

# YEMEN: Acute watery diarrhoea/cholera outbreak Situation Report #2

9 - 14 May 2017



This is a joint report developed by Health Cluster and WASH Cluster  
Source of data is Ministry of Public Health and Population and Ministry of Water Resources

## Situation overview

- The number of acute watery diarrhoea (AWD)/suspected cholera cases has increased dramatically and the outbreak expanded to 18 out of 22 governorates.
- Sana'a City is the most affected area, with more than 4000 suspected cholera cases. Cases have been reported across all districts and neighborhoods.
- From 27 April to 14 May 2017, a total of 11,046 suspected cholera/AWD cases were reported from 18 governorates, including Sana'a (13%), Amanat Al-Asimah (38%), Amran (9%), Dhamar (4%), Al-Mahweet (5%), Ibb (6%), Al-Dhale'a (3%), Hajjah (9%), Al-Hudaydah (1%), Taiz (3%), Abyan (2%), Raymah (1%), Aden (1%) Sa'adah (1%) and Al-Bayda (4%) governorates.
- Out of the total reported cases, 124 deaths were reported.
- A total of 208 cholera cases have been confirmed by laboratory testing.



More than 4000 suspected cholera cases have only been reported in Sana'a City. Photo: WHO/ S. Al-Wesabi

**11,046**

Suspected cases

**208**

Confirmed cases

**124**

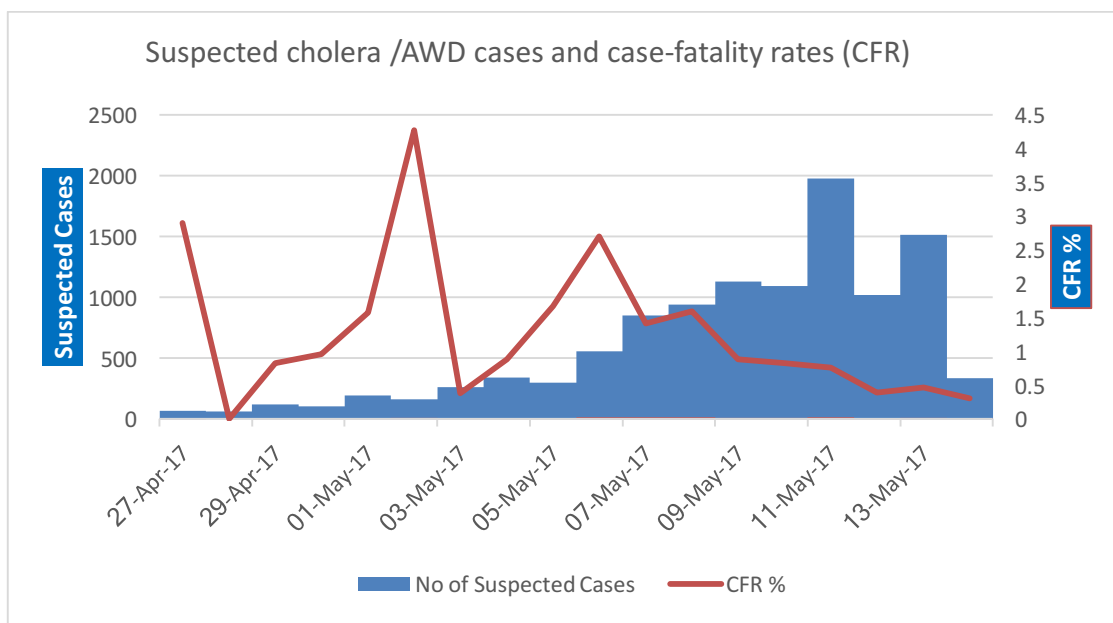
Deaths

**18**

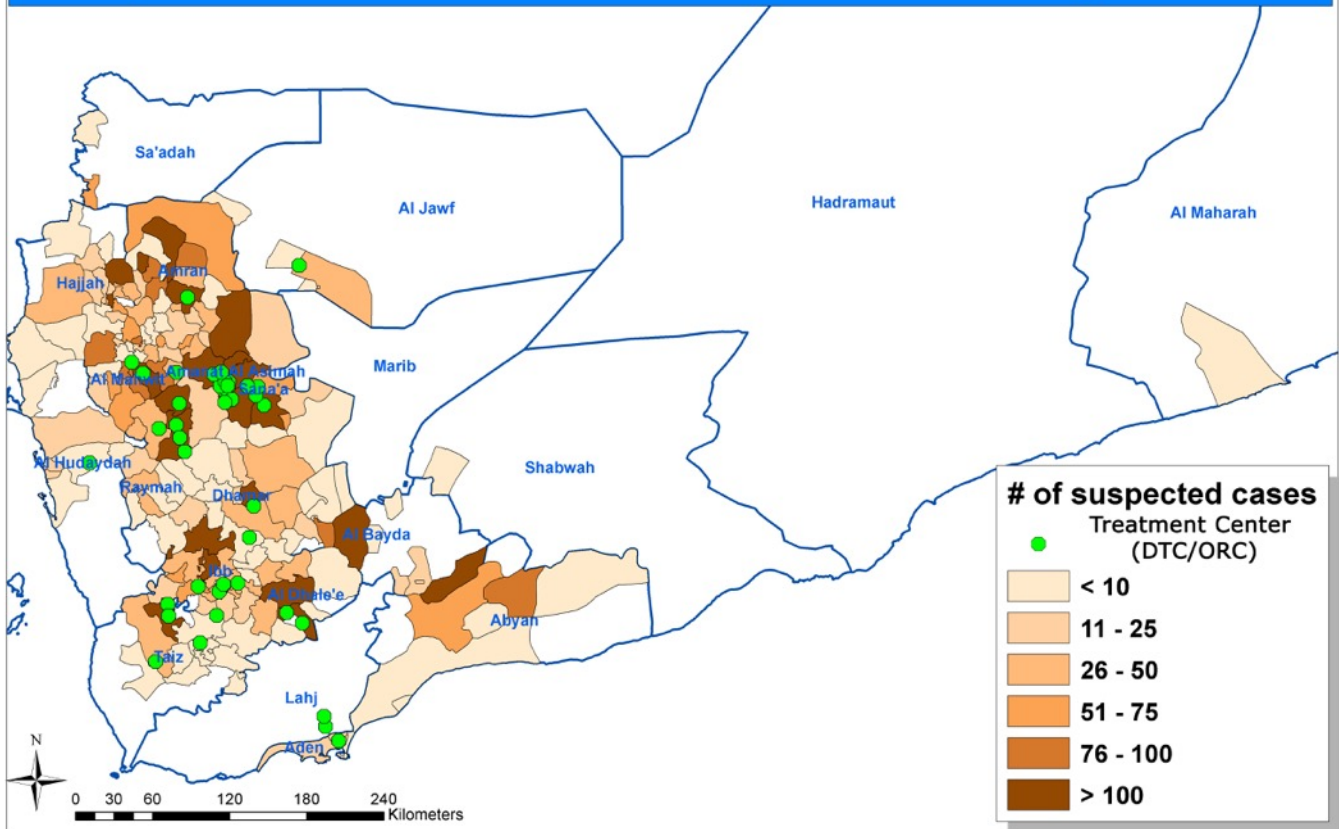
Governorates

**1.1%**

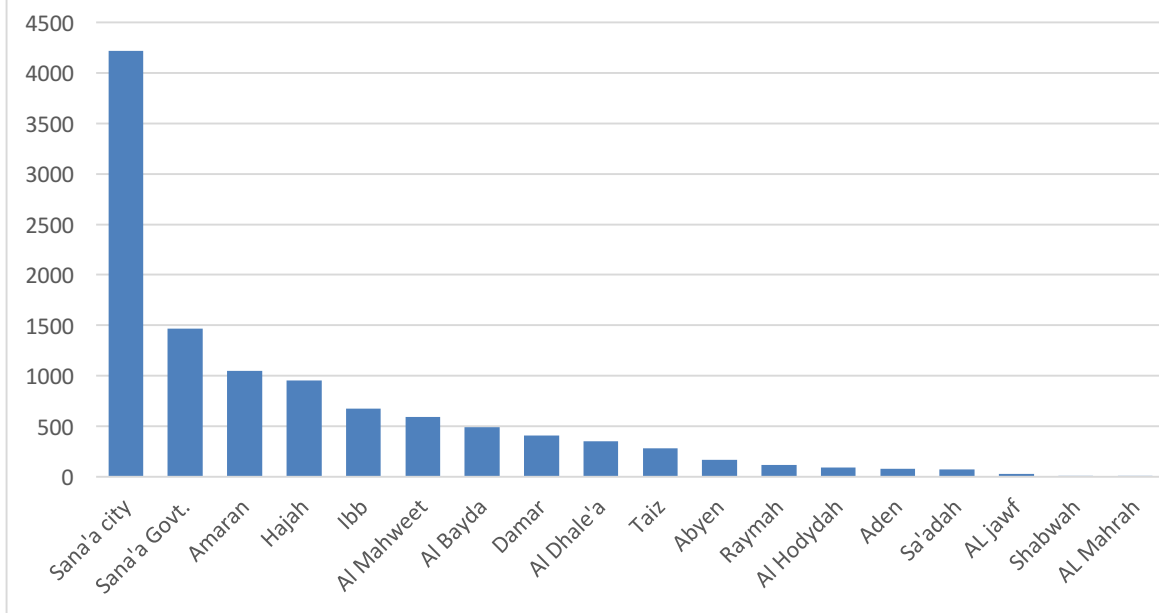
Case fatality rate

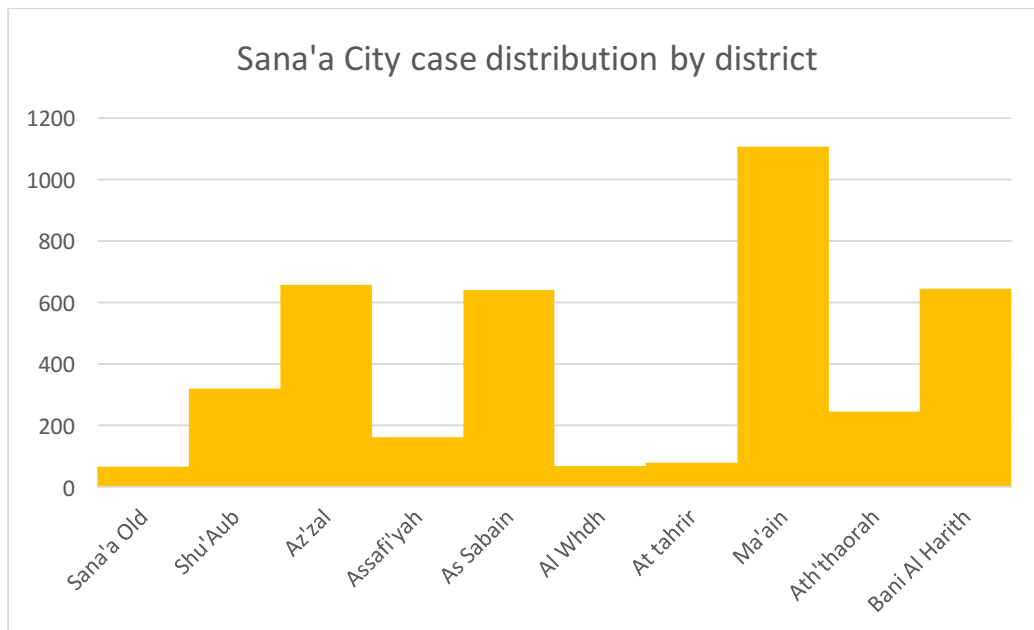


# Suspected Cholera Cases Distribution by District



Distribution of suspected cholera cases per governorate





**Distribution of suspected cholera cases, confirmed cases and death by Governorates**

No	Governorate	Suspected AWD/Cholera cases	Confirmed Cases (by Culture Test)	Deaths
1	Sana'a city	4220	118	17
2	Sana'a Govt.	1465	33	26
3	Amaran	1048	11	13
4	Hajjah	955	8	18
5	Ibb	677	6	19
6	Al Mahweet	592	4	14
7	Al Bayda	492	1	2
8	Dhamar	407	21	8
9	Al Dhale'a	353	3	3
10	Taiz	280	3	0
11	Abyen	168	0	1
12	Raymah	114	1	1
13	Al Hodydah	89	0	0
14	Aden	80	2	2
15	Sa'adah	73	0	0
16	Al jawf	30	2	0
17	Shabwah	2	0	0
18	Al Mahrah	1	0	0
	<b>Total</b>	<b>11046</b>	<b>208</b>	<b>124</b>

## Coordination

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- Health and WASH Clusters conducted the first joint meeting for partners on Sunday 14 May to discuss the joint response to the outbreak. Main action point was that all health and WASH partners to reprogram their available resources to respond according the response strategy and technical guidelines.

## Health Cluster response

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- WHO has supported the establishment of 10 oral rehydration therapy corners to treat mild and moderate diarrhoea cases.
- UNICEF has distributed nine diarrhoea disease kits (DDKs) and procured 50 additional kits. The organization also supports Al-Sabeen Diarrhoea Treatment Centre (DTC) in Sana'a with supplies and operational costs.
- From 8 to 13 May, WHO provided more than 30 000 bottles of intravenous (IV) fluids for health facilities in Sana'a, Amanat Al-Aismah, Al-Hudaydah and Ibb governorates. Five DDK kits, six cholera kits and more than 90 cholera beds were also provided in the above-mentioned governorates.
- Human Appeal (HA) carried out a rapid needs assessment of health facilities in Sana'a after the recent cholera outbreak. As a result, HA reallocated emergency healthcare funding to Sana'a to support Health Cluster efforts. Seventy-five beds with mattresses covered in plastic were delivered to cholera centers in Sana'a city (in Al-Sabeen hospital, Al-Jumhori hospital, Azal health center, 25 beds each).
- Medical disposables were also provided by the Human Appeal. Further assistance including beds, medical disposables and medical equipment will follow.
- Medical teams have urgently requested medical disposables, fuel, generator maintenance and cleaning materials. Incentives for cleaners, nurses and other health workers are also an urgent requirement as salaries have not been paid to medical staff for over six months.



## WASH Cluster response

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- WASH Cluster partners continue to respond in 14 affected governorates. In the five most affected governorates, the response continues to scale up.
- In Amanat Al-Asimah, training of chlorinators was completed and chlorination of water sources has been scaled up to reach 260 public wells in hot spot districts. Private water tankers are also being

chlorinated in the most affected districts in the city. Discussions are ongoing with the aim of improving solid waste collection and sewage treatment. Chlorination of household water storage tanks and distribution of water purification tablets is being scaled up in affected districts in Sana'a governorate. WASH supplies are being provided to diarrhoea treatment centres and Oral Rehydration Corners (ORC)s for discharged patients. In Amran, the Khamer city water network has been chlorinated and soap distributed alongside hygiene promotion messages.

- In Hajjah, partners are chlorinating water sources and private water trucks in affected locations. In addition, soap and water purification tablets are being distributed to affected neighborhoods, accompanied with cholera awareness and hygiene promotion messages.
- In Ibb, the public water network of the city has been chlorinated and free residual chlorine levels (FRC) are being monitored. Distribution of soap and water purification tablets with hygiene promotion messages for affected areas (in urban and rural areas) is planned to start soon.
- Large scale cholera awareness campaigns have begun using countrywide communication channels. Key cholera awareness messages are being shared through 16 radio and five TV channels, and through SMS using four telecommunication companies. Awareness messages are also included in Friday mosque prayers. Information, education and communication (IEC) materials have been reprinted to support all partners in their awareness campaigns.
- WASH partners are reprogramming existing funding, however, the rapidly increasing scale of the outbreak is exceeding the current capacity of partners.
- The National Resources Water Authority has closed 24 water filtration plants in Sana'a, Dhamar, Ibb, Amran and Sa'ada following field visits to test the water safety in these plants.



## Challenges and concerns

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- Higher numbers of deaths occur in communities that cannot be reached due to insecurity. People cannot access health facilities due to insecurity or non - facilities health facilities.
- Predisposing environmental factors, such as safe water supply, sanitary disposal of wastes including sewage are difficult to control.
- Public employees have not been paid, hampering all public services including WASH and health services.
- Inadequate resources to support the cholera response interventions. Health and WASH partners are reprogramming existing funding. National NGOs have much less access to funds despite some capacity to respond at the community level.
- There is a 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:

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