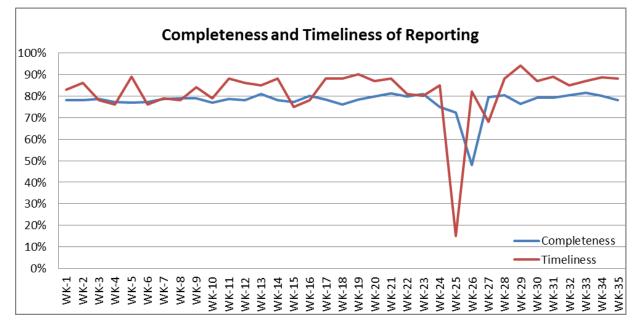




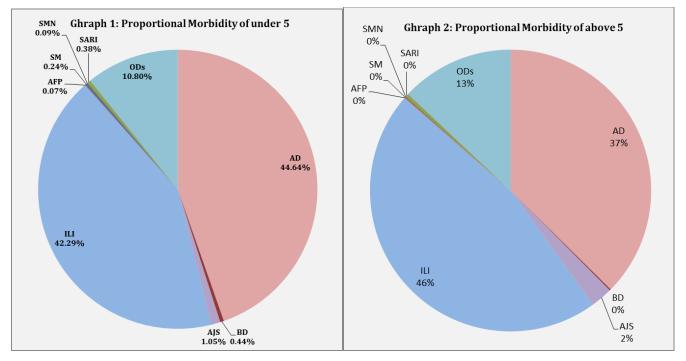
Highlights:

- (10) AFP cases were reported during this week, (5) cases from Lattakia, (3) from Deir-ez-Zor, one case from each of Dar'a, and Homs.
- (18) Suspected Measles cases were reported during this week; mostly from Deir-ez-Zor (7) cases, and from Damascus (7) cases.
- Completeness& Timeliness of Reporting
- An expansion of sentinel sites has been accomplished by including 16 new sentinel sites. The overall completeness of reporting was 78%; (895out of total 1148 EWARS sentinel sites). (14) Governorates have reported this week. Timeliness of reporting is 88%.



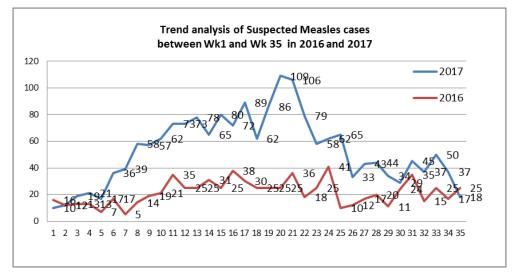
The Morbidity Cases

- Out of the 167,487 total consultations, a total of 14, 541 EWARS notifiable cases were reported; of which 5, 852 cases were Acute Diarrhoea (31%), 6, 510 cases were Influenza like Illness (34%), 279 cases of AJS, 56 cases of Sever Acute Respiratory Infection, 38 cases of Bloody Diarrhoea, 18 cases of Suspected Measles, 18 cases of Suspected Meningitis, and 10 cases of Acute Flaccid Paralysis.
- Graphs 1 and 2 below show the proportional morbidity among < 5 and ≥ 5 year age groups respectively.

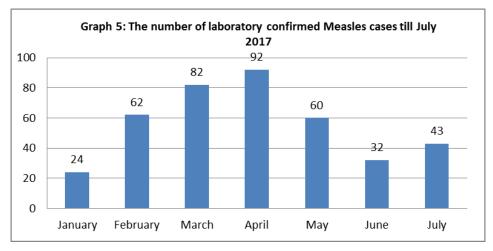


- ★ AD constitutes (44.64%) among < 5 and (37%) among ≥ 5, while ILI constitutes (42.29%) of the cases among <5 and (46%) among ≥ 5.
- ◆ 50% of the cases were distributed among males. 61% of the cases were distributed among≥5 age group.
- In total 1,765cases were reported as "other diseases". The most important diseases reported within this group were; 256 cases of Leishmaniasis (most of which were reported from Idleb 73%), 172 cases of Typhoid (most of which were reported from Aleppo and Deir-ez-Zor), 161 cases of Brucellosis, 12cases of Pertussis, 18 Mumps, and 8 cases of TB.

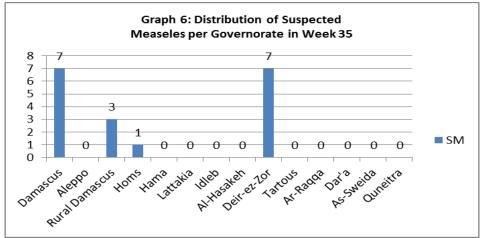
Graph 4 shows the trend analysis of suspected Measles cases reported between week 1 and week 35 of 2016 and 2017. It shows a decrease for a second consequent week in the trend of SM cases.



✤ Graph 5 shows the number of laboratory confirmed Measles cases reported till July 2017. It shows that the peak of measles cases was in April.



Graph 6: Shows the distribution of Suspected Measles per governorate in week 35.



✤ Graph 7: Shows the distribution of accumulative AFP cases between week 16 and week 35 of 2017. It shows that most AFP cases were reported from Deir-ez-Zor.

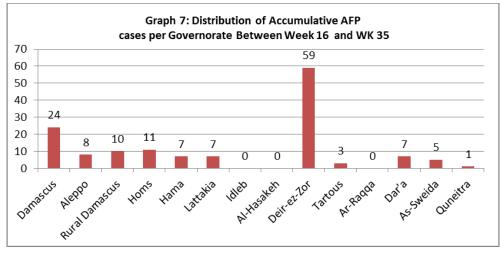


Table 1 shows a comparison between all notifiable cases in week 34 & week 35 in 2017.

Table 1: Comparison betweenreported cases in week 34 and week35 in 2017.								
Disease	Week 34	Week 35						
AD	7,411	5,852						
BD	58	38						
AWD	0	0						
AJS	359	279						
ILI	7,710	6,510						
AFP	10	10						
SM	37	18						
SMN	37	13						
SARI	84	56						
TYF	259	172						
PER	28	12						
LSH	278	256						
BRU	193	161						
ТВ	14	8						
SCA	229	188						
LIC	301	319						
СНР	561	570						
Others	113	61						
Mum	8	18						

The Response

cVDPV2 outbreak response:

The national response plan includes two immunization rounds each in Deir-ez-Zor and Raqqa governorates. In Deir-ez-Zor the second round of immunization was held between 22 - 28 August. The total number of cVDPV2 cases is 39. All confirmed cases to date have had onset of paralysis before 14 July 2017. WHO has organized the redistribution of vaccines and mapping of the population. High level of population movement during the round called for flexibility in response approach.

The first immunization round in Ar-Raqqa governorate was held between 12-17 August. Preparations for the second immunization round for Ar-Raqqa are underway.

Regional response: Under International Health Regulations (2005) (IHR), WHO's Emergency Committee has issued temporary recommendations for Syria as a 'state infected with cVDPV2 with potential risk of international spread'. The Committee has urged countries receiving Syrian refugees, particularly from Deirez-Zor and Ar-Raqqa, to ensure polio vaccination with IPV where available.

Code	Age Group	Idleb	Hassaka	Raqqa	Sweida	Qunaitra	Lattakia	Aleppo	Hama	Homs	Daraa	Damascus	DierEzor	Rural Damascus	Tartous	Grand Total	
AD	< 5	127	32	15	116	55	310	415	158	138	93	464	216	335	81	2555	5,852
	≥ 5	94	12	10	148	93	388	655	138	137	110	798	183	328	203	3297	
BD	< 5	0	1	4	0	0	3	3	0	0	3	0	11	0	0	25	38
	≥ 5	0	2	0	2	0	5	0	0	0	3	1	0	0	0	13	
AWD	< 5	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	≥ 5	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
AJS	< 5	0	0	0	0	0	0	27	5	3	1	7	7	10	0	60	279
	≥ 5	0	0	1	4	0	10	89	32	13	5	42	7	12	4	219	
ILI	< 5	25	30	0	98	83	699	282	66	96	90	301	113	349	188	2420	6,510
	≥ 5	21	17	0	184	196	909	453	47	109	262	639	96	639	518	4090	
AFP	< 5	0	0	0	0	0	0	0	0	0	1	0	3	0	0	4	10
	≥ 5	0	0	0	0	0	5	0	0	1	0	0	0	0	0	6	
SM	< 5	0	0	0	0	0	0	0	0	1	0	5	6	2	0	14	18
514	≥ 5	0	0	0	0	0	0	0	0	0	0	2	1	1	0	4	
SMN	< 5	0	0	0	0	0	0	0	3	1	0	1	0	0	0	5	13
	≥ 5	0	0	1	1	0	0	3	2	0	0	0	0	0	1	8	
SARI	< 5	0	0	3	0	0	0	2	5	0	0	10	2	0	0	22	56
	≥ 5	0	0	3	6	0	2	1	18	1	0	2	1	0	0	34	50
Other	< 5	333	1	6	7	17	2	88	9	32	6	12	25	57	23	618	1,765
	≥ 5	267	5	16	10	18	15	280	112	67	33	75	96	99	54	1147	
Total S	um of < 5	485	64	28	221	155	1014	817	246	271	194	800	383	753	292	5723	14,541
Total S	um of ≥ 5	382	36	31	355	307	1334	1481	349	328	413	1559	384	1079	780	8818	
Т	otal	867	100	59	576	462	2348	2298	595	599	607	2359	767	1832	1072		14,541

Table-2: Distribution of cases per age group, and by Governorate-week- 35, 2017: