AFP, watery diarrhea, bloody diarrhea, measles, meningitis, ARS

Now, 14—acute diarrhea for other reasons, influenza, typhoid, leshmaniasis,

Now, 13 diseases- help detect outbreaks and

* Polio in 2013- wild-type
* Polio in 2017- from vaccine derived

Coordinate with WASH, WHO, part of health cluster, also have WASH and nutrition surveillance system, help in vaccination campaigns (Syria immunization group).

3 hubs in Syria: Damascus, Amman, Gaziantep (no direct contact with Damascus hub, but contact with Amman hub).

This is the general summary.

What would be Sammy’s project:

* Acute respiratory illness- case based surveillance
* AFP- case based surveillance- 4 years/5 years of AFP- detailed investigation forms-
* Retrospective or cross-sectional data possibilities.
* Look deeper into the situation, actual condition of the cases, risk factors
* same goes for other syndromes—but perhaps not as detailed information.
* - camps, population movement relations
* bulletins and weekly for WASH etc. tableau- for visualization. CITRIPS?
* AFP- more advanced because of the outbreaks. Clear indicators, data is more clear.
* For others, its more ad-hoc, write reports if we have outbreaks. WHO says no need to publish unless its really big.

WATER-borne diseases- in new settlements, camps—places with totally disrupted infrastructures.

Immunization status and immunization barrier—how conflict interrupts vaccine schedules. In the last outbreak, high numbers of 0 oral polio vaccine doses—in Derezor—the epicenter of the outbreak. – 74 of vaccine derived polio cases—the biggest ever.

Totally confirmed: 54.

60 days of follow up, check if they have physiotherapy but that’s it for treatment now.

EWARN system—220 field-level officers, 30 district officers.

110- nutrition, 20 for WASH

response: 12

also: informants—IMU—couple hundreds or even more. (information management unit- non-health).

Sentinel site surveillance—in conflict its different.

* You pick health faciliites with certain criteria—doctor, register, enough referrals
* Agree with them to collect data from that place.
* The field staff and collects data from them- on excel or on paper—share with district officers
* Compliation and
* Then share with main office in a timely manner
* We have open data kit for data collection—have active surveillance for AFP and work with WHO system—EWASH(sp?) for data collection and analysization.

Now having a biostats course in Gaziantep – halfway though the basics. Mainly focusses on SPSS. Not epidemiology- that might save some time that they already have some biostats.

Need to know: background, language level, TOEFL.

May15- June15- may not get done. Might be tough.