وحدة تنسيق الدعم
ASSISTANCE COORDINATION UNIT

COVID-19 surveillance

Quick analysis for the epidemiological situation of the COVID-19 outbreak - Northwest Syria

29 January 2021

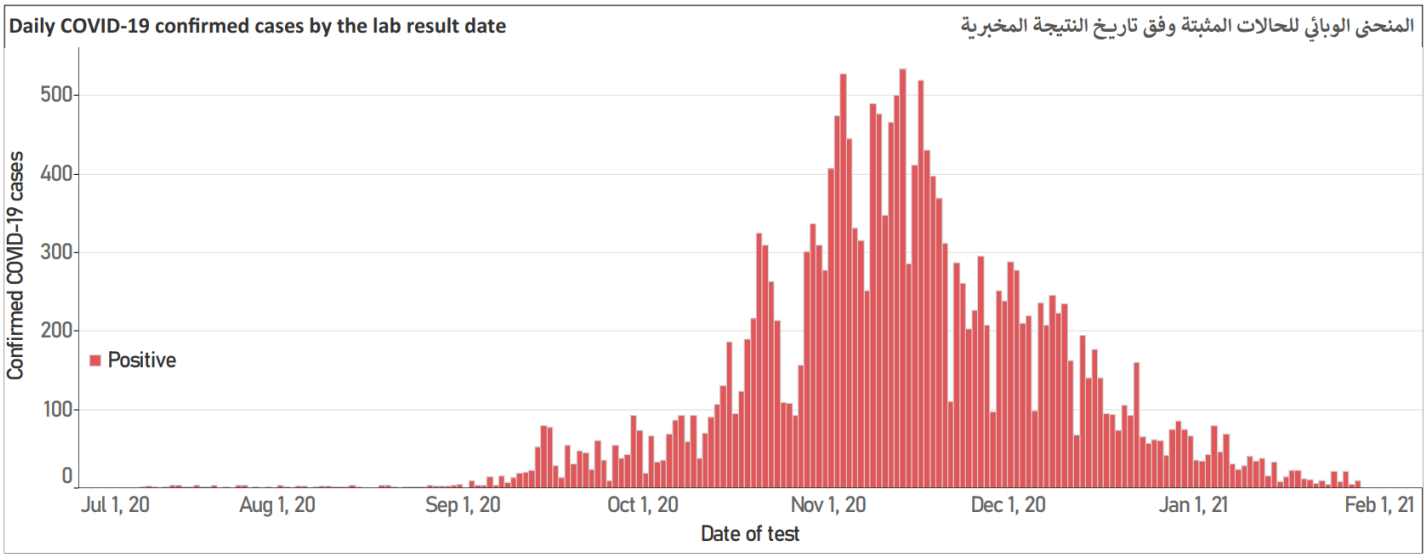
Introduction

EWARN continues in conducting the COVID-19 surveillance activities (**investigation** of the COVID-19 suspected cases and **testing** it by PCR technique to detect SARS-COV-2, and the **contact tracing** is ongoing. The surveillance team is visiting the **active surveillance** sites on a weekly basis as a complementary activity.

There are no changes in the testing strategy or limitations in the lab capacity.

The main indicators:

In review the Epi curve bellow, it is reached the peak in the first half of November 2020 (Epi week 46 2020), then we recorded the decease from the second half of November and the decline continues.



Transmission level:

We use 3 main indicators to determine the level of transmission in the community, according to the WHO recommendations (the positivity, the mortality, and the case incidence). We calculate the mortality and the case incidence per 100,000 population per week averaged over two weeks. The hospitalization rate of the new COVID-19 case was not included in these indictors due we don not have this data.

- **The main indicators for the Epi Weeks 3+4 2021:**

Positivity: 5.35% **Community level 3** (5-20%)

Mortality: 0.35 **Community level 1 (**<1)

Case incidence 3.32 **Community level 1** (< 20)

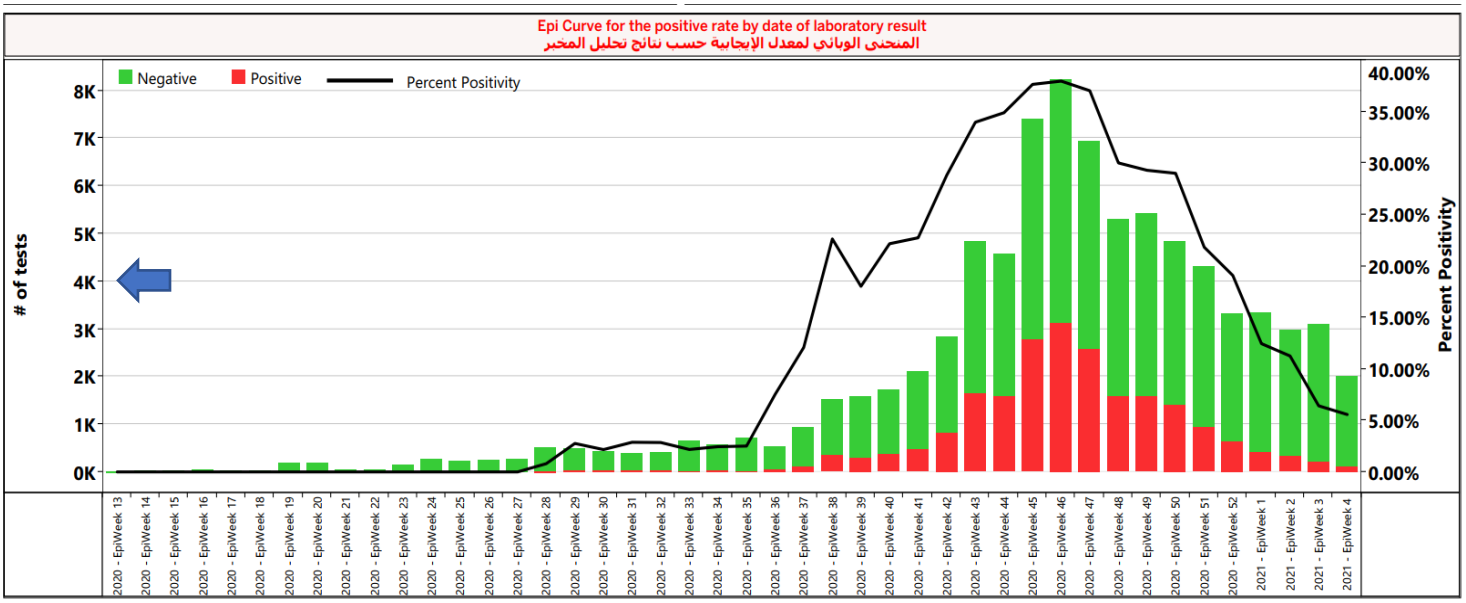
According to these indictors, the transmission level of SARS-COV-2 is **(community level 1),** however, these indictors need more analysis as following:

- **The testing:**

The estimated population provided from HNAP- Sep 2020: **3966746**

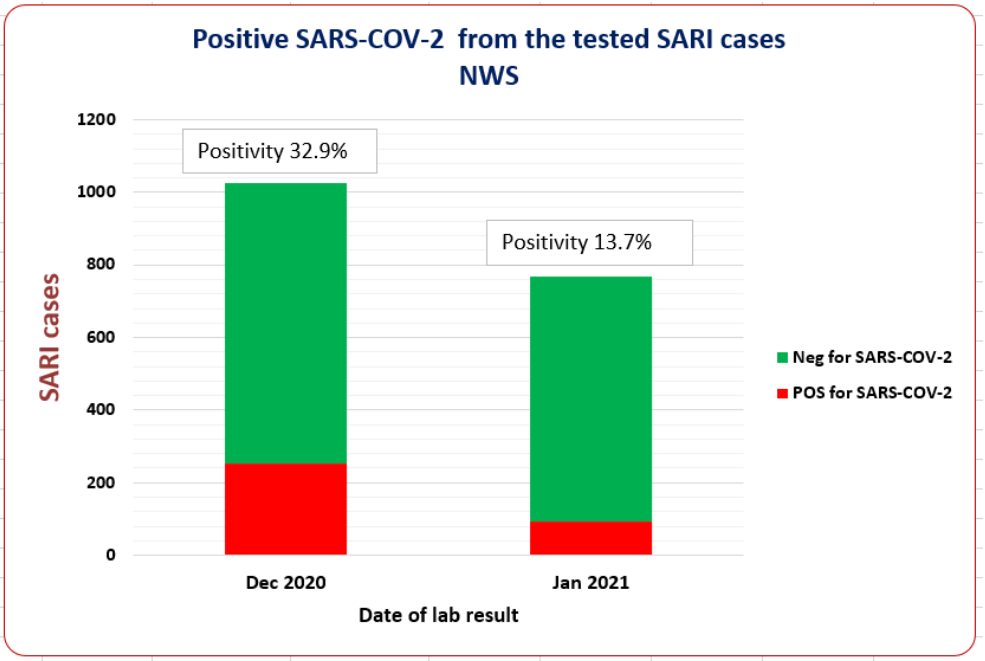
The tests per 1000 in the Epi **week 4 = 0.44** (less than the recommended by WHO 1 per week per 1000. That means we have now we have a lower testing rate, and we need to review the underlying possible reasons for this low reporting. **The recommended weekly number of tests according to the population in NWS is more than 4,000 tests per week**. Therefore, we need to test more cases to achieve the recommended cut of point so we can depend on this indicator and be a representative for the circulation. The number of weekly tests was above this cute of point in the period (from Epi-2020 W 43 to W 51), and It is obvious in the following curve that the positivity rate has gone down since Epi 2020 W 47.

The chart below shows the weekly tests and the positivity rate for each week.



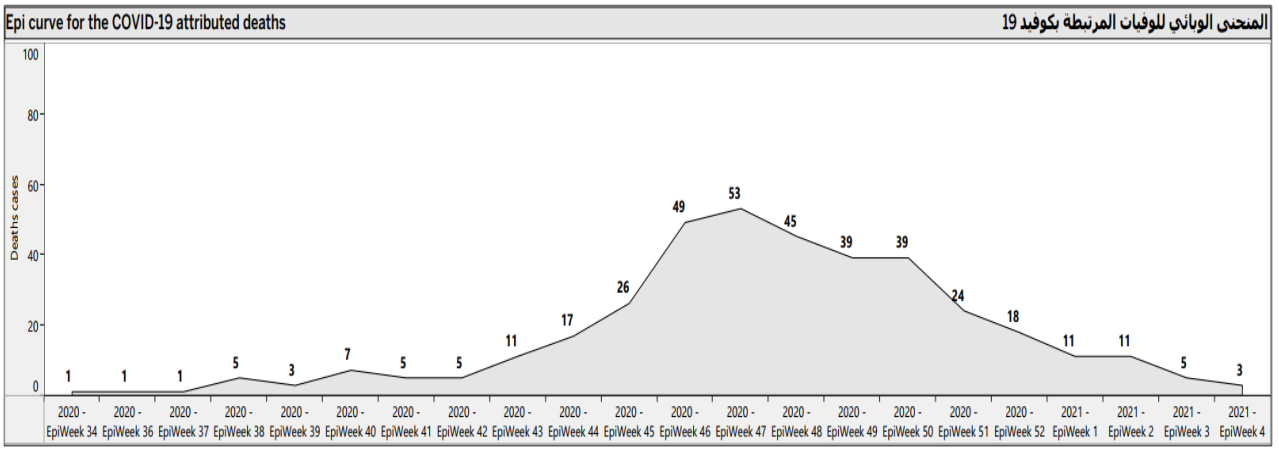
Confirmed COVID-19 cases from SARI cases:

This chart shows the positive SARS-COV-2 from all the SARI cases that were tested in December 2020 and January 2021, the positivity also had decreased in Jan 2021, **it may reflect a lower circulation of the SARS-COV-2. However, the circulation of SARS-COV-2 is continuing**.



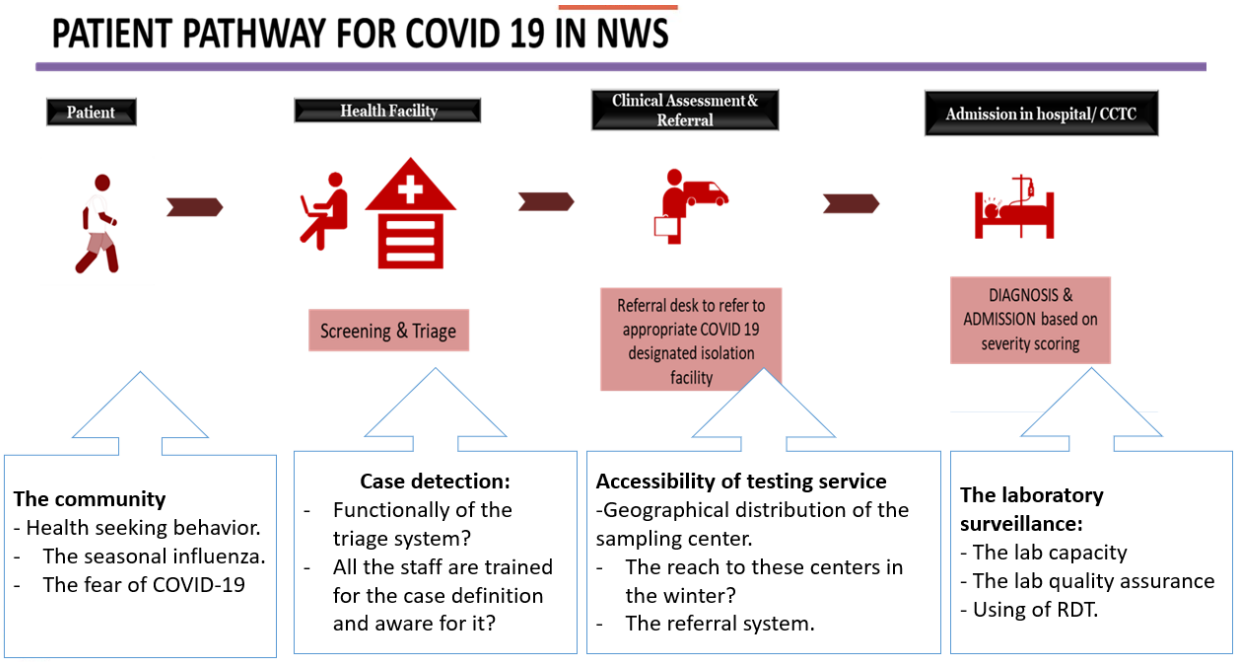
The mortality rate:

It is an **indirect indicator of incidence**, and it is minimally influenced by surveillance policy if testing is comprehensive. In the Epi curve below shows that the peak of the weekly COVID-19 attributed deaths was in Epi week 47, and **the weekly deaths has gone down over the time in a compatible trend with the curve of the COVID-19 confirmed cases**. However, **However, it is unlikely that all deaths were detected and correctly assigned, COVID-19 deaths occurring in the community that may be undetected.**



Actions Taken:

In coordination with the pillars in the COVID-19 preparedness and response plan which was established by the COVID-19 Task Force, EWARN is reviewing all the component of the patient pathway for COVID-19 suspected case, which is considered the main source of the detection of the cases, the following graph demonstrates these 4 levels of this protocol, and the boxes show the points that may affect on the functionality of each level.



- ***<u>The actions were taken at the community level:</u>***

  Preparing a Video for the public, the main message (the covid-19 still exists in seasonal influenza, and if you get the symptoms you should go to the nearest health facility).

  Conducting a quick survey by the ACU/IMU to know the health-seeking behavior.

- ***<u>The health facility level:</u>***

  The surveillance team conducted **sensitization sessions** with the medical staff of the health facilities to review the cases definition and remind them to refer the detected suspected cases to the nearest CCTC to complete the investigation by EWARN.

  Increase the frequency of the **active surveillance** sites from **<u>weekly to daily</u>** visits to some active surveillance sites (13 HF – 9 in Idleb and 4 in Aleppo), the surveillance team was collecting samples from the suspected cases during the visits. **This aims to enhance the sensitivity of the cases detection and improve the number of reported and tested cases.**

- ***Testing for influenza viruses***

  We have started testing all the SARI cases and some ILI cases to detect the influenza viruses, and we recorded positive results for Influenza A, a report for the influenza A outbreak were shared with the involved actors and partners.

The next actions:

- A quick assessment of the number of detected cases by **triage system** and compare it with the investigated cases, this will provide the percentage of the missed cases after the detection and before it reaches the sampling places.
- **Using of RDT in the case detection**, especially in the areas that have partial accessibility to the testing service.
- **Enhance the community-based surveillance** as one of the enhancement measures to improve the detection of the cases.
- **Conducting a screening in the community** at some areas (mainly the areas are reporting cases than the expected or did not report cases in the last 2 weeks).

Conclusion:

The findings above appear that there is a lower circulation of the SARS-CO-2 in Northwest Syria in comparison with the fourth quarter of 2020, when we reached the peak in mid of November 2020. According to that, we can consider that we passed the first wave of the outbreak. However, we need to strengthen the case detection approach and the surveillance to have a good ability to detect a possible second wave as much as earlier and commence the appropriate response for it.