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Current major event

Cholera in Somalia: situational analysis

Since January 2020, a total of 6342 suspected cholera cases including 33 deaths (CFR 0.5%) have been reported from 29 flood affected districts in Somalia. The cholera cases that peaked between weeks 5 and 9, as well as between weeks 22 and 48, have gradually decreased over time as a result of control measures implemented by the government and partners.

Editorial note

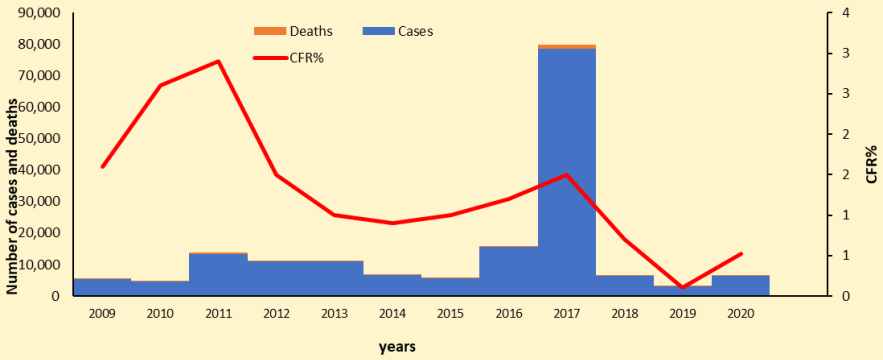
Somalia is one of the African countries that was affected by the 7th cholera epidemic which was introduced to the continent in 1970. Since then, cholera became endemic to Somalia with recurring and seasonal outbreaks. From 1983 to 1990, over 4000 cases were reported during cholera outbreaks with an overall case-fatality ratio (CFR) of 13%. Further outbreaks occurred from 1997 to 2000, where over 20 000 cases were reported by partner of which over 50% were under-5 children. The outbreaks were predominantly concentrated in the southern regions of the country and Mogadishu, while one was reported from Bossaso in the eastern part of the country. These outbreaks resulted in a heavy toll (CFR 4%) aggravated by civil conflict, a fragile health system and limited emergency response and outbreak containment interventions.

Cholera outbreaks continued to be reported during the period from 2009 to 2020 (*see graph*) with a total of 167 794 cases, and 2403 associated deaths. The CFR was higher in the early years, but with improvements made to the health system recovery process, the CFR continued to drop.

Somalia had one of the largest outbreaks in Africa during the drought between 2016 and 2017. Over 78 701 cases and 1163 deaths (CFR 1.48%) were reported from 85 districts across 20 regions. The highest incidence rate was found to be in Bay region with 14 964 reported cases. Out of the total, 56.42% cases and 51.86% deaths were reported from regions partially accessible due to political conflict. This was the first cholera outbreak reported from northwest regions during the last four decades.

These extensive and widespread cholera outbreaks had triggered the need to explore other proven preventive measures, and the government decided to introduce and implement nation-wide oral cholera vaccination (OCV) campaigns. The federal ministry of health, WHO, UNICEF and state health authorities, with support from GAVI, collaborated to carry out one of the largest OCV campaign in 2017, 2018 and 2019. In 2017, 2 222 634 doses were used to target 1 111 317 people aged one year and above with 2 doses. Door-to-door and fixed posts distribution were used in most targeted districts. A coverage survey was conducted following the OCV campaign to evaluate the vaccine coverage.

Distribution of cholera case and deaths by year in Somalia (2009-2020)



Risk profile by district, Somalia, 2019

Category	State	Number of districts
Very high	South West state	15
	Jubbaland state	9
	Hirshabelle	11
	Galmudug states	11
High	Mogadishu	17
Medium	None	0
Low	None	0

The same strategy was used in 2018 and 2019 to target 189 775 and 650 000 people respectively. Laboratory capacity was improved over the years and collected specimens could now be tested in the ministry's national public health laboratory in Mogadishu instead of sending them to Kenya for confirmation.

The most recent *v. cholerae* isolates detected were of the Ogawa and Inaba serotypes. In general, isolates were found to be 100% sensitive to Chloramphenicol and 86.5% and 77.3% sensitive to Tetracycline and Cotrimoxazole respectively, while 100% were resistant to Ampicillin and 91% to Nalidixic acid. Antibiotic sensitivity is constantly monitored and their variability between districts are closely assessed to effectively manage the severe cases in a cholera outbreak.

In 2019, cholera risk exposure in different districts was assessed based on several criteria including the occurrence of confirmed cholera outbreaks over the past three years; health system performance, access to medical supplies and vaccines, security, availability of safe drinking water and proper sanitation; and the concentration of internally displaced persons in the districts. The districts were then classified into low, medium, high and very high categories. Based on the above factors, all the districts fell into the high or very high categories due to their populations' high risk of contracting cholera, often resulting in outbreaks (*see table*). This situation demands intersectoral collaboration and action for the prevention and control of cholera outbreaks. This can be carried out by combining health, humanitarian and developmental interventions, including water, sanitation and hygiene (WASH) initiatives, across the country.

Update on outbreaks

in the Eastern Mediterranean Region

COVID-19 in 22 EMR countries

Current public health events of concern

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

Coronavirus disease 2019 (COVID-19): 2019-2020	
Afghanistan	[46 215 (1763), 3.8%]
Bahrain	[86 645 (341), 0.4%]
Djibouti	[5676 (61), 1.1%]
Egypt	[115 183 (6621), 5.7%]
Iran (Islamic Republic of)	[935 799 (47 486), 5.1%]
Iraq	[548 821 (12 200), 2.2%]
Jordan	[210 709 (2626), 1.2%]
Kuwait	[142 195 (875), 0.6%]
Lebanon	[125 637 (991), 0.8%]
Libya	[82 430 (1166), 1.4%]
Morocco	[349 688 (5739), 1.6%]
occupied Palestinian territory (oPt)	[94 861 (791), 0.8%]
Oman	[122 579 (1391), 1.1%]
Pakistan	[395 185 (7985), 2%]
Qatar	[138 477 (237), 0.2%]
Saudi Arabia	[356 911 (5870), 1.6%]
Somalia	[4451 (113), 2.5%]
Sudan	[17 810 (1249), 7%]
Syrian Arab Republic	[7715 (409), 5.3%]
Tunisia	[96 251 (3219), 3.3%]
United Arab Emirates	[166 502 (569), 0.3%]
Yemen	[2078 (605), 29.1%]