the previous week. From 1 January to 26 October 2024, 3263 suspected dengue cases, with 1 associated death, were reported (case fatality ratio: 0.03%). Of these cases, 1539 (47.2%) were females, and 53 (1.6%) were children aged under 5 years. During the same period, 1414 samples were tested, with 494 testing positive by PCR (positivity rate of 34.9%).</p>						
Afghanistan	Biological	Malaria	Afghanistan Complex Emergencies, Protracted 3	71 794	3	15-Aug-24
<p>Malaria is endemic in some areas of Afghanistan. During week 43 of 2024, 2066 confirmed malaria cases were reported, with no associated deaths from 22 provinces. This shows a 19.3% decrease in case number compared with the previous week. From 1 January to 26 October 2024, 71 794 confirmed malaria cases with 3 associated deaths were reported from 32 provinces. Of the cases, 14 970 (20.9%) were children aged under 5 years; 33 758 (47%) were females. The highest cumulative incidence of malaria per 10 000 population was reported in Nuristan (381.7), followed by Kunar (275.6), Laghman (162.4), and Nangarhar (89.8) provinces.</p>						
Afghanistan	Biological	Measles	Afghanistan Complex Emergencies, Protracted 3	57 534	277	19-Apr-21
<p>During week 43 of 2024, 1077 suspected measles cases were reported, with 7 associated deaths. From 1 January to 26 October 2024, 57 534 suspected measles cases and 277 deaths (case fatality ratio: 0.5%) were reported. Among suspected measles cases, 46 002 (80%) were children aged under 5 years; 26 198 (45.5%) were females. During the same period, Balkh reported the highest cumulative incidence of suspected measles cases per 10 000 population (37.9), followed by Khost (32.1), Urozgan (28.9), and Jawzjan (27) provinces.</p>						
Afghanistan	Biological	Wild poliovirus type 1	Afghanistan Complex Emergencies, Protracted 3	23	0	16-Mar-23
<p>During week 43 of 2024, no new wild poliovirus type 1 cases were reported. For 2024, Afghanistan has reported a total of 23 wild poliovirus type 1 cases, with no deaths. Only 1 environmental sample of wild poliovirus type 1 was reported in week 43. For 2024, Afghanistan reported 85 environmental samples.</p>						
Djibouti	Biological	Acute watery diarrhoea (AWD)	Multi-Region Cholera, Grade 3	32 918	1	15-Oct-24
<p>During week 44 of 2024, Djibouti reported 1033 acute watery diarrhoea cases, a 38% decrease compared with week 43 of 2024. From week 1 to week 44 of 2024, 32 918 cases and 1 death were reported.</p>						

^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 30 October 2024

Member State/territory	Hazard	Event	WHO grade	Cases/injuries	Deaths	Date of start
Djibouti	Biological	Dengue	Multi-Region, Dengue Grade 3	1469	0	15-Jul-24
During week 44 of 2024, 23 dengue cases were reported, a 23% decrease in case numbers compared with the previous week (30 cases). This represents a 1050% increase compared with the same week last year (2 cases). Since the start of 2024, 1469 dengue cases have been reported, a 304% increase in case numbers compared with the 364 cases reported during this time last year.						
Djibouti	Biological	Malaria	Ungraded	343 747	3	13-Feb-19
During week 44 of 2024, 346 malaria cases were reported, a 75% increase compared with week 43 (197 cases). From week 1 to week 44 of 2024 343 747 cases and 3 deaths were reported.						
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	303	3	18-Jun-24
From 27 May to 30 October 2024, 303 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> O1 serotype Ogawa. Iraq is cholera endemic, having reported cases consistently since 2018.						
Iraq	Biological	Crimean-Congo haemorrhagic fever	Iraq Crimean-Congo Haemorrhagic Fever, Grade 2	753	45	21-Apr-22
As at week 43 of 2024, 753 suspected Crimean-Congo haemorrhagic fever cases were reported, including 45 deaths, giving a case fatality ratio of 6%. Among the suspected cases, 192 were confirmed (positivity rate 25%), with 27 deaths, giving a case fatality ratio of 14% among the confirmed cases.						
Iraq	Biological	Measles	Iraq Complex Emergencies, Protracted 2	33 657	53	19-Apr-23
During week 43 of 2024, 10 Suspected measles cases were reported, with no deaths. From 1 January to October 2024, 33 657 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	13 150	2897	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 23 October 2024, 2897 people were killed and 13 150 injured, including 204 people killed and 839 injured between 18 and 23 October 2024. Continuous support is provided to the Public Health Emergency Operations Centre to maintain coordination for mass casualty management and the deployment of emergency medical teams. Discussions are underway to initiate and activate the Health Resources and Services Availability Monitoring System (HeRAMS) in Lebanon. Health care services are expanding to reach more shelters for internally displaced people through primary health care satellite units and mobile medical units.						
Lebanon	Biological	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.						
Lebanon	Biological	Measles	Ungraded	193	0	4-Jul-23
From 1 to 15 October 2024, no new measles cases were reported. Since the start of 2024, 193 suspected cases, including 10 confirmed cases have been reported.						
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 22 October 2024, however, no major armed conflicts that could affect public health have been reported.						

Ongoing public health events and emergencies

As at 30 October 2024

Member State/territory	Hazard	Event	WHO grade	Cases/injuries	Deaths	Date of start
Libya	Meteorological	Cataclysmic storm	Libya Tropical Storm, Grade 2	–	5898	9-Dec-23
<p>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 22 October 2024, WHO still delivers support to affected areas, strengthening the national capacities of Libya's health system.</p>						
Libya	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, with 1 associated death. Between then and 22 October 2024, reporting of data has been intermittent.</p>						
Libya	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 as at 27 October 2024.</p>						
Morocco	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>						
Morocco	Biological	Mpox	MPOX, Grade 3	5	0	2-Jun-22
<p>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.</p>						
Occupied Palestinian territory	Societal	Armed conflict	Israel/oPt Hostilities, Grade 3	108 560	44 104	7-Oct-23
<p>Ongoing war in the occupied Palestinian territory since 7 October 2023, have compounded an existing health crisis. As at 30 October 2024, the Palestinian Ministry of Health reported that over 44 104 people had been killed and 108 560 injured. The Gaza Strip bears the highest casualties, including children, women and elderly people.</p>						
Occupied Palestinian territory	Biological	Circulating vaccine-derived poliovirus type 2	Polio (cVDPV), Grade 2	1	0	22-July-24
<p>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).</p>						
Occupied Palestinian territory	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>						
Pakistan	Biological	Cholera	Multi-region Cholera, Grade 3	69 569	0	17-Apr-22
<p>From 21 October to 27 October 2024, 1600 new cholera cases were reported, a 6% decrease compared with the previous week. Most cases were reported from Punjab province, accounting for 77% of the new cases. From 1 January to 27 October 2024, 69 569 cases were reported. The highest number of these cases were reported from Punjab province (71%), followed by Balochistan province (14%).</p>						
Pakistan	Biological	Dengue	Multi-region Dengue, Grade 3	43 491	0	9-Apr-23
<p>From 21 October to 27 October 2024, 2963 dengue cases were reported, a 4% decrease compared with the previous week. Most cases were from Punjab province, accounting for 78% of the new cases. Since the start of 2024, 43 491 cases have been reported. The highest number of these cases have been reported from Punjab province (72%), followed by Sindh province (11%).</p>						

Ongoing public health events and emergencies

As at 30 October 2024

Member State/territory	Hazard	Event	WHO grade	Cases/injuries	Deaths	Date of start
Pakistan	Biological	Malaria	Ungraded	1 824 319	–	23-Sep-22
From 21 October to 27 October 2024, 91 841 suspected malaria cases were reported, an 8.99% decrease compared with the previous week. Most of these cases were reported from Sindh province, accounting for 80.34% of the total cases. Since the start of 2024, 1 824 319 cases have been reported. The highest number of these cases have been reported from Sindh province (76.14%), followed by Khyber Pakhtunkhwa province (13.55%).						
Pakistan	Biological	Measles	Ungraded	33 754	–	26-Jan-21
From 21 October to 27 October 2024, 470 suspected measles cases were reported, a 1.47% decrease compared with the previous week. Most of these cases were reported from Punjab province, accounting for 47.45% of the total cases. Since the start of 2024, 33 754 measles cases have been reported. The highest number of these cases have been reported from Khyber Pakhtunkhwa province (40.51%), followed by Punjab province (36.24%).						
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	41	0	16-Mar-23
Wild poliovirus is endemic in Pakistan, and instances are reported retrospectively. During week 43 of 2024, 2 wild poliovirus type 1 (WPV1) cases were reported – 1 from Khyber Pakhtunkhwa province and 1 from Balochistan province. Since the start of 2024, 41 WPV1 cases have been reported. WHO and the Global Polio Eradication Initiative are focusing on reaching every last child in Pakistan with vaccines and on strengthening surveillance and technical support at all levels.						
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 29 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.						
Somalia	Biological	Cholera	Multi-region Cholera, Grade 3	19 987	138	2-Aug-18
As at 20 October 2024, 19 987 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
From 1 January to 22 September 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 20 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 5 states. No further significant updates are available as at 27 October 2024.						
Somalia	Biological	Diphtheria	Somalia Complex Emergencies, Protracted 3	813	89	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 20 October 2024, 813 suspected cases and at least 89 deaths were reported.						
Somalia	Biological	Measles	Somalia Complex Emergencies, Protracted 3	10 354	35	3-Sep-22
As at 20 October 2024, 10 354 suspected measles cases and at least 35 deaths had been reported through the surveillance system for fever and rash in 2024. The measles outbreak has been spreading in Somalia since 2023.						

Ongoing public health events and emergencies

As at 30 October 2024

Member State/territory	Hazard	Event	WHO grade	Cases/injuries	Deaths	Date of start
Sudan	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>						
Sudan	Biological	Cholera	Multi-region Cholera, Grade 3	28 496	838	5-Oct-23
<p>From 22 July to 29 October 2024, 28 496 cholera cases, including 838 deaths (case fatality ratio: 2.9%) were reported from 5 states, with an attack rate of 9.83 per 10 000 population. A 38% decrease in cases was observed in week 43 of 2024 compared with week 42 of 2024. Among internally displaced persons from 9 states and 31 localities, 1267 cases and 20 deaths (case fatality ratio: 1.6%) were reported. Among refugees in 2 states and 4 localities, 199 cases and 7 deaths (case fatality ratio: 3.5%) were reported. 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>						
Sudan	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 43 of 2024. As at 27 October 2024, no cases of cVDPV2 had been reported in Sudan in 2024.</p>						
Sudan	Biological	Dengue	Multi-region Dengue, Grade 3	9523	77	20-Oct-21
<p>From 1 January to 30 October 2024, 9523 dengue cases, including 77 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>						
Sudan	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>						
Sudan	Biological	Malaria	Sudan Conflict and Complex Emergency, Grade 3	1 845 955	178	10-Sep-22
<p>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.</p>						
Sudan	Biological	Measles	Sudan Conflict and Complex Emergency, Grade 3	5491	120	8-Jan-21
<p>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.</p>						
Syrian Arab Republic	Societal	Armed conflict	Syrian Arab Republic Complex Emergencies, Protracted 3	–	–	27-Jun-18
<p>The security situation within the Syrian Arab Republic remains unstable.</p>						
Syrian Arab Republic	Biological	Cholera	Multi-Region Cholera, Grade 3	454	0	13-Aug-24
<p>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.</p>						
United Arab Emirates	Biological	Mpox	MPOX, Grade 3	28	0	25-May-22
<p>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.</p>						
Yemen	Biological	Circulating vaccine-derived poliovirus type 2 (cVDPV2)	Polio (cVDPV), Grade 2	33	0	30-Nov-21
<p>No new circulating vaccine-derived poliovirus isolates were reported during week 43 of 2024. For 2024, Yemen has reported a total of 33 circulating vaccine-derived poliovirus type 2 cases.</p>						

Ongoing public health events and emergencies

As at 30 October 2024

Member State/territory	Hazard	Event	WHO grade	Cases/injuries	Deaths	Date of start
Yemen	Biological	Dengue	Multi-Region Dengue, Grade 3	15 262	13	25-Jan-24
<p>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.</p>						
Yemen	Biological	Diphtheria	Yemen Complex Emergencies, Protracted 3	1629	77	25-Jan-24
<p>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.</p>						
Yemen	Hydrological	Floods	Ungraded	–	48	27-Aug-24
<p>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.</p>						
Yemen	Biological	Measles	Yemen Complex Emergencies, Protracted 3	35 682	302	29-Mar-21
<p>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.</p>						



**World Health
Organization**

Eastern Mediterranean Region

WHO Health Emergencies Programme

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

Country office contributors

Lebanon:
Ghada Abou Mourad
Abdinasir Abubakar
Nohal Al-Homsy
Nariman Chamoun
Krystel El Debs
Omar El Rifai
Hala Habib
Danielle Inati
Pamela Mrad
Alissar Rady
Yasmin Rihawi
Mahmoud Sabra
Myriam Sassine
Solara Sinno
Edwina Zoghbi

Regional Office contributors

Public health intelligence:
Farida Abougazia
Tarek Awad
Aura Corpuz
Mona Elbarbary
Ali Elkony
Rana Elzahar
Abdelrahman Khalifa
Basant Mohamed
Sara Morsy
Jeremias Naiene
Hazal Sami

Geographic information system:
Hanem Mohamed Basha
Ryan Arias Delafosse

Design:
Zena Harb

Editing:
Nigel Ryan

Special contributors

**Infectious Hazard Prevention
and Preparedness unit:**
Florestan Boualame
Chiori Kodama
Hauwa Mohammed

Editorial advisory group

Rick Brennan
Aura Corpuz
Sarah Eissa
Mona Elbarbary
Sherein Elnossery
Farida Mahgoub
Basant Mohamed
Shaza Mohammed
Thomas Mollet
Jeremias Naiene
Hazal Sami
Muhammad Tayyab

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

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