

## Summary

As of 29 October 2015, the global number of reported **Middle East respiratory syndrome coronavirus** cases reached 1611, including 575 deaths (case–fatality rate of 35.8%). In Saudi Arabia the total number of reported cases reached 1272 (79.5% of the global number) with a case–fatality rate of 42.5%.

Since the start of the outbreak on 15 September 2015, the Ministry of Health in Iraq has reported 2217 laboratory confirmed **cholera** cases with two related deaths from 15 out of 19 governorates. An estimated 250 000 displaced persons will be targeted during the oral cholera vaccine campaigns to be conducted in the first week of November.

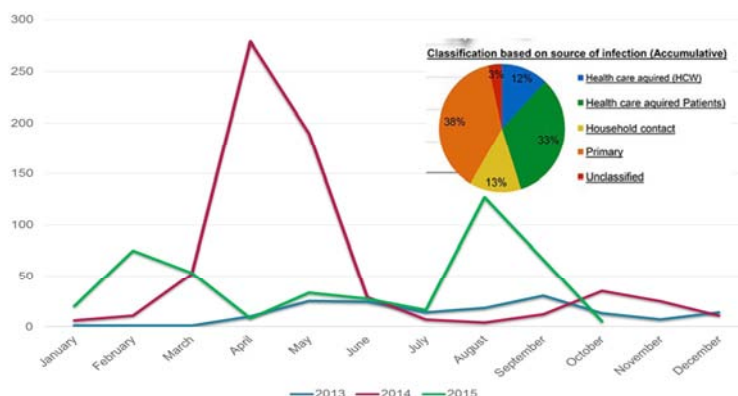
In Sudan, a total of 200 suspected **viral haemorrhagic fever**, including 103 deaths were reported from South, East, Central, West and North Darfur.

## Middle East respiratory syndrome coronavirus (MERS-CoV)

### Situation

- As of 29 October 2015 the **global number of reported cases reached 1611**, including 575 deaths ( case–fatality rate of 35.8%). In **Saudi Arabia the total number of reported cases reached 1272** (79.5% of the global number) with a case–fatality rate of 42.5%. (<http://www.who.int/csr/don/29-october-2015-mers-saudi-arabia/en/>)
- According to Ministry of Health sources, about half of the confirmed cases (51%) were community acquired (38% were primary cases and 13% were secondary cases that occurred within households). About 45% of the cases occurred within health care facilities, of which approximately one third occurred among health care workers, whereas 3% of the cases remain unclassified.

Epidemic curve of MERS-CoV in Saudi Arabia, 2013–2015



- Regional MERS-CoV situation update - <http://www.emro.who.int/health-topics/mers-cov/news.html>

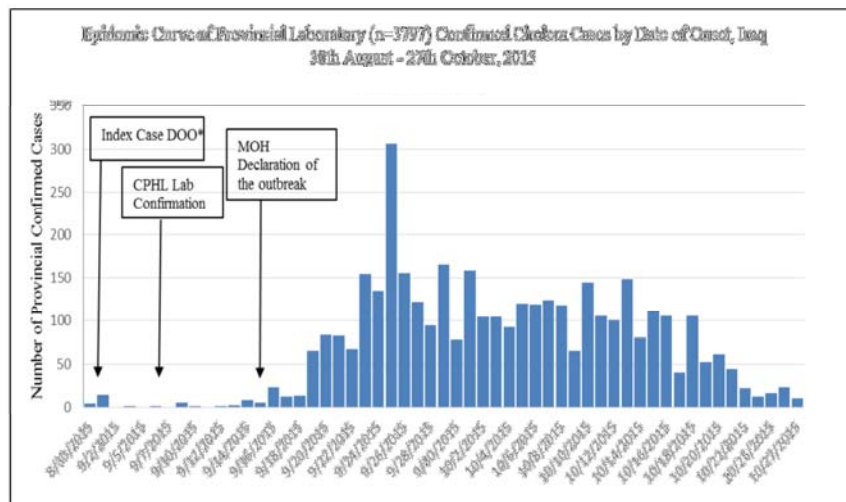
## Cholera in Iraq and neighbouring countries

### Response

- WHO has conducted missions to Saudi Arabia to provide technical support, as well as advise the Ministry of Health on technical issues to help contain the MERS outbreak.

### Situation

- As of 31 October 2015, the total number of cholera cases confirmed by the reference laboratory (Central Public Health Laboratory) stands at 2217. So far only two deaths linked to cholera have been reported.
- 15 out of the 18 governorates of Iraq are affected with Baghdad, Babil and Diwaniya governorates as the most highly affected governorates to date, reporting 33%, 26.7% and 14.4% of the confirmed cases, respectively.
- The source of infection of the current epidemic in Iraq is traced to the country's dilapidated, unhygienic and contaminated water system.
- Kuwait, Bahrain and Islamic Republic of Iran have reported imported cases linked to travel to Iraq and this has prompted WHO to organize an intercountry regional meeting to discuss containment of the cholera outbreak in Iraq and cholera preparedness in neighbouring countries.
- As of today, **there is no laboratory confirmed cholera case inside Syria** or Syrian refugee camps in Jordan, Lebanon, Turkey and Iraq. Nonetheless, WHO received numerous cholera rumours through the early warning system, and all of them were verified to be false alerts.



measures to scale up preparedness across the Region to prevent the spread of cholera.

- The health response strategy includes case management, active/passive surveillance, laboratory strengthening, health and hygiene promotion, coordination, monitoring of water quality and safety of food and sanitation resources, as well as vaccination.
- An estimated 250 000 displaced persons will be targeted during the oral cholera vaccine campaigns to be conducted in the first week of November. WHO has mobilized 510 000 doses of the oral cholera vaccine through the global stockpile. For more information on the vaccination campaign - <http://www.emro.who.int/surveillance-forecasting-response/surveillance-news/510-000-doses-oral-cholera-vaccine-help-control-cholera-outbreak.html>

## Viral haemorrhagic fever in Sudan

### Situation

- Between 29 August and 30 October 2015, a **total of 200 suspected viral haemorrhagic fever, including 104 deaths** were reported from South, East, Central, West and North Darfur. 12 localities in Darfur are currently affected by the outbreak.
- Laboratory analysis of 50 samples collected from suspected cases was conducted using ELISA IgM with the following results.

State	Total samples	Laboratory results			
		+ve for DF	+HEV	+Chikungunya	+WNV
West Darfur	55	26	7	1	6
North Darfur	34	2	0	0	1
Central Darfur	14	0	0	3	2
East Darfur	1	0	0	0	0
South Darfur	1	0	0	0	0
<b>Total no of samples</b>	<b>105</b>	<b>28</b>	<b>7</b>	<b>4</b>	<b>9</b>

*Dengue fever (DF), Hepatitis E virus (HEV), West Nile virus (WNV)*

- The most frequent symptoms are fever (99.5%), bleeding (vomiting) (61%), joint pain (35.2%) and jaundice (7.7%)
- The samples collected were sent to the Institut Pasteur of Dakar, a WHO collaborating centre on arboviruses and viral haemorrhagic fevers for re-testing and confirmation.

### Response

- The National Task Force Meeting was activated and meets on daily basis. Active Joint Federal Ministry of Health/WHO rapid response teams and investigation teams have been deployed. To support case management in the affected states, the Ministry has also deployed medical and nursing teams.
- Vector control activities supported by WHO and the Ministry of Health have started in the most affected localities in South and East Darfur.
- WHO guidelines for diagnosis, treatment, prevention and control have been disseminated to all the health partners.
- A WHO mission has been deployed to support the outbreak's operational response.

For additional information:

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