

# YEMEN: Acute watery diarrhea/ cholera outbreak

## Situation Report

27 April – 9 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

- Since 27 April 2017, a second wave of /acute watery diarrhea (AWD)/ cholera outbreak began in several Yemeni governorates, which had seen a decrease in AWD/ cholera cases over the past few months.
- From 27 April to 9 May 2017, a total of 2,301 suspected cholera/ AWD cases were reported from 10 governorates, including Sana'a (34.6%), Amant Al-Asimah (11.9%), Dhamar (5.8%), Al-Mahweet (9.8%), Ibb (12.2%), Al-Dhale'a (9.8%), Hajjah (6.7%), Al-Hudaydah (3.3%), Taiz (2%) and Al-Bayda (3.9%) governorates. Out of the total reported cases, 47 deaths were reported.
- A total of 47 associated deaths have been reported from Al-Mahweet, Dhamar, IBB, Al-Dhale'e Hajjah and Sana'a governorates. The cumulative cholera case fatality rate (CFR) as of 9 May is 2%.
- As total of 58 cholera cases have been confirmed by laboratory testing.
- The upsurge of cases comes as the health system and civil infrastructure, including water and sanitation facilities in governorates have been seriously affected due to the ongoing conflict. Recent heavy rains have enabled the spike in cases and have contaminated some water sources with uncollected garbage. In addition, warmer weather is creating a favorable environment for the pathogens that cause diarrheal disease to spread.



**2,301**

Suspected cases

**58**

Confirmed cases

**47**

Deaths

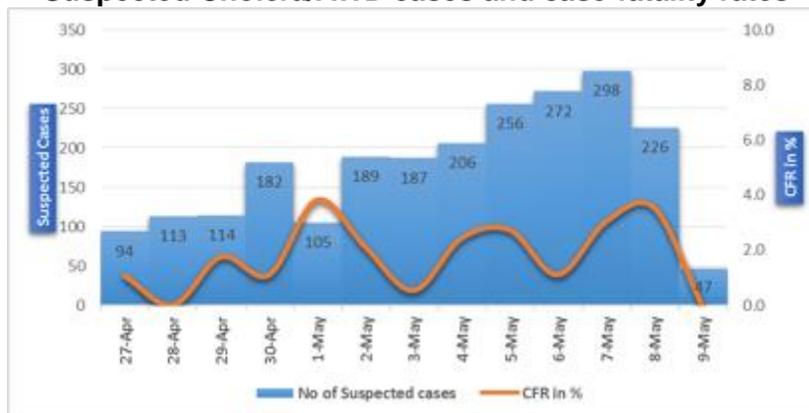
**10**

Governorates

**2.5%**

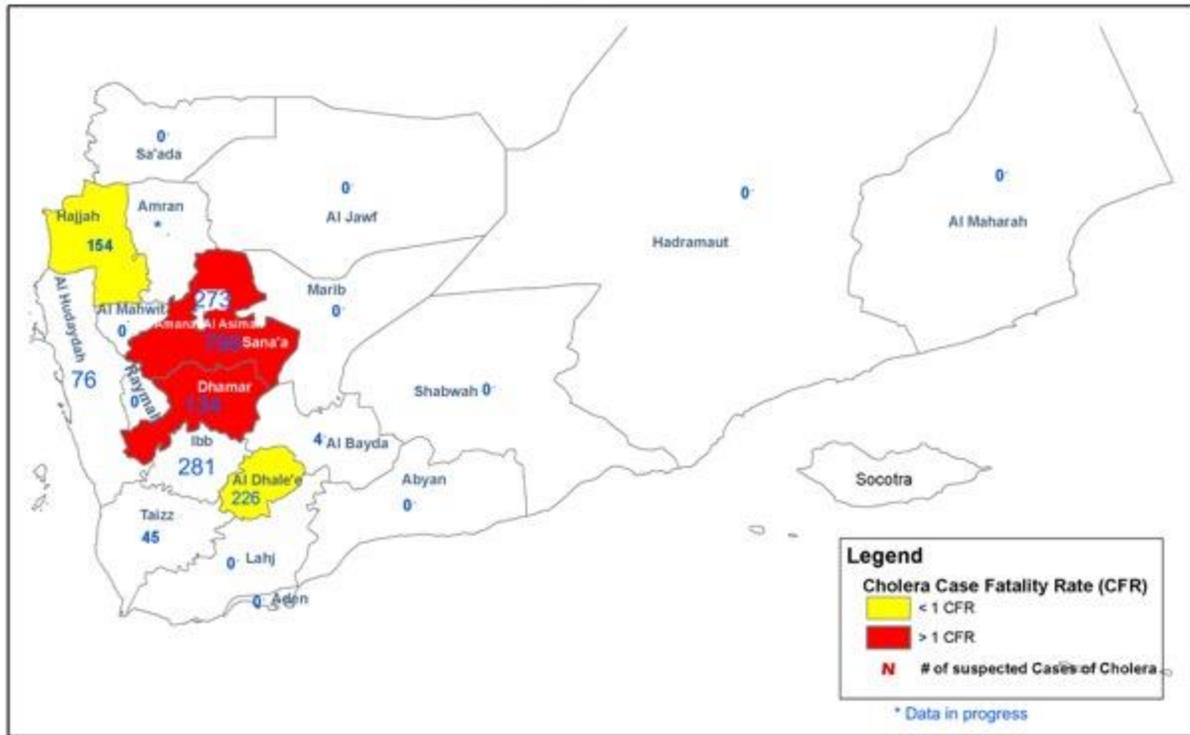
Case fatality rate

### Suspected Cholera/AWD cases and case-fatality rates

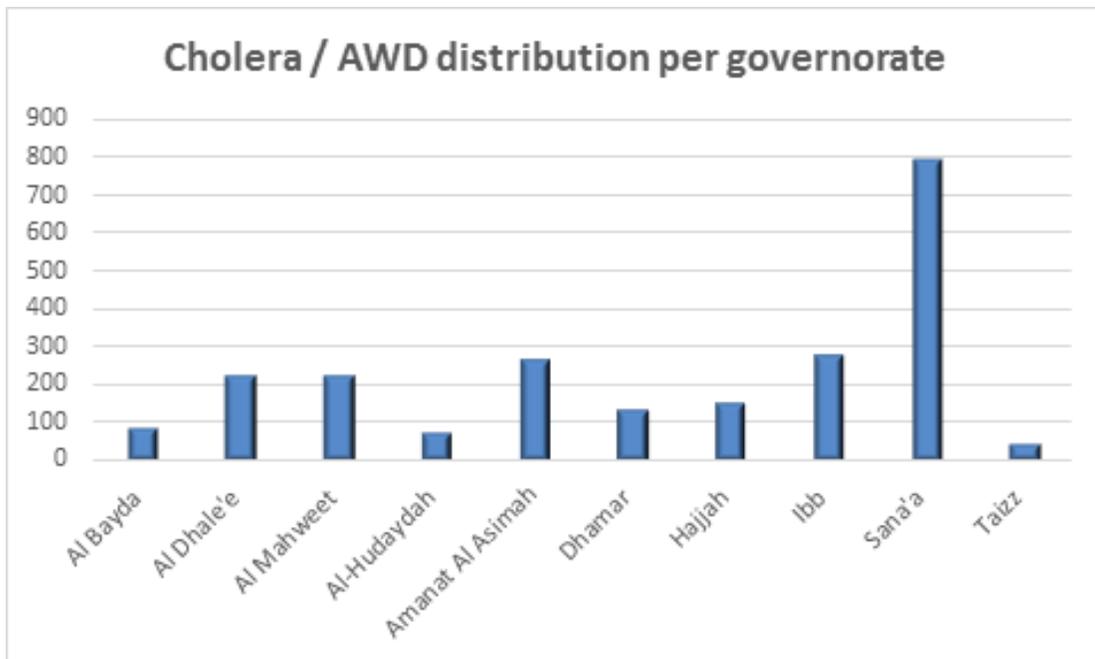


Yemen : Cholera suspected cases and case Fatality rate per governorate

As of 27 April - 9 May 2017



Cholera / AWD distribution per governorate



## Summary of Suspected AWD / Cholera cases based on line list

No	Governorate	Suspected AWD/Cholera	Confirmed cases (positive by Culture)	Deaths
1	Amanat Al Asimah	273	20	0
2	Sana'a	796	9	24
3	Al Dhale'e	226	9	1
4	Al Bayda	90	4	0
5	Al Mahweet	226	1	6
6	Al-Hudaydah	76	0	0
7	Dhamar	134	13	7
8	Hajjah	154	1	1
9	Ibb	281	1	8
10	Taizz	45	0	0
11	Amran	*	*	*
	<b>Total</b>	<b>2301</b>	<b>58</b>	<b>47</b>

\*data was not received

## Health Cluster response

- Over the last 12 days, health cluster partners have provided health facilities and Diarrhea Treatment Centres (DTC) in Al-Mahweet, Amanat Al-Asimah, Amran, Ibb, Al-Hudaydah, Hajjah and Dhamar with 136 cholera beds, 300 rapid diagnostic kits, more than 26,000 bottles of various types of intravenous (IV) fluids as well as 15 cholera and diarrhea disease kits (DDK)-enough to treat 1500 severe cases and 3000 mild and moderate cases.
- Health partners supported the establishment of 7 more DTCs. This is to add to the already supported 26 DTCs in all affected governorates, providing them with DDKs, IV fluids (ringer lactate), oral rehydration salt (ORS), IEC materials, case management guidelines as well as incentives to the medical and nursing staff.
- Health and WASH-supported Rapid Response Teams (RRT) are on standby in all governorates to respond to any new report of suspected cholera case and identify the suspected water sources, collect samples and to conduct chlorination activities.
- Provision of DDKs and ORS to treat patients with diarrhea (over 7 tons of supplies were delivered immediately to health facilities in Sana'a – enough to cover 2,000 moderate and severe cases). Additional 7 tons of supplies arrived in Sana'a on 9 May as a stock. More supplies are arriving in June. There appears to be sufficient stock of ORS in the country to meet the increased needs.
- Awareness raising campaigns have been launched in the affected provinces through direct interaction with the communities. A TV and radio campaign was launched nationwide in addition to messages on social media platforms – including initiating whatsapp groups.



WHO has urgently provided diarrhea treatment centres with medicines and medical supplies to treat increasing diarrhea cases

## WASH Cluster response

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- WASH Cluster partners are responding or preparing to respond in the next days in affected districts in Hudaydah, Hajjah, Raymah, Ibb, Taiz, Aden, Al Dhale'e, Amanat Al Asimah, Sana'a, Al Bayda, Amran and Dhamar. Based on the current situation, response is still very limited in Al Mahweet and Al Jawf and urgent scale up is needed.
- The key activities ongoing are chlorination of water sources, distribution of soap accompanied with awareness raising and distribution of chlorine tablets for household level chlorination. These activities will be complemented with other key activities in the coming days, such as water quality monitoring, jerry can cleaning campaigns and WASH support to DTCs.
- In order to scale up the response to all affected districts, some partners indicate they face challenges in terms of resources. The WASH cluster is updating the partners capacity to respond which will help to identify the key challenges and gaps to scale up the response.



## Challenges and concerns

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- More than 2 years of conflict and restrictions on import continue to cripple the capacity of the national health system to adequately respond to the upsurge.
- The presence of predisposing environmental factors that are difficult to control.
- Lack of salaries for public employees which hamper all public services including WASH and health services.
- Inaccessibility of some of the high-risk districts or villages is hampering the response interventions.
- Inadequate resources to support the cholera response interventions.
- 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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