

## Current major event

### Cholera: Cases and deaths decline in 2012

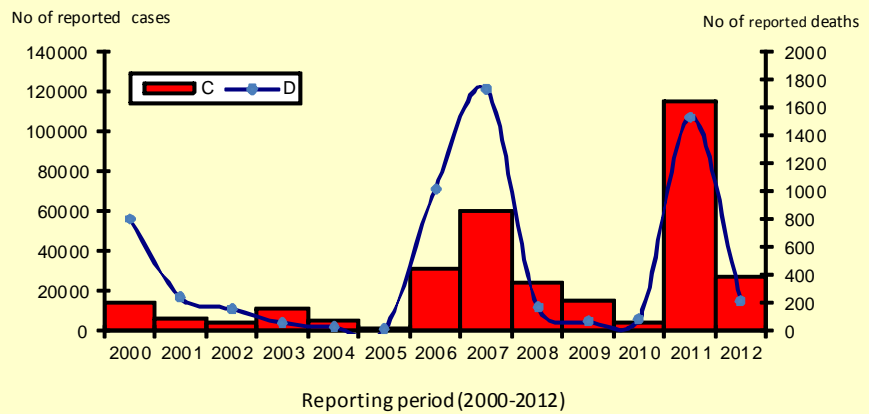
Cholera cases continue to be reported in the Eastern Mediterranean Region. In 2012, except in Iraq, no major outbreak was reported in the region. Last year, 5 countries in the region officially reported suspected cases of cholera to WHO. A total of 27,478 cases of suspected cholera/acute watery diarrhoea were reported from these countries including 212 deaths (CFR: 0.77%).

### Editorial note

Cholera, till today, remains a major public health risk in the Eastern Mediterranean Region (EMR) of WHO, particularly in countries with complex emergencies. The immediate past year was a very quiet year with no major outbreak reported in the EMR except in northern part of Iraq. There were some localized outbreaks in Afghanistan and in Pakistan which were controlled rapidly. Cases in Iran were mostly imported from the neighbouring countries of Afghanistan and Iraq. In Somalia, on the other hand, the cases of cholera and acute watery diarrhoea (AWD) were reported from areas where water and sanitation situation remain impoverished for decades owing to protracted conflicts and resulting massive population movements in the area. In 2011, more than 77,000 cases including over 1,100 deaths were reported from Somalia. Compared to 2011, the reported number of suspected cases of cholera and AWD declined in 2012, yet the disease remains a public health concern in Somalia and its ongoing humanitarian crisis poses additional threat for amplification of the disease.

Many other countries in the region where cholera remains endemic did not report to WHO any case of cholera/AWD in 2012. However, it is unclear if this reflects “zero cases” in the countries or inability of its surveillance system to detect or pick up cases or the countries did not wish to report cases owing to “stigma” associated with reporting cholera

### Reported cholera cases and deaths in the EMR, 2010-2012



Countries reporting suspected cholera/AWD cases and deaths in the EMR, 2012 \*

Country	Cases	Deaths	CFR (%)
Afghanistan	12	0	-
Iran	53	0	-
Iraq	4693	4	0.08
Pakistan #	144	8	5.5
Somalia	22,576	200	0.88

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

era which has been the case in the past. The spread of cholera, amongst others, is a consequence of lack of safe water, poor sanitation and compromised hygiene situation. The effective and proven public health measure for cholera control are dependent on provision of pure water, improved access to safe sanitation and health hygiene measure.

The current availability of a two-dose oral cholera vaccines (OCVs) is offering hopes for cholera prevention. However, in addition to its two-dose regimen and the short protective immunity (probably 2-3 years) that it confers, its use either in anticipation or in response to an outbreak need to be considered as complementary measure only. The use of OCVs are not a replacement for the proven and effective cholera control measures that rely on availability of pure water, improving safe sanitation and hygiene situation of the vulnerable and at-risk

### Update on outbreaks

#### in the Eastern Mediterranean Region

**Novel Coronavirus** in Saudi Arabia, UAE & Tunisia; **Hepatitis E** in South Sudan; **Meningococcal meningitis** in South Sudan; **Wild poliovirus** in Somalia.

### Current public health events of international concern

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

#### Avian influenza

Egypt	[173 (63), 36.4%]
Indonesia	[192 (160), 83.3 %]
Viet Nam	[125 (62), 49.6%]
Cambodia	[31 (27), 87.1%]
Global total	[629 (375), 59.6%]

#### Hepatitis E

South Sudan	[10175 (181), 1.7%]#
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#### Novel Coronavirus (MERS-CoV)

Saudi Arabia	[40 (26), 65%]
Italy	[3 (0)]
Jordan	[2 (2), 100%]
France	[2 (1), 50%]
Tunisia	[2 (0)]

#### Influenza A (H7N9) virus

China	[132 (37), 28%]
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#### Meningococcal meningitis

South Sudan	[196 (13), 6.6%]#
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#### Wild poliovirus

Somalia	[1 (0)]
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CFR=Case-Fatality Rate; # Suspected cases