

12 December 2018 – The Ministry of Health of Somalia has announced 32 new suspected cases of cholera ([last week](#): 18 cases), with no deaths, for epidemiological week 48 (26 November to 2 December) of 2018. Of these new cases, 38% (12) are females while 69% (22) are children below five years of age. The cumulative total of cases is 6637, including 45 associated deaths (case-fatality rate 0.7%), since the beginning of the current outbreak in December 2017. Of the 334 stool samples collected since the beginning of the year, 103 tested positive for *Vibrio cholerae*. The latest stool samples tested in the National Public Health Laboratory (NPHL) in Mogadishu isolated *V. Cholerae*, serotype O1 Ogawa.

Active transmission was observed in nine districts in the Banadir region: Darkenley, Daynile, Hamarjabja, Hawlwadag, Hodan, Madina, Abdilaziz, HamarWeine, and Wardigley. The cases in Banadir represent 43.5% of the total number of reported cases in the country from the beginning of the outbreak. Banadir region, which includes Mogadishu City, has one of the highest concentrations of internally displaced persons (IDPs), who have limited access to safe water and proper sanitation. All cases reported this week are among the IDPs.

With the support of WHO, the Federal Ministry of Health and a local NGO called the Somali Young Doctors Association (SOYDA), have implemented an oral cholera vaccination (OCV) campaign in Kahda and Daynile districts in Banadir, and Arbis and Elasha in Afgoye districts in Lower Shabelle. Between 17 to 21 November, a total of 5579 people aged 1 year and above received OCV in five villages of Hudur, in the Bakool region in the southwest of the country. Another OCV campaign has been planned for February 2019, targeting 660 000 people living in IDP camps in six high-risk districts in the Lower Jubba, Middle Shabelle, Lower Shabelle, and Banadir regions.

WHO continues to provide leadership and support the health authorities and partners in activities to mitigate the outbreak, including case management, surveillance and laboratory investigations and water sanitation, hygiene (WASH) and risk communication.

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