Highlights

- During week no. 48, 2017; 94% (1988/2008) health facilities from 23 governorates provided valid surveillance data.

- The total number of consultations reported during the week in 23 governorates was 262139 compared to 286147 the previous reporting week. Acute respiratory tract infections Lower Respiratory Infections (LRTI), Upper Respiratory Infections (URTI), Other acute diarrhea (OAD) and Malaria (Mal) were the leading cause of morbidity this week.

- A total of 2084 alerts were generated by eDEWS system in week 48, 2017. Of these 2047 alerts were verified as true for further investigations with appropriate response.

- Altogether 447 alerts for Soup Cholera, 369 Upper Respiratory Infections, 366 Lower Respiratory infections, 358 Other acute diarrhea, 199 Malaria, 172 Typhoid and Paratyphoid Fever, 154 Bloody diarrhea, 84 Influenza like Illness, 73 Mumps, 55 Measles, 35 Pertussis, 24 Diphtheria, 23 Shigellosis, 16 Dengue Fever, 16 Severe Acute Respiratory Infections, 12 Acute Flaccid Paralysis, 8 Acute viral hepatitis, 5 Cutaneous Leishmaniasis, 4 Meningitis, 3 Neonatal Tetanus and Rabies were received and responded in system generated.


Proportional morbidity of leading priority diseases, Epi weeks 48, 2017

- LRTI (16%), suspected malaria (2.8%), OAD (8.5%) and LRTI (7.1%) remain the leading causes of morbidity representing a total of 34.4%.

- Acute viral hepatitis, acute watery diarrhea and Schistosomiasis represented less than 1% of total morbidity in reporting period.

- During week no. 48, 2017; 94% (1988/2008) health facilities from 23 governorates provided valid surveillance data.

- The total number of consultations reported during the week in 23 governorates was 262139 compared to 286147 the previous reporting week. Acute respiratory tract infections Lower Respiratory Infections (LRTI), Upper Respiratory Infections (URTI), Other acute diarrhea (OAD) and Malaria (Mal) were the leading cause of morbidity this week.

- A total of 2084 alerts were generated by eDEWS system in week 48, 2017. Of these 2047 alerts were verified as true for further investigations with appropriate response.

- Altogether 447 alerts for Soup Cholera, 369 Upper Respiratory Infections, 366 Lower Respiratory infections, 358 Other acute diarrhea, 199 Malaria, 172 Typhoid and Paratyphoid Fever, 154 Bloody diarrhea, 84 Influenza like Illness, 73 Mumps, 55 Measles, 35 Pertussis, 24 Diphtheria, 23 Shigellosis, 16 Dengue Fever, 16 Severe Acute Respiratory Infections, 12 Acute Flaccid Paralysis, 8 Acute viral hepatitis, 5 Cutaneous Leishmaniasis, 4 Meningitis, 3 Neonatal Tetanus and Rabies were received and responded in system generated.

Leading causes of morbidity and mortality in Epi-week 48, 2017

- LRTI (16%), suspected malaria (2.8%), OAD (8.5%) and LRTI (7.1%) remain the leading causes of morbidity representing a total of 34.4%.

- Acute viral hepatitis, acute watery diarrhea and Schistosomiasis represented less than 1% of total morbidity in reporting period.

- Bloody diarrhea represented 0.5% of total morbidity.

- All diarrheal disease comprised 9% and LRTI 7.1% of total morbidity in all age group.

Meningitis Situation in Yemen, Epi weeks 1 - 48, 2017

- Meningitis Situation in Yemen, Epi weeks 1 - 48, 2017

- Leading causes of morbidity and mortality in Epi-week 48, 2017

- LRTI (16%), suspected malaria (2.8%), OAD (8.5%) and LRTI (7.1%) remain the leading causes of morbidity representing a total of 34.4%.

- Acute viral hepatitis, acute watery diarrhea and Schistosomiasis represented less than 1% of total morbidity in reporting period.

- Bloody diarrhea represented 0.5% of total morbidity.

- All diarrheal disease comprised 9% and LRTI 7.1% of total morbidity in all age group.

- Meningitis Situation in Yemen, Epi weeks 1 - 48, 2017

- Leading causes of morbidity and mortality in Epi-week 48, 2017

- LRTI (16%), suspected malaria (2.8%), OAD (8.5%) and LRTI (7.1%) remain the leading causes of morbidity representing a total of 34.4%.

- Acute viral hepatitis, acute watery diarrhea and Schistosomiasis represented less than 1% of total morbidity in reporting period.

- Bloody diarrhea represented 0.5% of total morbidity.

- All diarrheal disease comprised 9% and LRTI 7.1% of total morbidity in all age group.

Meningitis Situation in Yemen, Epi weeks 1 - 48, 2017

- Meningitis Situation in Yemen, Epi weeks 1 - 48, 2017
This weekly Epidemiological bulletin is published jointly by the Ministry of Public Health & Population and World Health Organization (WHO), WHO/EHA office, Sana'a, Yemen. For Correspondence: Dr. Rema Alyusfi - MOPH (Mobile: +967 71322899; email: alyusfi5@yahoo.com), Eng. Afaf Nasser - WHO (Mobile: +967 772924388; email: nasser.afaf@yahoo.com).

### Suspected Cholera Statistics

- **Total** Cholera cases: 9,822,295
- Cumulative deaths: 2,225
- Case fatality rate: 0.023%
- Affected Governorates: 22

### The Most Effective Districts by AWD/Confirmed Vibrio Laboratory Culture Result

<table>
<thead>
<tr>
<th>Gov.</th>
<th>eDEWS System</th>
<th>Vibrio laboratory culture result</th>
<th>Death</th>
<th>The Most Effective Districts by AWD/Confirmed</th>
</tr>
</thead>
<tbody>
<tr>
<td>OAD</td>
<td>Susp. Chol</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Al-Baidha</td>
<td>26,064</td>
<td>27,356</td>
<td>9</td>
<td>All Districts</td>
</tr>
<tr>
<td>Al-Dhale</td>
<td>28,615</td>
<td>47,049</td>
<td>3</td>
<td>All Districts</td>
</tr>
<tr>
<td>Al Hudaydah</td>
<td>71,326</td>
<td>143,606</td>
<td>200</td>
<td>All Districts</td>
</tr>
<tr>
<td>Al Juz</td>
<td>12,624</td>
<td>12,624</td>
<td></td>
<td>All Districts</td>
</tr>
<tr>
<td>Al Mahra</td>
<td>10,328</td>
<td>11,328</td>
<td>12</td>
<td>All Districts</td>
</tr>
<tr>
<td>Al Mahweet</td>
<td>17,040</td>
<td>57,674</td>
<td>10</td>
<td>All Districts</td>
</tr>
<tr>
<td>Amran</td>
<td>111,561</td>
<td>93,609</td>
<td>181</td>
<td>All Districts</td>
</tr>
<tr>
<td>Amran</td>
<td>31,388</td>
<td>66,040</td>
<td>22</td>
<td>All Districts</td>
</tr>
<tr>
<td>Al Madinah</td>
<td>67,858</td>
<td>93,049</td>
<td>21</td>
<td>All Districts</td>
</tr>
<tr>
<td>Hadramout (Mukalla)</td>
<td>14,188</td>
<td>568</td>
<td>3</td>
<td>Hadramout (Mukalla)</td>
</tr>
<tr>
<td>Hadramout (Sayoun)</td>
<td>14,167</td>
<td>10</td>
<td>0</td>
<td>Hadramout (Sayoun)</td>
</tr>
<tr>
<td>Hajjah</td>
<td>58,451</td>
<td>101,633</td>
<td>13</td>
<td>Hajjah</td>
</tr>
<tr>
<td>Ibb</td>
<td>71,046</td>
<td>61,946</td>
<td>12</td>
<td>Ibb</td>
</tr>
<tr>
<td>Lahj</td>
<td>48,286</td>
<td>25,925</td>
<td>16</td>
<td>Lahj</td>
</tr>
<tr>
<td>Ma'in</td>
<td>19,086</td>
<td>691</td>
<td>0</td>
<td>Ma'in</td>
</tr>
<tr>
<td>Rayma</td>
<td>78,889</td>
<td>11,483</td>
<td>119</td>
<td>Rayma</td>
</tr>
<tr>
<td>Sa'ada</td>
<td>43,976</td>
<td>10,019</td>
<td>0</td>
<td>Sa'ada</td>
</tr>
<tr>
<td>Sana'a Governorate</td>
<td>62760</td>
<td>69,646</td>
<td>43</td>
<td>Sana'a Governorate</td>
</tr>
<tr>
<td>Shabwah</td>
<td>23,422</td>
<td>1,807</td>
<td>8</td>
<td>Shabwah</td>
</tr>
<tr>
<td>Taiz</td>
<td>66,613</td>
<td>97,716</td>
<td>310</td>
<td>Taiz</td>
</tr>
<tr>
<td>Total</td>
<td>909,868</td>
<td>982,295</td>
<td>1052</td>
<td>Total</td>
</tr>
</tbody>
</table>

**Acronyms**
- OAD: Other Acute Diarrhoea
- Susp. Chol: Suspected Cholera

---

This weekly Epidemiological bulletin is published jointly by the Ministry of Public Health & Population and World Health Organization (WHO), WHO/EHA office, Sana'a, Yemen. For Correspondence: Dr. Rema Alyusfi - MOPH (Mobile: +967 71322899; email: alyusfi5@yahoo.com), Eng. Afaf Nasser - WHO (Mobile: +967 772924388; email: nasser.afaf@yahoo.com).
Cumulative diphtheria cases in Yemen from epi week 1 to epi week 47 reached to 257 suspected cases. An outbreak was detected in Ibb in week 33 with a total number of 165 suspected cases up to this week and 10 deaths. The highest affected district in Ibb governorate is Alsadah followed by Yarim. All cases are reported and documented from health facilities included in eIDEWS program.

**Proportional morbidity of leading priority diseases, Epi weeks 1 - 48, 2017**

- DD
- URTI
- S.Malaria
- LRTI

**Weekly trends of Diarrheal Diseases, Upper Respiratory infections, Suspected Malaria and Lower Respiratory infections ( Epi week 1 to 48, 2015, 2016 & 2017)**

**Age and Sex distribution of total consultations of leading diseases (Epi week 48, 2017)**

**Vaccine preventable diseases in Epi-weeks 1 to 48, 2017 (3rd Jan - 3rd Dec, 2017)**

- Measles
- Diphtheria
- Pertussis
- Acute Viral Hepatitis (A & E)
- Acute Paratyphoid
- Meningitis
- Acute Flaccid Paralysis
- Acute Viral Hepatitis (A & E)
- Measles


This weekly Epidemiological bulletin is published jointly by the Ministry of Public Health & Population and World Health Organization (WHO), WHO/EHA office, Sana’a, Yemen.

For Correspondence: Dr. Rama Aljouf - MOPH (mobile: +967 713228999; email: aljouf3@yahoo.com), Eng. Afaf Nasser - WHO (mobile: +967 772924388; email: nasser.afaf@yahoo.com).
Alerts were reported and appropriate measures were taken in week 48, 2017.

### Number of alerts & outcomes reported and investigated with appropriate response

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Alerts</td>
<td>Outbreaks</td>
<td>Alerts</td>
<td>Outbreaks</td>
</tr>
<tr>
<td>----------</td>
<td>------</td>
<td>--------</td>
<td>--------</td>
</tr>
<tr>
<td>S.Meninges</td>
<td>2080</td>
<td>66</td>
<td>1</td>
</tr>
<tr>
<td>S.Pertussis</td>
<td>151</td>
<td>10</td>
<td>1</td>
</tr>
<tr>
<td>AVH</td>
<td>419</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>AFI</td>
<td>47</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>LRTI</td>
<td>1793</td>
<td>390</td>
<td>0</td>
</tr>
<tr>
<td>Meas</td>
<td>1421</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Mumps</td>
<td>40446</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Meningitis</td>
<td>4978</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>C.Leth</td>
<td>325</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>S.Dengue</td>
<td>3098</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>BD</td>
<td>7985</td>
<td>154</td>
<td>0</td>
</tr>
<tr>
<td>OAD</td>
<td>19356</td>
<td>17</td>
<td>0</td>
</tr>
<tr>
<td>S.Dengue</td>
<td>1540</td>
<td>16</td>
<td>1</td>
</tr>
<tr>
<td>LRTI</td>
<td>19155</td>
<td>67</td>
<td>0</td>
</tr>
<tr>
<td>VIH</td>
<td>82</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Typhoid F</td>
<td>1862</td>
<td>2437</td>
<td>0</td>
</tr>
<tr>
<td>Typhoid</td>
<td>1862</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Universal_Oursoes</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Other_Outbreaks</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>118795</td>
<td>2484</td>
<td>6</td>
</tr>
</tbody>
</table>

### Number of Alerts Resolved and Responded (for weeks 45 - 40, 2017)

This weekly Epidemiological bulletin is published jointly by the Ministry of Public Health & Population and World Health Organization (WHO), WHO/EHA/Office, Sana'a, Yemen.

For Correspondence: Dr. Rema Alyusfi - MOPH (Mobile: +967 713228999; email: alyusfi5@yahoo.com), Eng. Afaf Nasser-WHO (Mobile: +967 772204388; email: nasser.afaf@yahoo.com).
By visiting the facility with the coordinator of edews in the hospital we found these cases of suspicion of Pert and treated accordingly, isolation done, the cases take treatment and go outside hospital, Treatment used WHO protocol ORT. One case was dead.

DF

Chol

Affiliated Health Complex,Eastern Al Azi Hospital.

Immediate report was received from the focal points. The cases were diagnosed clinically by case definition.

Chol

Field Hospital,Al Azi Dispensary.

Immediate notification by focal points. Cases were diagnosed clinically, cases diagnosed clinically and treated accordingly. The cases were vaccinated completely all doses. The cases were treated with oral antibiotic.

AFP

Al Mansura,

Immediate report was received from the focal points. The cases were diagnosed clinically by case definition, vaccination was done, treatment was given. Investigation form were done.

Miss

Fields were vaccination 4 cases were vaccinated unknown and one case was vaccination given.

Port

Al Mansura,Al Azi Dispensary.

We IDEWS coordinator contacted the focal points, the cases were diagnosed clinically by case definition, blood samples were collected and be sent to central lab.

AFP

Al Mansura,Al Dasta Hospital.

We IDEWS coordinator contacted hospital focal points, the cases were diagnosed suspected AWD and treated accordingly, isolation done, the cases take treatment and go outside hospital, Treatment used WHO protocol ORT. One case was dead.

Miss

Al Azi Dispensary.

We IDEWS coordinator contacted focal points, the cases were diagnosed clinically, vaccination was done, treatment was given, investigation form were done.

Chol

Al Maafer Hospital.

We IDEWS coordinator contacted focal points, the cases were diagnosed suspected AWD and treated accordingly, isolation done, the cases take treatment and go outside hospital, Treatment used WHO protocol ORT. One case was dead.

Diph

Al Mansura,Al Dasta Hospital.

We IDEWS team was contacted tp: The cases were diagnosed clinically, vaccination were done, samples were collected from cases and sent to center lab, treatment were given, investigation form were done.

Port

Al Mansura,Dr Muna Clinic.

We IDEWS team was contacted tp: The case was send mahmood male 3 y from abesab, diagnosed clinically vaccination was done, treatment was given, no investigation form was done.

Miss

Al Azi Dispensary.

We IDEWS team was contacted tp: The cases were diagnosed clinically, 4 cases were un vaccination and other cases were vaccination, no samples were collected, treatment were given, investigation form were done.

Chol

Al Azi Dispensary.

We IDEWS team was contacted tp: The cases were diagnosed clinically, vaccination were done, samples were collected from the cases and sent to center lab, treatment were given, investigation form were done.

Diph

Al Mansura,Al Shokhutman,Salad,Sad.

We IDEWS team was contacted tp: The cases were diagnosed clinically, one case was vaccination and 2 cases were un vaccination but other cases were vaccinated unknown, samples were not collected treatment were given and investigation form were done, 2 cases were dead.

Port

Al Mansura,Al Dasta Hospital.

We IDEWS team was contacted tp: The cases were diagnosed clinically, treatment were given.

Miss

Al Azi Dispensary.

We IDEWS team was contacted tp: The cases were diagnosed suspected AWD and treated accordingly, isolation done, the cases take treatment and go outside hospital, Treatment used WHO protocol ORT. One case was dead.

Chol

Al Maafer Hospital.

We IDEWS team was contacted tp: The cases were diagnosed suspected Pert and treated accordingly, isolation done, the cases take treatment and go outside hospital, Treatment used WHO protocol ORT. One case was dead.

Diph

Al Mansura,Al Jidawi,Al Khamees.

We IDEWS team was contacted tp: The cases were diagnosed suspected Pert and treated accordingly, isolation done, the cases take treatment and go outside hospital, Treatment used WHO protocol ORT. One case was dead.

Miss

Al Azi Dispensary.

We IDEWS team was contacted tp: The cases were diagnosed clinically, one case was vaccination and 2 cases were un vaccination but other cases were vaccinated unknown, samples were not collected treatment were given and investigation form were done, 2 cases were dead.

Port

Al Mansura,Dr Muna Clinic.

We IDEWS team was contacted tp: The case was send mahmood male 3 y from abesab, diagnosed clinically vaccination was done, treatment was given, no investigation form was done.

Miss

Al Maafer Hospital.

We IDEWS team was contacted tp: The cases were diagnosed clinically, 4 cases were un vaccination and other cases were vaccination, no samples were collected, treatment were given, investigation form were done.

Chol

Al Maafer Hospital.

We IDEWS team was contacted tp: The cases were diagnosed suspected Pert and treated accordingly, isolation done, the cases take treatment and go outside hospital, Treatment used WHO protocol ORT. One case was dead.

Diph

Al Mansura,Al Shokhutman,Salad,Sad.

We IDEWS team was contacted tp: The cases were diagnosed clinically, one case was vaccination and 2 cases were un vaccination but other cases were vaccinated unknown, samples were not collected treatment were given and investigation form were done, 2 cases were dead.

Port

Al Mansura,Dr Muna Clinic.

We IDEWS team was contacted tp: The case was send mahmood male 3 y from abesab, diagnosed clinically vaccination was done, treatment was given, no investigation form was done.

Miss

Al Azi Dispensary.

We IDEWS team was contacted tp: The cases were diagnosed suspected Pert and treated accordingly, isolation done, the cases take treatment and go outside hospital, Treatment used WHO protocol ORT. One case was dead.

Chol

Al Maafer Hospital.

We IDEWS team was contacted tp: The cases were diagnosed clinically, 4 cases were un vaccination and other cases were vaccination, no samples were collected, treatment were given, investigation form were done.

Diph

Al Mansura,Al Jidawi,Al Khamees.

We IDEWS team was contacted tp: The cases were diagnosed clinically, one case was vaccination and 2 cases were un vaccination but other cases were vaccinated unknown, samples were not collected treatment were given and investigation form were done, 2 cases were dead.
<table>
<thead>
<tr>
<th>Suspected Disease</th>
<th>Governorate</th>
<th>District</th>
<th>HFs</th>
<th>Actions Taken / Notes</th>
<th>Cases</th>
<th>Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>DF</td>
<td>Al Bayda</td>
<td>Arqub</td>
<td>Althaim Center, Al-Makar Hospital, Al-Agower Private Health Center</td>
<td>Focal points were contacted, he informed us that the suspected DF cases had a history of high fever, retro-bulbar pain, myalgia and arthralgia. Cases were diagnosed clinically. Antibiotics were given. The cases were unvaccinated but one case was vaccinated. samples were collected and sent to a central lab for confirmation.</td>
<td>29</td>
<td>0</td>
</tr>
<tr>
<td>Part</td>
<td>Al Bayda</td>
<td>Majhun</td>
<td>Dr. Yasen Hospital</td>
<td>Coordinator contacted the hospital focal points, the cases were diagnosed suspected and treated accordingly, some cases have been two doses and the other have completed doses of vaccine, no cluster of three cases in same place</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>AFP</td>
<td>Al Bayda</td>
<td>Zakrib</td>
<td></td>
<td>DEWS coordinator contacted focal point. The suspected AFP child female has 24 month from Zakrib have 3 doses of vaccine. Hospital recorded 21/12/2017 stool samples were collected from the patient and his close contacts by district coordinator and sent to the Central Laboratory in Sanan</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Diph</td>
<td>Al Bayda</td>
<td>Al Hawak</td>
<td>Al-Awad Health Center, New Katwe Health Center</td>
<td>Focal points were contacted, the suspected Diphtheria cases had a history of pseudo-membran around tonsils, and fever, several cases were diagnosed clinically. Medications have been started. ALL cases only depend on case definition no sample taken, the cases were un-vaccination, one case was dead</td>
<td>7</td>
<td>1</td>
</tr>
<tr>
<td>Meas</td>
<td>Al Bayda</td>
<td>Al Hawak</td>
<td>Althaim public Health Center</td>
<td>DEWS coordinator contacted focal points, information shared, cases have been diagnosed clinically AWD. The Cases from different Areas, Appropriate treatment was given</td>
<td>2062</td>
<td>0</td>
</tr>
<tr>
<td>Chol</td>
<td>Hajjah</td>
<td>Ma'rib</td>
<td></td>
<td>DEWS coordinator contacted focal points, information shared, case were diagnosed clinically Meas. The cases were un-vaccinated but one case was vaccination. samples were collected and sent to a central lab for confirmation.</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>Meas</td>
<td>Hajjah</td>
<td>Ma'rib</td>
<td></td>
<td></td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Part</td>
<td>Hajjah</td>
<td>Al Hakma</td>
<td></td>
<td></td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Diph</td>
<td>Al-Bayda</td>
<td>Al-Hawak</td>
<td></td>
<td></td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>DF</td>
<td>Hajjah</td>
<td>Al Hawak</td>
<td></td>
<td></td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Meas</td>
<td>Hajjah</td>
<td>Ma'rib</td>
<td></td>
<td></td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Chol</td>
<td>Amana</td>
<td>Ma'rib</td>
<td>Bani Al Shomi Health Center, Al-Awad Health Center</td>
<td>Rapid response team contacted focal points by eDEWS coordinator, cases diagnosed clinically according to case definition. Blood samples were collected from cases and sent to lab (Central lab/for confirmation. Supplements &amp; antibiotics treatment were given).case management. Most of cases were from Amana governorate &amp; a few of them from other governorates from different districts of that governorate, the results of stool C/E still pending. Rapid tests of cholera were negative for most collected specimens, so stool-C/E is not done for that samples. There were collection &amp; cluster of cases in the same Place.</td>
<td>1215</td>
<td>0</td>
</tr>
<tr>
<td>Meas</td>
<td>Amana</td>
<td>Ma'rib</td>
<td>Bani Al Shomi Health Center, Al-Awad Health Center, Al-Mahdha Health Center</td>
<td></td>
<td>8</td>
<td>0</td>
</tr>
<tr>
<td>AFP</td>
<td>Amana</td>
<td>Arta</td>
<td>Al-Ad-Dhayd Hospital</td>
<td>DEWS coordinator contacted focal points, information shared, case were diagnosed clinically AWD. The Cases from different Areas, Appropriate treatment was given</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Part</td>
<td>Amana</td>
<td>Al Hakma</td>
<td>Zaid bin Sultan Health Center</td>
<td>DEWS coordinator contacted focal points, information shared, the cases were diagnosed clinically according to the case definition. Antibiotic treatment was given. The cases were vaccinated against Pertussis.</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Diph</td>
<td>Amana</td>
<td>Arta</td>
<td></td>
<td></td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Meas</td>
<td>Amana</td>
<td>Al Hakma</td>
<td></td>
<td></td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Chol</td>
<td>Amana</td>
<td>Al Hakma</td>
<td>Kifid wa Al Boqee, Rashid, Saida, Baspin</td>
<td>edews team contacted focal points, cases diagnosed clinically, antibiotic treatment was given, the cases were vaccination</td>
<td>10</td>
<td>0</td>
</tr>
<tr>
<td>Meas</td>
<td>Amana</td>
<td>Al Hakma</td>
<td></td>
<td></td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Chol</td>
<td>Amana</td>
<td>Al Hakma</td>
<td></td>
<td></td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Meas</td>
<td>Amana</td>
<td>Al Hakma</td>
<td></td>
<td></td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Chol</td>
<td>Amana</td>
<td>Al Hakma</td>
<td>Al-Omar Health Center, As Said Health Hospital</td>
<td>edews team contacted focal points, cases were diagnosed clinically as suspected cholera, treatment were given. such as intravenous fluid and or. s. all the cases improved after taking the treatments</td>
<td>1949</td>
<td>0</td>
</tr>
<tr>
<td>Meas</td>
<td>Amana</td>
<td>Al Hakma</td>
<td></td>
<td></td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Amana</td>
<td>Amana</td>
<td>Al Hakma</td>
<td></td>
<td></td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Meas</td>
<td>Amana</td>
<td>Al Hakma</td>
<td></td>
<td></td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>

This weekly epidemiological bulletin is published jointly by the Ministry of Public Health & Population and World Health Organization (WHO), WHO/Ethia-office, Sana'a, Yemen. For correspondence: Dr. Ameen Al Saffar, WHO/Ethia, Mobile: +967 77283480; email: a.saffar@who.int. ©WHO 2017. All rights reserved. No part of this publication may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, by photocopying, recording or otherwise, without prior written permission from the WHO/Ethia office.

#### Suspected Disease | Governorate | District | HFIs | Actions Taken / Notes | Cases | Deaths
--- | --- | --- | --- | --- | --- | ---
**Chol**
- Sanaa Governorate | Al Harb, Hamdan, Bidad, Al-Rus, Kheran, Jahan, Al Khayma, Al Marj, Al Abayn, Banka, Al Wadi, Al Shadda, Al Jilid, Al Jin, Al Husn | Health Center, Hospital | The cases are suspected according to case definition and the cases were vaccinated: appropriated treatment given to cases | 838 | 0
- Marib City | Al Ras, Al Harb, Al Abayn, Banka, Al Wadi, Al Shadda, Al Jilid, Al Jin, Al Husn | Health Center, Hospital | The cases are suspected according to case definition and the cases were vaccinated: appropriated treatment given to cases | 0 | 0
- Shabwah | Bait, Aqar | Health Center | eIDEWS team contacted focal points: the cases were diagnosed clinically as suspected cholera using case definition: the cases were vaccinated, blood samples collected and sent, symptomatic treatment was prescribed | 5 | 0
- Dhale | Al Hayma, Al Haymah | Hospital | The coordinator of the EIDEWS received a report from the surveillance officer at the Center for the treatment of the existence of a number of cases in which the doctor suspected that cholera had been taken to the health facility and receiving treatment as one, one case was dead | 1197 | 1
- " | " | " | The coordinator of the EIDEWS received a report from the surveillance officer at the Center for the treatment of the existence of a number of cases in which the doctor suspected that cholera had been taken to the health facility and receiving treatment as one, one case was dead | 317 | 0
- " | " | " | The coordinator of the EIDEWS received a report from the surveillance officer at the Center for the treatment of the existence of a number of cases in which the doctor suspected that cholera had been taken to the health facility and receiving treatment as one, one case was dead | 3 | 0
- " | " | " | The coordinator of the EIDEWS received a report from the surveillance officer at the Center for the treatment of the existence of a number of cases in which the doctor suspected that cholera had been taken to the health facility and receiving treatment as one, one case was dead | 1 | 0
- " | " | " | The coordinator of the EIDEWS received a report from the surveillance officer at the Center for the treatment of the existence of a number of cases in which the doctor suspected that cholera had been taken to the health facility and receiving treatment as one, one case was dead | 55 | 0
- " | " | " | The coordinator of the EIDEWS received a report from the surveillance officer at the Center for the treatment of the existence of a number of cases in which the doctor suspected that cholera had been taken to the health facility and receiving treatment as one, one case was dead | 0 | 0
- " | " | " | The coordinator of the EIDEWS received a report from the surveillance officer at the Center for the treatment of the existence of a number of cases in which the doctor suspected that cholera had been taken to the health facility and receiving treatment as one, one case was dead | 4 | 0
- " | " | " | The coordinator of the EIDEWS received a report from the surveillance officer at the Center for the treatment of the existence of a number of cases in which the doctor suspected that cholera had been taken to the health facility and receiving treatment as one, one case was dead | 6 | 0
- " | " | " | The coordinator of the EIDEWS received a report from the surveillance officer at the Center for the treatment of the existence of a number of cases in which the doctor suspected that cholera had been taken to the health facility and receiving treatment as one, one case was dead | 3 | 0
- " | " | " | The coordinator of the EIDEWS received a report from the surveillance officer at the Center for the treatment of the existence of a number of cases in which the doctor suspected that cholera had been taken to the health facility and receiving treatment as one, one case was dead | 993 | 2
- " | " | " | The coordinator of the EIDEWS received a report from the surveillance officer at the Center for the treatment of the existence of a number of cases in which the doctor suspected that cholera had been taken to the health facility and receiving treatment as one, one case was dead | 205 | 3
- " | " | " | The coordinator of the EIDEWS received a report from the surveillance officer at the Center for the treatment of the existence of a number of cases in which the doctor suspected that cholera had been taken to the health facility and receiving treatment as one, one case was dead | 1 | 0
- " | " | " | The coordinator of the EIDEWS received a report from the surveillance officer at the Center for the treatment of the existence of a number of cases in which the doctor suspected that cholera had been taken to the health facility and receiving treatment as one, one case was dead | 4 | 0
- " | " | " | The coordinator of the EIDEWS received a report from the surveillance officer at the Center for the treatment of the existence of a number of cases in which the doctor suspected that cholera had been taken to the health facility and receiving treatment as one, one case was dead | 38 | 0

---

The objective of this weekly epidemiological bulletin is to provide a snap shot on selected health events reported from the eDEWS surveillance system in all governorates. The bulletin includes all methods of prevention and control were taken.

The weekly Epidemiological bulletin is published jointly by the Ministry of Public Health & Population and World Health Organization (WHO), WHO/EMF/office, Sana'a, Yemen.

For Correspondence: Dr. Rama Aylut - MOPH (Mobile: +967 731328899; email: aylut65@yahoo.com), Eng. Afef Nasir-WHO (Mobile: +967 772324388; email: nasir.afef@yahoo.com).

---

The weekly Epidemiological bulletin is published jointly by the Ministry of Public Health & Population and World Health Organization (WHO), WHO/EMF/office, Sana'a, Yemen.

For Correspondence: Dr. Rama Aylut - MOPH (Mobile: +967 731328899; email: aylut65@yahoo.com), Eng. Afef Nasir-WHO (Mobile: +967 772324388; email: nasir.afef@yahoo.com).