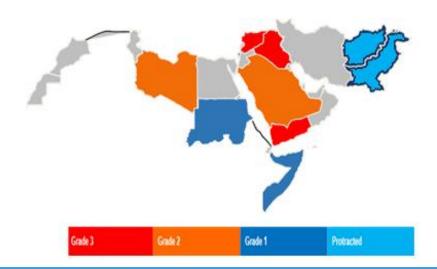
4th GTFCC SURVEILLANCE Working Group Annual Meeting 15-17 April 2019

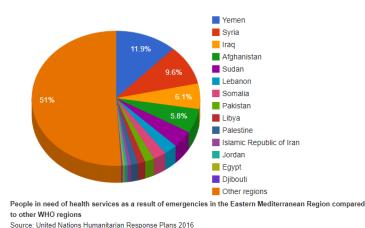
Dr. Muhammad Tayyab

Infectious Hazard Management (IHM) Unit
World Health Organization
Regional Office for the Eastern
Mediterranean

EMR context

- 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
- 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.
- Almost two-thirds of the Region's countries are directly or indirectly affected by complex emergencies

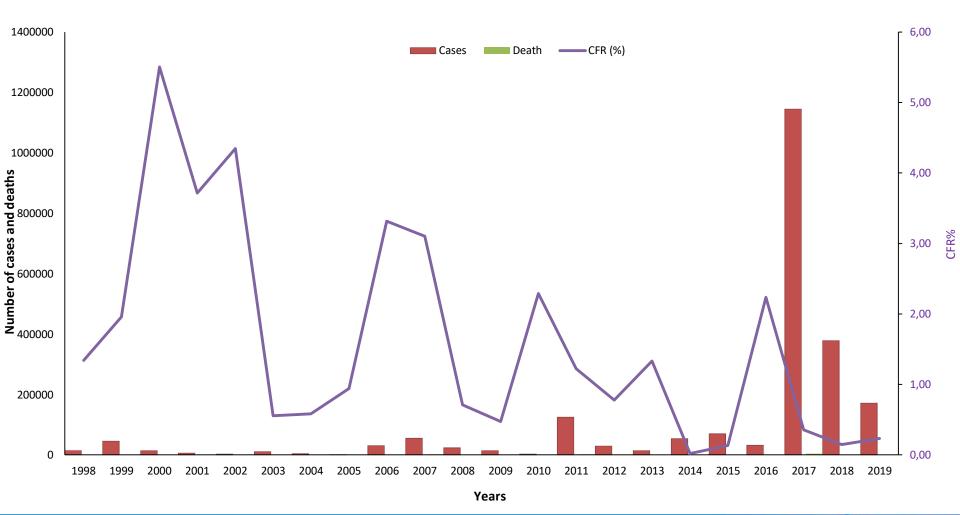








Cumulative number of cholera cases and deaths and CFR reported from the Eastern Mediterranean Region, 1998-2019







Cholera cases reported in EMR during 2017

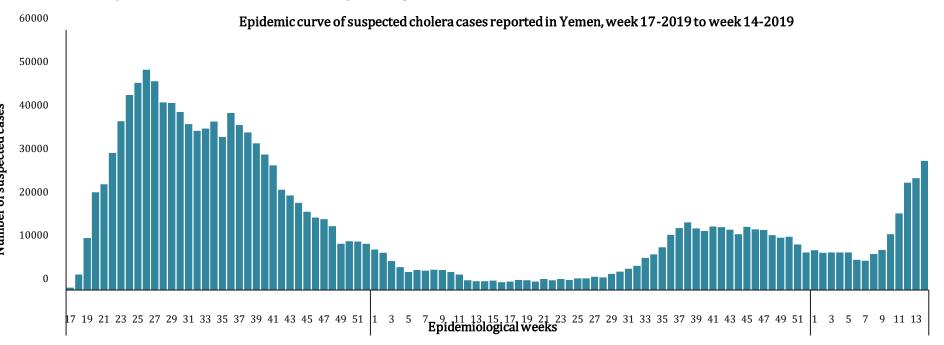
Country	Total cases	Imported cases	Deaths	CFR (%)
Afghanistan	33	-	1	3.0
Iran (Islamic Republic of)	634	625	4	0.6
Qatar	-	5	-	0
Saudi Arabia	5	5	-	0
Somalia	75,414	-	1,007	1.3
Syrian Arab Republic	-	-	-	0
Tunisia	-	-	-	0
United Arab Emirates	12	12	-	0
Yemen	1,032,481	-	2,261	0.2
Sudan	29,024		634	2.2
Iraq	328		3	0.9





Example (Yemen)

- The cholera outbreak is persisted with periodic resurgence since 2016:
 - **2016**: 25 827 (129)
 - **2017**: 1 022 436 (2 238)
 - **2018**: 371 323 (505)
 - April 2019: 194 595 (406)

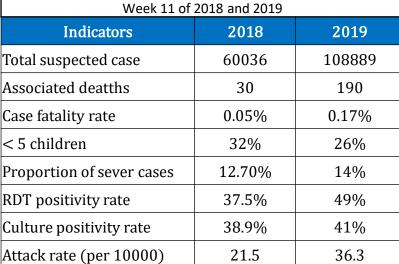


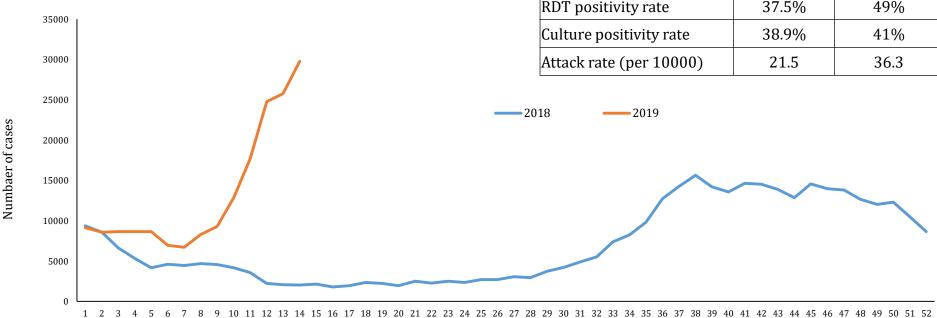




Yemen 2019

- April 2019: 194 595 (406)





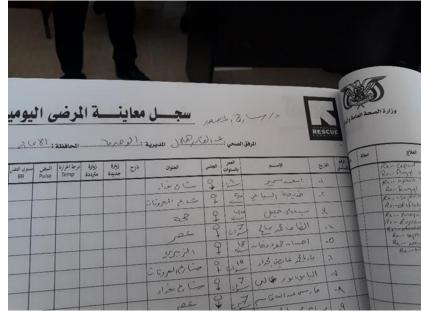
Epidemiological weeks





Surveillance capacities

- Data recording systems
 - Early Warning Alert and Response Network (EWARN) 7 Countries
 - National health information systems (HMIS, DHISII)
- Paper based/ manual data recording and reporting system at health facility level.
 - Errors in recording
 - Duplication / under reporting
- Non adherent to standard case definition
 - Missing cases
- Laboratory confirmation is rare
 - lack willingness for the lab tests
 - Non availability of RDTs
 - Lab and Epi data are not linked
- Response
 - Fragmented mostly focused on case management
- Other factors
 - Member states willingness to report
 - Fear of economy loss





OCV Campaign in Yemen

- Cholera vaccination campaigns have reached over 900 000 people in several districts:
 - First dose (May 2018):
 Aden/Ibb/Hudaydah (eight districts) 662040,
 - Second dose (September and October 2018):
 Ibb/Hudaydah (Three districts)
 309 603
- Additional 1.2 million doses made available for planned implementation in April 2019









Challenges

- Hard to reach areas due to insecurity, and restricted access to affected population in many parts of the country
- Slow deployment of needed critical technical support because of onerous administrative requirement of the local authorities
- Near complete collapse of the local water and sanitation infrastructure in the affected areas
- Increased demand of OCV with inadequate global stock





Cholera Outbreak Portal (COP)

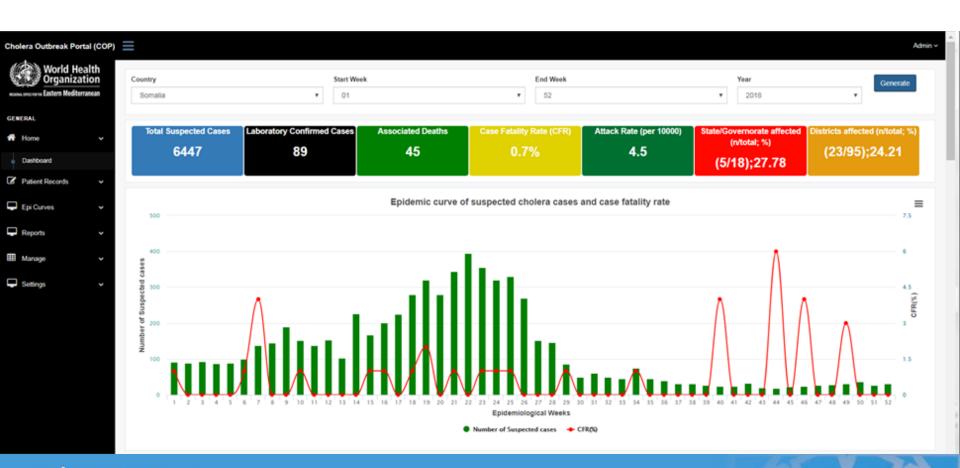
COP: http://199.33.126.98/copnew/index.php?_pages=login





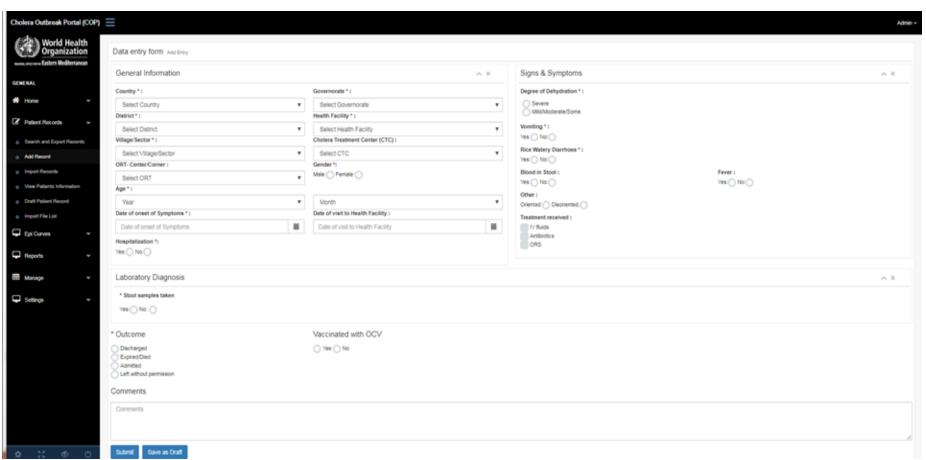


COP Dashboard





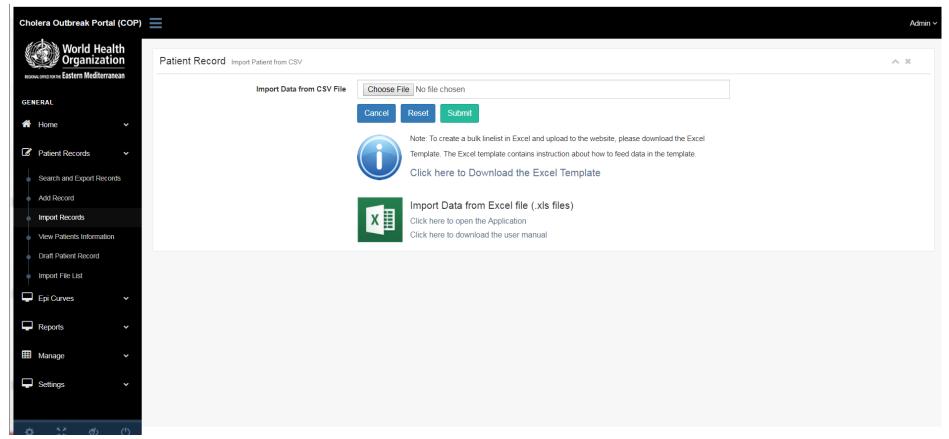
COP data entry (cases based)







COP – Import data







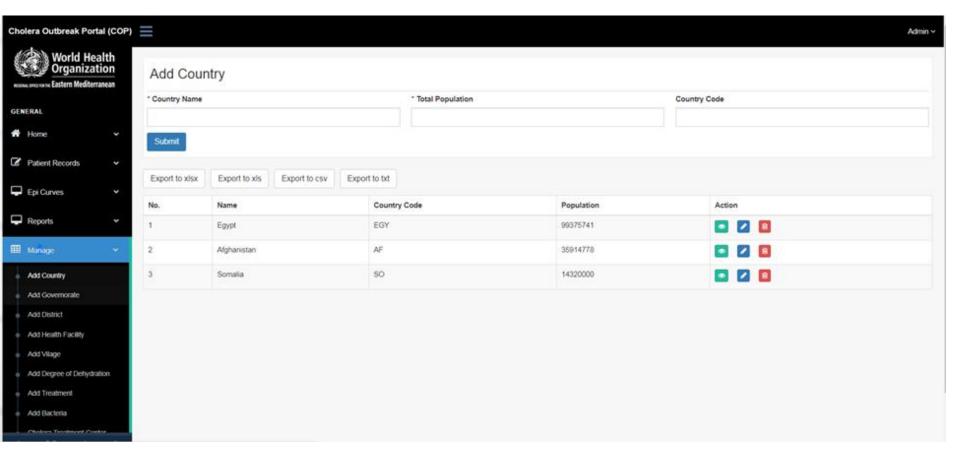
COP – automated data analysis







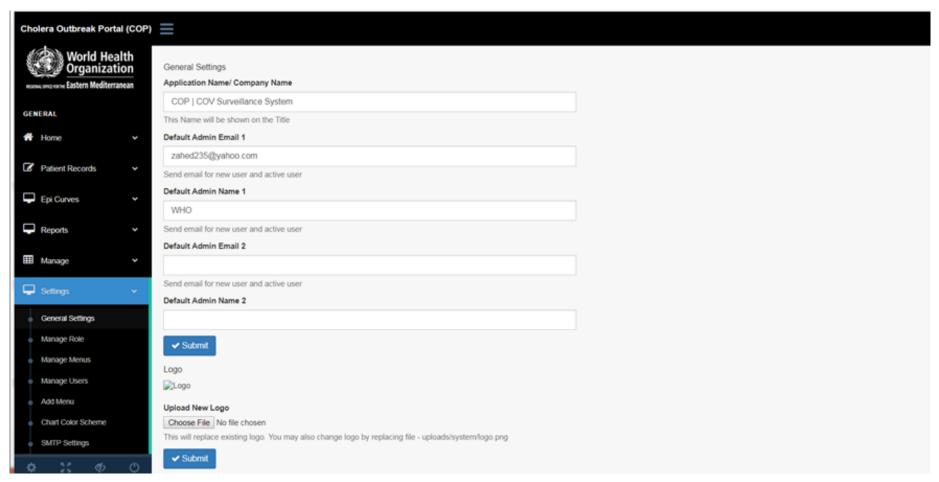
COP – Management section







COP – Settings









without

BIG CHALLENGES



