

WHOLE OF SYRIA

AWD/CHOLERA OUTBREAK SITUATION REPORT NO.1

Issued 26 September 2022

Highlights on the cholera situation:

The Ministry of Health (MoH) of Syria officially declared a cholera outbreak on 10 September 2022, with the majority of cases reported from Aleppo, Deir-ez-Zor and Al-Hasakeh governorates.

Between 25 August and 23 September 2022, a total of 5,973 suspected cases have been reported in 09 of the 14 governorates in Syria.

Most of the cases were reported from Deir-ez-Zor (3,331 cases, 55.76 %), Aleppo (1,336 cases, 22.36%), Ar-Raqqa (753 cases, 12.6%) and Al-Hasakeh (465 cases, 7.78%). A total of 36 associated deaths were reported (20 from Aleppo, and 12 from Deir-ez-Zor and 3 in Ar-Raqqa, 1 in Al-Hasakeh reported by MoH) during the same time period.

A total of 228 stool samples were cultured, and 98 samples tested positive for Vibrio Cholera, serotype Ogawa (15 from Aleppo, 58 in Deir-ez-Zor and 25 from Ar-Raqqa). Out of a total of 787 stool specimens tested with Rapid Diagnostic Tests (RDTs), 364 (46%) tested positive (180 in Aleppo, 100 in Deir-ez-Zor, 38 in Al-Hasakeh, and 27 from Ar-Raqqa).

Females are slightly more affected than males (52% versus 48% respectively) in Syria. All age groups are affected with 34.8% of the cases below the age of 10 years old.

Suspected Cholera Cases

5,973

Lab Confirmed Cases

98

Cholera Deaths

36

Case Fatality (CFR)

0.6

Overall Attack Rate

0.03

Affected governorates

9

Grade

2

Additional reports:

- Two suspected cases were reported from Al-Hol camp, Northeast Syria, according to initial reports. Additional suspected cases in other IDP camps were reported.
- As of 22nd of September, one cholera case has been confirmed by culture in Northwest Syria while 14 cases from the index's case community have been line listed as suspected cases and are pending test results.
- As of 24 September, health facilities across Northeast Syria have reported a total of 3,580 (as reported by the ACU) suspected cases of acute watery diarrhoea (AWD, suspected cholera) since the beginning of the outbreak.

WHOLE OF SYRIA

AWD/CHOLERA OUTBREAK SITUATION REPORT NO.1

Issued 26 September 2022

Epidemiological data:

Figure 1 Distribution of suspected and confirmed cholera cases as of 23 September 2022

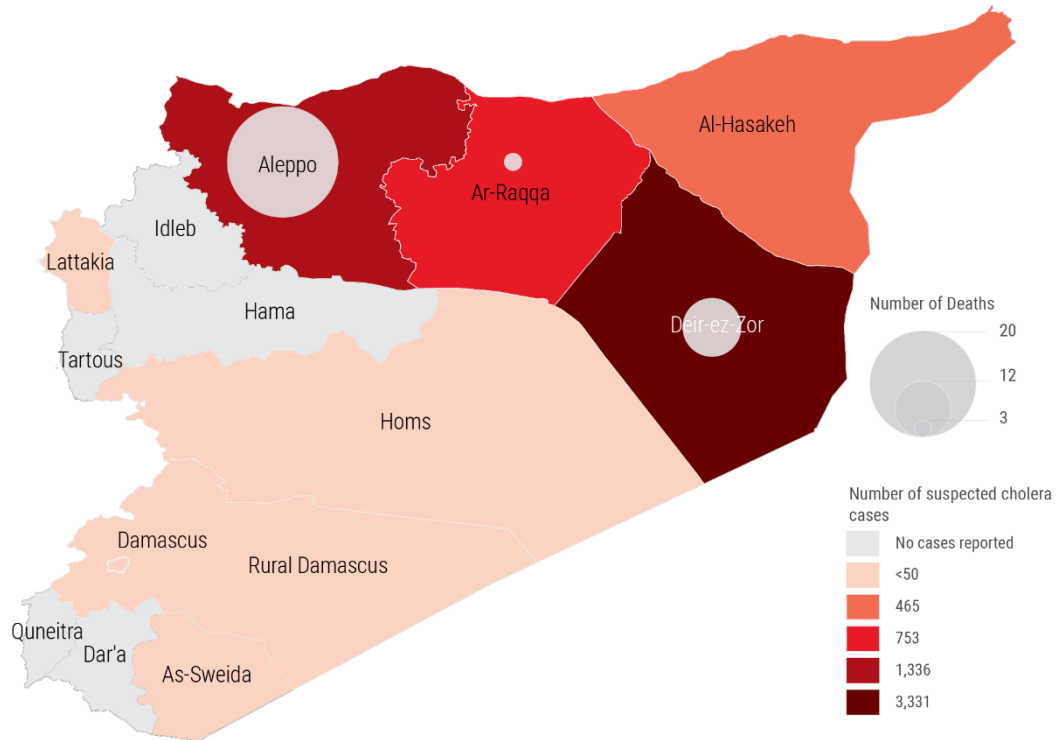
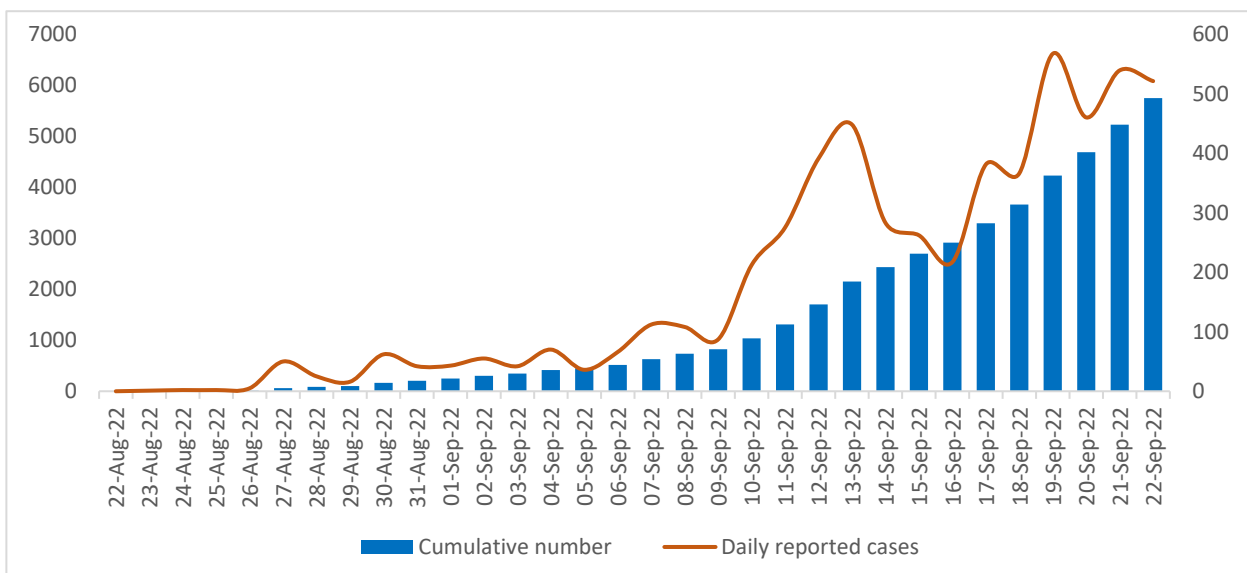


Figure 2 Distribution of suspected cholera cases by date of onset, as of 23 September 2022



WHOLE OF SYRIA

AWD/CHOLERA OUTBREAK SITUATION REPORT NO.1

Issued 26 September 2022

Figure 3 Distribution of suspected cholera cases by sex in Syria, as of 23 September 2022

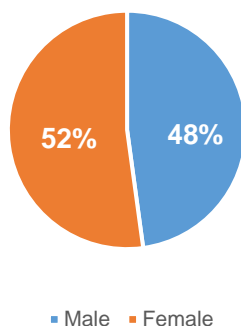
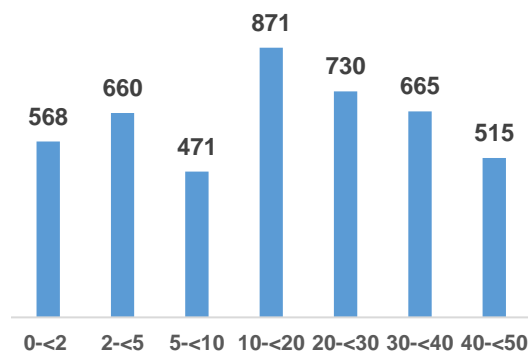


Figure 4 Distribution of suspected cholera cases by age group, as of 23 September 2022



Cholera Outbreak Response:

Coordination and Partnership:

- Following the WHO internal grading of the event as grade 2 (G2), a Whole of Syria (WoS) Incident Management System (IMS) has been established to coordinate with different response modalities¹.
- The WoS IMS is working to finalize the multisector 90 days Whole of Syria response plan and consolidating overall sectoral gaps and needs to respond to this outbreak. This plan will encompass the Whole of Syria sector response, initially focusing on Health and WASH.
- Previously established AWD/Cholera Task Forces in Northwest (NWS) and Northeast Syria (NES) continue to conduct technical meetings, inter-sectoral discussions and inter-agency meetings and develop joint Health-WASH localized operational response plans.

Surveillance:

- WHO has intensified surveillance activities and conducted active case finding according to the standard WHO case definition for suspected and confirmed cholera cases.
- Rapid Response Teams (RRTs) were deployed with 3,000 Rapid Diagnostic Tests (RDT). WHO supported the operational costs of 101 Rapid Response Teams (RRTs) at central and governorate level of Syria.
- WHO has supported partners to enhance surveillance of AWD cases in high-risk areas and areas adjacent to NES.
- Coordination with local health authorities in NES has been established with NES NGOs to ensure continuous reporting from health facilities.
- NES NGOs deployed rapid response teams to investigate cases and take appropriate and targeted action, with teams operational in Kisreh, Karama and Ar-Raqqa sub districts.

¹ These include: **Syria HCT coordinated response** designates humanitarian assistance delivered from areas controlled by the Government of Syria, including to North-East Syria; **Syria Cross-Border HLG coordinated response** designates humanitarian assistance delivered cross-border from Turkey, including that provided by the United Nations as authorized by UN Security Council resolutions, or from areas of north-west Syria controlled by non-state armed groups; and **NES NGO Forum coordinated response** designates humanitarian assistance delivered by NGOs cross-border from Iraq or from areas of north-east Syria controlled by local authorities.

WHOLE OF SYRIA

AWD/CHOLERA OUTBREAK SITUATION REPORT NO.1

Issued 26 September 2022

Case management:

- WHO is coordinating with health partners for the provision of health care services and proper case management.
- The case management treatment protocol has been updated according to WHO recommendations and cultural sensitivity results and distributed to the health facilities and partners.
- WHO has supported establishing CTCs in Aleppo with 30 patients' beds and furniture.
- Health partners have trained staff at cholera treatment centers (CTCs) on the updated treatment protocol, case definition, and infection prevention and control measures (IPC) in Aleppo and Al-Hasakeh.
- WHO has provided selected health facilities with IV fluids, and oral rehydration solution (ORS), including 166,000 sachets of ORS provided to the Department of Health (DoH) in Aleppo.
- NES NGO partners have established a cholera treatment center (CTC) in the Ar-Raqqa National Hospital. Additional cholera treatment units (CTU) will be set up in Ain Al Arab (Aleppo governorate) and several locations in Deir-ez-Zor (in-process), and one CTU is planned to be established at the Al-Hasakeh National Hospital.
- WHO has coordinated the prepositioning of 10 cholera treatment and support kits in Northwest Syria; prepositioning of ORS through local procurement is also ongoing; along with accelerating the establishment of 4 fixed CTCs/CTUs in response to the rise in cases. A further 6 fixed units are being planned for as a contingency, along with 5 mobile/temporary units, and identification of 98 oral rehydration points (ORPs).
- Cholera surveillance and case management training of trainers (TOT) is planned for the 26th of September in Gaziantep.

Laboratory:

- The Central Public Health Laboratory (CPHL) in Damascus has the capacity for confirmation of cholera cases in addition to antibiotic sensitivity testing.
- WHO supported the enhancement of lab capacity for confirmation of disease etiology through the provision of lab supplies.
- WHO is in process of scaling up the capacity of public health laboratories at governorate level through its Syria office.
- In the Northwest, WHO has enhanced the capacity of 5 Early Warning, Alert, and Response Network (EWARN) labs over the past few months through the training of staff on the diagnosis of water-borne diseases, provision of 1,000 cholera RDTs, transport media, and culture equipment and media. The support provided enabled EWARN teams in NWS to quickly detect and confirm cases and follow-up on suspected AWD cases in high-risk areas.

Water/sanitation and environment (WASH):

- Sectoral coordination continues to be ensured by the existing response system and WoS WASH coordination structure led by UNICEF.
- Capacity building and training for WASH partners is ongoing.
- With support from WHO, samples are being collected from different water sources (main network, wells, tanks, ice factories), and environment samples from sewage systems, Euphrates River. All samples are tested at the Central Public Health Laboratory in Damascus, after which appropriate actions are taken by local authorities.
- Partners have supported water quality monitoring activities in Aleppo, Al-Hasakeh, Deir-ez-Zor, and are in the process of supporting high risk areas in Deir-ez-Zor with the distribution of chlorine tablets to households in high-risk areas.

WHOLE OF SYRIA

AWD/CHOLERA OUTBREAK SITUATION REPORT NO.1

Issued 26 September 2022

- Coordination within the WASH sector to improve the water quality through chlorination of drinking water in Deir-ez-Zor.
- NES NGO WASH Working Group have delivered powder chlorine to Deir-ez-Zor, Ar-Raqqa, Tabqa, Menbij and Ain Al Arab Water Departments.
- NES NGOs are mapping significant private tankers filling points along the Euphrates River for establishment of chlorination points.
- NES NGOs developed a joint plan with local health authorities to establish chlorination points and water quality control for all tankers entering Al-Hasakeh city, to be effective by 23 September.
- NES NGOs are coordinating with local authorities to conduct awareness campaigns in numerous affected and at-risk communities.
- Preventive measures are implemented for formal and informal IDPs camps in Northeast Syria NES NGOs deployed rapid response teams to investigate cases and take appropriate and targeted action, with teams operational in Kisreh, Karama and Ar-Raqqa sub districts.

Risk Communication and Community Engagement (RCCE):

- A cholera RCCE working group has been activated based on the existing COVID-19 RCCE working group. UNICEF has developed and finalized an RCCE strategy and messaging in consultation with key stakeholders.
- Information, education, and communication (IEC) materials have been designed, produced and shared with all key stakeholders to help reinforce a unified approach to messaging. WHO also provided information, education and communication (IEC) materials in Arabic that can be adapted to the local context.
- UNICEF RCCE teams reached religious influential people in 500 mosques, 390 community health workers and volunteers and engaged 56,000 people with key messages and call to actions on cholera prevention.
- UNICEF mobilized its NGO partners and community networks, especially in Northeast Syria to reach and engage with cholera affected communities through various types of RCCE interventions proven to work during the COVID-19 prevention and response.
- In Aleppo, UNICEF is preparing to conduct community awareness sessions. SARC community-based teams started awareness sessions in rural areas (high-risk areas) and 50,000 brochures have been printed and distributed by WHO
- In the Northwest, UNICEF, community health workers and RCCE working groups have developed and shared unified context-specific messaging and IEC material. UNICEF is planning to conduct the first RCCE ToT in Gaziantep on the 28th of September.

Operation research and knowledge management:

- Nothing to report to date.

Logistics, equipment and supplies:

- WHO secured 60 tons of different cholera supplies including cholera kits, etc. The first charter flight arrived on 19 September and the second one on 21 September 2022. Supplies delivered are sufficient to treat 2,000 severe cases and 190,000 mild and moderate cholera/AWD cases. Cholera kits are being delivered to affected governorates of Aleppo, Deir-ez-Zor, Al-Hasakeh and Ar-Raqqa.
- Selected items have already been distributed from WHO Qamishli stock and some items are under local procurement from Al-Hasakeh to complement the needs.

WHOLE OF SYRIA

AWD/CHOLERA OUTBREAK SITUATION REPORT NO.1

Issued 26 September 2022

- Previously prepositioned cholera Kits and RDTs in NWS warehouses have been mobilized to newly established CTC/CTUs, they are expected to treat 1000 patients, more kits have been requested by WHO and UNICEF after confirmation of the outbreak and are being shipped to Turkey.
- Procurement of WASH essential supplies is ongoing.
- Efforts are ongoing by UNICEF and NES NGOs to provide chlorination to main water pumping stations in NES.

Challenges / Gaps:

- Fragmented surveillance system, including use of different reporting systems and approaches to information sharing and limited capacity to engage in active case finding to quickly identify and response to suspect cases
- The Health and WASH sectors are already facing severe funding gaps for the broader humanitarian response and are expected to face similar challenges for the AWD/cholera response
- Lack of access to safe water, leading to the use of infected (untreated) drinking water from the Euphrates River, particularly in Ar-Raqqa and Deir-ez-Zor governorates. In other governorates, crop irrigation with contaminated water leads to food contamination. For communities located along the Euphrates riverbank, sewage is reportedly discharged directly into the river, which is the main water source for between 800,000 - 1,200,000 million people.
- In the Northeast, water from Alouk water station has been intermittently interrupted since 11 August contributing to critical shortages in the Al-Hasakeh governorate and around.
- Lack of microbiology labs at governorate level for the culture tests.
- The fragile health system affects health services and reporting quality.
- Low knowledge and skill level amongst the health workers and the capacity of health system (beds, drugs, disposables, etc) that have not faced cholera for many years.
- Shortage of experienced cholera response trainers (WASH and Health) to support field capacity and awareness raising activities
- Shortage of cholera supplies and medicines in NES.

Key Priorities:

- Finalizing the 90- days WoS Multisector response plan
- Consolidating overall gaps and needs to respond to this outbreak.
- Ensure surveillance support for Northeast Syria.
- Address the information flow based on unified/approved line listing to allow for timely WASH rapid response.
- Ensure multi-sectoral coordination at all levels of the response.
- Maintain efficient coordination between areas of response.
- Scaling up the establishment of cholera treatment centres across Syria

Funding:

The response efforts are ongoing, and the preliminary estimation of needs suggests that an amount of approximately 50 million USD will be needed over an initial period of 90 days to ensure immediate life-saving cholera response interventions across areas of response. The final budget requirements for each response modality will be confirmed by the end of the week.

WHOLE OF SYRIA

AWD/CHOLERA OUTBREAK SITUATION REPORT NO.1

Issued 26 September 2022

For inquiries please contact:

<p>Dr. Ayadil Saparbekov Team Lead, Partner Operational Readiness WHO /EMRO Email: asaparbekov@who.int</p>	<p>Dr. Abdulhamid Ahmed Whole of Syria – Health Sector Coordinator WHO – Amman Email: abdihamidi@who.int</p>
<p>Mr. Hamza Geshouqa Whole of Syria Health Sector Information management WHO- Amman Email: geshouqah@who.int</p>	<p>Nasr Mohammed WoS Health Sector Co-Coordinator IRC- Amman Email: nasr.mohamed@rescue.org</p>
<p>Laura Sunnen Head of Access Unit OCHA Regional Office for Syria Email: laura.sunnen@un.org</p>	