Cholera situation in Eastern Mediterranean Region 2017

Cholera remains a threat to public health and claims lives in the countries of Eastern Mediterranean Region (EMR). During 2017, a total of 1,108,584 suspected cases of cholera including 3,273 related deaths (case fatality rate—CFR: 0.30%) were reported to WHO by seven Member States in the EMR.

Editorial note

In 2017, more than a million cases and 3,273 deaths (CFR: 0.30%) were notified to WHO from seven countries, of which 93% of the total cases were reported from Yemen only. The second most affected country during the year was Somalia that reported 75,414 cases and 1,007 associated deaths. Other countries in the region that reported imported cases of cholera in 2017 were; Qatar (5), Saudi Arabia (5), UAE (12) and Iran (625) (please see table).

Cholera is endemic in many countries in the EMR. Most of these countries are also reeling under protracted complex humanitarian emergencies. According to the WHO grading of public health events and emergencies, the EMR has 3 countries in grade 3 emergencies, 4 countries in grade 2, and one country is in grade 1 emergency.

The grade 3 emergency countries in the regions include Yemen with what has been described as the largest cholera outbreak of the time. The outbreak in Yemen has been fueled by millions who have been displaced by the conflict and are exposed to poor sanitary conditions and poor access to safe water. Additionally the destruction of health infrastructure, poor access to basic services and insecurity have compromised efforts to respond effectively to the cholera outbreak. Though to a lesser, Somalia another grade 3 emergency that has faced similar conditions, is the second most affected by cholera outbreaks in the region during 2017.

As the experiences of countries in complex humanitarian emergencies in the region have shown, these emergencies lead to displacement of large populations and destruction of health infrastructure. Furthermore owing to protracted nature of some of the crises, they lead to complete disruption of public utility services that result in poor access to safe drinking water and sanitation services. These constitute the key precipitating risk factors for most of the large, and recurrent cholera outbreaks that have been witnessed in the region so far. Furthermore non-endemic countries in the region such as Saudi Arabia, Qatar and United Arab Emirates have been affected indirectly through cross-border movement of the populations affected by cholera, and importation of cases, from countries experiencing cholera outbreaks in other regions (please see the map).

Effective prevention and control of cholera requires access to safe water and sanitation, health and hygiene promotion in affected communities, and ensuring adequate and timely access to patient care. Additionally immunization of at-risk population with Oral Cholera Vaccine is a proven, safe and effective public health intervention. These measures should be complemented by return to civil order, reconstruction of health and civil infrastructure, and restoration of public services including health care, safe water supply and optimal sanitation in emergencies affected countries in the EMR.