

## Current major event

### Cholera risk assessment in Jordan

At the request of the Jordanian Ministry of Health, a one-day risk assessment workshop was conducted on 6 December 2022 in Amman, Jordan. The workshop's main objectives were to characterize the cholera risk, enhance effective risk communication, enhance the timely and transparent sharing of all relevant information and build trust and empathy. The workshop outcome will be used for planning and implementing appropriate and timely preventive and control measures for cholera.

#### Editorial note

Jordan is prominently positioned on the emergency landscape and has proximity to countries facing protracted humanitarian crises like Iraq and Syria (both reported cholera outbreaks). Additionally, Jordan is hosting hundreds of thousands of refugees (Iraqi, Yemeni, Sudanese and Palestinians) in more than 10 camps with frequent cross-border movements.

On 19 June 2022, Iraq declared a cholera outbreak. This was followed by an outbreak declaration in Syria on 25 August 2022, the first outbreak since 2009. On 5 October 2022, Lebanon declared its first outbreak of the disease since 1993. As of the first week of December, a total of 25 000 suspected cases has been cumulatively reported from the three countries and 93 lives have been lost. In addition, Israel reported a positive water sample from the Yarmuk river upon its entry to Israel after taking samples on 10 November 2022.

The *V. cholerae* can spread rapidly, depending on the frequency of exposure, the exposed population and the setting.

The heightened risk of cholera importation from neighbouring countries was a catalyst to strengthen health emergency readiness in Jordan. The Jordanian Ministry of Health assumed its leadership role for the overall health sector. The Jordan Center for Disease Control acted as a coordination body for important strategic and operational multi-stakeholder engagements.

While several activities at the national and sub-national levels were started to enhance preparedness and response towards cholera, such as laboratory training, risk communication and community engagement and the distribution of case management guidelines, the World Health Organization strongly encouraged to conduct a Risk Assessment to better understand the risk in terms of likelihood and impact of a potential

### The overall risk of cholera importation/spread and causing outbreak.

		Impact				
		Minimal ضئيل	Minor بسيط	Moderate متوسط	Major كبير	Severe شديد
Likelihood	Very unlikely غير محتمل تمامًا					
	Unlikely احتمال بسيط					
	Possible محتمل		X			
	Likely مرجح للغاية					
	Very likely شبه مؤكد					

outbreak in Jordan. The main objective of the assessment was to identify priority gaps and actions across response pillars, such as water, sanitation and hygiene, to guide National Cholera Preparedness and Response Planning.

To conduct the risk assessment, a tool was created and shared with the relevant stakeholders to develop it by identifying areas of improvement. After finalising the tool, a one-day workshop was carried out involving multi-sectoral participants to conduct the cholera risk assessment using a structured and a standardised tool.

A total of 45 participants from different line ministries and departments attended the workshop and were divided into five groups. The participants, in the first half of the day, were provided with questions and asked to given weight to each one. Afterwards, in the second half of the day, each question was assigned a score (status of the current implementation). After collating (from 5 groups) and analysing the details shared by the groups, the overall risk was divided into two areas according to the risk assessment matrix. The "likelihood" of importation and spread of the *V. cholerae*, which resulted into, as there is a "possibility" of the importation and spread of the pathogen. The other area was "impact" of the outbreak if occurred, which resulted to be "minor", which means that the preparedness and readiness is good, and the impact of the outbreak will be minor (See above).

While cholera can be imported from areas where it is endemic or epidemic to cholera-free countries. There is a need to scale up the coordination activities at the national and sub-national levels. In addition, there is a need to enhance the surveillance, laboratory diagnosis, case management and infection prevention and control activities. Moreover, any health measure on arrival or departure, or relating to travellers' entry, should be applied in compliance with the provisions of the International Health Regulations (2005).

### 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): 2019-2022

Afghanistan	[206 603 (7839), 3.8%]
Bahrain	[696 614 (1536), 0.2%]
Djibouti	[15 690 (189), 1.2%]
Egypt	[515 475 (24 800), 4.8%]
Iran (Islamic Republic of)	[7 560 105 (144 658) 1.9%]
Iraq	[2 464 771 (25 367), 1%]
Jordan	[1 746 997 (14 122), 0.8%]
Kuwait	[662 858 (2570), 0.4%]
Lebanon	[1 221 144 (10 741), 0.9%]
Libya	[507 112 (6437), 1.3%]
Morocco	[1 270 119 (16 288), 1.3%]
occupied Palestinian territory (oPt)	[703 228 (5708), 0.8%]
Oman	[399 154 (4628), 1.2%]
Pakistan	[1 575 424 (30 635), 1.9%]
Qatar	[483 821 (685), 0.1%]
Saudi Arabia	[826 153 (9482) 1.1%]
Somalia	[27 286 (1361), 5%]
Sudan	[63 665 (4992), 7.8%]
Syrian Arab Republic	[57 413 (3163), 5.5%]
Tunisia	[1 147 282 (29 272), 2.6%]
United Arab Emirates	[1 045 423 (2348), 0.2%]
Yemen	[11 945 (2159), 18.1%]