

WHOLE OF SYRIA

CHOLERA OUTBREAK SITUATION REPORT NO. 5

Nov 1st October 2022

Epidemiological Overview

Since the last situation report, the number of confirmed and suspected cases has risen. Suspected cholera cases (AWD) have been reported from all 14 governorates, each of which (now including Rural Damascus and Tartous) has reported positive cases.

Between 25 August and 22 October, 24,614 suspected cases have been reported, including 81 attributed deaths to date at a case fatality rate of 0.33%.

Of the 2,204 samples tested with rapid diagnostic tests, 1,144 have tested positive. To date, 998 stool samples have been cultured, of which 391 have tested positive for *Vibrio Cholera*. The overall proportion of RDT-positive cases is 34%.

The most affected governorates to date are Deir-ez-Zor (12,772 cases, 51.9%), Ar-Raqqa (5,965 cases, 24.2%), Aleppo (3,845 cases, 15.6%), Al-Hasakeh (1,178 cases, 4.8%)

Gov	W42	Median (w39-41)	Change
Dier Ez Zor	1,803	2,313	-22% ▼
Raqqa	1,197	1,069	12% ▲
Aleppo	754	463	63% ▲
Hasakah	134	169	-21% ▼
Idleb	367	30	1110% ▲

Suspected Cases

24,614

Positive Cases

1,144

Cholera Deaths

81

Case Fatality (CFR)

0.33%

Overall Attack Rate

0.12%

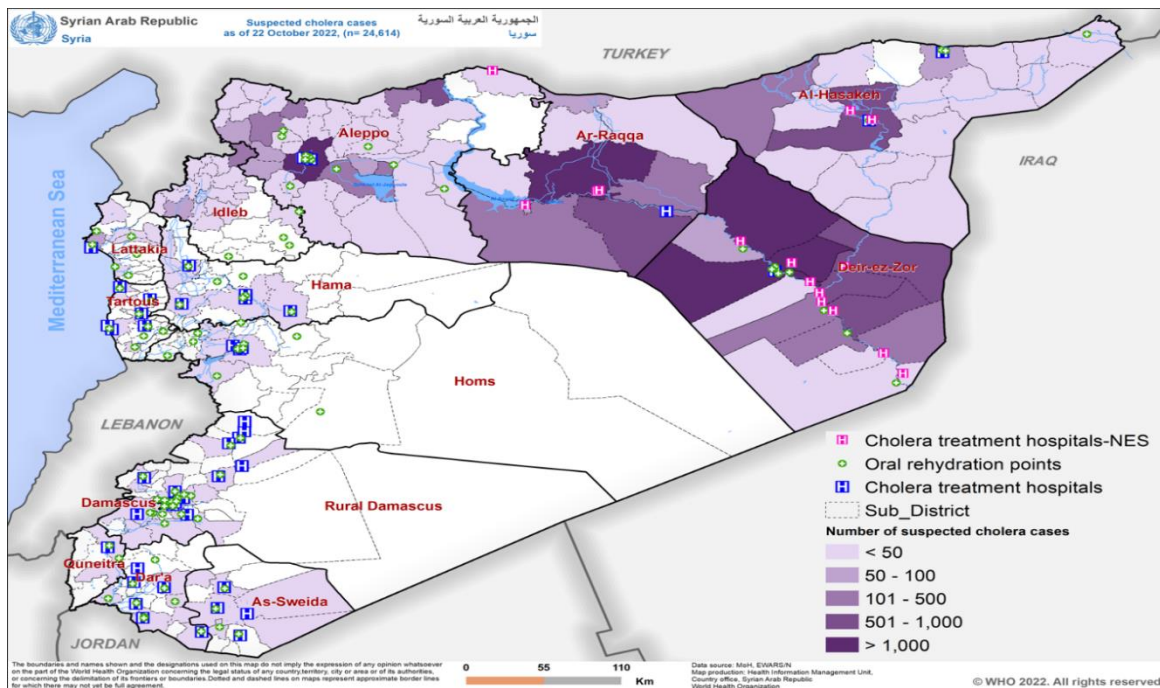
Affected Governorates

14

Grade

2

Figure 1 Distribution of suspected cholera cases and response centers as of 22 October 2022



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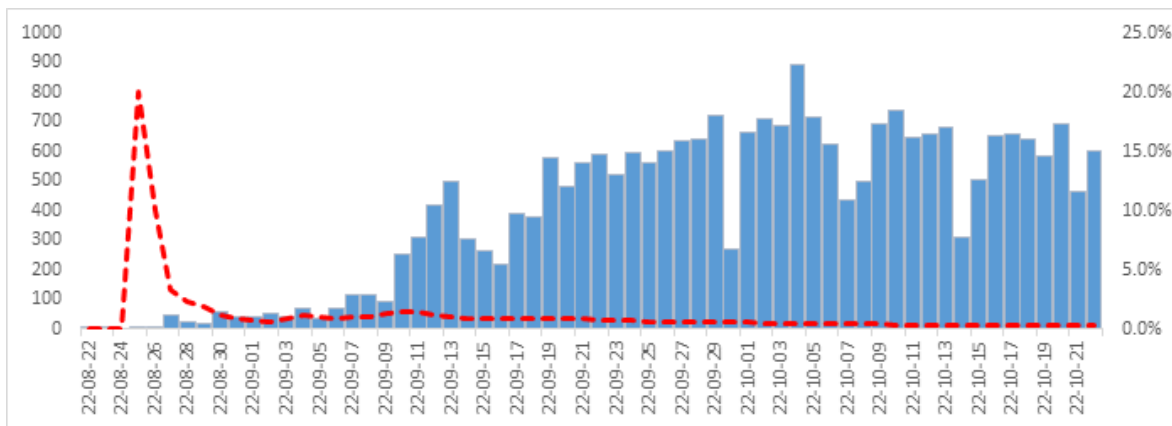
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Epidemiological Data

Table 1: Epidemiological data, as of 22 October 2022

Governorate	Suspected Cases (AWD)	Population	Attack Rate (%)	RDTs	Positive RDTs	Culture + Tests	Attributed Deaths	CFR%
Deir-Ez-Zor	12,772	779,283	1.64	569	302	98	27	0.2%
Raqqa	5,965	767,956	0.78	222	50	73	9	0.2%
Aleppo	3,845	4,170,829	0.09	650	604	135	37	1.0%
Hassakeh	1,178	1,160,335	0.10	326	88	22	5	0.4%
Idleb	525	2,826,875	0.02	140	8	50	2	0.4%
Lattakia	69	1,274,118	0.01	48	30	1	0	0.0%
Damascus	61	1,829,796	0.00	58	14	5	1	1.6%
Hama	64	1,344,853	0.00	64	10	2	0	0.0%
Sweida	54	380,118	0.01	54	19	2	0	0.0%
Rural Damascus	28	3,032,345	0.00	28	3	0	0	0.0%
Homs	22	1,520,284	0.00	22	8	3	0	0.0%
Daraa	17	1,037,690	0.00	17	5	0	0	0.0%
Quneitra	6	113,254	0.01	6	1	0	0	0.0%
Tartous	8	943,399	0.00	5	2	0	0	0.0%
Total	24,614	21,181,134	0.12	2,204	1,144	391	81	0.3%

Figure 2: Distribution of suspected cholera cases by date of onset, as of 15 October 2022



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Cholera Outbreak Response

Health

Leadership and Coordination

- Close coordination with partners continues across all response locations including the WoS approach. Following the release of the joint AWD/Cholera Response Plan, partners are continuing to address gaps and needs as part of the overall response.
- Joint monitoring activities under the M&E framework outlined in the Response Plan are ongoing.
- Weekly joint health and WASH calls continue and bring three different response hubs together to exchange information, discuss challenges, identify solutions, and coordinate response efforts.
- Incident Management coordination systems in Damascus & Gaziantep and the Cholera task force in Gaziantep and Northeast Syria are working closely with the Whole of Syria coordination cell, particularly on surveillance.
- Weekly situation reports produced on the cholera outbreak are prepared by WoS group, WHO Syria, and the Gaziantep office and regularly shared with partners.
- The NES Forum Inter-Sector Working Group continues to host regular NES Cholera Task Force meetings with the Health Working Group, WASH Working Group, and NES NGOs.
- Bi-weekly briefings continue to provide donors with response updates, and key challenges, in a bid to bolster resource mobilization efforts.

Surveillance and Laboratory

- Through WHO support, surveillance and active case-finding continue to intensify in high-risk areas, including Aleppo, Deir-ez-Zor, Ar-Raqqa, and Al-Hasakeh. Operational support, including sample transport, also continues to 101 rapid response teams at central and governorate levels.
- WHO sent 15 laboratory-positive samples to reference laboratories for genetic sequencing of Vibrio Cholera.
- MoH is conducting training for 180 health workers on IPC and surveillance with UNICEF support, the first of which took place for 30 health workers from Homs, Latakia, and Tartous governorates from 24-27 October, 2022.
- WHO, in coordination with the Ministries of Health (MoH) and Education (MoE) conducted 13 trainings for 380 health workers to build the capacities of MoE health workers for early detection, reporting, and response to AWD cases among school-going children.

Case Management

- WHO supported 11 training courses in nine governorates (Al-Hasakeh, Ar-Raqqa, Homs, Hama, Sweida, Dar'aa, Quneitra, Damascus, and Rural Damascus) for 275 health workers from MoH facilities on standard case definition and cholera case management.
- There are 51 hospitals designated for cholera treatment and 96 health centers designated for oral rehydration.
- In Northwest Syria, four cholera treatment units (CTUs) in Jarablus, Afrin, and A'zaz supported by IDA and MSF-B are functional with a total capacity of 85 beds; three CTUs supported by MSF-B and Al Ameen/MSF Spain are on standby in Idleb, Al-Ba,d, and Afrin; while five units are under preparation in Idleb, Athareb and Darat Izza backed by SEMA and Al Seeraj and Al-Dana supported by Sham. 16 more units will be set up as soon as funds become available.
- In Northwest Syria, 39 health workers attended a training-of-trainers (ToT) on cholera case management while 400 health workers received training on IPC in CTUs.
- In Northeast Syria, UNICEF facilitated training on cholera preparedness and response for 25 participants from 12 local NGOs.
- NES NGO partners continue to support cholera case management at primary healthcare centers and hospitals across Northeast Syria.
 - NES NGO partners are supporting ten CTUs with a bed capacity of 263 beds across Deir-ez-Zor, Ar-Raqqa, Al-Hasakeh, Tabqa, Ain-al-Arab (Kobane), Washokani camp, and Sawa in Deir-ez-Zor.

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Water Sanitation and Hygiene (WASH)

WASH Rapid Response:

- WHO provided 3.5 million aquatabs to the Department of Health (DoH) for wider distribution to governorates.
- Mobile teams deployed by NES NGOs have investigated a total of 2,976 suspected cases in 294 communities and provided targeted assistance to 663 cases.

Access to Safe Water:

- Monitoring of residual chlorine continues in cooperation with authorities in several governorates including Homs, Hama, and Aleppo. 92 metric tons of sodium hypochlorite were distributed to disinfect water units in Homs, Dara'a, and Damascus by UNICEF, in addition to the delivery of 1,650,000 aquatabs which are expected in Deir-ez-Zor shortly.
- UNICEF provides 200 cubic meters of drinking water daily to cholera-affected locations targeting 10,000 individuals in the south of Aleppo.
- Partners including UNICEF, SARC, and WWGCV continue to support the rehabilitation of water pumping stations and water monitoring to ensure safe and consistent supply in Aleppo and Rural Damascus.
- In Deir-ez-Zor, UNICEF has signed a three-month emergency water-trucking contract for the provision of drinkable water in 75 schools, while maintenance of WASH facilities is planned for 50 schools. Water trucking is also ongoing for 47 schools and an estimated 60,000 people in East Ghouta.
- In Northeast Syria, chlorination and water quality control in Al-Hasakeh is ongoing at the rate of approximately 850 trucks per day. Chlorination activities are also continuing through 42 private trucking filling points moving water from the Euphrates River and connected canals. 25 additional filling points are expected to be established within the next week.
- NES NGOs have begun water quality monitoring of 18 key pumping stations and connected piping systems reaching reaching reaching a target of 95.
- In Northwest Syria, 2,749 free residual chlorine (FRC) tests were conducted in Aleppo and Idleb by the WASH cluster. 1,594 water storage tanks were treated and disinfected.

Hygiene Promotion:

- In Aleppo, UNICEF - in collaboration with SARC - conducted awareness sessions on cholera prevention for 36 schools benefitting an estimated 2,400 children.
- UNICEF has signed a contract for the procurement of soap bars and jerrycans to be within the next week to key governorates, including 254 cleaning kits for schools in collaboration with the school health department at the Department of Education as part of the Social Behaviour Change (SBC) campaign.

Risk Communication and Community Engagement (RCCE)

- WHO continues to step up its capacity-building activities and community engagement across different governorates in Syria resulting in over 550 community health workers (CHWs) trained on key messaging for cholera, reaching approximately 46,300 individuals in the last week:
 - In Aleppo, 135 CHWs conducted door-door outreach reaching 12,762 people in Jebel Seman, Manjib, Al-Bab, and Al-Safira districts.
 - In Al-Qamishli, more than 260 people were engaged across Al-Hol and Al-Areesh camps. WHO, in coordination with UNICEF, conducted door-door outreach for 15,467 individuals in Ar-Raqqa, Tabqa, and Al-Hasakeh;
 - 57 volunteers for UNDP-affiliated projects took part in training on cholera prevention in Deir-ez-Zor. 122 CHWs reached 15,130 individuals through household visits in Al-Mayadin and Abu-Kamal districts.
 - In Lattakia and Tartous, 248 personnel from institutions, directorates, civil society, and UN partners took part in training on cholera management and response; and
 - Across Homs, Hama, and Idleb, more than 2,600 people were reached during awareness-raising campaigns led by 69 volunteers and CHWs.

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- WHO continues to support the printing and distribution of information, education, and communication (IEC) materials, with more than 33,452 distributed over the last week to health partners, hospitals, EWARS teams, and NGOs to convey messages on AWD/cholera infection prevention and promotion of food and water safety measures. In addition, WHO is ramping up its social media activity and dissemination of communication products, most recently in the form of a brochure and social media cards shared widely with partners.
- UNICEF expanded RCCE outreach in Aleppo, Deir-ez-Zor, Al-Hasakeh, Ar-Raqqa, Damascus City, Rural Damascus, and Homs where 159,000 people were reached through community dialogue, 71,000 of which were children. A total of 93,161 people were reached through door-door visits with key messaging on cholera prevention and response.
- Other health partners including Medair, SARC, and UNFPA are continuing to leverage CHWs and mobile teams to promote and disseminate cholera awareness amongst affected communities.
- In Northwest Syria, 58,900 beneficiaries from 27 sub-districts were engaged in cholera prevention awareness-raising. 152 CHWs and social mobilizers received a one-day training course on cholera prevention in the past week.

Logistics, Equipment, and Supplies

- UNICEF has signed a contract for the procurement of soap bars and jerrycans, which are expected to be delivered over the course of the upcoming week, and is also in the process of procuring laboratory materials.
- In Northeast Syria, WHO has confirmed that supplies arrived in Al-Qamishli on 25 October and will be delivered to cross-border partner-supported health facilities. 22 cholera periphery Kits, 7 Central kits, 3 community kits, 2,450 Azithromycin, 200,000 ORS (Oral Rehydration Solution) sachet, and 80 RDT (Rapid Diagnostic Test).
- In Northwest Syria, WHO has distributed 10 cholera kits to functional CTCs/CTUs, and 42,000 ORS Sachets. Global procurement is in the pipeline.
- In Northwest Syria, UNICEF has provided 25 periphery equipment kits, 25 periphery renewables kits, 25 periphery drug kits, 35 community drugs kits, 35 community care kits, and PPE (Personal Protective Equipment).
- In Northwest Syria, World Vision has provided loose medicines including 20,000 Doxycycline, 40,000 Zinc Sulphates, 40,000 ORS, and 5,000 Ringer Lactate.

Challenges / Gaps

- Persistent funding challenges constrain the scale-up of Health and WASH response activities, with the increase of cholera case numbers and expansion to new geographical areas.
- Limitations in health worker capacities for treatment of complex cholera cases.
- Challenges in timely sharing and reporting on key data related to the outbreak impacts the ability to mount a timely and effective response in NES
- Armed conflict in some areas poses difficulties in operational response capacity.
- Limited global supply of oral cholera vaccines due to multiple ongoing outbreaks, potentially limiting the number of doses and supplies available to Syria.
- Access to safe water and deteriorated sanitation and waste disposal methods remain challenging

Key Priorities

- Roll-out of four SHF-supported projects under the first reserved allocation of USD 3.5 million.
- Advocate for increased resource mobilization to adequately fund response plan activities and provide opportunities for scale-up, particularly regarding rehabilitation, construction, and maintenance of water structures and procurement of medical supplies for cholera management.
- Continue increasing cholera treatment capacity against all response locations, especially in Northeast Syria, to address critical gaps.
- In Northwest Syria, prioritize support and expand capacity for WASH and IPC, particularly at CTCs, CTUs and ORPs.

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- At camp/IDP sites, focus on establishing CTC/Us, improved water quality control and sanitation interventions, stronger referral systems, and enhanced risk communication and community engagement.

Funding

- An estimated total of 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 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

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