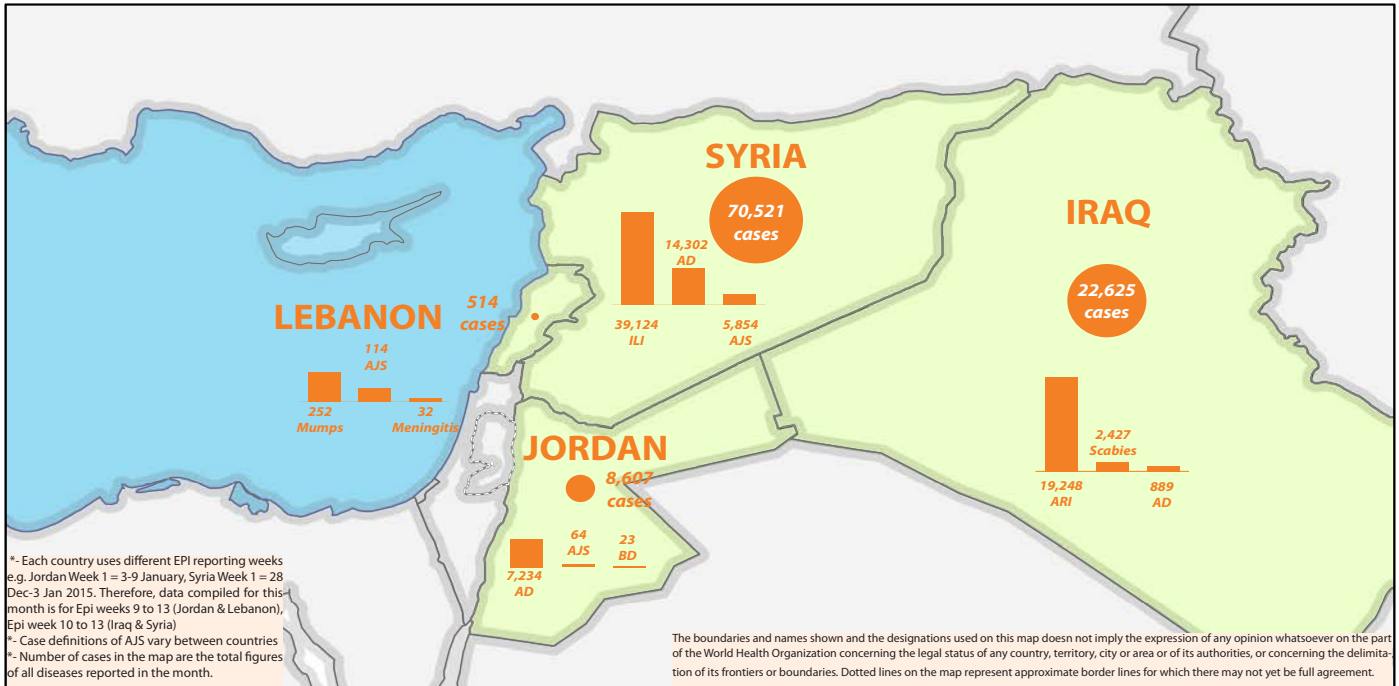




Three most reported priority diseases in March 2015



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).

mitted timely weekly reports. The consultations were down 18% from last month (from 53,619 to 43,537). WHO with the DoH have started training surveillance officers on using mobile tablets to collect EWARN data in electronic format. This will reduce errors in data collection as well as expand the network to all primary healthcare centers serving IDPs, refugees and affected host communities.

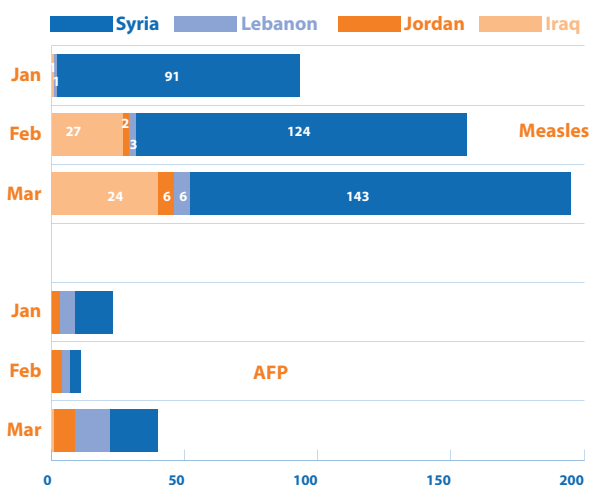
The Measles immunization campaign that started in response to the outbreak in Arabat camp on 22<sup>nd</sup> February 2015 has been completed. 3.9 million children (9 months to 15 years) have been vaccinated against measles in Iraq during the February to March mass measles vaccination campaign. The EWARN continued monitoring the trends and showed a steady decrease in measles cases. An alert of three suspected cases was reported from Kowergosh refugee camp in week 10. Samples were collected and the test results were negative. It was concluded that the cases had adverse effect of the measles vaccination conducted a week earlier. There is still a need to do on-job refresher trainings on case definitions of the healthcare providers working in the camps to avoid false diagnosis.

Acute Respiratory Infection (ARI), Scabies (SCB) and Acute Diarrhoea (AD) remain the leading causes of morbidity. ARI cases have decreased in March compared to February 2015. Cases are expected to decrease due to the ongoing training to strengthen proper diagnosis and filling of EWARN forms. Scabies is the second highest cause of consultation. The WASH and health clusters in coordination with the DoH are conducting hygiene promotion and health education activities in all the camps. Acute Diarrhea cases trend remained constant in most camps and on-job training on EWARN has helped healthcare providers to differentiate between AD and AWD.

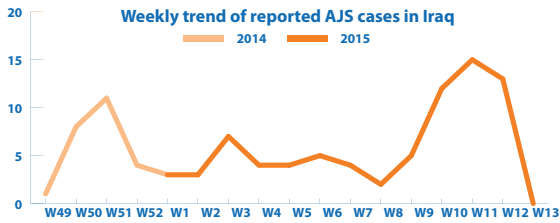
Ten cases of suspected bloody diarrhea have been reported in the first week of March. The cases have dropped significantly as compared to February 2015.

Eight cases of Acute Jaundice Syndrome (AJS) cases have been reported in March.

Cases of AFP and Measles in the affected countries January - March 2015



**IRAQ:** This month on average twenty reporting sites from Refugee and Internally Displaced Person (IDP) camps and mobile clinics sub-

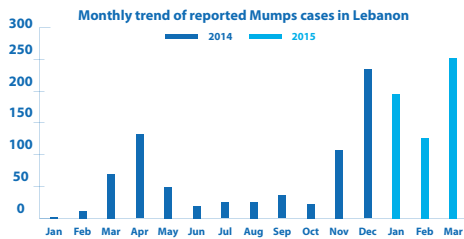


An alert of suspected acute flaccid paralysis (AFP) was reported in Sulaymaniah. The case was immediately investigated by the DoH, samples were collected and shipped to National Public Health Laboratory in Baghdad and were found negative.

An alert of suspected cutaneous Leishmaniasis was reported from Zaytona IDP settlement. The suspected case was investigated while DoH provided insecticides spray and WHO provided a combination of pentavalent antimonials and paromomycin.

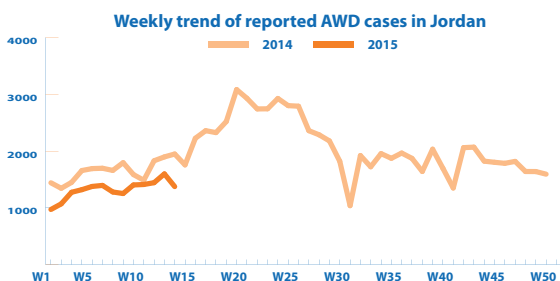
**LEBANON:** 143 hospitals and 500 PHC centres reported into the EWARN this month.

The large spike in mumps cases (234) that occurred during December continue to be reported, with 252 cases reported in March. In January there was a response to the outbreak, with accelerated routine vaccination, school eviction for five days, education and awareness raising targeting schools and parents. The cases are 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 with MOH are finalizing the preparation phase to start the national program of public health surveillance which will be implemented in 309 sites across Jordan using mobile tablets technology. It will include Communicable Diseases, Non-Communicable Diseases and Mental Health.

AD 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.



Eight new AFP cases were reported in March with Non Polio AFP rate of 3.4 per 100,000 children under 15 and stool adequacy of 91%. A total of twenty three cases were reported in 2015, two cases of them are Syrians. Jordan has created a draft plan for phase III Middle East

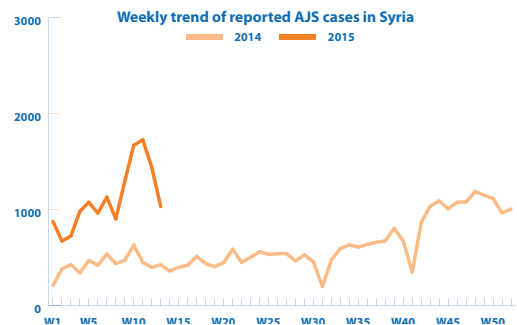
Polio Outbreak response 2015 together with MoH and UNICEF.

Sporadic cases of seasonal influenza, mostly A(N1H1) are still being reported.

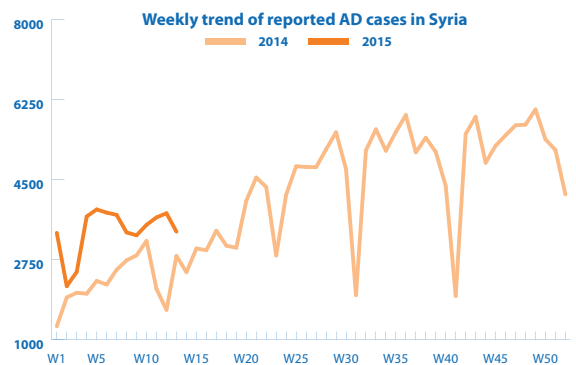
**SYRIA:** This month on average 72% of the 650 sentinel sites submitted timely weekly reports to the Syria EWARS.

Eighteen AFP cases were reported from six governorates. Stool samples were sent to the reference lab. A national polio vaccination campaign was implemented from 22-26th March. Due to security reasons, the March 2015 polio campaign was not held in Idleb, Ar-Raqqa, Al-Boukamal in Deir ez-Zor, thus decreasing coverage rates and predisposing children to polio virus.

This Month, Damascus reported the highest number of AJS cases followed by Rural Damascus. The Syrian Ministry of Health continues its health promotion campaign regarding food and waterborne diseases in primary health centres, schools, and IDPs shelters, as well as through media. Line list of cases started to be collected from different health facilities in the most affected governorates to provide evidence needed on the issue of vaccine procurement. Preliminary results showed that most of the cases (over 60%) reported in Damascus were among over 15 years old while most of the cases reported in Ar-Raqqa were among young children. This is very much consistent with the difference in the WASH situation between the two governorates were most adults are already immune in Ar-Raqqa due to having the disease during childhood.



A slight increase of SARI cases (883) was reported during this month (9%) as opposed to February. The increase is similar to the increase reported last year same period.



This month, Meningitis cases detected were not clustered. Cases were managed properly; and investigation forms were filled for some cases but not all; it shows that most of the cases are viral meningitis not bacterial. Chemoprophylaxis was provided as necessary for contacts of the probable bacterial meningitis cases.

WHO gratefully acknowledges the support of regional partners

