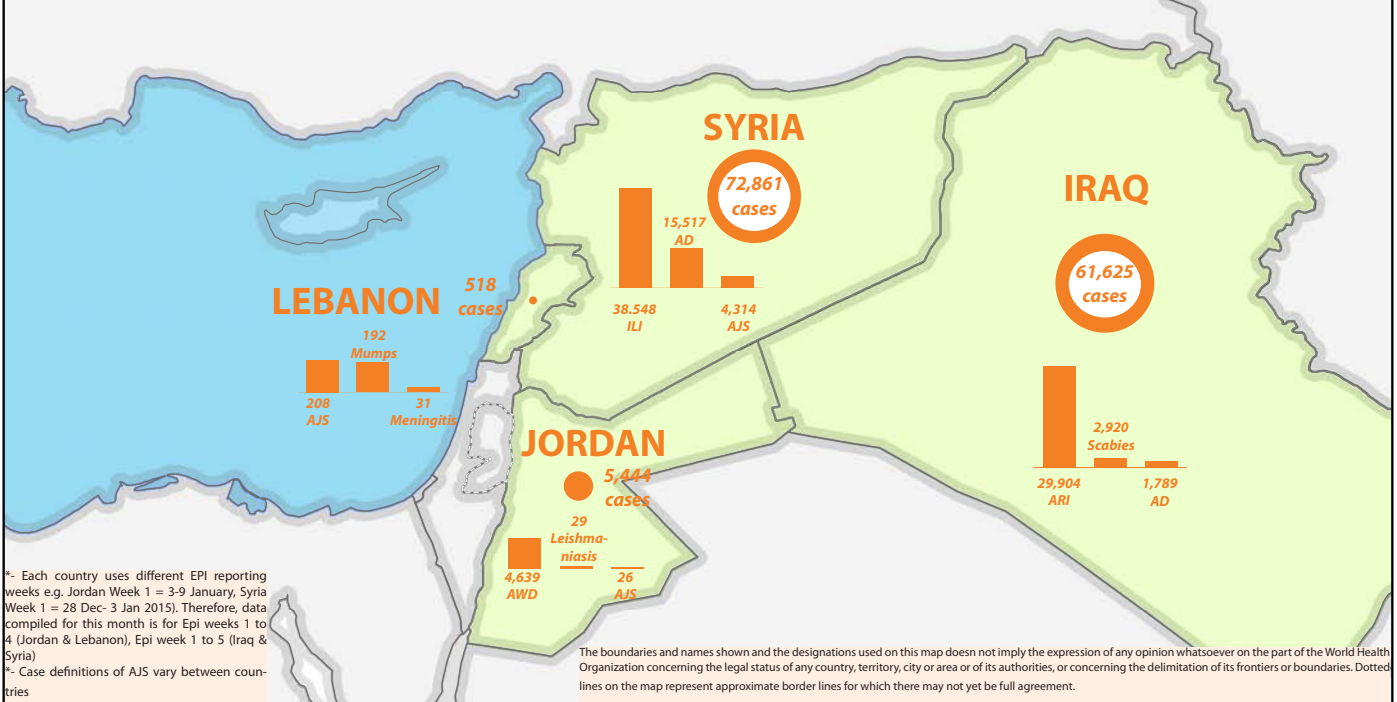




Three most reported cases from sentinel sites in January 2015



Epidemiological comments:

World Health Organization (WHO) in collaboration with governments affected by the Syrian crisis has established an Early Warning Alert and Response Network (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. Both systems help strengthen disease surveillance.

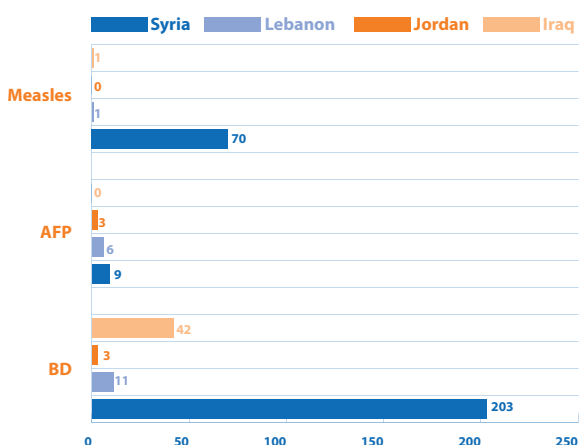
The respective EWARNs in each country use different reporting dates for their EPI weeks. Efforts should be made to try and harmonize these during 2015 to allow a coordinated approach to disease outbreak preparedness and response.

from 47,243 to 61,625 this month. WHO with the MoH are in the process of upgrading the EWARN to electronic format, due to be launched March 2015. It will be an opportunity to expand the network to all primary healthcare centers serving IDPs, refugees and affected host communities.

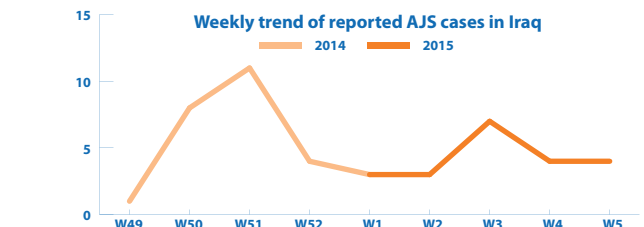
Acute Respiratory Infection (ARI) remains the leading cause of morbidity. Baharka camp indicated the highest proportion of upper ARI cases, meanwhile Lower ARI was highest in Bardarash. Qushtapa and Zawita camps showed the highest proportion of scabies cases, the second highest morbidity. WHO in coordination with MoH Kurdistan, will investigate the reasons behind the consistently high reports of ARI and Scabies. The increase in ARI could be associated to the winter season. All health partners have been sensitized for the winterization contingency plan while ARI kits have been prepositioned appropriately. There will also be a need for close coordination with the shelter cluster to scale up support such as for clothes and fuel. However, in the coming months the temperature will increase and it is expected that ARI will decrease. Scabies can be managed if they work in mass treatment in addition to hygiene campaigns. The health cluster and WHO in coordination with the Department of Health (DoH) and WASH are conducting hygiene, health education and promotion activities in all the camps.

The cases of AJS have gradually decreased in all the camps indicating the end of the outbreak which started in the beginning of December, 2014.

Cases of leading epidemic prone diseases in the affected countries January 2015



IRAQ: This month, sixteen reporting sites including seven Refugee and nine Internally Displaced People's (IDP) camps submitted timely and complete weekly reports. This was the same number of sites as December however the number of consultations increased by 14%



The reported cases of Bloody Diarrhea (BD) are within the alert threshold but DoH and WHO are keeping a vigilant eye for any un-

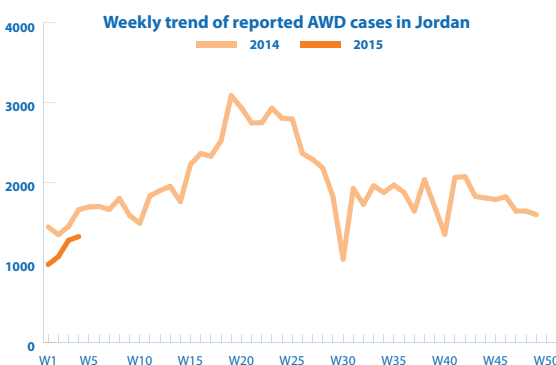
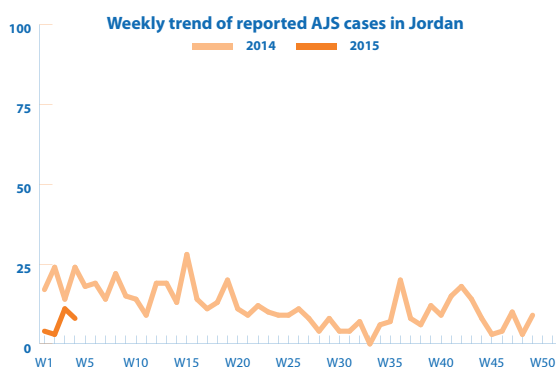
sual increase throughout Iraq.

An alert of measles was reported and investigated. Samples were collected, but were found to be negative.

JORDAN: This month, the completeness of reporting was 100%. 526 facilities provided weekly data from the routine surveillance system. WHO will be scaling up their routine public health surveillance project using mobile technology and an online framework system nationally with MOH in March to cover nearly 300 facilities across the country. It will include Communicable Diseases, Non Communicable Diseases and Mental Health.

Three AFP cases were reported, from Balka, Kura and Amman. The annualized Non-Polio AFP rate for 2015 as of the end of January is 1.5/100,000. Jordan created a draft plan for phase III Middle East Polio Outbreak response 2015 together with MoH and UNICEF.

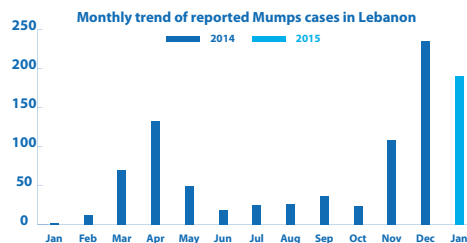
AWD and AJS continue to be the leading cause of morbidity. The cases were highest in Zarqa and Karak but cases were reported from all 22 governorates.



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

Six AFP cases were reported this month, one case was of Syrian nationality. Samples were sent to Cairo for testing.

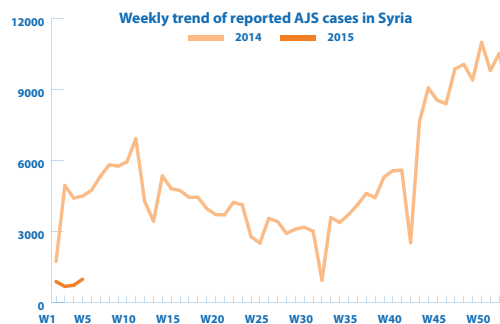
A large spike in mumps cases (234) occurred during December and continued into the month of January, with 190 reported cases. This was reported through both the routine surveillance and the EWARN system. The cases were mainly located in the Bekaa and the North. 48.7% of the cases were recorded in the 10-19 year age group, followed by 25% in 5-9 year age group; with a significant number of cases being reported among Lebanese. In response to the outbreak, accelerated routine vaccination, school eviction for five days, education and awareness targeting schools and parents took place.



SYRIA: Syria EWARS collects information from 650 EWARS sentinel sites. This month on average 448 sites submitted timely weekly reports.

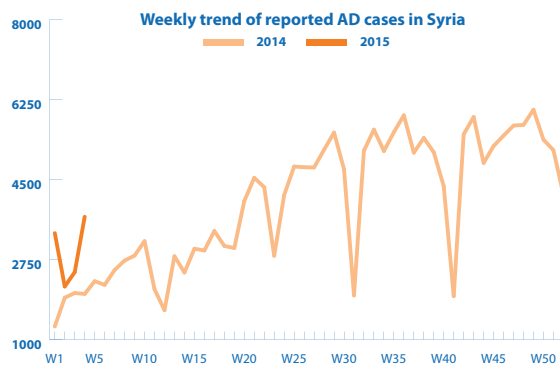
Fourteen AFP cases were reported. Stool samples were sent to the reference lab. A sub national vaccination campaign was implemented from 4-8th January in hard to reach low coverage areas.

The highest number of cases of AJS were reported from Idleb, an awareness campaign about food and water borne diseases was carried out both in the media and through field visits to the IDP shelters and schools. The field visits also evaluated the health and environmental situation. The Ministry of Water Resources enforced the certification for the private water tankers to ensure the quality of drinking water in affected governorates. A meeting was also held with the MoH in cooperation with the relevant ministries to develop a joint plan for Hepatitis A prevention and control.



Nasopharyngeal swabs were collected from cases admitted to ICU as the national protocol recommends for SARI. The Rapid Response Teams in all governorates conducted awareness campaigns about respiratory infections in IDP shelters and schools. An awareness bulletin was also prepared and sent to the media office in the MoH for dissemination.

AD cases remain high: Deir ez Zor, Idleb, Rural Da-mascus and Damascus accounted for more than half of the overall cases (n.b. information missing from Week 3, for Deir ez Zor).



WHO gratefully acknowledges the support of regional partners

