

Current major event

EWARS Evaluation in Syria

WHO in collaboration with the ministry of health (MoH) of Syria implemented the first large scale evaluation of its early Warning and Response System (EWARS) since it was implemented in 2012. The evaluation was conducted from 6 to 19 March 2017 and covered 34 health facilities situated across 10 out of 14 governorates in the country.

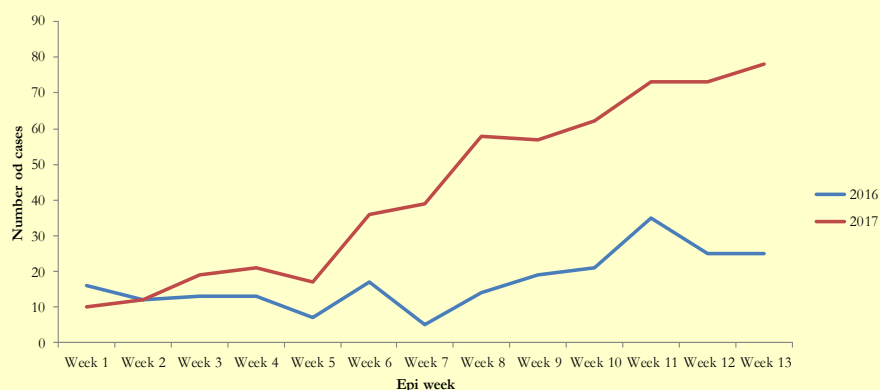
Editorial note

The EWARS (Early Warning and Response System) was implemented in Syria in 2012 with WHO support with a view to early detecting potential health threats amongst the population affected by the conflict in Syria. The conflict has, so far, displaced over 4 million who are refugees outside the country and a further 6 million have been internally displaced inside the country. Those internally displaced are exposed to increased risk of diseases owing to deteriorating health services; disrupted disease control programmes; limited access to healthcare services and poor water and sanitation services.

Starting with only 104 health centers in 2012, currently, over 1,100 health centers (an increase over 10 fold) in all the 14 governorates of the country are covered by the EWARS. Approximately, 28.6% of these 1100 sentinel sites are situated in hard to reach areas. Its population coverage currently stands at over 17.29 million of which 28.6% live in hard to reach areas

The EWARS has not replaced the country's routine public health surveillance system. The system, will primarily focus on early detection and response to disease outbreaks, it only addresses the unique surveillance needs of humanitarian setting such as prioritization of selected high risk epidemic prone diseases; participation of non-traditional temporary and mobile medical facilities of local and foreign NGO's in the reporting network; and flexibility to add or removing reporting units, and also to modify reporting frequency to suite prevailing humanitarian emergency situation.

EWARS: trend analysis of suspected measles cases in Syria from Epi week 1 to Epi week 13, 2016-2017



During its short lifetime, the expansion of the EWARS has been phenomenal as it currently covers more 1,112 health facilities situated in all 14 governorates of the country. Although reporting is syndromic and laboratory confirmation is not a requirement for reporting diseases, laboratory support play an important role in outbreak confirmation. So far, since 2012, outbreaks of polio, hepatitis, typhoid, pertussis, seasonal influenza caused by influenza A(H1N1) pdm09, and cutaneous leishmaniasis have been detected and laboratory-confirmed by the EWARS in Syria. Some of these outbreaks have been detected in opposition controlled and hard-to-reach areas.

The aim of the current evaluation was to describe how EWARS is functioning; determine its ability to detect, confirm and respond to outbreaks and diseases of public health importance in a timely manner; determine available laboratory support for the system; and to determine elements of EWARS that can be preserved to strengthen routine surveillance system when EWARS transitions to routine disease surveillance system once the crisis comes to an end in the country.

This evaluation was based on a standardized EWARN evaluation protocol and well defined benchmarks. This will go a long way towards not only identifying gaps for improvements of the current system, but also generation of critical evidence for further development of such system operating in complex environments like that of Syria.

Update on outbreaks in the Eastern Mediterranean Region

MERS-CoV in Saudi Arabia; **Cholera** in Somalia; **Cholera** in Yemen; **Chikungunya** in Pakistan.

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

Avian Influenza: 2006-2017

Egypt (A/H5N1) [358 (122), 34.08%]
Egypt (A/H9N2) [3 (0)]

Chikungunya: 2016-2017

Pakistan [1227 (0)]

MERS-CoV: 2012-2017

Saudi Arabia [1,575 (639), 40.6%]

Cholera: 2016-2017

Somalia [22,617 (501), 2.2%]
Yemen [24,506 (108), 0.4%]

Meningococcal disease: 2017

Nigeria [1,407 (211), 15%]

Avian Influenza A (H7N9): 2013-2017

China [1,320 (492), 37.3%]

Yellow fever

Brazil [1,561 (264), 16.9%]

Wild poliovirus: 2014-2017

Pakistan [382 (0)]
Afghanistan [64 (0)]

Zika Virus Infection: 2015-2017

84 countries and territories have reported transmission so far.