

General Country Information:

The Union of the Comoros is an island nation in the Indian Ocean located off the eastern coast of Africa. The nearest countries are Mozambique, Tanzania, Madagascar and the Seychelles. The Union of the Comoros was made a French colony in 1912 and consists of three main islands: Ngazidja (Gde Comore), Mwali (Mohéli), Nzwani (Anjouan). Even though Comoros became independent from France in 1975, the island of Mahoré (Mayotte) remains administrated by the French government as a French departmental collectivity; they continued to vote against independence during the referendums. The three main islands are divided in 10 health districts and Moroni the capital (located on Gde Comore) is the largest city.

Comoros ranks 132 out of 177 in the UN Human Development Index. It's economy is mainly rural and is based on agriculture (fishing, hunting and forestry). It is a large producer of vanilla. Unemployment rate is high (14.3%). The government is concentrating efforts to upgrade education and technical training, to improve health facilities to diversify exports, promote tourism and to reduce the high population growth.

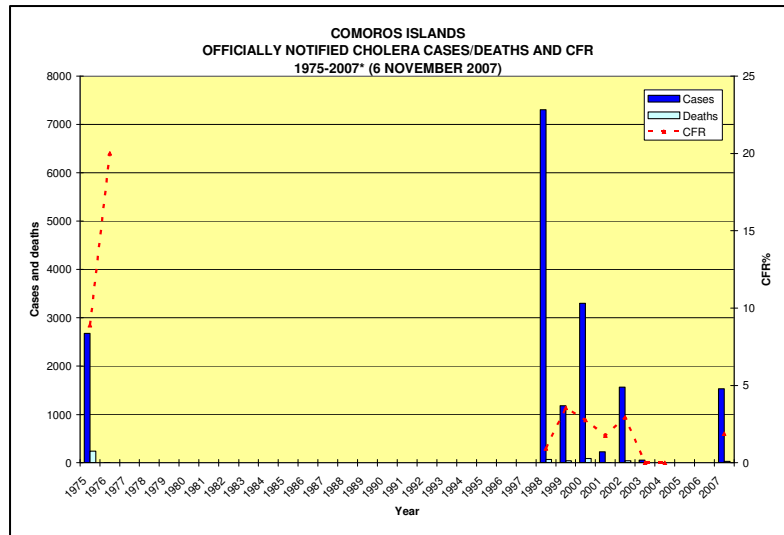
Cholera Background History:

The first cholera outbreak in Comoros was reported in 1975 accounting for 2675 cases and 238 deaths (case fatality rate of 8.9%). Assumptions were made that the *Vibrio cholerae* had been introduced by pilgrims during their travel back from Mecca but this was never fully proven. No cholera case was reported between 1976 and 1997.

In 1998, the largest outbreak in the country was recorded accounting for 7300 cases and 68 deaths. From 1999 to 2004, cholera cases were reported each year with a case fatality rate ranking from 0 to 3.56%. No cholera case was reported in 2005 and 2006.

Cholera outbreak in 2002

Between 23 December 2001 and 22 December 2002, an outbreak accounting for 1644 cases with 47 deaths (CFR 2.9%) affected all 3 islands of the country. The epidemic started in Grande Comore and reached its peak 9 weeks later in February (18-24 February). Mohéli and Anjouan islands were also affected respectively 11 and 14 weeks after the index case was found in Grande Comore.



The attack rate for the country was 0.3% and was higher in Grande Comore (0.4%) than in the two other islands. All 7 districts of Grande Comore were affected as well as all 3 districts of Mohéli. In Anjouan however only 3 districts out of 7 were affected with 88% of the cases being reported in Mutsamudu.

Cholera outbreak in 2007

The outbreak in 2007 started on 25 February in Grande Comore (Moroni) and reached a peak of more than 400 weekly cases during week 33 (13-19 August). As of 6 November, 1531 cases and 29 deaths have been reported: 96% of the cases in Grande Comore and 4% in Mohéli island, leaving Anjouan island untouched. The country overall CFR was 1.9% and was higher (>4%) in the remote districts of Foubouni and Nioumachoa. Cumulative cases distribution and case fatality rates are represented on the maps in Figure 1 and 2.

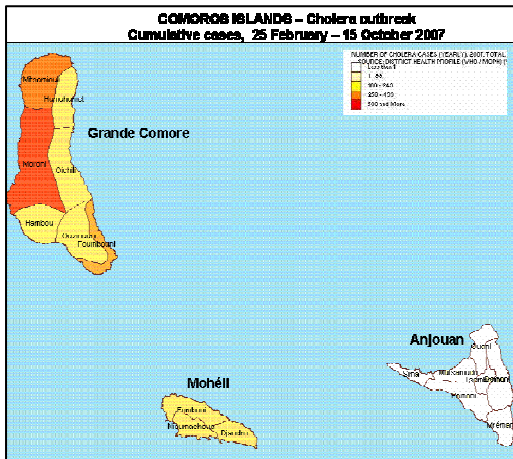


Figure 1

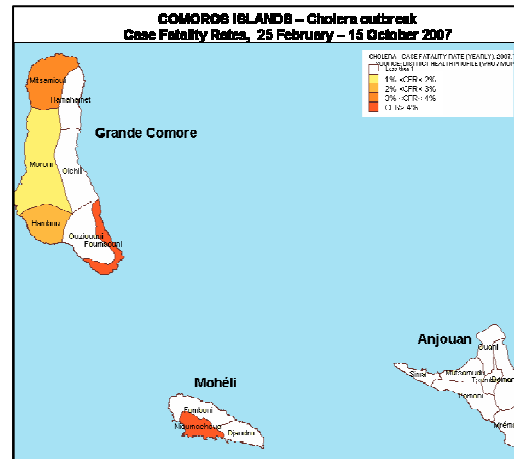


Figure 2

WHO Support Actions in 2006/2007:

- National Task Force includes WHO, UNICEF and the Federation of Red Cross and Red Crescent
- Staff training in cholera prevention
- Opening of 3 cholera treatment centres
- Health promotion and social mobilization through radio messages, posters and community meetings

Demographic and Socio-Economic Data:

Geography	Total surface	2 240 km ² (coast line 340km)
	Capital	Moroni (population in Moroni: 60 200 in 2003)
Environment	Islands	3 (+Mayotte)
	Official Languages	Arabic, French, Comorian (Shikomoro, a blend of Swahili and Arabic)
	Climate	Tropical with marked dry season
	Rainy season	December to April
Demographics	Floods and droughts	Cyclones during the rainy season, Kartala (on Ngazidja) is an active cyclone
	Desertification	soil degradation and erosion results from crop cultivation on slopes without proper terracing; deforestation
	Natural resources	NA
Economy	Population	798 000 (annual population growth rate: 2.84%)
	Religions	Sunni Muslim 98%, Roman Catholic 2%
Health Indicators	Ethnic groups	Antalote, Cafre, Makoa, Oimatsaha, Sakalava
	Migrants	
	Industry	Fishing, tourism, perfume distillation
	Farming	Vanilla, cloves, perfume essences, copra, coconuts, bananas, cassava (tapioca)
Communicable Diseases	Per capita total expenditure on health	25\$
	Life expectancy birth (yrs)	Males: 62 Females: 67
	Child mortality (under five per 1000)	71
	Number of physicians	114 (2004)
Risk Factors for Cholera	HIV prevalence (2005):	<0.1%
	Population with access to improved water source	86% (2004)
	Population with access to proper sanitation facilities	33% (2004)
Chronic Malnutrition	62% (2003)	

Sources for Document: WHO, UNDP



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