**Current major event**

**Upsurge of Cholera in Somalia**

Between December 2017 and 09 June 2019, the Federal Ministry of Health Somalia reported 7 650 cholera cases, including 46 related deaths with CFR 0.6%. An upsurge of the reported cases has been observed, starting from epidemiological week 21-2019.

**Editorial note**

The current cholera outbreak started in December 2017 following floods that affected the districts in the basins of rivers Shabelle and Juba and got peaked during epidemiological weeks 17 to 26 of 2018 (See graph). Since the beginning of the outbreak a total of 7,650 including 46 deaths (CFR 0.6%) has been reported. Till epidemiological week 23-2019, the outbreak has been contained in 4 regions with only Banadir reporting active transmission currently. However, the drought affecting many parts of the country has led to poor access to safe water and food insecurity, and this is expected to lead to increased spread of cholera cases to other regions.

Following the implementation of Oral Cholera Vaccination (OCV) and other control interventions, the cholera outbreak has been contained in districts of Jubaland, Hirshabelle and South West States. Potential risk factors that facilitate the spread of cholera are present in Banadir region, including poor environmental health conditions and limited access to safe water. Banadir region has the highest concentration of Internally Displaced Persons (IDPs) and the numbers are expected to increase by 400,000 people by December 2019. An upsurge of the reported cases has also been observed, starting from week 21-2019 there is an increase in the number of cholera cases reported from, 78 in week 21, 133 in week 22 to 149 in week 23. The most affected districts in Banadir are Hodan, Daynile and Madina. No suspected cholera cases were reported between epidemiological weeks 1 and 7 due to closure of main cholera treatment center, from which the data is reported. During week 23, the cases were reported from 14 out of the 17 districts of Banadir region and a significant number (103 (69%) of the cases are children below 5 years.

As part of cholera prevention, WHO and MOH are planning to implement OCV campaigns in 6 cholera high risk districts of Kahda, Hamajahab and Heliwa in Banadir region, Kismayo, Balad and Afgoi. The first round of the house to house OCV campaign will be conducted during 22nd and 28th June 2019.

The laboratory confirmation of the cases is being conducted regularly in the National Health Public Health Laboratory (NPHL) in Mogadishu. Of the 27 stool samples collected during the reporting week and tested in the NPHL, 5 tested positive to *Vibrio Cholera Inaba*. This is an alarming situation as the circulating serotype in the country confirmed by NPHL since the start of the outbreak was *Vibrio Cholera O139 Ogawa*. This may be the cause of the increased number of cases reported during consecutive weeks.

Despite the important role of OCV, effective cholera prevention and control relay more on the implementation of integrated and comprehensive approaches. There is also a great need for enhanced surveillance and detection in the affected areas, neighboring districts and bordering areas with other countries reporting newly detected serotypes in the country. For ending cholera, integrated interventions should be continued and scaled up despite the current challenges.