

WHOLE OF SYRIA

CHOLERA OUTBREAK SITUATION REPORT NO.3

Issued 14 October 2022

Epidemiological Overview

Since the last situation report, the number of confirmed and suspected cases continues to rise. Suspected cholera cases (AWD) have been reported from all 14 governorates, of which 12 have reported cases that were positive by rapid diagnostic test.

Between 25 August and 8 October, 15,823 suspected cases have been reported, including 68 deaths (case fatality rate of 0.43%).

Of the 1,635 samples tested with rapid diagnostic tests, 807 have tested positive. To date, 644 stool samples have been cultured, of which 245 have tested positive for *Vibrio Cholera*. The overall proportion of positive cases is 46%.

The most affected governorates to date are:

- Deir-ez-Zor (8,940 cases, 56.5 %)
- Ar-Raqqa (3,325 cases, 21%)
- Aleppo (2,411 cases, 15.2%)
- Al-Hasakeh (841 cases, 5.3%)

Approximately 54 suspected cases have been reported from IDP camps and sites to date.

Suspected Cases

15,823

Positive Cases

807

Cholera Deaths

68

Case Fatality (CFR)

0.43%

Overall Attack Rate

0.07%

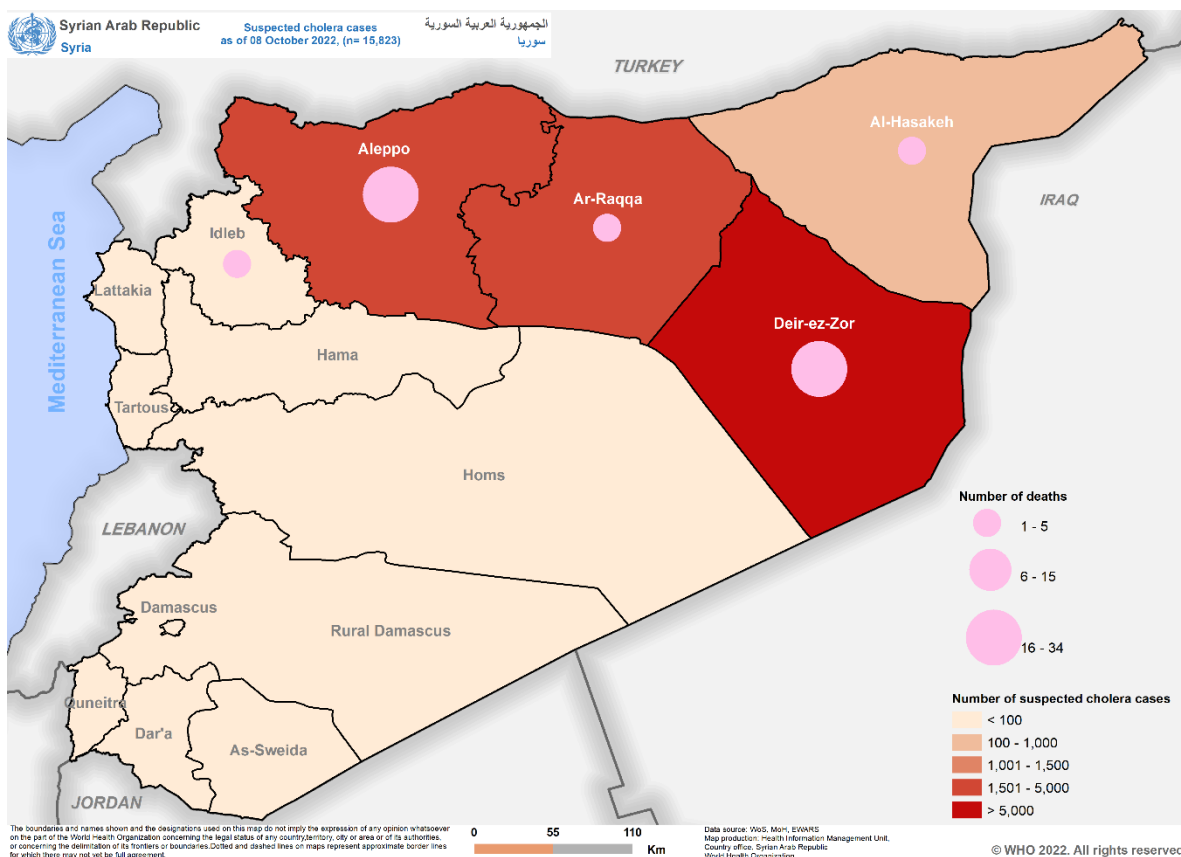
Affected Governorates

14

Grade

2

Figure 1 Distribution of suspected and confirmed cholera cases as of 08 October 2022



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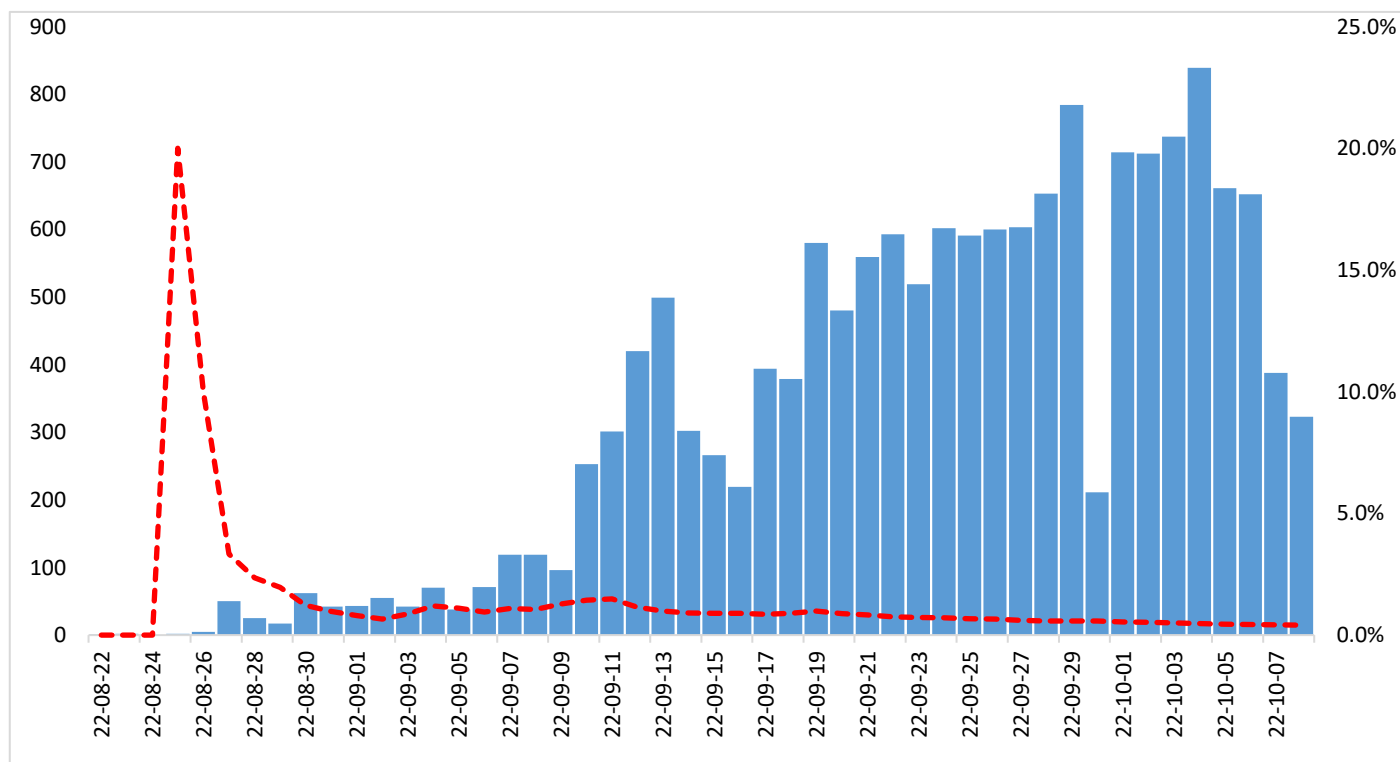
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Epidemiological Data:

Table 1: Epidemiological data, as of 08 October 2022

Governorate ¹	Suspected Cases (AWD)	Population	Attack Rate (%)	RDTs	Positive RDTs	Culture + Tests	Attributed Deaths	CFR%
Dier-ez-Zor	8,940	1,096,528	0.82	446	202	92	24	0.27
Aleppo	2,411	4,226,203	0.06	536	437	57	34	1.41
Ar-Raqqa	3,325	754,295	0.44	215	43	63	5	0.15
Al-Hasakeh	841	1,206,229	0.07	217	68	13	4	0.48
Idleb	92	3,200,00	0.00	30	0	17	1	1.09
Latakia	53	1,295,334	0.00	32	22	0	0	0.00
Damascus	45	1,818,517	0.00	43	8	0	0	0.00
Rural Damascus	21	3,325,680	0.00	21	0	0	0	0.00
Homs	18	1,502,706	0.00	18	5	1	0	0.00
Sweida	29	379,223	0.01	29	11	0	0	0.00
Daraa	8	1,023,833	0.00	8	3	0	0	0.00
Hama	36	1,485,590	0.00	36	7	2	0	0.00
Quneitra	4	105,443	0.00	4	1	0	0	0.00
Total	15,823	21,214,138	0.07	1635	807	245	68	0.43

Figure 2 Distribution of suspected cholera cases by date of onset, as of 08 October 2022



¹ Data from the 14th governorate is currently being verified and will be included in the next situation report.

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Figure 3: Distribution of suspected cholera cases by epidemiological week and governorate, as of 08 October 2022

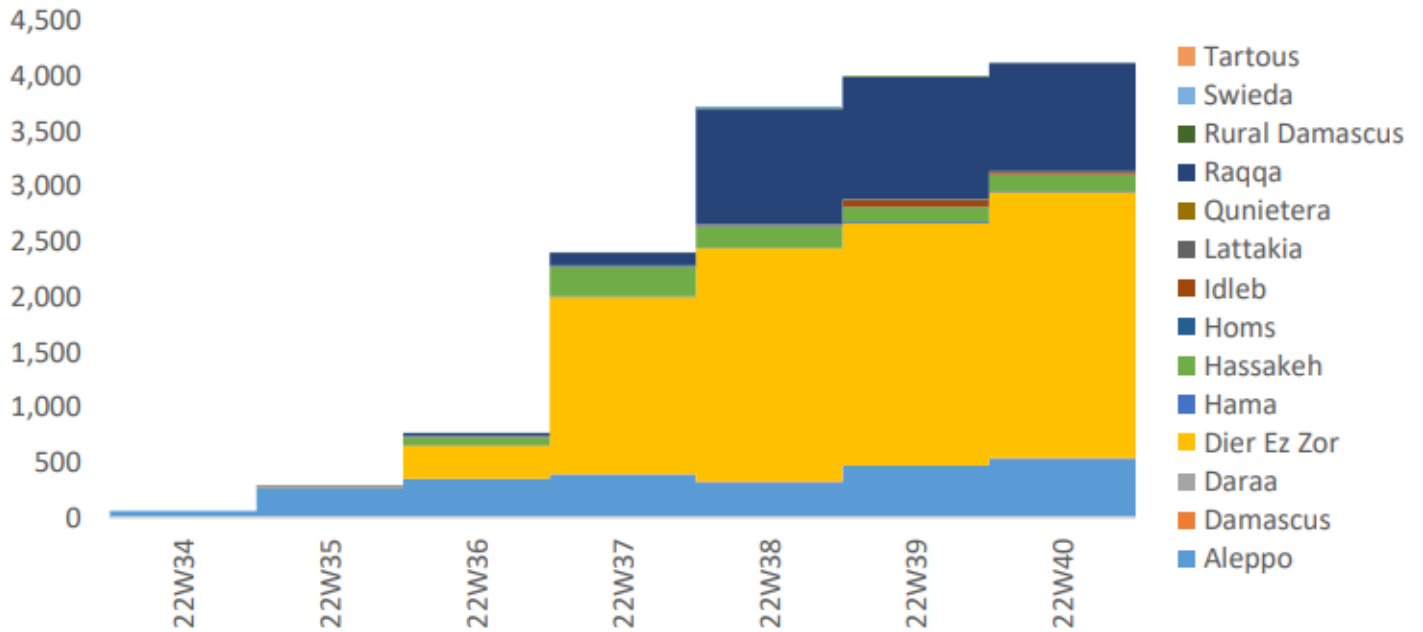
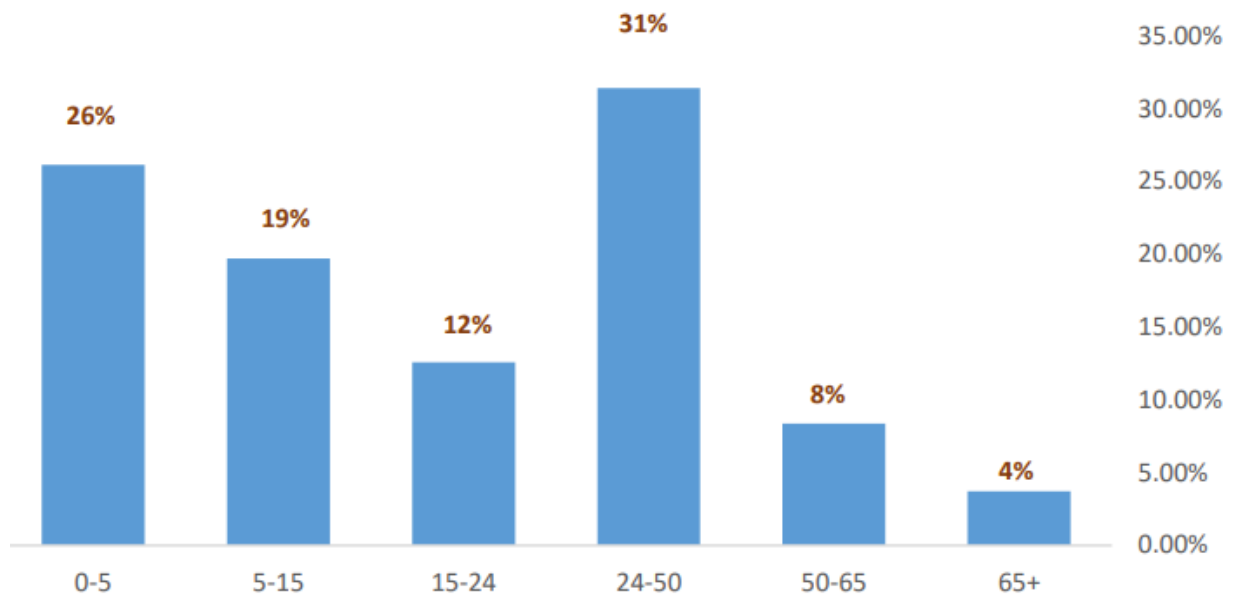


Figure 4: Distribution of suspected and confirmed cholera cases by age group, as of 08 October 2022



Cholera Outbreak Response

Health

Surveillance and Laboratory:

- Integrated epidemiological analysis and the distribution of cases at community-level are being shared by WHO with partners in the respective response locations to help drive rapid response activities in response to suspected and confirmed cases.
- Through WHO support, surveillance and active case finding have been intensified in high-risk areas, including Aleppo, Deir-ez-Zor, Ar-Raqqa, Al-Hasakeh, and IDP camps/sites. Support also continues to 101 rapid response teams through operational costs and the transport of samples to the main reference laboratory in Damascus.
- The NES NGO Forum, the Health Working Group, and information management partners continue to work with WHO to fill gaps in reporting and surveillance, and to ensure operational information on cases is shared with WASH partners to enable investigations and targeted interventions.
- UNHCR has trained 72 community health workers and 413 community health volunteers on surveillance activities. Health sector partners, including IMC, are working to enhance the integration of AWD/cholera data as part of their routine health information management systems.
- WHO is in the process of procuring additional laboratory supplies sufficient to support 7,000 tests, as well as rapid diagnostic tests (RDTs) for distribution.
- With WHO support, laboratory teams continue to monitor stool culture sensitivity and resistance to antibiotics. Culture sensitivity results showed sensitivity to azithromycin, ciprofloxacin, doxycycline, chloramphenicol, and sulfamethoxazole, while results indicated resistance to tetracycline and imipenem.

Case Management:

- The number of Ministry of Health (MoH) facilities with cholera treatment capacity has increased from 27 to 51 since the last situation report, with 1,096 beds now operational. A total of 96 rehydration points has also been established at various public primary healthcare centers.
- In Northwest Syria, cholera treatment centers (CTC) supported by IDA in Jarablus and A'zaz are ready to receive patients, each with 20-bed capacity. The cholera treatment unit (CTU) in Afrin, also supported by IDA, will be ready to ready to admit patients as of 15 October.
- Additional treatment capacity in Northwest Syria is being established through support from MSF-B in Idlib (Salqin sub-district), MSF-S in Aleppo (Al Bab sub-district), Al Ameen Organization in Aleppo (Afrin and Al Bab sub-districts), and Al Seeraj Organization in Aleppo (Al Atareb and Daret Azza sub-districts).
- NES NGO partners continue to support cholera case management at primary healthcare centers and hospitals across Northeast Syria.
 - 101 beds are operational across 6 CTUs in Deir-ez-Zor, as well as 42 beds at a CTC and hospital in Ar-Raqqa.
 - A new CTU began operating on 12 October at Hasakeh National Hospital through the support of an NES NGO partner.
 - Partners are also in the final stages of establishing CTCs in Sa'wa in Deir-ez-Zor, Tabqa and Ain al-Arab (Kobane) in Ar-Raqqa governorate, and Washokani camp in Al-Hasakeh.

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- Resources have been mobilized by two NES NGO partners to procure critical supplies required for cholera treatment.
- Training of healthcare providers in NES NGO supported facilities continues on cholera case management.

Water Sanitation and Hygiene (WASH)

WASH Rapid Response:

- Mobile teams deployed by NES NGOs have investigated a total of 1,167 suspected cases in 206 communities and provided targeted assistance to 314 cases.
- In 9 IDP camps in Northeast Syria, WASH partners and camp management have reviewed preparedness checklists to help ensure appropriate cholera prevention measures are implemented.
- In Northwest Syria, during the last week, 11 rapid response teams conducted investigations in 15 communities and implemented chlorination and hygiene promotion activities. An interactive [dashboard](#) has also been established by WASH health cluster partners detailing AWD/cholera response activities.
- The Norwegian Refugee Council has distributed 5,755 hygiene kits in Homs, Hama, and Aleppo.

Access to Safe Water:

- UNICEF has distributed 683 tons of sodium hydrochloride to all governorates to support water disinfection at smaller water treatment facilities.
- WASH sector partners, including UNICEF and Action Against Hunger, continue to provide emergency water trucking to neighborhoods in Al-Hasakeh and Aleppo, delivering an average of 2,000 cubic meters of water per day. Within the same neighborhoods, Action Against Hunger has conducted full disinfection of 364 communal tanks and is in the process of procuring 1,200 cholera hygiene kits as part of planned RCCE interventions.
- Chlorination and water quality control activities for trucks entering Al-Hasakeh City continue through the support of an NES NGO partner. Chlorination activities are also maintained at 32 private truck filling points along the Euphrates River and connected canals.
- In partnership with the DoH, WHO and local partners continue to conduct awareness raising and distribution of aqua tabs in Deir-ez-Zor as part of a 1-month campaign, involving 132 participants and targeting more than a third of the population in the governorate.
- WHO has finalized plans for the delivery of chloring to both Latakia and Tartous DoH for distribution to health centers and hospitals to disinfect water tanks.
- UNICEF is in discussion with the Ministry of Water Resources to assess and support procurement of reagents and consumables for laboratories testing drinking water and water analysis at pumping and treatment stations.
- UNDP has completed the rehabilitation of a sewage network in Latakia (Wadi Alqalaa).
- A total of 1,600 samples from various water sources (main network, wells, tanks, ice factories), including environmental samples, have been collected by WHO to date and sent for testing at the central public health laboratory (CPHL) in Damascus.
- WHO continues to monitor key locations, including 11 IDP camps and sites, 38 collective shelters in Al-Hasakeh, 23 collective shelters in Tabqa, 19 boreholes, and 41 drinking stations in Deir-ez-Zor.

Risk Communications and Community Engagement (RCCE)

- UNICEF, civil society organizations (CSOs), and international organizations launched a joint cholera prevention campaign in Al-Aresah camp, engaging 1,662 people through 307 tent-to-tent visits and 10 dialogue sessions with influential leaders. A further 14,838 individuals were reached through 4,490 home visits in Al-Hasakeh.
- WHO has supported online training sessions and awareness raising activities with more than 670 community health workers, volunteers, media professionals, and UN staff to facilitate awareness raising campaigns targeting more than 600,000 individuals in vulnerable and high-risk communities (including Aleppo, Homs, and Hama governorates).
 - A further 2,130 individuals were reached in Deir-ez-Zor with cholera key messages. Support was also provided to 120 volunteers engaging in hygiene-awareness campaigns and social initiatives.
- NES NGOs have reached 33,700 individuals in IDP camps through cholera awareness raising sessions. This work was also supported by joint awareness sessions with UNHCR partners conducted by UNICEF, WHO, and UNHCR. Priority activities for the cholera RCCE response in Northeast Syria have also been identified and shared with all relevant partners.
- In Northwest Syria, cascade training for community health was initiated with 200 individuals trained in the last week. The cascade training is linked to a training of trainers (ToT) last week for 60 individuals, together with WASH, Education, and Nutrition clusters, with the aim of targeting 1,500 hygiene promoters, community mobilizers, camp managers, and community health workers. RCCE messages are also continually updated with feedback from other response pillars, including surveillance, WASH, and case management.
- Medair engaged with 25 community health workers in Deir-ez-Zor to awareness-raising activities with the aim of reaching 350,000 individuals.
- UNHCR is conducting capacity building training for all supported focal points, with the aim of training 2,801 outreach volunteers. UNHCR is also reviewing and approving community-led initiatives, including in Aleppo, Deir-ez-Zor, Al-Hasakeh, and Latakia.
- UNICEF and WHO continue to support the printing and distribution of information, education, and communication (IEC) materials, with more than 65,000 distributed over the last week to health partners, hospitals, EWARS teams, and NGOs to convey messages on AWD/cholera infection prevention and control and the importance of positive health behaviors.

Logistics, Equipment, and Supplies:

- Through WHO support, additional AWD/cholera kits (central and community module drug kits) are in the pipeline. Following clearance, 30 cholera kits, 550,000 oral rehydration salt sachets, and 450 RDT kits will be transported to Al-Hasakeh, Deir-ez-Zor and Ar-Raqqa. NES Health Partners and WHO are working closely to ensure these items reach CTCs in close proximity to areas with suspected and confirmed cases in Northeast Syria.
- UNICEF has procured 120 AWD drug kits (60 kits for the treatment of 6,000 moderate cases, 60 kits for approximately 6,000 severe cases), 60 AWD periphery kits containing non-pharmaceutical supplies for the treatment of severe cases, and 172 AWD community kits. The procured supplies are expected to arrive in the next week and will be distributed to Deir-ez-Zor, Ar-Raqqa, Al-Hasakeh, Latakia, Sweida, Darra, Quinetra, and Tartous.
- In Northwest Syria, WHO has started to mobilize supplies to newly established CTCs/CTUs, sufficient to treat 1,000 patients. Delivery of a second shipment of kits from

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WHO (capacity for 1,000 patients) and UNICEF (capacity for 2,500 patients) is also in the pipeline.

- Health sector partners are working together to identify essential cholera treatment medicines and supplies for local procurement.
- Several NES NGO partners are finalizing the procurement of critical response supplies and expect to be operational within the next week.
- IMC is in the process of procuring 1,000 cholera prevention kits, which include soap, detergent, and aqua tabs.

Coordination and Partnership:

- Close coordination with partners continues across all response locations and under the WoS approach. Following the release of the AWD/Cholera Response Plan, partners are working to identify gaps, needs, and areas for prioritizing response activities. Work is also underway to drive forward joint monitoring activities under the M&E framework outlined in the Response Plan.

Challenges / Gaps

- Severe funding gaps in the health sector that have led to reduced availability of basic life-saving health services. Funding challenges extend to the AWD/cholera response and limits the ability of Health, WASH, and RCCE partners to scale-up activities and ensure adequate pipelines of critical medicines and supplies.
- Limited existing capacity within the health system to care for and treat AWD/cholera cases with low knowledge and skill levels among health workers and only 54% of primary healthcare centres and 58% of hospitals functional as of June 2022.
- Limited availability of laboratory capacity to culture tests.
- Limited global supply of oral cholera vaccines due to multiple ongoing outbreaks, potentially limiting the number of doses and supplies available to Syria.
- Access to safe water remains challenging, leading to the use of infected (untreated) drinking water from the Euphrates River². In the Northeast, the pumping from Alouk water station has been interrupted since 11 August contributing to critical shortages in Al-Hasakeh governorate and surrounding areas, affecting over 900,000 people including people in IDP camps. This has led to alarming over extraction of groundwater in Shamouka to fill water tanks that serve almost half a million people in and around Al-Hasakeh City. In Northwest Syria, water pumping from Ein Al Beyda has not been available since 2017, forcing 185,000 people to rely on unsafe water sources.
- Limited availability of electricity, creating bottlenecks for water production and distribution.
- At least 70 percent of sewage is untreated/unsafely disposed of, and at least half of the sewage systems are not functional.
- Lack of expertise and knowledge within the WASH sector on cholera preparedness, prevention, and response.
- Low community awareness of cholera prevention measures.
- Shortages in cholera supplies, including medicines and WASH supplies, as well as challenges with importation, local procurement, and rapid dispatch.

Key Priorities:

² Wastewater from communities located along the Euphrates River bank is released directly and untreated into the Euphrates, which is the sole source of fresh water for Deir-ez-Zor and Ar-Raqqa.

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- Scale-up efforts to expand the response to the most affected governorates: Deir-ez-Zor, Ar-Raqqa, Aleppo, and Al-Hasakeh.
- Continue increasing cholera treatment capacity against all response locations, including mapping of CTC/CTU and rehydration capacity and understanding how partner capacities can be augmented or leveraged to address critical gaps.
- Continue to enhance support for surveillance activities across all response locations, including using innovative approaches for augmenting existing surveillance systems to target areas with limited visibility and capacity.
- Continue review of gaps and needs across partners under the AWD/Cholera Response Plan and engage other health sector partners and sectors to help address identified gaps.
- Adapt RCCE messages to address challenges around misinformation and stigmatization of cholera, and to support gender-based adaptation of case management activities to better accommodate the cultural needs of patients.
- Increase resource mobilization efforts to fund the response plan
- Continue to improve information sharing across response locations, including relevant information on newly suspected and confirmed cases, to accelerate response activities
- Continue discussions and planning on the possible use of oral cholera vaccination (OCV) in targeted settings.
- Ensure efficient and effective multi-sectoral coordination across all areas and levels of the response.

Funding:

- A total of USD 35.2 million is required under the AWD/Cholera Response Plan for an initial period of 3 months.

For inquiries please contact:

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