Volume 01, Issue 20, Epi week 30, 19 July - 25 July 2013

Highlights

- During week no 30, 2013; 89% (83/93) health facilities from 4 pilot governorates provided valid surveillance data.

- The total number of consultations reported during the week in pilot governorates was 13365 compared to 11965 the previous reporting week. Acute respiratory tract infections (ARI), acute diarrhea (OAD) and suspected malaria (5.1%) were the leading cause of morbidity this week.

- A total of 25 alerts were generated by eDEWS system in week 30, 2013; Of these, 23 alerts were verified as true for further investigations with appropriate response.

- Altogether 6 alerts for Measles, 5 Pertussis, 2 each for AVH, Meningitis, Acute Flaccid Paralysis, C. Leishmaniasis, and 1 each for OAD, NNT, Pneumonia and Malaria were received and responded.

- Online disease surveillance and response system was launched in 4 governorates (Aden, Abyan, Lahj and Taiz) in March 2013. Ongoing on site trainings to improve weekly reporting and immediate notification are underway in all 4 pilot governorates.

Leading Priority Diseases - Pilot Governorates (Epi-week 30, 2013)

- URTI (19%), suspected malaria (0.6%), OAD (7.2%) and Pneumonia (3.1%) remain the leading causes of morbidity representing a total of 29.9%.

- Acute viral hepatitis, acute watery diarrhea and Schistosomiasis represented less than 1% of total morbidity in reporting period. Bloody diarrhea represented 0.1% of this morbidity.

- All diarrheal disease comprised 7.4% and Pneumonia 3.1% of total morbidity in Pilot Governorates this week.

- All diarrheal disease comprised 4% and Pneumonia 1.86% of total morbidity in the <5 years age group.

Trends for Leading Priority Diseases in Pilot Governorates - Epiweeks 10 to 30, 2013

Proportional Morbidity for Leading Priority Diseases - Epiweek 30, 2013

This weekly Epidemiological bulletin is published jointly by the Ministry of Public Health & Population and World Health Organization (WHO), WHO/EHA office, Sana’a, Yemen.

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### Weekly trends of Diarrheal Diseases, Upper Respiratory Infections, Suspected Malaria and Pneumonia (Epi week 10 to 30, 2013)

**Diarrheal Diseases**

- **OAD**
- **Acute Viral Hepatitis (A & E)**
- **Dengue Fever**
- **Meningitis**
- **Schistosomiasis**
- **Other Acute Diarrhea**
- **Pneumonia**
- **Other Consultations**

**Upper Respiratory Infections**

- **S.Measles**
- **S.Pertussis**
- **Rubella**
- **Diphtheria**
- **Other Un**

**Suspected Disease**

- **Lahj**
- **Aden**
- **Abyan**
- **Taiz**

**Total Consultations**

- **2013**
- **Current week 30, 2013**
- **System Gen. Alerts (week 30)**

### Distribution of consultations of leading diseases by Governorates, Epiweek 30

**Upper Respiratory Infections**

- Lahj: 374
- Aden: 1443
- Abyan: 408
- Taiz: 319
- Total: 2544

**Pneumonia**

- Lahj: 82
- Aden: 121
- Abyan: 156
- Taiz: 57
- Total: 416

**Other Acute Diarrhea**

- Lahj: 252
- Aden: 41
- Abyan: 90
- Taiz: 183
- Total: 966

**Bloody Diarrhea**

- Lahj: 3
- Aden: 4
- Abyan: 0
- Taiz: 12
- Total: 19

**Acute Watery Diarrhea**

- Lahj: 0
- Aden: 0
- Abyan: 0
- Taiz: 0
- Total: 0

**Schistosomiasis**

- Lahj: 0
- Aden: 0
- Abyan: 1
- Taiz: 1
- Total: 2

**Malaria**

- Lahj: 13
- Aden: 24
- Abyan: 21
- Taiz: 20
- Total: 78

**Menigitis**

- Lahj: 2
- Aden: 8
- Abyan: 0
- Taiz: 9
- Total: 19

**Dengue Fever**

- Lahj: 0
- Aden: 0
- Abyan: 0
- Taiz: 1
- Total: 1

**Viral Hemorrhagic Fever**

- Lahj: 0
- Aden: 0
- Abyan: 0
- Taiz: 0
- Total: 0

**Rabies**

- Lahj: 0
- Aden: 0
- Abyan: 1
- Taiz: 3
- Total: 4

**Measles**

- Lahj: 7
- Aden: 4
- Abyan: 3
- Taiz: 14
- Total: 27

**Acute Viral Hepatitis (A & E)**

- Lahj: 3
- Aden: 7
- Abyan: 0
- Taiz: 17
- Total: 27

**Neonatal Tetanus**

- Lahj: 0
- Aden: 0
- Abyan: 1
- Taiz: 1
- Total: 1

**Acute Flaccid Paralysis**

- Lahj: 1
- Aden: 0
- Abyan: 0
- Taiz: 1
- Total: 1

**Cutaneous Leishmaniasis**

- Lahj: 2
- Aden: 0
- Abyan: 0
- Taiz: 2
- Total: 2

**Diphtheria**

- Lahj: 0
- Aden: 0
- Abyan: 0
- Taiz: 0
- Total: 0

**Pertussis**

- Lahj: 3
- Aden: 5
- Abyan: 11
- Taiz: 19
- Total: 37

**Other Un**

- Lahj: 0
- Aden: 0
- Abyan: 0
- Taiz: 0
- Total: 0

**Other Consultations**

- Lahj: 1823
- Aden: 2748
- Abyan: 1289
- Taiz: 3392
- Total: 9252

**Total Consultations**

- Lahj: 2558
- Aden: 4808
- Abyan: 1981
- Taiz: 4018
- Total: 13365

### Number of alerts & outbreaks reported and investigated with appropriate response

<table>
<thead>
<tr>
<th>Diseases</th>
<th>Alerts</th>
<th>Outbreaks</th>
<th>Alerts</th>
<th>Outbreaks</th>
<th>TRUE</th>
<th>FALSE</th>
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<tr>
<td>OAD</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<tr>
<td>Pertussis</td>
<td>117</td>
<td>1</td>
<td>5</td>
<td>0</td>
<td>5</td>
<td>1</td>
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<tr>
<td>Measles</td>
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<td>0</td>
<td>6</td>
<td>0</td>
<td>6</td>
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<td>AFP</td>
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<td>0</td>
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<td>0</td>
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<tr>
<td>Schistosomiasis</td>
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<td>Bloody Diarrhea</td>
<td>10</td>
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<td>0</td>
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<tr>
<td>NW</td>
<td>17</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>2</td>
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<tr>
<td>Dengue fever</td>
<td>21</td>
<td>0</td>
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<td>0</td>
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<tr>
<td>Menigitis</td>
<td>26</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>2</td>
<td>0</td>
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<tr>
<td>LL</td>
<td>29</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Malaria</td>
<td>11</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
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<tr>
<td>OAD</td>
<td>3</td>
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<td>1</td>
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<tr>
<td>VHF</td>
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<tr>
<td>Pneumonia</td>
<td>7</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

**Total**

- Lahj: 643
- Aden: 722
- Abyan: 222
- Taiz: 22
- Total: 1577

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Lahj Governorate

25 health facilities from 13 districts in Lahj governorate reported to eDEWS with a total of 2558 patients consultations in week 30, 2013. Total 4 alerts were reported and appropriate measures were taken in week 30, 2013. Altogether 2 alerts for Pertussis and Acute Flaccid Paralysis were reported and responded.

Aden Governorate

22 health facilities from 8 districts in Aden governorate reported to eDEWS with a total of 4808 patients consultations in week 30, 2013. Total 10 alerts were reported and appropriate measures were taken in week 30, 2013. Altogether 3 alerts Measles, 2 Pertussis, and 1 each for Acute Flaccid Paralysis, Meningitis, OAD, Pneumonia and Malaria were reported and responded.

Abyan Governorate

20 health facilities from 4 districts in Abyan governorate reported to eDEWS with a total of 1981 patients consultations in week 30, 2013. Total 4 alerts were reported and appropriate measures were taken in week 30, 2013. Altogether 2 alerts each for Pertussis and Measles were reported and responded.

Taiz Governorate

16 health facilities from 7 districts in Taiz governorate reported to eDEWS with a total of 4018 patients consultations in week 30, 2013. Total 3 alerts were reported and appropriate measures were taken in week 30, 2013. Altogether 2 alerts AVH, and 1 each for Measles, NNT and Meningitis were reported and responded.

Alert/Outbreaks Responded in Epi-week 30, 2013

<table>
<thead>
<tr>
<th>Suspected Disease</th>
<th>Governorate</th>
<th>District</th>
<th>HFs</th>
<th>Actions Taken / Notes</th>
<th>Cases</th>
<th>Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pertussis</td>
<td>Lahj</td>
<td>Labaos</td>
<td>Labaos Hospital</td>
<td>Lahj Surveillance Coordinator, it was informed that SC will visit the HF for further investigations and community health education about immunization.</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>AFP</td>
<td>Lahj</td>
<td>Labaos</td>
<td>Labaos Hospital</td>
<td>eDEWS team contacted focal point, the case was a suspected AFP. Came to Lahos hospital, surveillance coordinator was informed, stool sample was collected and sent to central surveillance center in Sanaa.</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Pertussis</td>
<td>Aden</td>
<td>Mansura</td>
<td>Al-Wafi and Al-Wahdah HF's.</td>
<td>eDEWS team contacted focal point, cases was diagnosed clinically using case definition, Antibiotic treatment was given to the patients.</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>Measles</td>
<td>Aden</td>
<td>Mansura, Al-Tawashi, and Al-Quloo'a</td>
<td>Al-Wafi, Al-Quloo'a and Al-Qateea HF's.</td>
<td>eDEWS team contact focal point, information shared, blood samples were collected from the 3 cases and sent to Sanaa's central lab. For lab. Confirmation.</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>Pneumonia</td>
<td>Aden</td>
<td>Shaikh</td>
<td>Al-Wahdah Hosp.</td>
<td>A female child, 3 years and 3 months, admitted to hospital on 21/7/2013. The case was diagnosed as broncho pneumonia. She was in a bad condition, complaining of high fever, dyspnea, vomiting, diarrhea that caused electrolyte disturbance. She also developed convulsions. The case died on the 24/7/2013.</td>
<td>35</td>
<td>1</td>
</tr>
<tr>
<td>OAD</td>
<td>Aden</td>
<td>Shaikh</td>
<td>Al-Wahdah Hosp.</td>
<td>A female child, 11 months old, admitted to hospital on 20/7/2013. The case diagnosed as SAMA (severe acute malnutrition) with chronic diarrhea and severe dehydration. She died on the 21/7/2013 from complication of malnutrition.</td>
<td>119</td>
<td>1</td>
</tr>
<tr>
<td>Malaria</td>
<td>Aden</td>
<td>Shaikh</td>
<td>Al-Wahdah Hosp.</td>
<td>A female child, 3 years and 6 months, admitted to hospital on 16/7/2013. The case was diagnosed as cerebral malaria with complication. The case was treated with Quinine infusion and IV antibiotics. The case deteriorated and died on 24/7/2013.</td>
<td>7</td>
<td>1</td>
</tr>
<tr>
<td>Meningitis</td>
<td>Aden</td>
<td>Shaikh</td>
<td>Al-Wahdah Hosp.</td>
<td>Case 1, A male neonate aged 10 days admitted to hospital on 21/7/2013. He was diagnosed as Late neonatal sepsis (suspected meningitis). He was in a severe condition and died on the same day of admission. eDEWS team visited the hospital, information shared, CSF samples were collected from 4 case. (Three cases were from Lahj)</td>
<td>7</td>
<td>1</td>
</tr>
<tr>
<td>AFI</td>
<td>Aden</td>
<td>Shaikh</td>
<td>Al-Wahdah Hosp.</td>
<td>Case 1, A male child, 6 months old from Tohad. Admitted on 15/7/2013 as Partially treated meningencephalitis. He developed hypotonia of lower limbs with head lag. Surveillance coordinator was informed, stool sample was collected and sent to central surveillance center in Sanaa’s last week. CSF was done and the result was negative. Blood for MP’s was done and it falicuparin was seen. Patient died on the 18/7/2013 at 11:30PM. Case 2, A male child, 13 years old, from Al-hambilin/Lahj admitted to hospital on 30/6/2013. Diagnosed as suspected Dengue fever, he developed lower limb paralysis. Surveillance coordinator was informed, stool sample was collected and sent to central surveillance center in Sanaa. The condition of patient deteriorated, he died on 20/7/2013.</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Pertussis</td>
<td>Abyan</td>
<td>Khanfar</td>
<td>MCH Ja’ar</td>
<td>eDEWS team contacted focal point, cases was diagnosed clinically using case definition, Antibiotic treatment was given to the patients.</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>Measles</td>
<td>Abyan</td>
<td>Khanfar</td>
<td>MCH Ja’ar</td>
<td>eDEWS team contacted focal point, information shared, blood samples were collected from cases and sent to Sanaa’s central Lab. For lab. Confirmation.</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>Meningitis</td>
<td>Taiz</td>
<td>Al-Qahir</td>
<td>Sweden Hospital</td>
<td>District coordinator contacted information shared, samples were sent to HF lab - results are awaited.</td>
<td>9</td>
<td>0</td>
</tr>
<tr>
<td>NNT</td>
<td>Taiz</td>
<td>Al-Qahir</td>
<td>Sweden Hospital</td>
<td>The suspected NNT case aged 10 days M child brought to hospital 7 days ago - C/O fever convulsion and inability to breast feed(sucking), he was admitted into hospital, anti-tetanus toxoid doses were given, and he is improving.</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Measles</td>
<td>Taiz</td>
<td>Mukha</td>
<td>Mukha Hospital</td>
<td>District coordinator, information shared, blood samples were collected but weren’t sent yet to the central lab in Sanaa.</td>
<td>3</td>
<td>0</td>
</tr>
</tbody>
</table>

The objective of this weekly epidemiological bulletin is to provide a snap shot on selected health events reported from the eDEWS surveillance system in four governorates (Aden, Abyan, Lahj and Taiz) of Yemen. While every attempt is made to present the weekly trends of epidemic prone diseases, the information presented in the bulletin needs to be interpreted in the context that precise information on the reference populations is not always available. The bulletin also includes information collected by the eDEWS teams. The primary focus of DEWS is early detection of epidemic prone disease, to facilitate a rapid public health response.