

## Current major event

### Cutaneous Leishmaniasis cases rise in Syria

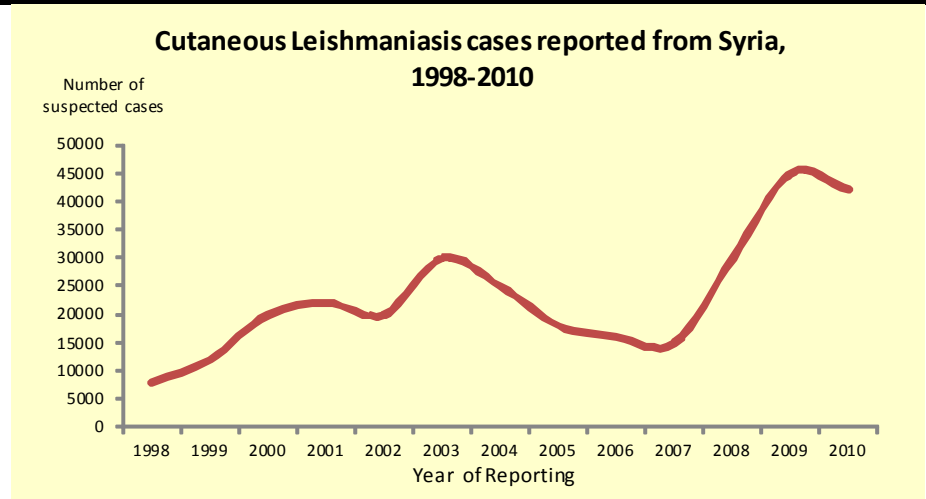
There has been reports of recent rise of Cutaneous Leishmaniasis (CL) cases in Syria. Surveillance data received from its early warning and disease surveillance system, which is the only surveillance system currently functioning in Syria show an increase in number of CL cases reported from Raqqa, DierEzor and Idleb.

### Editorial note

Cutaneous leishmaniasis is endemic in Syria, mainly in the northern part of the country (Idleb and Aleppo). Every year, the country used to reports a huge number of CL cases even before the war started (*Please see the box*). In 2009, Syria reported 46,348 cases of CL followed by 42,172 cases in 2010, 58,156 cases in 2011, 55,894 cases in 2012, 71,996 cases in 2013, 53,876 cases in 2014 and 50,972 cases in 2015.

Despite major efforts in controlling CL in Syria for the last decade, the number of cases has been sharply increasing (*please see the graph*). This observed rise of CL cases may also be due to the improvement in disease surveillance system as well as provision of medical services resulting in more cases being reported than before.

A weekly early warning alert and response system (EWARS) is the only functional disease surveillance system currently in place in Syria except in hard-to-reach areas. The system collects surveillance data on weekly basis from a number of health facilities but doesn't cover all health centers in the country. In the absence of routine disease surveillance system in the country, the EWARS remains the only source of surveillance data for endemic and epidemic diseases in the country. While underreporting is one



**Cutaneous Leishmaniasis cases reported from Syria, 2009-2015**

Year	Cases
2009	46,348
2010	42,172
2011	58,156
2012	55,894
2013	71,996
2014	53,876
2015	50,972

of the limitations of the EWARS in Syria, surveillance data on CL cases reported from Raqqa, DierEzor and Idleb, the three main endemic foci for CL in the country, shows an increase compared to the same reporting period. For example, the number of cases reported from Idleb governorate since January 2016 is 5440 compared to 1750 cases reported in 2015. Similar rise in cases has also been reported in two other governorates-DierEzor and Raqqa.

Recent population movements inside the country might have contributed to a change in the epidemiology of the disease. The current focus should be reinforcement of the role of community awareness to control CL transmission, availability of free diagnosis and treatment, spraying, and on use of insecticide treated nets specially in rural areas.

## Update on outbreaks in the Eastern Mediterranean Region

**MERS-CoV** in Saudi Arabia; cholera in Somalia

### Current public health events of international concern [cumulative N° of cases (deaths), CFR %]

#### Avian Influenza : 2006-2016

Egypt (A/H5N1)	[350 (117), 33.4%]
Egypt (A/H9N2)	[3 (0)]

#### MERS-CoV: 2012-2016

Saudi Arabia	[1414 (601), 42.5%]
Bahrain	[1 (1), 100%]

#### Cholera : 2016

Somalia	[8838 (433), 4.9%]
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#### Yellow fever: 2015-2016

Angola	[3137 (345), 10.9%]
DRC	[1644 (71), 4.3%]

#### Lassa fever : 2015-2016

Nigeria	[273(149), 54.5%]
Benin	[54(28),51.8%]

#### Avian Influenza A (H7N9) : 2013-2016

China	[770 (306),39.7%]
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#### Avian Influenza A (H5N6) : 2016

China	[4 (0)]
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#### Wild poliovirus: 2014-2016

Pakistan	[371(0)]
Afghanistan	[54(0)]

#### Zika Virus Infection: 2007-2016

58 countries and territories have reported transmission so far