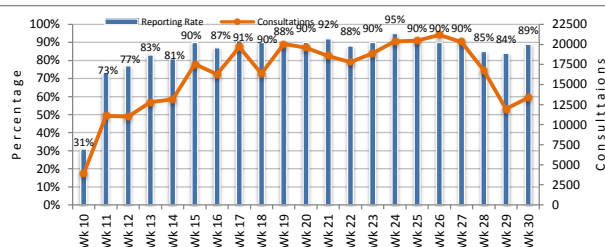


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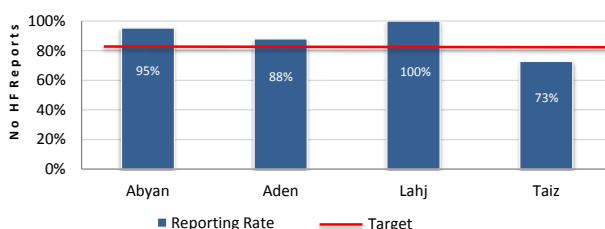
Highlights

- During week no 30, 2013; 89% (83/93) health facilities from 4 pilot governorates provided valid surveillance data.
- The total number of consultations reported during the week in pilot governorates was 13365 compared to 11965 the previous reporting week. Acute respiratory tract infections (ARI), acute diarrhea (OAD) and suspected malaria (S.Mal) were the leading cause of morbidity this week.
- A total of 25 alerts were generated by eDEWS system in week 30, 2013; Of these, 23 alerts were verified as true for further investigations with appropriate response.
- Altogether 6 alerts for Measles, 5 Pertussis, 2 each for AVH, Meningitis, Acute Flaccid Paralysis, C. Leishmaniasis, and 1 each for OAD, NNT, Pneumonia and Malaria were received and responded.
- Online disease surveillance and response system was launched in 4 governorates (Aden, Abyan, Lahj and Taiz) in March 2013. Ongoing on site trainings to improve weekly reporting and immediate notification are underway in all 4 pilot governorates.

eDEWS Reporting Rates vs Consultations in Pilot Governorates, Epi weeks 10 to 30, 2013



Distribution of Reporting Rates by Governorates (Epi-week 30, 2013)



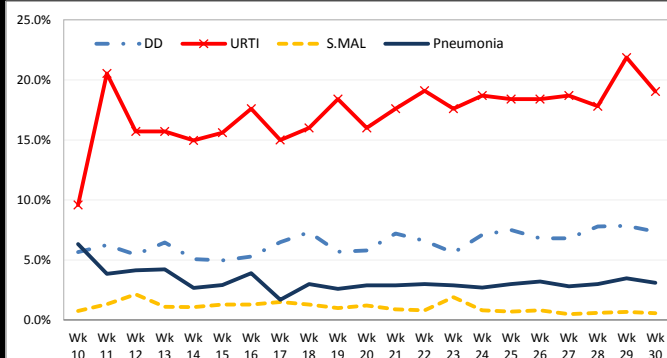
Leading Priority Diseases - Pilot Governorates (Epi-week 30, 2013)

- URTI (19%), suspected malaria (0.6%), OAD (7.2%) and Pneumonia (3.1%) remain the leading causes of morbidity representing a total of 29.9%.
- Acute viral hepatitis, acute watery diarrhea and Schistosomiasis represented less than 1% of total morbidity in reporting period. Bloody diarrhea represented 0.1% of this morbidity.
- All diarrheal disease comprised 7.4% and Pneumonia 3.1% of total morbidity in Pilot Governorates this week.
- All diarrheal disease comprised 4% and Pneumonia 1.86% of total morbidity in the <5 years age group.

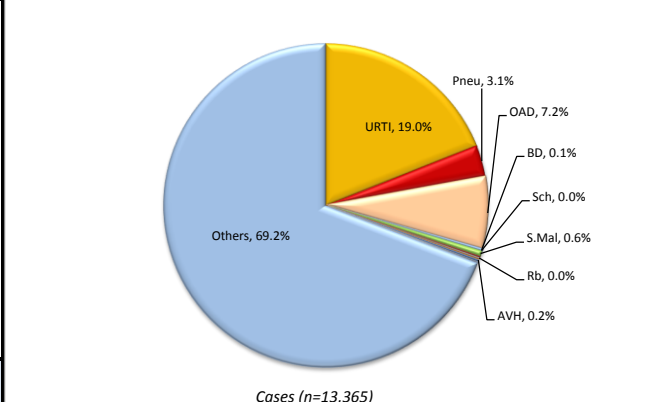
32 districts from 4 Governorates reported to eDEWS in week 30, 2013



Trends for Leading Priority Diseases in Pilot Governorates - Epiweeks 10 to 30, 2013

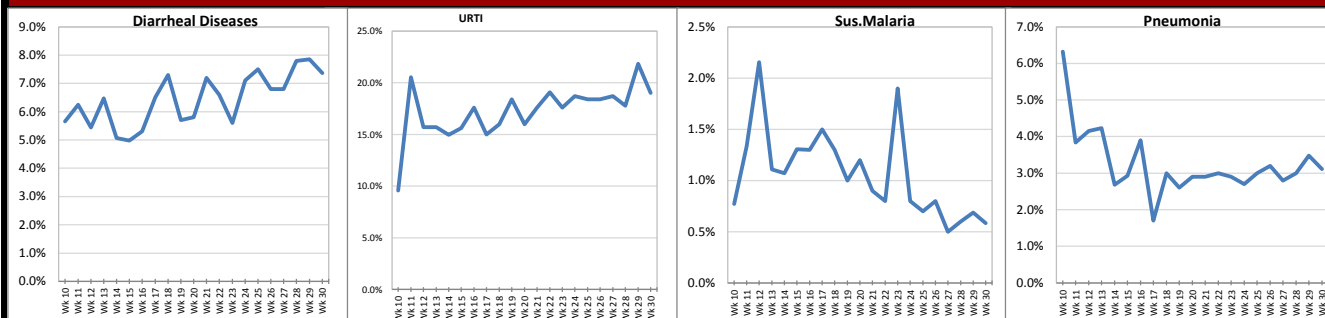


Proportional Morbidity for Leading Priority Diseases - Epiweek 30, 2013

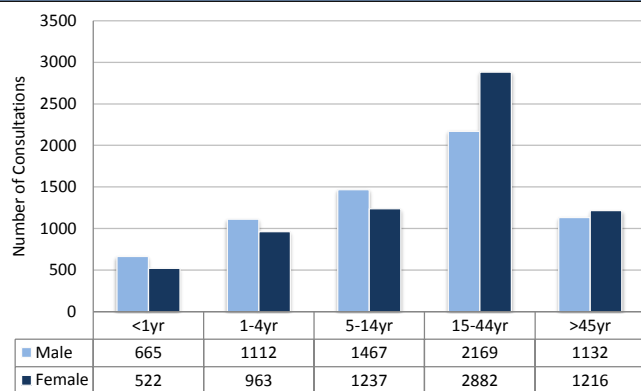


URTI=Upper respiratory infections; Pneu=Pneumonia; OAD=Other acute diarrhea; BD= Bloody diarrhea; AWD=Acute Watery Diarrhea; Sch=Schistosomiasis; Mal=Malaria; Rb=Rabies; AVH=Acute viral hepatitis; Meng=Meningitis; DF=Dengue fever; VHF=Viral hemorrhagic fever; Meas=Measles; CL=Cutaneous Leishmaniasis; Pert= Pertussis; Diph=Diphtheria; NNT=Neonatal Tetanus

Weekly trends of Diarrheal Diseases, Upper Respiratory infections, Suspected Malaria and Pneumonia (Epi week 10 to 30, 2013)



Age and Sex distribution of total consultations of leading diseases (Epi week 30, 2013)



Cumulative number of major health events reported in Epi-weeks 10 to 30, 2013 (1st March 2013 to 25th July 2013)

Diseases	No of Cases	Percentage
Upper Respiratory Infections	59743	17.5%
Diarrheal Diseases	22076	6.5%
Suspected Malaria	3589	1.1%
Pneumonia	10476	3.1%
Others	245359	71.9%
Total (All consultations)	341243	100%

Leading Diseases by Governorate, Epiweek 30

- URTI was highest in Governorate Aden (30.01%) this week.
- Diarrheal Disease was highest in Governorate Lahj (9.97%) this week.

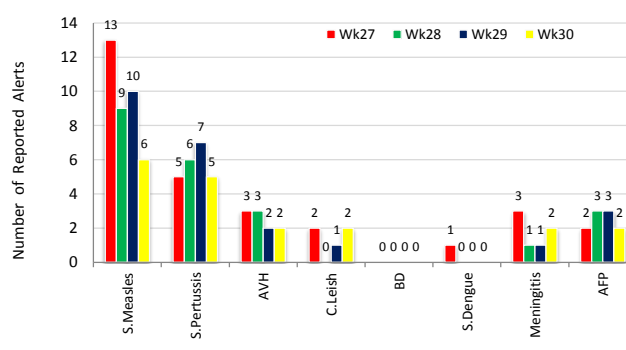
Distribution of consultations of leading diseases by Governorates, Epiweek 30

Suspected Disease	Lahj	Aden	Abyan	Taiz	Total
Upper Respiratory Infections	374	1443	408	319	2544
Pneumonia	82	121	156	57	416
Other Acute Diarrhea	252	441	90	183	966
Bloody Diarrhea	3	4	0	12	19
Acute Watery Diarrhea	0	0	0	0	0
Schistosomiasis	0	0	1	1	2
Malaria	13	24	21	20	78
Meningitis	2	8	0	9	19
Dengue Fever	0	0	0	1	1
Viral Hemorrhagic Fever	0	0	0	0	0
Rabies	0	0	1	3	4
Measles	0	7	4	3	14
Acute Viral Hepatitis (A & E)	3	7	0	17	27
Neonatal Tetanus	0	0	0	1	1
Acute Flaccid Paralysis	1	0	0	0	1
Cutaneous Leishmaniasis	2	0	0	0	2
Diphtheria	0	0	0	0	0
Pertussis	3	5	11	0	19
OtherUn	0	0	0	0	0
Other Consultations	1823	2748	1289	3392	9252
Total Consultations	2558	4808	1981	4018	13365

Number of alerts & outbreaks reported and investigated with appropriate response

Diseases	2013		Current week 30, 2013		System Gen. Alerts (week 30)	
	Alerts	Outbreaks	Alerts	Outbreaks	TRUE	FALSE
AWD	0	0	0	0	0	0
Pertussis	117	1	5	0	5	1
Measles	336	0	6	0	6	1
AFP	22	0	2	0	2	0
Schistosomiasis	4	0	0	0	0	0
Bloody Diarrhea	10	0	0	0	0	0
AVH	57	2	2	0	2	0
Dengue fever	21	0	0	0	0	0
Meningitis	26	0	2	0	2	0
CL	29	0	2	0	2	0
NNT	8	0	1	0	1	0
OAD	3	0	1	0	1	0
VHF	1	0	0	0	0	0
Pneumonia	7	0	1	0	1	0
Total	641	3	22	0	22	2

Number of Alerts Received and Responded (Epiweeks 27 and 30, 2013)



Lahj Governorate

25 health facilities from 13 districts in Lahj governorate reported to eDEWS with a total of 2558 patients consultations in week 30, 2013. Total 4 alerts were reported and appropriate measures were taken in week 30, 2013. Altogether 2 alerts for C. Leishmaniasis, and 1 each for Pertussis and Acute Flaccid Paralysis were reported and responded.

Aden Governorate

22 health facilities from 8 districts in Aden governorate reported to eDEWS with a total of 4808 patients consultations in week 30, 2013. Total 10 alerts were reported and appropriate measures were taken in week 30, 2013. Altogether 3 alerts Measles, 2 Pertussis, and 1 each for Acute Flaccid Paralysis, Meningitis, OAD, Pneumonia and Malaria were reported and responded.

Abyan Governorate

20 health facilities from 4 districts in Abyan governorate reported to eDEWS with a total of 1981 patients consultations in week 30, 2013. Total 4 alerts were reported and appropriate measures were taken in week 30, 2013. Altogether 2 alerts each for Pertussis and Measles were reported and responded.

Taiz Governorate

16 health facilities from 7 districts in Taiz governorate reported to eDEWS with a total of 4018 patients consultations in week 30, 2013. Total 3 alerts were reported and appropriate measures were taken in week 30, 2013. Altogether 2 alerts AVH, and 1 each for Measles, NNT and Meningitis were reported and responded.

Alert/Outbreaks Responded in Epi-week 30, 2013

Suspected Disease	Governorate	District	HFs	Actions Taken / Notes	Cases	Deaths
Pertussis	Lahj	Labaos	Labaos Hospital	Lahj Surveillance Coordinator, it was informed that SC will visit the HF for further investigations and community health education about immunization.	3	0
AFP	Lahj	Labaos	Labaos Hospital	eDEWS team contacted focal point, the case was a suspected AFP, Came to Labaos hospital, surveillance coordinator was informed, stool sample was collected and sent to central surveillance center in Sana'a. For Lab. Confirmation.	1	0
Pertussis	Aden	Al Mansura and Al-Shaikh Othman	Al-Wali and Al-Wahdah HFs.	eDEWS team contacted focal point, cases was diagnosed clinically using case definition, Antibiotic treatment was given to the patients.	5	0
Measle	Aden	Al Mansura, Al-Tawahi and Craiter	Al-Wali, Al-Qalloo'a and Al-Qateea HFs.	eDEWS team contact focal point, information shared, Blood samples were collected from the 3 cases and sent to sana'a central Lab. For Lab. Confirmation.	4	0
Pneumonia	Aden	Ash Shaikh Outhman	Al-Wahdah Hosp.	A female child, 1year and 3months, admitted to hospital on 21/7/2013. The case was diagnosed as broncho pneumonia. She was in a bad condition, complaining of high grade fever, dyspnea, vomiting, diarrhea that caused electrolyte disturbance. She also developed convulsions. The case died on the 22/7/2013.	35	1
OAD	Aden	Ash Shaikh Outhman	Al-Wahdah Hosp.	A female child, 11months old, admitted to hospital on 20/7/2013. The case diagnosed as SAM (severe acute malnutrition) with chronic diarrhea and severe dehydration. She died on the 21/7/2013 from complication of malnutrition.	119	1
Malaria	Aden	Ash Shaikh Outhman	Al-Wahdah Hosp.	A female child, 7years and 6 months, admitted to hospital on 10/7/2013. The case was diagnosed as cerebral malaria with complication. The case was treated with Quinine infusion and IV antibiotics. The case deteriorated and die on 24/7/2013.	7	1
Meningitis	Aden	Ash Shaikh Outhman	Al-Wahdah Hosp.	<u>Case 1</u> : A male neonate aged 10 days admitted to hospital on 21/7/2013. He was diagnosed as Late neonatal sepsis (suspected meningitis). He was in a severe condition and died on the same day of admission. eDEWS team visited the hospital, information shared, CSF samples were collected from 4 case. (Three cases were from Lahj)	7	1
AFP	Aden	Ash Shaikh Outhman	Al-Wahdah Hosp.	<u>Case 1</u> : A male child, 6 months old from Ladar. Admitted on 15/7/2013 as Partially treated meningoencephalitis. He developed hypotonia of lower limbs with head lag. Surveillance coordinator was informed, stool sample was collected and sent to central surveillance center in Sana'a last week. CSF was done and the result was negative. Blood for MP'S was done and P.falciparum was seen. Patient died on the 18/7/2013 at 11:30pm. <u>Case 2</u> : A male child, 13years old, from Al-habilain/Lahj admitted to hospital on 30/6/2013. Diagnosed as suspected Dengue fever, he developed lower limb paralysis. Surveillance coordinator was informed, stool sample was collected and sent to central surveillance center in Sana'a. The condition of patient deteriorated, he died on 20/7/2013.	0	2
Pertussis	Abyan	Khanfir	MCH Ja'ar	eDEWS team contacted focal point, cases was diagnosed clinically using case definition, Antibiotic treatment was given to the patients.	4	0
Measle	Abyan	Khanfir	MCH Ja'ar	eDEWS team contact focal point, information shared, Blood samples were collected from cases and sent to sana'a central Lab. For Lab. Confirmation.	4	0
Meningitis	Taiz	Al Qahirah	Sweden Hospital	District coordinator contacted ,information shared ,samples were sent to HF lab , results are awaited.	9	0
NNT	Taiz	Al Qahirah	Sweden Hospital	The suspected NNT case aged 10 days M child brought to hospital 7 days ago . C/O fever convulsion and inability to breast feed(sucking) , he was admitted into hospital , anti-tetanus toxoid doses were given and he is improving.	1	0
Measle	Taiz	AlMukha	Mukha Hospital	District coordinator , information shared , blood samples were collected but werent sent yet to the central lab in Sanaa.	3	0

The objective of this weekly epidemiological bulletin is to provide a snap shot on selected health events reported from the eDEWS surveillance system in four governorates (Aden, Abyan, Lahj and Taiz) of Yemen. While every attempt is made to present the weekly trends of epidemic prone diseases, the information presented in the bulletin needs to be interpreted in the context that precise information on the reference populations is not always available. The bulletin also includes information collected by the eDEWS teams. The primary focus of DEWS is early detection of epidemic prone disease, to facilitate a rapid public health response.