

## Current major event

### Cholera outbreak in Syria

On 10 September 2022, the Syrian Ministry of Health declared the cholera outbreak and reported 15 laboratory-confirmed cases and one death in Aleppo governorate. The outbreak has spread to other governorates within weeks. Currently, all 14 governorates in Syria are reporting confirmed cholera cases. WHO and its partners are collaborating to contain the outbreak through implementing multi-sectoral interventions.

### Editorial note

On 22 August 2022, a 9-year-old male in Aleppo was tested and confirmed for cholera; stool culture revealed *v. cholerae* serotype O1. Thereafter, cases started to accumulate, and different governorates started to report cases. On 10 September 2022, the Syrian Ministry of Health declared the outbreak and reported 15 cholera laboratory-confirmed cases and one death in the Aleppo governorate.

As of 22 October, 24 614 suspected cases have been reported across the country. The trend of suspected cholera cases reported in recent weeks has shown a significant increase in cases and in cholera spreading to new areas. Currently, all 14 governorates in Syria are reporting confirmed cholera cases. The most affected governorates to date are Deir-ez-Zor (12 772 cases, 51.9%), Ar-Raqqa (5965 cases, 24.2%), Aleppo (3845 cases, 15.6%), Al-Hasakeh (1178 cases, 4.8%) (see the table).

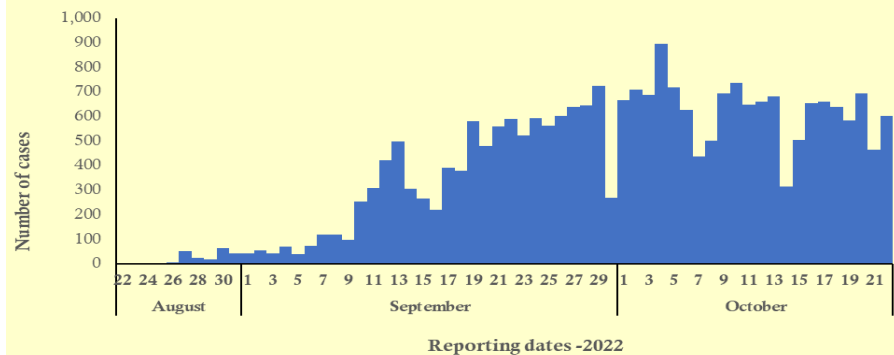
The overall national attack rate stands at 0.14%. Deir Ez-zor reported the highest attack rate (1.86%), followed by Ar-Raqqa (0.97%) and Hassakeh (0.12%). In some districts, the outbreak is spreading to rural areas where the infrastructure is suboptimal; thus, the risk of outbreak spread is higher. Cases have also been reported from IDP camps. North-east Syria and rural Aleppo reported 86 suspected cases and zero deaths from IDP camps. During this reporting period, 167 suspected cases have been reported from north-west Syria. Despite the high number of reported cases in Syria, IDP camps were not affected as expected. However, the risk is still very high due to the presence of many risk factors.

Out of the 2204 samples tested with rapid diagnostic tests, 1144 tested positive. To date, 998 stool samples have been cultured, of which 391 tested positive for *Vibrio Cholera*. The overall proportion of RDT-positive cases is 34%.

As of 22 October 2022, a total of 81 associated deaths (at a case-fatality ratio (CFR) of 0.3%) were reported. Aleppo reported the highest CFR of 1.5%, which is considered high compared to the recommended CFR during cholera outbreaks (below 1%). This might be explained as the Ministry of Health reports only severe cases admitted to hospitals.

WHO provided 11 training sessions on surveillance, standard case definition and cholera case management in nine governorates

## Suspected cholera cases by reporting date, up to 22 October 2022, Syria



### Suspected cholera at the highest reported governorates, up to 22 October 2022, Syria

Governorates	Suspected cases	Death	CFR%
Deir Ez Zor	12,772	27	0.21
Raqqa	5,965	9	0.15
Aleppo	3,845	37	0.96
Hassakeh	1,178	5	0.42
Idlib	525	2	0.38

(Al-Hasakeh, Ar-Raqqa, Homs, Hama, Sweida, Dar'aa, Quneitra, Damascus, and Rural Damascus) for 275 health workers from the Ministry of Health facilities. In addition, there are 51 hospitals that were designated for cholera treatment centers and 96 health centers were designated for oral rehydration centers.

WHO provided 3.5 million aquatabs to the Department of Health for wider distribution to governorates. Moreover, mobile teams deployed by NGOs in north-east Syria have investigated a total of 2976 suspected cases in 294 communities and provided targeted assistance to 663 cases.

Monitoring of residual chlorine continues in cooperation with authorities in several governorates, including Homs, Hama, and Aleppo. Furthermore, 92 metric tons of sodium hypochlorite were distributed to disinfect water units in Homs, Dara'a, and Damascus by UNICEF, in addition to delivering 1 650 000 aquatabs, to Deir-ez-Zor, which are expected to be delivered shortly.

WHO further, stepped up its capacity-building activities and community engagement across different governorates in Syria, resulting in over 550 community health workers trained on key messaging for cholera, reaching approximately 46 300 individuals in one week.

WHO, UNICEF and partners are supporting the Syrian Ministry of Health in implementing multi-sectoral interventions to contain the outbreak. Close coordination continues across all response locations. Following the release of the joint AWD/Cholera Response Plan, partners will continue to address gaps and needs as part of the overall response. Surveillance and active case-finding are also intensified in high-risk areas. Operational support, including sample transport, will also continue to be provided to 101 rapid response teams at the central and governorate levels.

## Update on outbreaks in the Eastern Mediterranean Region

### COVID-19 in 22 EMR countries

### Current public health events of concern [cumulative N° of cases (deaths), CFR %]

### Coronavirus disease 2019 (COVID-19): 2019-2022

Afghanistan	[202 149 (7818), 3.9%]
Bahrain	[687 353 (1524), 0.2%]
Djibouti	[15 690 (189), 1.2%]
Egypt	[515 401 (24 798), 4.8%]
Iran (Islamic Republic of)	[7 555 903 (144 543) 1.9%]
Iraq	[2 461 229 (25 358), 1%]
Jordan	[1 746 997 (14 122), 0.8%]
Kuwait	[661 787 (2566), 0.4%]
Lebanon	[1 218 082 (10 699), 0.9%]
Libya	[507 034 (6437), 1.3%]
Morocco	[1 265 382 (16 280), 1.3%]
occupied Palestinian territory (oPt)	[703 014 (5708), 0.8%]
Oman	[398 775 (4628), 1.2%]
Pakistan	[1 573 690 (30 624), 1.9%]
Qatar	[465 130 (684), 0.1%]
Saudi Arabia	[820 156 (9392) 1.1%]
Somalia	[27 237 (1361), 5%]
Sudan	[63 446 (4966), 7.8%]
Syrian Arab Republic	[57 347 (3163), 5.5%]
Tunisia	[1 146 152 (29 257), 2.6%]
United Arab Emirates	[1 034 784 (2348), 0.2%]
Yemen	[11 939 (2158), 18.1%]