

## Current major events

### Limited Cholera Outbreaks in 2008

The year 2007 witnessed one of the worst outbreaks of cholera from the countries of Eastern Mediterranean Region. As many as six member states in the Region (Djibouti, Iraq, Pakistan, Somalia, Sudan, and Yemen) have reported outbreaks of either cholera or acute watery diarrhea (AWD) to WHO. These outbreaks truly overwhelmed the capacity of the member states' health systems resulting in large scale mortalities and morbidities. .

During the current year, only Sudan has, so far, reported cholera outbreak. While the outbreak is ongoing in limited intensity in southern Sudan since the beginning of this year, only in recent time northern Sudan reported cholera cases from Gederef state which borders on Ethiopia. .

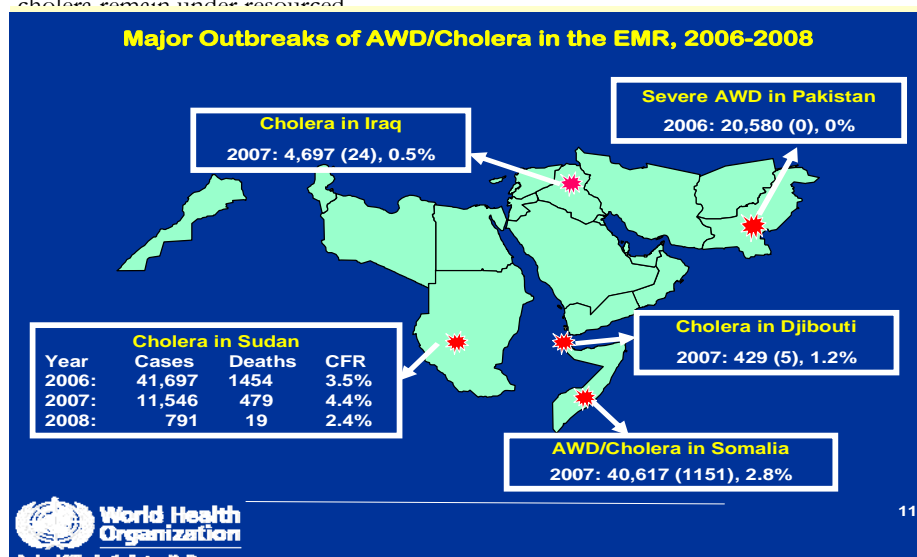
Owing to lack of health systems preparedness and other competing priorities, the scaling up of public health measures to control environmental risk factors for

### Editorial note

Epidemic-prone diarrhoeal diseases including cholera remains a major public health problem in the countries of the WHO Eastern Mediterranean Region (EMR). The countries most affected are those in complex emergency situation. During the last 28 months, large outbreaks of cholera/AWD were reported from Sudan, Somalia, Djibouti, Pakistan and Iraq resulting to an estimated total of 120,367 cases including 3,132 deaths. Iran has reported imported cases mainly from its eastern and western neighbors. Cholera is endemic in some of these countries mainly due to environmental problems, including inadequate sanitation and contaminated food and water, which expose its populations to the risk of cholera and other diarrhoeal diseases.

The full extent of the burden of epidemic-prone diarrhoeal diseases in EMR is difficult to estimate. This is due

cholera remain under-recognized.



#### Regional Strategy on Cholera and Other Epidemic prone Diarrheal Diseases: Strategic directions

- Standardization of methodologies and data elements for risk assessment;
- Improving data collection for early detection of outbreaks;
- Strengthening emergency preparedness for rapid response to outbreaks;
- Building competency for laboratory diagnosis and detection of enteric bacterial pathogens;
- Standardization of case management practices;
- Control of environmental risk factors;
- Promotion of research to address critical knowledge gap

to weak surveillance systems in some countries, and under-reporting of cases to avoid over-reaction and their negative effects on vital trade and tourism.

The capacity for diarrhoeal disease prevention, epidemic preparedness, and outbreak response varies greatly within the countries of the Region. It is for this reason that the Regional Office through DCD organized a consultation meeting in March 2008 to develop a regional strategy in order to ensure that all countries have the capacity for prevention, and control of cholera including other epidemic prone diarrhoeal diseases.

The focus of this strategy is to build health systems capacity of the member states of the EMR, in a systematic way, on limiting the public health impact of cholera and other epidemic prone diarrhoeal diseases.

### Update on outbreaks

#### in the Eastern Mediterranean Region

**Dengue:** in Saudi Arabia. **Cholera;** in Sudan (Gedaref). **Hepatitis –E:** in Red sea state of Sudan

### Current public health events of international concern

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

#### Avian influenza

Egypt	[50 (22), 44%]
Indonesia	[135 (110), 81.4%]

#### Cholera

Sudan (South)	[5953 (50), 0.83%]*
Uganda	[490 (31), 6.3%]

#### Dengue fever

Saudi Arabia	[533 (?), ?%]
Yemen	[1001 (?), ?%]

#### Myiasis

Djibouti	[932(0), 0%]
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#### Hepatitis E

Uganda	[5339 (90), 1.7%]
Sudan	[224(23), 10.2%]*

#### Lassa fever

Liberia	[44 (5), 11.4%]
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#### Murburg

Netherlands	[1(1), 1%]
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(\* = Unofficial figures)  
CFR = Case-Fatality Rate