

### Epidemiological Overview

Between 25 August and 10 December, **61,671** suspected cholera cases (AWD) have been reported from all 14 governorates with 100 attributed deaths at a case fatality rate of 0.2%.

While there is a reported decrease in suspected cholera cases in some areas, particularly in NES (Deir Ez-Zor and Raqqa), the overall cumulative cases continue to increase. During this reporting period, **4,792** new suspected cases have been reported across the different parts of the country. Some parts of NWS such as Afrin are reporting an increase in suspected cases (71%) compared to the previous week.

Of the **4,352** samples tested with rapid diagnostic tests, 1,868 have tested positive. The overall proportion of RDT-positive cases is 42.9%. To date, 2,881 stool samples have been cultured, of which 818 have tested positive for *Vibrio Cholera*. The positivity rate is 28.3%.

A total of 5,037 suspected cases and 7 associated deaths have been reported from IDP camps in NES and NWS. The newest death is related to Ata'a camp in Ma'arat Tamsrin of Idleb governorate

The most affected governorates are:

- Deir Ez-Zor (20,103 suspected cases)
- Idleb (14,142 suspected cases)
- Raqqa (12,818 suspected cases)
- Aleppo (11,617 suspected cases)

**Suspected Cases**

61,671

**Positive Cases**

1,868

**Cholera Sus. Deaths**

100

**Case Fatality (CFR)**

0.2%

**Overall Attack Rate**

0.29%

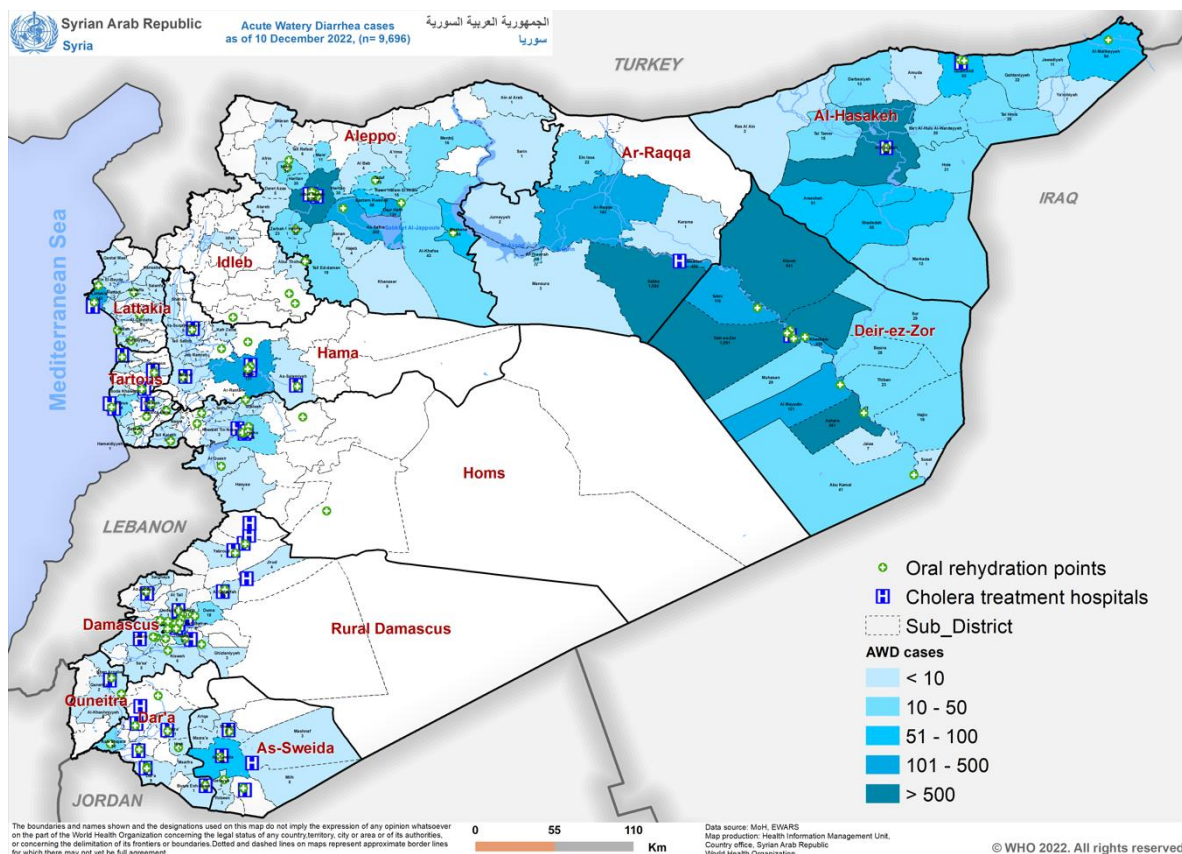
**Affected Governorates**

14

**Grade**

2

Figure 1 Distribution of suspected cholera cases by date of onset as of 10 December 2022



### Epidemiological Data

Figure 2: Distribution of suspected cholera cases by date of onset, as of 10 December 2022

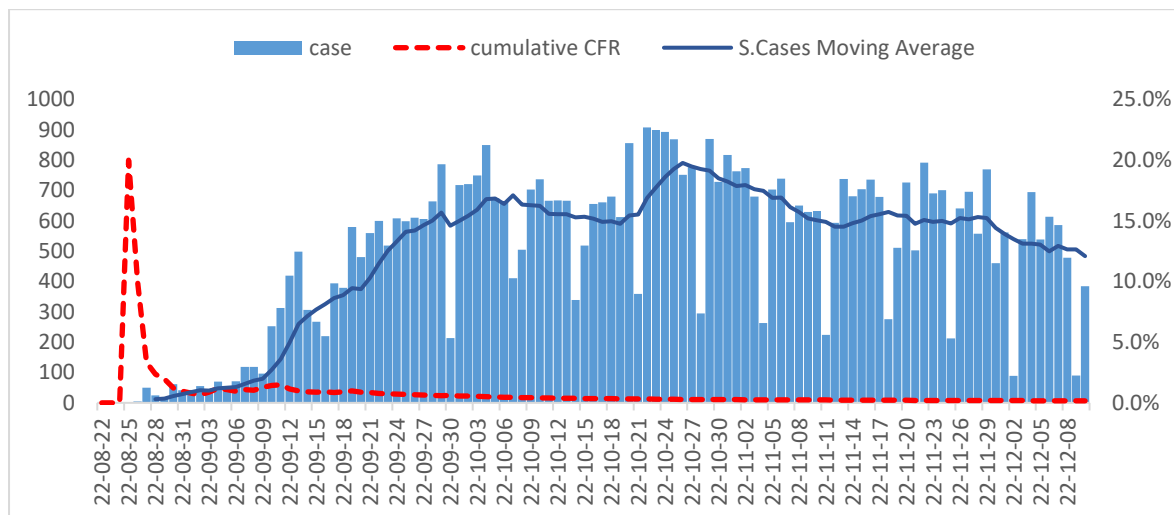


Table 2: Epidemiological data, as of 10 December 2022

Governorate	Suspected Cases (AWD)	Attack Rate (%)	RDTs	Positive RDTs	Culture + Tests	Attributed Deaths	CFR%
Aleppo	11,617	0.28	1848	1015	221	42	0.4%
Al-Hasakeh	2,307	0.20	567	109	23	5	0.2%
Ar-Raqqa	12,818	1.67	352	74	92	10	0.1%
As-Sweida	81	0.02	81	26	2	0	0.0%
Damascus	40	0.00	37	20	10	0	0.0%
Dar'a	22	0.00	22	5	0	0	0.0%
Deir-ez-Zor	20,103	2.58	733	417	99	29	0.1%
Hama	156	0.01	154	38	39	1	0.6%
Homs	54	0.00	53	28	22	1	0.0%
Idleb	14,142	0.50	199	8	292	12	0.1%
Lattakia	181	0.01	158	97	12	0	0.0%
Quneitra	15	0.01	15	4	1	0	0.0%
Rural Damascus	107	0.00	106	17	3	0	0.0%
Tartous	28	0.00	27	10	2	0	0.0%
<b>Total</b>	<b>61,671</b>	<b>0.29</b>	<b>4,352</b>	<b>1,868</b>	<b>818</b>	<b>100</b>	<b>0.2%</b>

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Table 3: Top 20 subdistricts reporting this week, data as of 10 December 2022

Governorate	District	Subdistrict	Pre-Week Cases (W-2)	Last Week (W-1)	S.Case Count	Death Count	Weekly Trend	AR SD
Idleb	Harim	Dana	376	406	4,728	6	8%	0.4
Deir-ez-Zor	Deir-ez-Zor	Kisreh	352	334	8,266	17	-5%	7.2
Ar-Raqqa	Ar-Raqqa	Ar-Raqqa	391	300	7,827	3	-23%	2
Aleppo	Jebel Saman	Atareb	188	189	859	1	1%	0.5
Aleppo	Jarablus	Jarablus	168	179	2,130	-	7%	2.5
Aleppo	A'zaz	A'zaz	187	176	1,807	-	-6%	0.6
Aleppo	Jebel Saman	Daret Azza	148	175	950	-	18%	1.4
Idleb	Ariha	Ariha	141	163	1,035	1	16%	1
Ar-Raqqa	Ar-Raqqa	Sabka	135	115	2,156	2	-15%	7.4
Idleb	Harim	Salqin	98	114	636	1	16%	0.3
Ar-Raqqa	Ath-Thawrah	Mansura	117	93	979	1	-21%	2.1
Al-Hasakeh	Ras Al Ain	Ras Al Ain	76	86	1,119	-	13%	1.8
Idleb	Idleb	Maaret Tamsrin	74	74	2,166	3	0%	0.7
Ar-Raqqa	Ath-Thawrah	Al-Thawrah	68	65	389	1	-4%	0.5
Aleppo	Afrin	Afrin	38	65	573	1	71%	0.3
Deir-ez-Zor	Deir-ez-Zor	Deir-ez-Zor	64	63	4,205	5	-2%	2.5
Idleb	Harim	Qourqeena	47	57	570	-	21%	0.5
Deir-ez-Zor	Deir-ez-Zor	Khasham	65	57	2,204	4	-12%	12.0
Idleb	Harim	Harim	50	54	518	-	8%	0.7
Idleb	Harim	Armanaz	69	52	520	-	-25%	0.7

Figure 3: Suspected cases age group distribution, as of 10 December 2022

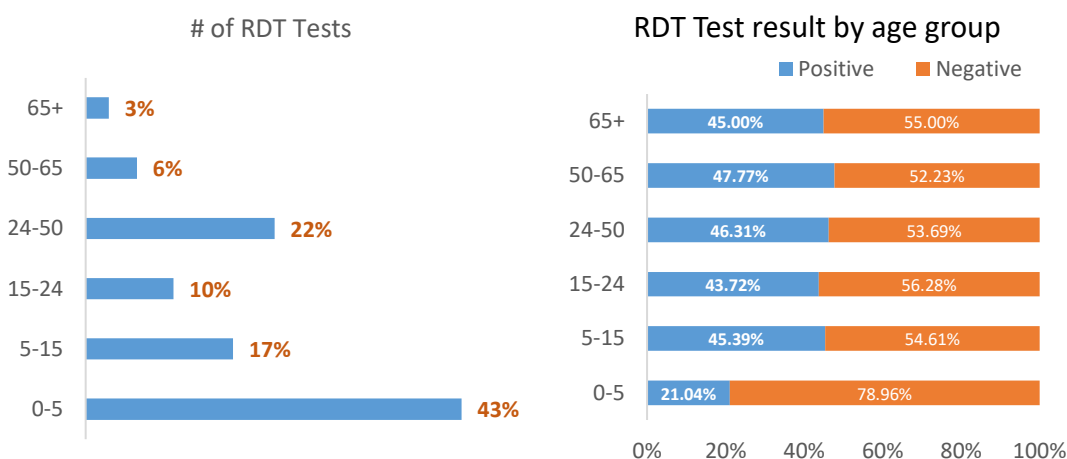
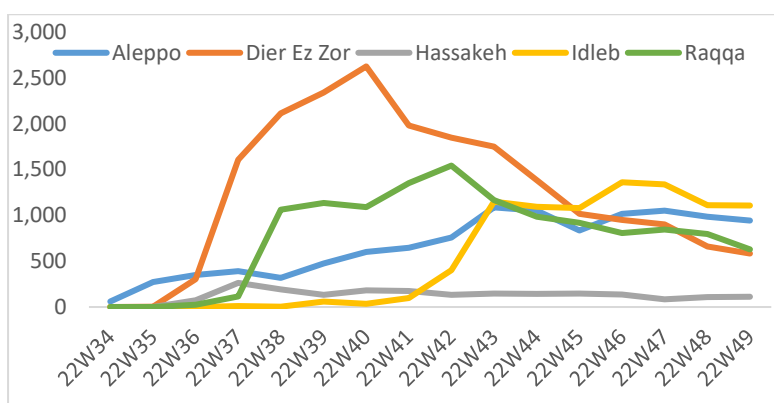


Figure 4: Weekly governorate trend, as of 10 December 2022



## Cholera Outbreak Response

### Coordination

#### Leadership and Coordination

- The current cholera response plan is being updated to cover the period from January to June 2023, including the lessons learned since response activities began.
- In NWS, involvement of health directorates, PSEA (Prevention of Sexual Exploitation and Abuse) and MHPSS (Mental Health and Psychosocial Support) in the cholera response. Health directorates are participating in the joint field monitoring visits to health facilities, as well as follow-ups on private water vendors.

### Health

#### Surveillance and Laboratory

- Integrated EPI analysis of case distribution on a weekly basis is produced. EPI teams are working closely with stakeholders in analysing the different trends and understanding the different reasons for decline of reported suspected cases including the identification of attributing factors.

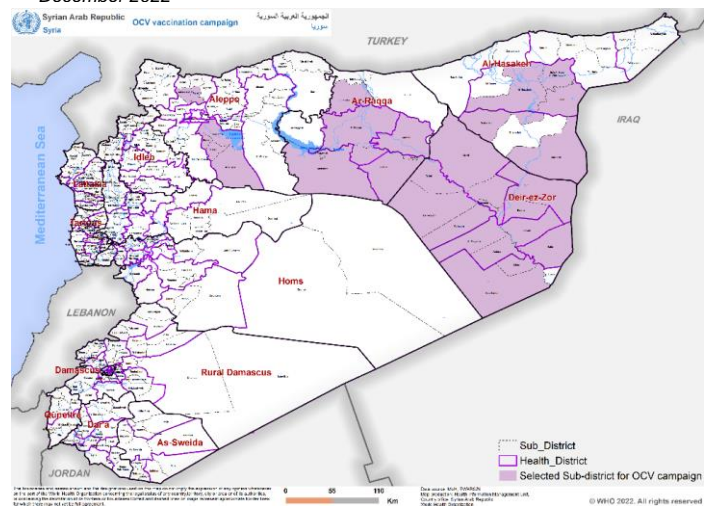
#### Case Management

- In GoS, 51 hospitals are designated for cholera treatment, and 96 health centres are designated for oral rehydration.
- In NWS, 8 functional CTCs/CTUs (234 total bed capacity) and 30 functional ORPs.
- In NES, MSF CTU has reduced the bed capacity from 40 to 10 beds as the suspected cases attendance rate declined.

#### Oral Cholera Response (OCV)

- The OCV campaign started on 4th December 2022 entirely in Al Raqqa governorate and partially in Deir ez-Zoir and Aleppo. The campaign will continue until the end of December 2022. Al Hassakeh and the Eastern part of Deir ez-Zoir are still pending the arrival of vaccines through air shipment.
- This campaign is targeting 2 million people over 1 year through 63 fixed facilities and 685 mobile teams. 1,772 health workers have been trained and deployed to provide vaccination in this campaign, in addition to 36 supply officers and 97 supervisors from different levels will participate in the campaign.
- 577,000 people were vaccinated (29% of the target).

Figure 5: Oral Cholera Vaccination (OCV) Campaign selected locations, December 2022



### Water Sanitation and Hygiene (WASH)

#### WASH Rapid Response:

- In NES, rapid response teams are continuing to assist the affected households and 6,031 cases received targeted assistance including providing aquatabs, disinfection of tanks, hygiene promotion and provision of WASH cholera kits.

#### Access to Safe Water:

- In NES, chlorination and water quality control in Al-Hasakeh is ongoing at the rate of 645 trucks per day. Chlorination activities are also ongoing in 88 filling points at the Euphrates river bank. Additionally, a water quality surveillance system has been established in NES with weekly testing in 68 water stations. Water testing data is available in the water quality dashboard.
- In NWS, WASH actors continue to provide safe drinking water across all IDP camps and communities, along with water chlorination at the point of use and follow-up on chlorination rates at water stations. Hygiene kits, cholera kits, soap and IEC materials continue to be provided to the communities.
- In NWS, 285 samples were tested from 30 camps: 6% were at 0 FRC (Free residual chlorine), 50% were between 0.1 – 0.3 mg/l FRC and 11% indicated a sign of over chlorination (above 0.7 mg/l FRC). In communities, 1,023 samples were tested from 104 communities with an alarming 99% at 0 FRC level. The issue was highlighted at the Cholera Taskforce and multi-sectoral action points were identified.
- Between 29 November and 6 December, UNICEF delivered more than 170 tons of sodium hypochlorite to water authorities in Hama, Homs, Qamishli, Al Hasakeh, Latakia and Tartous Governorates.

#### WASH and IPC in School and healthcare facilities

- Through UNICEF support, the rehabilitation of WASH facilities at Louloua hospital were completed. The hospital treats a total of 3,000 patients during one month. The facilities are also serving hospital's 300 staff members.

### Risk Communication and Community Engagement (RCCE)

- In NWS, four awareness videos have been produced and widely circulated among partners.
- In NWS, 25 out of 43 partners reported their RCCE activities, reaching 139,092 beneficiaries. The main modalities used were household visits (59%), targeted awareness sessions for mothers and caregivers of children (11%), sessions with community leaders and religious leaders (1%), sessions at schools/educational centers for teachers and students (3%), individual and group awareness sessions (15%), using social media platforms (Facebook, telegram, YouTube, websites, WhatsApp, etc.) (11%).
- 2,397 teachers, community health workers, hygiene promoters and camp managers are being trained on risk communication and community engagement.
- To promote vaccine demand and uptake in the areas identified and prioritized for vaccination, UNICEF supported CHWs focused their RCCE messaging in the 4 targeted governorates on Cholera vaccines on 30 November, the efforts include messaging about eligibility, benefits, and vaccine safety. Micro plans for vaccine demand generation are in place and they include advocacy with opinion leaders, Door-to-Door visits, community dialogue and collaboration with NGOs (approx. 100,000 people were engaged through different partners, detailed numbers will be provided after the campaign).
- Furthermore, during the reporting week, UNICEF reached 27,534 people through 3,150 community dialogue sessions; 28,754 people through 8,990 visits and 23,587 students with RCCE-Cholera messaging across Syria.

### Logistics, Equipment, and Supplies

- No new updates.



### Challenges / Gaps

- New security developments across northern Syria may change the dynamics of response if escalated, particularly the OCV campaign roll-out.
- 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 plants, and provision of extra water to communities, IDP camps as well as CTCs, CTUs and ORPs.
- Refusal of people to chlorination.
- Remaining sub-standard WASH situation due to disabled water networks and high-priced safe water (availability, accessibility, and affordability) leading people to rely more on water directly from the rivers and wells.
- Lack of fuel supplies in Syria that affects the mobility of the population as well as all aspects of the OCV response for public and health workers as well as the sample transport.
- More technical guidance and information are required to respond to various inquiries, including criteria on the selection of sub-districts for OCV; age group for OCV; OCV and pregnancy; planned percentage of OCV coverage; linking winter season with increase/decrease of cholera case; possibility of endemic nature for cholera for Syria, etc.

### Key Priorities

- Continuation of OCV activities including the delivery of vaccines for Hassakeh and eastern Deir-ez-Zor.
- More RCCE activities to work with parents as some schools (e.g. in Deir-ez-Zoir) requested approvals from parents to vaccinate the children.
- In NES, a workshop will be organized on 15<sup>th</sup> December with all WASH partners and experts to develop the strategy/action plan from January to June 2023.
- In NWS, training about cholera preparedness and response for WASH Cluster members is planned from 12<sup>th</sup> to 14<sup>th</sup> December.
- Funding for repair, rehabilitation as well as operation and maintenance of water and sewage systems to mitigate water-borne diseases
- Cover open sewage lines in camps and informal settlements.

### 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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