Cholera surveillance in EMR – Regional Approach

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Eastern Mediterranean Region of WHO

- More than **76 million** people in the Region are directly or indirectly affected by political **conflict**, environmental threats and natural disasters
- Hosting the largest caseload of **displaced populations**, including 17.1 million internally displaced people and 16.7 million refugees
- Limited access to basic health care services and environmental health infrastructure
- **Cholera** remains a major public health risk in the Eastern Mediterranean Region.
- At least **13** out of the 22 countries in the region have reported cholera cases in the last decade. Eight most challenging countries in the world with humanitarian complex emergency are in EMR



	Graded emergencies									
	5	Grand								
j	Grade 3	Grade 2	Grade 1	total						
Τ	2	1	0	15						
	Protracted 3	Protracted 2	Protracted 1	15						



Cholera in the EMR



- Cholera is endemic in few of the WHO EMR countries
- During 2022, 8 out of 22 countries reported AWD/ cholera cases and outbreaks.





Cumulative number of cholera cases, deaths and CFR reported from the Eastern Mediterranean Region, 2000-2022



Reporting Years (2000-2022)



Cholera surveillance in EMR

- It is estimated that 188 000 cholera cases occur annually in WHO EMR, but accurate quantification is limited due to weak surveillance systems.
- All 22 countries categorize cholera as 'immediately reportable' as part of routine surveillance.
- There were eight countries reported AWD/ cholera cases during 2022 in EMR, and most of the reporting countries are facing emergencies and are reporting through the EWARN system.
- Other countries in the region also report very few numbers, and most are categorized as imported cases (Kuwait reported an imported case).

Coutntry	Diseases	Cases*	Deaths	CFR%
Afghanistan	Acute Watery Diarrhoea (AWD)	273969	97	0.04%
Iraq	Cholera	11 097	25	0.23%
Islamic Republic of Iran	Cholera	360	6	1.67%
Lebanon	Cholera	7180	23	0.32%
Pakistan	Cholera	335105	43	0.01%
Somalia	Cholera	19669	105	0.53%
Syrian Arab Republic	Cholera	100598	104	0.10%
Yemen	Cholera	1982	3	0.15%



Type of surveillance per country

- **Stable countries**: case-based reporting as it is considered as outbreak.
- **EWARN** is implemented in 8 countries: Afghanistan, Djibouti, Iraq, Syria, Somalia, Sudan, Libya, and Yemen and in addition it was implemented in <u>Pakistan in 17 calamity hit districts</u>.
- Data is collected at sub-national level and is based on sentinel sites, and the aggregated data is collected by sex and age.
- Some countries (e.g. Somalia) additionally use separate platforms for the collection of the cholera data (Cholera Outbreak Portal)
- **Confirmation:** Stool sample from every 10th patient who met the case definition is tested using RDT and 10% of positive RDTs are cultured.
- Sample management: Sample collection, transport and testing is affected by accessibility/security conditions, as well as availability of resources, supplies, reagents.



Data summaries: reporting to RO

- Case-based data or line lists are shared to RO on Ad Hoc basis during outbreaks. Aggregated data and situation reports are more forthcoming.
- Somalia shares regularly shares:
 - Weekly Cholera situation reports
 - EWARN weekly bulletin
 - Weekly aggregated cholera data (till 2021)
 - Monthly aggregated cholera data on Excel file (till 2021)
- Yemen share them as well, but irregularly (till 2021).
- Pakistan, Afghanistan, Syria share the weekly bulletins
- Sudan shared in 2019 outbreak
 - line list
 - weekly aggregated data
 - Daily/Weekly situation reports
 - Official FMOH presentations with data slides





Different ways of sharing cholera data

	C 11		dete f								-	1 - 1
2	Somalia	summery	data to	or Choi	era from December 20				Iotai			
з			31-	Dec	31-Jan		28-Feb		31-Dec		Commulative	
4	Region <	District 🔹	Deaths 🔻	Cases 💌	Death 🔻	Case *	Death 👻	Case 🔻	Deat -	Case -	Death 👻	Case *
5	Banadir	Abdul Aziz	0	0	0	0	0	0	0	3	2	38
6	Banadir	Bondere	0	0	0	0	0	0	0	2	0	70
7	Banadir	Daynile	0	0	1	34	1	25	0	38	18	1942
8	Banadir	Dharkeynley	0	0	0	21	0	30	0	36	4	1474
9	Banadir	HamarJabja	0	0	0	4	0	6	0	4	2	523
10	Banadir	Hamarweyn	0	0	0	2	0	2	0	1	1	115
11	Banadir	Heliwa	0	0	0	2	0	1	0	0	0	76
12	Banadir	Hodan	0	0	0	59	0	45	0	39	3	1947
13	Banadir	Howlwadag	0	0	0	8	0	6	0	3	3	390
14	Banadir	Kahda	0	0	0	0	0	0	0	9	1	355
15	Banadir	Karaan	0	0	0	3	0	7	0	1	1	184
16	Banadir	Madina	0	0	0	40	0	45	0	40	10	1863
17	Banadir	Shibis	0	0	0	1	0	2	0	0	0	35
18	Banadir	Shingani	0	0	0	0	0	0	0	0	0	27
19	Banadir	Waberi	0	0	0	9	0	6	0	4	2	338
20	Banadir	Warta Nabada	0	0	0	4	0	6	0	4	3	339
21	Banadir	Yaqshid	0	0	0	4	0	3	0	3	0	183
22	Gedo	Belethawo	0	0	0	0	0	0	0	0	0	94
23	Hiran	Beletweyn	1	313	0	162	0	38	0	0	6	1080
24	Hiran	Bulo Burti	0	0	0	0	0	0	0	0	0	193
25	Hiran	Jalalaqsi	0	0	0	0	0	0	0	0	1	216
26	Lower jubba	Kismayo	0	0	0	39	3	137	0	0	15	2305
27	Middle Shabelle	Jowhar	0	0	0	0	2	152	0	0	4	1113
28	Middle Shabelle	Mahaday	0	0	0	0	0	0	0	0	0	1
29	Lower Shabelle	Afgoye	0	0	0	0	0	0	0	0	0	133
30	Lower Shabelle	Brava	0	0	0	0	0	0	0	0	0	14
31	Lower Shabelle	Kurtunwarey	0	0	0	0	0	0	0	0	4	27
32	Lower Shabelle	Merka	0	0	0	0	0	0	0	0	0	228
33	Lower jubba	Badhadhe	0	0	0	0	0	0	0	0	0	30
34	Bay	Baidoa	0	0	0	0	0	0	0	87	3	944
35	TO	TAL	1	313	1	392	6	511	0	274	80	16277
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Excel sheets

Ministry of Health & Human	Waxaarada Caafaasadha & Daryonha
Services	Babbada
Tederal Government of Somakia	Dawlada Poleraafha Soomadya
Weekly Cholera	Situation Report
Epidemiological Week 3 (1)*	1 ⁻²⁸ January - 70737
RIGHLIGHTS	KEY FIGURES
 A total of BP new suspected cases of cholers were reported in week 3 from Bay (11) and Banafit (78 cases) regions No death was reported in the during flux week A causalative total of 220 cases including 1 death were reported from 28th. December 2020 tol 7-January 2021 in 2 regions All cholers cases reported during flux orthreak have never received. Oral Cholers Vaccune (OCV) 	BP new suspected cases with no death 44% of the new cases are female 36% of the cases are aged ≤2years 0.5% choices deaths are ≤2 years 17 flood affected darkstn affected by choices outbreak Commissively; 220 cases and 1 death (CFR 0.5%) reported sizes 28 th December 2020 - 17 th meave 2021

Cholera struction in Semalia at January 2021

The current choices cubreek in Somalia is a continuation of the pervious outbreak that started in Banader and contained throughour 2019 to date regions. Flush floods caused by hency Gu muss in April 2020 field to contamination of writer sources and displacement of over 400,000 people in 17 dotticits in the country. However, reports indicate that water levels receled due to reduction in Gu mins in April 2020 field to construct the started in Fluxe has also contributed to the negative consequences of the Gu mins expectively in twos located along river Sbabelle². Contamination of water sources and poor substitution has contributed to insue locate along river Sbabelle². Contamination of water sources and poor substitution has contributed to increase in the number of cholen cases in Bood affected district including Banadir region. Since128 December 2020 to 17⁸ Janary 2021, a total of 220 cases including 1 death (CFR 0.5%) have been reported in 17 flood affected districts. The cholenic cases that peaked between week 1-3 and have gradually increased over time as a result of poor implementation of control measures. (Fig: J). Of the 220 cases reported in since the water k week 1-3-2021, 38 (18%) are aged ≤ 2 years. Of the 1 death registered, 1 (0.5%) along ≤ 2 years.



Weekly epidemiological bulletins









3			31-	Dec	31-	Jan	28-	Feb	31-Dec		Commulative	
4	Region 🛛	District 🛛 👻	Deaths ~	Cases 💌	Death 👻	Case 🗸	Death 👻	Case 🗸	Deat 👻	Case 🗸	Death 👻	Case 👻
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Total

Somalia summery data for Cholera from December 20







Analyzed





1. http://www.emro.who.int/health-topics/cholera-outbreak/cholera-outbreaks.html

2. http://www.emro.who.int/pandemic-epidemic-diseases/cholera/index.html







Feedback mechanisms of regional cholera data

- EMRO produces a weekly cholera sit rep and monthly bulletin for Somalia and Yemen (Till 2021).
- The Regional Cholera Platform is still in the development phase and mostly it will serve as a repository of the available guidelines, reports produced and as well as the donor alerts
- RO cholera surveillance data has mainly been used for planning purposes:
 - monitoring cholera status in the region
 - Monitoring cholera preparedness/prevention programs and activities
 - Supporting countries in national cholera policies and planning





http://www.emro.who.int/pandemic-epidemic-

diseases/outbreaks/index.html



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http://www.emro.who.int/pandemic-epidemicdiseases/outbreaks/index.html



Regional partnerships

- EMRO is collaborating with the relevant stakeholders and partners and providing leadership for cholera prevention, detection and response
- Regional office serves as a central body of the technical and emergency support for the cholera in the region
- Role of regional partnerships in collecting and using regional cholera data is still not well defined

MENA Regional cholera platform

- The cholera platform for Northern Africa and Middle East/Eastern and Mediterranean region (MENA), was created in 2018 and is enter now in its operational phase.
- The platforms is part of the activities for the global road map implementation.
- The objective is to have some coordination between the different partners operating at regional level for support in terms of expertise, advocacy, resources mobilization.

holera Platforn

WELCOME ON THE REGIONAL CHOLERA PLATFORMS IN AFRICA http://www.plateformecholera.info/index.php/about-cholera-in-mena-region

Risk of Cholera Spread in EMR

Cholera risk assessment – Jordan, 6 Dec 2022

Cholera risk assessment was carried out in Jordan involving relevant stakeholders, and the risk of cholera is characterized:

- The likelihood of getting the case/ infection is there
- But the impact (calculated) was minor due to good preparedness and mitigation activities

Regional Risks and Challenges:

- Very high risk of spread, including spread to refugees/IDPs/illegal migrants (Turkey), refugees in Jordan
- Continued conflict, economic crisis, population displacement in the region, Challenging coordination with multiple hubs/authorities
- Low visibility and information sharing by local governments
- Surveillance challenges
- Effect of extreme weather, both floods and drought in the region

		Overall risk					
Country	Date of risk assessment	National	Regional	Global			
Lebanon	2022-10-17	Very High	High	Low			
Pakistan	2022-09-19	Very High	High	Low			
Syria	2022-09-15	Very High	High	Low			
Iraq	2022-08-11	Very High	High	Low			
Yemen	2021-06-17	High	Moderate	Low			
Somalia	2022-06-16	Very High	High	Low			
Afghanistan	2022-07-15	Very High	High	Low			

Challenges (information sharing)

Challenges in accessing country cholera data and generating a regional data approach:

- Cholera data is not regularly shared
- Cholera outbreaks are not always officially declared, due to fear of economic losses
- Lack of interest of the countries for the establishment / strengthening of the cholera surveillance system

Main Challenges

- Weak surveillance system
- Underreporting to reduce political pressure
- Lack of laboratory capacity in some countries
- Lack of coordination between relevant stakeholders
- Limited preparedness for seasonal cholera outbreaks
- Reactive response after epidemics
- limited resources for the public health control activities
- Lack of cross border collaboration between the neighboring countries

- Absence of active laboratory-based surveillance for epidemic diarrheal diseases in general
- Emergency stockpiles of drugs and other supplies not available
- Unsafe water at point-of use (absence of effective treatment strategy for portable water including proper storage)
- Social mobilization campaigns and risk communication to public (Hand washing)
- Critical knowledge gaps

Urgent investment needed TO PREVENT outbreaks WASH, WASH, WASH + Surveillance, case management community engagement

Way Forward

Thank you

