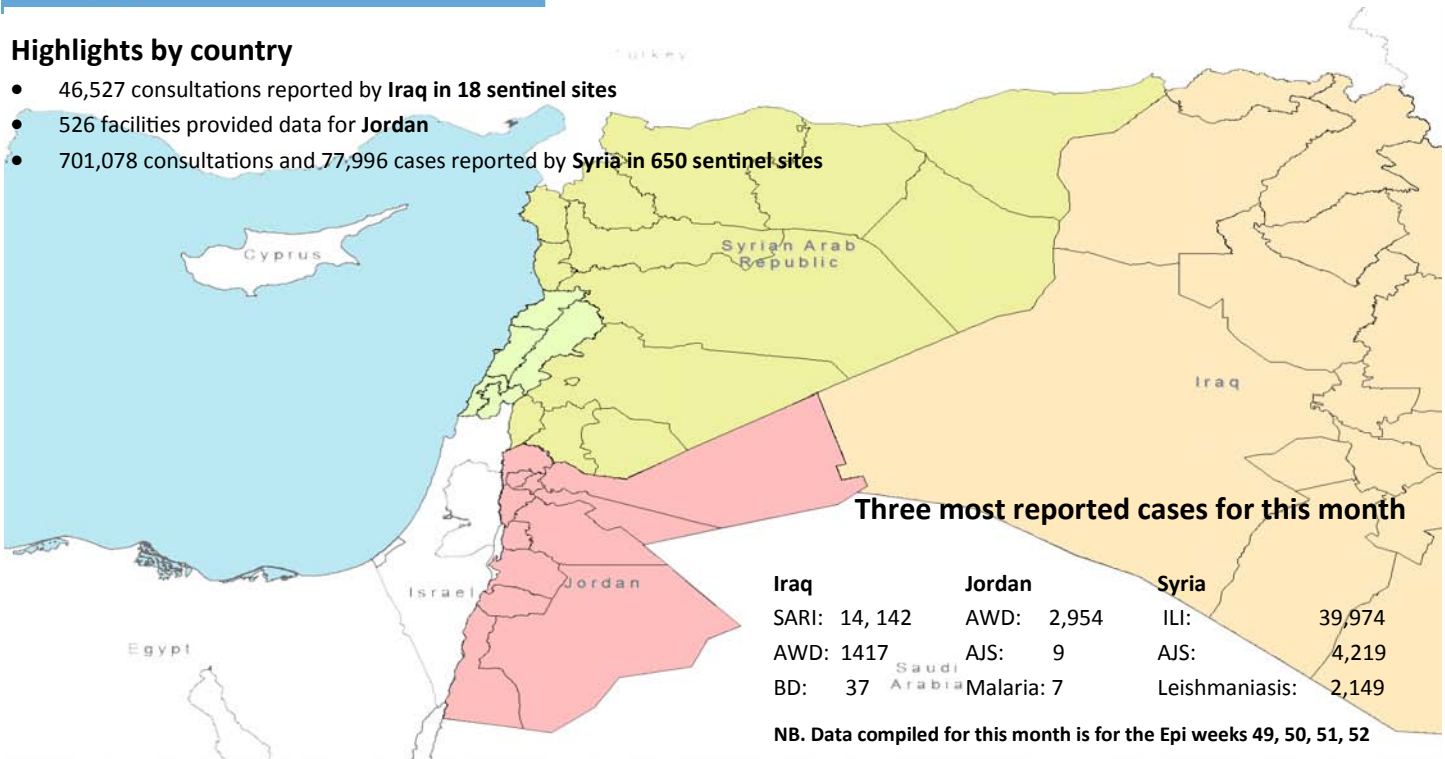




Highlights by country

- 46,527 consultations reported by Iraq in 18 sentinel sites
- 526 facilities provided data for Jordan
- 701,078 consultations and 77,996 cases reported by Syria in 650 sentinel sites



NB. Data compiled for this month is for the Epi weeks 49, 50, 51, 52

Epidemiological comments

World Health Organization (WHO) in collaboration with Governments affected by the Syrian crisis has established an Early Warning Alert and Response Network (EWARN) through their respective Ministries of Health (MoH). The EWARN is not a parallel Health Information System to National Health Surveillance established in each country. It is a network to strengthen the National Surveillance System to detect outbreak threats, describe new roles and responsibilities at each level of disease response and outbreak control in the Syria emergency situation. This Regional monthly EWARN Bulletin plays a key role by summarizing and highlighting health priorities in the affected countries, what response measures were taken, if any gaps were identified, and what lessons have we learnt? The EWARN is now well implemented in four countries. Two systems are implemented, the first two (Jordan and Lebanon) rely on a fixed number of sentinel sites whereas Syria and Iraq are gradually increasing the numbers of their sentinel sites. Both systems help to strengthen surveillance and allow a coordinated approach to disease outbreak preparedness and response. This EWARN is simple, flexible, situation specific and widely accepted.

IRAQ: Iraq has 18 reporting sites (seven refugee, ten IDP camps and one IDP mobile clinic). Two new health facilities were added this month. The EWARN system is still in the piloting phase, and further re-

porting sites will soon be included. SARI and AWD continue to be the leading cause of morbidity with 14,142 and 1,417 cases respectively: however 42% less AWD cases were reported compared to the previous month perhaps due to the winter season. As reported in November, Bajit Kandala IDP camp (Dahuk) consistently accounted for the highest number of SARI and AWD, followed by Laylun (Kirkuk). The WHO team, together with DoH Dohuk are planning a visit to investigate this. Close coordination is required with the shelter cluster to scale up support. AJS (confirmed in Baharka camp on 23rd November as viral hepatitis A) continues to be reported but cases declined during December. A consolidated effort is needed from all partners and WASH to sustain the gains made. WHO in close collaboration with the MoH is in the process of upgrading the EWARN system to an electronic format, due to be launched mid-January 2015.

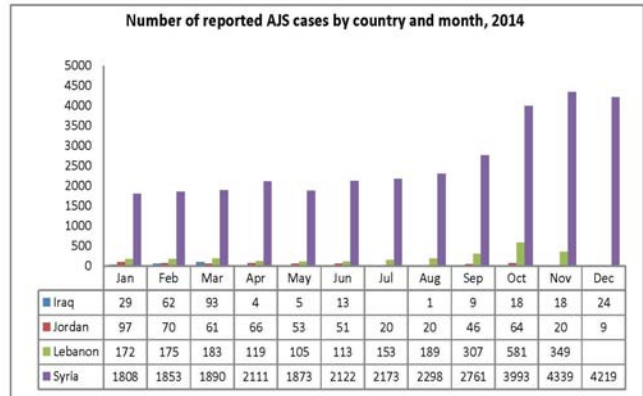
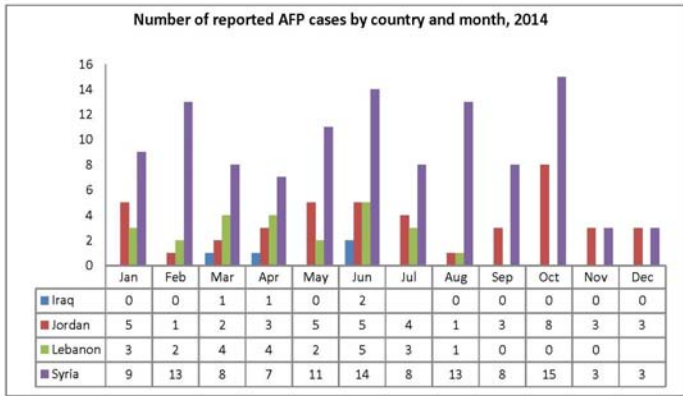
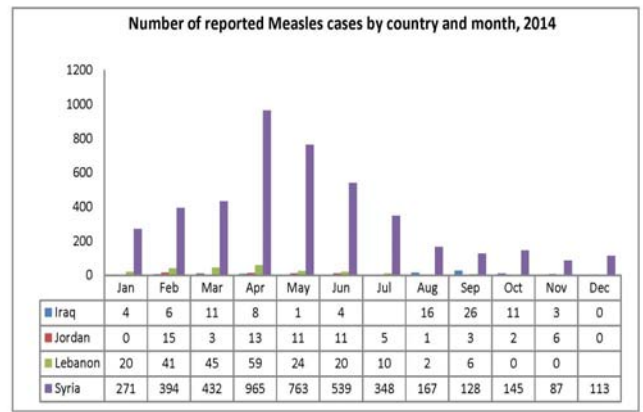
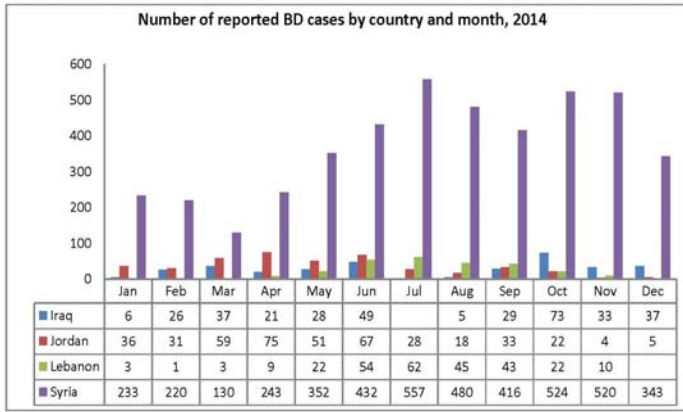
JORDAN: Public data is only available for week 49 and 51 this month. Three AFP cases were reported this month, from Jerash and North Agwar, bringing the cumulative number for 2014 to 62 cases. The cases in November were reported from Amman. A national poliomyelitis campaign was conducted from 30th November to the 5th December. The last confirmed polio case in Jordan was in 1992. The Non Polio AFP rate was 2.28 cases per 100,000 under 15 years by Week 53. No measles cases were reported

this month. AWD and AJS continue to be the leading causes of morbidity during December and the cases continue to be highest in Irbid and Zarqa. Total numbers of AWD reported from January to December were 98,019. AJS continues to be reported most weeks, the peak remaining in January with 97 cases and lowest this month with 9 cases, however there are 2 weeks of missing data.

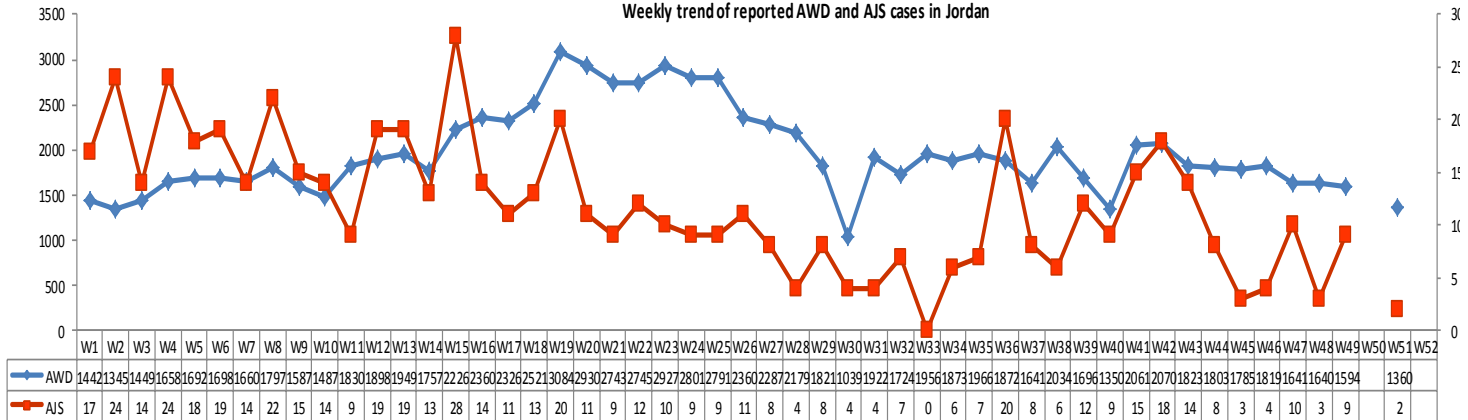
LEBANON: No data available

SYRIA: Three AFP cases were reported in December. Stool samples were sent to the reference lab. The vaccination campaign was implemented between 30th November and 4th December. Field visits conducted to collect water samples where high cases of AJS reported: most people are drinking from tanks which show an unacceptable level of chlorination. As a response, the Ministry of Water Resources has increased efforts to provide quality drinking water. In addition, WHO/MoH, in collaboration with the Ministry of Information ran a mass hygiene promotion campaign in the most affected governorates. The MoH has circulated official request to the directorates of health and the directorates of school health to monitor the environmental health conditions in the schools and IDP shelters. The Rapid Response team also conducted field visits to evaluate the situation, and raise awareness about food and water borne diseases.

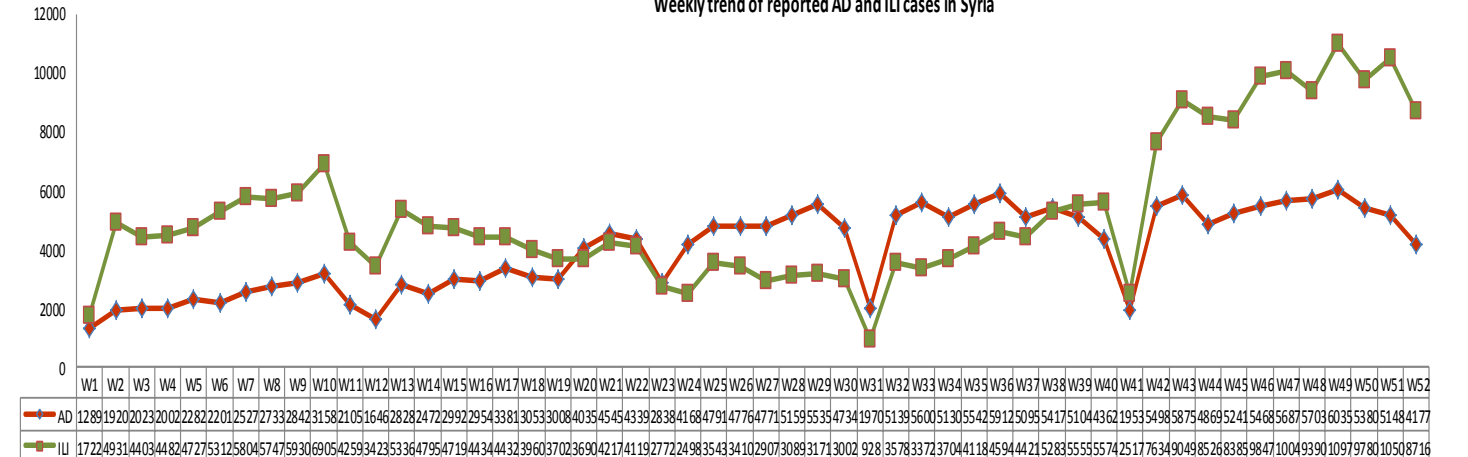
Annexes: Trends of leading epidemic prone diseases in the affected countries



Weekly trend of reported AWD and AJS cases in Jordan



Weekly trend of reported AD and ILI cases in Syria



WHO gratefully acknowledges regional partner support

