



News:

- **WHO:** published the [last report](#) on the fourth meeting of the International Health Regulations (2005) (IHR) Emergency Committee on the Multi-Country Outbreak of monkeypox (mpox)
- **WHO:** announced the [new ICD-11](#) which came into effect in January 2022 for the national and international recording and reporting of causes of illness, death - and more.
- **WHO:** initiated in 2022 a project to [estimate medical countermeasures \(MCMs\) needed during a future influenza pandemic](#). Effective planning for the deployment of pandemic influenza response products including vaccines, antivirals and diagnostics is critical to ensuring the timely delivery of these interventions to populations in need. Fundamental to this is implementing an evidence-based understanding of global product needs in order to inform allocation and prioritization strategies.
- **ECDC:** Earthquakes in Türkiye and Syria: [infectious diseases expected to be a concern in two to four weeks](#). As immediate health needs following earthquakes are mostly related to trauma and the disruption of healthcare, however, infectious disease threats may be concerning in the following two to four weeks (see also slide 4).
- **UNICEF:** [Acute respiratory infections double as Afghanistan's children](#) face the harshest winter in a decade. UNICEF estimates, around 900,000 children under the age of five are estimated to suffer from severe malnutrition and 2.3 million children from moderate to acute malnutrition.
- **Syria/Turkey:** [Intense Tropical Cyclone Freddy made landfall on the eastern coast of Madagascar](#) on 21 February evening. At least one person has died, it brought heavy rain and powerful winds tearing roofs off houses and triggering a storm surge.

Topics:

- Global situation: COVID-19 (slide 2)
- Cholera Pandemic - Global Situation (slide 3)
- Other infectious diseases (slide 4 + 5)
- Trends in Group A Streptococcus (slide 6)
- Earthquake in Türkiye and Syria – Public Health Threats (slide 7)
- Türkiye and Syria – Earthquakes (slide 8)

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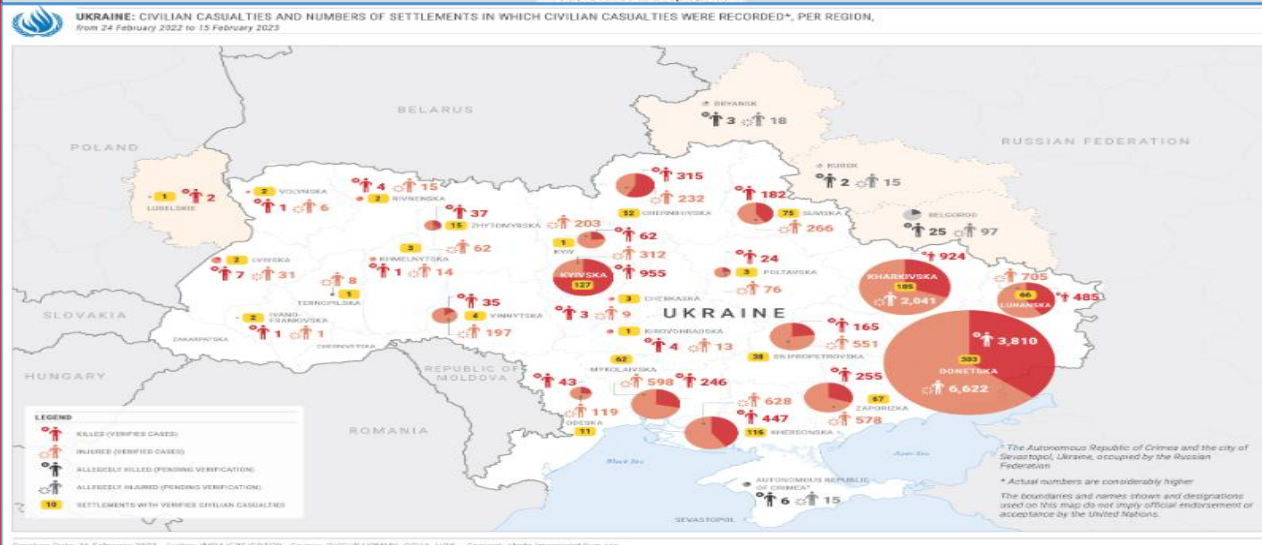
An updated (bivalent) COVID-19 booster provides *additional protection* against symptomatic COVID-19 illness\*



COVID-19 spread has increased during the last two winters; stay up to date with COVID-19 vaccination

\* Among immunocompetent adults with COVID-19-like symptoms, the vaccination status of 121,687 adults with a positive COVID-19 test was compared to that of 238,939 adults with a negative COVID-19 test.

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NOVEMBER 22, 2022



# COVID-19 Situation by WHO Region, as of 15 February

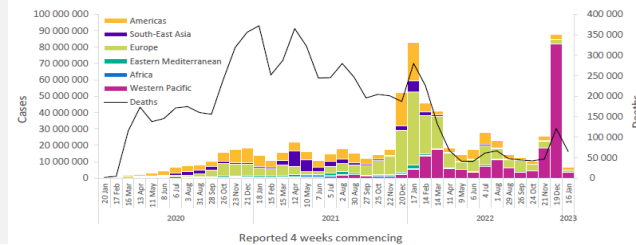
## Global epidemiological situation overview; WHO as of 15 February 2023

Globally, over 6.7 million new cases and over 64 000 deaths were reported in the last 28 days (16 January to 12 February 2023), a decrease of 92% and 47%, respectively, compared to the previous 28 days (Figure 1, Table 1). As of 12 February 2023, over 755 million confirmed cases and over 6.8 million deaths have been reported globally.

Current trends in reported COVID-19 cases are underestimates of the true number of global infections and reinfections as shown by prevalence surveys.<sup>1–4</sup> This is partly due to the reduction in testing and delays in reporting in many countries. Data presented in this report may be incomplete and should, therefore, be interpreted with caution. Additionally, data from previous weeks are continuously updated to incorporate retrospective changes in reported COVID-19 cases and deaths made by countries.

At the country level, the highest numbers of new 28-day cases were reported from Japan (1 627 259 new cases; -61%), China (1 272 035 new cases; -98%), the United States of America (1 165 050 new cases; -36%), the Republic of Korea (543 308 new cases; -66%), and Brazil (332 404 new cases; -54%). The highest numbers of new 28-day deaths were reported from China (20 979 new deaths; -68%), the United States of America (14 326 new deaths; +12%), Japan (8294 new deaths; -7%), Brazil (2426 new deaths; -29%), and the United Kingdom (2269 new deaths; -47%).

Figure 1. COVID-19 cases reported by WHO Region, and global deaths by 28-day intervals, as of 12 February 2023\*\*



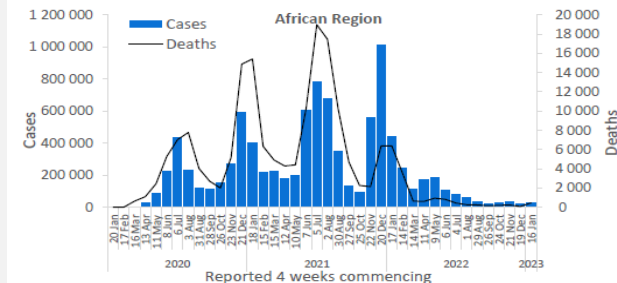
## WHO regional overviews

Data for 16 January to 12 February 2023

### African Region

The African Region reported over 23 000 new cases, a 23% decrease as compared to the previous 28-day period. Nine (18%) of the 50 countries for which data are available reported increases in new cases of 20% or greater, with the highest proportional increases observed in the Republic of the Congo (nine vs one new cases; +800%), Mali (38 vs five new cases; +660%), and Zimbabwe (2634 vs 890 new cases; +196%). The highest numbers of new cases were reported from South Africa (5347 new cases; 9.0 new cases per 100 000; -18%), Zambia (5050 new cases; 27.5 new cases per 100 000; +74%), and Réunion (2770 new cases; 309.4 new cases per 100 000; -61%).

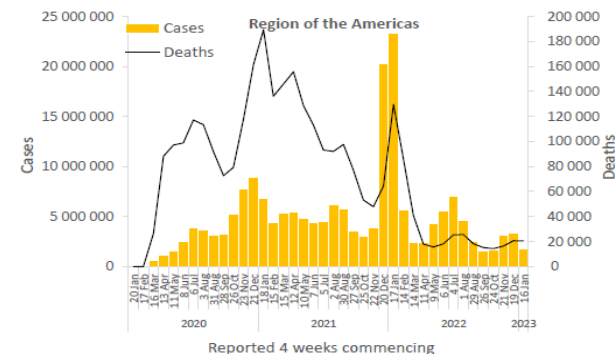
The number of new 28-day deaths in the Region increased by 22% as compared to the previous 28-day period, with 93 new deaths reported. The highest numbers of new deaths were reported from South Africa (27 new deaths; <1 new death per 100 000; no deaths reported the previous 28-day period), Zimbabwe (20 new deaths; <1 new death per 100 000; +43%), and Zambia (15 new deaths; <1 new death per 100 000; similar to the previous 28-day period).



### Region of the Americas

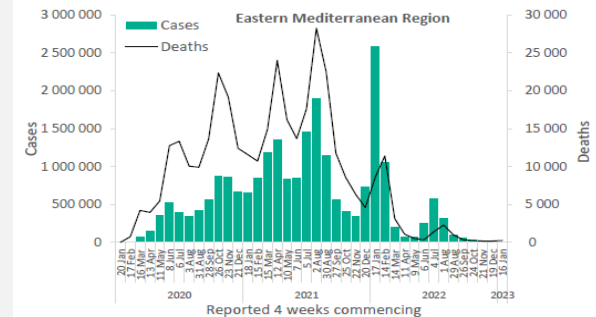
The Region of the Americas reported just under 1.8 million new cases, a 46% decrease as compared to the previous 28-day period. Five (9%) of the 56 countries for which data are available reported increases in new cases of 20% or greater, with the highest proportional increases observed in Saint Lucia (121 vs 20 new cases; +505%), Turks and Caicos Islands (58 vs 16 new cases; +263%), and Jamaica (937 vs 299 new cases; +213%). The highest numbers of new cases were reported from the United States of America (1 165 050 new cases; 352.0 new cases per 100 000; -36%), Brazil (332 404 new cases; 156.4 new cases per 100 000; -54%), and Mexico (73 053 new cases; 56.7 new cases per 100 000; -41%).

The number of new 28-day deaths in the Region decreased by 1% as compared to the previous 28-day period, with 20 552 new deaths reported. The highest numbers of new deaths were reported from the United States of America (14 326 new deaths; 4.3 new deaths per 100 000; +12%), Brazil (2426 new deaths; 1.1 new deaths per 100 000; -29%), and Canada (889 new deaths; 2.4 new deaths per 100 000; -25%).



The Eastern Mediterranean Region reported over 17 000 new cases, a 2% decrease as compared to the previous 28-day period. Six (27%) of the 22 countries for which data are available reported increases in new cases of 20% or greater, with the highest proportional increases observed in Tunisia (2748 vs 447 new cases; +515%), Sudan (56 vs 39 new cases; +44%), and Egypt (110 vs 81 new cases; +36%). The highest numbers of new cases were reported from Lebanon (4770 new cases; 69.9 new cases per 100 000; +32%), the Islamic Republic of Iran (2872 new cases; 3.4 new cases per 100 000; +32%), and Tunisia (2748 new cases; 23.3 new cases per 100 000; +515%).

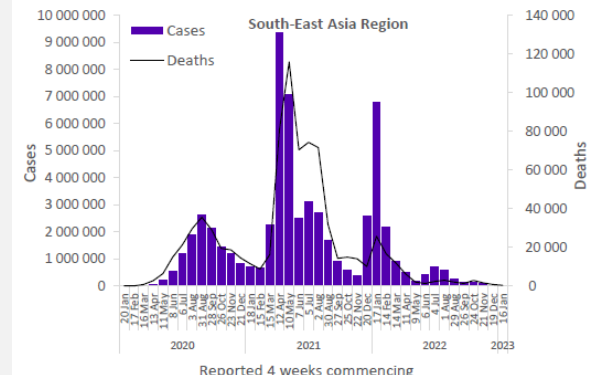
The number of new 28-day deaths in the Region increased by 33% as compared to the previous 28-day period, with 231 new deaths reported. The highest numbers of new deaths were reported from the Islamic Republic of Iran (5 new deaths; <1 new death per 100 000; -15%), Saudi Arabia (49 new deaths; <1 new death per 100 000; +2%), and Lebanon (42 new deaths; <1 new death per 100 000; +133%).



### South-East Asia Region

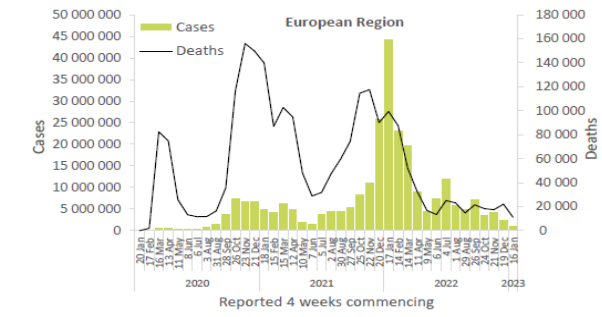
The South-East Asia Region reported over 12 000 new cases, a 59% decrease as compared to the previous 28-day period. No country has reported increases in new cases of 20% or greater compared to the previous 28-day period. The highest numbers of new cases were reported from Indonesia (6713 new cases; 2.5 new cases per 100 000; -59%), India (3078 new cases; <1 new case per 100 000; -40%), and Thailand (1743 new cases; 2.5 new cases per 100 000; -75%).

The number of new 28-day deaths in the Region decreased by 60% as compared to the previous 28-day period, with 271 new deaths reported. The highest numbers of new deaths were reported from Indonesia (137 new deaths; <1 new death per 100 000; -58%), Thailand (102 new deaths; <1 new death per 100 000; -64%), and India (24 new deaths; <1 new death per 100 000; -56%).



The European Region reported over 1.2 million new cases, a 52% decrease as compared to the previous 28-day period. Six (10%) of the 61 countries for which data are available reported increases in new cases of 20% or greater, with the highest proportional increases observed in Georgia (6795 vs 3528 new cases; +93%), Kosovo<sup>[1]</sup> (302 vs 170 new cases; +78%), and Armenia (285 vs 166 new cases; +72%). The highest numbers of new cases were reported from Germany (296 686 new cases; 356.7 new cases per 100 000; -51%), the Russian Federation (216 104 new cases; 148.1 new cases per 100 000; +54%), and Italy (138 179 new cases; 231.7 new cases per 100 000; -69%).

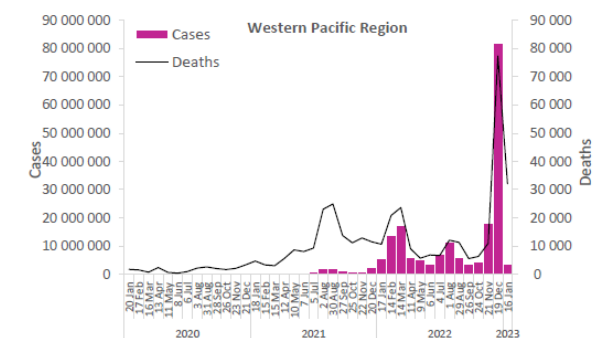
The number of new 28-day deaths in the Region decreased by 50% as compared to the previous 28-day period, with 11 173 new deaths reported. The highest numbers of new deaths were reported from the United Kingdom (2269 new deaths; 3.3 new deaths per 100 000; -47%), Italy (1393 new deaths; 2.3 new deaths per 100 000; -50%), and the Russian Federation (1153 new deaths; <1 new death per 100 000; -18%).



### Western Pacific Region

The Western Pacific Region reported over 3.6 million new cases, a 96% decrease as compared to the previous 28-day period. One (3%) of the 35 countries for which data are available reported increases in new cases of 20% or greater: Samoa (106 vs 26 new cases; +308%). The highest numbers of new cases were reported from Japan (1 627 259 new cases; 1286.6 new cases per 100 000; -61%), China (1 272 035 new cases; 86.5 new cases per 100 000; -98%), and the Republic of Korea (543 308 new cases; 1059.7 new cases per 100 000; -66%).

The number of new 28-day deaths in the Region decreased by 58% as compared to the previous 28-day period, with 32 109 new deaths reported. The highest numbers of new deaths were reported from China (20 979 new deaths; 1.4 new deaths per 100 000; -68%), Japan (8294 new deaths; 6.6 new deaths per 100 000; -7%), and Australia (1511 new deaths; 5.9 new deaths per 100 000; +104%).



# Cholera Pandemic - Global Situation

Source: [WHO](#), as of 11 February 2023

## Current Situation

Since the first disease outbreak news on the [global cholera situation](#) was published on 16 December 2022, the global situation has further deteriorated with additional countries reporting cases and outbreaks.

Since mid-2021, the world is facing an acute upsurge of the 7th cholera pandemic characterized by the number, size and concurrence of multiple outbreaks, the spread to areas free of cholera for decades and alarming high mortality rates.

In 2021, 23 countries reported cholera outbreaks, mainly in the WHO Regions of Africa and the Eastern Mediterranean. This trend continued into 2022 as 30 countries across five of the six WHO regions reported cholera cases or outbreaks. Among those, 14 had not reported cholera in 2021, including non-endemic countries (Lebanon and Syria) or countries that had not reported cases over three years (Haiti and the Dominican Republic), while most of the remaining countries reported higher case numbers and case fatality ratios (CFR) than in previous years.

As of 1 February 2023, at least 18 countries continue to report cholera cases (Table 1 A & B). As according to the seasonality patterns large parts of the world are in currently in low or interepidemic transmission period this number could increase in the months to come.

The mortality associated to those outbreaks is of particular concern as many countries reported higher CFR than in previous years. The average cholera CFR reported globally in 2021 was 1.9% (2.9% in Africa), a significant increase above acceptable (<1%) and the highest recorded in over a decade. Preliminary data suggests similar trend for 2022 and 2023.

The simultaneous progression of several cholera outbreaks, compounded in countries facing complex humanitarian crises with fragile health systems and aggravated by climate change, poses challenges to outbreak response and risks further spreading to other countries.

The overall capacity to respond to the multiple and simultaneous outbreaks continues to be strained due to the global lack of resources, including the oral cholera vaccine, as well as overstretched public health and medical personnel, who are dealing with multiple disease outbreaks at the same time.

Based on the current situation, including the increasing number of outbreaks and their geographic expansion, as well as a lack of vaccines and other resources, WHO assesses the risk at the **global level as very high**.

## WHO risk assessment

The risk of cholera is not equally distributed between regions, countries or within countries. The risk of cholera increases with decreasing access to clean water and sanitation. However, there are a number of outbreaks occurring simultaneously across all six WHO regions, which are straining the overall epidemic response capacity. Several are in the midst of complex humanitarian crises

**Figure 1: Global situation of active epidemics of cholera and acute watery diarrhoea as of 1 February 2023**  
Note: Countries in white are not reporting ongoing cholera outbreaks as of 1 February 2023.



The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

Data Source: World Health Organization  
Map Production: WHO Health Emergencies Programme  
Map Date: 3 February 2023



with fragile health systems, inadequate access to clean water and sanitation and have insufficient capacity to respond to the outbreaks. Climate change and a lack of development are also contributing to outbreaks. In addition, many affected countries have highly mobile populations that may spread cholera to neighbouring countries. Cross-border population movements and increased global travel following the lifting of COVID-19-related restrictions, increase the risk of further international spread. Based on the current situation, in particular: 1) the increasing number of outbreaks and geographical expansion; 2) the complex humanitarian context of many crises; 3) continuous risk of spread; 4) lack of vaccines and limited response capacity (supplies, human resources), the risk at the global level is assessed as very high and cholera remains a global threat to public health and an indicator of inequity and lack of social development.

**Table 1A & B. Summary of reported ongoing cholera outbreaks as of January 2023**

WHO Region	Countries under monitoring	Context
WHO Region of Africa	Burundi	Between December 2022 and 29 January 2023, Burundi has reported 105 cases and one death (CFR 1%) in five districts. Most affected is the city of Bujumbura, located on Lake Tanganyika and bordering the Democratic Republic of the Congo's South Kivu province, which is also reporting an ongoing and worsening outbreak. In the past, small outbreaks have occurred in Burundi and have been controlled rapidly, but there remains a risk of spread in the country and region.
	Cameroon	The outbreak has been ongoing for more than one year and has affected all eight provinces in 2022, including the highly insecure Far North, with several vulnerable IDP camps. As of 29 January 2023, a total of 15 175 cases and 302 deaths (CFR 2.0%) have been reported since the beginning of the outbreak in October 2021. Multiple rounds of OCV have been deployed in 2022 and case numbers are declining since the end of 2022, with currently only a small number of cases being reported from two provinces. The fourth OCV campaign is in preparation.
	Democratic Republic of the Congo	The Democratic Republic of the Congo reported 18 403 cases and 302 deaths (1.6%) across 26 provinces in 2022. There was an increase in cases in endemic provinces, especially in the East, following the usual seasonal pattern of an increase during the rainy season. Spread to non-endemic, remote areas with low response capacity and high CFR had also been observed. The conflict between government forces and the M23 group led to increased displacement and the arrival of a large number of IDPs in North Kivu camps, close to Goma. A cholera outbreak with 4104 cases and 16 deaths (CFR 0.4%) reported as of 27 January 2023, has been ongoing in North Kivu since December 2022. An OCV campaign reaching IDPs as well as the host population in the affected health zones was conducted in January 2023.
	Ethiopia	Recurrent outbreaks have been reported. Recent outbreaks have been reported in Oromia and Somali regions, near the border with Somalia. From 17 September 2022 to 23 January 2023, 1036 cases with 28 deaths (CFR 2.7%) have been registered. An OCV campaign was conducted in January 2023, but there is a risk of low effectiveness due to population movement in the area, as observed in the past. Conflict, the impact of drought and increased risk of food insecurity in the area are other fueling factors. There is also a continued risk of spread in the Horn of Africa.
	Kenya	Since October 2022, the outbreak has spread rapidly in 15 counties, including Nairobi, where a high CFR (>5%) was recorded in the beginning of the outbreak. The outbreak remains active in nine counties as of 29 January 2023 with 4391 cases and 82 deaths (CFR 31.9%). Garissa, Nairobi, Tana River, and Kiambu counties are currently the most affected. Most of the cases in Garissa County, which is bordering Somalia, have been reported from the three large refugee camps in Dadaab sub-county (Dagahaley, Ifo and Hagadera) and host communities. The situation is also exacerbated by an ongoing drought that is pushing pastoralist communities to other counties within Kenya, but also to other countries like Somalia, South Sudan, Uganda, Ethiopia and Tanzania to pasture for their livestock as well as improved access to humanitarian services. Population movement between Kenya and Somalia is increasing the risk for spread. An OCV campaign targeting four districts is in preparation for the beginning of February.
	Malawi	The largest outbreak in Malawi's history continues since March 2022. As of 29 January 2023, 33 608 cases and 1093 deaths (CFR 3.3%) have been reported from all 29 districts. The national scope with continued high CFR, especially in urban settings, remains of great concern and is a challenge for response and outbreak control. Many of the currently affected districts had not reported cases for many years. Reports and continued risk of a spread between Malawi and Mozambique, including to Tanzania, Zambia, and Zimbabwe. The current rainy/cyclone season (November through May) is posing a further risk in the region.
	Mozambique	There was an increase in cases reported towards the end of 2022, which continued in 2023, with five provinces affected, and 2256 cases and 19 deaths (CFR 0.8%) reported as of 26 January 2023. Additional reports of cases of acute watery diarrhoea with positive test results from cholera Rapid Diagnostic Test (RDT) were reported from several additional districts, including the capital of Maputo and the insecure province of Cabo Delgado. Several affected provinces are bordering Malawi, including the most-affected Niassa province, where the outbreak has been ongoing since September 2022. Several cases have a probable epidemiological link to the Malawi outbreak and there is the risk of a continued spread in the region. The risk is heightened by the ongoing rainy/cyclone season (November through May). A request for OCV has been approved by the International Coordinating Group (ICG) and a campaign is in preparation.
Nigeria	A large-scale outbreak with 20 768 cases, 489 deaths (CFR 2.4%) was reported in 2022, amidst a severe humanitarian crisis in the Northeast leading to a high proportion of IDPs sheltered in crowded conditions, inadequate hygiene, and sanitation in the IDP sites and host communities, open defecation in most of the cholera affected areas. Additionally, severe floods affected the majority of states in 2022. Cases declined towards the end of 2022. Issues with timelines of follow-up due to monthly reports. Upcoming elections in 2023 pose a further risk for violence in the country, potentially leading to displacement and hampering the response to outbreaks. The importation of cases into neighbouring Niger has been documented in 2022. There is a risk for spread to Cameroon.	
Zambia	On 26 January 2023, Zambia notified WHO of a cholera outbreak in its eastern province bordering Malawi and Mozambique. One of the cases reported in Vubwi district had history of travel to Mozambique. As of 30 January 2023, 21 suspected cases with 10 confirmed and one death have been recorded in the country.	
WHO Region of the Americas	Haiti <sup>1,2</sup>	Since the re-emergence of cholera cases in early October 2022, as of 30 January 2023, a total of 27 434 suspect cases and 560 deaths (CFR 2.0%) have been reported in all 10 departments of the country. The highest proportion of suspected cases are recorded in the Ouest Department (62%). To date, 2075 cases have been laboratory confirmed. Between 1 to 30 January 2023, the average number of new suspected cases reported daily was 155 cases/day. As of 30 January 2023, while the situation in the Ouest Department is stabilizing (2% increase for suspected cases and 3% for confirmed cases in the past seven days (23 to 30 January 2023)), the remaining nine departments continue to report increasing cases (10% average increase for suspected and confirmed cases in the past 23 to 30 January 2023). A mass OCV campaign was carried out in late December 2022, reaching 850 067 people in Ouest and Centre Departments, with further vaccination activities planned, achieving the coverage of 76% of the target population. Epidemiological surveillance is affected due to complex humanitarian crises and security crisis, in the context of gang violence, lack of fuel hampering all aspects of daily life, lack of access to electricity and clean water, medical care, lack of access to food and high prevalence of acute malnutrition. At least ten confirmed cases in the Dominican Republic between October 2022 and January 2023 had a history of travel to Haiti. Risk for further export to countries within the Region is possible, as observed during the 2010 - 2018 outbreak in Haiti.
	Dominican Republic	In addition to the ten confirmed imported cases from Haiti between October 2022 and 30 January 2023, limited local transmission has been reported in multiple neighborhoods of the capital city of Santo Domingo. As of 30 January 2023, a total of 33 confirmed cases have been linked to autochthonous transmission. An OCV campaign with 85 000 doses was conducted in January 2023.
WHO Eastern Mediterranean Region	Afghanistan	Prolonged widespread outbreak. A decreasing trend since end of 2022, with 1557 new cases of AWD per week reported as of 28 January 2023. Low mortality, good partner support, recent government announcement on the ban on female aid workers may impact response in the future.
	Lebanon	The first outbreak in almost 20 years was reported in 2022, with a probable link to the outbreak in Syria, amidst a highly fragile health system, poor access to clean water and sanitation and an ongoing economic crisis. With a total of 6386 cases as of 2 February, cases are stabilizing at ~150 cases/week after the first successful OCV campaign. From 1 to 16 January 2023, the country reported one confirmed case (on 5 January), with no hospital admissions. The last of a total of 23 deaths (CFR 0.4%) was reported on 6 December 2022. However, the very large expatriate Lebanese communities in Africa, the Americas and Europe, including countries with cholera-prone conditions, increase the risk of spread, in addition to the risk of spread to neighbouring Jordan.
	Pakistan	The largest outbreak in decades was reported in 2022, with most provinces affected, alongside the major flooding. However, the expected increase in cases as waters recede didn't occur. There is focus on long-term prevention and readiness. Although cholera is reported through sentinel surveillance in Pakistan, currently the country is reporting sporadic confirmed cases, each investigated.
	Somalia	Protracted outbreak in the context of severe drought and high prevalence of severe acute malnutrition. In 2022, 15 653 cases and 88 deaths (CFR 0.6%) reported in 26 districts. Cases declining in the beginning of 2023, with ~200 cases reported per week. The majority of cases continue to be reported from Kismayo, Bandir and Afmadow. Continued population movement between Somalia and affected Garissa country in Kenya poses risk for a spread in the region. OCV campaign conducted in the end of January 2023.
Syria	No cholera cases had been reported for at least 20 years before the current outbreak. The widespread national outbreak is ongoing since August 2022, 77 561 cases, 100 deaths (CFR 0.1%) were reported from the Whole of Syria. While cases are decreasing in some areas, others continue to see an increase. The situation should be interpreted with caution due to the limitations of the surveillance systems in Syria. Coordination is a challenge with multiple hubs involved. An OCV campaign was conducted in four governorates in December 2022.	
WHO European Region	Northwest Syria	As of 21 January, 40 498 cases, and 20 deaths have been reported (CFR 0.05%); 50% cases reported from two districts in Idlib governorate (Harim, Idlib). The short-term extensions of the Cross-Border Mandate of the UN and partners to deliver humanitarian support to North-west Syria are creating an unsustainable situation for NGOs practically implementing cholera response. This is manifested in short-term (1-3 months long) projects, high turnover of frontline staff and the need to re-invent the response wheel every few months. Continuous cholera response remains challenging as a result of this instability. There are weak and fragile surveillance systems, and the laboratory capacity needs substantial improvement. The water and sanitation network has been destroyed, and there is contamination of underground water with sewage, poor hygiene practices and limited funding for Water, Sanitation and Hygiene (WASH), increasing the risk of spread. These risks have been further complicated by significant infrastructure damage following the earthquake on 6 February 2023. There is a continuing need for more risk communication and community engagement (RCE) to familiarize the population with AWD/cholera. The population continues to move. All of the above complex factors pose a strong threat to North-west Syria becoming endemic for cholera. An OCV campaign is in preparation.
WHO South-East Asia Region	Bangladesh	In 2022, the largest outbreak in 60 years in the pre-monsoon season was reported in Dhaka. The expected post-monsoon peak in 2022 did not manifest. There is continued low-level transmission in Cox's Bazaar into 2023, particularly among FDMN.
WHO Western Pacific Region	Philippines	In 2022, report of 6490 cases, 80 deaths, CFR 1.2% reported from multiple regions of the country. The number of cases reported in 2022 is three times higher compared to the previous year. The Inter-Agency Committee on Environmental Health, co-chaired by the Department of Health and the Department of Environment and Natural Resources, met on 16 January 2023 to review response activities and plan the next steps to implement the National Cholera Response Plan (NCRP).

# Other Infectious Disease Outbreaks/ Conflicts

## Measles - South Sudan

Since January 2022 to 1 February 2023, health authorities in South Sudan are responding to an ongoing outbreak of measles, with 4339 suspected cases including 388 (8.9%) laboratory-confirmed cases and 46 deaths (case fatality ratio: 1.06%) reported across the country. Two outbreaks of measles were declared by the health authorities in 2022 on 23 February and 10 December, respectively. Between March and November 2022, a total of 770,581 children were vaccinated during reactive vaccination campaigns. A nationwide vaccination campaign against measles is planned to begin in March 2023.

The current outbreak may have serious public health impacts due to the low national level of measles immunization coverage which is below the expected 95% coverage to interrupt the ongoing transmission. Other factors include the most affected age group being those under five years old, and the country context where there are armed conflicts, food insecurity and internally displaced people favoring transmission.

## WHO risk assessment

In South Sudan, outbreaks of measles remain a concern due to insufficient vaccination coverage, the non-introduction of the second dose of MCV (MCV2) and the absence of supplementary vaccination activities against measles in some areas over the past three years. Based on the measles risk analysis conducted in March 2022, 49 counties out of 80 (69%) in 10 states and three administrative areas are classified as “very high risk” for measles transmission. All states and three administrative areas, except for the Western Equatoria, are classified as “very high risk”. The assessment found that out of 80 counties, eight (10%) have a low risk of measles and 12(15%) are classified as ‘medium’ risk when assessing population immunity. The remaining 60 counties (75%) are classified as either “high risk” or “very high risk” for measles. This risk analysis looked at several factors including population immunity, surveillance quality, immunization programme, and threat assessment (factors that might influence the risk for measles virus exposure and transmission in the population).

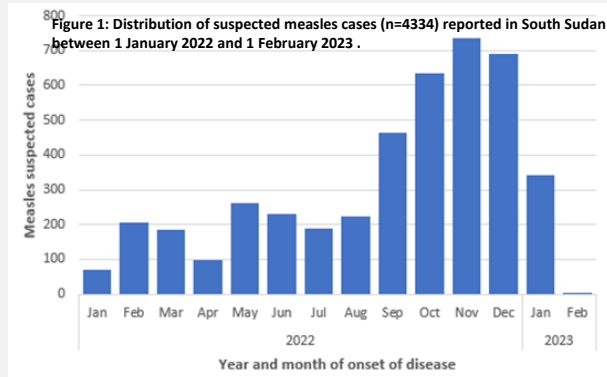
*The risk of spread of measles at the national level is assessed as high. At regional level, the risk is assessed to be moderate* due to the cross-border movement of populations fleeing armed conflicts and insecurity in neighboring countries (Ethiopia, Sudan, Uganda, the Democratic Republic of the Congo, and Kenya) with suboptimal coverage of routine vaccination.

The *risk at the global level is considered as low* given the existing response capacity in place.

SOURCE: [WHO](#)

## Monkeypox (mpox) - Global

Following a series of consultations with global experts, WHO recommends a new preferred term “mpox” as a synonym for monkeypox in English. Both names will be used simultaneously for one year while the term “monkeypox” is phased out. There is progress made in the global response to the multi-country outbreak of mpox and the seeing in the decline in the number of reported cases. A few countries continued see a sustained incidence of illness. Underreported detection and under-reporting of confirmed cases of illness in other regions is likely. Therefore various options to sustain attention and resources to control the outbreak and advised maintaining the Public Health Emergency of International Concern (PHEIC), while beginning to consider plans to integrate mpox prevention, preparedness and response within national surveillance and control programmes, including for HIV and other sexually transmissible infections need to be considered.



The [WHO European Region](#) reported that as of 3 February, 43 countries and territories have not detected any new cases in the past three months. While 18 countries and territories continue to report recent local human-to-human transmission, case numbers have decreased significantly (find detailed numbers [here](#)).

The [Region of the Americas](#) reported a stable number of cases in the last six weeks, with 200-250 cases per week, and 4% of cases occurring in women. In addition, while the vaccine supply is limited, seven countries have started vaccination. Risk communication and community engagement interventions are being delivered through HIV community-based networks.

The proposed [Temporary Recommendations](#) continue to support the goal of the [Strategic Preparedness, Readiness and Response Plan for Monkeypox 2022–2023](#) with the aim of stopping the ongoing mpox outbreak and its objectives to interrupt human-to-human transmission, protect the vulnerable, and minimize zoonotic transmission of the virus.

SOURCE: [WHO](#)

## Marburg virus diseases (MVD) – Equatorial Guinea

On 15 February 2023, the WHO Director-General reported in a [media briefing](#) that nine deaths had been reported to date in people with symptoms compatible with Marburg virus disease (MVD), and that one of those people had tested positive for the virus. The other eight suspected cases could not be confirmed, as samples could not be obtained. Furthermore, 16 people with suspected MVD have been admitted to health facilities with mild symptoms, and 21 contacts are being monitored at home.

According to [social media](#), quoting a report from the Ministry of Health of Cameroon, as of 16 February 2023, seven suspected cases reported in Cameroon all tested negative. So far, no suspected cases have been reported from [Gabon](#).

## ECDC assessment:

Previous outbreaks and sporadic cases of MVD in Africa have been reported in Angola, the Democratic Republic of the Congo, Kenya, South Africa, Uganda, Guinea, and Ghana. This is the first outbreak to occur in Equatorial Guinea.

Although the disease is severe with a high fatality rate, the likelihood of exposure and infection by MARV for EU/EEA citizens travelling or residing in Western Kie Ntem Province, Equatorial Guinea, is currently very low. As a result, the risk of infection by MARV for EU/EEA citizens travelling or *residing in Equatorial Guinea is currently very low*.

The most likely route of introduction of MARV into the EU/EEA would be via infected travellers. While importation of the virus cannot be excluded, it is currently very unlikely to occur. Should a case be imported nonetheless, the *likelihood of the spread of the virus within the EU/EEA is considered to be very low*.

Direct contact with blood and other body fluids of infected people or indirect contact with contaminated surfaces and materials like clothing, bedding, and medical equipment should be avoided. Furthermore, habitats that may be populated by bats, such as caves or mines in areas where MVD has been reported, as well as any form of close contact with wild animals, including monkeys, forest antelopes, rodents, and bats, both alive and dead, and the manipulation or consumption of any type of bushmeat should be avoided.

SOURCE: [\[1\]](#) [\[2\]](#) [\[3\]](#) [\[4\]](#)

# Other Infectious Disease Outbreaks/ Conflicts



## Shigella sonnei – EU, UK and US

Increased numbers of shigellosis cases, mainly caused by *Shigella sonnei*, among travellers returning from Cabo Verde, have been reported in the EU/EEA, the United Kingdom (UK) and the United States (US) since September 2022. This outbreak evolved rapidly during November-December 2022. As of 16 February 2023, 10 EU/EEA countries and the UK reported and the US reported 221 confirmed *Shigella sonnei* infections and 37 possible cases, all with a link to Cabo Verde.

Information on possible ways of infection or common exposure have not yet been identified but investigations are ongoing in Cabo Verde. Multiple modes of transmission are plausible, and the most likely way is through food, including via infected food handlers. However, person-to-person transmission is also possible.

The *S. sonnei* strain in the current outbreak indicates predicted resistance to trimethoprim and streptomycin but in some cases, multidrug resistance has also been detected. Based on the available information, many cases are reported to have stayed in all-inclusive hotels located in the region of Santa Maria on the island of Sal. The most recent cases were reported in Sweden on 19 January 2023, suggesting an ongoing moderate risk of new infections among travellers to Cabo Verde.

SOURCE: [ECDC](#)

## Ilheus Virus Disease - Brazil

A case of Ilheus virus (ILHV) infection has been confirmed for the first time in Simões Filho, a municipality in the state of Bahia in the northeast region of Brazil. ILHV is a mosquito-borne flavivirus circulating throughout Central and South America and the Caribbean. It has been detected in several mosquito genera including *Aedes* and *Culex*, and birds are thought to be its primary amplifying and reservoir host. However, several serological surveys have demonstrated the presence of ILHV antibodies in a wide range of vertebrates, including rodents, coatis, tortoises, water buffalo, bats, birds, horses, sloths, monkeys, and humans sampled in both sylvatic, rural and urban ecotypes. This suggests transmission in a broad geographic and vertebrate host range. ILHV appears to cause mainly asymptomatic infections in humans with rare reports of encephalitis throughout northern South America. Human cases of ILHV have also been reported in Trinidad, Panama, Colombia, French Guyana, Ecuador and Bolivia

SOURCE: [ProMed](#)

## Malaria - United Kingdom

On 16-Feb-2023, the United Kingdom (U.K.) Health Security Agency Advisory Committee on Malaria Prevention highlighted the first historical case in the country of *Plasmodium falciparum* (*P. falciparum*) artemisinin-resistant malaria infection in a returning traveller from Uganda.

Source: [ProMed](#)

Country	Total number of cases	Confirmed cases (since 1 November 2021)	Possible cases (since 1 September 2022)
Belgium	14	14	0
Czechia	4	4	0
Denmark	4	2	2
Finland	9	8	1
France	31	31	0
Germany	5	4	1
Netherlands	47	34	13
Norway	1	1	0
Portugal	2	2	0
Sweden	42	22	20
<b>Total EU/EEA</b>	<b>159</b>	<b>122</b>	<b>37</b>
United Kingdom	95	95	0
United States	4	4	0
<b>Total</b>	<b>258</b>	<b>221</b>	<b>37</b>

## Influenza Europe; Weeks 06/2023 (06 February-12 February 2023)

- The percentage of all sentinel primary care specimens from patients presenting with ILI or ARI symptoms who tested positive for an influenza virus remained above the epidemic threshold (10%) at 25%, the same as in the previous week.
- Twenty-three of 38 countries or areas reported high or medium intensity and 25 of 37 countries reported widespread activity indicating substantial seasonal influenza virus circulation across the Region.
- The Netherlands, Israel, Slovenia, France, Armenia, Denmark, and Switzerland reported seasonal influenza activity above 40% positivity in sentinel primary care.
- Both influenza type A and type B viruses were detected with similar proportion distribution in sentinel and non-sentinel surveillance.
- Hospitalised patients with confirmed influenza virus infection were reported from ICU (with type B viruses predominating), other wards (with mainly influenza type A viruses reported), and SARI surveillance (with mainly influenza A(H1N1)pdm09 subtype viruses reported). Eight countries or areas reported influenza positivity rates above 10% in SARI surveillance.

### ECDC assessment:

Seasonal influenza activity is still widespread in the EU/EEA, with a slight increase in positivity in sentinel primary care starting from week 5/2023 related to increased type B virus circulation. Influenza activity peaked in week 51, 2022 in the EU/EEA.

Source: [Flu News Europe](#)

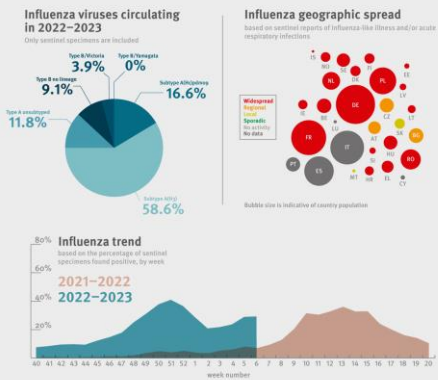
## Cutaneous Anthrax – Bulgaria

A case of cutaneous anthrax has been reported in the Bulgarian province of Dobrich in 2023. Dobrich, located in the northeastern corner of the country bordering the Black Sea and Romania, is known for its strong agricultural industry. Due to historical cases, it is suspected that the current case was contracted from an infected animal. This represents the first case of cutaneous anthrax in Dobrich since 2015, when a woman died after coming into contact with contaminated meat. Once the source was identified a vaccination campaign for animals in the village was rolled out and prophylactic treatment was given to contacts of the deceased. For the currently affected individual, epidemiological investigations are ongoing in order to identify a source of infection. Anthrax in Bulgaria is sporadic. In such a sporadic situation, it is challenging to maintain a proper level of surveillance and persuade farmers to report unexpected deaths, and to get farmers to vaccinate their stock.

Source: [ProMed](#)

## Influenza in Europe

Data from EU and EEA countries for the 2022–2023 season  
Week 6 (6 Feb – 12 Feb 2023)



# Trends in Group A Streptococcus (*S. pyogenes*) infections and invasive Group A Streptococcus cases



In late 2022, **increasing trends** in cases of invasive Group A Streptococcus (iGAS) disease and Group A strep (GAS) were reported from several countries. These trends may be a result of:

- The increased proportion of the sub-population of children that had **not been exposed to GAS** during the first two years of the COVID-19 pandemic, due to reduced circulation of GAS.
- Concurrent higher circulation and exposure to several respiratory infections in children, including COVID-19, influenza, and respiratory syncytial virus (RSV).
- Increased awareness, testing, and surveillance of GAS compared to the pre-pandemic period.

The re-appearance of GAS infections from mild to severe clinical forms, along with many other pathogens (e.g., influenza, RSV, enteroviruses, etc.) is **not unexpected**.

Due to the large proportion of children infected with SARS-CoV-2, particularly since the emergence of the Omicron variant, further research is needed to better understand to what degree and/or the duration over which immune responses following COVID-19 in children may influence susceptibility to other infections, including GAS and iGAS.

## Situational Update

- As of January 2023, countries in the European Region, and the United States have reported to the WHO an **increase in cases of iGAS disease** and in some cases also scarlet fever.
- An **increase in iGAS-related deaths** has also been reported in some of those countries with most of the cases among children below 10 years of age.
- Additional locations including Australia and Ontario, Canada are observing an increase in reported cases compared to previous years, although data are limited to fully assess the relation to the pre-pandemic period.

## What could be some of the factors driving the upsurge?

Certain settings (e.g., schools, daycare centres, or military training facilities) facilitate transmission. **The resumption of in-person schooling and removal of precautions to control COVID-19 are likely contributing factors.** The majority of iGAS cases have been reported among children below 10 years old. Low levels of exposure over recent years have likely led to a larger susceptible population.

**It is common for the risk of bacterial infections (such as GAS and iGAS) to increase following viral infections.** The increased circulation of many viruses (e.g. influenza, RSV, varicella, and ongoing high circulation of SARS-CoV-2) since the easing of COVID-19 protections has likely also contributed to the resurgence of GAS and iGAS.

Historically (i.e., prior to the COVID-19 pandemic), **iGAS infections have tended to follow a seasonal pattern coinciding with flu activity.** Notably, the Americas have observed an earlier than usual seasonal onset of influenza in 2022, coinciding with elevated rates of GAS and iGAS.

There have been **no reports of increased antibiotic resistance** among cases and investigations have not found any mutations to explain the increased circulation or severity.

## Global GAS Overview

Country	Trend	Comment; Source; Last Update
Australia	Increasing iGAS cases <i>Nov 2022 - Jan 2023</i>	Increase in cases when compared to the previous reporting period, as well as the same reporting period last year. News media states that the increasing cases are occurring among children. <i>IBS; EBS; Jan 8, 2023</i>
Canada	Increasing iGAS child and adult cases <i>Oct 2022 - Dec 2022</i>	Data for 2023 is limited and case counts vary in different areas and regions. The province of Ontario reports that case counts have been higher than what was experienced prior to 2020. The timeframe coincides with elevated rates of influenza and RSV in the child population. <i>IBS; EBS; Jan 23, 2023</i>
France	Stabilization of hospitalized critical care iGAS child cases. Decreasing emergency consultations for scarlet fever child cases <i>Dec 2022 - Jan 2023</i>	The decrease in cases may be due to children entering winter vacation. Cases have not been associated with a new bacterial strain. <i>IBS; Jan 1, 2023</i>
Ireland	Increasing iGAS child and adult cases <i>Oct 2022 - Jan 2023</i>	This marks the first time a peak has been reported outside the usual peak period which occurs between January and June. <i>IBS; Jan 12, 2023</i>
The Netherlands	Increasing strep throat, scarlet fever, and iGAS child and adults cases <i>Oct 2022 - Present</i>	The average rate is similar to what was experienced in 2019 and, as expected, is higher than in 2020 and 2021. <i>IBS; Feb 8, 2023</i>
United Kingdom	Decreasing iGAS child cases. Increasing iGAS adult cases <i>Jan 2023 - Present</i>	Relatively high iGAS in children compared to what is typically seen. The majority of iGAS cases over recent weeks are in those over 45 years of age. <i>IBS; Feb 3, 2023</i>
United States	Increasing iGAS child cases <i>Sept 2022 - Nov 2022</i>	The US CDC is investigating the increases seen at the end of 2022, they note that this is outside the usual season (December to April). It coincides with an earlier than usual increase in influenza and RSV in the child population. <i>IBS; Feb 2, 2023</i>

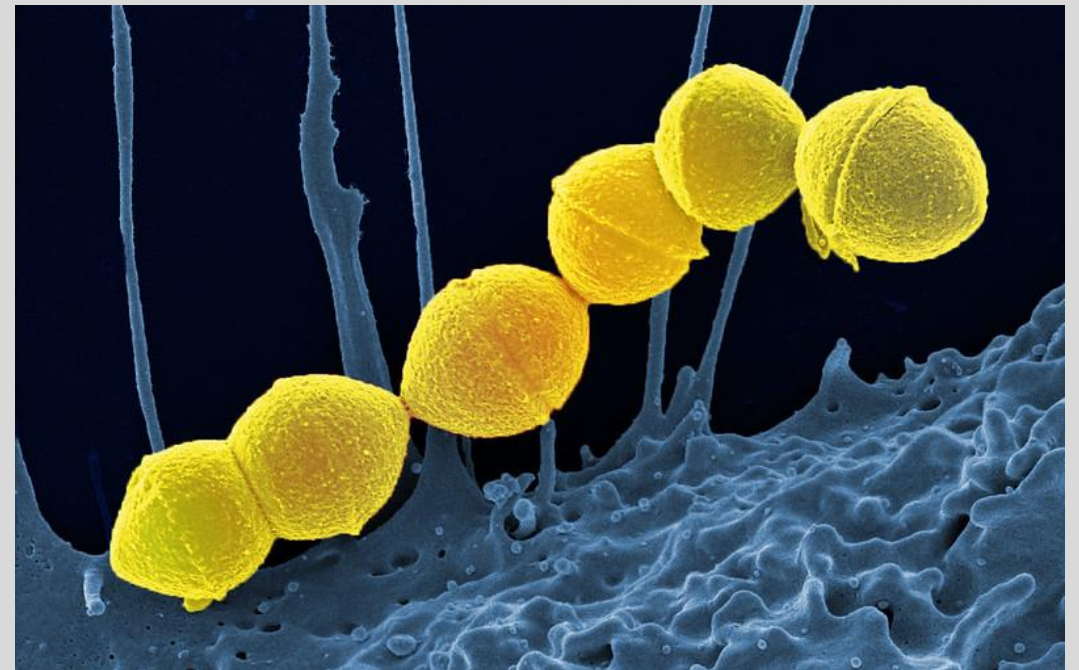
## Is there any connection between COVID-19 and GAS infections?

### Laboratory evidence

- There is preliminary evidence of a post-COVID-19 inflammatory stage that may adversely impact immune responses against other pathogens. Following recovery from COVID-19, absence of certain naive T-cells (immune cells important to the immune response against an initial infection of a pathogen) and a decrease in dendritic cells (which trigger an immune response) were observed. [4] Dendritic cells are critical to the development of effective immune responses against *Streptococcus pyogenes* (i.e., Group A Strep) [5]. Thus, **it is plausible that a subset of the pediatric population may have increased susceptibility to GAS following COVID-19.**

### Population-based evidence

A cohort study in Israel reported an **increased risk of streptococcal tonsillitis among individuals who recovered from mild COVID-19** (median age = 25 years) compared to uninfected controls, which persisted for at least 8 months and peaked at 6 months following their SARS-CoV-2 infection. [6] However, it is unclear whether this risk applies to current SARS-CoV-2 variants circulating today as this study was conducted prior to the emergence of the Omicron variant. [7,8]



# Earthquake in Türkiye and Syria – Public Health Threats: Infectious diseases expected to be a concern in two to four weeks

## Event background and situation update

On 9 February 2023, a major earthquake (EQ), with a magnitude of 7.8 on the Richter Scale and several aftershocks measuring also highly on the Richter Scale struck south-eastern Türkiye and northern Syria. The EQ caused significant destruction in both countries, claiming thousands of lives, and damaging or destroying essential infrastructure, including health facilities and water and sanitation facilities.

On 9 February 2023, according to the United Nations Satellite Centre (UNOSAT), flooding occurred along the Orontes (Al Assi) River on the Syria-Türkiye boarder close to the towns Al Tloul and Jakara. As of 14 February 2023, UNHCR reported 41 209 deaths and 90 319 injuries in the two countries. In total 23.8 million people have been affected by the EQ. These numbers continue to increase while the search for survivors continues in harsh winter conditions. This EQ is one of the strongest to have occurred in the region in a century, prompting a global humanitarian response at the request of the government of Türkiye.

## Current threats to public health in the affected and neighbouring countries

Search and rescue operations are ending this week, due to the unlikelihood of still finding people alive. Dead bodies are frequently erroneously considered a potential cause of outbreaks after disasters. However, these deaths are caused by injuries, not disease. In addition, most pathogens rarely survive more than 48 hours after death. Basic hygiene measures should be applied by the teams involved in bodies recovering. Identification and management of information about dead and missing persons is extremely important in this context.

Immediate health needs in the survivor population are mostly related to trauma care. Disruption of healthcare (particularly care for chronic non-communicable diseases, maternal/reproductive services, and chronic infectious diseases such as tuberculosis and HIV), other environmental hazards (e.g. exposure to cold, carbon monoxide poisoning, exposure to dangerous chemicals) and mental health issues for those experiencing trauma and/or loss currently comprise a significant part of health effects to the affected population. Infectious disease health threats are expected to cause concerns in the following two to four weeks and ECDC would like to draw attention to diseases that have a potential to cause outbreaks in this type of situations, particularly as survivors are moved in camp sites and temporary settlements.

## Food- and waterborne diseases

Above-ground and underground water infrastructure as well as other utility infrastructure (e.g. electricity) are significantly damaged. These, together with the decreased access to clean water, refrigeration, and cooking systems may facilitate the transmission of food- and waterborne infections.

A surge of *cholera* cases in the affected areas is a significant possibility in the coming weeks. Cholera is a particular concern in north-west Syria. Thousands of cases have been reported in the area in 2022 as the country is trying to control an outbreak since September 2022. A vaccination campaign was planned before the EQ, but it is currently disrupted.

Other enteric pathogens can also cause food- and/or waterborne outbreaks in camps, particularly if clean water is not available, sanitation and hygiene conditions are poor, and food handling is not closely monitored and controlled: viral infections such as hepatitis A, norovirus, and rotavirus; infections caused by parasites *Cryptosporidium* spp. and *Giardia*; and bacterial infections due to *Salmonella* Typhi and Paratyphi, non-typhoidal *Salmonella* serovars, pathogenic *E. coli*, *Campylobacter* spp., and *Shigella* spp. Finally, in the flooded areas of north-west Syria, following the dam collapse leptospirosis is also a concern due to contact with contaminated flood water and mud during cleaning operations.

## Respiratory infections

As survivors are moved to camp sites or temporary settlements, where crowding cannot be avoided particularly in cold weather, the risk of outbreaks from respiratory viruses increases. COVID-19 and seasonal influenza are still circulating in moderate to high levels in the area according to latest available data [3, 4]. Other respiratory viruses (seasonal coronaviruses, adenoviruses, human metapneumovirus, etc.) are also circulating and can cause outbreaks. The very young and the elderly are more vulnerable to complications from these infections and in case of outbreaks additional pressure will be placed on the already damaged health systems.

## Vaccine-preventable diseases

As in the case of respiratory viral infections, crowding conditions in temporary settlements or shelters can increase the risk of transmission of vaccine-preventable diseases such as diphtheria, measles, meningitis, and varicella. Capacity to detect and monitor the current situation with respect to polio and other vaccine-preventable diseases in both countries may be affected due to the EQ.

*Measles* cases are reported in both Türkiye and Syria on an annual basis, among other vaccine-preventable diseases. Türkiye reported 93% vaccine coverage, while Syria reported 53% vaccine coverage for two doses of measles containing vaccine in 2021 according to the WHO/UNICEF Estimates of National Immunization Coverage (WUENIC).

*Poliomyelitis* is of concern in the area. Türkiye reported 95% vaccine coverage for three doses of polio-containing vaccine in 2021, whereas Syria reported 65% vaccine coverage for one dose and 52% for three doses of polio- containing vaccine, respectively (WUENIC estimates). While both Türkiye and Syria are polio-free countries, they are at risk of imported polio outbreaks. Syria was affected by a wild poliovirus outbreak in 2013, following virus importation from Pakistan. In 2017, an outbreak of circulating vaccine-derived poliovirus type 2 (cVDPV2) affected a mainly unimmunised population that had suboptimal access to health care. Both outbreaks were controlled with targeted mass vaccination campaigns and enhanced surveillance activities.

The risk of *tetanus* infections is increased in the people participating in rescue and removal operations due to increased risk of injuries and open wounds from contact with debris. Such cases should be treated according to the type and depth of the wound, as well as their tetanus immunisation status. Tetanus prophylaxis should be offered according to existing national guidelines.

## Conclusions and recommendations

The effects of this natural disaster on public health in the affected areas are enormous. Providing access to healthcare for trauma and other urgent care, potable water and shelter will substantially mitigate the risk of infectious disease threats to the survivors. Setting up syndromic and event-based surveillance systems will facilitate early warning and detection of outbreaks. Suspected cases of prioritised infectious diseases related to this event (including clusters of respiratory symptoms, watery diarrhoea, fever with/without rash, etc.) would need to be reported to local and national public health authorities prompting a rapid response. Mobile laboratories are planned to be deployed in the affected areas and international organisations can provide expert assistance as needed to both affected countries.

Vaccination should be considered depending on the needs of the affected population and/or depending on detection of cases. Vaccination campaign against cholera in north-west Syria, which was planned before the EQ, should be accelerated as soon as sheltering the survivors is resolved.

Ensuring continuity of routine vaccinations, and addressing gaps in prior vaccination histories, is therefore an essential element of the public health response to support the affected population. Their vaccination status should be assessed using available documentation, and vaccination schemes should be completed as soon as possible, according to the national immunisation guidelines.

Priority should be given to protection against easily transmitted infectious diseases possibly associated with serious outcomes, such as measles, poliomyelitis, and COVID-19 in vulnerable groups. If there is a vaccine shortage, children should be prioritised, but at least one dose of diphtheria, tetanus, and polio vaccines should also be administered to adults for whom there is no documented evidence of prior vaccination. In addition, protection from measles can be provided as part of a measles-containing vaccine, including the measles/mumps/rubella (MMR) vaccine.

Risk communication to the affected communities is a critical part of the response in managing such disasters and/or outbreaks following in their aftermath. In the event that outbreaks occur, it is well established that community engagement is of paramount importance for the dissemination of appropriate messages, compliance with measures, and increasing vaccination uptake, if needed.

Source: [ECDC](#)

# Türkiye and Syria – Earthquakes

## SITUATION AT A GLANCE

**46,820**

Earthquake-related Deaths Reported in Türkiye and Syria

Media – February 2023

**114,100**

Number of people injured in Türkiye and Syria

Media – February 2023

**49,000**

Number of Damaged or Destroyed Buildings in Türkiye and Syria

UN – February 2023

**610,000**

People Exposed to Strong—MMI Level IV—or Above Shaking

USGS – February 2023

### Highlights

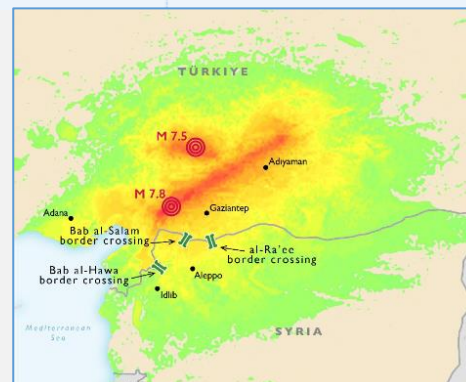
- On February 20, a magnitude 6.3 earthquake struck southern Türkiye, resulting in further casualties and destruction in parts of Türkiye and Syria affected by the February 6 earthquakes.
- UN agencies, including USAID/BHA and State/PRM partners, continue to deliver critical relief supplies to northwest Syria from Türkiye through three border crossing points authorized for UN use.
- Secretary Blinken announces an additional \$100 million in humanitarian assistance for the earthquake response in Türkiye and Syria, bringing the total USG contribution to the response to \$185 million.

### Humanitarian response

UN agencies—including USG partners—continue to deliver critical humanitarian assistance to earthquake-affected populations in northwest

Syria from Türkiye, transporting approximately 270 trucks of relief supplies through three border crossing points between February 9 and 21. The total includes 10 International Organization for Migration (IOM) trucks carrying emergency relief supplies and medical items that crossed through the Al-Ra'ee border crossing point on February 20, representing the first time the UN has been able to successfully transport commodities through the Al Ra'ee border crossing point since the February 6 earthquakes. While the Syrian Arab Republic Government (SARG) approved the border crossing for UN use on February 13, the UN had not previously delivered aid through Al Ra'ee border crossing as it needed to assess the conditions and prepare logistics at the site prior to its first use on February 20.

Meanwhile, the UN has maintained cross-border deliveries at the two other approved border crossing points, transporting 210 trucks through Bab al-Hawa and 45 trucks through Bab al-Salama. The figures include nearly 70 trucks from USAID/BHA partner the UN World Food Program (WFP), 33 trucks from USG partner IOM, six trucks from U.S. Department of State Bureau of Population, Refugees, and Migration (State/PRM) partner the Office of the UN High Commissioner for Refugees (UNHCR), five trucks from USG partner the UN Children's Fund (UNICEF), and two trucks from USAID/BHA partner the UN World Health Organization (WHO) through Bab al-Hawa and Bab al-Salama since February 17. IOM trucks included hygiene kits, kitchen sets, relief kits for newly displaced populations, and other relief commodities, while WFP trucks carried emergency food commodities.



### Earthquake-Affected Populations Maintain Limited Access to Health, WASH Services

Earthquake-affected populations in Türkiye—particularly those in rural areas—are experiencing challenges accessing required medicines, non-governmental organization (NGO) the Association for Solidarity with Asylum Seekers and Migrants (ASAM) reports. Road blockages due to earthquake-related debris and rubble have further hampered affected populations' access to health services, while the decomposition of deceased bodies amid rubble piles and seepage of bodily fluids is affecting safe drinking water networks. As a result, populations in earthquake-affected areas are advised to drink bottled water, which remains a priority humanitarian need, particularly in Hatay, ASAM reports. In addition, the availability of mobile water, sanitation, and hygiene (WASH) facilities, including showers and toilets, is limited outside of formal temporary shelters and refugee camps, according to ASAM. Populations sheltering in other locations, such as makeshift shelters in city centers, lack or have limited access to WASH facilities, increasing the risk of communicable disease transmission. Meanwhile, increased incidence of scabies has been observed among displaced earthquake-affected children. As of February 15, the GoT Ministry of Transport and Infrastructure had facilitated the relocation of approximately 272,300 individuals from earthquake-affected provinces to less- or non-affected provinces; however, populations in many earthquake-affected areas remain in need of relocation support.

Three USAID/BHA NGO partners are delivering critical health services to earthquake-affected populations in Syria. One USAID/BHA NGO partner had dispatched mobile medical units to accommodation centers to support displaced populations in Idlib's Atmeh town and Aleppo's Jandaris town, deployed 50 community health workers to surgical hospitals, and dispatched three ambulances to affected areas, among other health-related activities as of February 14. In addition, the partner continues to provide psychological first aid services to affected individuals in northwest Syria. The NGO also established a 24-hour mental health and psychosocial support hotline for vulnerable individuals in Syria. With USAID/BHA support, a second NGO deployed a mobile clinic to Jandaris to provide emergency health services, including trauma treatment and follow-up services, to earthquake-affected populations. The mobile teams are also providing service referrals and supporting the proper management of human remains.

With support from USAID/BHA and other donors, the UN Population Fund (UNFPA) had distributed nearly 200 sexual and reproductive health kits— sufficient to meet the needs of nearly 23,000 women and girls—and nearly 5,000 dignity kits to populations in northwest Syria; UNFPA was a USAID/BHA partner in Syria prior to the February 6 earthquakes and is using existing funds to address earthquake-related needs. In addition, UNFPA partners in SARG-held areas continue to provide essential sexual and reproductive health services at 14 facilities, while 32 mobile teams providing sexual and reproductive health services and gender-based violence services treatment are assisting populations displaced by the earthquakes who are currently residing in temporary shelters. Between February 8 and 14, UNFPA's mobile teams reached nearly 20,000 women and girls. Moreover, UNFPA delivered 25 sexual and reproductive health kits— sufficient to meet the needs of nearly 2,900 women for three months—to SARG-held areas of Aleppo on February 15.

State/PRM partner the UN Relief and Works Agency for Palestine Refugees (UNRWA) is distributing essential medical supplies to affected Palestinian refugees in Syria and offering telemedicine services to limited program participants based on need. The UN agency is also providing essential health and psychosocial support services to households impacted by the earthquakes in Neirab refugee camp in Syria. In addition, State/PRM partner UNFPA is delivering reproductive health services through four existing delivery points throughout southeastern Türkiye and is working to maintain access to essential health services and supporting state hospitals by providing medical items, medicines, and reproductive health supplies. The UN agency is also distributing dignity and hygiene kits to affected populations in Türkiye.

Source: [Reliefweb](#)