

Northwest of Syria Cholera Outbreak

Situation Report No.8

Epidemiological Week 46 (13 Nov - 19 Nov 2022)

Date of Onset of Outbreak: 16 September 2022

Reporting Date of outbreak: 17 September 2022

Confirmation Date: 19 September 2022

Suspected Cases: 12703

Confirmed Cases: 353

Cholera Deaths : 11

Case Fatality Rate: 0.09%

NWS Attack Rate: 0.27%

Key Highlights

- Cumulatively, a total of **12703 suspected** cases (5355 in Aleppo governorate, 7348 in Idleb governorate) including **353 confirmed** have been reported by EWARN team since 16 September, including **11 deaths** case.
- The highest number of cases were reported in Harim district (3447), Idleb district (2451), Jarablus district (2029), and Azaz district (1375).
- 3363 total suspected cases (including 556 new cases in Epi week 46) were reported from **camps**.
- 49.8 % Of the suspected cases are in the age group <5 years. Males are 52% of the total and females are 48%.
- Since the outbreak started, surveillance and reporting from facilities are being supported and strengthened. For better understanding of the background and context, [please read pervious sitreps](#).
- Suspected cholera cases are being investigated by the Rapid Response Team, either in areas of outbreak or in areas where new cases have been reported.
- Line list is shared with WHO and WASH team to aid Targeted response at household level being conducted for identified cases.
- Active case search is ongoing, especially in the camps.

Situation Updates

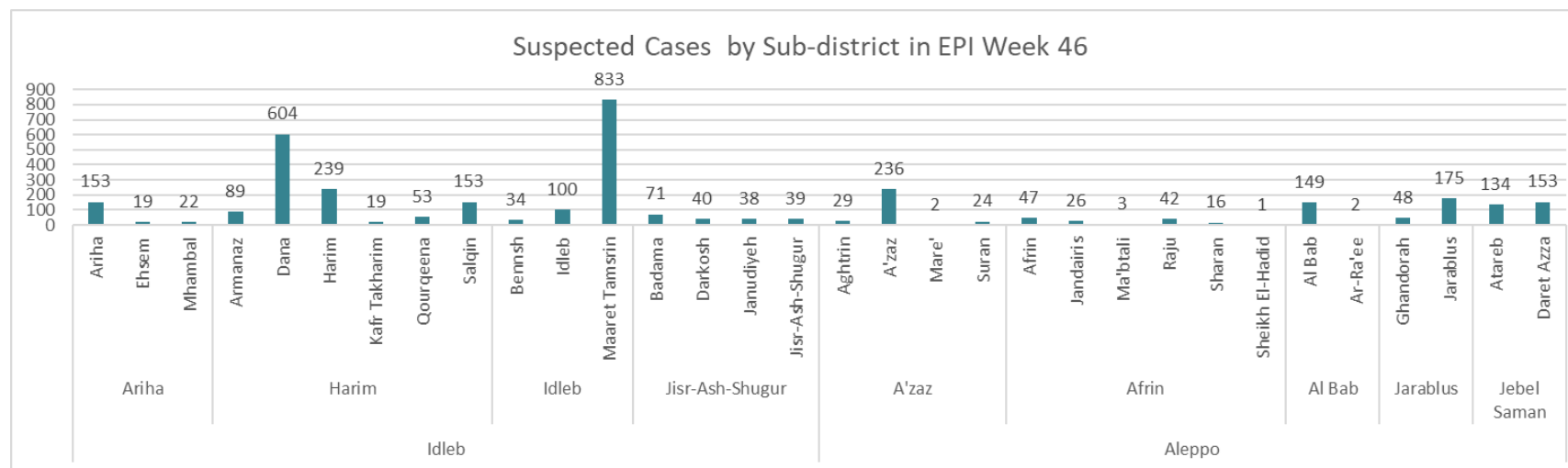
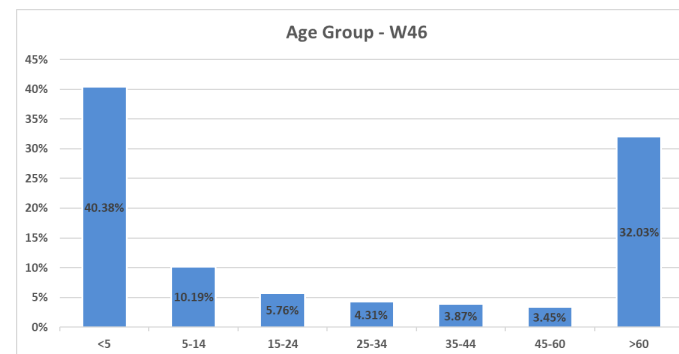
1. Epidemiology

Updated case definition: A resident of outbreak areas with sudden onset of acute watery diarrhea with or without vomiting.¹

In Epi week 46, **3593 suspected cases of cholera were reported, including 60 positive cases**. The affected governorates are Aleppo (1089 suspected, 8 confirmed), and Idleb (2506 suspected, 52 confirmed).

The age group more than 60, reported 32 % of the total, while the age group less than 5, reported 40.4%.

Maaret Tamsrin subdistrict in Idled governorate reported the highest number of cases (833), then Dana subdistrict (604), and Azaz subdistrict in Aleppo governorate (236).



Three Cholera deaths were reported in Epi week 46 (total 11 deaths)

2-year-old infant female child

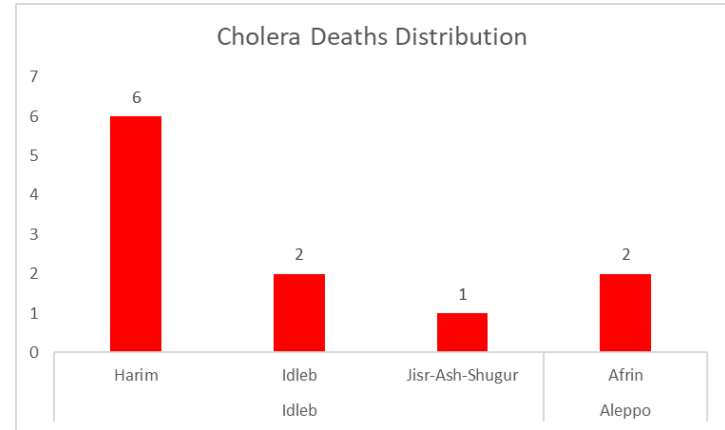
- Nour Al-Mustafa camp, Atmeh community, Dana subdistrict, Harim district, Idleb governorate
- Date of onset: 12-Nov-2022
- Date of Death: 13/Nov/2022

60-year-old-women

- Marioneh community, Sheikh El Hadid subdistrict, Afrin district, Aleppo governorate
- Date of onset: 8-Nov-2022
- Stool culture: Negative
- Date of Death: 14-Nov-2022

30-year-old man

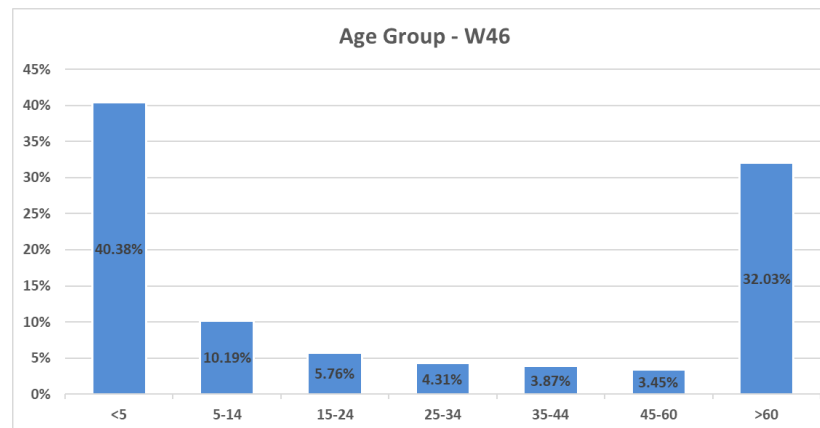
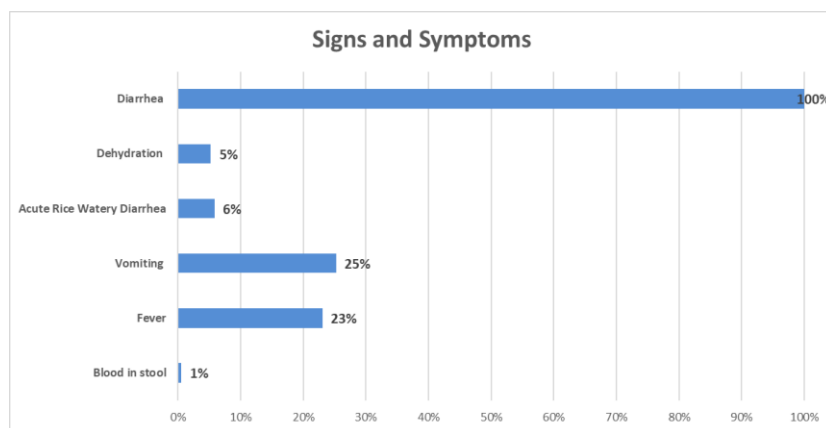
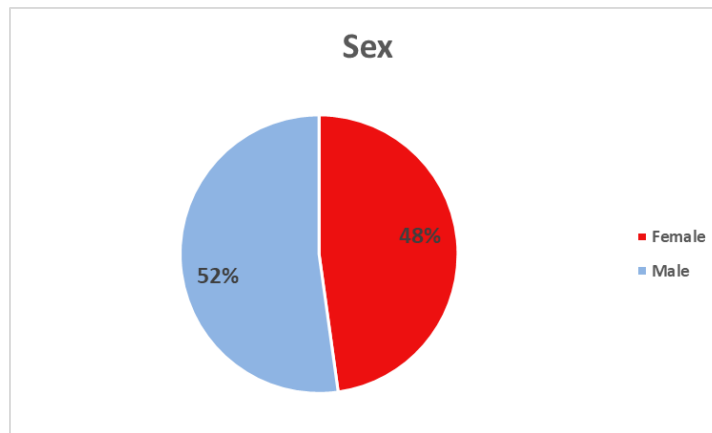
- Zamzam camp, Atmeh community, Dana subdistrict, Harim district, Idleb governorate
- Date of onset: 7-Nov-2022
- Date of death: 14-Nov-2022

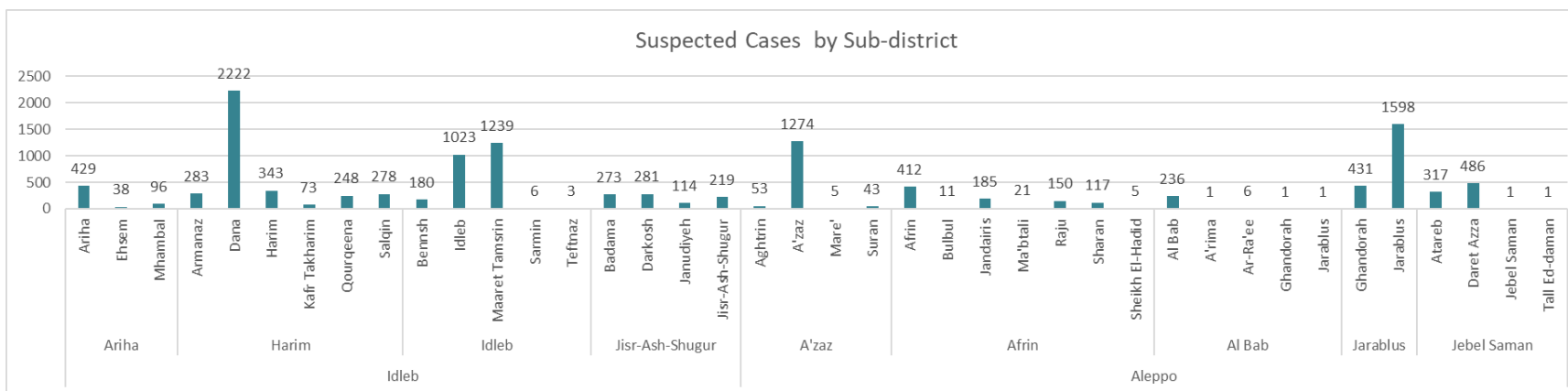


The overall sex distribution of the suspected cases is 52% Male, and 48% Female.

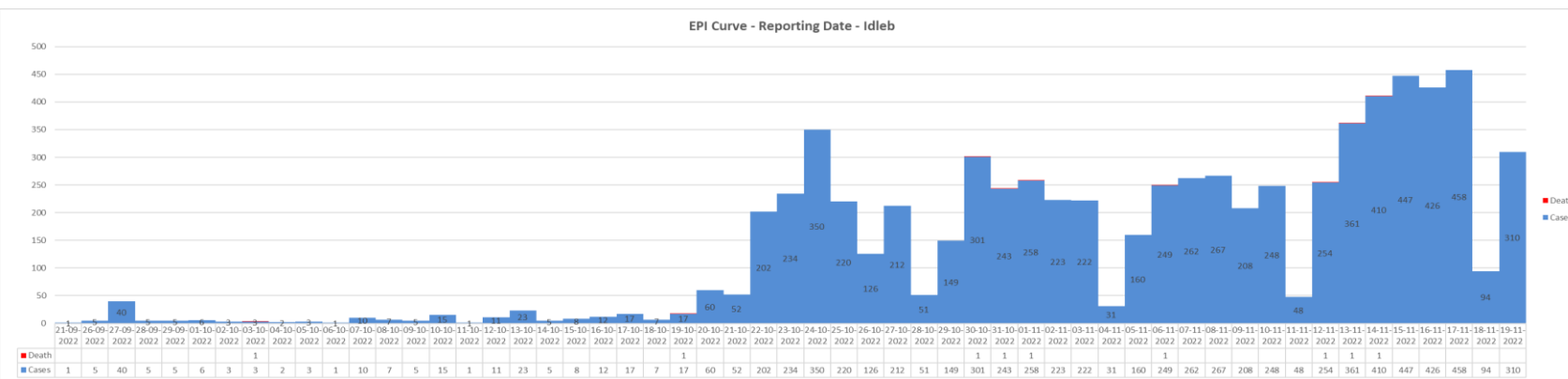
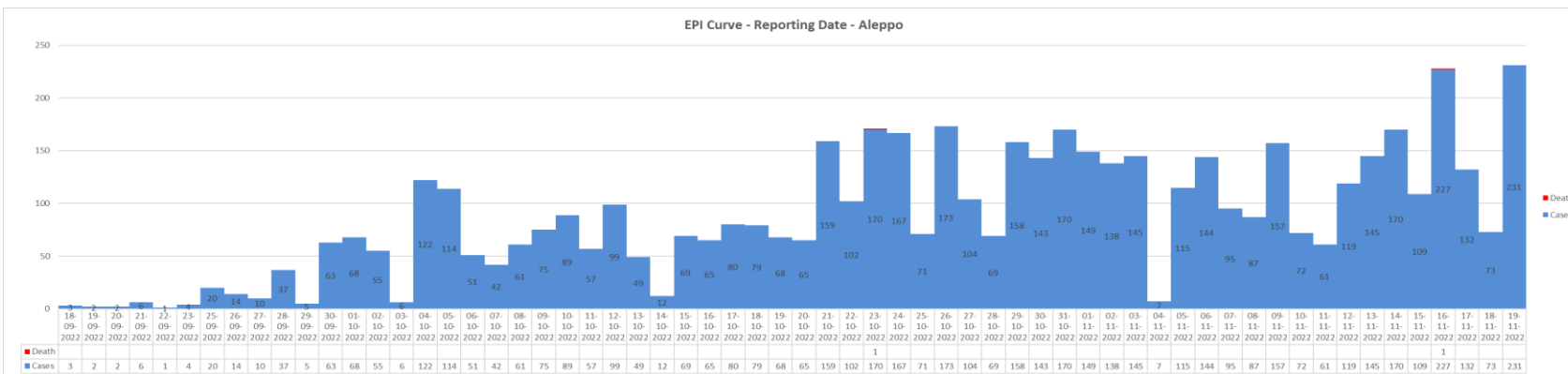
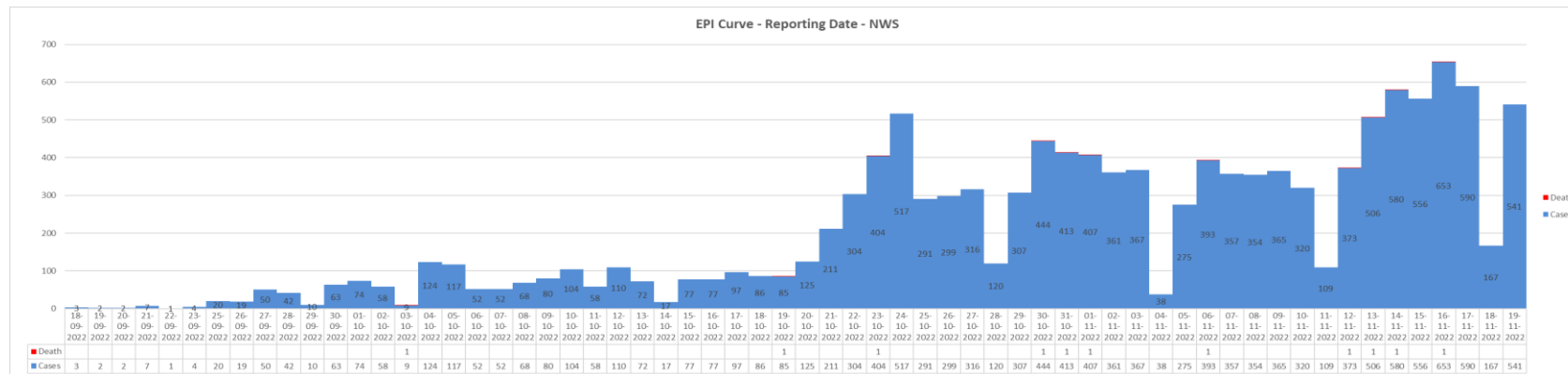
100% of the line listed cases were presented as Acute Diarrhea, 25% with vomiting, 6% as rice watery diarrhea, and 5% were dehydrated.

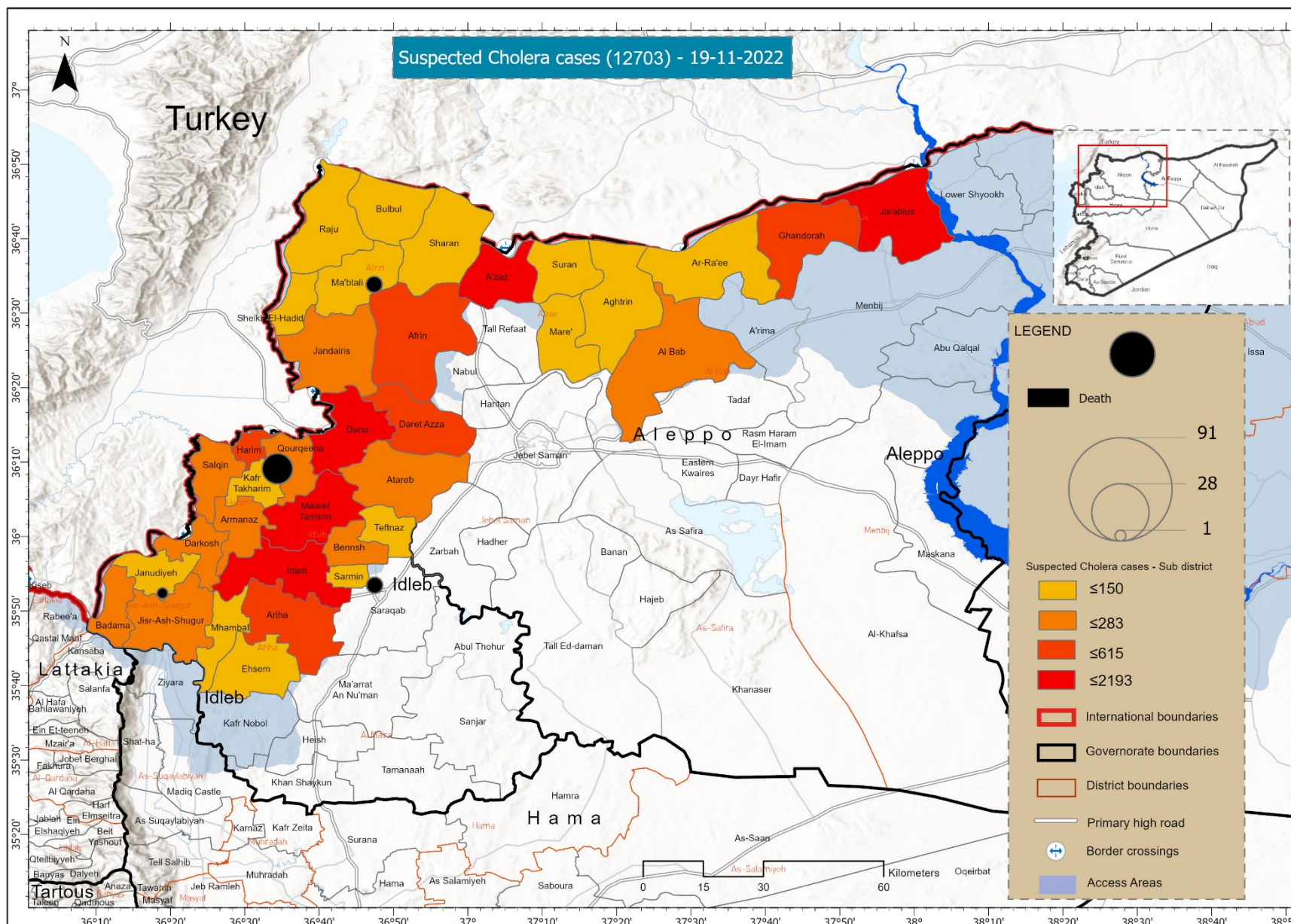
As the outbreak progresses, sensitivity should be increased by including smaller age groups and mild/moderate symptoms groups in order to estimate the burden of the outbreak. According to WHO, in areas where a cholera outbreak has been confirmed, any person presenting with or dying from acute watery diarrhea is considered as a suspected cholera case.² The age group more than 5 year was 49.8%.





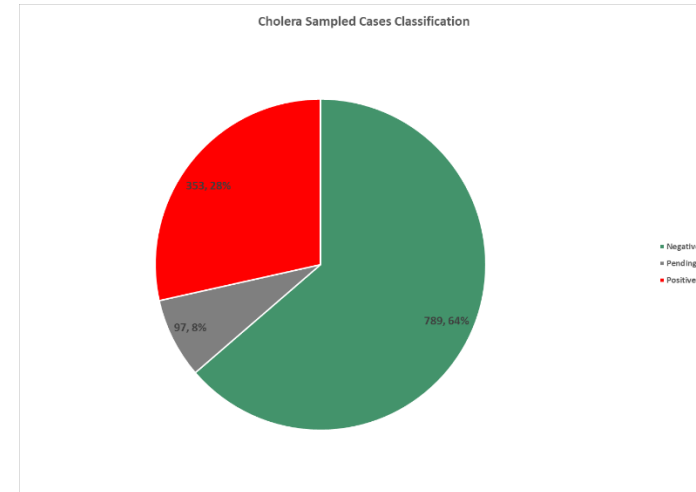
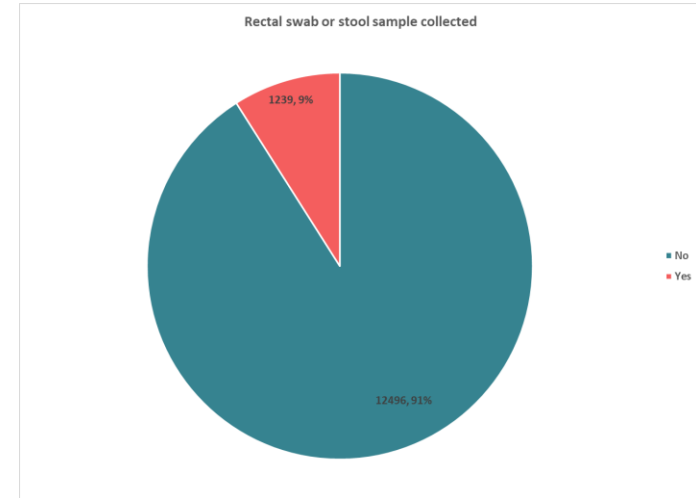
Epi Week	Governorate	District	Date of Onset	Population	New cases	Cumulative Cases	New Death	Cumulative Deaths	Case Fatality Rate	Incidence Rate	Attack Rate
Up to W46	Idleb	Ariha	20-Sep	185,668	194	563	0	0	0.00%	104.48758	0.30%
		Harim	06-Sep	1,586,820	1157	3447	2	6	0.17%	72.91312184	0.22%
		Idleb	14-Sep	713,933	967	2451	0	2	0.08%	135.4468837	0.34%
		Jisr-Ash-Shugur	25-Sep	310,973	188	887	0	1	0.11%	60.45540931	0.29%
	Aleppo	A'zaz	09-Sep	648,600	291	1375	0	0	0.00%	44.86586494	0.21%
		Afrin	21-Sep	467,090	135	901	1	2	0.22%	28.90235287	0.19%
		Al Bab	17-Sep	339,812	151	245	0	0	0.00%	44.43633539	0.07%
		Jarablus	12-Sep	121,938	223	2029	0	0	0.00%	182.8798242	1.66%
		Jebel Saman	10-Sep	251,785	287	805	0	0	0.00%	113.986139	0.32%
	Total				4,626,619	3593	12703	3	11	0.09%	77.65930153



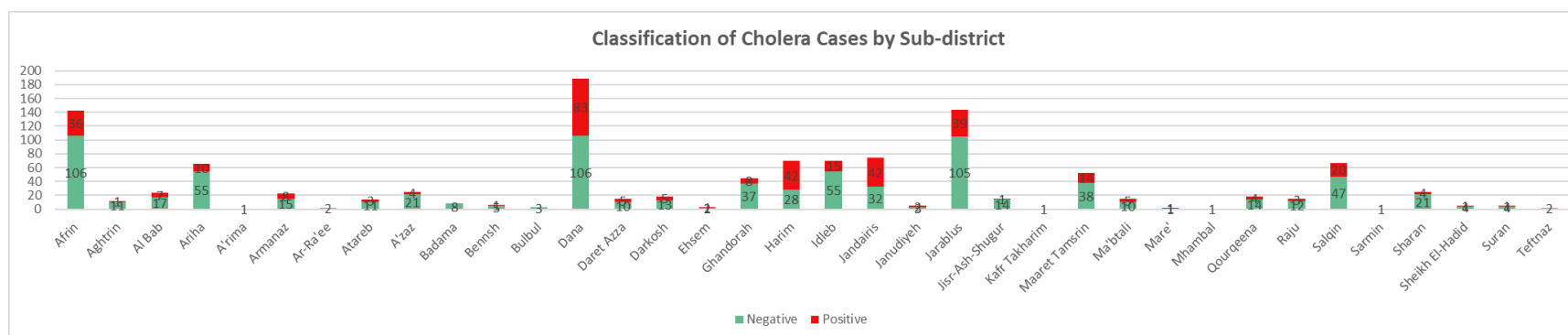


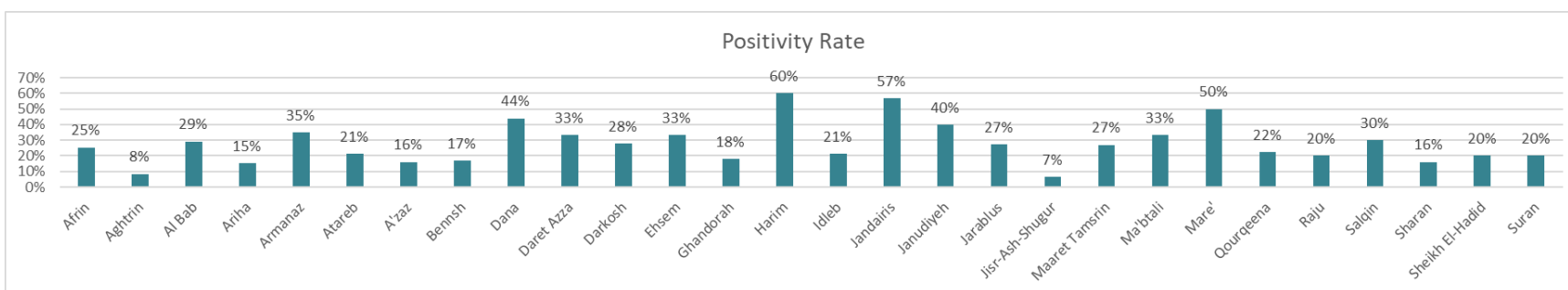
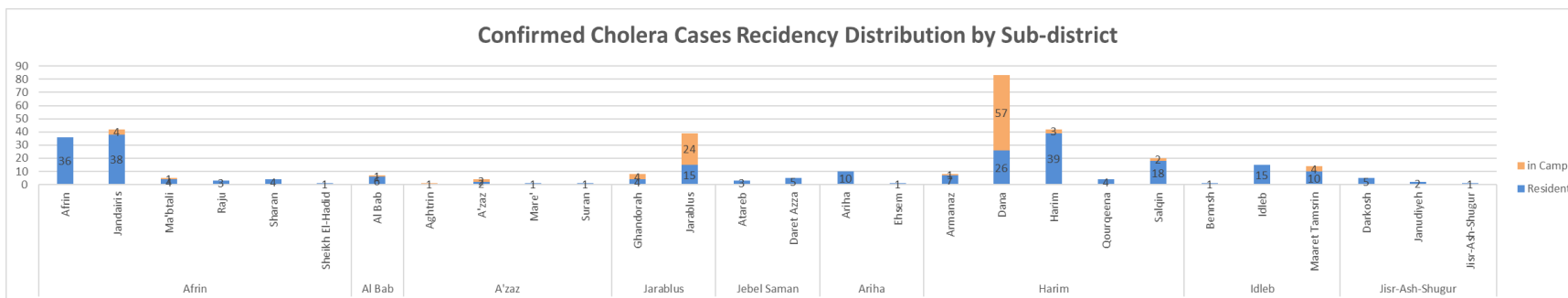
2. Laboratory:

- In Epi week 46, the total number of stool specimens or rectal swabs is 181, of which 59 have tested positive for Vibrio Cholera.
- A cumulative of 1239 samples were collected since the start of the outbreak (9 % of overall line listed cases), of which 353 have tested positive by stool culture. The positivity rate in NWS is 31%
- The Total number of negative cases by stool culture is 789, and the remaining 97 are still pending.
- Once the outbreak is declared, there is no need to confirm all suspected cases. The clinical case definition is sufficient to monitor epidemiologic trends³.
- All samples examined by the RDT in NWS tested positive for O1.
- All samples are being cultured on selective media like TCBS and Oxidase test, sometimes Gram stain and sensibility test.
- The **culture sensitivity** results, came sensitive for the following antibiotics: Azithromycin, Imipenem, Ciprofloxacin, and Norfloxacin.
- **The resistance** is to Tetracycline, Doxycycline, Chloramphenicol, and Sulfamethoxazole _Trimethoprim. The Lab's teams keep monitoring the stool culture sensitivity, and resistance to antibiotics.
- The laboratory team is handling the specimens and waste management according to infection control standards.



Epi Week	Governorate	District	Samples Collected on current week	Stool Culture Positive	Stool Culture Negative	Positivity Rate
Up to W46	Idleb	Ariha	22	10	54	16%
		Harim	75	149	202	42%
		Idleb	27	30	99	23%
		Jisr-Ash-Shugur	9	8	38	17%
	Aleppo	A'zaz	5	5	35	13%
		Afrin	36	89	179	33%
		Al Bab	5	7	20	26%
		Jarablus	1	47	142	25%
		Jebel Saman	1	8	20	29%
	Total		181	353	789	31%





3. WASH:

Targeted response including water quality testing at the household level being conducted for identified cases.

The total number of investigations: 2, distributed as follows:

- **Afrin District: Number of Investigations: 2**

Sharan (Sub-district)/ Big Hallubi (Community): Water resources in the community are private wells located in the community and nearby communities. The water was tested at the level of the patient's house; the results showed that the water is safe and not contaminated.

- **Harim district: Number of Investigation: 1**

Harim / Harim: Full investigation was completed in Harim community. The number of confirmed/suspected cases surged lately. The investigation showed there was a spring, where its water flows within some neighborhoods in the community and mixes in some points with wastewater (sewage) due to breaks and malfunctions. Some of the residents use this water for drinking water, irrigation, and cleaning. The result showed the water of the spring is highly contaminated and not safe to drink.

The Rapid Response team of ACU communicated with local authorities to raise this issue and urge the residents to avoid/use the water spring.

The WASH team communicated as well with the WASH cluster about this issue to steer any potential intervention to solve/find sustainable solutions.

*Most of the investigations showed that the water resources are safe, and the confirmed cases(patients) might contract the infection (disease) from other resources (For example: Eating vegetables irrigated by wastewater, visiting relatives and friends in other communities...).

Actions taken

- The response teams conducted an extensive investigation of the deaths that occurred since the beginning of the outbreak (11 deaths), where some possible causes were identified, and the teams made appropriate recommendations.
- The Rapid Response team of ACU communicated with local authorities in the Harim subdistrict to avoid/use the water spring, also communicated as well with the WASH cluster about this issue to steer any potential intervention to solve/find sustainable solutions.
- Strengthening surveillance to collect cases from all HFs

Challenges

- Continuous random use of antibiotics will increase bacterial resistance.
- Difficulties in collecting samples within HFs, CTC, and CTU.

- Continuing movements of population.
- **No Vibrio Cholera O139, O1 Antisera so far to identify the vibrio serotype.**

Recommendations

- Initiate reporting from functioning treatment centers (CTCs, CTUs, and ORPs).
- Laboratory support with consumables and supplies, especially for **O139, O1 Antisera**.
- Enhancement coordination mechanisms with WHO and Taskforce members.
- Strengthening the community's role in reporting cases
- Enhancing the potential sources of Cholera death reporting.
- Increase efforts to educate the population about cholera and encourage them to go to medical centers to receive medical services
- Emphasis on health centers to immediately notify any suspected case of cholera