

Current major event

Resurgence of Cholera Outbreak in Yemen

The current cholera outbreak in Yemen, started in October 2016, showed a sign of decline in the first three months of the year. An upsurge of cases and deaths were recorded from 27 April 2017. As of 28 May 2017, a cumulative total of 88,849 suspected cholera cases including 657 associated deaths (CFR: 0.73%) were recorded from 261 districts in 19 governorates across the country since the beginning of the outbreak in 2016 (Please see the graph).

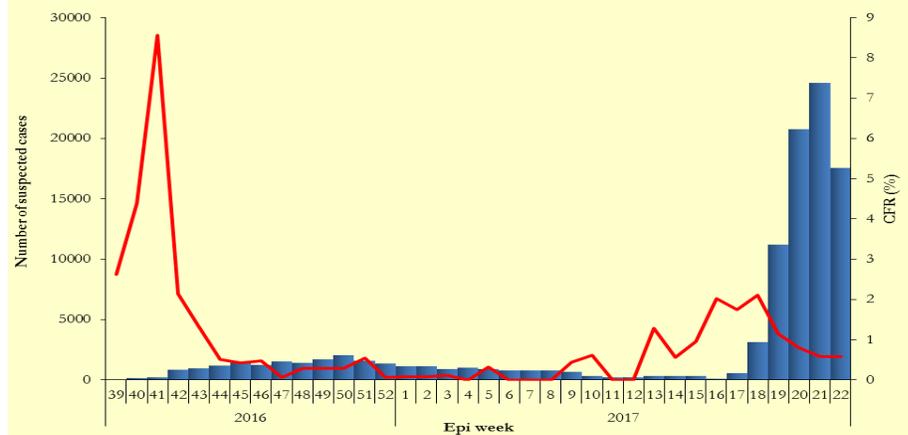
Editorial note

Cholera is endemic in Yemen, the first wave of the current outbreak started in October 2016, and it affected 165 districts in 15 governorates but declined gradually from December to early April 2017. The Ministry of Health (MOH) declared a state of emergency on 14 May 2017 after noticing unprecedented reemergence of the cholera cases in many health facilities in the capital city of Sana'a and surrounding districts. The government requested an emergency appeal to the international communities to provide financial and technical assistance to contain the resurgence of the cholera outbreak.

During this period from 27 April to 28 May 2017, when a spike in cases were reported, a total of 62,977 suspected cholera cases including 537 associated deaths were reported by the government from 261 districts of 19 governorates. Over 376 stool samples were tested positive for *Vibrio Cholerae* during this second wave of the outbreak. The outbreak continues to spread at an unprecedented speed throughout Yemen, and over 80% of the districts are affected within a very short period. Only 7 of the 23 governorates in the country recorded over 75% of the new cases and deaths that includes- Amanat Al-Asimah, Hajjah, Al-Hudaydah, Amran, Sana'a, Taizz and Al Mahwit. The capital city of Sana'a and its ten districts reported over 21% of all new cases and 6% of all deaths.

Although the overall case fatality rate is still below the acceptable standard of 1%, at least 81 districts recorded over

Number of cholera cases and case fatality rate in Yemen, October 2016 - May 2017



1% case fatality rate during the last five weeks alone. The source of the current upsurge of cholera cases is presumed to be associated with the contaminated water and food sources combined with poor sanitation and hygiene practices.

The MoH with the support of WHO and other partners have scaled up the multi-sectoral response interventions to slow down the spread of the outbreak. During the first two weeks of the second wave, the MoH has made some important policy changes that is expected to improve the cholera data collection and response coverage. The cholera data collection, analysis, and dissemination have been tasked to the surveillance teams at the central governorate and districts levels, and the quality, completeness, and timeliness of the cholera data have significantly improved since then. The MoH has accepted to expand the Diarrhoea Treatment Centers (DTC) and Oral Rehydration centers (ORCs) network across the country. They also accepted to use the standard case definition of cholera which is more sensitive as compared to the previous one.

WHO is currently undertaking risk assessment to identify hotspots that can be targeted to introduce oral cholera vaccines as a supplementary intervention to the existing and other ongoing preventive measures. Investigation is also under way to determine if *V. Cholerae* isolated during this second wave is more virulent and native strain as compared to the one isolated during the first wave. WHO continues to be on the ground to support and scale up the ongoing response operations to cholera.

Update on outbreaks

in the Eastern Mediterranean Region

MERS-CoV in Saudi Arabia; Cholera in Somalia; Cholera in Yemen; Chikungunya in Pakistan.

Current public health events of international concern

[cumulative N° of cases (deaths), CFR %]

Avian Influenza: 2006-2017

Egypt (A/H5N1) [359 (122), 34%]

Egypt (A/H9N2) [3 (0)]

Chikungunya: 2016-2017

Pakistan [5,528 (0)]

MERS-CoV: 2012-2017

Saudi Arabia [1,613 (646), 40.1%]

Cholera: 2016-2017

Somalia [45,400 (738), 1.6%]

Yemen [88,849 (657), 0.73%]

Meningococcal disease: 2017

Nigeria [13,943 (1,112), 8%]

Avian Influenza A (H7N9): 2013-2017

China [1,486 (571), 38.4%]

Ebola Virus Disease: 2017

DRC [45 (4), 8.8%]

Wild poliovirus: 2014-2017

Pakistan [382 (0)]

Afghanistan [64 (0)]

Zika Virus Infection: 2015-2017

84 countries and territories have reported transmission so far.