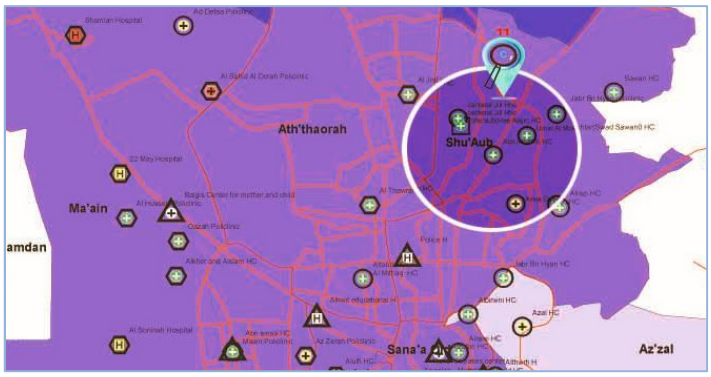
Situation Report
Cholera, Yemen
(10 October 2016)

Situation Overview

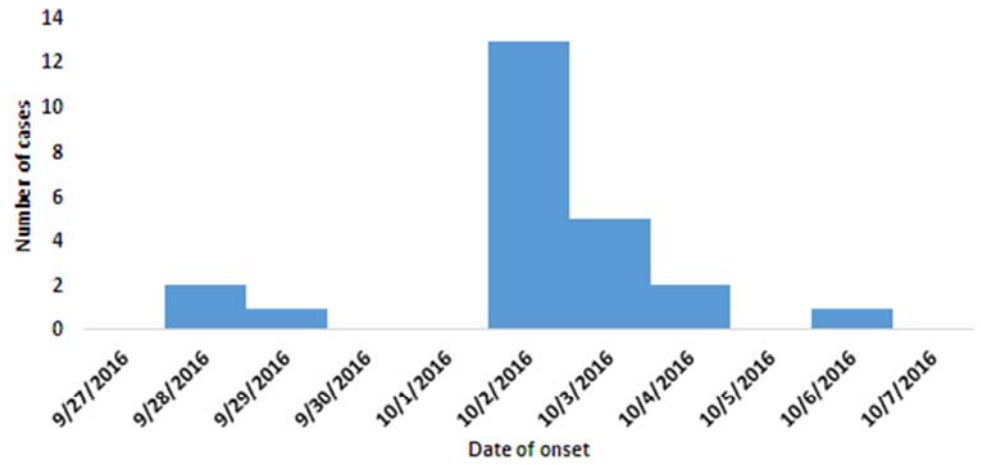
On 6 October, Yemen's Ministry of Public Health and Population (MOPHP) officially announced the occurrence of cholera cases among populations in Sana'a city. The stool samples of these cases were tested positive for *Vibrio cholerae*, and the cases were admitted to Al-Sabeen Hospital in Sana'a during the first week of October. Patients are currently receiving treatment for acute dehydration in an isolated section of the hospital. No deaths have been reported so far. A total of 24 suspected cases of cholera have been reported so far (Fig. 1).



Health authorities were alerted when 24 acute watery diarrhoea cases were reported from Al-Naser area in Shaob district during the period from 28 September to 6 October. The Ministry of Public Health and Population and WHO took immediate actions to assess the situation and coordinate response actions. Stool samples were collected for all cases and several (including one pregnant female) were confirmed with *Vibro Cholerae* during this laboratory investigation. All of the suspected cases (of which 62% are female) were residents of the same house. The most affected age groups are under 5 years (29%) and 5-19 years old (25%). In addition, water samples were also taken from the affected house and in the vicinity and investigations proved negative. Health and WASH partners are investigating water and sanitation in the area and undertaking urgent measures to chlorinate water and improve hygiene. Ministry-WHO teams are on high alert and country-wide alerts issued regarding acute watery diarrhoea for any possible cholera case detection.

From 1 to 7 October, 49 patients with acute watery diarrhoea were reported in Taiz and 20 cases in Al-Hudaydah governorates. The investigation results for *Vibrio cholerae* in both governorates were negative. In Aden, two reported cases are pending laboratory confirmation.

Figure1: Epi curve of suspected cholera cases by date of onset, Al Nassr zone, Shawb district, Sana'a city, October2016 (n=24)

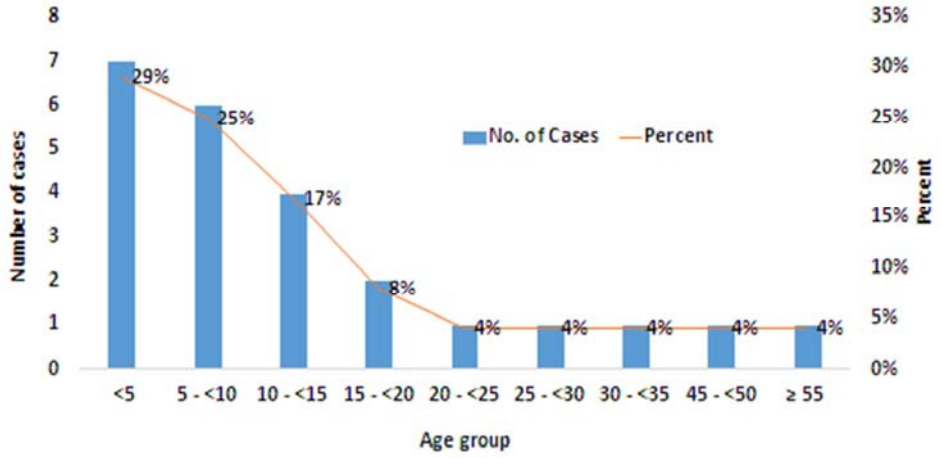


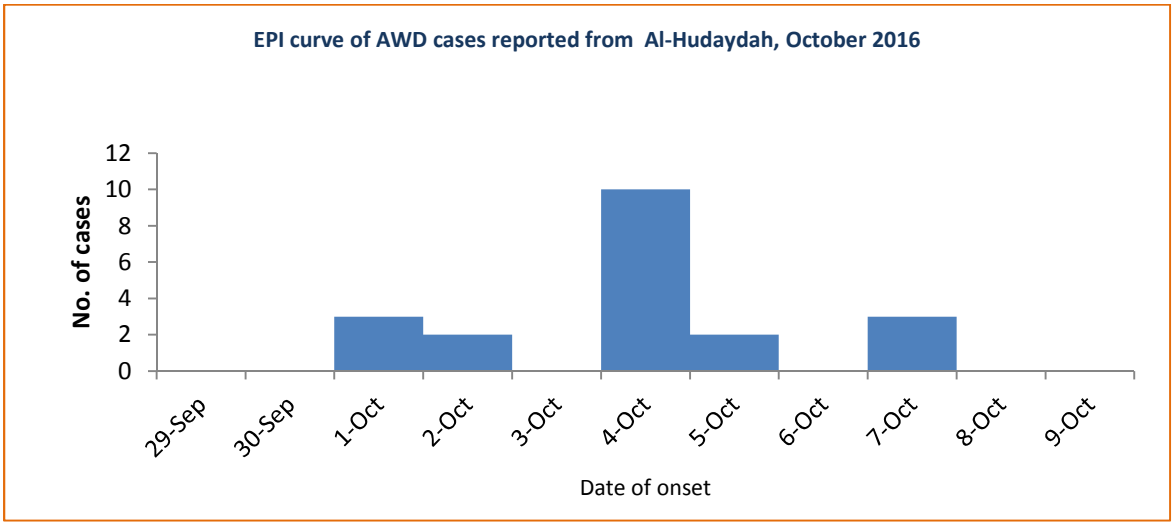
Response

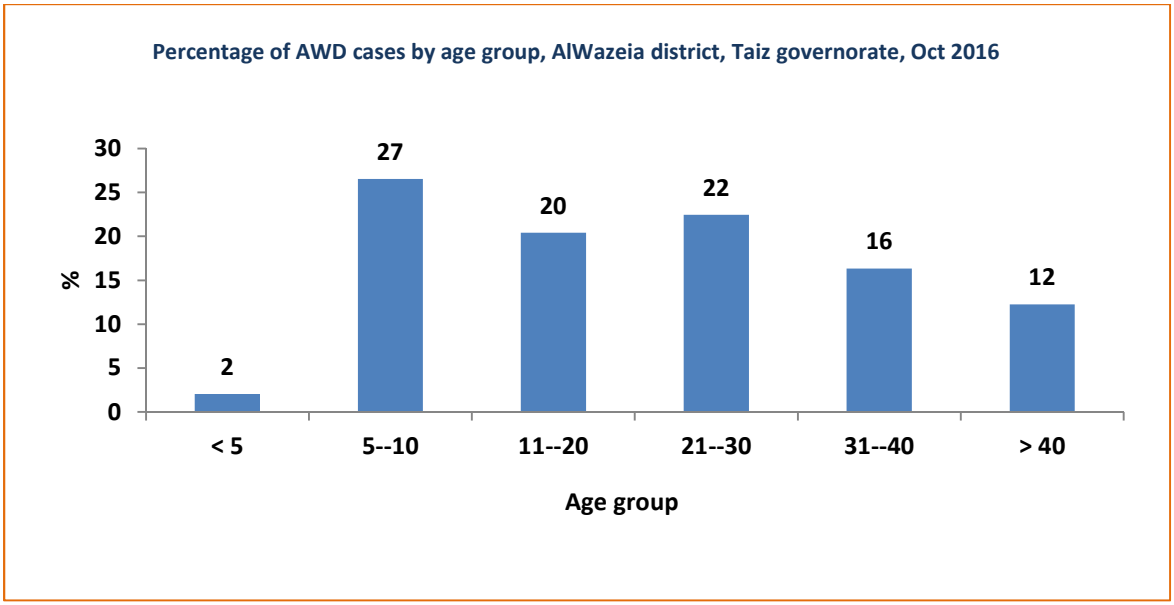
- WHO immediately provided the Al-Sabeen Hospital with intravenous ringer lactate solutions for 1000 cases and has pre-positioned 10 diarrheal diseases kits in Sana'a warehouse to meet any sudden spike in cases. These kits are sufficient for 7000 patients.
- WHO provided 100 000 chlorine tablets on the first day of the outbreak, and a second shipment of 600 000 chlorine tablets. These tablets are sufficient for 23 000 households for one month (with average of 7-member family size).
- Essential supplies and medicines have been provided for rapid response teams (doxycycline caps, erythromycin table and syrup, paracetamol and zinc tablets), hygiene kits (alcohol base rub for hand washing) and gloves.
- WHO has moved supply reserves (10 diarrhoeal disease kits and chlorine tablets) from Al-Hudaydah warehouse to Sana'a to meet contingency needs.
- The national surveillance system being supported by WHO, including public health laboratory, verification and response team activities.
- WHO's cholera action plan has been activated, along with case-based surveillance to identify the index case.
- A joint HEALTH/WASH taskforce have been established to coordinate daily response work and develop a joint inter-cluster rapid response plan.
- The Health Communication Working Group consisting of WHO, UNICEF, the Ministry of Public Health and Population, Health and WASH cluster partners is working to distribute public health messages among at-risk communities.

MOPHP-WHO teams responding to cholera outbreak in surveillance and response functions- Photo Credit: WHO-MOHPHP Staff

Figure 2: Distribution of suspected cholera cases by gender, Al Nassr zone, Shawb district, Sana'a city, October 2016 (n=24)







Challenges

- Securing clean drinking-water and proper sanitation is the key step to curtail the cholera outbreak. Intersectoral and intercluster coordination should be sustained.

- Beside provision of supplies and supporting surveillance and response system, training of health workers and raising awareness of the population are important for case management, early detection and outbreak control and prevention.

- The health sector is facing serious funding constraints with only 34% received under the Yemen Humanitarian Response Plan, 2016 at present, last quarter of the year. This underfunding is especially serious as it limits the capacity of health partners to support severely underfunded health authorities (Ministry of Public Health and Population).

FOR FURTHER INFORMATION:

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