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During May 2017 and following the agreement on "de-escalation zones" the number of recorded incidents of violence against health care was significantly lower than in the previous month.

In May, the expanded programme of routine immunization was revitalized in four health centres in Idlib governorate, making a total of 23 operational centres in northern Syria. A second round of poliomyelitis (polio) vaccination reached 659 253 children in Idlib, Lattakia, Aleppo and Homs; and a 10-day multi-antigen vaccination campaign (with Penta vaccine) in western rural Aleppo, northern rural Aleppo, Jarablus and Al-Bab reached 81 736 children aged under five years out of a total of 185 743 (20%).

From March to May 2017, 52\textsuperscript{1} acute flaccid paralysis (AFP) cases from Deir-Ez-Zour were reported through EWARN. One case was confirmed as vaccine-derived poliovirus type 2 (VDPV-2) case.

In May, a series of training courses on pre-hospital and hospital management of chemical cases was conducted for nurses, doctors, first responders, ambulance workers and forensic workers.

\textsuperscript{1} On 8 June, WHO declared an outbreak of circulating VDPV2 in Mayadeen district of Deir-Ez-Zour governorate.

\textsuperscript{2} Supplies were distributed to 14 partners operating 62 primary health care facilities in Aleppo, Idlib and Hama.

\textsuperscript{3} Bivalent oral polio vaccine, pentavalent vaccine, bacillus Calmette-Guérin, measles and rubella.

\textsuperscript{4} Vaccine derived polio virus type 2, Deir-Ez-Zour.

\textsuperscript{5} Source: OCHA Financial Tracking System, Syria Humanitarian Response Plan.
Situation update

On 5 May, an agreement by Iran, the Russian Federation and Turkey to set up de-escalation zones in Syria came into effect. Following the agreement, the number of recorded incidents of violence against health care was significantly lower than in the previous month.

During May 2017, Al-Waer was fully evacuated when another four convoys successfully moved some 5000 people to Aleppo and Idlib governorates.

On 15 May, the evacuation of displaced people from Al-Qabun and Barza to Idlib started. More than 6000 people were evacuated in three convoys.

Public health risks, priorities, needs and gaps

Trauma

In May 2017, 10 314 new war-related trauma cases were recorded and treated.

Communicable diseases

The incidence of influenza-like illness (ILI) and severe acute respiratory infection (SARI) observed among the affected population is within the seasonal baseline. Fig. 1 shows the trends in ILI, SARI, diarrhoeal diseases and leishmaniasis.

Polio. The Early Warning, Alert and Response Network (EWARN) reported 52 AFP cases from Deir-Ez-Zour governorate between the beginning of March 2017 to the end of May.

One case was confirmed to be of vaccine derived polio virus type 2 (VDPV2), others are pending laboratory results. Samples were also sent to Centres of Diseases Control, Atlanta, pending final genetic analysis. Immunodeficiency investigation for the whole family of the case was conducted, report to be shared shortly. Active case search is still ongoing, no missed AFP cases were reported. Response Plan is pending, a mapping of areas to be covered with both mOPV2 and IPV was discussed and finalized with estimated targets.

Fig. 1. Trends in the priority diseases for weeks 9–21 of 2017.

A – ILI; B – SARI; C – diarrhoeal diseases (acute bloody diarrhoea, acute diarrhoea and acute watery diarrhoea); D – leishmaniasis.

Source: EWARN.

4 The four de-escalation zones in Syria are: (i) Idlib, northeastern areas of Lattakia province, western areas of Aleppo province and northern areas of Hama province (population over one million); (ii) the north of Homs province – al-Rastan, Talbiseh and nearby areas controlled by the opposition groups (population at least 180 000); (iii) eastern Ghouta (population at least 690 000), excluding the area of Qabun; (iv) the south of Syria including areas of Deraa and Quneitra provinces (population up to 800 000).
Health Cluster action

Cluster partners representing the Turkey hub are present in 10 governorates, 45 districts, 99 subdistricts and 275 communities in northern Syria providing support to 355 health care facilities, including 66 mobile clinics.

Health Cluster coordination

The Health Cluster conducted two coordination meetings on 4 and 18 May. Among the issues discussed were: the humanitarian situation in Al-Zoughra camp and Ein Essa; health cluster response to the Al Waer evacuation; briefing on remote health programming; launch of the epidemiological laboratory in Dar’a governorate; difficulties with delivery of the vaccine to Al-Ghouta; access to health services for newly displaced people from Al Waer, Barzeh and Qabun; development of a standardized training manual for psychosocial workers; chemical weapons preparedness training for first responders.

Also, evaluation of the EWARN system was presented as well as a review and assessment of the ambulance system in Idleb. Two Health Cluster partners were mobilized to operate mobile clinic services in Idleb in response to the influx of internally displaced persons.

Assessments, information and planning

The Dialysis Centre Questionnaire Survey was finalized and results were presented to the noncommunicable disease technical working group and the Health Cluster. The immediate priorities in response to the identified gaps are as follows: development of practice guidelines on haemodialysis for service providers in northern Syria; strategic mapping of the availability of testing for HIV and hepatitis B and C among dialysis centres and ensuring sustainable supplies of the reagents needed for specific testing; launching regular monitoring and evaluation of the dialysis centres; and obtaining data on access to kidney transplants.

Support to health service delivery

In May 2017 Health Cluster partners has provided 939 740 outpatient consultations and supported 26 457 hospital additions. 5 429 people living with disabilities were supported with rehabilitation services.

Routine immunization. The expanded programme of routine immunization was revitalized in four additional health centres in Idleb governorate, making a total of 23 operational centres by the end of May.

Polio campaign. A second round of polio vaccination was conducted from 29 April to 11 May 2017, targeting children aged under five years in accessible areas in Aleppo, Homs, Idleb and Lattakia. The total number of children vaccinated by bivalent OPV is 659 253 from a total of 687 840 (96%).

Multi-antigen immunization. An Accelerated Implementation of Routine Immunization (AIRI) campaign started on 13 May 2017 for 10 days in collaboration with Medecins Sans Frontières Spain, in Al-Bab, northern rural Aleppo, western rural Aleppo and Jarabulus. The target age groups are: for polio vaccine (0–59 months), Penta vaccine (2–59 months), MR vaccine (12–59 months) and PCV10 vaccine (2–48 months, in western rural Aleppo). During the first seven days, 81 736 children out of a total of 185 743 (20%) were vaccinated by Penta vaccine. A total of 43 366 (23%) children have been assessed.

Monitoring of violence against health care

In May 2017, seven unconfirmed incidents of violence against the health care infrastructure were reported: six were verified and the remainder are in the process of verification. Of the six verified incidents, four were attacks on health care structures providing trauma treatment and one was on health care workers and medical point. Two were in rural Damascus, one in Homs, one in Hama and two in Dar’a. Collectively, the attacks resulted in the killing of at least three people and wounding of at least 18 others, including three health workers.

In total, from January to May 2017, 59 verified incidents of violence against the health care infrastructure were reported. For more details, see the Monitoring violence against health care summary report, May, 2017.
Capacity building

During May 2017 Health Cluster partners have trained in various topics 236 doctors, 423 nurses, 59 midwives and 232 community health workers.

Chemical case management. As a response to a chemical incident, and following the recommendations of the preparedness plan, a series of chemical case management training courses was conducted by WHO in Bab-Al-Hawa: one for the hospital management of cases for 30 nurses and 30 doctors, and the other for management of chemical cases by first responders on the scene for 30 civil defence workers, 20 ambulance workers and 19 forensic workers. It is planned to train an additional 280 civil defence workers in June–July.

Noncommunicable diseases. The platform for online training in the package of essential noncommunicable disease intervention for besieged areas in Syria continues. Another 22 doctors and 37 nurses were trained during May in the besieged areas of Al-Gotta, Eastern Ghouta and Talbiseh. Next training courses are planned to cover East Assi River in rural Homs, Muzereb, Qabun and Saida.

Nutrition. A five-day training-of-trainers course on community management of acute malnutrition was conducted by the Syrian-American Medical Society for 10 paediatricians and four general practitioners (10 males and four females).

Plans for future response

Humanitarian Pooled Fund. The first allocation of the pool funding is US$ 20 million including US$ 4.4 million for Health and Nutrition. A review of health projects to be supported by the Humanitarian Pooled Fund was conducted by the technical review committee comprised of Health Cluster partners. Nine of the proposals in the pooled fund submission were reviewed and six of them were recommended for funding.

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