

Why an **Epidemiological Bulletin** for Gaza Strip?

Cover letter by the UNRWA Director of Health Dr Guido Sabatinelli

The importance of an **Epidemiological perspective**

The recent conflict has focused the attention of the World on the Gaza Strip and we have observed the influx of a numerous and diverse new health stakeholders.

One of the priority interventions identified in both in the *WHO Gaza Initial Health needs assessment* and in the *WHO Disease risk assessment and interventions in the Gaza Strip* was the need to establish and maintain an effective surveillance system in the Gaza Strip and in both documents concerns were raised in particular regarding the risk of outbreaks of food and water borne diseases.

UNRWA beneficiaries are almost 70% of the population in the Gaza Strip, over 1 million people, and the surveillance system of the Agency has never stopped functioning. The Agency not only is organically collecting data on infectious disease incidence, but has been doing so for many years. This means that it can rely on the historical data necessary to build thresholds for disease epidemics and generate early alerts for the UNRWA Early Warning System.

The aim of the **UNRWA Epidemiological Bulletin** is to share the information gathered by UNRWA with all stakeholders in the Gaza Strip to facilitate their work in providing assistance to the victims of the recent conflict.

Foreword

As the main primary health care provider of a particularly vulnerable population that constitutes the majority of residents in the Gaza Strip, UNRWA is in the unique position to aid all health stakeholders striving to mitigate the effects of the conflict by sharing its epidemiological data. UNRWA has been playing a central role in health assistance in the Gaza Strip for the past 60 years, contributing to major public health achievements such as malaria eradication.

This product of the UNRWA Health Department is a tool for health care workers and project managers to gather information on historical and present trends of incidence of infectious diseases of public health importance.

Whilst the first issue of the bulletin will focus on providing historical data describing the epidemiological profile of Palestine refugees in the Gaza Strip, the following issues will concentrate on 2009 data and give information on the impact the latest conflict has had on infectious disease epidemiology in the area.

The *UNRWA epidemiological bulletin for Gaza* is an expression of the collaborative effort of UNRWA and all Health Cluster members to help victims of the violence in the Gaza Strip. The product, however, is not destined to remain an UNRWA production. We hope that it will encourage the collaboration with the Ministry of Health and the World Health Organization, that can integrate data on non-refugees and produce a more comprehensive output.

The UNRWA Surveillance System

UNRWA has a combined syndromic and clinical surveillance system in the Gaza Strip as in all its area of operation. 23 infectious diseases are under UNRWA surveillance divided in **Class A** diseases, for which notification has to take place within 24 hours, and **Class B** disease that are notified Weekly. Reporting takes place at Health Centre level (20 reporting Units are present in the Gaza Strip), is validated at the Gaza Strip UNRWA Field Office and in the Health Programme's HQ in Amman (Jordan) and sent to WHO. In case of Outbreaks, outbreak control takes place UNRWA staff collaborates actively with the Ministry of Health. For further details you may contact the epidemiologist of the UNRWA Disease Prevention and Control Sub programme and/or request a copy of the UNRWA epidemiological guidelines 2008 (f.riccardo@unrwa.org).

Type	Disease	Frequency of reporting cases	Type of surveillance	
Gaza Strip	Class A	Acute flaccid paralysis	Notification within 24 hours and by weekly returns, CIF	Syndromic
		Hib meningitis	Notification within 24 hours and by weekly returns, CIF	Clinical
	Class B	Diphtheria	Notification by weekly returns, CIF	Clinical
		Measles	Notification by weekly returns, CIF	Clinical
		Rubella	Notification by weekly returns, CIF	Clinical
		Mumps	Notification by weekly returns, CIF	Clinical
		Pertussis	Notification by weekly returns, CIF	Clinical
		Tuberculosis	Notification by weekly returns. Specific notification procedure (see UNRWA TB tech guidelines)	Clinical
	Class A	Cholera	Notification within 24 hours and by weekly returns, CIF	Acute Watery Diarrhoea is under syndromic surveillance, however suspected cholera should be notified as class A and treated as clinical surveillance
		Meningitis (other)	Notification within 24 hours and by weekly returns, CIF	Clinical
Influenza A (H5N1)		Notification within 24 hours and by weekly returns, CIF	Clinical	
Class B	Brucellosis	Notification by weekly returns, CIF	Clinical	
	Acute bloody diarrhoea	Notification by weekly returns	Syndromic	
	Watery Diarrhoea	Notification by weekly returns	Syndromic	
	Acute jaundice	Notification by weekly returns	Syndromic	
	Typhoid fever	Notification by weekly returns. CIF of confirmed cases	Clinical	
	Leishmaniasis	Notification by weekly returns. CIF of visceral cases	Clinical	
	AIDS	Notification by weekly returns, CIF	Syndromic	
	Sexually transmitted infections (STI)	Urethral/vaginal discharge	Notification by weekly returns. CIF of confirmed cases of gonorrhoea	Syndromic
PID		Notification by weekly returns	Syndromic	
Genital ulcers		Notification by weekly returns. CIF of confirmed cases of syphilis	Syndromic	
Ophthalmia neonatorum		Notification by weekly returns. CIF of confirmed cases of Trachoma.	Syndromic	