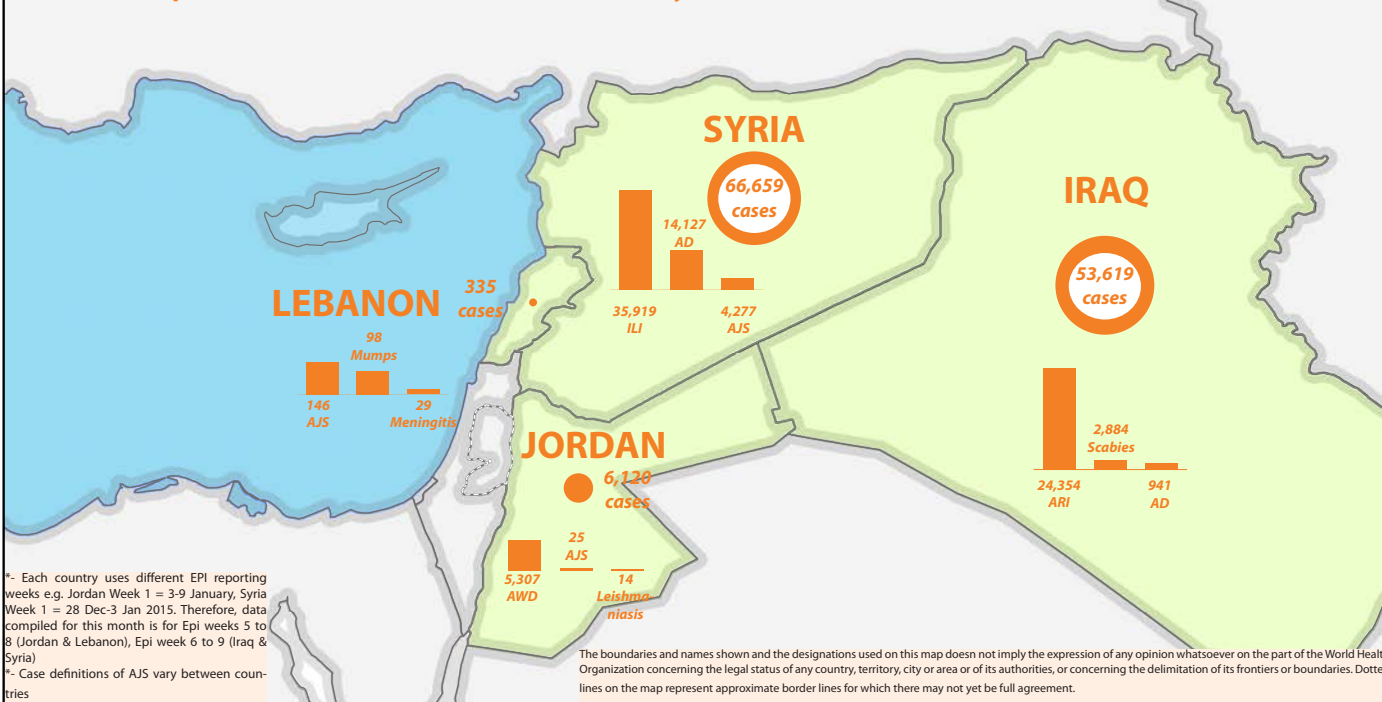




Three most reported cases from sentinel sites in February 2015

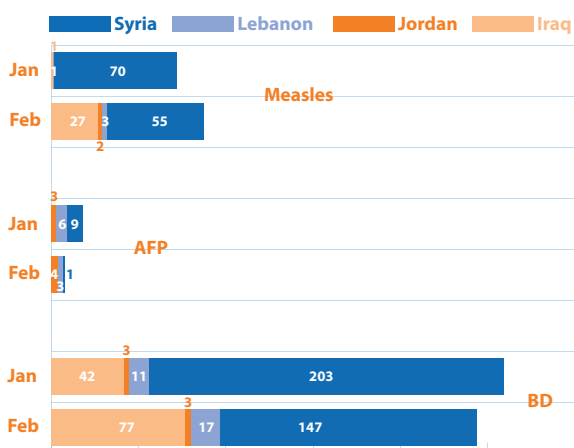


Epidemiological comments

World Health Organization (WHO) in collaboration with governments affected by the Syrian crisis has established an Early Warning Alert and Response Network (EWARS/EWARN) through their respective Ministries of Health (MoH). It is a network to strengthen the National Surveillance System to detect outbreak threats in the Syria emergency situation. The EWARN is now well implemented in four countries. The first two rely on a fixed number of sentinel sites (Jordan and Lebanon) whereas Syria and Iraq are increasing the numbers of their sentinel sites.

The respective EWARNs in each country use different reporting dates for their EPI weeks. Efforts are being made to harmonize these in 2016 to allow a coordinated approach to disease outbreak preparedness, Response and reporting (it is not possible to harmonize at this stage).

Cases of leading epidemic prone diseases in the affected countries January - February 2015



IRAQ: This month on average sixteen (16 -19) reporting sites from Refugee and Internally Displaced Person (IDP) camps and mobile clinics submitted timely weekly reports. The consultations were slightly less than last month (down 13% from 61,625 to 53,619). WHO with

the MoH are in the process of upgrading the EWARN to electronic format, due to be launched March 2015. It will be an opportunity to expand the network to all primary healthcare centers serving IDPs, refugees and affected host communities.

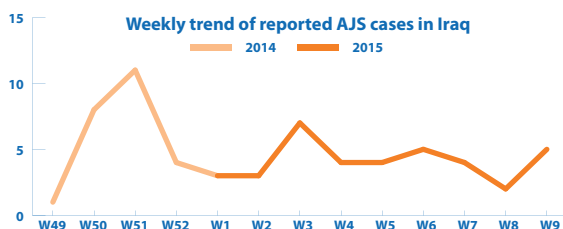
Measles was diagnosed in Arbat camp after samples were found to be positive for IgM at the National laboratory in Baghdad. A measles campaign was conducted on 22nd February to ensure vaccination of all children in Arbat camp regardless of previous vaccination status. In coordination with WHO, DoH and other health cluster partners a combined national measles and Oral Polio Vaccine (OPV) campaign also started from 22nd February targeting children 9 months to 5 years (measles) and 0 months to 5 years (OPV) for five days. It was suggested that it was a common source outbreak starting in children of new IDPs (all cases except one were among new IDPs from Salahadin), however the EWARN has continued monitoring the trends of the diseases. There is a need to do on-job refresher trainings on case definitions of the healthcare providers working in the camps to avoid false diagnosis of cases.

Acute Respiratory Infection (ARI), Scabies (SCB) and Acute Diarrhoea (AD) remain the leading causes of morbidity. ARI is associated with the winter season. There is still a need for close coordination with the shelter cluster to scale up support to IDPs such as clothes and fuel. Scabies is the second highest cause of consultation. The WASH and health clusters in coordination with the DoH are conducting hygiene and health education activities in all the camps; the increase in cases could be due to the hygienic conditions of the camps. WHO is procuring anti-scabies medication to fulfil the urgent needs.

In spite of the hard work of WASH cluster partners in Sharia IDP camp, there is a shortage of Alum and chlorine for water treatment. This is a public health threat to the population. Health cluster partners are therefore working closely with the WASH cluster to improve sanitation facilities and water treatment in the camp.

Sporadic cases of suspected bloody diarrhea were reported. There is no clustering and cases are within the alert threshold.

Acute Jaundice Syndrome (AJS) cases continue to be reported.



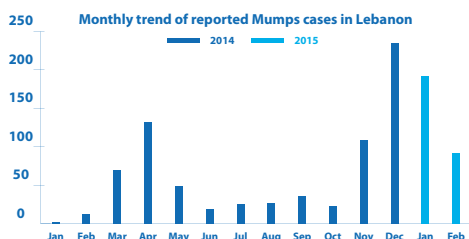
Iraq has experienced an unusual surge in suspected influenza cases and deaths this winter. More than 700 cases have been reported so far compared to less than 100 cases last season. MoH requested WHO to provide technical support for the ongoing investigation and response to the suspected outbreak in the country.

Four cases of mumps and two cases of hepatitis-E virus in children have been reported in Al-Anbar Governorate.

229 cutaneous Leishmaniasis cases reported from Sulaymaniyah and Diyala Governorate in February. Investigation has been completed and the outbreak is responded to by DoH and WHO.

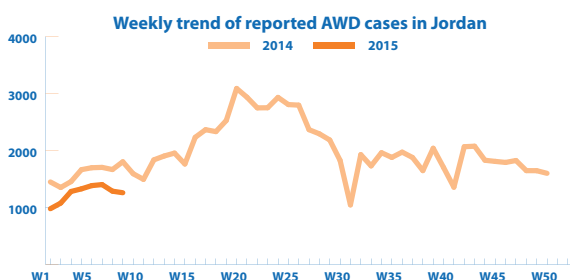
LEBANON: 143 hospitals and 500 PHC centres reported into the EWARN this month.

The large spike in mumps cases (234) that occurred during December continued to drop, with 98 cases reported in February. In January there was a response to the outbreak, with accelerated routine vaccination, school eviction for five days, education and awareness targeting schools and parents. The cases were mainly located in the Bekaa and the North; with a significant number of cases being reported among Lebanese.



JORDAN: This month, the completeness of reporting was 100%. 526 facilities provided weekly data from the routine surveillance system. WHO will be scaling up their routine public health surveillance project using mobile technology and an online framework system nationally with MOH in March to cover nearly 300 facilities across the country. It will include Communicable Diseases, Non Communicable Diseases and Mental Health.

Diarrhea and AJS continue to be the leading cause of morbidity. The cases of Diarrhea were highest in Zarqa and Irbid but cases were reported from all sites.

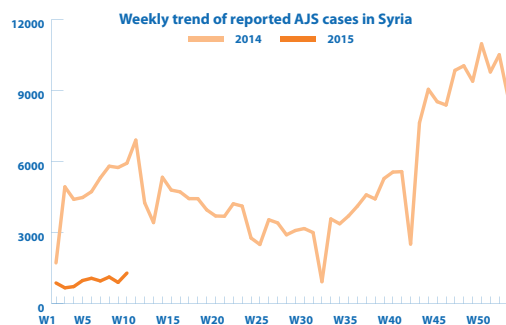


Fifteen AFP cases have been reported so far in 2015. The highest number of cases have been reported from Amman and Zarka. The annualized Non-Polio AFP rate for 2015 as of the end of February is 3.4/100,000. Jordan has created a draft plan for phase III Middle East Polio Outbreak response 2015 together with MoH and UNICEF.

SYRIA: Syria EWARS collects information from 650 EWARS sentinel sites. This month on average 463 sites submitted timely weekly reports.

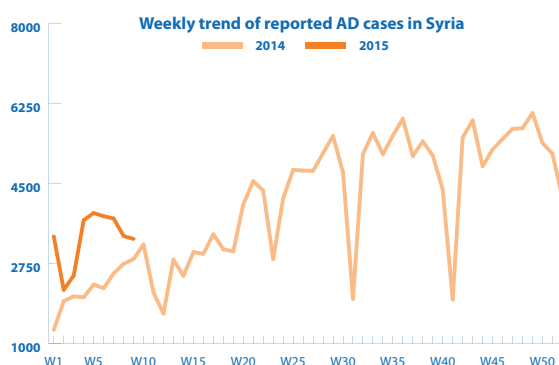
Four AFP cases were reported. Stool samples were sent to the reference lab. A national polio vaccination campaign was implemented from 15-19th February.

The highest number of cases of AJS were reported from Idleb as in January. The Syrian Minister of Health launched a health promotion campaign regarding food and waterborne diseases in Damascus Directorate which will be carried out in all governorates, including daily educational sessions in all primary health centres, schools, and IDPs shelters, focusing on the importance of both personal and hand hygiene. Awareness campaigns continue through media (TV programmes, radio programmes, newspapers). The Rapid Response Teams (RRTs) in all governorates will also continue conducting field visits to the IDP shelters and schools to evaluate the health and environmental situation, and raise awareness about food and water borne diseases.



An awareness bulletin about SARI has been prepared and sent to the media office in MOH to be disseminated via media channels. Also participations in TV and radio programs continue to raise awareness about the disease and preventive measures.

AD cases remain high: Deir ez Zor, Idleb, Rural Damascus and Damascus accounted for more than half of the overall cases again this month.



WHO gratefully acknowledges the support of regional partners

