

WHOLE OF SYRIA

CHOLERA OUTBREAK SITUATION REPORT NO. 6

Issued 07 November 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.

Between 25 August and 29 October, 30,219 suspected cases have been reported, including 85 attributed deaths to date at a case fatality rate of 0.3%.

Of the 2,483 samples tested with rapid diagnostic tests, 1,323 have tested positive. To date, 1,346 stool samples have been cultured, of which 454 have tested positive for *Vibrio Cholera*. The overall proportion of RDT-positive cases is 43.7%.

86 suspected cases and zero deaths have been reported from IDP camps in NES and rural Aleppo, while in NWS, 167 suspected cases and deaths have been reported in the reporting period.

The most affected governorates are still 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%)

Suspected Cases

30,219

Positive Cases

1,323

Cholera Sus. Deaths

85

Case Fatality (CFR)

0.3%

Overall Attack Rate

0.14%

Affected Governorates

14

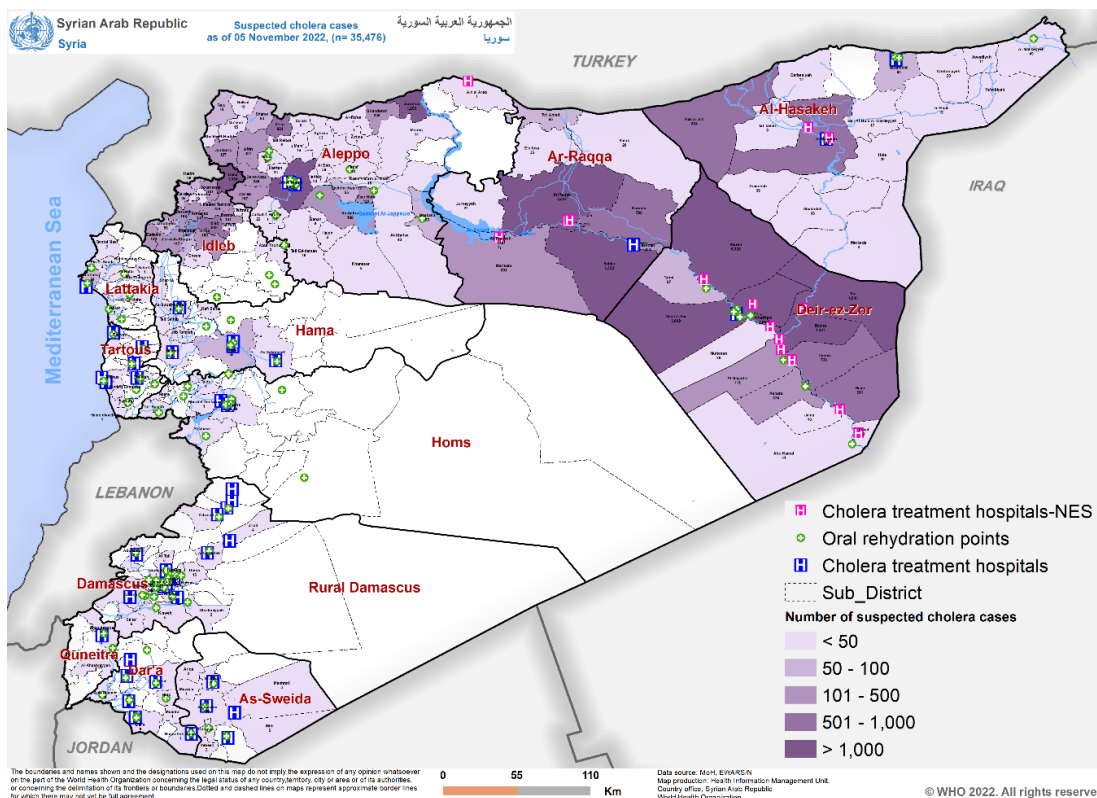
Grade

2

Table 1 Top five affected governorates trend last two epidemiological weeks.

Governorate	W42	W43	Change
Aleppo	756	903	+19%
Deir-ez-Zoir	1845	1724	-7%
Hassakeh	134	148	+10%
Idleb	400	914	+129%
Raqqa	1542	1012	-34%

Figure 1 Distribution of suspected cholera cases and response centers as of 29 October 2022



The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its borders. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

Data source: MoH, EMARDN.
Map production: Health Information Management Unit,
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Epidemiological Data

Figure 2: Distribution of suspected cholera cases by date of onset, as of 29 October 2022

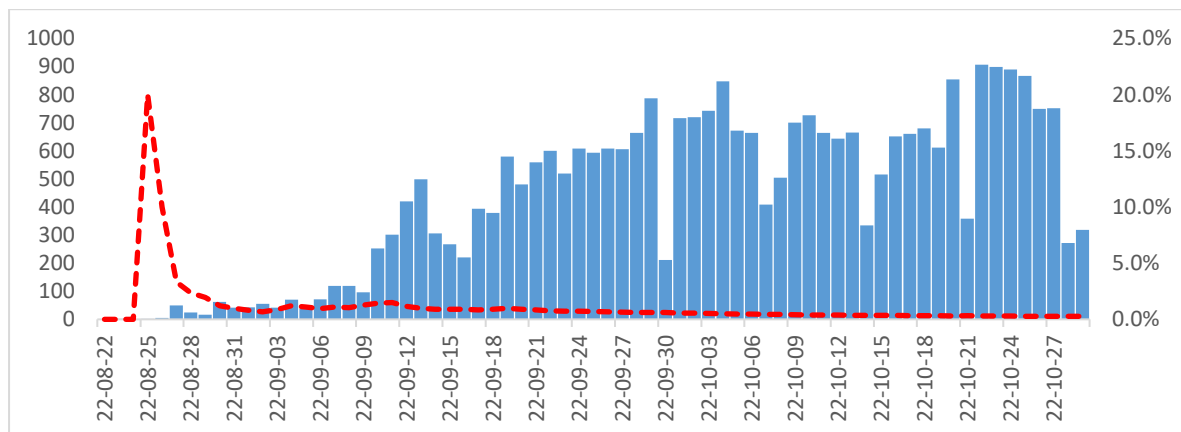


Table 2: Epidemiological data, as of 29 October 2022

Governorate	Suspected Cases (AWD)	Attack Rate (%)	RDTs	Positive RDTs	Culture + Tests	Attributed Deaths	CFR%
Deir-ez-Zoir	14,543	1.87	613	346	98	27	0.2%
Raqqa	7,428	0.97	240	67	78	10	0.1%
Aleppo	4,781	0.11	750	686	147	40	0.8%
Hassakeh	1,348	0.12	368	94	23	5	0.4%
Idleb	1,719	0.06	149	8	88	2	0.1%
Lattakia	89	0.01	68	46	3	0	0.0%
Damascus	68	0.00	65	14	7	1	1.5%
Hama	71	0.01	71	11	2	0	0.0%
Sweida	69	0.02	69	24	2	0	0.0%
Rural Damascus	37	0.00	37	6	1	0	0.0%
Homs	27	0.00	27	11	5	0	0.0%
Daraa	18	0.00	18	5	0	0	0.0%
Quneitra	8	0.01	8	1	0	0	0.0%
Tartous	13	0.00	13	4	0	0	0.0%
Total	30,219	0.14	2,483	1,323	454	85	0.3%

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Table 3: Distribution of communities with highest cumulative attack rate as of 29 October 2022 (Priority districts were identified with attack rate more than 0.5)

District	Subdistrict	Community	Case Count	AR
Deir-ez-Zor	Deir-ez-Zor	Khasham	1,516	8.3
Deir-ez-Zor	Deir-ez-Zor	Kisreh	5,871	5.1
Ar-Raqqa	Ar-Raqqa	Sabka	1,127	3.9
Deir-ez-Zor	Deir-ez-Zor	Basira	1,139	2.6
Aleppo	As-Safira	Khanaser	5	2.3
Deir-ez-Zor	Deir-ez-Zor	Sur	878	2.2
Deir-ez-Zor	Deir-ez-Zor	Deir-ez-Zor	3,524	2.1
Ar-Raqqa	Ar-Raqqa	Maadan	294	2.0
Aleppo	Jebel Saman	Zarbah	18	1.5
Ar-Raqqa	Ar-Raqqa	Ar-Raqqa	4,933	1.3
Deir-ez-Zor	Al Mayadin	Thiban	642	1.3
Aleppo	Jarablus	Jarablus	1,053	1.2
Ar-Raqqa	Ar-Raqqa	Karama	596	1.1
Deir-ez-Zor	Al Mayadin	Ashara	299	1.0
Aleppo	Jarablus	Ghandorah	286	1.0
Aleppo	Jebel Saman	Haritan	21	0.8
Aleppo	As-Safira	Hajeb	4	0.7
Al-Hassakeh	Ras Al Ain	Ras Al Ain	432	0.7
Aleppo	Al Bab	Dayr Hafir	114	0.6
Aleppo	Jebel Saman	Hadher	19	0.5
Aleppo	As-Safira	As-Safira	188	0.5
Ar-Raqqa	Ath-Thawrah	Mansura	203	0.4
Deir-ez-Zor	Al Mayadin	Al Mayadin	108	0.4
Deir-ez-Zor	Abu Kamal	Hajin	411	0.4
Aleppo	Jebel Saman	Tall Ed-daman	16	0.4
Aleppo	Al Bab	Eastern Kwaires	54	0.4
Aleppo	As-Safira	Banan	7	0.3
Deir-ez-Zor	Deir-ez-Zor	Muhasan	25	0.3
Al-Hassakeh	Al-Hasakeh	Al-Hasakeh	569	0.2

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.
- WHO/EMRO held a virtual press conference (VPC) on 2 November 2022 to provide an update on the cholera outbreak in the Eastern Mediterranean Region with a focus on the situation in Syria and Lebanon. The conference was led by WHO Regional Director.
- 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.
- Training on cholera diagnostic protocols conducted in Central Public Health Laboratory (CPHL) for the technicians from 3 governorates of Aleppo, Quneitra and Damascus.
- 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, Lattakia, and Tartous governorates from 24-27 October, 2022.

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, 6 CTCs/CTU are fully functional with 126 bed capacity and 3 functional ORPs. another 11 CTCs/CTUs are to be ready.
- In NES, HWG partners continue to support 10 Cholera Treatment Units (CTU) are currently functional with 263 bed capacity in Raqqa city and Tabqa Hospital in Raqqa governorate; Hasakah National Hospital; Kisra, al-Madina, Basira, Jadidat Bakkarah, Shuheil, and Hajin, Sawa in Deir ez-Zor; Ain al-Arab (Kobane) in Aleppo governorate and Washokani camp.

Water Sanitation and Hygiene (WASH)

WASH Rapid Response:

- Mobile teams deployed by NES NGOs have investigated a total of 3600 suspected cases in 319 communities and provided targeted assistance to 780 cases.
- In NWS, during epi-week 43, the WASH cluster field facilitators conducted 2,284 FRC tests covering 225 camps and 49 communities located in 7 sub-districts in Aleppo and Idlib governorates. The WASH cluster field facilitators have also treated water in 518 water storage tanks and jerry cans where the FRC was found to be 0 mg/l.

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Access to Safe Water:

- Monitoring of residual chlorine continues in cooperation with authorities in several governorates including Homs, Hama, and Aleppo. In the last reporting period 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 aqua-tabs which are expected in Deir-ez-Zor shortly.
- Water quality monitoring ongoing in 11 IDPs camps and settlements, 38 collective shelters in NES, and 37 drinking water stations in Deir-ez-Zoir. 2,760 samples tested, of which 114 (4.13 %) samples has shown that the water is contaminated.
- Continuing the provision of an average of 200 m³ of water daily through water trucking to cholera-affected locations in southern rural Aleppo. In addition, UNICEF provided daily 300 m³ of water to 47 schools in Rural Damascus.
- 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, NES NGO partners have continued providing chlorination for water trucks entering Hasakah city. While previously this reached 850 trucks per day, the resumption of operations at Alouk water station has reduced the need for trucking. With this, partners now are chlorinating 500 trucks per day.
- NES NGOs have supported a water quality surveillance system, which is intended to target 95 key treatment and pumping stations that are connected piping systems. To date, this has begun at 55 stations.
- EPDC will distribute 650,000 aqua tabs in Erbin and Jaramana as the following: 2000 HHs in Erbin and 3000 in Jaramana will benefit from distribution of a box containing 30 aqua tabs for sterilizing usage water, and a box containing 100 tablets for sterilizing drinking water, with awareness about dealing with this kind of tablets.
- In NWS, the WASH cluster will continue chlorination of water - focusing on ensuring the correct chlorine concentrations (0.5mg) at consumption level, and 1 mg/l at source.
- WHO provided 3.5 million aqua-tabs to the Department of Health (DoH) for wider distribution to governorates.

Hygiene Promotion:

- UNICEF has signed a contract to procure soap bars and jerrycans for distribution to key governorates within the next week, including 254 cleaning kits for schools in collaboration with the Department of Education's school health department as part of the Social Behavior Change (SBC) campaign.
- In NWS, a total of **179** community health workers and social mobilizers have received a one-day training on social mobilization for cholera response.

Risk Communication and Community Engagement (RCCE)

- Capacity building for community health workers and volunteers continued across Syrian governorates. In addition, vulnerable communities were reached, and IEC material was printed and distributed during interventions.

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	#Works hops	#CW/HW trained	#IEC material printed & distributed	#People reached through		#CW engaged
				Focus Group Discussion	Community group sessions	
Qamishli/NES	6	127	2,208	380	80	31
Deir-ez-Zor			18,518	10,590	27,237	244
Lattakia	3	129	5,200		7,625	100
Homs, Hama and Idleb			1,200		7,690	69
TOTAL	9	256	27,126	10,970	42,632	444

- Oxfam, conducted 169 sessions and engaged 2,532 people and disseminated 1,650 print media materials in Menbij (Maskaneh) Jabal Samaan and Al Mayadin.
- NRC, 3,070 people trained on hygiene promotion and engaged 600 children on hygiene promotion interventions in schools.
- UNFPA, has reached 6844 women and girls through the Implementing partners awareness-raising sessions, through these awareness-raising sessions by UNFPA at the static SRH facilities and WGSSs in Damascus, Rural Damascus, Daraa, Quneitra, Homs, Hama, Lattakia, Aleppo, NES, and Deir-ez-Zoir. Continual use of social media platforms for cholera related messages with total reach of 32,600.
- UNICEF and partners continue to conduct RCCE interventions in the most affected areas in Aleppo, Deir-ez-Zor, Al Hassakeh, Al Raqqa.
 - 136 health care workers, 82 care managers and outreach teams have been equipped with IPC skills.
 - The Social Behavior Change (SBC) outreach teams have engaged 10,966 individuals through 1,170 sessions and 45,167 individuals through 7,985 door-to-door visits and delivered with key messages and call to actions on cholera prevention.
 - UNICEF, Ministry of Health and Education engaged 25, 971 children on cholera prevention in 364 schools.
 - Example: in Deir Ezzor, UNICEF partner SBC outreach teams have engaged with 19,982 people through 3657 HH visits, 479 people through 219 awareness sessions, 70 advocacy meetings and disseminating messages in 38 mosques and 34 schools in DEZ city and Mayadin districts.
- 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.
- EPDC will make door-to-door visits to houses in Erbin and Jaramana to make awareness sessions about prevention from AWD/Cholera.

Logistics, Equipment, and Supplies

UNICEF distributed the following supplies to Aleppo, Hassakeh, Raqqa and Deir-ez-Zoir:

item	Unit	Aleppo	Hassakeh	Raqqa	Deir-ez-Zoir
AWD Community drugs kit	kit	28	10	10	30
AWD Periphery kit Drug	kit	17	10	10	10
AWD, Community kit, Community Care	kit	10	30	30	30
AWD Peripheral drugs kit - equipment	kit	6	-	-	-
AWD Peripheral drugs kit - renewable	kit	10	10	10	20
Dextran 70, normal saline, 60mg+9mg/ml	tab	5,000	-	-	-
Sodium bicarbonate, bot/500g	btl	2,000	-	-	-

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Challenges / Gaps

- With the increased number of cholera cases and expansion into new geographical areas, persistent funding challenges limit the scale-up of Health and WASH response activities.
- Access to safe water and deteriorated sanitation and waste disposal methods remains challenging and are the main risk factors for the cholera cases spread.
- Some partners are facing the shortages of medical supplies to treat Cholera cases
- Limitations in health worker capacities for treatment of complex cholera cases.
- Random use of antibiotics remains a challenge for the cholera case management.
- Limited global supply of oral cholera vaccines due to multiple ongoing outbreaks, potentially limiting the number of doses and supplies available to Syria.
- Armed conflict continues to be a challenge in some areas that poses difficulties in operational response capacity.
- Hesitancy for admission in CTCs and CTUs specially among females.

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.
- 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, a total of 7 million (3.5 each for Health and WASGH) for AWD/Cholera is under finalization.
- Gaziantep WHO office has received a total of 670,000 USD through CFE and SCHF.

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