

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 19 November, 46,409 suspected cases have been reported, including 97 attributed deaths to date at a case fatality rate of 0.2%.

Of the 3,571 samples tested with rapid diagnostic tests, 1,714 have tested positive. The overall proportion of RDT-positive cases is 48%. To date, 1,773 stool samples have been cultured, of which 621 have tested positive for Vibrio Cholera. The positivity rate is 35%. In week 46 an increase of AWD cases (n= 4,281 cases) by 5% compared with week 45 AWD cases (n= 4,062 cases).

A total of 2,879 suspected cases and two associated deaths have been reported from IDP camps in NES and NWS.

Suspected Cases

46,409

Positive Cases

1,714

Cholera Sus. Deaths

97

Case Fatality (CFR)

0.2%

Overall Attack Rate

0.22%

Affected Governorates

14

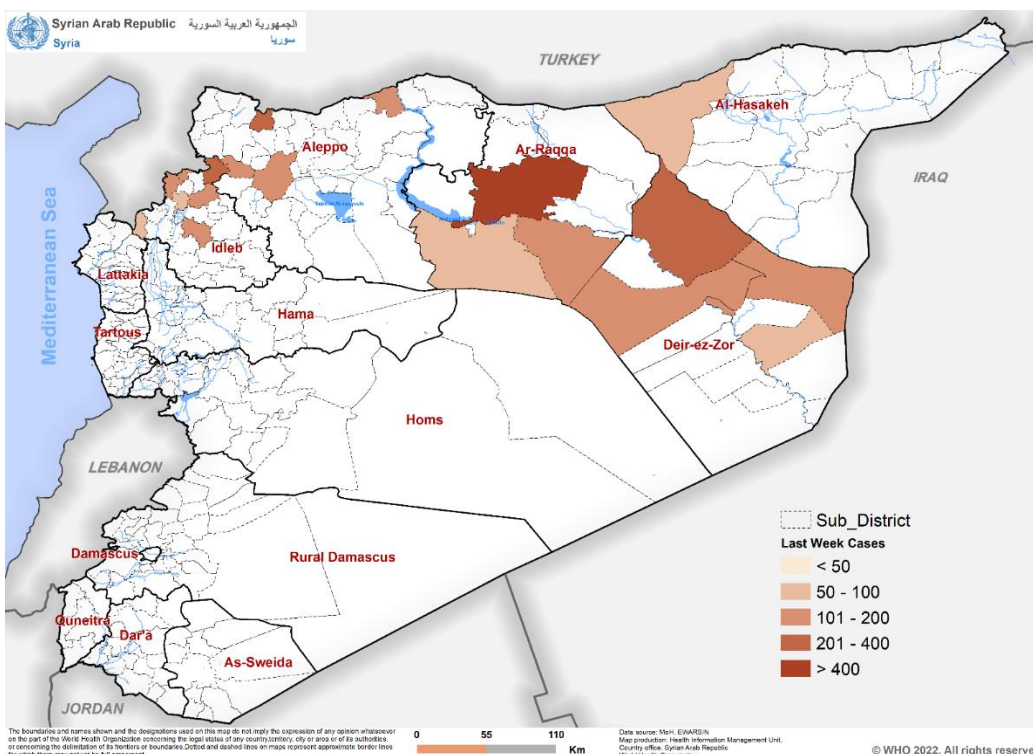
Grade

2

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

Governorate	W45	W46	Change
Dier Ez Zor	1,013	938	-7%
Raqqa	919	799	-13%
Aleppo	836	1,000	20%
Idleb	1,077	1,354	26%
Hassakeh	145	137	-6%

Figure 1 Distribution of highest number of reported cases at a sub-district level, 19 November 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 frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

Date source: MoH, EWARS/IN
Map production: Health Information Management Unit,
Country office, Syrian Arab Republic,
World Health Organization

Epidemiological Data

Figure 2: Distribution of suspected cholera cases by date of onset, as of 19 November 2022

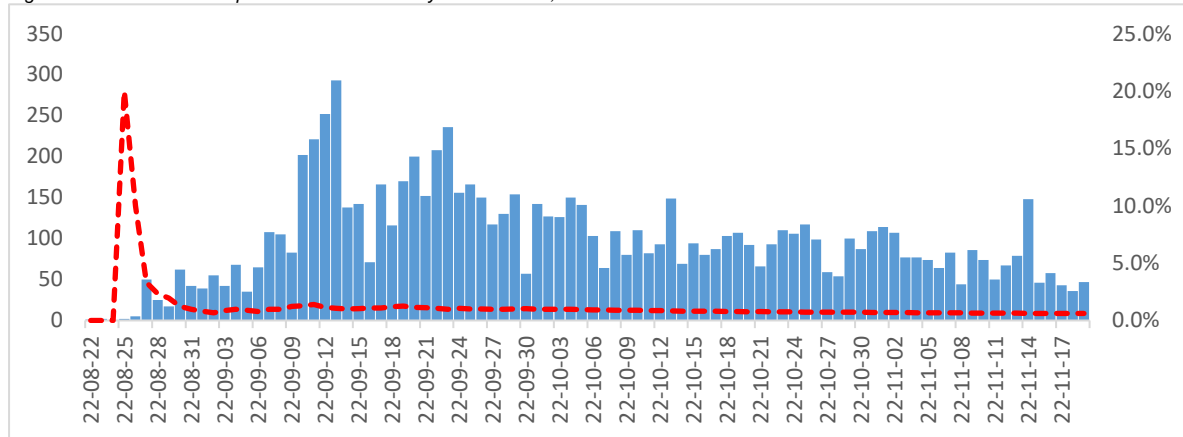
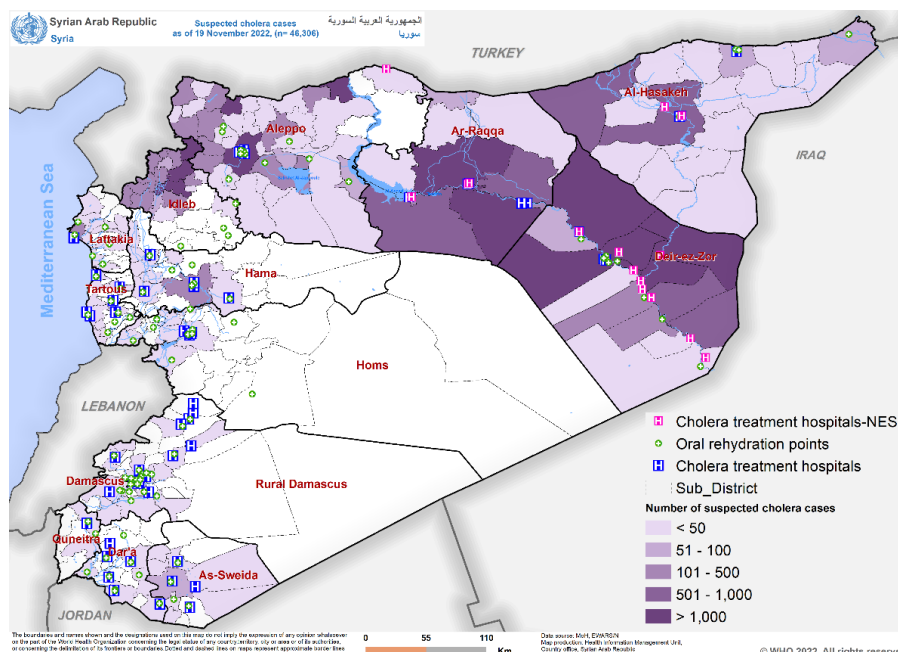


Table 2: Epidemiological data, as of 19th November 2022

Governorate	Suspected Cases (AWD)	Attack Rate (%)	RDTs	Positive RDTs	Culture + Tests	Attributed Deaths	CFR%
Deir Ez-Zor	18,026	2.31	695	407	98	28	0.2%
Raqqa	10,514	1.37	256	72	86	10	0.1%
Aleppo	8,070	0.19	1376	912	184	42	0.5%
Hassakah	1,834	0.16	501	105	23	5	0.3%
Idleb	7,349	0.26	154	8	197	9	0.1%
Lattakia	152	0.01	130	81	3	0	0.0%
Damascus	94	0.01	90	17	7	1	1.1%
Hama	129	0.01	129	32	11	1	0.8%
Sweida	83	0.02	83	26	2	0	0.0%
Rural Damascus	51	0.00	51	13	2	0	0.0%
Homs	47	0.00	46	24	6	1	2.1%
Daraa	18	0.00	18	5	0	0	0.0%
Quneitra	16	0.01	16	3	0	0	0.0%
Tartous	26	0.00	26	9	2	0	0.0%
Total	46,409	0.22	3,571	1,714	621	97	0.2%

Figure 3: Distribution of suspected cholera cases by date of onset, as of 19 November 2022



Cholera Outbreak Response

Health

Leadership and Coordination

- Close coordination with partners at the three hubs with guidance from the joint AWD/Cholera response plan.
- Health sectors and hubs are updating their regular products.
- MHPSS sub-sector working group conducted a session on the adaptation of “Actions for Heroes: Guide for Heart-to-Heart chats with children for cholera context.
- Updating/revising the current Cholera Response plan from Jan to Jun 2023.
- Camp-based AWD/cholera preparedness and response draft plan is being developed for NES for further inputs.

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.
- In GoS, started the process of standardizing data collection and reporting in a format allowing data integration at the country level by developing an electronic reporting tool developed by EMRO. A cholera dashboard is under development.
- WHO, conducted the third training session for cholera diagnostic protocol in CPHL (Central Public Health Laboratory) for lab technicians from Lattakia, Hama and Quneitra.

Case Management

- In GoS, WHO supported 85 training courses in 14 governorates (Al-Hasakeh - 8 sessions, Ar-Raqqa - 5 sessions, Homs - 4 sessions, Hama – 6 sessions, Sweida – 6 sessions, Daraa – 8 sessions, Quneitra 6 sessions, Damascus 8 sessions, and Rural Damascus – 8 sessions, Aleppo – 5 sessions, Idleb – 2 sessions, Latakia – 5 sessions, Der-ez-Zor 7 sessions, Tartous – 7 sessions) with over than 2,125 health professional in MoH health facilities were trained on cholera standard case definition, case management and IPC.
- In GoS, Aga Khan conducted training for 14 trainers of Salamieh district hospital on cholera standard case definition and management using MoH and WHO guidelines. The team has trained 20 training sessions which were conducted in Salamieh for 439 health workers.
- In GoS, there are 51 hospitals designated for cholera treatment and 96 health centres designated for oral rehydration.
- In NWS, there are 8 functional CTCs/CTUs with total beds capacity 244 beds. IPC training is planned, targeting 1500 healthcare workers.
- In NWS, a technical advising teleconference was held by the Case Management Technical Working Group with front-line field staff from all cholera treatment facilities to address their concerns and emphasize the treatment and referral guidelines.

Oral Cholera Response (OCV)

- Allocation of 2 million doses and tentative commencement date for the OCV campaign in the first week of December 2022.

Water Sanitation and Hygiene (WASH)

WASH Rapid Response:

- In GoS, WHO supported the collection of water samples to reference lab in Damascus and the distribution of water purification tablets.
- In NES, to date 8325 cases have been investigated of which 57% received assistance.

Access to Safe Water:

- WHO provided 3.5 million aqua-tabs to the Department of Health (DoH) for wider distribution to governorates.
- NES NGOs have continued providing chlorination support for water trucks entering Hasakah city covers 642 trucks per day, and 450,000 cubic meters of water have been chlorinated since 12th September. NES NGOs are also undertaking chlorination support at private trucks filling points pumping into the Euphrates covering 71 filling points, and 52,800 cubic meters of water have been chlorinated and checked.
- NES NGOs have continued operating a water quality surveillance system. 68 key treatment/pumping stations and connected piping systems are currently being tested.
- NES NGOs provided light support to 20 water stations with additional 36 stations that are targeted for the support. 19 Water station operators in Eastern Der-ez-Zor (Hajin and Susat subdistricts) have been trained on water treatment and testing.
- In NES, Alouk water station has not been operational since 2nd November. The power station feeding the water station has been attacked and destroyed.
- In GoS, UNICEF is organizing water trucking to 83 schools in high-risk areas in the northern and eastern rural of Deir-ez-Zor. UNICEF continues with light maintenance and cleaning of water reservoirs of 58 WASH facilities in schools.
- In GoS, UNICEF distributed 109 tons of sodium hypochlorite to the water authorities between 16 and 23 November in Homs (43 tons), Hama (35 tons) and Al-Hasakeh (31 tons). Those quantities are to be used in the water pumping stations.
- In GoS, UNICEF has reached out to 33,075 people door-to-door in both Ar-Raqqa and Al-Hasakeh governorates providing support with water quality testing, hygiene awareness activities and distribution of aqua-tabs.
- In GoS, UNICEF provide an average of 200m³ of water on a daily basis in Aleppo's southern rural targeting 10,000 individuals.
- In GoS, UNICEF is rehabilitating WASH facilities at Louloua hospital and is expected to finish end of November.
- In GoS, Action Against Hunger (AAH) continues the provision of lifesaving water trucking with 1000 m³ of water delivered daily targeting 72,000 people.
- In NWS, 1,985 water samples over 37 communities and 175 camps were tested for FRC Level.
- In NWS, field facilitators treated 324 water storage tanks and jerry cans with FRC level of 0 mg/l.
- In NWS, Health and WASH clusters in collaboration with IOM plan to conduct a workshop for the assessment of WASH in health facilities.
- In NWS, field WASH teams are being scaled up and training on WASH in health facilities will be conducted during the 1st week of December.

Hygiene Promotion:

- In GoS, NRC has distributed 105 waste containers which will be complemented with hygiene promotion sessions. NRC has also distributed 999 cholera hygiene kits in Hama (Muhradah sub-district and Maarzaf community)

Risk Communication and Community Engagement (RCCE)

- In GoS, WHO conducted 8 workshops and distributed 72,222 IEC materials, 7,682 people were reached through group sessions and 13,195 were reached through community sessions.
- In GoS, Aga Khan (AKHS,S) has been disseminating messages through social networks reaching to 25,500 individuals.
- In GoS, UNICEF supported the capacity building of RCCE-cholera for 140 individuals including community mobilizers and NGO staff managing the service delivery. The social Behavior Change (BSC) outreach team has engaged 21,437 individuals through community dialogue sessions and 52,205 through household visits, 293 were activities tailored for people with disabilities. In addition, 26,432 students were reached with cholera prevention messages.

- UNFPA, conducted 483 awareness sessions reaching 8,969 women and girls and 334 men and boys through the integrated mobile teams and at the static health facilities in Rural Damascus, As-sweida, Lattakia, Tartous, Raqqa, Al Hasakeh, Deir-ez-Zor, Homs and Daraa. UNFPA continue the dissemination of key messages using social media posts.
- In NWS, 18 out of 43 RCCE partners submitted their reports with a total of 104,622 beneficiaries through cholera prevention awareness sessions. This was conducted through different modalities as household visits (62%), awareness for mothers and child caregivers (12%), awareness to community leaders and religious leaders (1%), sessions at schools (2%), group and individual awareness sessions (16%), social media platforms (Facebook, telegram, YouTube, websites, WhatsApp, etc.) (7%).

Logistics, Equipment, and Supplies

- NES NGO Health partners continue to face shortages of medical supplies for the treatment of Cholera, including intravenous fluids.
- In NWS, no new supplies were received.

Challenges / Gaps

- Partners identified funding as their main challenge to scale up response operations and continue their activities.
- Access to safe water and deteriorated sanitation and waste disposal methods remain challenging and are the main risk factors for cholera cases spread. Contaminated areas are still being reported all over the country.
- Supplies are still a major bottleneck across all response areas
- Limitations in health worker capacities for treatment of complex cholera cases.
- Random use of antibiotics remains a challenge for 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, posing difficulties in operational response capacity.
- Hesitancy for admission in CTCs and CTUs especially among females.
- Constrained electricity/energy supply (for household level use & for water, and sanitation systems).

Key Priorities

- 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.
- Prioritize support and expand capacity for WASH and IPC, particularly at CTCs, CTUs and ORPs.
- At camp/IDP sites, improving WASH interventions and covering open sewage lines.
- Finalize the RCCE plan and micro-planning for the OCV campaign.

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 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.

WHOLE OF SYRIA

CHOLERA OUTBREAK SITUATION REPORT NO. 8

Issued 29 November 2022

Page 6 of 6

- Health sector under GoS has reported the requirement for 24.2 Million 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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