



World Health Organization

Yemen cholera situation report no. 4 19 JULY 2017



WHO-supported oral rehydration therapy corner in Sana'a
Photo: WHO/ S. Al-Wesabi



362 545
SUSPECTED CHOLERA
CASES



659
LAB CONFIRMED
CASES



1817
RELATED
DEATHS



21
GOVERNORATES AFFECTED

TREATMENT CENTRES ESTABLISHED BY WHO



47 DIARRHOEA TREATMENT CENTRES



278 ORAL REHYDRATION CORNERS



310 HEALTH WORKERS TRAINED ON CASE MANAGEMENT

THE JOINT CHOLERA RESPONSE



21 PARTNERS UNDER THE LEADERSHIP OF WHO



121 DISTRICTS AND **21** GOVERNORATES

WHO FUNDING STATUS



US\$ 64 MILLION FUNDS REQUESTED



US\$ 10.2 MILLION RECEIVED

SUPPLIES PROVIDED



788,000 BAGS OF INTRAVENOUS FLUIDS



112 CHOLERA KITS

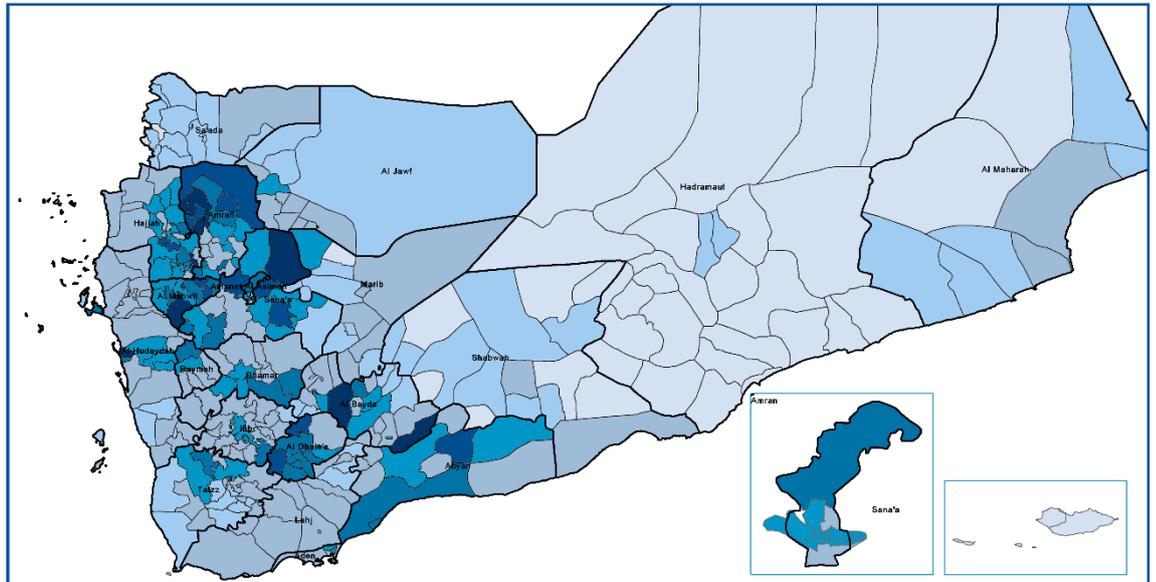


525 CHOLERA BEDS

HIGHLIGHTS

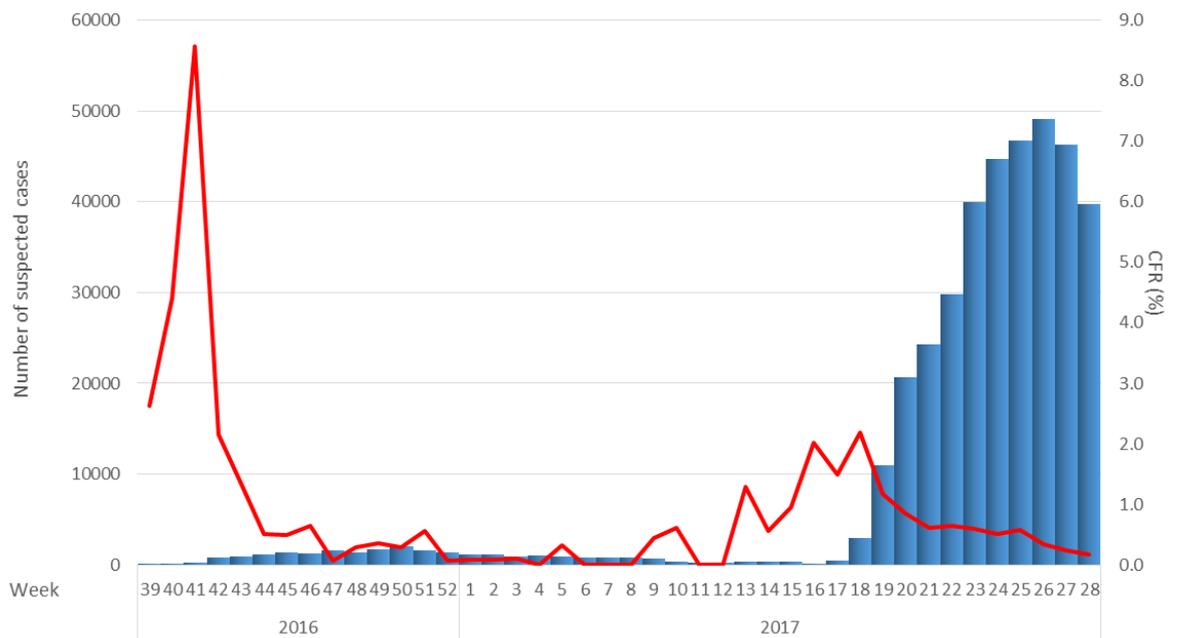
- ⇒ National Emergency Operations Centres (EOCs) in Aden and Sana'a have now been redesigned and strengthened to harness the full capacity of United Nations agencies and partners to support the cholera response.
- ⇒ The national Case Fatality Ratio (CFR) has been reduced to 0.5%, with 99.5% of people with suspected cholera surviving.
- ⇒ Surveillance confirms a decline in suspected cases over the past two weeks in some of the most affected governorates (e.g. Amanat al-Asimah, Amran and Sana'a). This data should be interpreted with caution, however, given a backlog in the analysis of suspected cases. Even if the outbreak is beginning to slow in some areas, thousands are falling sick every day. Sustained efforts are required to stop the spread of this disease.
- ⇒ The World Health Organization (WHO) has successfully established 47 diarrhoea treatment centres of the 50 centres in the original plan.
- ⇒ A cholera vaccination campaign originally planned for July 2017 has been postponed at the request of the health authorities, in favour of a much larger preventive campaign next year targeting millions of Yemenis at risk of the disease.
- ⇒ WHO and UNICEF are supporting a door to door awareness campaign at the end of July to help people understand how they can keep their families safe from cholera.

Situation update



Cholera attack rate per 1000 people as of 17 July

Since the beginning of the second wave of the cholera outbreak on 27 April 2017, 362 545 suspected cholera cases and 1817 deaths have been reported. The number of affected governorates is now 21 (out of 23) and the number of affected districts is 292 (out of 333).



Number of suspected cholera cases and case fatality ratio, Yemen, 2016 - 17

On a positive note, the nationwide case fatality ratio has been reduced to 0.5% – far below the target of less than 1%. This means that 99.5% of people with suspected cholera who access health services are surviving. In addition, surveillance confirms a decline in suspected cases over the past two weeks in some of the most affected governorates (e.g. Amanat al-Asimah, Amran and Sana’a). This data should be interpreted with caution, however, given a backlog in the analysis of suspected cases. WHO continues to monitor the situation to establish whether this downward trend continues over the coming weeks.

Even if the outbreak is beginning to slow in some areas, thousands are falling sick every day and the situation remains alarming. Yemen's cholera outbreak is far from over. The rainy season has just started and may increase the pace of transmission. Sustained efforts are required to stop the spread of this disease.

Coordination and leadership

WHO is leading the redesign of National Emergency Operations Centres (EOCs) in Aden and Sana'a to harness the full capacity of United Nations agencies, partners and local authorities to provide greater operational support for the cholera response. Governorate level EOCs are being established in the 10 governorates responsible for 87% of all suspected cases. Nationwide, 21 health partners are working to support the local health authorities to tackle cholera in the 121 most-affected districts in 21 governorates. WHO's own response activities are run out of the Strategic Health Operations Centre in the WHO Yemen national headquarters.

The Organization also co-chairs the Cholera Task Force which brings together the senior leadership of the health and water authorities, UNICEF, OCHA and other partner organizations to provide strategic direction to the response.

A strategic meeting among representatives of governorate health offices, including surveillance and water and sanitation officers, was held on 17-18 July to revitalise the response and catalyse greater integration between health, water and sanitation sectors.

To support the scale up of WHO's cholera response activities, the Organization has deployed 40 international staff including cholera coordinators, epidemiologists, WASH and risk communications experts.

Surveillance and information management

WHO is providing technical and operational support to strengthen the national surveillance system. In the first week of July, for example, 30 disease surveillance and data entry personnel from 12 governorates received training on cholera data entry and analysis. Computers and other communication technology has been provided to strengthen the timely reporting of the data on the cholera outbreak.



Increasing numbers of rapid response teams are being trained and deployed to ensure timely and thorough investigation of potential cholera cases and to chlorinate wells and water sources. Twenty-six teams of five people from across Hodeida received training in early July, for example. Each team is comprised of a district surveillance coordinator, an epidemiologist, health education officer, water and sanitation officer and the director of the district health office.

Epidemiology Updates are being published daily and *Epidemiology Bulletins* are being published weekly to track the spread of the disease and help guide partners in the response. All are available on the WHO website here: <http://www.emro.who.int/yem/yemenifocus/situation-reports.html>

Case management

Since 27 April, WHO has supported the establishment or renewal of 47 diarrhoea treatment centres (DTCs) and 278 oral rehydration therapy corners (ORCs) in 77 districts and 16 governorates.

This is part of broader efforts among partners to scale up access to treatment. As of 12 July, the cholera partnership has succeeded in setting up a total of 187 diarrhoea treatment centres and 834 oral rehydration therapy corners in 20 governorates.

WHO has provided training to 310 health workers employed by non-governmental organizations and the local health authorities on cholera case management and infection control. This includes 60 health workers from southern governorates trained in Aden last week. All 310 health workers will now go on to train their colleagues.



WHO is providing on-the job training to health workers on cholera case management and infection control.

Photo: WHO/ S. Al-Wesabi

Prevention

The Cholera Task Force meeting of 28 June 2017 decided to undertake a nationwide cholera awareness campaign in the last week of July, with support from WHO and UNICEF. Some 20 000 teams of 2-3 volunteers are expected to travel door to door to raise awareness on the importance of hygiene, sanitation, food safety and early care for patients with diarrhoeal diseases. Soap and oral rehydration solution will also be provided.

WHO continues to provide technical advice on the messages delivered by partners and has disseminated 38 000 brochures to NGOs, UN partners and health centres to ensure communities know how to keep themselves safe from cholera. The Organization is also conducting water, hygiene and sanitation activities, including water trucking and the provision of water purification and cleaning supplies to diarrhoea treatment facilities in priority districts.

A one-dose cholera vaccination campaign using 1 million doses of vaccine planned for July 2017 has been postponed, at the request of the health authorities, in favour of a two-dose preventive campaign next year targeting a much larger population in the highest risk districts, based on the availability of the vaccine in the global stockpile. The situation evolved so rapidly that vaccines are not the priority tool to use right now. Instead, the focus will be on scaling up other interventions that will have a greater effect on the outbreak at this stage such as community awareness, water and sanitation activities as well as case management and access to treatment.

Logistics

WHO has provided supplies for 23 diarrhoeal treatment centres and 51 oral rehydration therapy corners. The Organization has also provided supplies to eight international NGOs to the most-affected governorates.

Since 27 April, WHO has provided more than 788 000 bags of intravenous fluids, 525 beds with cleaning supplies and 112 kits containing supplies for the treatment of cholera and diarrhoeal diseases.



Supplies being sent out from the WHO warehouse
Photo: WHO/ S. Al-Wesabi

Challenges

- The country's health system has been heavily affected by more than two years of intense conflict. Fewer than half of the country's health centres are fully functional.
- Access to affected populations is challenging in conflict-affected areas.
- Medical supplies are entering the country at a third of the rate that they were entering before March 2015.
- Lack of access to clean water and sanitation puts people at risk of illness.
- Health and sanitation workers have not received their salaries regularly in more than ten months.
- Increasing malnutrition is leaving people vulnerable to disease. Seventeen million Yemenis are not able to feed themselves adequately and are frequently forced to miss meals or eat food of poor nutritional value.

Funding needs

WHO has revised the cholera response budget to reflect rising needs. The Organization is requesting US\$ 64 million for cholera response activities until the end of the year, of which US\$ 10.2 million has been provided.

Contact information

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