

## Current major event

### Cholera in Somalia: cases on the decline

The Ministry of Health of Somalia has reported a decrease in the number of cholera cases reported from the country. During the week 38, a total of 27 cases of acute watery diarrhoea/cholera were reported from only two areas of the country (19 cases from the Banadir region and 8 cases from Beletweyne district).

### Editorial note

Cholera remains a major public health problem in Somalia. The South Central (SC) region, in particular, remains endemic to repeated surge of cholera and other forms of acute watery diarrhoea. In 2016, as reported in *Weekly Epidemiological Monitor, volume no 9, issue no 23*, the country experienced a surge of acute watery diarrhea cases between January to April 2016 in several areas of the SC region such as Banadir, Bay, Lower and middle Juba, Lower and middle Shabelle and Hiraaan regions.

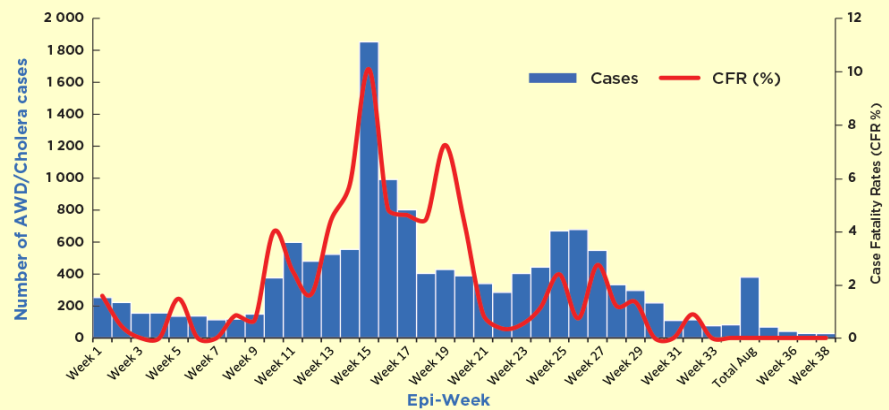
The cases were laboratory-confirmed as cholera as a number of stool specimens were tested positive for *Vibrio Cholerae* serotype of "Inaba" and "Ogawa".

Currently, the cases continue to be on the decline (*Please see the epidemic curve*) and during the week no 38, none of the stool specimens collected from the acute watery diarrhea cases were tested positive for *Vibrio Cholerae*.

Since January to the end of week no 38, a cumulative number of 13, 598 acute watery diarrhoea/cholera cases including 497 (case-fatality rate 3.64%) deaths were reported in 25 districts of the country. Majority of the cases were children (57.9%) under were children under 5 years of age.

Cholera has not been new to Somalia. For several years since 1993, So-

### Epidemic curve of reported cases of suspected cholera /acute watery diarrhoea in Somalia, week 1-38 (n =13, 598)



### Summary statistics

- Total number of reported cases:: 13,598
- Total number of deaths: 497
- Case fatality rate: 3.64%
- Cases under 5 years of age: 57.9%
- Cases above 5 years of age: 42.1%
- Percentage of cases amongst male: 52.5%
- Percentage of cases amongst females: 47.5%

malia is reeling in a complex humanitarian situation. Forced displacement of people, fragility of health systems, acute malnutrition of children, food shortage, and complete disruption of public services resulting in poor access to safe water and sanitation services have been the precipitating risk factors for this perennial and sustained outbreak of cholera in Somalia.

What was different this year was high case fatality ratio. In some areas during the current outbreak, the CFR ranged from 14 to 37%. It is rather reassuring that through intensive training of healthcare workers on case management, the country has been able to lower the CFR considerably as apparent in the above epidemic curve. However, the current level of alertness should not be lowered and public health efforts to stop remaining transmission of cholera in the country need to be maintained to contain the outbreak fully and prevent any recurrence of cases in the coming dry season.

### Update on outbreaks

in the Eastern Mediterranean Region

**MERS-CoV** in Saudi Arabia; Cholera in Somalia; Cholera in Yemen

### Current public health events of international concern

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

#### Avian Influenza : 2006-2016

Egypt (A/H5N1)	[356 (121), 33.9%]
Egypt (A/H9N2)	[3 (0)]

#### MERS-CoV: 2012-2016

Saudi Arabia	[1414 (601), 42.5%]
Bahrain	[1 (1), 100%]

#### Cholera : 2016

Somalia	[13598 (497), 3.6%]
Yemen	[270 (0), ]

#### Yellow fever: 2015-2016

Angola	[4347 (377), 8.7%]
DRC	[2987 (16), 0.5%]

#### Lassa fever : 2015-2016

Nigeria	[273(149), 54.5%]
Benin	[54( 28),51.8%]

#### Avian Influenza A (H7N9) : 2013-2016

China	[775 (307),36%]
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#### Avian Influenza A (H5N6) : 2016

China	[4 (0)]
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#### Wild poliovirus: 2014-2016

Pakistan	[371(0)]
Afghanistan	[54(0)]

#### Zika Virus Infection: 2007-2016

73 countries and territories have reported transmission so far