INTER-AGENCY REGIONAL RESPONSE FOR SYRIAN REFUGEES

HEALTH AND NUTRITION BULLETIN

Egypt, Iraq, Jordan, and Lebanon

October 2013 Issue no. 11

Children basking in the autumn sun, Kawergosk camp, Iraq. Since August, many new refugees poured into Kurdistan region of 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 0.3 and 0.2 per 1000 persons per month, respectively; the CMR has seen a continuous decline in the last two quarters.

Primary health care (PHC) – In Iraq, Jordan and Lebanon there were an average of 16,259 consultations reported every week. In the two largest camps in the region, rates of clinical visits per week remained stable - In Za'atri camp (Jordan) rates were between 8-13 visits per 100 refugees per week while in Domiz camp (Iraq) they were approx. 4 per 100 refugees per week. In Lebanon, there were 9,993 visits reported by participating PHC centres and mobile medical units. Major causes of communicable disease morbidity across the region remain acute respiratory tract infections, skin infections and diarrhoea.

Polio – The reporting of multiple cases of acute flaccid paralysis in Syria is currently the major public health event of concern in the region; 17 cases of wild poliovirus type 1 have been confirmed in three governorates. Mass vaccinations campaigns both inside and outside of Syria are underway. Surveillance procedures have been enhanced in all refugee camps and among refugees and host populations of neighbouring countries.

Population

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. Refugee population by country is: Egypt- 128,843, Iraq- 206,137, Jordan- 563,263, Lebanon- 831,367, and Turkey- 536,619 (Figure 1). Facilitating access to primary health care (PHC) services for all Syrian refugees is the cornerstone of the refugee health strategy in all countries.

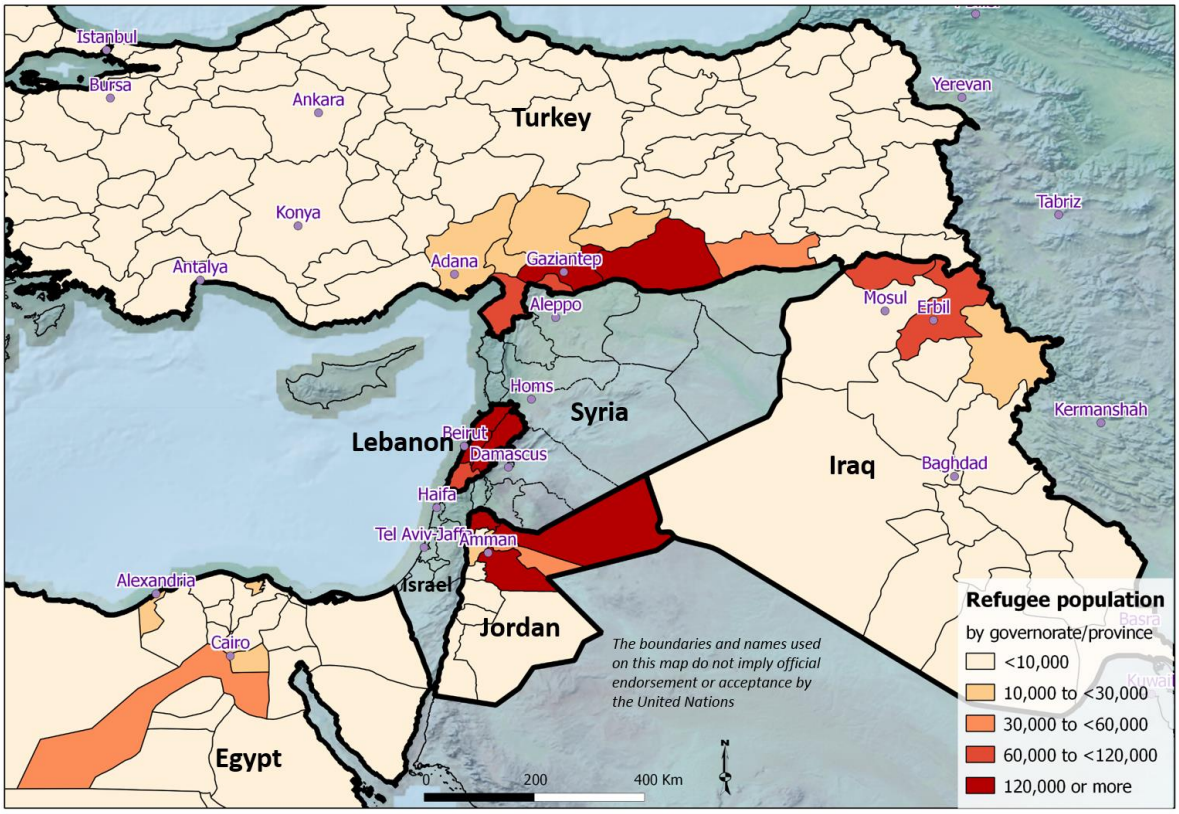


Figure 1 – *Population distribution of refugees by governorate or province in the five most affected countries. Total refugees by country is: Egypt- 128,843, Iraq- 206,137, Jordan- 563,263, Lebanon- 831,367, and Turkey- 536,619*

Primary Health Care (PHC)

Iraq, Jordan and Lebanon reported an average of 16,259 consultations per week in October. In the two largest camps in the region, rates of clinical visits remained stable; in Za'atri camp, Jordan between 8-13 visits per 100 refugees per week (Figure 2) and in Domiz camp, Duhok, Iraq, approx. 4 per 100 refugees per week (Figure 2).

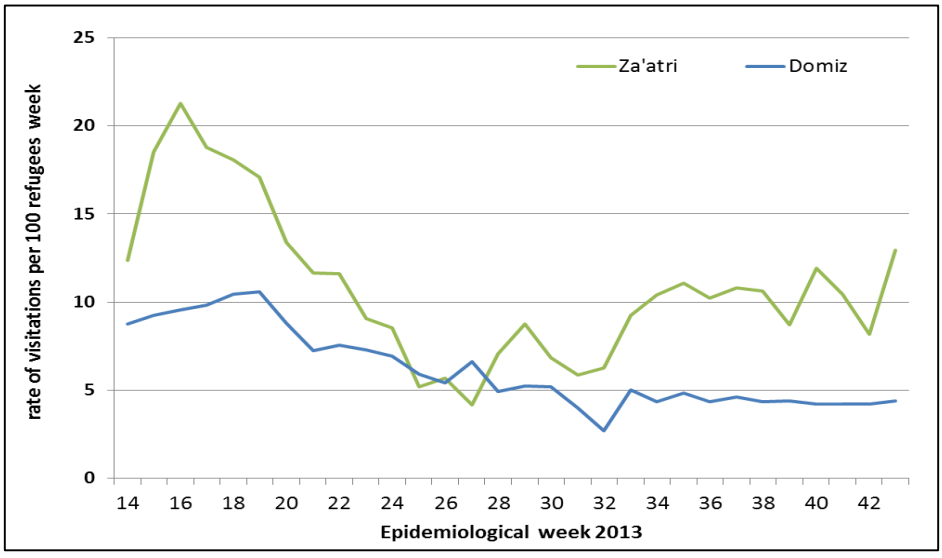


Figure 2 – *Weekly rates of clinical visits, Za'atri and Domiz camps, April – October 2013*

Mortality

The reported mortality rates remain low across the region. In Za'atri camp, the under 5 mortality rate for October 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. Mortality data outside of camps are not available.

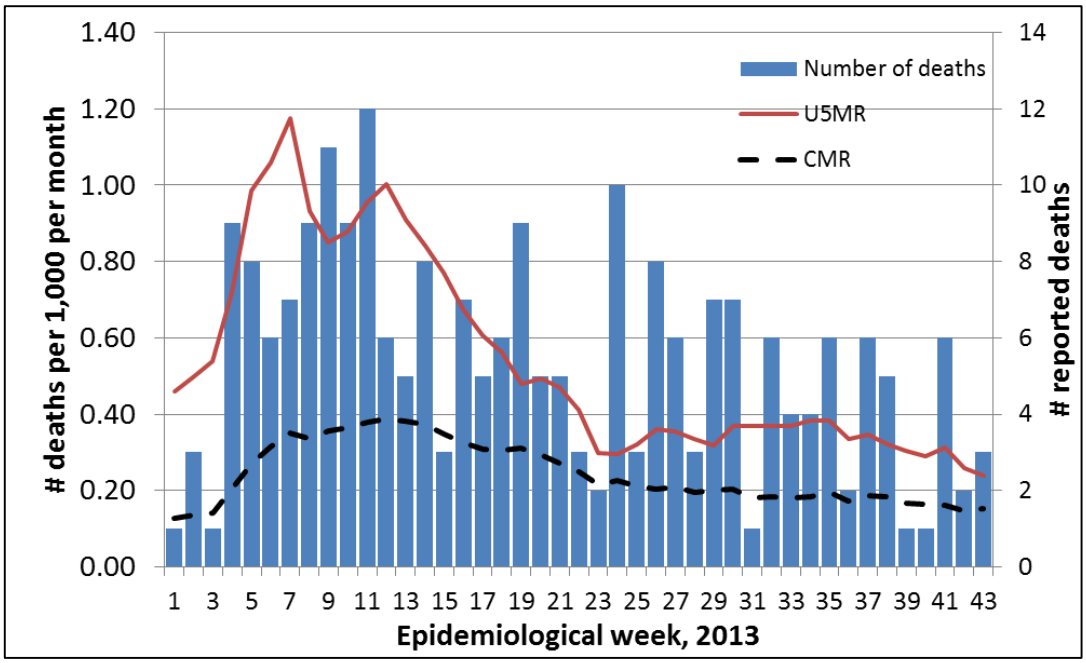


Figure 3 *– Weekly mortality trends in Za'atri camp, Jordan, January – October 2013.*

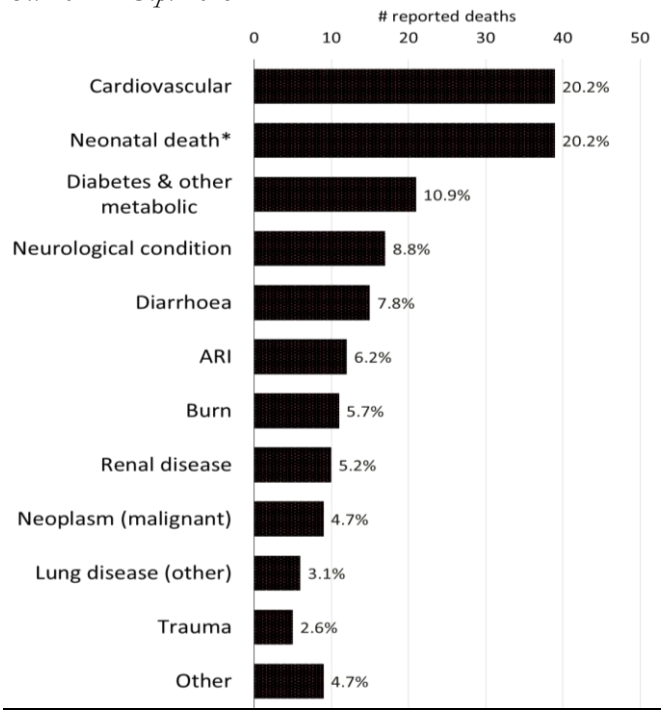
Note: Number of deaths (bars) are showed on the secondary y-axis. In order to increase reliability, weekly rates, are calculated on a moving 12-week basis. Indicated rates may underestimate true rates if either all deaths were not reported or estimated population of the camp is higher than true camp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

Table 1 *– Crude, age-specific and quarterly mortality indicators for Za'atri refugee camp, Jordan, Oct 2012 – Sept 2013*

Mortality rate*	Rate per 1,000 per month (95% confidence interval)
Crude	0.24 (0.21 – 0.27)
Age-specific	
<1 year**	1.61 (1.26 – 2.04)
1 to <5 years	0.15 (0.10 – 0.23)
5 to <18 years	0.07 (0.05 – 0.11)
18 to <60 years	0.11 (0.08 – 0.15)
60+ years	2.57 (2.05 – 3.24)
Quarters (2012 – 2013)	
2012.Quarter 4	0.15 (0.09 – 0.26)
2013.Quarter 1	0.37 (0.30 – 0.45)
2013.Quarter 2	0.21 (0.17 – 0.27)
2013.Quarter 3	0.17 (0.13 – 0.22)

*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.
**this is not infant mortality rate. Denominator is mid-interval age-specific population and not live births.

Figure 4 *– Za'atri camp mortality by cause of death, Jordan, Oct 2012 – Sept 2013*



*Due to difficulty in identifying cause of neonatal death from available data, all deaths occuring within 28 days of birth have been categorised as neonatal deaths

In the last four quarters (October 2012 to September 2013), there have been 232 deaths reported in Za'atri (CMR-0.24 per 1,000 per month). The age-specific mortality rate was highest among children younger than 1 year (1.6) and seniors 60 years or older (2.6) (Table 1, above).

Of the 193 cases for whom cause of death was identified, 39 (20.2%) were neonatal deaths, 39 (20.2%) were due to cardiovascular diseases including hypertension and ischaemic heart disease, and 21 (10.9%) were associated with diabetes and other metabolic diseases (Figure 4, above).

Of the 212 people for whom location of death was available, 140 (66.0%) died in a health facility, 70 (33.0%) died in the community (home or tent), and 2 (0.9%) died on their way to health facility (Figure 5).

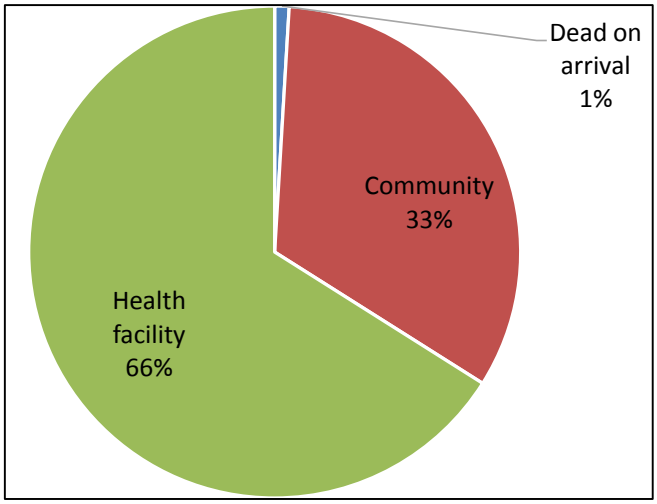
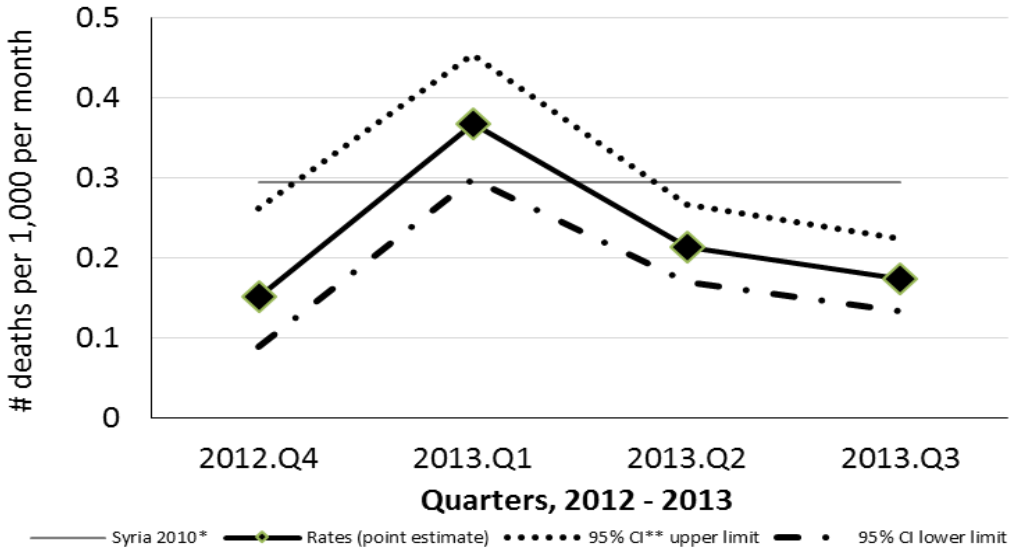


Figure 5 *– Za'atri camp mortality by location of death, Jordan, Oct 2012 - Sept 2013*

The CMR for the first three quarters of 2013 were 0.37, 0.21 and 0.17 per 1,000 per month, respectively, suggesting a continuous decline in the last two quarters (Figure 6, Table 1). For comparison, according to the World Bank, the estimated CMR for Syria in 2010 was 0.29 per 1000 per month.

Figure 6 *– Quarterly mortality rates, Za'atri, Jordan, 2012-2013*



*Syria crude mortality rate for 2010. Source: World Bank.
**95% confidence intervals for the rate estimates (point estimates), the upper and lower limits are shown
Note: 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.

The mortality data reported here are based on data collected and collated by health partners in Za'atri camp. Estimates of mid-interval populations were used to calculate rates. However, in refugee camp settings, there is often an incentive to increase household size, or to not report departures from camps because household size is correlated with assistance received (e.g. food and non-food items). If this is the situation in Za'atri camp, this could artificially increase population estimates (denominator), and thus lead to an underestimation of the true mortality rates in the camp.

Morbidity

Communicable diseases: The major causes of morbidity in and outside of the camps remain acute respiratory tract infections (ARIs) and diarrhoea. In Lebanon, among the 9,375 visits reported by participating PHC centres and mobile medical units, the proportion of ARIs and diarrhoea was 27% and 4%, respectively (Figure 7). In Za'atri camp, Jordan, approximately 31% of clinical visits due to communicable disease were diagnosed as ARIs; this was followed by skin infections, diarrhoea, and eye infections. In Domiz camp, Iraq, 40% of communicable disease was associated with ARIs with the highest incidence observed in children younger <5 years.

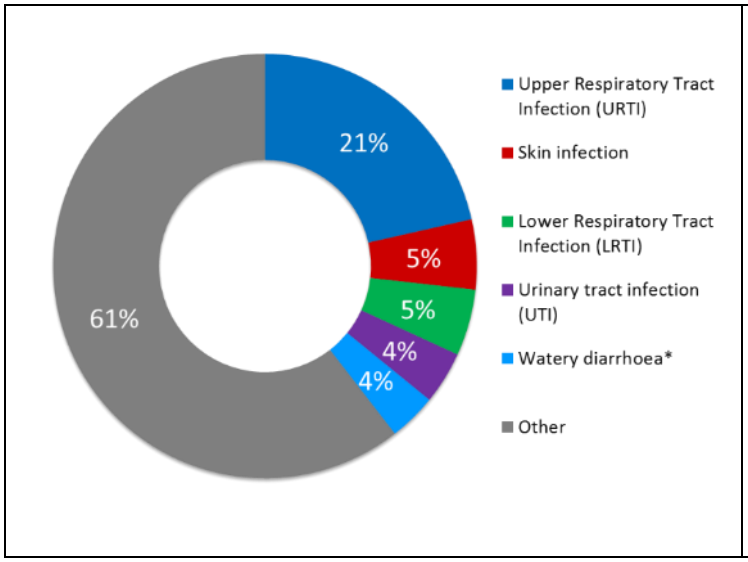


Figure 7 – *Top 5 diagnoses for communicable diseases at PHC centres and mobile medical units, Lebanon, October 2013*

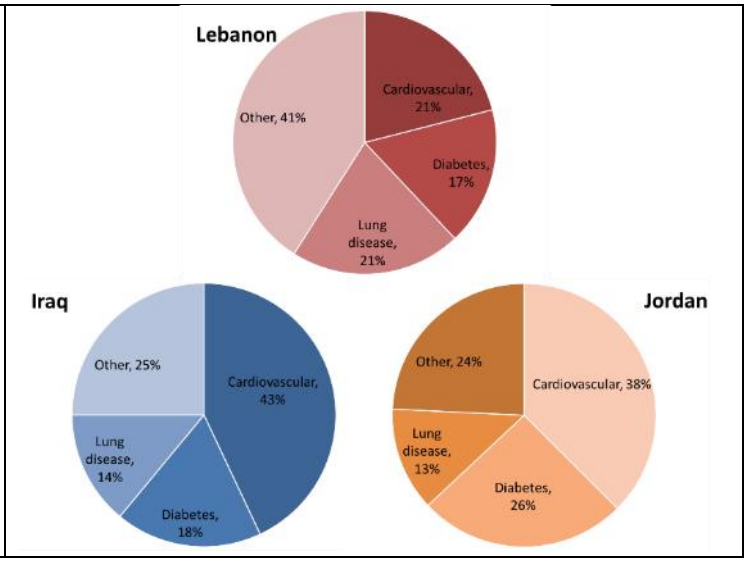


Figure 8 – *Non-communicable diseases as reported from Za'atri camp (Jordan), Domiz camp (Iraq), and Lebanon, September 2013*

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 503 consultations related to NCDs in October. Cardiovascular conditions were the primary reason for seeking care (21%) followed by lung diseases (21%) and diabetes (17%). Among refugees seeking care for NCDs in Domiz camp, Iraq, the proportion of visits due to cardiovascular conditions was 43%, diabetes (18%) and lung diseases (14%). In Za'atri camp, Jordan, the proportions for NCDs were cardiovascular disease (38%), diabetes (26%) and lung diseases (13%) (Figure 8, above).

Mental Health

Figure 9 (below) shows the proportion of major mental health conditions for which care was sought in Lebanon and Jordan. Among reporting PHC centres in Lebanon, there were 189 consultations. Severe emotional disorders (35%), epilepsy/seizures (18%) and mental retardation/intellectual disability (13%) were the main causes. In Za'atri camp, Jordan, there were 728 consultations. The top three conditions were severe emotional disorders (16%), psychotic disorders (14%) and epilepsy/seizures (12%) (Figure 9).

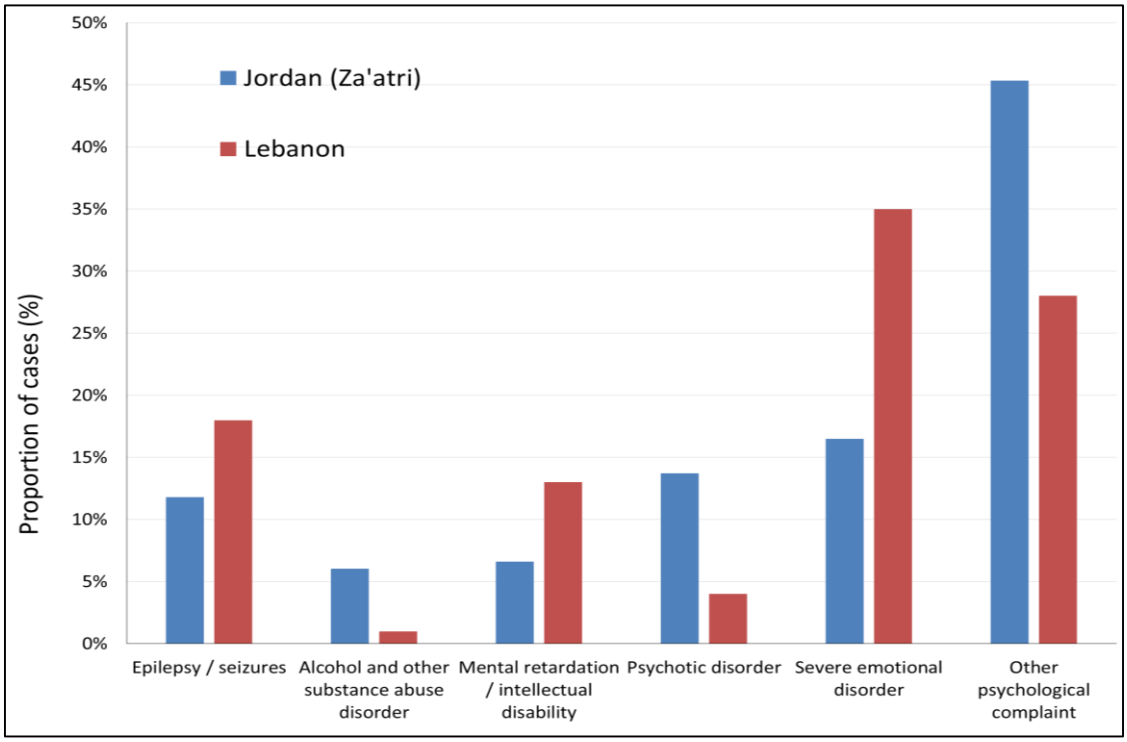


Figure 9 – *Mental health conditions in Jordan (Za'atri) and Lebanon, September 2013*

Diseases Outbreaks

Polio

The reporting of multiple cases of acute flaccid paralysis cases in Syria has been the major public health event of concern in the region. According to the World Health Organization, there are 17 confirmed cases of wild poliovirus type 1 (WPV1) in Syria. In Deir-ez-Zoor governorate, 15 cases have been confirmed so far. Additional cases have been reported from Rural Damascus (1) and Allepo (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. Since the first detection of the cases, there have been major efforts across the region led by WHO and UNICEF to carry out mass vaccinations campaigns both inside and outside Syria. 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 partners.

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 | UNICEF | UPP | WFP | WHO | YMCA

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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.