The Syrian Ministry of Health declared a cholera outbreak on 13 September after 15 suspected cases were confirmed by laboratory testing. Document review indicates that thousands of assessments have reported water quality, with 5% of the assessed sites reporting raw sewage access. The situation is found to be more concerning in IDP sites where displaced households were also lacking sanitation infrastructure. At least half of all communities assessed in Deir-ez-Zor reported no available latrines and 44% of sites reported the practice of open defecation within the site as an alternative. Open defecation in particular raises the risk of diarrhoeal diseases like cholera.

In Syria, 79% of assessed communities reported their location was not connected to a sewage system, with at least 5% of assessed sites reporting raw sewage access. More than a decade of conflict has destroyed critical health infrastructure, and 20% of assessed communities that relied on private trucking felt that the water was making people sick, compared to 5% in communities reporting other primary water sources.

According to the World Health Organization (WHO), cholera is a diarrheal disease caused by bacteria that can be found in water, food, and sewage. Despite people consuming contaminated water or food, 90% of untreated water supplies are contaminated due to lack of protective barriers to prevent raw sewage and faecal discharges into water sources. Less than 1% of cases result in patients dying. However, timely treatment is crucial to preventing death. Additionally, cholera can lead to death within hours in 25 to 50% of cases.

In Syria, one of the primary sources of surface water, the Euphrates River, is known to have raw sewage and the source of privately trucked water is not always known – vendors may be using surface water, which is easily contaminated. More than a decade of conflict has destroyed critical health infrastructure, and 20% of assessed communities that relied on private trucking felt that the water was making people sick, compared to 5% in communities reporting other primary water sources.

In Syria, the primary source of surface water is the Euphrates River, a known to have raw sewage discharged into it. The risk of cholera infection through consuming untreated water from the Euphrates River is very high and made worse by the current low water levels, which can lead to a higher concentration of bacteria. In fact, REACH data reveals a link between communities relying on water treatment is needed immediately to prevent deaths, widespread lack of access to health services in areas where contaminated water is being consumed, and cases of choleroid diarrhoea.

Data collected this month also found reported cases of diarrhoea in three-quarters of assessed communities. Furthermore, 40% of assessed communities reported that residents are mainly sourcing water through open defecation, with 60% reporting that raw sewage is being consumed. The situation was found to be more concerning in IDP sites where raw sewage access is also lacking. Communities reported limited access to treatment facilities. Open defecation in particular poses the risk of spreading diarrhoeal diseases like cholera.

Water shortages are leading to reliance on unsafe sources, in turn driving up cholera risk.

In Syria, ongoing drought and ensuing water shortages, outbreaks of locusts and reduced functionality of Alouk water station have all contributed to Syria's water crisis. To cope with shortages, Syrian households have increasingly relied on unsafe sources, like water delivered by trucks from private vendors: in northeast Syria, 37% of communities assessed by REACH reported using trucked water as their main drinking source. However, water quality is not monitored, and the source of privately trucked water is not always known – vendors may be using surface water, which is easily contaminated. More than a decade of conflict has destroyed critical health infrastructure, and 20% of assessed communities that relied on private trucking felt that the water was making people sick, compared to 5% in communities reporting other primary water sources.

According to the World Health Organization (WHO), cholera is a diarrheal disease caused by bacteria that can be found in water, food, and sewage. Despite people consuming contaminated water or food, 90% of untreated water supplies are contaminated due to lack of protective barriers to prevent raw sewage and faecal discharges into water sources. Less than 1% of cases result in patients dying. However, timely treatment is crucial to preventing death. Additionally, cholera can lead to death within hours in 25 to 50% of cases.

In Syria, one of the primary sources of surface water, the Euphrates River, a known to have raw sewage discharged into it. The risk of cholera infection through consuming untreated water from the Euphrates River is very high and made worse by the current low water levels, which can lead to a higher concentration of bacteria. In fact, REACH data reveals a link between communities relying on water treatment is needed immediately to prevent deaths, widespread lack of access to health services in areas where contaminated water is being consumed, and cases of choleroid diarrhoea.

Data collected this month also found reported cases of diarrhoea in three-quarters of assessed communities. Furthermore, 40% of assessed communities reported that residents are mainly sourcing water through open defecation, with 60% reporting that raw sewage is being consumed. The situation was found to be more concerning in IDP sites where raw sewage access is also lacking. Communities reported limited access to treatment facilities. Open defecation in particular poses the risk of spreading diarrhoeal diseases like cholera.