

Current major event

Cholera in Somalia

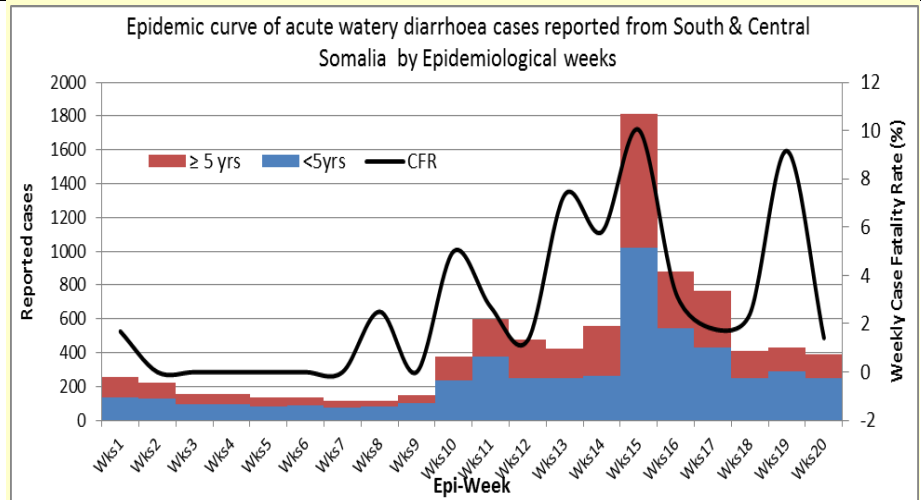
Somalia, recently, reported a huge outbreak of acute watery diarrhea cases affecting at-least 15 districts in South Central regions of the country. From January to April 2016., a total of 8,838 cases and 433 deaths (CFR=4.9%) have been reported. Children under 5 years of age represented 59% and 66% of total reported cases and deaths respectively.

Editorial note

South Central (SC) region of Somalia remain endemic to cholera and other forms of acute watery diarrhoea. During the recent time, between January to April 2016, a huge upsurge of cases (*please see the epidemic curve*), were reported from several areas of the region such as Banadir, Bay, Lower and middle Juba, Lower and middle Shabelle and Hiraaan regions.

Surveillance data from over 247 sentinel sites showed 140% increase in acute watery diarrhea (AWD) cases reported in these areas compared to the same corresponding period in 2015. A total of 36 stool specimens were tested for cholera and of these, 15 stool specimens (42%) were tested positive for *Vibrio Cholerae* serotype of "Inaba" and "Ogawa".

Cholera is not new to Somalia. For several years since 1993, Somalia is reeling in a complex humanitarian situation. Forced displacement of people, dilapidated health systems in the country owing to protracted conflicts, complete disruption of public utility services resulting in poor access to safe drinking water and sanitation services are the precipitating risk factors for this perennial outbreak of cholera in Somalia. During the current period, flood which is currently ongoing from incessant rain and recent populations displacements resulting from insecurity



Cholera/AWD outbreak reported from Somalia in the recent past

Year	Cases	Death	CFR (%)
2011	77636	1130	1.45%
2012	26124	200	0.76%
2013	8513	140	1.64%
2014	7577	?	-
2015	7536	68	0.90%

might have aggravated the current situation.

Cholera has been a major health problem in Somalia (*Please see the box above*). Every year, the country reports suspected cholera cases. What is different this year is high case fatality ratio (almost 5% compared to accepted level of 1%). In some areas during the current outbreak, the CFR has ranged from 14 to 37%. This high CFR also represent either poor case management or poor access of the at-risk populations to healthcare which is the most likely cause owing the insecurity situation prevailing in the Central Region of Somalia. In an earlier issues of Weekly Epidemiological Monitor (*Vol-9; Issue-9; 28 February 2016*) it was predicted that the cholera situation may worsen owing to El Niño climatic phenomenon. Whatever challenging it may sound, all efforts now need to be directed to stop the ongoing transmission in the country.

Update on outbreaks

in the Eastern Mediterranean Region

MERS-CoV in Saudi Arabia;, Cholera in Somalia

Current public health events of international concern

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

Avian Influenza : 2006-2016

Egypt (A/H5N1) [350 (117), 33.4%]

Egypt (A/H9N2) [3 (0)]

MERS-CoV: 2012-2016

Saudi Arabia [1414 (601), 42.5%]

Bahrain [1 (1), 100%]

Cholera : 2016

Somalia [8838 (433), 4.9%]

Yellow fever: 2015-2016

Angola [3137 (345), 10.9%]

DRC [1644 (71), 4.3%]

Lassa fever : 2015-2016

Nigeria [273(149), 54.5%]

Benin [54(28), 51.8%]

Avian Influenza A (H7N9) : 2013-2016

China [770 (306), 39.7%]

Avian Influenza A (H5N6) : 2016

China [4 (0)]

Wild poliovirus: 2014-2016

Pakistan [371(0)]

Afghanistan [54(0)]

Zika Virus Infection: 2007-2016

60 countries and territories have reported transmission so far