

WHOLE OF SYRIA

CHOLERA OUTBREAK SITUATION REPORT NO.4

Issued 23 October 2022

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, of which 12 have reported cases that were positive by rapid diagnostic tests and culture.

Between 25 August and 15 October, 20,014 suspected cases have been reported, including 75 associated deaths to date at a case fatality rate of 0.37%.

Of the 2,045 samples tested with rapid diagnostic tests, 989 have tested positive. To date, 644 stool samples have been cultured, of which 334 have tested positive for *Vibrio Cholera*. The overall proportion of positive cases is 51.8%.

The most affected governorates to date are:

- Deir-ez-Zor (10,960 cases, 55%)
- Ar-Raqqa (4,519 cases, 23%)
- Aleppo (3,091 cases, 15.4%)
- Al-Hasakeh (1,017 cases, 5%)

Approximately 65 suspected cases have been reported from IDP camps and sites to date.

Suspected Cases

20,014

Positive Cases

989

Cholera Deaths

75

Case Fatality (CFR)

0.37%

Overall Attack Rate

0.10%

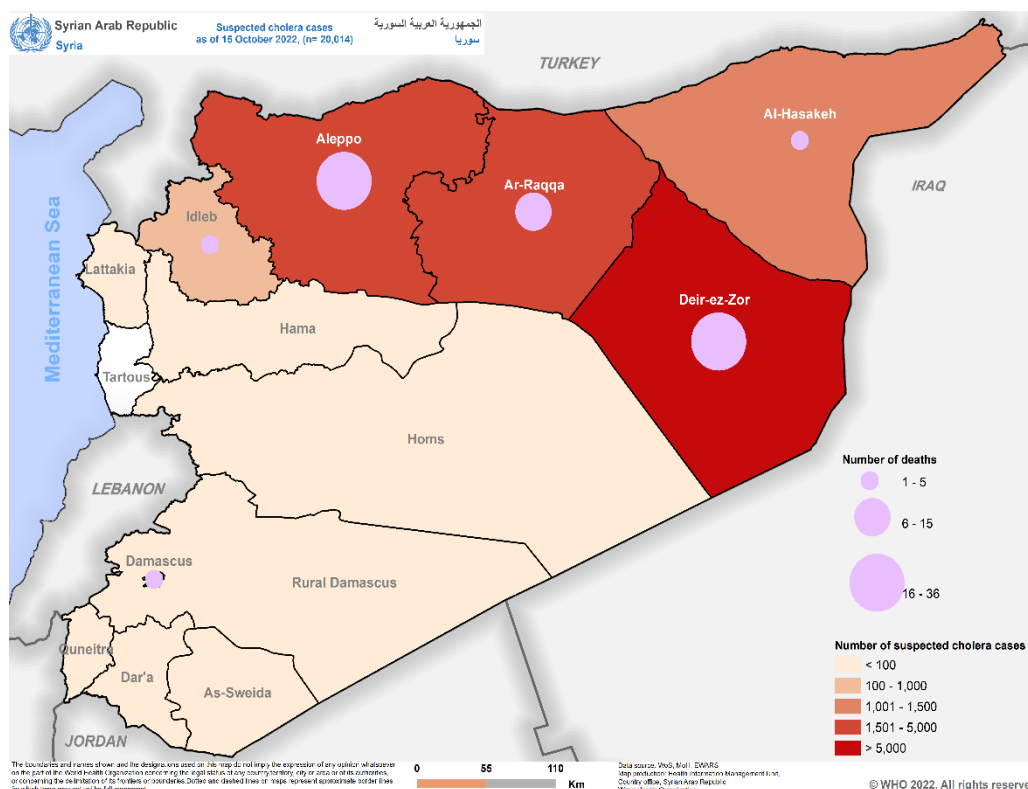
Affected Governorates

14

Grade

2

Figure 1 Distribution of suspected and confirmed cholera cases as of 15 October 2022



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Epidemiological Data:

Table 1: Epidemiological data, as of 15 October 2022

| Governorate | Suspected Cases (AWD) | Population | Attack Rate (%) | RDTs | Positive RDTs | Culture + Tests | Attributed Deaths | CFR% |
|-----------------------|-----------------------|-------------------|-----------------|--------------|---------------|-----------------|-------------------|--------------|
| Deir Ez-Zor | 10,960 | 779,283 | 1.41 | 525 | 258 | 92 | 25 | 0.2% |
| Raqqa | 4,519 | 767,956 | 0.59 | 219 | 45 | 69 | 7 | 0.2% |
| Aleppo | 3,091 | 4,170,829 | 0.07 | 613 | 532 | 106 | 36 | 1.2% |
| Hassakah | 1,017 | 1,160,335 | 0.09 | 283 | 82 | 21 | 5 | 0.5% |
| Idleb | 158 | 2,826,875 | 0.01 | 87 | 3 | 40 | 1 | 0.6% |
| Lattakia | 60 | 1,274,118 | 0.00 | 39 | 23 | 0 | 0 | 0.0% |
| Damascus | 53 | 1,829,796 | 0.00 | 50 | 10 | 0 | 1 | 1.9% |
| Hama | 48 | 1,344,853 | 0.00 | 48 | 8 | 2 | 0 | 0.0% |
| Swida | 49 | 380,118 | 0.01 | 49 | 17 | 0 | 0 | 0.0% |
| Rural Damascus | 22 | 3,032,345 | 0.00 | 22 | 0 | 0 | 0 | 0.0% |
| Homs | 20 | 1,520,284 | 0.00 | 20 | 7 | 1 | 0 | 0.0% |
| Daraa | 11 | 1,037,690 | 0.00 | 11 | 3 | 0 | 0 | 0.0% |
| Qunitera | 6 | 113,254 | 0.01 | 6 | 1 | 0 | 0 | 0.0% |
| Tartous | 2 | 943,399 | 0.00 | 0 | 0 | 0 | 0 | 0 |
| Total | 20,014 | 21,181,134 | 0.10 | 1,972 | 989 | 334 | 75 | 0.37% |

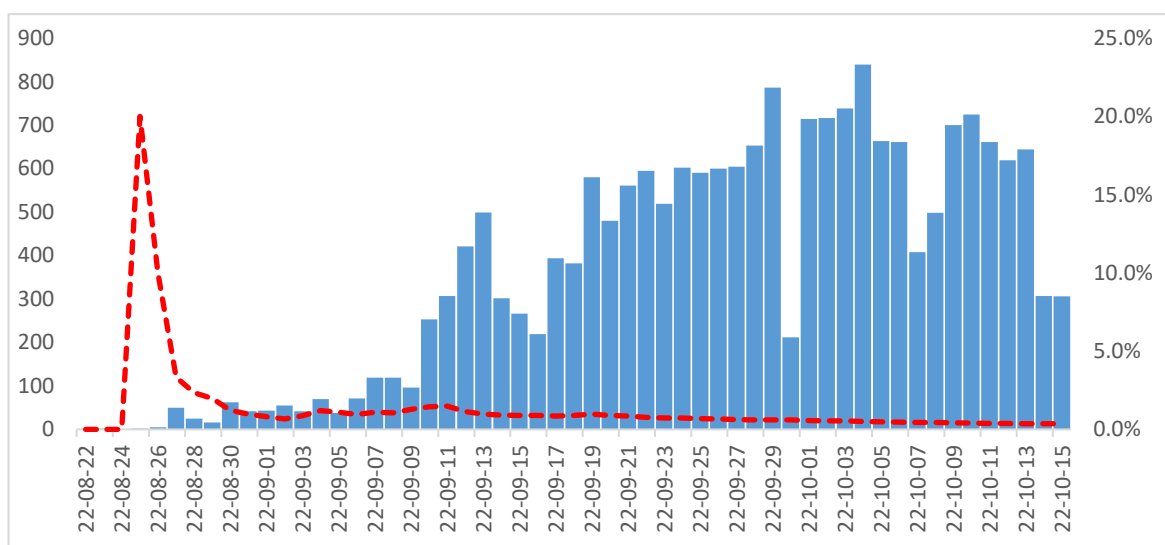


Figure 1: Distribution of suspected cholera cases by date of onset, as of 15 October 2022

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Figure 3: Distribution of suspected cholera cases by epidemiological week and most affected governorate, as of 15 October 2022

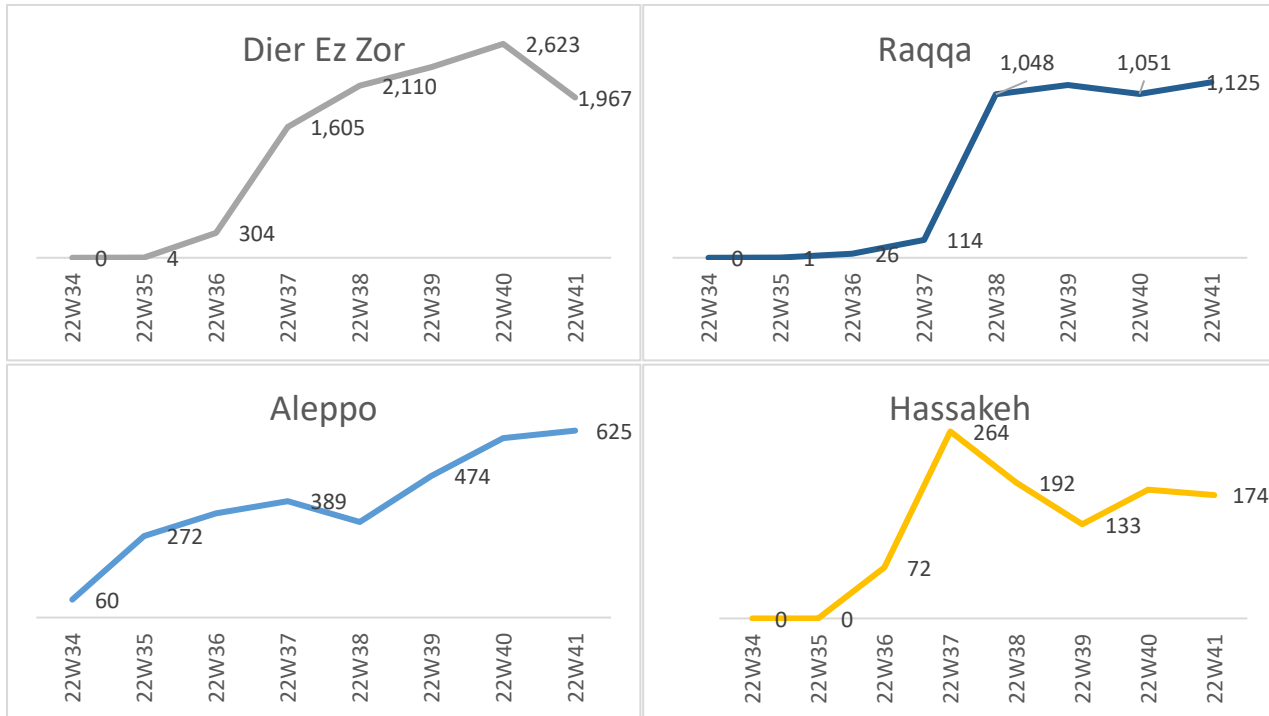
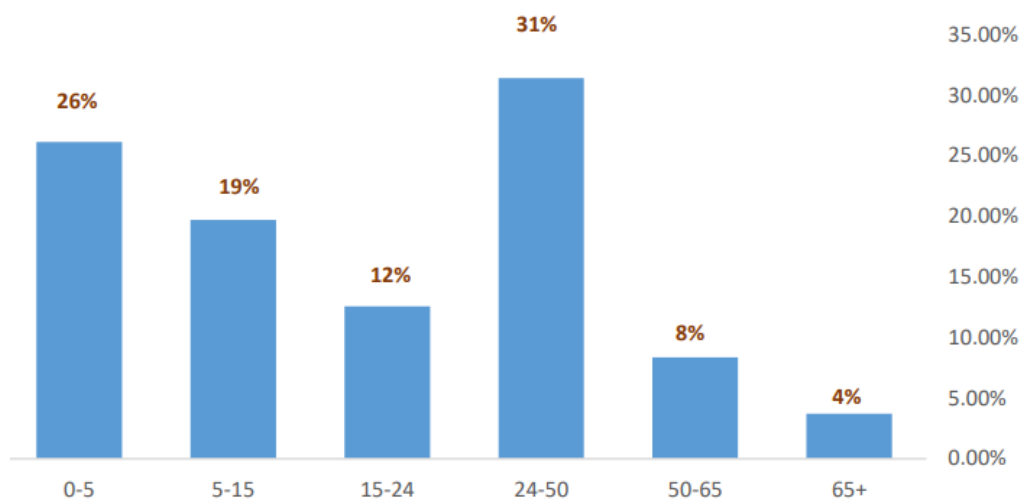


Figure 4: Distribution of suspected and confirmed cholera cases by age group, as of 15 October 2022



Cholera Outbreak Response

Health

Surveillance and Laboratory

- Integrated epidemiological analysis and the distribution of cases at the community level continue to be shared by WHO with partners in the respective response locations to help drive rapid response activities in response to suspected and confirmed cases.

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- WHO, in coordination with the Ministries of Health (MoH) and Education (MoE) conducted 'training-of-trainers' (ToT) for 30 health workers to build capacities of MoE health workers for early detection, reporting of and response to AWD cases among school-going children. 13 further training are expected to be held over the course of October in 13 other governorates.
- 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 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.
- In coordination with WHO, 13 doctors from UNICEF-supported local NGOs in Lattakia took part in training on the Early Warning Alert and Response System (EWARS). All SARC-supported and managed health facilities are reporting AWD cases through EWARS.
- WHO sent 15 laboratory-positive samples to reference laboratories for genetic sequencing of Vibrio Cholera. 8 water sample results from Deir-ez-Zor were negative while a further 10 were sent to CPHL for testing.
- WHO supplied RRTs in all governorates with 3,000 rapid diagnostic tests and is expecting the arrival of a new shipment of 4,000 tests this week.

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 expected to be operational soon. A total of 96 rehydration points have also been established at various public primary healthcare centers in 13 governorates.
- WHO received one million oral rehydration sachets that will be distributed to MoH-designated oral rehydration points, and a further shipment of 60 tons of cholera kits and supplies is expected to arrive in the country this week.
- WHO also provided 100,000 ORS sachets and PPEs to SARC health centers to support rehydration treatment for mild and moderate cases. 8 ORPs in Deir-ez-Zor have been supplied with 39,000 ORS sachets and PPEs.
- In Northwest Syria, three cholera treatment centers (CTC) supported by IDA in Jarablus, Afrin, and A'zaz are ready to receive patients, with a total bed capacity of 65. One cholera treatment unit (CTU) is ready to receive patients in Darkoush by MSF-B, with a capacity of 20 beds.
- 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), and SEMA in Idlib.
- NES NGO partners continue to support cholera case management at primary healthcare centers and hospitals across Northeast Syria.
 - NES NGO partners are supporting eight cholera treatment units including six in Deir-ez-Zor, one in Ar-Raqqa, and one in Al-Hasakeh. Four additional CTUs are planned in Tabqa, Ain-al-Arab (Kobane), Washokani camp, and Sawa in Deir-ez-Zor in the coming days.
 - One NGO partner has procured medical supplies for cholera treatment which will shortly be moved to CTUs in Deir-ez-Zor to replenish the limited stock.
 - Training of healthcare providers in NES NGO-supported facilities continues on cholera case management.
- SARC conducted training on cholera management for medical staff in SARC-supported health facilities and plans are in motion to cascade training at various branches of management.

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Water Sanitation and Hygiene (WASH)

WASH Rapid Response:

- WHO provided SARC with one million chlorine tablets to be distributed in Deir-ez-Zor for chlorination in the Al-Mayadin district, which has reported high case numbers, and NES NGO partners with 1.8 million Aquatabs.
- Mobile teams deployed by NES NGOs have investigated a total of 2,284 suspected cases in 259 communities and provided targeted assistance to 458 cases.
- In Northwest Syria, during the last week, rapid response teams conducted 4,124 monitoring visits in 135 communities and 291 camps, implementing chlorination and hygiene promotion activities. An interactive dashboard has been established by WASH health cluster partners detailing AWD/cholera response activities.

Access to Safe Water:

- WHO continues to monitor key locations, including 11 IDP camps and sites, 14 collective shelters in Al-Hasakeh, 23 collective shelters in Tabqa, 30 boreholes, and 16 drinking stations in Eastern Deir-ez-Zor.
- More than 400 metric tons of sodium hydrochloride were distributed to disinfect water units in Damascus, Rural Damascus, Lattakia, Tartus, Homs, Hama, Deir-ez-Zor and Aleppo by UNICEF.
- In Northeast Syria, chlorination and water quality control in Al-Hasakeh is ongoing at the rate of approximately 850 trucks per day. Chlorination activities are also continuing through 32 private trucking filling points moving water from the Euphrates River and connected canals.
- Action Against Hunger continues to provide emergency water trucking to neighborhoods in Al-Hasakeh and Aleppo, servicing 72,000 people. 364 communal water tanks have been disinfected. 2,1000 community cholera kits in Al-Hasakeh and 640 kits in Aleppo have been procured and will be distributed on 23 October alongside planned RCCE activities.
- UNICEF conducted a three-day training on water safety plans for 20 national staff from three established water points including Dara, Quneitra, and Sweida. 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.

WASH and IPC in CTC/UTC

- An evaluation form for cholera treatment centers has been developed by UNICEF and circulated for review by IMST members before submission to the MoH.
- In Northwest Syria, WASH cluster field facilitators continue to assess planned sites and facilities for CTCs and CTUs in coordination with WHO and the health directorate. To date, 10 CTCs and CTUs have been assessed.

Hygiene promotion and kits/supply distribution

- In terms of hygiene promotion campaigns, UNICEF through its partnership with GOPA targeted 4,500 children at schools in Tartus, Quneitra, Dara, Sweida, Aleppo, Ar-Raqqa, and Rural Damascus. So far, UNICEF has delivered 15,000 water disinfection tablets and 4,980 soap bars to the MoE. In addition, hygiene promotion campaigns continue to benefit 1,500 children in high-risk communities in Aleppo and Ar-Raqqa. Through UNICEF's partnership with SARC, awareness sessions were conducted in 16 schools in Aleppo benefitting an estimated 1,300 children.
- Oxfam has distributed 3,221 hygiene kits in Aleppo. In Eastern Deir-ez-Zor, Oxfam has conducted 58 AWD/cholera awareness-raising sessions covering 856 households, in addition to the disinfection of five ground tanks and installation of another five tanks in Aleppo.
- 12 WHO teams were mobilized in Deir-ez-Zor for awareness-raising last week where Aquatabs were distributed to an estimated 6,000 households.

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Risk Communications and Community Engagement (RCCE)

- UNICEF, WHO, and other partners have reached almost 500,000 individuals country-wide with RCCE inclusive of hygiene promoters, community mobilizers, health workers, and camp managers. A further 2,130 individuals were reached in Deir-ez-Zor with cholera key messages.
- UNICEF continued to build on its RCCE outreach in Aleppo, Deir-ez-Zor, Al-Hasakeh, Ar-Raqqa, Homs, Latakia, and Dar'a where 132,000 people were reached through community dialogue – 71,000 of which were children – and 9,953 door-door-visits reached 29,701 people with key messaging on cholera prevention.
- In coordination with WHO, UNICEF trained seven focal points from three NGOs in Tartous who then cascaded the knowledge gained to 77 health workers in UNICEF-backed health facilities.
- On 23 October 2022 in Latakia, a joint WHO-UNICEF awareness campaign will kick off, engaging 18 volunteers from SFPA and Al-Zahraa NGOs.
- UNICEF, civil society organizations (CSOs), and international organizations launched a joint cholera prevention campaign in the 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.
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- WHO continues to step up its capacity-building activities and community engagement in Aleppo, NES, Deir-ez-Zor, Latakia, Tartous, Homs, and Hama governorates:
 - Over 26,000 people reached through door-to-door campaigns and community dialogue;
 - 480 people benefitted from awareness-raising and focus group discussions;
 - 222 EWARS assistants benefitted from on-the-job activities; and
 - 94 health workers and community workers benefitted from four RCCE capacity-building sessions on cholera.
- In Northwest Syria, cascade training for community health continues with 702 individuals trained in the last week, aiming for a total of 5,000. To date, 56,961 beneficiaries in 11,879 households have been reached with cholera prevention awareness messaging and 4,089 individuals have benefitted from 2,779 individual awareness sessions. Through these, 146 new suspected cases were identified and 22 cases were referred to CTCs.
- International Medical Corps provided health education sessions on the prevention and treatment of cholera to 870 beneficiaries visiting their facilities.
- Action Against Hunger trained 106 CHWs across Aleppo, Al-Hasakeh, and Al-Qamishli on targeted messaging for cholera prevention and home visits.
- UNHCR is conducting capacity-building training for all supported focal points, most recently conducting a joint awareness session with SSD on cholera prevention for 20 community health workers (CHWs) at Suran Community Centre. With UNHCR support, Nama'a CHWs reached 118 people with health awareness in Aleppo.
- 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 and continue to be mobilized from warehouses to newly set-up units.
- UNICEF has procured 352 AWD drug kits (120 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, and Darra.
- In Northwest Syria, WHO has started to mobilize supplies to newly established CTCs/CTUs, sufficient to treat 1,000 patients. Delivery of the second shipment of kits from WHO (capacity for 1,000 patients) and UNICEF (capacity for 2,500 patients) is also in the pipeline.

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- Health sector partners have locally procured supplies for 2000 patients and are awaiting the arrival of more that will be sufficient to treat between 7,000 and 10,000 patients.
- Several NES NGO partners are finalizing the procurement of critical response supplies and expect to be operational within the next week.

Leadership and Coordination

- Close coordination with partners continues across all response locations and under the WoS approach. Following the release of the joint 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.
- Weekly joint health and WASH calls continue and bring three different response offices together to share information, discuss challenges, and coordinate response efforts.
- IMS coordination systems in Damascus & GZT; Cholera task force in GZT and NES; all working closely with WoS Coordination Cell
- Weekly WoS Strips on AWD/Cholera, WHO Syria, and GZT also produce weekly situation reports. These are all shared with partners regularly.
- The NES Forum Inter-Sector Working Group continues to host regular meetings of the NES Cholera Task Force with the Health Working Group, WASH Working Group, and NES NGOs
- Bi-weekly donors briefing also continue to provide donors with the latest response updates, and key challenges and contribute to advocacy and resources mobilization efforts

Challenges / Gaps

- Severe funding gaps in the health sector continue to impact the availability of basic life-saving health services. Funding challenges extend to the AWD/cholera response and limit 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
- 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 River¹. In the Northeast, the Alouk water station has been non-functional for the past two months contributing to critical shortages in the Al-Hasakeh governorate and surrounding areas, affecting over 900,000 people including people in IDP camps. This has led to the 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, broken sewer networks pose major risks thus the establishment of new sewage treatment plants is urgently required.
- In Northwest Syria, armed conflict in northern Aleppo has resulted in interference with patient referral and health staff movement, detained laboratory staff, and prevention of transfer of supplies and functioning of CTCs in Al-Bab and Afrin districts.

Key Priorities

- 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.

¹ 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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- 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.
- In Northwest Syria, support existing facilities and the establishment of new in/out-patient cholera treatment facilities where the current needs are high: Jarablus, Ghandourah, Afrin, and Ad-Dana (areas of high caseload and propagation risk).
- At camp/IDP sites, focus on establishing CTC/Us, improved water quality control and sanitation interventions, stronger referral systems, and enhanced risk communication and community engagement.
- Advocate for increased resource mobilization to adequately fund the response plan.
- Continue building on preparation for preventive and reactive oral cholera vaccination (OCV) campaigns 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.

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