

Epidemiological Overview

Between 25 August 2022 and 07 January 2023, 77,561 suspected cases have been reported, including 100 attributed deaths to date at a case fatality rate of 0.13%. While the reported number of suspected cases has significantly reduced in some areas, but the overall cumulative cases continue to increase. New 15,890 suspected cases have been reported since the last SitREP (Dec 18th, 2022).

Of the 4,454 samples tested with rapid diagnostic tests, 1,886 have tested positive. The overall proportion of RDT-positive cases is 42.3%. To date, 3,336 stool samples have been cultured, of which 868 have tested positive for Vibrio Cholera. The positivity rate is 26%.

In week 51 a decrease of AWD cases (n= 3,044 cases) by 11% compared with week 50 AWD cases (n= 3,426 cases). The decrease was noticed mostly in the GoS areas by 66% and NES, while some areas of NWS (Idelb and north of Aleppo) showed an increase of cases in some of the sub-districts (Dana, Areha, Aferin, and Azaz).

A total of 6,561 suspected cases and 7 associated deaths have been reported from IDP camps in NES and NWS.

- Idleb (21,033 suspected cases with an attack rate of 27.1%)
- Deir Ez-Zor (20,671 suspected cases with an attack rate of 26.7%)
- Aleppo (16,877 suspected cases with an attack rate of 21.8%)
- Raqqa (15,284 suspected cases with an attack rate of 19.7%)

Suspected Cases

77,561

Positive Cases

1,893

Cholera Sus. Deaths

100

Case Fatality (CFR)

0.13%

Overall Attack Rate

0.33%

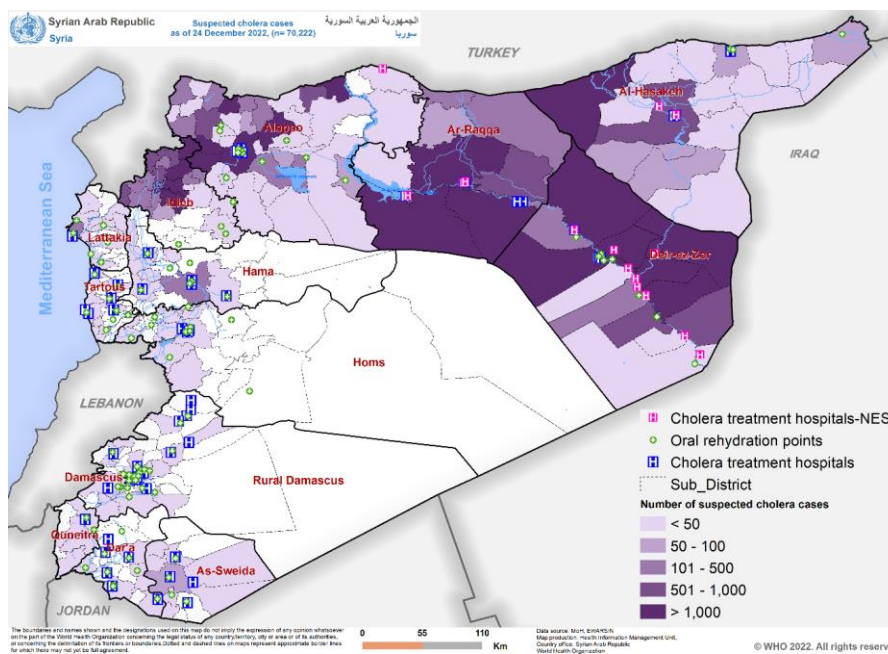
Affected Governorates

14

Grade

2

Figure 1 Distribution of suspected cholera cases by date of onset as of 24 December 2022



Epidemiological Data

Figure 2: Distribution of suspected cholera cases by date of onset, as of 24 December 2022

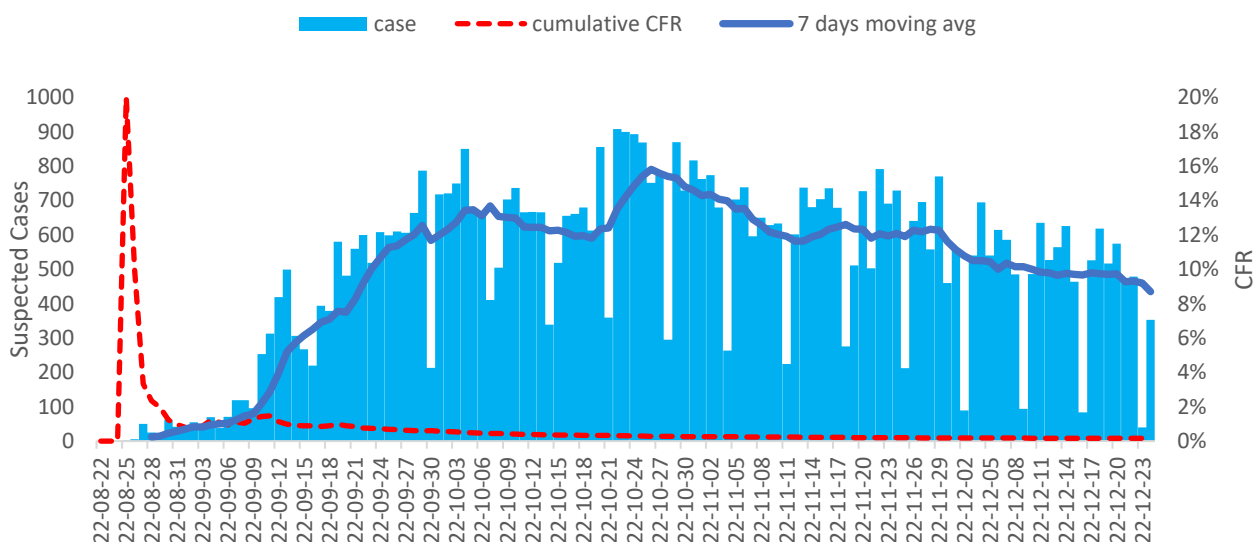


Table 2: Epidemiological data, as of 07 January 2022

Governorate	Suspected Cases (AWD)	Attack Rate (%)	RDTs	Positive RDTs	Culture + Tests	Attributed Deaths	CFR%
Aleppo	16,877	0.40	2,008	1,026	237	45	0.27%
Al-Hasakeh	2,987	0.26	615	112	23	4	0.13%
Ar-Raqqa	15,284	1.99	352	74	100	10	0.07%
As-Sweida	81	0.02	81	26	2	0	0.00%
Damascus	41	0.00	99	20	10	1	2.44%
Dar'a	22	0.00	22	5	-	0	0.00%
Deir-ez-Zor	20,671	2.65	736	419	100	24	0.12%
Hama	169	0.01	167	44	39	1	0.59%
Homs	58	0.00	57	30	23	1	1.72%
Idlib	21,033	0.74	148	8	344	14	0.07%
Lattakia	184	0.01	161	98	31	0	0.00%
Quneitra	17	0.02	23	4	1	0	0.00%
Rural Damascus	109	0.00	108	17	3	0	0.00%
Tartous	28	0.00	28	10	2	0	0.00%
Total	77,561	0.37	4,605	1,893	915	100	0.13%

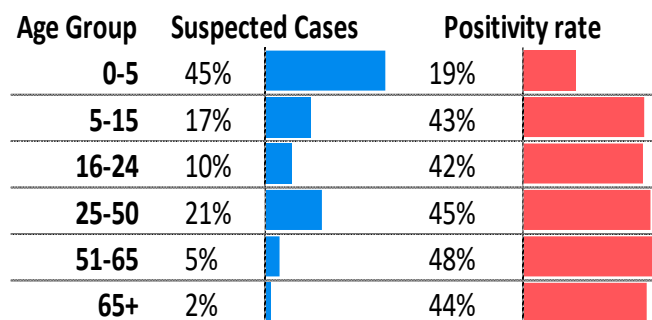


Figure 1 Distribution of cases and positivity rate for each age group

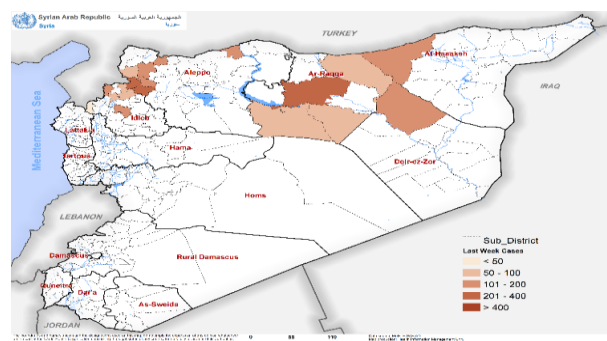


Figure 3 Distribution of suspected cases reported last week from 24 December 2022

Cholera Outbreak Response

Coordination

Leadership and Coordination

- WHO continues to coordinate the overall cholera response. Health and WASH clusters are jointly coordinating the overall cholera response, at WoS and Hubs levels. WHO, UNICEF and OCHA are working together to ensure the leadership of the different response pillar
- WoS Cholera Response Plan Jan – June 2023 is drafted including lessons learned from the last three months' response operations. The plan will be released end of this week.

Health

Surveillance and Laboratory

- Integrated EPI analysis of case distribution on a weekly basis is produced.

Case Management

- In GoS, 51 hospitals are designated for cholera treatment, and 96 health centers are designated for oral rehydration. Coordination has been in place with MoH to evaluate the effectiveness of CTCs.
- In NWS, 6 functional CTCs/CTUs and 18 functional ORPs. Assessment of the CTCs functionality is becoming a priority.
- In NES, MSF CTU is maintained with 10 beds.
- Series of WHO Syria organized capacity building events in NES on various subjects related to cholera response were rolled out and extended for broader participation of various camps' based stakeholders (including XB partners). At this stage, the training are taking place for Areesha camp, Al Hol camp, Roj and Newroz camps, Al Mahmoudli

Oral Cholera Response (OCV)

The OCV campaign started on 4 December 2022 in Ar-Raqqa, parts of Aleppo and Deir-ez-Zor. The results are as per the below table:

Gov	Targeted population	Vaccinated	Coverage %	Progress of the campaign
Al-Hassakeh	395,423	368,211	93%	Ongoing
Deir-ez-Zor	750,000*	751,673*	100%	completed
Raqqa	497,746	431,258	87%	completed
Aleppo	350,000	350,000	100%	completed
Total	1,993,169	1,901,142	95%	

*extra doses transferred from Raqqa to Deir-ez-Zor

High acceptance overall, some hesitancy in Al Hol camp. Post-campaign assessments complete in Raqqa and Aleppo, ongoing in Dez & Hassakeh.

Water Sanitation and Hygiene (WASH)

WASH Rapid Response

- In NWS CATI/CORT training of trainers was completed for WASH partners
- In NES CATI/CORT online discussions around response modalities and requirements
- In NES 11,348 cases have received assistance

Access to Safe Water

- In GoS, combined WHO and UNICEF water safety plans in drafting process.
- In NES, Chlorination and water quality control at 81 Euphrates filling stations and checkpoints around Al Hasakeh, 898,654m³ of water chlorinated
- 28 Water Stations light rehabilitation, 25 Water Stations rehabilitation ongoing.
- 68 WS/piping systems are being tested weekly (8% of tests showed no chlorination)
- In GoS, continued provision of an average of 200 m³ of water daily through water trucking to Cholera-affected locations targeting 10,000 individuals in Aleppo's southern rural.
- Providing and distributing 60 tons of sodium hypochlorite to water pumping stations in Darra governorate and Lattakia water establishment.

WASH and IPC in Schools and healthcare facilities

- In NES, 46 schools receiving support (Soap Distribution and Hygiene Promotion), 45 ongoing
- In NES, IPC measures were implemented at 8 health centers.
- In GoS water trucking continues to 47 schools in Rural Damascus, 300m³/day accounting for 60,000 students.

WASH Surveillance

- In NWS, the WASH cluster field facilitators have completed the first round of surveillance covering the whole NWS area.
- In total 1,374 camps and 773 communities were assessed in 35 sub-districts and the following are the key results:
 - 47% of the sites reported 0 FRC, and 5% reported over chlorination with a ratio of more than 0.7 mg/l.
 - 63 camps in 49 communities identified with open sewers within the site.
 - 63 camps in 59 communities showed a sign of open defecation
- In NES, All IDP camps remain with low case counts.
- UNICEF in collaboration with SARC and Aleppo Water Establishment is continuing to monitor the water quality in the water network in Aleppo city and the IDP camps in Aleppo's northern rural, and Homs and Hama water authorities.

Risk Communication and Community Engagement (RCCE)

In Damascus:

- In Dar'a, between 25-29 December 2022, Al Bir association supported by UNICEF held 6 community dialogue sessions about Cholera and reached 139 people in Dar'a Al Balad and in other villages including Naseeb, Kherbet Qais, Om Almiathen, Naba, and Fouar.

- In Quneitra, UNICEF-supported healthcare workers conducted 55 community dialogue sessions in public primary health centers in Quneitra, reaching approximately 660 people with key messages about Cholera.
- UNICEF supported SARC by conducting 33 raising awareness sessions in 8 schools including Tarnaja, Rasm Al Halabi, Qahtaniyyeh, and Jabata, reaching approximately 680 students with main messages about Cholera. Also, the Syrian Family Planning Association (SFPA) supported by UNICEF held 2 community dialogues about Cholera with 24 women in SFPA Center in Khan Arnabeh. Moreover, Ghiras team supported by UNICEF held 5 community dialogues about Cholera with 56 women in Ein Al-Nuriyah and Halas.
- In As-Sweida, SFPA supported by UNICEF held 3 community dialogues about Cholera with 436 people including Thaala and Haran villages.
- In Rural Damascus, Ghiras team supported by UNICEF held 7 community dialogues about Cholera with 90 women including villages Hosh Nasri, Otaya, and Midaah.
- In Dar'a, SARC supported by UNICEF conducted 55 home visits in Kherbet Ghazala, reaching approximately 440 people with main messages about Cholera.

In NWS, a total of 17 partners reported their RCCE activities, reaching a total of 105, 673 beneficiaries through cholera prevention awareness sessions.:

- 19,558 households catering to 80456 beneficiaries were reached
- 5,785 viewership on social media (Facebook, telegram, YouTube, websites, WhatsApp, etc.)
- 4,866 individual awareness sessions were held catering to 5508 beneficiaries.
- 8,534 mothers and caregivers of children were reached
- 392 community leaders and 166 religious leaders were reached
- 126 raising awareness group sessions were held at schools catering to 702 teachers and 2,177 students.
- 1,953 beneficiaries were reached through group awareness sessions.

5 short videos were developed and shared.

In NES:

- 364, 654 individuals were exposed to awareness sessions about cholera prevention and control in NES.
- 302 community workers provide RCCE cholera awareness sessions across NES.

Logistics, Equipment, and Supplies

- No new updates.

Challenges / Gaps

- In GoS, WASH in schools, and health care facilities in southern governorates are significantly under-resourced. There is an urgent need for the rehabilitation of water and sanitation systems.
- Continued electricity and fuel shortages which become more severe in the last weeks, are still considered the main factor behind the inability of the water authorities to provide sufficient water.
- Lack of funding is posing an imminent risk of discontinuation and projects ended in December 2022 for the case management (CTCs/CTUs and ORPs).
- Limited access to some areas due to conflict and/or insecurity, including in camps.

- Most wastewater is untreated and discharged without proper management, and most irrigation is done using raw sewage water.
- Lack of funding for sewer networks rehabilitation, maintenance, covering open sewage lines and establishing new sewage treatment facilities, and provision of extra water to communities, and IDP camps.
- Refusal of people to chlorination.
- In NES, case referral is still not harmonized for WASH cases investigation.
- Partners who support Kobani and Manbij were forced to change the filling points that they support because of the security situation and ongoing threats from the opposition.
- Alouk continues to be non-operational.

Key Priorities

- Continuation of OCV activities including the delivery of vaccines for Hassakeh and eastern Deir-ez-Zor.
- Funding for repair, rehabilitation as well as operation and maintenance of water and sewage systems to mitigate water-borne diseases. And Funding to support installing solar energy systems to secure energy for the operation of water pumping stations and improve water and sanitation systems in schools
- Cover open sewage lines in camps and informal settlements.
- Planning to do an assessment at water stations in order to know the basic facilities and training required for improving disinfection works at stations.

Funding

- An estimated USD 35.2 million is required under the AWD/Cholera Response Plan.
- First Syria Humanitarian Fund (SHF) standard allocation for AWD/Cholera is under finalization.
- Gaziantep WHO office has received a total of 670,000 USD through CFE and SCHF, they were utilized towards Supplies (320,000 USD); capacity raising activities for case management, RCCE, and IPC (75,000); Case management through direct support to 3 CTCs/CTUs in hotspots (91,000) and RCCE and IEC material provision (25,000), with two more CTCs/CTUs being planned and are expected to utilize the remaining 159,000 USD.
- The integrated response for cholera under GoS requirement is 24.2 Million USD for the response by the sectors for all 9 response pillars. A major requirement for the funding is with UNICEF (9.8 Million), WHO (7 Million) and 1.7 for UNDP, and 1.3 for WASH and Education.

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