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, Hazan. 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.
   • Lake 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.
AJS in Rural Damascus – Epi week 11

Sewage usage in irrigation

AJS Distribution by Governorate till Week 11