

Current major event

COVID-19 National Testing Capacity in EMR- A survey

During COVID-19 pandemic, timely and accurate laboratory testing are an integral part of public health response, while good laboratory practices should be intensified and monitored in all EMR countries. A survey was conducted regionally between 4th to 11th April 2020 to map the national testing capacity for SARS-CoV in EMR and describes their capacity and limitations.

Editorial note

The survey was conducted to describe the testing strategy for SARS-CoV in different countries in the region taking into consideration then four transmission scenarios defined by WHO and with focusing on the implemented strategies for vulnerable immigrant population (IDPs and refugees), assess the national laboratory capacities and highlight the role of the existing hospital-based severe acute respiratory infection (SARI) and primary care influenza like illness (ILI) sites in COVID-19 surveillance.

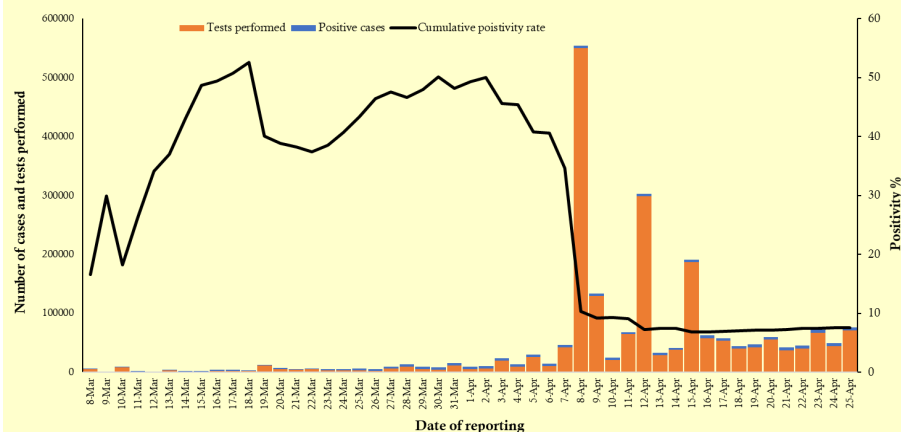
The survey was sent to the Ministry of Health in 22 countries through the COVID-19 focal points in the WHO country offices. Eighteen countries responded (81% response rate), to the 5 pre-identified thematic areas.

Regarding the testing strategy, all suspected cases are tested for SARS-CoV according to WHO case definitions in all countries except Bahrain, Egypt, Jordan, Lebanon, Morocco, Oman, Sudan who adapted the case definition according to their context. Testing in settings where testing capacity cannot meet needs must be prioritized. In Sudan FMoH is using scoring system, so any patient scored 6 or more will be tested. In Pakistan, MOH recommended for priority testing based on tier approach;

- Tier 1: High level suspicion is always tested.
- Tier 2: Low level of suspicion, tested at physician discretion but isolate patient.

Testing among vulnerable populations is important for early treatment to minimize progression to severe disease. Some complex emergency affecting countries as Syria, Iraq, Djibouti and Libya have established specific testing strategy for IDPs/refugees in terms of immediate notification of suspected cases through existing EWARN, assessment/ triaging and sample collection. While Somalia and Yemen have no targeted or prioritized testing for them. In oPt, Morocco and Egypt, migrants and refugees have access to free of charge testing as for any other citizen. Moreover, in Jordan, screening with RDT for SARS-CoV is applied at camp entrance to screen authorized health workers and camp returnees from urban settings entering the camp.

Specimens tested and positive COVID-19 cases in EMR, 8 March to 25 April, 2020



National COVID Laboratory Network, EMR, 2020

Countries	No. lab (average No of tested samples/ week)	Countries	No. lab (average No of tested samples/ week)
Afghanistan	4 (500)	Oman	3(9000)
Bahrain	5(20000)	Pakistan	16(20000)
Djibouti	2(500)	Somalia	1(107)
Egypt	24(2000)	Qatar	3(10000)
Iraq	8(2000)	Sudan	1(35)
Jordan	10(14000)	Syrian Arab Republic	5(400)
Lebanon	16(2000)	Tunisia	6(1000)
Libya	2(71)	Yemen	2(30)
Morocco	4(4000)		

In Lebanon, there is no specific strategy for testing among refugees and migrants.

The national laboratory capacity was well established in the region with a rational number of SARS-CoV designated laboratories and decentralization capacity in the subnational level in most of the countries (see the table). To monitor the full extent of virus circulation in the general population, Oman, Iraq, Egypt, Lebanon and Qatar followed WHO recommendation of implementing testing for SARS-CoV via existing national ILI and SARI surveillance. So far the number of positive cases detected from (ILI/SARI) sites were 21 out of 633 in Oman, 490 out of 2467 in Iraq, 228 cases in Egypt and 225 out of 5500 in Qatar.

Countries are advised to continue their efforts in maintaining, adjusting and tailoring their testing approach to the local context for each of the four transmission scenarios while ensuring flexibility. Integration between epidemiology and laboratory data should be emphasized for better data management. Improving the accessibility to laboratory testing for SAR-CoV for IDPs/refugees/migrants should be considered. Countries need also to leverage existing routine influenza surveillance systems for efficient and cost effective implementation of COVID-19 surveillance

Update on outbreaks in the Eastern Mediterranean Region

COVID-19 in 22 EMR countries;

Current public health events of concern [cumulative N° of cases (deaths), CFR %]

Coronavirus disease 2019 (COVID-19): 2019-2020

Afghanistan	[1463 (47), 3.2%]
Bahrain	[2588 (8), 0.3%]
Djibouti	[1008 (2), 0.2%]
Egypt	[4092 (294), 7.2%]
Iran	[89328 (5650), 6.3%]
Iraq	[1708 (86), 5%]
Jordan	[444 (7), 1.6%]
Kuwait	[2892 (19), 0.7%]
Lebanon	[704 (24), 3.4%]
Libya	[61 (2), 3.3%]
Morocco	[3889 (159), 4.1%]
occupied Palestinian territory (oPt)	[342 (2), 0.6%]
Oman	[1905 (10), 0.5%]
Pakistan	[12227 (256), 2.1%]
Qatar	[8358 (10), 0.1%]
Saudi Arabia	[16299 (136), 0.8%]
Somalia	[390 (18), 4.6%]
Sudan	[213 (17), 7.9%]
Syrian Arab Republic	[42 (3), 7.1%]
Tunisia	[922 (38), 4.1%]
United Arab Emirates	[9281 (64), 0.7%]
Yemen	[1 (0)]