

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, each of which has reported positive cases.

Between 25 August and 03 December, **56,879** suspected cases have been reported, including 98 attributed deaths to date at a case fatality rate of 0.2%.

Of the **4,174** samples tested with rapid diagnostic tests, 1,846 have tested positive. The overall proportion of RDT-positive cases is 44.2%. To date, 2,237 stool samples have been cultured, of which 771 have tested positive for Vibrio Cholera. The positivity rate is 34.5%.

A total of 4,579 suspected cases and 6 associated deaths have been reported from IDP camps in NES and NWS.

The most affected governorates are:

- Deir Ez-Zor (19,430 suspected cases, with attack rate of 34.16%)
- Idleb (12,113 suspected cases, with attack rate of 21.3%)
- Raqqa (11,998 suspected cases, with attack rate of 21.09%)
- Aleppo (10,501 suspected cases, with attack rate of 18.46%)

Suspected Cases

56,879

Positive Cases

1,846

Cholera Sus. Deaths

98

Case Fatality (CFR)

0.2%

Overall Attack Rate

0.27%

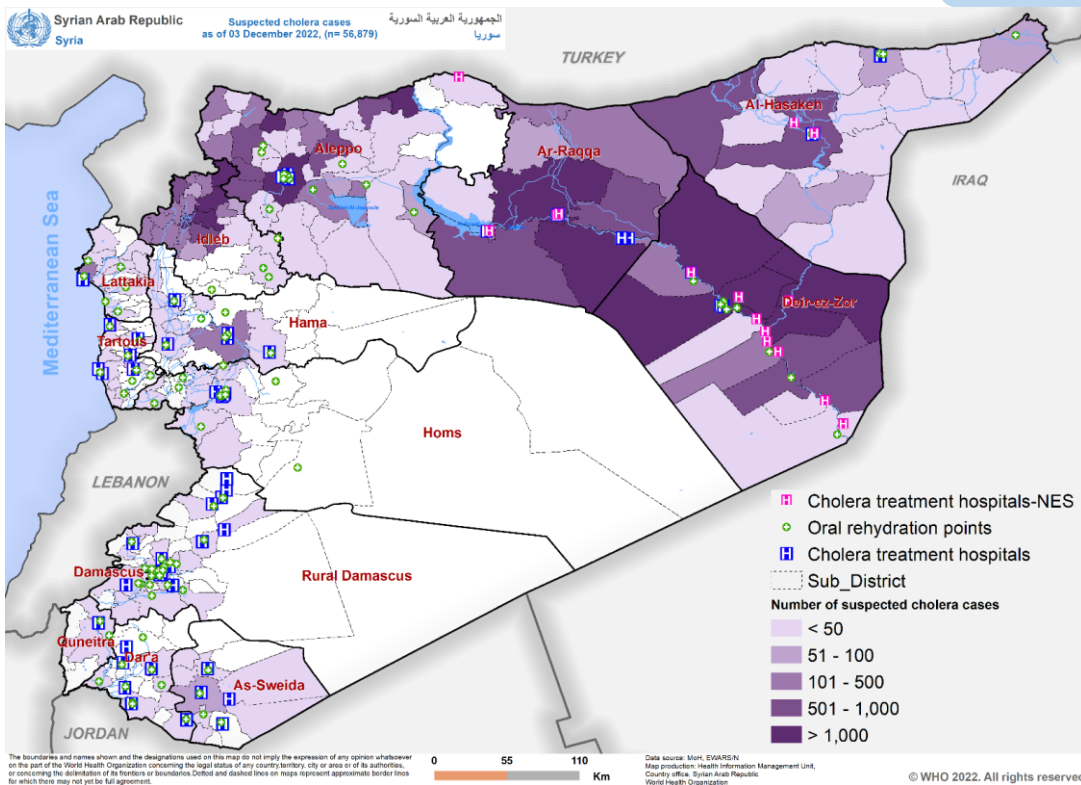
Affected Governorates

14

Grade

2

Figure 1 Distribution of suspected cholera cases by date of onset as of 03 December 2022



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Data source: MoH, EVARSEN
Map production: Health Information Management Unit,
Country office, Syrian Arab Republic,
World Health Organization

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Epidemiological Data

Figure 2: Distribution of suspected cholera cases by date of onset, as of 03 December 2022

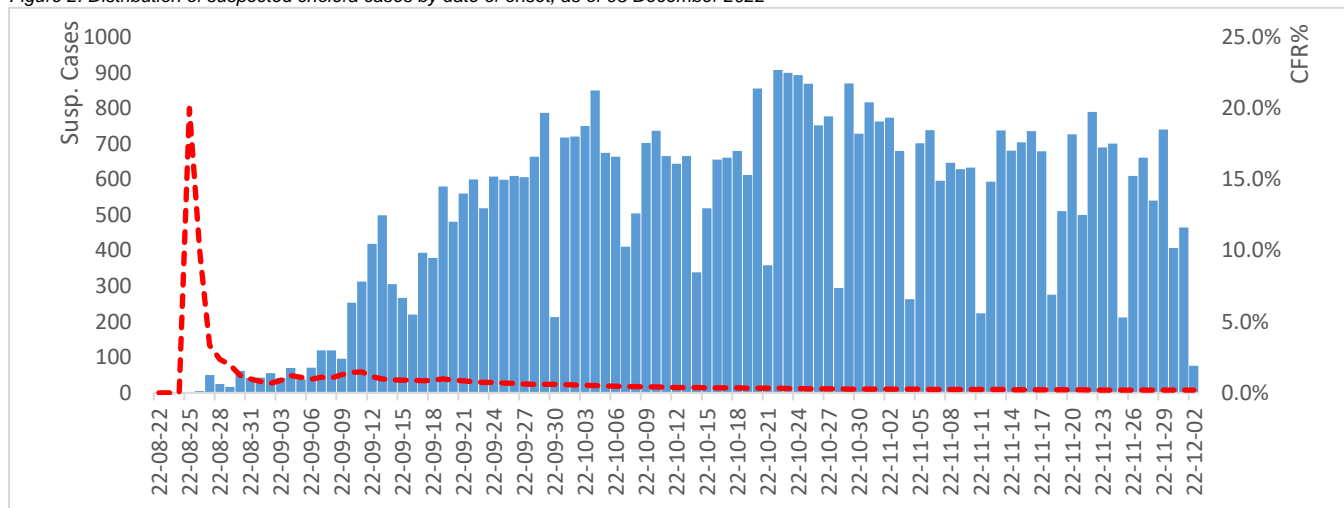


Table 2: Epidemiological data, as of 03 December 2022

Governorate	Suspected Cases (AWD)	Attack Rate (%)	RDTs	Positive RDTs	Culture + Tests	Attributed Deaths	CFR%
Deir Ez-Zor	19,430	2.49	706	416	99	28	0.1%
Raqqa	11,998	1.56	328	74	92	10	0.1%
Aleppo	10,501	0.25	1733	1001	207	42	0.4%
Hassakah	2,156	0.19	558	108	23	5	0.2%
Idleb	12,113	0.43	195	8	262	10	0.1%
Lattakia	174	0.01	152	93	12	0	0.0%
Damascus	101	0.01	97	20	10	1	1.0%
Hama	149	0.01	149	37	37	1	0.7%
Swida	83	0.02	83	26	2	0	0.0%
Rural Damascus	55	0.00	55	17	3	0	0.0%
Homs	54	0.00	53	27	21	1	1.9%
Daraa	18	0.00	18	5	0	0	0.0%
Qunitera	19	0.02	19	4	1	0	0.0%
Tartous	28	0.00	28	10	2	0	0.0%
Total	56,879	0.27	4,174	1,846	771	98	0.2%

WHOLE OF SYRIA

CHOLERA OUTBREAK SITUATION REPORT NO. 9

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Table 3: Top 20 subdistricts reporting this week, data as of 03 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	437	369	3,899	6	-16%	0.4
Deir-ez-Zor	Deir-ez-Zor	Kisreh	436	352	7,931	17	-19%	7.0
Ar-Raqqa	Ar-Raqqa	Ar-Raqqa	490	244	7,380	3	-50%	1.9
Aleppo	Jebel Saman	Atareb	154	188	668	1	22%	0.4
Aleppo	A'zaz	A'zaz	170	187	1,631	-	10%	0.5
Aleppo	Jarablus	Jarablus	186	168	1,951	-	-10%	2.3
Aleppo	Jebel Saman	Daret Azza	164	147	773	-	-10%	1.1
Ar-Raqqa	Ar-Raqqa	Sabka	152	120	2,026	2	-21%	6.9
Ar-Raqqa	Ath-Thawrah	Mansura	69	117	886	1	70%	1.9
Idleb	Harim	Salqin	136	91	505	1	-33%	0.2
Al-Hasakeh	Ras Al Ain	Ras Al Ain	57	76	976	-	33%	1.5
Idleb	Idleb	Maaret Tamsrin	125	74	1,953	2	-41%	0.6
Idleb	Harim	Armanaz	87	69	458	-	-21%	0.6
Ar-Raqqa	Ath-Thawrah	Al-Thawrah	36	68	324	1	89%	0.4
Aleppo	Jebel Saman	Jebel Saman	94	68	2,228	29	-28%	0.1
Idleb	Jisr-Ash-Shugur	Badama	55	63	391	-	15%	0.7
Deir-ez-Zor	Deir-ez-Zor	Khasham	114	59	2,140	4	-48%	11.6
Deir-ez-Zor	Deir-ez-Zor	Sur	77	55	1,409	1	-29%	3.5
Deir-ez-Zor	Al Mayadin	Thiban	68	54	953	-	-21%	1.9
Idleb	Ariha	Ariha	132	51	855	-	-61%	0.8

Figure 3: Suspected cases age group distribution, as of 03 December 2022

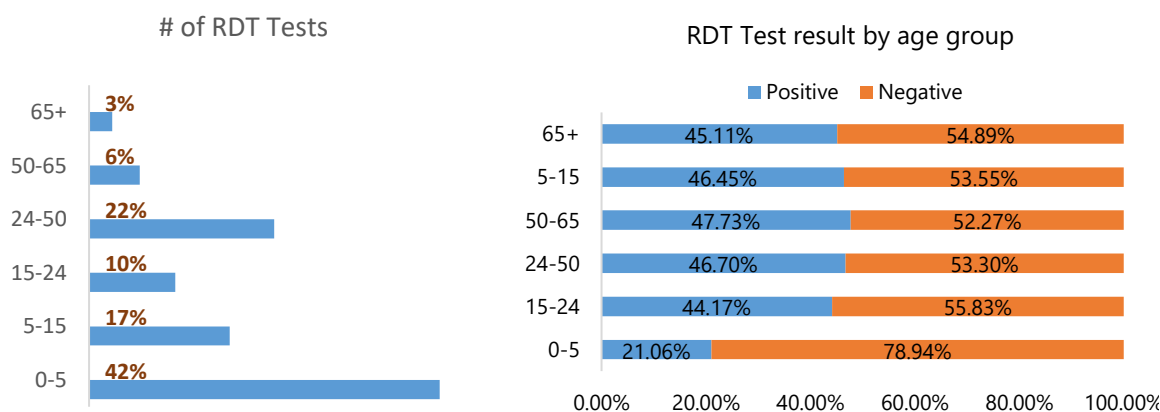
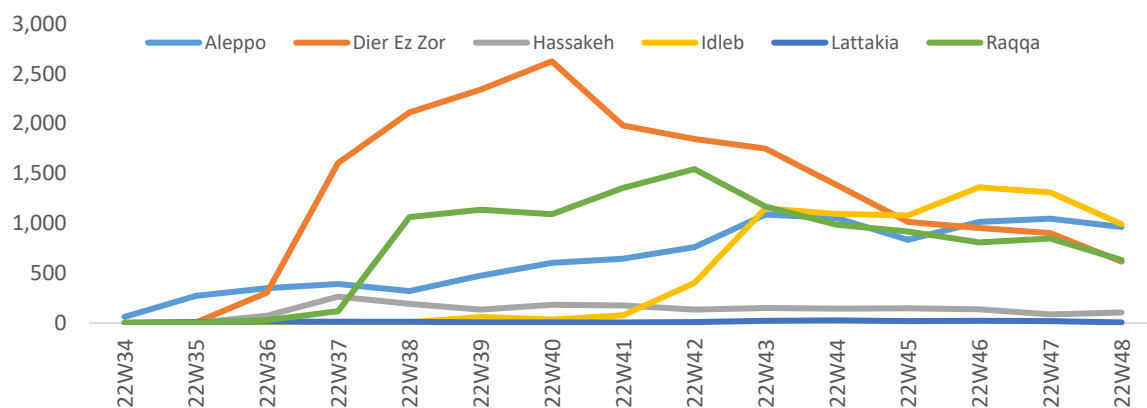


Figure 4: Weekly governorate trend, as of 03 December 2022



Cholera Outbreak Response

Coordination

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 including Situation Reports and dashboards for Health and WASH interventions.
- Updating/revising the current Cholera Response plan from Jan to Jun 2023.

Health

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, continues to 101 rapid response teams at central and governorate levels.
- In GoS, WHO, in coordination with the Ministries of Health (MoH) and Education (MoE) conducted 13 trainings for 380 health workers to build the capacities of MoE health workers for early detection, reporting, and response to AWD cases among school-going children.

Case Management

- In GoS, 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.
- In GoS, 51 hospitals are designated for cholera treatment, and 96 health centers are designated for oral rehydration.
- In NES, there is a reduction of reported suspected cases; Therefore, MSF has reduced the bed capacity of their CTU from 40 to 20 and now this week to 10 beds only.
- NES partners have reported suspected measles cases of in Tel Saman Camp, Raqqa and Tabqa area.
- In NWS, 8 functional CTCs/CTUs (227 total bed capacity) and 26 functional ORPs represent further scale up in ORPs in line with the community-based approach adopted by NWS. A master plan for referrals and clinical case management has been developed by WHO and rolled out to NWS partners.

Oral Cholera Response (OCV)

- Two million doses of OCV (Oral Cholera Vaccine) were received in Syria. The vaccination campaign had started on 4 December and will be rolled over 10 working days targeting four governorates with the highest attack rate (Aleppo, Al Hasakeh, Ar-raqqa and Deir-ez-zor). WHO and UNICEF are using a two pronged approach to reach NES - through Alraqqa, DZ and Qamishy. Until Dec 9th, **174920** vaccines have been dispensed in Al Raqqa and **93767** in western DZ.
- UNICEF supported Community Health Workers for the messaging on the cholera vaccine starting from 30 November. RCCE efforts have been integrated in micro-plans for vaccine demand generation, including the standard package of community engagement activities (advocacy with opinion leaders, Door-to-Door visits, community dialogue and collaboration with NGOs).

Water Sanitation and Hygiene (WASH)

WASH Rapid Response:

- Field WASH teams have been expanded and health facility WASH focal points have been trained in NWS. During last week 1,793 samples from (27 communities and 147 camps) with the following outcomes: 19% were at 0 FRC level, 49% between 0.1 – 0.3 mg/l FRC and 8% indicated a sign

of over chlorination with over 0.7 mg/l FRC. The WASH cluster field facilitators treated water in 324 water storage tanks and jerry cans where the FRC was found to be 0 mg/l.

Access to Safe Water:

- UNICEF has provided the water authority with 92 metric tons of sodium hypochlorite were distributed to disinfect water units in Homs, Dara'a, and Damascus, in addition to the delivery of 1,650,000 aquatabs expected in Deir-ez-Zor shortly.. 30.7 tons of Sodium hypochlorite were delivered to Al-Hasakeh governorate for the main pumping stations. NES NGOs has also continued the support of 7 water stations and has provided 85 Tons of chlorine.
- 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 75 filling points at the Euphrates river bank. In HCT area, AAH (Action Against Hunger) continues the provision of lifesaving water trucking to 72,000 people in the southern neighborhoods in Hasakeh city, with the quantity of 1,000m3 and 1,100 m3 delivered daily.
- UNICEF provides 200 cubic meters of drinking water daily to cholera-affected locations targeting 10,000 individuals south of Aleppo.
- In NWS, activities continue to provide safe drinking water cross all IDP camps and communities, along with water chlorination at the point of use and follow up on chlorination at water stations. Hygiene kits, cholera kits, soap and IEC materials continue to be provided to the communities.
- 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 HCT area, UNICEF supported monitoring residual chlorine in cooperation with authorities in several governorates including Homs, Hama, and Aleppo.
- WHO supported transporting the samples collected from patients and different sources of water (drinking water, tanks, and sewage) to the reference lab in Damascus. Aleppo: 74 samples. On-spot household health awareness was provided; 2,500 water purification tablets were distributed. Al-Hasakeh and NES: 2,139 samples. Deir ez-Zor/NES: 20 samples. 5,373 water purification tablets were distributed. Rural Damascus: 17 samples.

WASH and IPC in School and healthcare facilities

- In HCT area, UNICEF has signed a contract for the procurement of soap bars and jerrycans to be within the next week to key governorates, including 254 cleaning kits for schools in collaboration with the school health department at the Department of Education. UNICEF has also signed a three-month emergency water-trucking contract for the provision of drinkable water in 83 schools in Deir-ez-Zor, while maintenance of WASH facilities is planned for 58 schools.
- Joint Health-WASH assessments of planned CTCs/CTUs and ORPs continues, with 17 facilities assessed up to date, in NWS.

Risk Communication and Community Engagement (RCCE)

- In Aleppo, in collaboration with UNICEF- SARC - conducted awareness sessions on cholera prevention for 36 schools benefitting an estimated 2,400 children.
- WHO continues to step up its capacity-building activities and community engagement across different governorates in Syria, resulting in over 550 community health workers (CHWs) trained on key messaging for Cholera, reaching approximately 46,300 individuals in the last week:
 - In Aleppo, 135 CHWs conducted door-door outreach reaching 12,762 people in Jebel Seman, Manjib, Al-Bab, and Al-Safira districts.
 - In Al-Qamishli, more than 260 people were engaged across Al-Hol and Al-Areasha camps. WHO, in coordination with UNICEF, conducted door-door outreach for 15,467 individuals in Ar-Raqqa, Tabqa, and Al-Hasakeh;
 - 57 volunteers for UNDP-affiliated projects took part in training on cholera prevention in Deir-ez-Zor. 122 CHWs reached 15,130 individuals through household visits in Al-Mayadin and Abu-Kamal districts.
 - In Lattakia and Tartous, 248 personnel from institutions, directorates, civil society, and UN partners took part in training on cholera management and response; and

- Across Homs, Hama, and Idleb, more than 2,600 people were reached during awareness-raising campaigns led by 69 volunteers and CHWs.
- WHO continues to support the printing and distributing information, education, and communication (IEC) materials, with more than 72,222 distributed over the last week to health partners and hospitals. 7,682 people reached through group sessions and 13,195 through community sessions and 180 community workers engaged.
- Jointly with RCCE, UNICEF reached out to 33,075 people via door-to-door/tent-to-tent visits in both Ar-Raqqa and Al Hasakeh Governorates, providing support with water quality testing, hygiene awareness activities and distribution of aquatabs.
- Other health partners, including Medair, SARC, and UNFPA, continue leveraging CHWs and mobile teams to promote and disseminate cholera awareness amongst affected communities.
- NES NGOs continue to conduct RCCE activities in IDP sites. 57,460 Individuals received awareness and some partners provided IEC materials through sessions. Awareness sessions for the prevention of Cholera has been done reaching 17,074. Additionally, 16,511 individuals in informal settlements in Deir-ez-Zor and Raqqa received awareness sessions about cholera outbreaks and prevention methods.
- In NWS, 23 out of 43 partners reported their RCCE activities, reaching 156,711 beneficiaries. The main modalities used were household visits (57%), targeted awareness sessions for mothers and caregivers of children (8%), sessions with community leaders and religious leaders (0.5%), sessions at schools/educational centers for teachers and students (3%), individual and group awareness sessions (10.5%), using social media platforms (Facebook, telegram, YouTube, websites, WhatsApp, etc.) (21%).
- In GoS, UNFPA continues its effort for awareness raising sessions through 13 implementing partners who conducted 483 awareness raising sessions reaching 8,969 women and girls and 334 men and boys in their supported health facilities in Rural Damascus, As-sweida, Lattakia, Tartous, Raqqa, Al Hasakeh. Deir-ez-Zor, Homs and Daraa. In addition, efforts done to reach the population using social media platforms (Facebook, Instagram).

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, WHO received 5 cholera kits as donation from Dubai Hub and continues to provide ORS, and loose medicines and supplies to all partners as requested.

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.
- Armed conflict continues to be challenging in some areas, posing difficulties in operational response capacity.
- Constrained electricity/energy supply (for household level use & for water and sanitation systems).
- In NES, there is no dedicated full-time RCCE coordinator, low coverage in Deir-ez-Zor and limited access.
- Absence or poor sanitation infrastructure leads to the discharge of untreated water with many challenges of open defecation and open sewer lines.
- Hesitancy for admission in CTCs and CTUs, especially among females.
- Limited global supply of oral cholera vaccines due to multiple ongoing outbreaks, potentially limiting the number of doses and supplies available to Syria.
- Low reporting rate of partners activities which make it difficult to monitor and coordinate partners activities.

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.
- To address critical gaps, continue increasing cholera treatment capacity against all response locations, especially in Northeast Syria.
- 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 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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