

Urgent Notification of Serious Complications of Measles in Al-Kotie ' Area, Al-Hodeidah Governorate, Yemen

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Introduction

An increase in measles cases in January and February 2022 is a worrying sign of a heightened risk for the spread of vaccine-preventable diseases and could trigger larger outbreaks, particularly of measles affecting millions of children in 2022, warn WHO and UNICEF. Pandemic-related disruptions, increasing inequalities in access to vaccines, and the diversion of resources from routine immunization are leaving too many children without protection against measles and other vaccine-preventable diseases.

The risk for large outbreaks has increased as communities relax social distancing practices and other preventive measures for COVID-19 implemented during the height of the pandemic. In addition, with millions of people being displaced due to conflicts and crises including in Ukraine, Ethiopia, Somalia and Afghanistan, disruptions in routine immunization and COVID-19 vaccination services, lack of clean water and sanitation, and overcrowding increase the risk of vaccine-preventable disease outbreaks.

As of April 2022, the agencies report 21 large and disruptive measles outbreaks around the world in the last 12 months. Most of the measles cases were reported in Africa and the East Mediterranean region. The figures are likely higher as the pandemic has disrupted surveillance systems globally, with potential underreporting.

Countries with the largest measles outbreaks since the past year include Somalia, Yemen, Nigeria, Afghanistan and Ethiopia. Insufficient measles vaccine coverage is the major reason for outbreaks, wherever they occur [1-4]. After more than five years of continuous conflict, Yemen's health system is on the brink of collapse. More than 17.9 million people (out of the total population of 30 million) were in need of health care services in 2020 and this number is likely to increase in 2021.

Only 50% of health facilities are fully functioning and those that remain open lack qualified health staff, basic medicines, medical equipment like masks and gloves, and oxygen and other essential supplies. WHO works alongside health authorities and other partners to support primary healthcare services in priority districts. This support has enabled more people to access health care, including vulnerable people in remote areas. Without this, many people would have to travel several hours to reach their closest facility.

WHO continues to support health authorities in responding to the ongoing cholera outbreak, including case management; surveillance and laboratory investigations; vaccination campaign planning; water, sanitation, and hygiene and risk communication. We

are also supporting routine and specialized vaccination campaigns to protect children under one year of age from life-threatening diseases, including diphtheria, cholera and polio [4].

As a result of the war and the siege on Yemen, the deterioration of living and health conditions, the interruption of electricity, the suspension of salaries for six years, and the arrival of about 80% of the population of Al-Hodeidah Governorate to a level below the

poverty line, German measles appeared in children, and five cases of blindness were observed from 5-6-2022 to 21-6-2022 in Al-Kotie` area, Al-Hodeidah governorate, and the expectation is that there are many catastrophic cases at the governorate level, and this is the result of the lack of primary health care and the absence of international humanitarian organizations to play their role in such cases as shown in (Figure 1).



Figure 1: Severe complications of measles viral infection in children in Al-Kotie` area, Al-Hodeidah governorate.

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