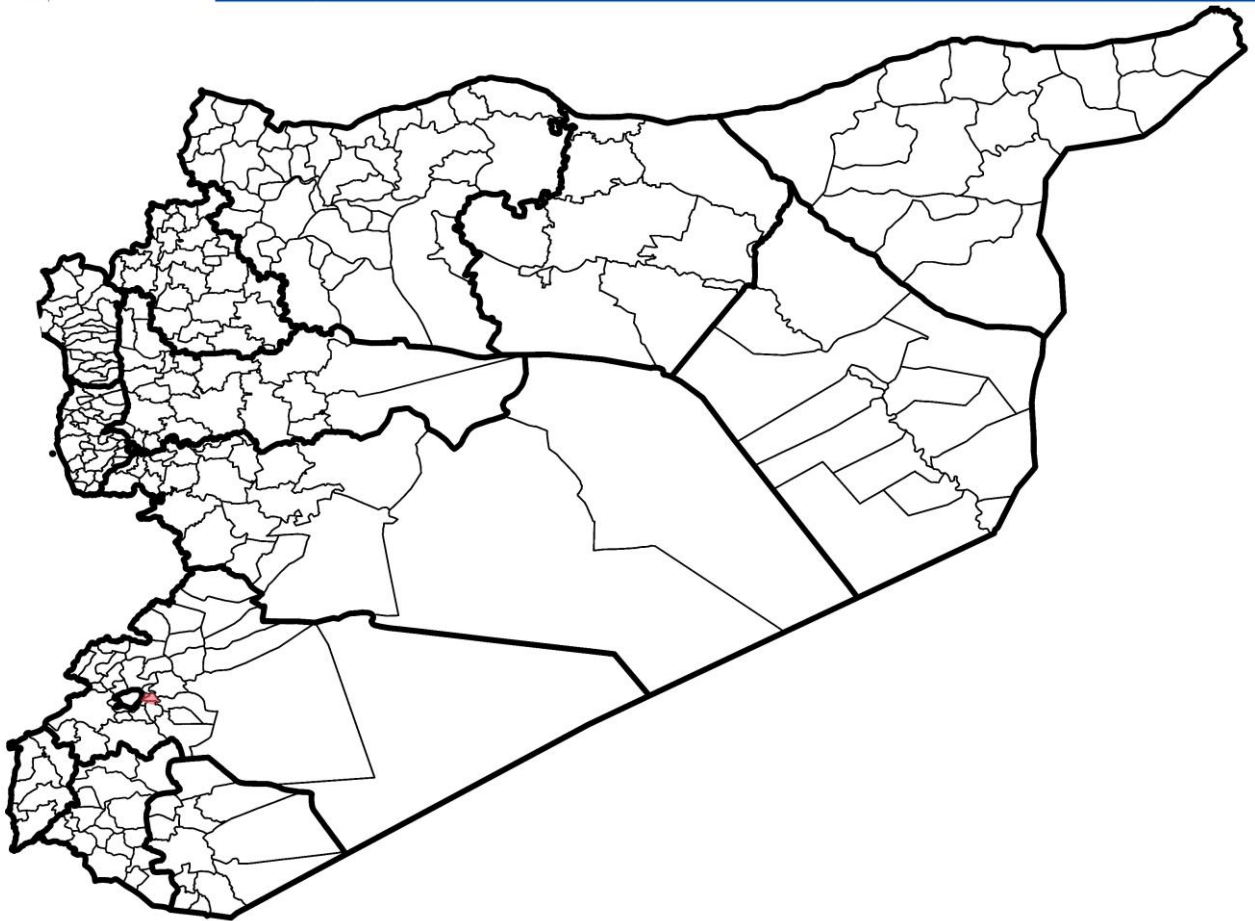


# Acute Jaundice Syndrome in Rural Damascus

Reporting on AJS doubled during the last four weeks in central rural Damascus in comparison to the numbers at the beginning of the year 2015



## 1. Confirm Diagnosis:

- Liver Function Tests:
  - HAV IgM: unavailable
  - Hepatitis C was confirmed in two cases, Hepatitis B confirmed in seven other cases.
  - SGPT levels were measured in 32 cases, elevated more than 10 times in nine cases.
  - Total Bilirubin (in eight of the previous patients): direct bilirubin levels elevation in five cases, non-elevated in three cases.

## 2. Suspected cases investigation:

- Most cases were reported in population over 5 years old.
- Signs and Symptoms: yellowing of the whites of the eyes, anorexia, Stools pale in color and urine dark in color, fever, abdominal pain, nausea and vomiting.
- Two reported cases were admitted to the ICU.
- Twelve atypical cases.
- Two reported case had T.B besides the AJS.
- Few patients were reported to have had AJS previously.
- No fulminant hepatitis reported, No deaths reported.
- The diagnosis of AJS might be mixed with Typhoid fever due to the similar symptoms and the wide spread of Typhoid in the area.

## 3. Discerption of the outbreak:

- 711 cases were reported.
- Age distribution: most of the reported cases were over 5 years old.
  - 82.56% (587) reported cases > 5 years old (286 Female, 301 Male)
  - 17.44% (124) reported cases < 5 years old (69 Female,55 Male)
- Geographical distribution: the reported cases were taken from the PHCs that receive the majority of cases in central rural Damascus which includes: Sakba, Kafr Batna, Hamouria, Arbin, Ain Tarma, Haza. Especially Kafr Batna (462 reported cases) and Arbin (194 reported cases).
- Duration: cases were reported since the epidemic week 1 in 2015, but the increased numbers were noticed at Epi week 8 with 48

- reported cases in Kafr Batna up to 88 reported cases in Epi week

#### 4. Case Management:

- Most of the cases were house managed, patients were advised to avoid drugs with hepatic toxicity.
- Symptomatic management for nausea/ vomiting and pain.
- Critical cases were admitted to hospital, intravenous rehydration in dehydration cases.
- It was noticed that some doctors and health workers were managing the cases with antibiotics and certain diets without justification for that.

#### 5. Determine outbreak source:

- Poor sanitation causes the mixing of sewage and drinking water.
- Plantings irrigation with sewage due to the cutting of Barada river branch from the area.
- Lack of hygiene: garbage deportation is not regular nor done enough, poverty, the area is one of the considered Hard-To-Reach/ Besieged areas.

#### Isolation:

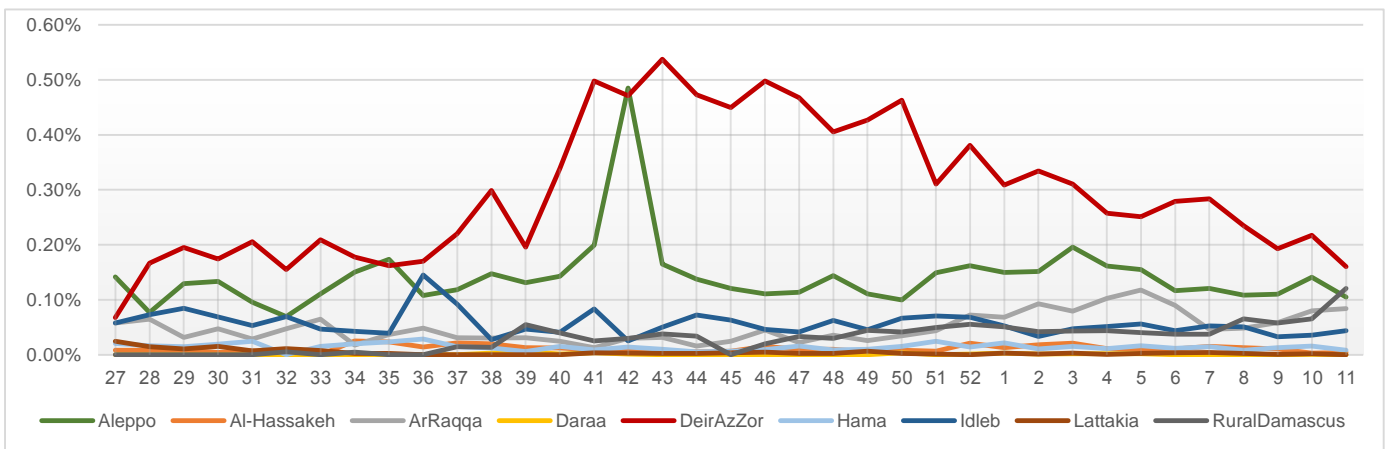
- No proper isolation was made.
- The patients were advised to minimize their socializing with the cohabiting people and general hygiene recommendations.



Improper  
management  
of garbage  
and irrigation  
water



1 Sewage usage in irrigation



AJS Distribution by Governorate till Week 11