With mass displacements, shattered infrastructure and an overburdened health system, one of the main threats during the year was the spread of communicable diseases. In 2019, there were smallscale outbreaks of measles and diarrhoeal diseases as well as rising rates of cutaneous leishmaniasis.

Reports from northern Syria indicated high rates of communicable diseases, acute diarrhoea and influenza-like illnesses among the newly displaced.

Despite significant gains in expanding immunization coverage and a corresponding decrease in the number of cases, the immunization coverage rate for measles – the most infectious of all the vaccine-preventable illnesses – remained too low (88%). Achieving at least 95% vaccination coverage in children across geographical regions is required to eliminate the threat of this highly contagious disease. Syria also remained at risk of new circulating vaccine-derived polio outbreaks due to the continuing hostilities, the potential collapse of the vaccination network in northwest Syria and the risk of polio cases imported from Afghanistan and Pakistan.

Although there were no cholera outbreaks in Syria, the disease remains an ever-present threat, particularly in overcrowded IDP settings where tens of thousands of people are living in dire conditions with limited supplies of safe water and sanitation. If left untreated, cholera can kill within hours. WHO trained health staff and pre-positioned contingency stocks in priority areas to prevent and respond to an eventual outbreak of this deadly disease.

Rates of infectious disease are often exacerbated in conflict settings.

Tuberculosis (TB) – one of the top ten causes of mortality worldwide – remains a significant threat to human life among the most vulnerable in Syria. Over the course of a year, a person with active TB can infect up to 10-15 other people, so case finding and contact tracing are

crucial. Adhering to often lengthy treatment regimens is essential to avoid developing drug-resistant forms of TB that are much harder to eradicate. However, tackling the disease in Syria remains challenging: the country has very limited capacity to conduct active case finding and there are widespread shortages of medicines and specialized TB services. When patients' treatments are interrupted because of displacement or because their TB centres are disrupted by conflict and forced to suspend services or close, their risk of developing multi-drug resistant TB is much higher. These patients require attention and resources that are rarely available in complex emergencies. Without proper treatment, up to two thirds of people with active TB will die.

Related links

HIV

Leishmaniasis

Measles

Polio

Tuberculosis

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