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Current major event

Cholera continued to claim lives in 2011

Cholera continues to occur in the Eastern Mediterranean Region in both endemic and epidemic patterns. Last year, over 1530 lives were lost due to suspected cholera/acute watery diarrhoea in the Region. At-least 5 countries in the region (Afghanistan, the Islamic Republic of Iran, Pakistan, Somalia and Yemen) reported cholera cases to WHO in 2011 marking a substantial surge in cases and deaths compared to 2010.

Editorial note

Cholera remains a major public health risk in the Eastern Mediterranean Region (EMR) of WHO. During the last decade, at-least 12 out of 23 countries in the region have reported cholera cases, often in epidemic proportions. The countries in complex emergencies are particularly at risk.

In 2011, majority of the suspected cases of cholera/acute watery diarrhoea in the region were reported from Somalia as a result of combined effect of population displacement owing to conflicts, famine, drought and subsequent food insecurity. Cholera re-emerged in 2011 in the Islamic Republic of Iran after nearly 2 years. Population movement across the border between the Islamic Republic of Iran and Afghanistan was cited as the main precipitating factor. Afghanistan, Pakistan and Yemen, also reported cholera as the disease remains endemic in these countries. However, Yemen experienced a significant surge in cases compared to 2010 owing, perhaps, to the on-going conflicts and internal displacement of people.

The spread of cholera, amongst others, is a consequence of lack of safe water, poor sanitation and compromised hygiene situation. The effective and proven prevention and control measure for cholera are dependent on provision of safe water, improved access to sanitation and health hygiene measure. The development of oral cholera vaccines (OCVs) is offering hopes for cholera control.

Reported cholera cases and deaths in the EMR, 2010-2011



Countries reporting suspected cholera/AWD cases and deaths in the region, 2011 *			
Country	Cases	Deaths	CFR (%)
Afghanistan	3733	44	1.1
Iran	1187	12	1
Pakistan	555 #	219	
Somalia	77636	1130	1.4
Yemen	32144	142	0.44

* As has been reported officially to WHO by the respective countries; # Laboratory-confirmed cases only

However, its use, either pre-emptively or reactively is to be considered as complimentary tool only and not to substitute the existing effective and proven measures that are based on improving supply of safe water, sanitation and hygiene situation of the vulnerable and atrisk populations.

As the environmental conditions responsible for recurrence of cholera can not be improved rapidly, the challenge, is to improve the surveillance capacity of countries to early detect and rapidly respond to limit the spread of any outbreak. In addition, the affected community need to be educated on safe behavioural practice and point-of-use water purification that can limit the transmission of cholera outbreak. Early referral of severely dehydrated patients to health facilities and their appropriate case management can prevent avoidable deaths and this should be the aim in any cholera outbreak.

Update on outbreaks

Avian influenza in Egypt; **Dengue** and **CCHF** in Pakistan; **Measles** in Afghanistan, Yemen and Somalia.

Current public health events of international concern [cumulative N° of cases (deaths), CFR %]

Avian influenza

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China	[43(28), 65.1%]		
Egypt	[168 (60), 35.7%]		
Indonesia	[190 (158), 83.1 %]		
Viet Nam	[123(61), 49.5%]		
Cambodia	[21(19), 90.4%]		
Bangladesh	[6(0), 0%]		
Global total	[607(358), 58.9%]		
Measles			
Afghanistan	[261 (0), 0%]#		
Somalia	[1046 (?))]#		
Yemen	[3800(124), 3.3%] #		
Crimean-congo haemorrhagic fever			
Pakistan	[28 (6) 21.4%]#		
Afghanistan	[6(1), 16.6%]#		
Hand Foot & Mouth Disease (caused by Enterovirus 71)			
Cambodia	[59 (52), 88.1%]		

CFR=Case-Fatality Rate; # Suspected cases