

3 June 2013 – The World Health Organization is deeply concerned about the increasing cases of communicable diseases inside the Syria and among displaced Syrians in neighbouring countries in the Region, and warns that lack of prevention and control measures will create a potential risk of outbreaks.

Over the past two years, Syria's health system has been severely disrupted. At least 35% of the country's public hospitals are out of service, and in some governorates, up to 70% of the health workforce has fled, resulting in severe shortages in qualified health personnel, limiting availability for those in need of health care services. Almost 4.25 million internally-displaced Syrians who have relocated to less volatile areas are mostly living in overcrowded, unsanitary conditions. The provision of safe drinking water and safe sanitation has been disrupted, and there are challenges in implementing vaccination campaigns and vector control programmes. As the health situation deteriorates and temperatures continue to rise, this increases the risk of epidemics.

“All the risk factors that enhance the transmission of communicable diseases in emergencies are present in the current crisis in Syria and its neighbouring countries,” said Dr Jaouad Mahjour, Director of the Department for Communicable Diseases at WHO's Regional Office for the Eastern Mediterranean. “We are anticipating a number of public health risks from water-borne diseases, specifically hepatitis, typhoid, cholera and dysentery. Given the scale of population movement both inside Syria and across borders, together with deteriorating environmental health conditions, outbreaks are inevitable.”

In the first quarter of 2013, Syria's early warning system for disease outbreaks, which covers all of the country's 14 governorates, reported significant increases in acute watery diarrhoea, which increased by 172% from 243 cases in the first week of January 2013 to 660 in the second week of May 2013; and hepatitis A, which increased by 219% from 48 cases in to 153 cases in the same time period. Increased cases of enteric fever (typhoid) were also reported in 2013.

New cases of vaccine-preventable diseases such as measles have also reappeared in Syria due to a drop in national vaccination coverage from 95% in 2010 to an estimated 45% in 2013. In the first quarter of 2013, the number of laboratory-confirmed measles cases in Syria reached 139, compared to zero cases in 2010 and 2011, and 71% of these cases were shown to be not vaccinated. National campaigns to vaccinate children below the age of 5 have been hindered due to accessibility and security issues, resulting in high numbers of unvaccinated children in inaccessible areas.

Since 2012, WHO has received reports of increased cases of cutaneous leishmaniasis in Syria. Cutaneous leishmaniasis is a vector-borne disease that is transmitted to humans through sand fly bites, and is highly endemic in parts of Syria, mainly in Aleppo. However, due to internal population movement and limited access of patients to health care, an increasing number of cases have been reported by WHO among internally-displaced persons (IDPs) in Tartous governorate, where the disease was previously unreported. Prevention and control measures, such as distribution of insecticide-treated bed nets, are being hampered due to population displacement and a lack of trained health workers, increasing the risk of outbreaks.

With thousands of Syrians crossing the borders each day, diseases that are prevalent inside Syria are being transmitted to neighbouring countries. Measles, tuberculosis and cutaneous leishmaniasis have been reported among displaced Syrians in Jordan, Lebanon, Iraq and Turkey. “Jordan had previously reported zero cases of measles for 3 years, and was planning to officially declare that it was measles-free. The situation will deteriorate if prevention and control measures are not scaled up soon,” said Dr Mahjour.

Key prevention and control measures by WHO and partners to respond to public health threats from infectious diseases include supplying safe drinking water and sanitation, strengthening early warning systems for the detection of diseases, distribution of bed nets, and pre-positioning medicines and medical supplies, in addition to emergency mass vaccination campaigns both inside Syria and in neighbouring countries. Additional activities planned with health partners over the next three months include training of first-line responders, pre-positioning medicines and medical supplies, and ensuring sufficient laboratory capacity to identify infectious diseases, and implementing a summer outbreak containment plan.

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