

Regional Office for the Eastern Mediterranean

Weekly Epidemiological Monitor

ISSN 2224-4220

Volume 7 Issue 6 Sunday 09 February 2014

Current major event

Strategic framework for cholera control

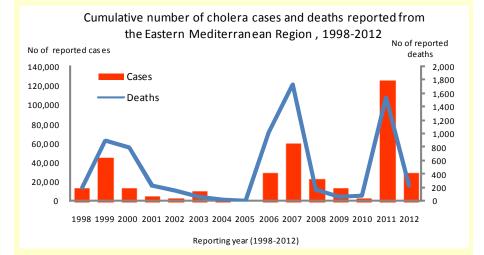
A recent initiative to develop strategic framework for prevention and control of cholera in the Eastern Mediterranean Region (EMR) of WHO has been kicked off. The aim of this framework is to prevent and eliminate the risk of cholera from the region as an acute public health problem.

Editorial note

Cholera remains a major public health risk in the Eastern Mediterranean Region (EMR) of WHO. During the last decade, at-least 14 out of 23 countries in the region have reported cholera cases, often in epidemic proportions. The countries in the region facing complex emergencies are particularly at risk. The full extent of the burden of cholera in the region is difficult to estimate due to weak surveillance systems in some endemic countries as well as underreporting of cases. While the estimated annual burden of cholera ranges between 2-4 million cases at the global level, it is estimated that the number of cholera cases in the EMR may well be around 188,000 per annum. During the last decade, explosive outbreaks of cholera have been reported from Afghanistan, Djibouti, Iraq, Pakistan, Sudan, Somalia and Yemen.

The effective and proven prevention and control measure for cholera are dependent on provision of adequate environmental health services such as safe drinking water, improved access to safe sanitation and health hygiene measure. The availability of oral cholera vaccines (OCVs) is offering hopes for cholera prevention and control, particularly in situations where the other conventional public health measures like improving the access to safe water and sanitation cannot be scaled up rapidly due to conflict or other environmental factors.

In a recent meeting held in Sharm-El-Shaikh in October 2013, the Regional Office discussed the outline of a strategic framework for cholera control with some of the high risk countries in the



Reported cholera cases and deaths reported from EMR countries (1998-2012)

Countiles (1770-2012)			
Year	Cases	Deaths	CFR (%)
1998	14,891	199	1.34
1999	45,750	896	1.96
2000	14,534	800	5.50
2001	6,433	239	3.72
2002	3,657	159	4.35
2003	11,344	63	0.56
2004	4,620	27	0.58
2005	1,169	11	0.94
2006	30,785	1,022	3.32
2007	60,461	1,731	2.86
2008	23,903	171	0.72
2009	14,612	69	0.47
2010	4,087	92	2.25
2011	125,834	1,539	1.22
2012	30,729	235	0.76

region. Learning from the previous experiences of managing cholera outbreaks and in view of the availability of global stockpiles of OCVs which are safe and effective, strategies for control and, where possible, elimination of risk of cholera as a public health problem was discussed. This strategic framework is expected to be rolled out in July 2014 which will guide the countries in implementing specific control strategies based on prevailing circumstances and situations.

Update on outbreaks

in the Eastern Mediterranean Region

Novel Coronavirus in Jordan and Saudi

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 [12,718 (251), **1.9%**]#

Novel Coronavirus (MERS-CoV)

Saudi Arabia [144 (59), 41%] Oman [0 (2), **100%**] Oatar [10 (2), **20%**] Jordan [4 (3), **75 %**]

Yellow fever

Sudan [49 (15), 32%]

Crimen-Congo haemorrhagic fever

Pakistan [100 (20),**20%**]

Wild poliovirus

Syria [17(0)]Somalia [180(0)]Cameroon [2(0)]

CFR=Case-Fatality Rate; # Suspected cases