

Faytha Ahmed Farj, a mother of nine, goes door-to-door in Sanaa, Yemen, to tell people how to avoid cholera – and what to do if they see symptoms. Moolhialdin Fuad Alzekri / UNICEF



Yemen: Cholera Response

Emergency Operations Center

Situation Report No.4

14 September 2017



Situation Overview

- The cumulative total from 27 April 2017 to 13 September 2017 is 663,451 suspected cases and 2,074 associated deaths across the country.
- The overall case fatality rate (CFR) is 0.31%. Raymah governorate continues to report the highest case fatality rate (97%).
- The national attack rate is 229.15 per 10,000. The five governorates with the highest cumulative attack rates per 10,000 remain Amran , Al Mahwit , Al Dhale'e , Abyan , and Hajjah
- The trend at country level over the past 3 weeks of reported cases is considered stable. Yet, at the governorate level, the trend increased in 3 governorates: Sana'a, Shabwah , and Moklla.
- The most affected age group is people aged 18-44, accounting for 34.6% of cases.
- People aged over 60, however, are at most risk of dying, accounting for 31.07 % of associated deaths.
- Children under 5 years old represent 24.7% of total suspected cases. Children under 18 years old represent 54.9%

663,451

Cases of suspected cholera were reported in Yemen.

2,074

Associated deaths of cholera across the country.

0.31%

The overall case fatality rate.

22

Out of 23 affected governorates.

301

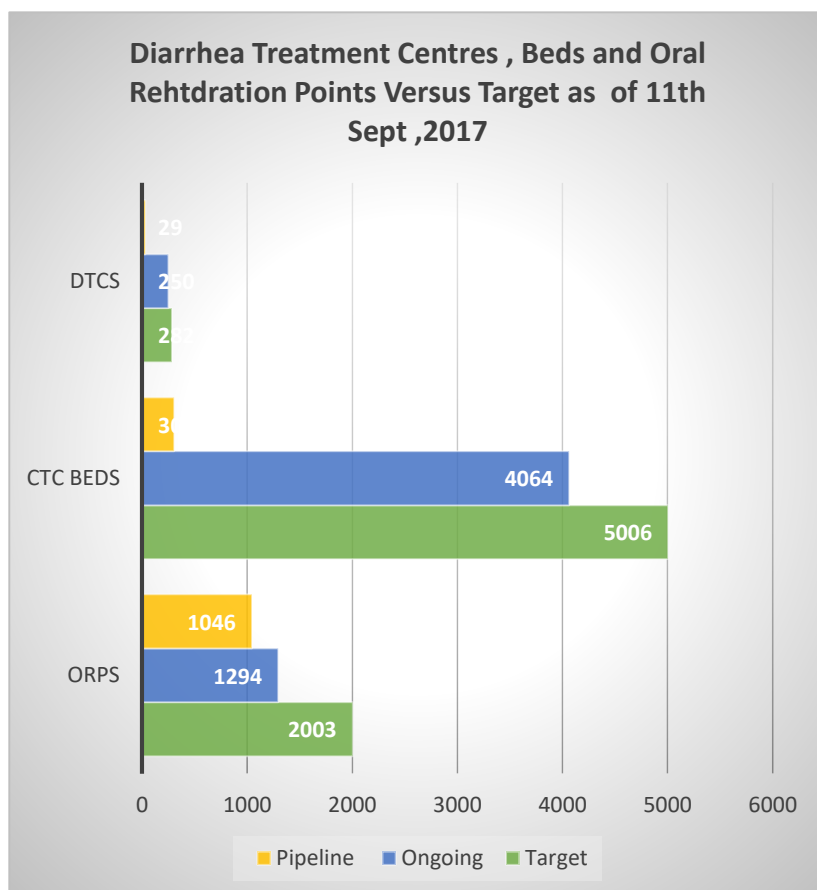
Out of 333 affected districts.

Risk communications/community engagement

- The house -to house campaign came to a close after the completion of the campaign in Shabwa governorate on 31 August. A total of 529,229 people and 37,751 households were reached bringing the total to 15,743,821 people and 3156960 households reached in all 23 governorates. It is estimated that 93% of all Yemeni households have been reached with the four key cholera prevention messages. Soap, IEC materials and oral rehydration solution were also distributed.
- A Meeting to review the data and lessons learnt from the house-to-house campaign is scheduled for next week.
- In coordination with WASH cluster, Communication for Development partners are conducting training for 660 rapid response teams under GARWAP to improve capacity in community reporting and effective health and hygiene promotion. To date, 207 new community volunteers and community leaders have been trained in Taizz to strengthen community mobilization capacity.

Health Cluster Response

- Health Cluster partners are supporting 282 Diarrhoea Treatment Centres (DTCs) (with 4064 beds) and 1294 Oral Rehydration Points (ORPs) in 21 governorates and 237 affected districts in Yemen.
- To date, partners have reached 81 % of the target number of DTCs' beds, 65% of the target number of ORPs.
- A total of 40 health cluster partners are working to set up DTCs and ORPs, conduct training for health staff and provide health education at the community level in 21 governorates and 237 districts. These organizations include HORSO, ADO, ADRA, AGF, ACF, BFD, CSSW, ANHADH FDE, FMF, GHO/MOH, GRW, MHO, HCR, IMC, INTERSOS, IOM, IRC, IYCY, KDH, MDM, MSF, NFDHR, OBSERVER, PU-AMI, RI, SCI, SWAT, SOUL, TAYBAH, UNICEF, VHI, YFCA, YMU, WHO, MILLENNIUM DEVELOPMENT, MINISTRY OF INFO, SAJAIA F., SFD, YAMAAN F. and YRCS.
- WHO is deploying teams of international experts to Aden, Ibb and Al-Hudaydah this week to conduct in-depth investigations into the sudden and significant increase in cases reported in select districts within the three governorates.
- A key aim of WHO's investigation will be to determine whether the numbers are accurate and whether the spike in suspected cases is caused by cholera or another diarrhoeal disease like rotavirus.
- Twenty-five tonnes of cholera medicines and intravenous fluids are being transported by WHO to Ibb for distribution to health facilities throughout the governorate.
- The WASH and Health Clusters agreed to transfer the responsibility for WASH activities inside health facilities to the Health Cluster. The WASH Cluster will continue to be consulted on the technical and operational aspects of these activities.
- Increasing numbers of rapid response teams are being trained and deployed, with 24 teams trained to date, to ensure timely and thorough investigation of potential cholera cases and to chlorinate wells and water sources. Each team is comprised of a district surveillance coordinator, an epidemiologist, health education officer, water and sanitation officer and the director of the district health office.



Challenges and Concerns

- The health system has been weakened by the ongoing conflict. More than 55% of all facilities are closed or are only partially functional. Water and sanitation systems have also been disrupted.
- Continued funding is required for the operation and maintenance of water and sanitation systems essential for the control of outbreaks such as cholera and acute watery diarrhoea.
- There are impediments to the importation and delivery of medicines, medical supplies and chlorine. The country is experiencing a shortage of medicines and medical supplies necessary for the treatment and management of cholera cases. Intravenous fluids needed for treating severe cases are not available in the market.
- The quality of health services in cholera treatment facilities is sometimes poor, especially in relation to infection prevention and control.
- Larger operational partners have exhausted their capacity while a lack of funding hinders smaller NGOs from scaling up to cover all gaps in the country.

FOR FURTHER INFORMATION:

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