WORLD HEALTH ORGANIZATION

Regional Office for the Eastern Mediterranean

ORGANISATION MONDIALE DE LA SANTÉ

Bureau régional pour la Méditerranée orientale

REGIONAL MEETING ON CHOLERA AND DIARRHOEAL DISEASES

Alexandria, 1 - 5 June 1978

EM/MTG.CHL.DHL.DIS./5.8

May 1978

DIARRHOEAL DISEASES IN SAUDI ARABIA *

* by Dr Hashim S. Dabbagh, Director General, Preventive Medicine Department, Ministry of Health, Riyadh

Diarrhoeal diseases constitute one of the main health problems which involve the care of not only the Ministry of Health but also the activities of so many other related agencies in Saudi Arabia. These diarrhoeal diseases are either due to Parasitic, Bacterial, Fungal, or Specific viral diseases.

Diarrhoeal diseases in infants still remain the most common cause of death in this age-group and are responsible for the relatively high percentage of infant mortality rate in Saudi Arabia. This is not a single disease but a complex of symptoms caused by a wide variety of agents, either intestinal pathogens or secondary to parenteral infection. Case to case transmission occurs in both types. Summer diarrhoea in children and infants occurs in outbreaks, especially amongst rural and Bedwin population all over the year, but more in summer season. The common organisms for that are specific enteropathic E.Coli, Salmonella, Shigella, Staphylococci and Enteroviruses. However the trend of incidence of the diarrhoeal diseases in infants and children is going down mainly due to the improvement of hygienic conditions, and the mortality rate has been going down in the last few years due to earlier recognition and better treatment facilities.

Dysenteries, whether bacillary due to shigella infection or amoebic due to E. Histolytica are common especially the latter which contribute for a big percentage of morbidity in people living in relatively unsanitated localities.

Sporadic cases of salmonella diarrhoea occur every now and then from ingestion of contaminated food or due to person-to-person spread. The number of recognised cases from either source is relatively small and largely dependent on diligence and hospital reports. Small outbreaks are more common in pilgrimage season and are mainly due to contaminated food kept for long time under unsuitable storage conditions with some of the pilgrims.

Before tackling the problem of Cholera in Saudi Arabia, we must take into consideration that the Kindgom particularly Mecca and Medina is the destination for the largest of all pilgrimages to a sacred place. Since the 2nd World War, except minor fluctuations, there has been an overall and constant increase in number of pilgrims. Last year more than one and a half million pilgrims were present on Arafat Day. Out of these about 60% were from outside the Kingdom. This big congregation in such a localized place has no doubt, besides public

health problems, the risk of importing the disease and its spread among the pilgrims and consequently to their native countries and to the rest of the world. A strict cholera control programme has been executed since the 7th pandemic depending on realistic application of the International Health Regulations, adequate sanitary measures (safe water supply, food control, excreta disposal and proper fly control) supported by a massive health education programme. Continuous surveillance of enteric infections in diarrhoea clinics established since 1970 in all the hospitals all the year round, enabled the health authorities to foresee and forestall any danger. Within the last five years the Kingdom was subjected to three localized outbreaks one in the pilgrimage season of 1394 H. (Dec. 1974 - Feb. 1975) in the western region (1159 cases with 126 deaths), the second in Hafuf, Eastern region during the year 1976 (163 cases with one death) and the third in Khaiber, Medina region during the year 1977 (86 cases with no deaths).

Finally I should emphasize that cholera that has played an important if not decisive role in the development of concepts of International Health deserves to be reconsidered by your expert committee. This is because in the last few years and after the invasion of cholera to many neighbouring countries in the near east it has been clear that neither the immediate task of cholera control nor the long term project of eliminating the endemic foci can succeed without International co-operation and assistance.