**Situation Update:**

- In week 44, there were 16,389 suspected cases and 5 associated deaths. No governorate reported a CFR higher than 1%.
- Cumulative total (27 April to 5 November 2017) of 908,400 suspected cholera cases, 2,192 associated deaths, and CFR of 0.24%, while 991 cases have been confirmed by culture.
- Children under 5 years old represent 27% of total suspected cases. Children from 5-17 represent 29% of suspected cases.
- Country level trend over the past 3 weeks is considered decreased.
- Trend between weeks 40 and 42 was stable in all governorates.
- Use of RDTs has significantly increased since week 40.
- 1043 RDTs were performed, 205 were positive.
- The total proportion of severe cases among the suspected cases is 19%.

![Rapid diagnostic test (RDT) results by weeks](chart1)

![Epidemic curve at country level](chart2)
Health Cluster Response

- Health Cluster partners are maintaining 3,914 beds in 232 Diarrhoea treatment centres DTCs and 1,026 Oral Rehydration Corners (ORCs) found across 234 affected districts in 20 governorates.
- During the past week, 179 cholera treatment facilities with 981 beds (50 DTCs and 129 ORCs) were closed. The closed facilities are located in Hajjah (67), Taiz (27), Amran (28), Sana’a (16), Amant Al Asimah (7) and Al Mahwit (4).
- Health cluster has discussed to develop SOPs for closing cholera treatment facilities. This will be shared among partners following validation from the cholera Task Force.
- Efforts to address misreporting of suspected cholera cases continue, and this has led to a decline of suspected cases reported for 7 consecutive weeks. In this regard, health cluster partners are enforcing the following:
  - Printing and distribution of the case definition to be displayed in DTCs and ORCs.
  - Reinforcing the importance of following the case definition among health workers during supervisory visits.
  - Increasing the frequency of supervisory visits to treatment centers.
  - Using separate registers for cases of diarrhea and for suspected cholera cases.
UNICEF has launched an innovative project using solar energy to supply water to 60,000 people in the city of Sa’ada which by time will decrease cholera outbreak. Photo credit: UNICEF

- WASH Cluster partners conducted cholera response activities in 174 districts 19 governorates during the reporting period.
- An estimated total of 700,000 people benefitted from chlorination of water supplies or disinfection of water points in 8 districts in Aden, Hajja, Lahj, Taiz, and Raymah.
- Chlorine for disinfection of water supply networks were provided in 46 districts in 12 governorates, with an estimated 3.6 million people connected to these networks.
- Chlorination of private water trucks was done in 11 districts in Amanat Al Asimah, Al Hudaydah and Hajjah.
- More than 350,000 people received safe water through water trucking in 24 districts in 9 governorates.
- More than 478,000 people received chlorine tablets for household water treatment in 79 districts in 13 governorates.
- Campaigns on disinfection of water storage containers is ongoing in 4 districts in Taiz governorate.
- More than 620,000 people were reached by partners with cholera key messages through household visits and public events in 154 districts in 17 governorates. WASH partners reached over 210,000 people with basic or consumable hygiene kits in 71 districts in 11 governorates.
- Support to cleaning campaigns is ongoing in 14 districts in 3 governorates. Waste water treatment plants are supported in Aden, Hodeidah, Amanat Al Asimah, Dhamar and Hajjah with approximately 3.3 million people connected.
- ORPs and DTCs are supported with trucked and chlorinated water in 8 districts in Hajjah, Amran, and Al Hudaydah. Partners provided handwashing facilities in DTCs in 1 district in Hajjah.
Challenges and Concerns

- Limited availability of WASH supplies in the local market impedes blanket distributions.
- Some WASH partners face access issues in most affected communities due to security risks or the bureaucratic procedures entailed to grant access. Visa constraints also hinder WASH experts from coming into the country.
- The cholera response of WASH partners competes with other WASH emergency response priorities, such as the provision of clean water and sanitation for displaced populations and the response to malnutrition. The health system has been weakened by the ongoing conflict. More than 55% of all facilities are closed or are only partially functional. Water and sanitation systems have been disrupted and continued funding is required for the operation and maintenance of these systems to control outbreaks such as cholera and AWD.
- 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. Health partners need some time to adjust their projects to the new endorsed modality of work for health partners in health facilities.
- Collecting stool samples for laboratory testing, transporting the samples to laboratory and provision of operational cost, and availability of supplies and reagents.

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