

## Current major events

### Cholera in Yemen

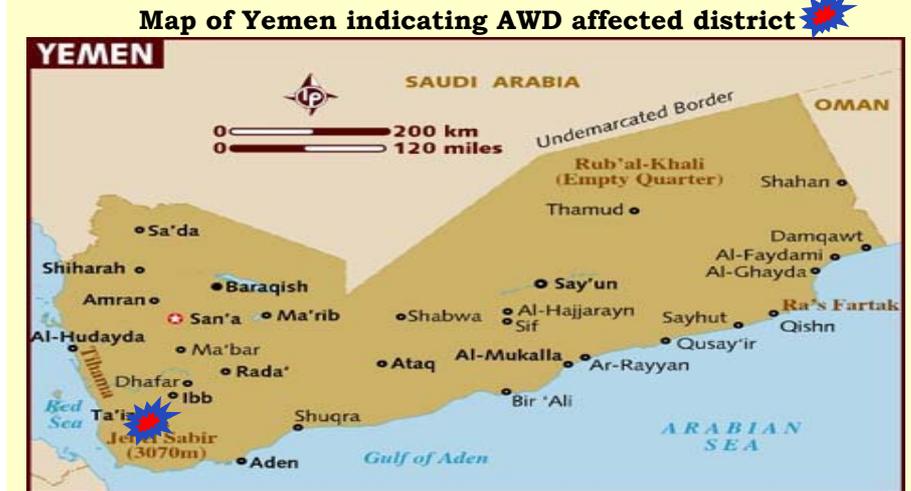
The Ministry of Public Health and Population (MOPH&P) in Yemen has reported an outbreak of acute watery diarrhea (AWD) in Lahj Governorate (South Yemen) in the region of Alshat and Ras Alara districts. The outbreak started on 29 June 2010 and as of 2 July, a total of 300 suspected cases including 4 deaths (CFR: 1.3%) have been reported. Majority (about 50%) of the cases were described as presenting with moderate dehydration. Some cases were transferred to Aden for admission and laboratory investigations. Nine out of 50 samples were tested were positive for *Vibrio cholerae*.

The MOPH&P has initiated control measures that include case management, chlorination of affected wells and other domestic water sources and as a result, the number of cases are coming down in recent days.

### Editorial note

The present seventh cholera pandemic caused by El Tor biotype of *Vibrio cholerae* which began in 1961 possibly reached the Horn of Africa in 1970 and then spread to Yemen for the first time during September to October in 1971. It is presumed that Cholera was introduced in Yemen from its neighbouring country and has since been endemic in the country as well as in the entire Horn of Africa. The movement of population, mainly by land and sea, appears to have contributed to the spread of cholera from one country to another including to Yemen during the seventh pandemic.

In the recent past, Yemen has reported cholera outbreak in 2007, 2009 and also in 2010 (please see the table) accounting for a sizeable number of mortality and morbidity in the country. Although, these outbreaks were not explosive types as those were seen in the Horn of Africa, yet sporadic and seemingly unconnected cases occurred in many parts of Yemen over a fairly long period.



### Cholera in Yemen : Recent events

Year	Cases	Deaths	CFR(%)
2010	300	4	1.3
2009	55	3	5.4
2008	-	-	-
2007	NA	NA	NA

Although, cholera has behaved in the past in an unpredictable manner by disappearing from areas without any apparent reason, the possibility of spread of cholera has become greater with the increase in the number of endemic areas and the greater mobility of people. Unfortunately, all the factors favouring endemicity of cholera exist even in present time, particularly in the populous coastal and riverine areas, where there is little possibility of improving water supply, safe sanitation and personal hygiene in the near future. In all probability, cholera is going to become, if not already, entrenched in these countries at least temporarily.

The management of cholera outbreak has changed little over the last decade. Rehydration remains the corner stone of treatment. Provision of safe water, adequate sanitation and improved personnel and household hygiene need to be ensured as both short and long-term measures in order to arrest the endemic trend of cholera. Lack of adequate surveillance and improper case management can only worsen the outbreak situation.

### Update on outbreaks

in the Eastern Mediterranean Region

Cholera in Yemen & Djibouti; Dengue in Yemen and Sudan

### Current public health events of international concern

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

#### Avian influenza

Egypt	[109 (34), <b>31.1%</b> ]
Indonesia	[165 (136), <b>82.4%</b> ]
China	[39 (26), <b>66.6%</b> ]
Global total	[499(295), <b>59.1%</b> ]

#### Dengue fever

Sudan	[3000 (12), <b>0.4%</b> ]
Yemen	[8109 (10), <b>0.1%</b> ]

#### AWD (Cholera)

Yemen	[ 300 (4), <b>1.3%</b> ]
Benin	[ 278(2), <b>0.72%</b> ]

#### Pandemic (H1N1) 2009

AFRO	No of deaths: 168
AMRO	No of deaths: At least 8462
EMRO	No of deaths: 1019
EURO	No of deaths: At least 4879
SEARO	No of deaths: 1866
WPRO	No of deaths: 1845
<b>GLOBAL Total</b>	No of deaths: 18,239

CFR=Case-Fatality Rate