

Current major events

Cholera in Somalia

During the period between November, 2007 and February 2008, 995 cases, including 19 deaths of acute watery diarrhea (CFR=1.9%), were reported from Luuq and Belet Xawa of Gedo region, Somalia. Stool specimens sent to KEMRI laboratory in Kenya in November 2007 and January 2008 tested positive for *V. cholerae* serotype *Inaba*. A WHO assessment revealed weaknesses in surveillance, data collection, case management and outbreak control measures in the health facilities and areas visited.

As a response, WHO and its partners provided diarrheal disease kits and chlorine sachets for household water chlorination; response operations were delayed because of issues related to security.

Editorial note

In Somalia, conflict situations have resulted in severe disruption of routine public health services, damage to health infrastructure and limited access to timely and affordable medical services. The recent outbreak of cholera in Gedo region, Somalia, clearly demonstrates the challenges impeding timely response operations in complex emergencies. Cholera is a disease that can be easily prevented, rapidly detected and quickly contained; case-fatality rate should not exceed 1% and no cholera patient should die if he or she managed to arrive to health facility alive.

The outbreak in Gedo region unfolded over 12 weeks period but remained undetected causing relatively high mortality and morbidity. Although there is a declining trend over time, cholera remains a recurrent annual event in Somalia.

There is need to identify innovative strategies for surveillance and response activities for epidemic-prone diarrheal diseases that emphasize long-lasting partnership with local communities to mobilize local resources for its prevention and control. The strategies should

Major outbreaks of cholera in Somalia, 1994-2007

Year	No of cases	Description of the Outbreak
1994	28,000	Started in the north and spread to south and central regions
1995	10,000	Occurred in Mogadishu and Kismaayo
1996	6,000	Started in Mogadishu, Kismaayo and Jowhar; spread to Bosasso and Las Anood
1997	6,000	Occurred in Mogadishu and Kismaayo
1998	14,800	Occurred in Mogadishu and Bosasso
1999	10,000	Started in Mogadishu and Kismaayo, moved explosively to Bardera; spread to Lower Shabelle, Bay and Bakool
2000	7,244	Occurred in Mogadishu (<i>V. Cholerae, 01 Ogawa</i>)
2001	1,821	Starting in Lower Shabelle; spread to Mogadishu and Luuq
2002	1,304	Intensity very low compared to the last year.
2003	6,686	Started in Mogadishu; spread to Shabelle and Bosasso
2004	2,716	Affected Mogadishu
2005	4,490	Affected Mogadishu
2006	97 (?)	Started in Lower Juba Region
2007	7,025	Affected Lower and Middle Shabelle regions



be translated into simple activities that could be maintained by the population themselves at all times. If the community is made aware of the risk of transmission of cholera and the available simple methods for its prevention (like hand washing and boiling of water), most of the cases and deaths from cholera could be prevented. The strategies should ensure provision of basic needs, including safe water supply. The involvement of local population in early detection and containing the outbreak remains crucial in conflict situations. Since response operations in such situations are often delayed it would necessitate better coordination amongst the humanitarian partners.

In many public health events; especially in such recurrent epidemics, we need to think and work with the people and not for the people.

Update on outbreaks in the Eastern Mediterranean Region

Avian Influenza: A new case of human avian influenza (AI) in Egypt (*case No. 47*); Laboratory evidence of second human case of AI in Pakistan (*microneutralization*); **Cholera:** Somalia

Current public health events of international concern

[cumulative N° of cases/deaths, CFR %]

Avian influenza

Egypt	[47/20, 42.5%]
Indonesia	[129/105, 81.4%]
Viet Nam	[105/51, 48.6%]
China	[30/20, 66.7%]

Cholera

D.R. Congo	[4136/126, 3.1%]
Somalia	[561/12, 2.1%]
Iraq	[4,697/ 24, 0.5%]

Meningococcal Meningitis

C. African Republic	[45/5, 11.1%]
D. R. Congo	[167/17, 10.2%]
Uganda	[380/17, 4.5%]

Monkey pox

DR Congo	[173/4, 2.3%]
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Yellow Fever

Paraguay	[22/6, 27.3%]
Argentina	[1/0, 0.0%]

(* = Unofficial figures); (# YF Animal case)
CFR = Case-Fatality Rate