

HEALTH AND NUTRITION BULLETIN

Egypt, Iraq, Jordan, and Lebanon

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Fun is a good kite and lucky winds for this boy in Kawergosk camp, Iraq.
Photo: UNHCR Iraq PI Unit | UNHCR

Highlights

Population movement – Syrian refugees continue to cross the borders into neighbouring countries. There are a total of **2.3 million** refugees who have sought protection in the region.

Mortality – The reported mortality rates remain low across the region. Both crude mortality rate (CMR) and under 5 mortality rate in Za’atri camp in Jordan were **0.2** and **0.3 per 1000 persons per month**, respectively.

Primary health care (PHC) – In Iraq, Jordan and Lebanon there were an average of **17,020** consultations reported every week. In Za’atri camp (Jordan), Domiz camp (Iraq) and Gawilan camp (Iraq), PHC **visits per 100 refugees per week was 10, 4 and 10 respectively**. In Lebanon, there were **11,619** visits reported by participating PHC centres and mobile medical units. Major causes of communicable disease morbidity across the region are acute respiratory tract infections, skin infections and diarrhoea. In Domiz, the crude incidence of lower respiratory tract infections and diarrhoea in children younger than 5 years was **<0.2 and <0.5 episodes per person-year**, respectively.

Polio – Multiple rounds of mass vaccination campaigns both inside and outside of Syria underway. Surveillance procedures have been enhanced in all refugee camps and among refugees and host populations of neighbouring countries. No new cases of wild polio virus reported in November. So far **17 cases have been confirmed in three Syrian governorates**.

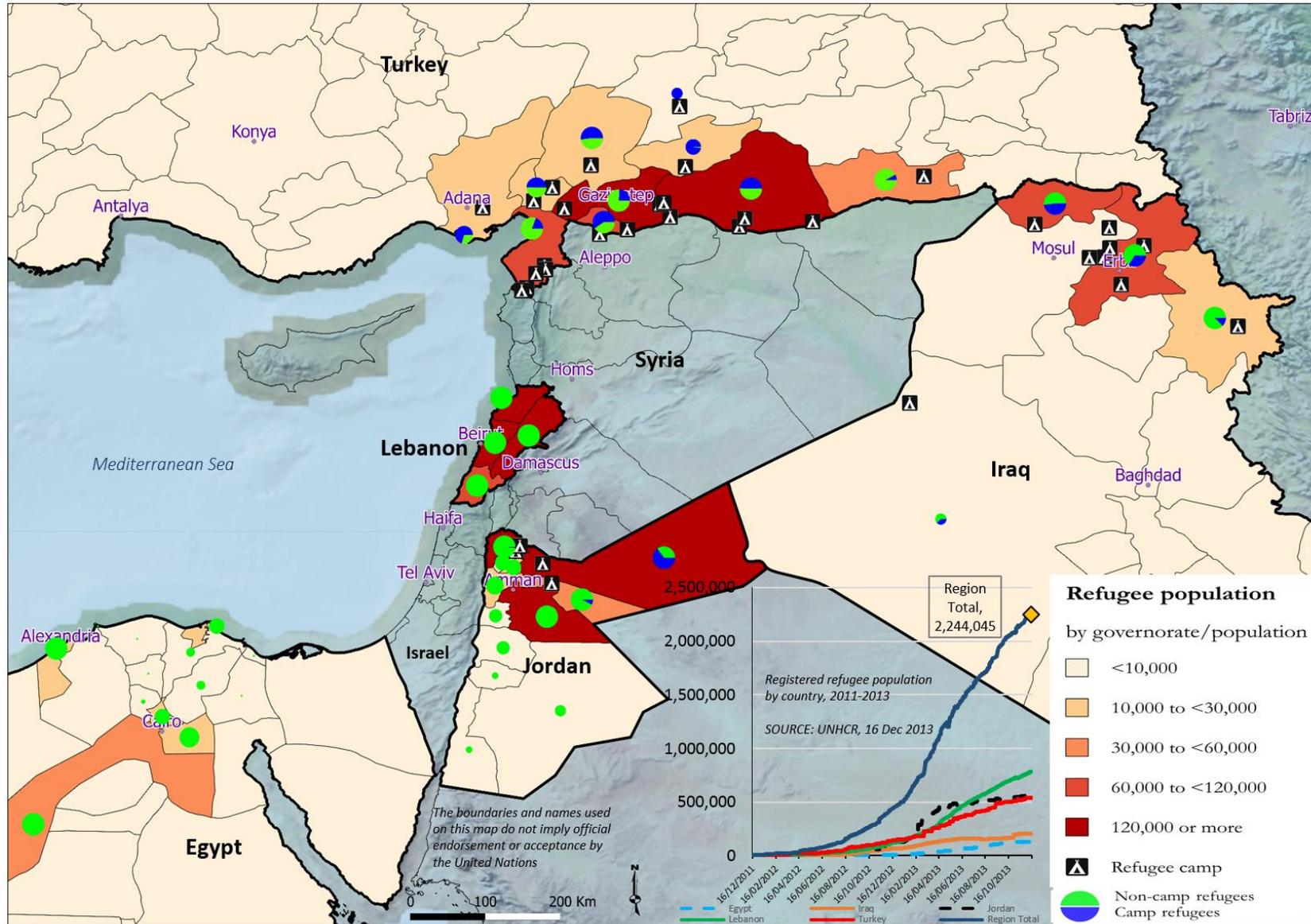


Figure 1 – Population distribution of refugees by governorate or province in the five most affected countries. As of 16 December, total refugees by country is: Egypt- 130,524, Iraq- 207,053, Jordan- 567,111, Lebanon- 782,457, and Turkey- 539,761

Population

Syrian refugees continue to cross the borders into neighbouring countries. There are a total of 2.3 million (including 2,244,045 registered refugees) Syrian persons of concern who have sought protection in the region. Registered refugee population by country is: Egypt- 130,524, Iraq- 207,053, Jordan- 567,111, Lebanon- 782,457, and Turkey- 539,761 (Figure 1, above). Facilitating access to primary health care (PHC) services for all Syrian refugees is the cornerstone of the refugee health strategy in all countries.

Primary Health Care (PHC)

Iraq, Jordan and Lebanon reported an average of 17,020 consultations per week in November. In the two largest camps in the region, rates of PHC utilisation remained stable; in Za’atri camp, Jordan estimated rates per 100 persons per week was 10 (Figure 2) and in Domiz camp, Duhok, Iraq, it was approx. 4 per 100 persons per week (Figure 2). Starting with week 47, we are tracking consultations and other primary health data in Gawilan refugee camp, Iraq. The rate in Gawilan was estimated at 10 visits per 100 refugees per week (Figure 2).

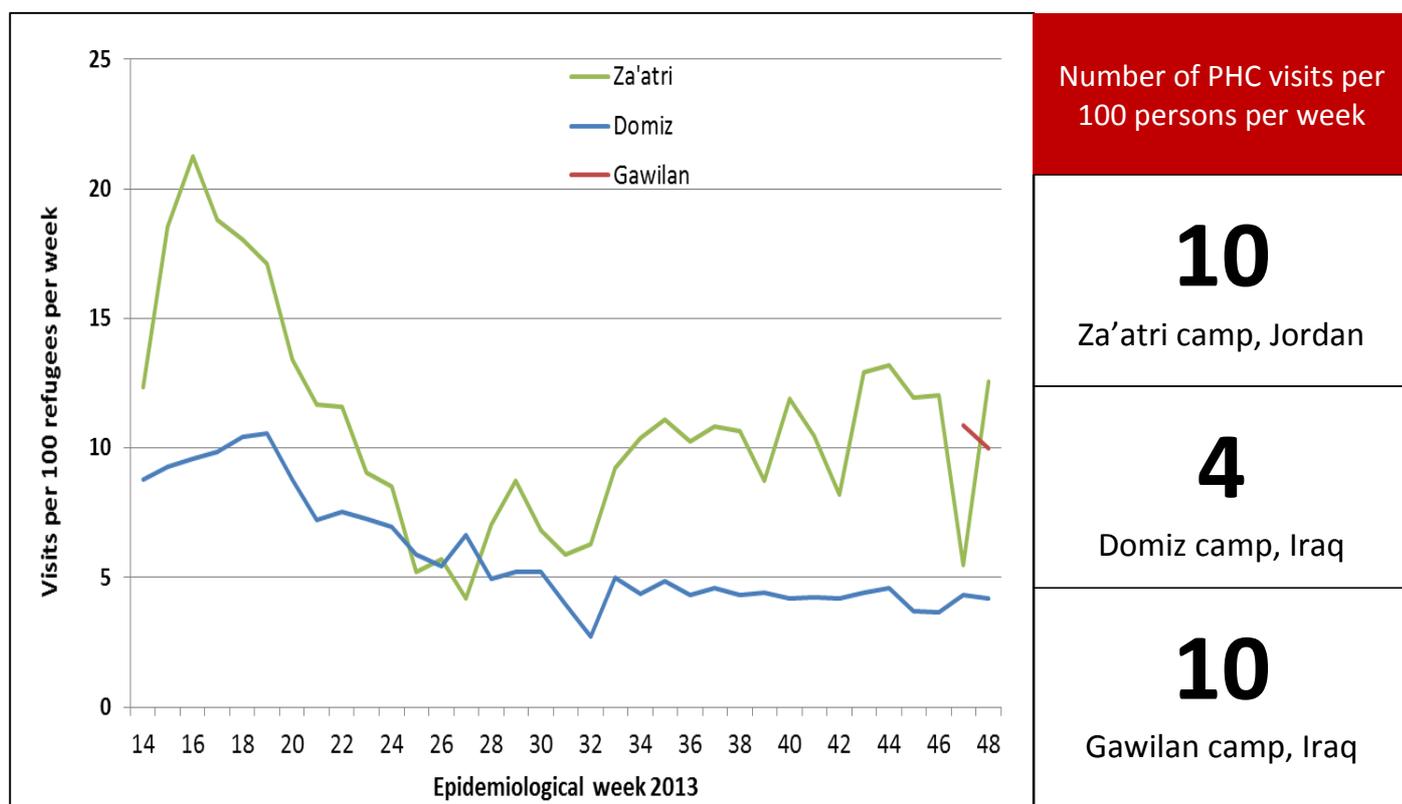


Figure 2 – Weekly rates of primary health care visits, Za’atri, Domiz, and Gawilan camps, 2013

Mortality

The reported mortality rates remain low across the region. In Za’atri camp, the age-specific under 5 mortality rate for November was estimated at 0.3 per 1000 per month and crude mortality rate (CMR) at 0.2 per 1000 per month. Figure 3 below shows weekly trends of mortality in Za’atri camp. Trends have remained stable for the past 8 weeks. Mortality data outside of camps are not available.

Morbidity

Communicable diseases: The major cause of morbidity in and outside of the camps remains acute respiratory tract infections (ARIs). In Lebanon, several agencies providing primary health care and/or mental health services submit monthly health data to UNHCR. In November, these primary health clinics reported 11,619 visits; the proportion of ARIs was 26%, followed by intestinal worms 4% (Figure 4). In Za’atri camp, Jordan, approx. 44% of clinical visits due to communicable disease were diagnosed as ARIs; this was followed by skin infections and diarrhoea.

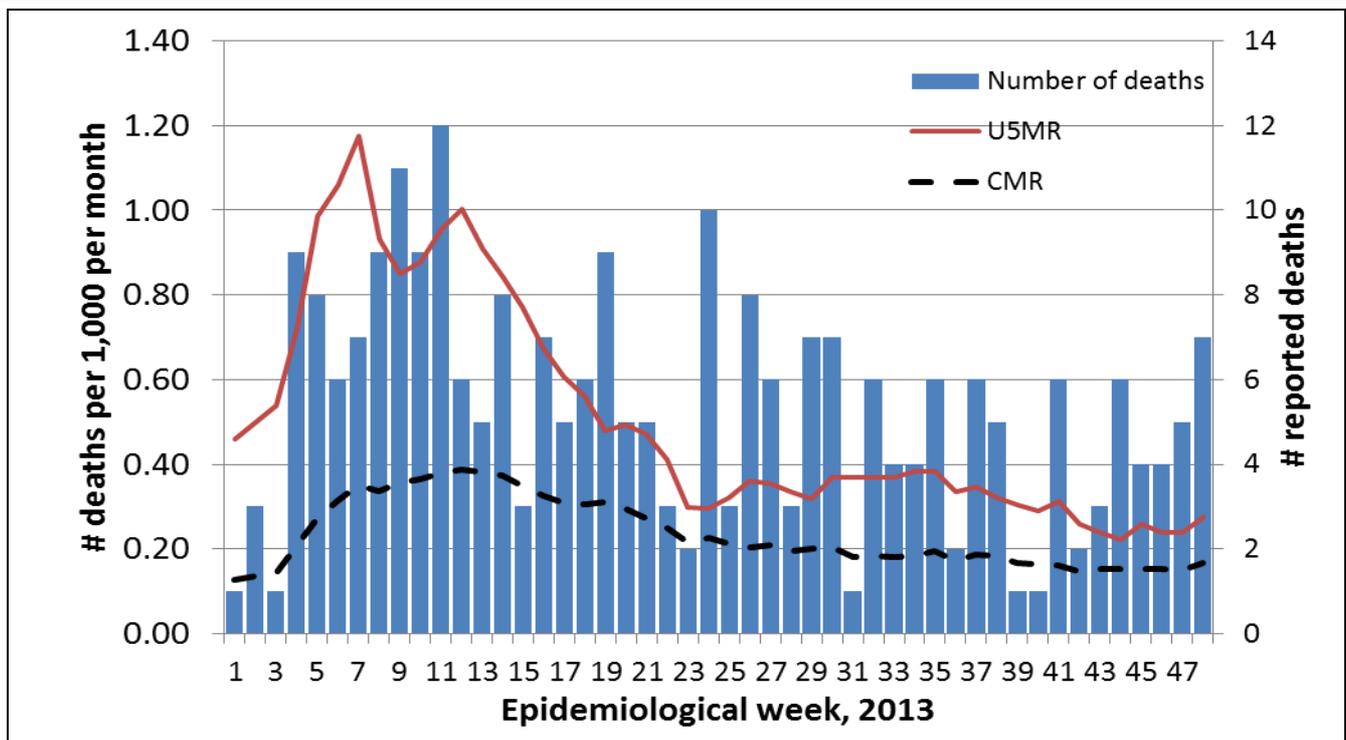


Figure 3 – Weekly mortality trends in Za'atri camp, Jordan, January – November 2013.

Note: Number of deaths (bars) are shown on the secondary y-axis. In order to increase reliability, weekly rates, are calculated on a moving 12-week basis. Indicated rates may underestimate true rates if either all deaths were not reported or estimated population of the camp is higher than true camp population. Rates indicated here are preliminary and may be revised.

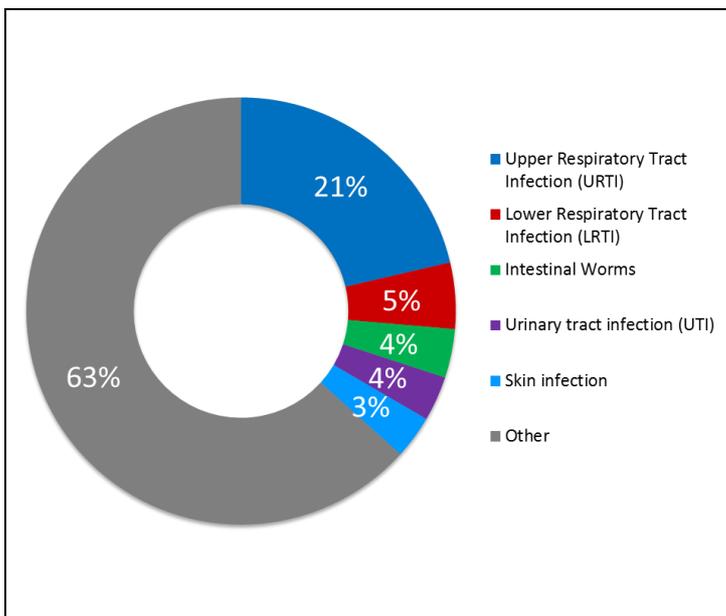


Figure 4 – Top 5 diagnoses for communicable diseases at reporting PHC centres and mobile medical units, Lebanon, November 2013

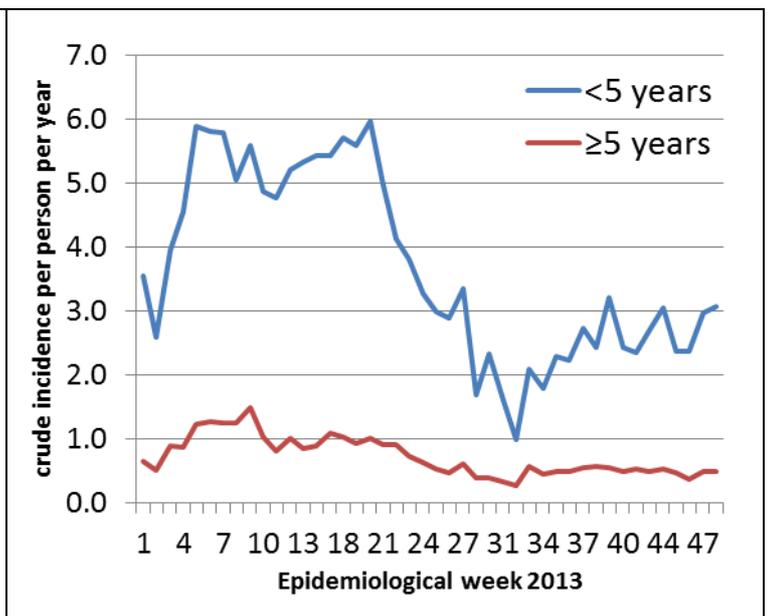


Figure 5 – Incidence of upper respiratory tract infections, Domiz camp, Iraq, January – November 2013.

In Domiz camp, Iraq, 42% of communicable disease was associated with ARIs with the highest incidence observed in children younger <5 years. In children <5 years, the crude incidence of upper respiratory tract infections remained approx. 3.0 episodes per person per year, about 50% lower than peak-incidence observed at the beginning of the year (Figure 5, above). The crude incidence of lower respiratory tract infections remained <0.2 episodes per person-year (Figure 6a). In the past few months, a small increase in diarrhoeal incidence was observed between weeks 37 and 44, however, in November, incidence declined to <0.5 episodes per person-year (Figure 6b).

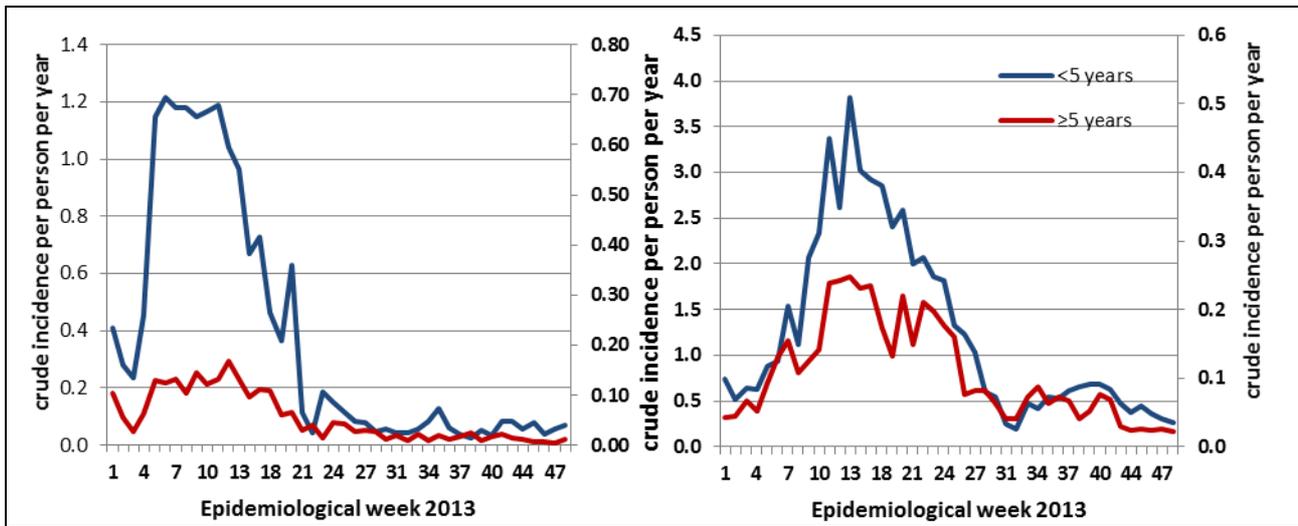


Figure 6a – Trends of weekly crude incidence of lower respiratory tract infections, Domiz camp, Iraq, January – November 2013

Figure 6b – Trends of weekly crude incidence of diarrhoea, Domiz camp, Iraq, January – November 2013

Note: axis scales for primary (<5 years) and secondary (≥5 years) axes are different; incidence for ≥5 years is **always** shown on the secondary (right) axis.

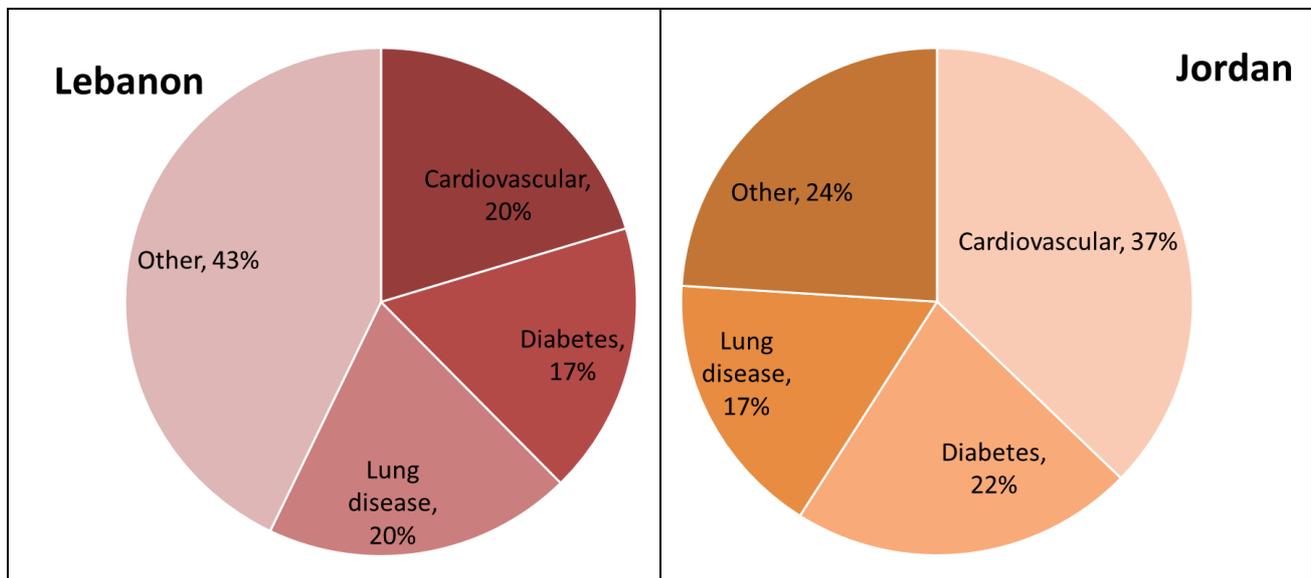


Figure 7 – Non-communicable diseases as reported from Lebanon and Za’atri camp (Jordan), November 2013

Non-communicable diseases (NCDs): Diabetes, cardiovascular conditions (including hypertension, ischaemic heart disease), and lung disease (asthma and chronic obstructive pulmonary disease) remain the three primary reasons for seeking care. In Lebanon, PHC facilities participating in UNHCR’s health information system reported 1353 consultations related to NCDs in November. Cardiovascular conditions were the primary reason for seeking care (20%) followed by lung diseases (20%) and diabetes (17%). In Za’atri camp, Jordan, the proportions for NCDs were cardiovascular disease (37%), diabetes (22%) and lung diseases (17%) (Figure 7, above).

Mental Health

Among reporting PHC centres in Lebanon, there were 268 consultation for mental health illness. The major reported conditions were severe emotional disorders (49%), epilepsy/seizures (10%), medically unexplained somatic complaint (11%) and mental retardation/intellectual disability (13%). In Za’atri camp, Jordan, there were 1158 consultations. The top three conditions were severe emotional disorders (18%), medically unexplained somatic complaint (16%) and psychotic disorders (11%) (Figure 8).

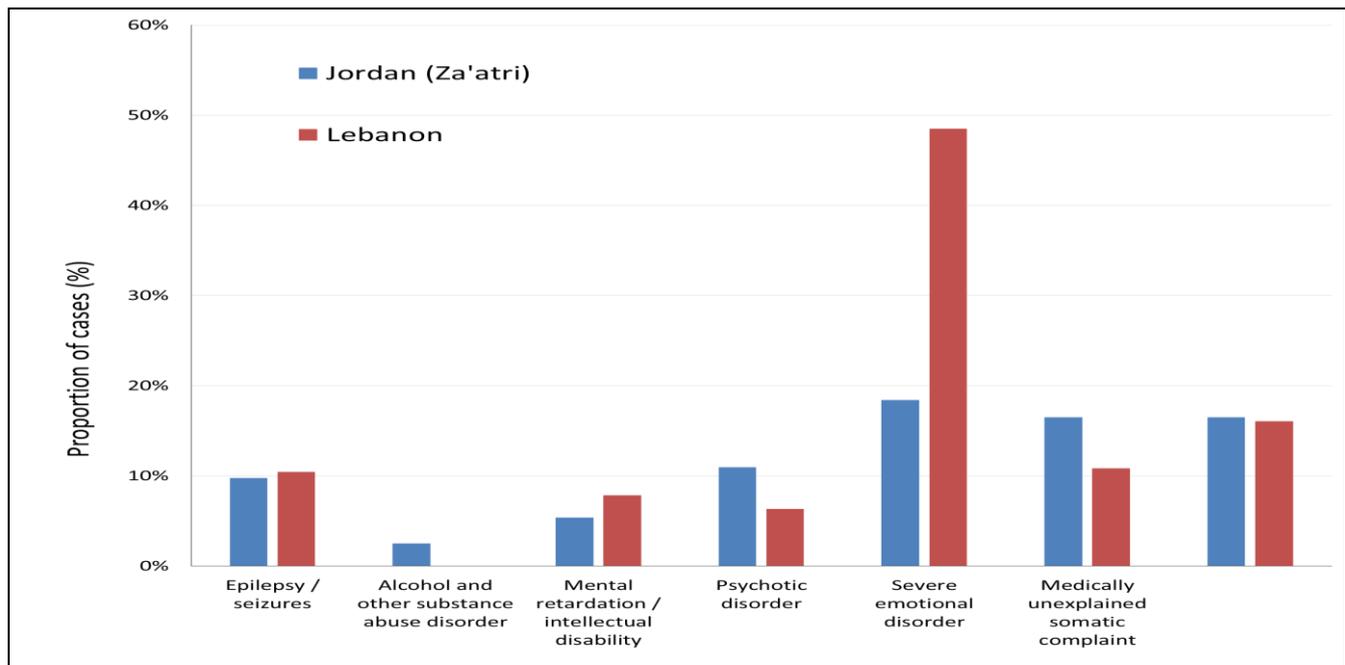


Figure 8 – Mental health conditions in Jordan (Za'atri) and Lebanon, November 2013

Disease Outbreaks

Polio

According to the World Health Organization, in the month of November, no new cases of wild polio virus (WPV) has been detected in Syria or neighbouring countries. Since the onset of the outbreak, there have been 17 confirmed cases of WPV type 1 in Syria; the last case on 8th October 2013. In Deir-ez-Zoor governorate, 15 cases have been confirmed so far. Additional cases have been reported from Rural Damascus (1) and Aleppo (1) governorates. Genetic sequencing has shown close relations with viruses detected in Egypt, Israel and Pakistan. Variations in the sequences of isolated viruses hint at prolonged circulation in the region. Mass vaccinations campaigns led by WHO and UNICEF ongoing across the region. Surveillance procedures have been stepped up across all refugee camps and in the host populations of neighbouring countries. So far, no cases of polio have been detected outside Syria.

Acknowledgment

The regional response for Syrian refugees is the coordinated efforts of more than 61 agencies.

We especially acknowledge the contributions of the following agencies.

ACF | ACTED | AJEM Lebanon | ALEF | Amel | CARITAS | CLMC | CVT | FHSUOB | GSF | HI | HRC | ICRC | IFH/NHF | IFRC | IMC | IOCC | IOM | IRC | IRD | IRW | JHAS | JICA | KRG | MdM | MF | MH | MODM | MoH Egypt | MoH Iraq | MoH Jordan | MoH Lebanon | MOSA Lebanon | PRCS | PSTIC | PU-AMI | Qandil | QRC | RESTART | SC | UNFPA | UNHCR | UNICEF | UPP | WFP | WHO | YMCA

This report is compiled by UNHCR Regional Refugee Coordination, Amman, Jordan. For more information or to be added to the distribution list please contact the UNHCR Regional Public Health Officer at ahmedja@unhcr.org or the Senior Regional Public Health Officer at khalifaa@unhcr.org. Additional information on the Syria Regional Refugee Response can be found on the UNHCR web portal at <http://data.unhcr.org/syrianrefugees/regional.php>.

Note: The information presented in this bulletin is based on the most recent and best available data. UNHCR and its partners will continually update and, where necessary, modify the data and analysis provided, in order to ensure that the most current and accurate view is available to key stakeholders and the public.