

Yemen: Cholera & Diphtheria Response

Emergency Operations Center

Situation Report No.18

Week 51 (18-24 December 2017)



Cholera Situation Update:

The cumulative total of suspected cholera cases reported since 27th April 2017, reached **1,005,207** as of 24 December 2017, with **2,229** associated deaths reported across the country, the overall case fatality rate is 0.22%.

- **Most vulnerable age group and areas:** Children under the age of 5 years represent 28.4 % of the cases. People over the age of 60 continue to account for the highest percentage of deaths 31.16%. 22 out of 23 governorates are affected representing 96%. 92% percent of districts are affected, 305 out of 333 districts in-country.
- **Attack rate:** The national attack rate continues to increase reporting 364.99 per 10,000. The five governorates with the highest cumulative attack rates per 10,000 are Amran, Al Mahwit, Al Dhale'e, Abyan and Hajja. As of week (51), there were 6,794 suspected cases reported and 1 associated deaths with 10% of the cases reported severe.
- **Testing of samples:** Use of rapid diagnostic test has increased since week 40, 586 RDTs were conducted in week 51 with 104 positive RDTs
- **Decreased cases, continued vigilance:** Though the reported numbers for suspected cases of cholera are decreasing, the event is still being closely monitored, paying close attention to surges in numbers particularly when the rainy season begins.
- **Dehydration treatment centres:** As the MoPHP continues to lead, in close collaboration with WHO and partners, the support of dehydration treatment centres (DTCs) all over the country still continues
- **Lab systems strengthening:** Still ongoing is the support to strengthen laboratory sampling and diagnostics in-country (i.e. collection of stool samples for lab testing, transporting samples to lab and provision of operational costs), and availability of supplies and reagents.
- **Continued surveillance:** Disease surveillance as well as detection and treatment activities are still ongoing.

1,005,207
Suspected Cholera Cases

2,229
Cholera Deaths

0.22 %
Case Fatality Rate

364.99
Lab-Confirmed Cases

28.4%
Children < 5

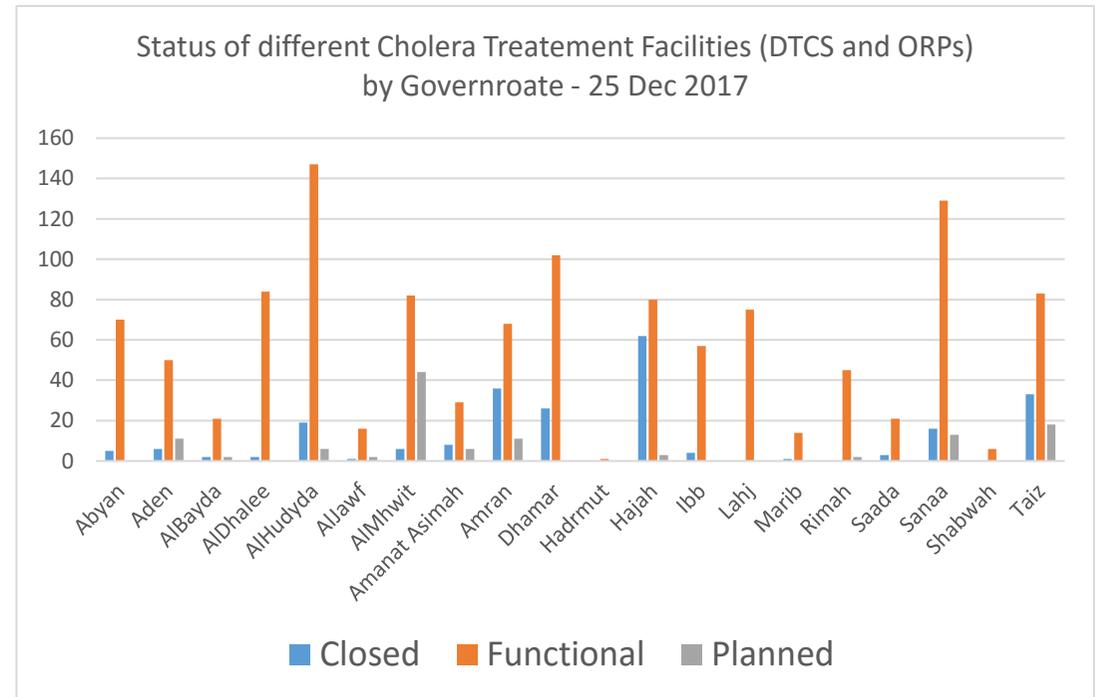
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Affected governorates

Health Cluster Response

- Decrease in the number of treatment centres:** Due to a decrease in suspected case numbers, Health Cluster partners are currently operating 3875 Diarrhoea Treatment Centre (DTC) beds in 292 DTCs in addition to 951 Oral Rehydration Points (ORPs) in 20 Governorates and 232 affected districts in Yemen. This is compared to 4666 Diarrhoea Treatment Centre (DTC) beds in 252 DTCs besides 1032 ORPs of the week before.
 - As of last week, 230 cholera treatment facilities with 1235 beds were closed of which, 49 DTCs and 181 ORPs.
 - The closed facilities are in Hajjah (62 facility), Taiz (33), Amran (36), San'a (16), Al Hudayda (19) and Dhamar (26).

Still some partners plan to set up 118 ORPs, 11 DTCs with 54 beds capacity in total.

- Health systems strengthening and preparedness activities:** Health cluster has discussed and developed recommendations for integrating cholera treatment facilities into health system in Yemen.
 - The 16 recommendations developed covered ORPs, DTCs and funding for cholera and aims at best utilization of cholera resources.
 - Such recommendation would also support and considered as a good start for preparedness for a new wave of cholera.
 - Lessons learned:** Health cluster planned with other clusters under ICCM to conduct a workshop in early 2018 to identify lessons learnt from the cholera epidemic and better prepare for a new wave if it happens.
 - Due to current security situations in Yemen, the workshop is postponed till further notice.
- This week, 39 health partners submitted their CTC and /ORP data:



WASH Cluster Response: cholera

- WASH Cluster partners are reporting cholera response activities in 18 governorates from 132 districts throughout the reporting period:
 - **Project owners** reporting are ACTED, ARD, CARE, CYF, LFD, NFDRH, OXFAM, RI, SCI, SFD, UNICEF, VHI, WHO, and ZOA.
 - **Implementing partners** are Abyan Youth Foundation, GWQ, Hemmat Shabab, NMO, SOUL and YFDR. Partners are working closely with local authorities including GARWSP EU, NWRA, LWCs, GHOs and DHOs, HEC and community volunteer networks.
- **WASH activities:** These continue to be a critical component in the prevention, control and response to suspected cholera cases in-country.
- **Clean water access:** Access to clean water still remains an important issue, as chlorination and water trucking remain ongoing.
 - In the reporting period, an estimated total of 7,400 people benefitted from chlorination of water supplies (communal water tanks) in 1 district in Hajjah . Activities for this reporting period are as follows:
- **Water chlorination:** Chlorine provision for disinfection of water supply networks continued in 61 districts in 14 governorates, with an estimated 3.6 million people connected to these networks.
 - Monitoring of free residual chlorine is ongoing in 13 districts in Amanat Al Asimah, and Sana'a. Chlorination of private water trucks is continuing in Al Ma'afar district in Taiz governorate.
 - More than 220,000 people received safe water through water trucking in 16 districts in 5 governorates.
 - More than 140,000 people have received chlorine tablets for household water treatment in 41 districts in 3 governorates. Furthermore, water storage container disinfection campaigns are ongoing in 8 districts in Aden, Amanat Al Asimah, and Taiz.
- Waste water treatment plants are supported in Aden, Hodeidah and Amanat Al Asimah, Dhamar and Hajjah with approximately 3.3 million people connected.
- Support to cleaning campaigns is ongoing in 12 districts in 3 governorates. Partners provided handwashing facilities in DTCs in 1 district in Hajjah.

Emergency risk communication activities:

- Moreover, an estimated 709,000 people were reached by partners with cholera key messages through household visits, and community and school events in 91 districts in 16 governorates.
- WASH partners reached over 320,000 people with basic or consumable hygiene kits in 50 districts in 6 governorates part of community outreach activities.

Challenges and Concerns: Cholera

Limited WASH supplies, overstretched resources:

- WASH supplies such as household water treatment tablets and soap are of limited availability in the local market.
- The cholera response of WASH partners is competing with other WASH emergency response priorities, such as the provision of clean water and sanitation for displaced populations and the response to malnutrition.

Access issues:

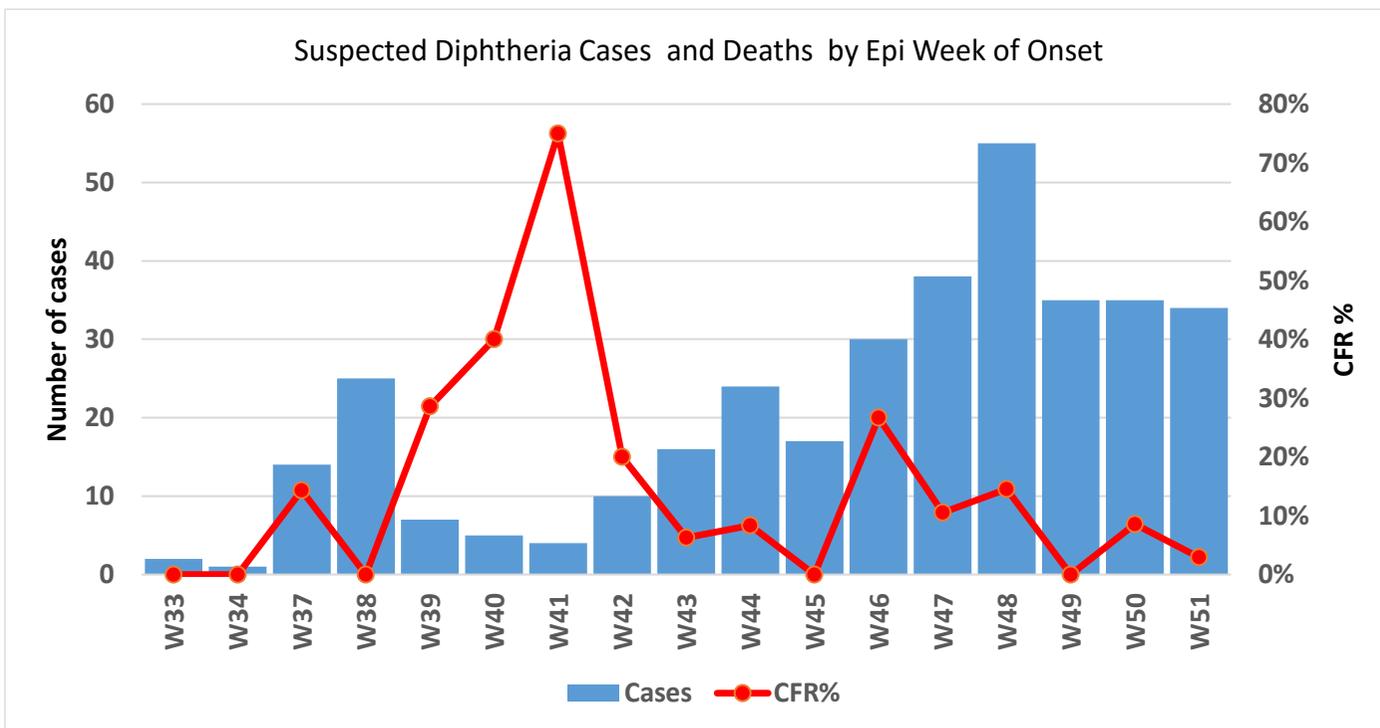
- Some WASH partners are facing challenges in accessing the most-affected communities due to security risks or because of bureaucratic impediments.
- Visa constraints continue to hinder some experts from coming into the country.
- Escalation of violence in Yemen affects many areas, limiting further access of health partners to provide health services to Yemeni people.
- Blockage of borders and the halt of delivery of humanitarian aid into Yemen has devastating effects on the response to cholera in country with probable lack of medical supplies needed to respond to the epidemic in the coming weeks.
- Currently the health cluster has enough medical supplies to respond to the epidemic for 6-8 weeks, lack of medical supplies could result in a higher CFR--which is currently around .22% as of 22 Dec 2017, with more potentially associated deaths from cholera (note: that all recorded cases are currently suspected cholera cases as reflected in EWARS).

Health systems deterioration and misreporting:

- The health system has been weakened by the ongoing conflict. More than 55% of all facilities either closed or partially functioning. WATSAN systems are disrupted and continued funding is required for the operation and maintenance of these system, critical to outbreak control.
- Misreporting of suspected cholera cases in many health facilities accounts for a misleading increased case load observed in some governorates and districts. There is a lack of capacity and resources of some partners to conduct regular supervisory visits to DTCs and ORPs.
- Collecting stool samples for laboratory testing, transporting the samples to laboratory and provision of operational cost, and availability of supplies and reagents.

Diphtheria Outbreak

As per the diphtheria report dated 24 December from the MoPHP, the suspected diphtheria cases are 381, including 38 associated deaths--the outbreak is currently affecting 18 governorates. As of week, 51--the vast majority of cases were reported from Ibb governorates (211) cases specifically from (Assadah, Yareem and Rural Ibb districts), followed by Al Hudaydah (38) cases, Aden (29) cases and Dhamar (19). Most of deaths cases were reported from Ibb (13 deaths) followed by Al Hudaydah (8 deaths), 3 deaths from Amran and Dhamar (2), Abyan (2) Aden (2), Taiz (3) and Hajjah (2), Aljawf (1) and, Sa'adah (1). Reported cases have made the first peak on week 38 (21 cases) and on week 44 (28 cases) onwards continued with more or less 20 cases, but started a sharp increase on week 48 (51 cases) followed by a decline to 38 cases on week 49.



Mohammed, 8, tested positive for diphtheria and now recovering after receiving treatment in diphtheria treatment centre in Sana'a supported by WHO and UNICEF. Photo credit: Sadea Hasan. WHO

Challenges and Concerns: Diphtheria

Clinical case management

- The last major outbreak of diphtheria was in 1982, therefore in terms of clinical case management of the disease and recent clinical experience with Diphtheria in the country must be strengthened.

Low immunization coverage

- Also, the low vaccination coverage in affected areas can be challenging for health care workers (HCWs), in terms of both clinical management and laboratory diagnosis.
- The provision of diphtheria vaccines and anti-serum, and laboratory supplies were delayed due to the recent blockade.

Current conflict

- Deteriorating security situation due to armed clashes in Sana'a and other Governorates.
- Dysfunctional health system and limited access to healthcare facilities.

Competing outbreaks

- Yemen is currently not the only country experiencing a diphtheria outbreak--countries like Bangladesh and Venezuela are also suffering from major outbreaks, leading to difficulties in the timely availability of Penta and Td vaccine, as well as medications and medical supplies.

Need for frequent and strengthened reporting:

- Reporting challenges particularly in terms of data discrepancies/incompleteness and lack of timely recording and reporting.
- Lack of mechanisms for verification and triangulation
- Weak preventable disease surveillance systems

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