

CHOLERA IN YEMEN



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YEMEN CONTEXT



CONFLICT AND CHRONIC VULNERABILITIES

- Even before the current conflict escalated in mid-March 2015, Yemen faced enormous levels of humanitarian needs stemming from multiple factors:
 - Years of poverty,
 - Under-development and economic decline,
 - High illiteracy rates, and negative cultural influences,
 - Environmental decline,
 - Protracted civil insecurity and political instability and successive conflicts
 - Weak rule of law and tribal

YEMEN CONTEXT

IMPACT OF CRISIS IN **YEMEN**



18

million people are
food insecure



22.2

million people in
need of humanitarian
assistance



2

million people are
still displaced



16

million people
lack access to
clean water and
sanitation services



400,000

Children under the age of 5
suffer from severe acute
malnutrition (SAM)



16.4

million people lack access
to healthcare services



66 000

People have been killed or
injured since March 2015



50%

of health facilities
are not or partially
functioning

CHOLERA IN YEMEN

CHOLERA CONTEXT



CHOLERA CONTEXT

FROM 27TH APRIL 2017 TO 14TH OCTOBER 2018

In Yemen



1,250,741
WITH SUSPECTED CHOLERA



2,571
ASSOCIATED DEATHS OF
SUSPECTED CHOLERA



444 PER **10,000**
NATIONAL ATTACK RATE



0.21%
CASE FATALITY RATIO

CHOLERA IN YEMEN

FIRST WAVE



THE FIRST WAVE

- Identification: September 2016—small first wave followed by a bigger wave. *Vibrio* O1 serotype Ogawa were confirmed. Districts located in southern of Yemen were most at risk during first wave.
- Announcement: October 2016
- Epi: 25, 839 cases, 120deaths. (October 2016-April 2017), no interruption between the two waves. 181 districts continued to report cases during the two waves.
- Control measures: Set-up of DTC's, sensitization, chlorination

CHOLERA IN YEMEN

SECOND WAVE



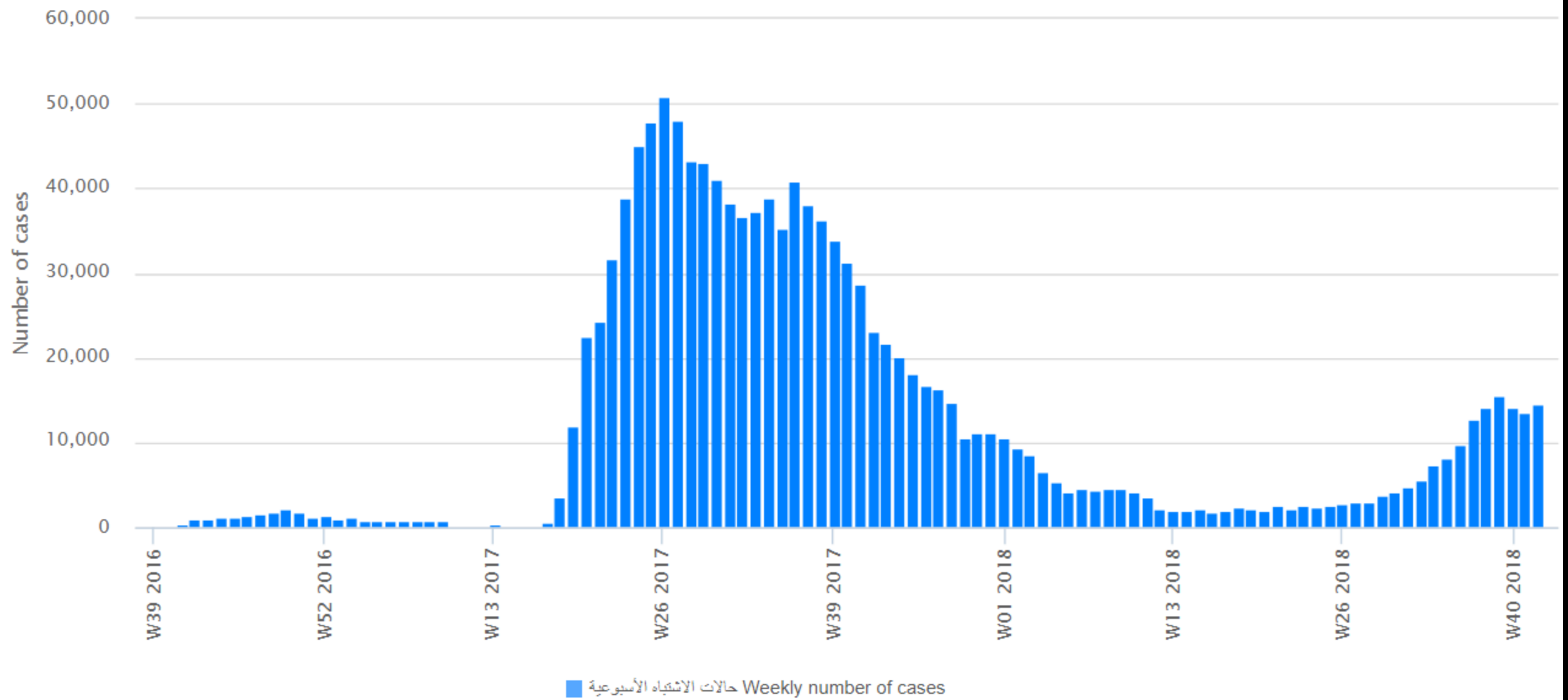
THE SECOND WAVE

- Identification: same vibrio than 1st wave
- Announcement: 27 April 2017-to date
- Epi: northern districts were more at risk during 2nd wave.
- Potential Risk factors (improved drinking water, urban districts, SAM, rains).
- From 27th April 2017 to 14th October 2018 is 1,250,741 suspected cases and 2,571 associated deaths, (CFR 0.21%), 3,231 have been confirmed by culture. 306 districts affected (out of 333). Children under 5 years old represent 29.1% of total suspected cases.
- Control measures: wash and health RRT's, medical supplies

EPIDEMIC CURVE

الشكل (1) المنحنى الوبائي على المستوى الوطني

Figure 1 | Epidemic curve (Country)



WHO RESPONSE ORAL CHOLERA VACCINATION

ORAL CHOLERA VACCINATION CAMPAIGN

MAY-AUGUST 2018



people vaccinated
662,040



8 districts in Aden,
Hudaydah & Ibb
governorates



65%
coverage



World Health
Organization



CORRESPONDING

- Established, maintenance, rehabilitation more than 145 DTCs and ORCs.
- Provide DTCs & ORCs with consumable material.
- Provide more than 150 HFs with clean water.
- Provide HFs with Cholera Kits.
- Conducted Training for RRT.
- Support surveillance system in MoH.
- Support health staff working in Cholera response (incentive).

CHALLENGES

- Collapse of Water & Sanitation system in Yemen.
- Absence of budget for operation and maintenance for health facilities.
- Difficulty in accessibility to reach certain governorates due to the ongoing conflict.
- Poor WASH Component at health facilities.
- Collapse of Water system in Yemen

IMPLEMENTATION OF CHOLERA GUIDELINE IN MALNOURISHED CHILDREN

1. The screening of children in ORC and DTC needs to be of quality.
2. The referral pathways of malnourished children with cholera in between TFC and DTC needs strengthening.
3. The guideline needs to be updated and circulated widely.



Hospitals are
#NotATarget

Thank You

