Situation overview

- Since 27 April 2017, a second wave of acute watery diarrhea (AWD)/ cholera outbreak began in several Yemen’s governorate, which had seen a decrease in AWD/ cholera cases over the past few months.
- From 27 April to 9 May 2017, a total of 2,301 suspected cholera/ AWD cases were reported from 10 governorates, including Sana’a (34.6%), Amant Al-Asimah (11.9%), Dhamar (5.8%), Al-Mahweet (9.8%), Ibb (12.2%), Al-Dhale’a (9.8%), Hajjah (6.7%), Al-Hudaydah (3.3%), Taiz (2%) and Al-Bayda (3.9%) governorates. Out of the total reported cases, 47 deaths were reported.
- A total of 47 associated deaths have been reported from Al-Mahweet, Dhamar, IBB, Al-Dhale’a Hajjah and Sana’a governorates. The cumulative cholera case fatality rate (CFR) as of 9 May is 2%.
- As total of 58 cholera cases have been confirmed by laboratory testing.
- The upsurge of cases comes as health system and civil infrastructure, including water and sanitation facilities in governorates have been seriously affected amid the ongoing conflict. Recent heavy rains have been instrumental in this wave and has also washed away piles of uncollected waste into some wells and water sources. In addition, warmer weather is creating a favorable environment for the pathogens that cause diarrheal disease to spread.
### Summary of Suspected AWD / Cholera cases based on line list

<table>
<thead>
<tr>
<th>No</th>
<th>Governorate</th>
<th>Suspected AWD/Cholera</th>
<th>Confirmed cases (positive by Culture)</th>
<th>Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Amanat Al Asimah</td>
<td>273</td>
<td>20</td>
<td>0</td>
</tr>
<tr>
<td>2</td>
<td>Sana’a</td>
<td>796</td>
<td>9</td>
<td>24</td>
</tr>
<tr>
<td>3</td>
<td>Al Dhale’e</td>
<td>226</td>
<td>9</td>
<td>1</td>
</tr>
<tr>
<td>4</td>
<td>Al Bayda</td>
<td>90</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>5</td>
<td>Al Mahweet</td>
<td>226</td>
<td>1</td>
<td>6</td>
</tr>
<tr>
<td>6</td>
<td>Al-Hudaydah</td>
<td>76</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>7</td>
<td>Dhamar</td>
<td>134</td>
<td>13</td>
<td>7</td>
</tr>
<tr>
<td>8</td>
<td>Hajjah</td>
<td>154</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>9</td>
<td>Ibb</td>
<td>281</td>
<td>1</td>
<td>8</td>
</tr>
<tr>
<td>10</td>
<td>Taizz</td>
<td>45</td>
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<tr>
<td>11</td>
<td>Amran</td>
<td>*</td>
<td>*</td>
<td>*</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>2301</strong></td>
<td><strong>58</strong></td>
<td><strong>47</strong></td>
</tr>
</tbody>
</table>

*data was not received

### Health Cluster response

- Over the last 12 days, health cluster partners have provided health facilities and Diarrhea Treatment Centres (DTC) in Al-Mahweet, Amanat Al-Asimah, Amran, Ibb, Al-Hudaydah, Hajjah and Dhamar with 136 cholera beds, 300 rapid diagnostic kits, more than 26,000 bottles of various types of intravenous (IV) fluids as well as 15 cholera and diarrhea disease kits enough to treat 1500 severe cases and 3000 mild and moderate cases.
- Health partners supported the establishment of 7 more diarrhea treatment centers (DTC). This is to add to the already supported 26 DTCs in all affected governorates, providing them with diarrhea disease kits (DDK), IV fluids (ringer lactate), oral rehydration salt (ORS), IEC materials, case management guidelines as well as incentives to the medical and nursing staff.
- Health and WASH-supported Rapid Response Reams (RRT) are on standby in all governorates to respond to any new report of suspected cholera case and identify the suspected water sources, collect samples and to conduct chlorination activities.
- Provision of Diarrheal Disease Kits (DDK) and Oral Rehydration Salt (ORS) to treat patients with diarrhoea (over 7 tons of supplies were delivered immediately to health facilities in Sanaa – enough to cover 2,000 moderate and severe cases). Additional 7 tonnes of supplies arrived in Sanaa on 9 May as a stock. More supplies are arriving in June. There is sufficient stock of ORS in the country to meet the increased needs.
- Doctors and health workers trained on case management
• Awareness raising campaign launched in the affected provinces through direct interaction with the communities. A TV and radio campaign was launched nationwide in addition to messages on social media platforms – including initiating whatsapp groups.

**WASH Cluster response**

• WASH Cluster partners are responding or preparing to respond in the next days in affected districts in Hodeidah, Hajjah, Raymah, Ibb, Taiz, Aden, Al Dhale, Amanat Al Asimah, Sana’a, Al Bayda, Amran and Dhamar. Based on the current situation, response is still very limited in Al Mahweet and Al Jawf and urgent scale up is needed.

• The key activities ongoing are chlorination of water sources, distribution of soap accompanied with awareness raising and distribution of chlorine tablets for household level chlorination. These activities will be complemented with other key activities in the coming days, such as water quality monitoring, jerry can cleaning campaigns and WASH support to DTCs.

• In order to scale up the response to all affected districts, some partners indicate they face challenges in terms of resources. The WASH cluster is updating the partners capacity to respond which will help to identify the key challenges and gaps to scale up the response.

• A WASH cluster meeting was held at national level on May 8 and meetings at subnational levels took place in Hodeidah, Ibb, Sana’a and Aden. A joint WASH and Health cluster meeting is planned for next week to discuss integrated response strategies and define roles and responsibilities of WASH and health partners.

**Challenges and concerns**

• More than 2 years of conflict and restrictions on import continue to cripple the capacity of the national health system to adequately respond to the upsurge.

• The presence of predisposing environmental factors that are difficult to control.

• Lack of salaries for public employees which hampered all public services including WASH and health services.

• Inaccessibility of some of the high-risk districts or villages is hampering the response interventions.

• Inadequate resources to support the cholera response interventions.

• Shortage of lab reagents and rapid diagnostic tests.
Funding

- Health and WASH clusters have issued an appeal during the first wave of the outbreak requesting for US$ 22.2 million to implement the integrated cholera response plan to contain the spread of acute watery diarrhea/ cholera in Yemen. Only contributions totaling US$6.7 million (20% of requirements) have been received as of today by health and WASH partners.

FOR FURTHER INFORMATION:

Dr Alaa AbouZeid  
Health Cluster Coordinator  
abouzeida@who.int

Mrs Marije Broekhuijsen  
WASH Cluster Coordinator  
mbroekhuijsen@unicef.org