



Iraq: EWARN & Disease Surveillance Bulletin

2015 Epidemiological Week: 34

Reporting Period: 17—23 August, 2015

Highlights

- ◆ **Number of reporting sites:** Eighty (80) reporting sites including (53) Internally Displaced People’s (IDP) camps, Nine (9) refugee camps and eighteen (18) mobile clinics submitted their weekly reports timely and completely.
- ◆ **Total number of consultations:** 22,832 (male=10,355 and female=12,477) marking an increase of 1,562 (4%) since last week.
- ◆ **Leading causes of morbidity in the camps:** Acute Respiratory Tract Infections (ARI) (n=7,841), Acute Diarrhea (AD) (n=1,233) and skin diseases (n=1,093) remained the leading causes of morbidity in all camps during this reporting week.
- ◆ **Number of alerts:** Fourteen (14) alerts were generated through EWARN following the case definition thresholds, of which twelve (12) were from IDP camps and two (2) from refugee camps during this reporting week. Eleven (11) of these alerts were investigated within 24-48 hours, of which ten (10) were verified as true for further investigation and appropriate response by the respective Governorates Departments of Health, WHO and the relevant health cluster partners. (Details: see Alert and Outbreak Section).

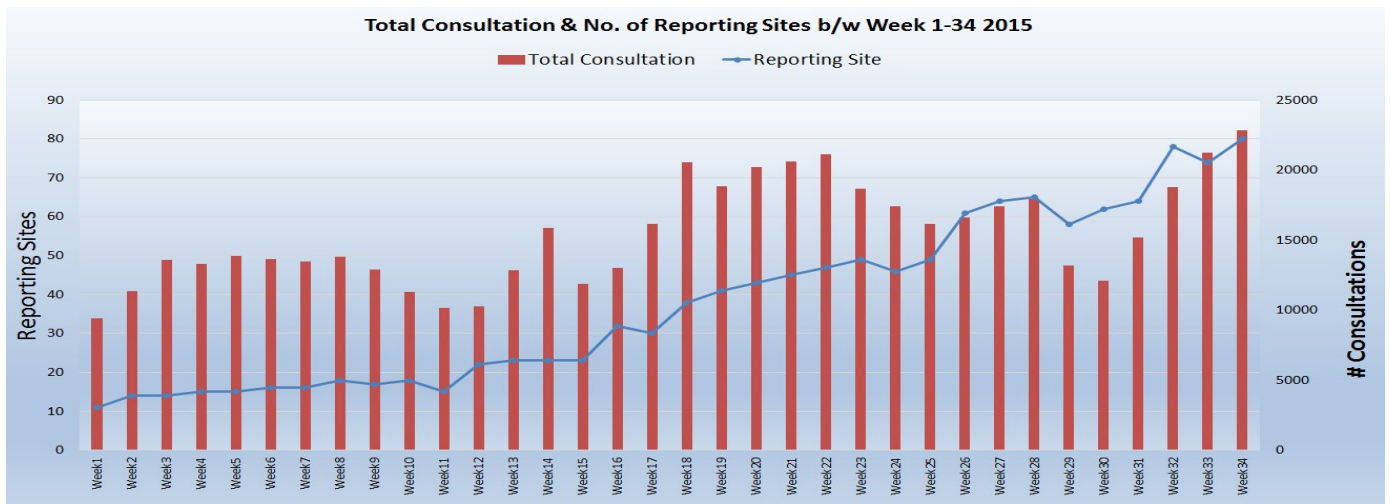
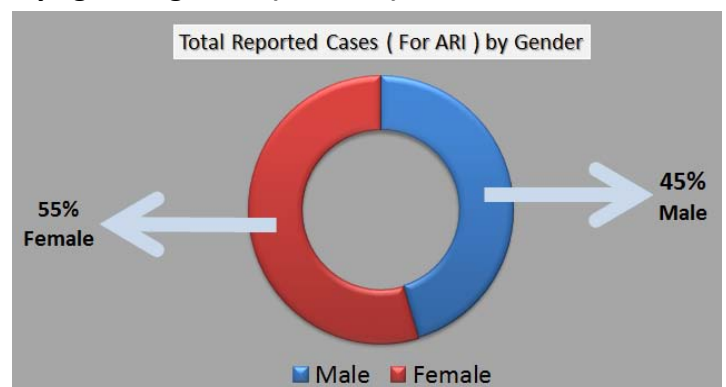
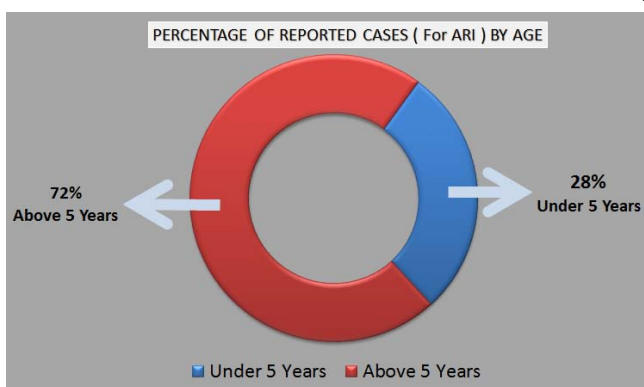


Figure I: Total consultations and proportion of reporting health facilities b/w week 1-34

Consultations in the camps by age and gender (week 34)



Morbidity Patterns

IDP camps:

During week 34, proportions of Acute Diarrhea in IDP camps has slightly decreased since last week (week 33=7.5% and week 34=5.5%). The proportion of acute diarrhea has tripled from 3% in week 18 to 14% in week 26 due to the hot summers season. As a part of preparedness, Health and WASH cluster together continued the Cholera Task Force activities in the high risk governorates, due to which the trends of Acute Diarrhea has gradually decreased to 5.5% in week 34. The proportion of skin infestations including scabies has shown a steady trend since week 23 (6%) due to the lack of health and hygiene sessions in camps by the health cluster partners and Departments of Health. Proportion of Acute Respiratory Tract Infections (ARI) are showing a gradual steady downward trend between 30% - 35% since week 18. (See below graph).

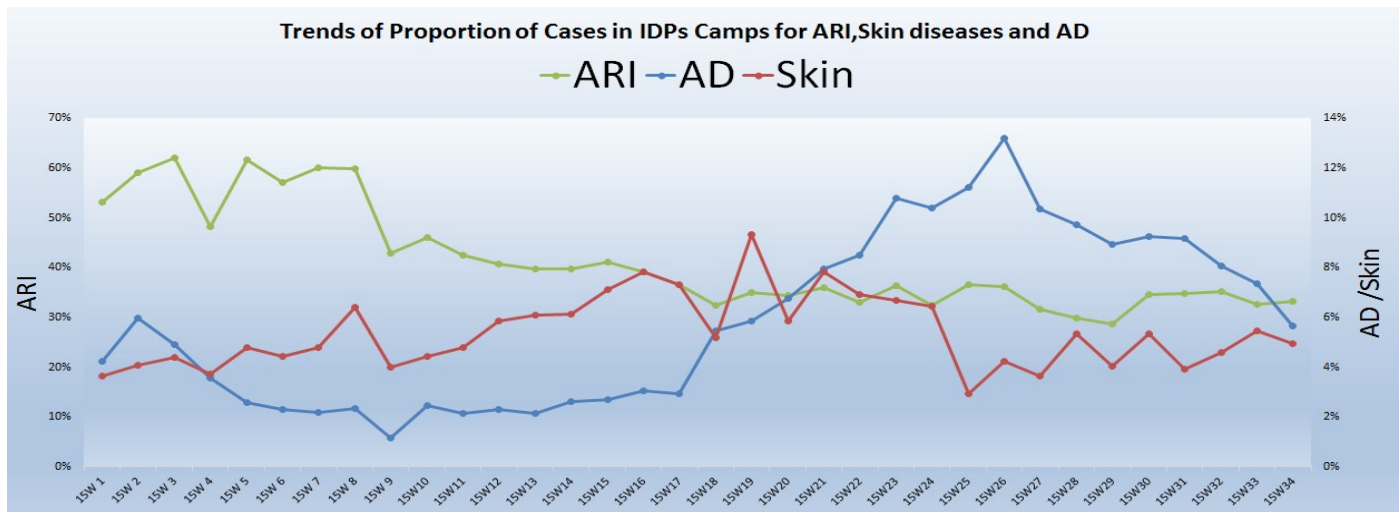


Figure II: Trend of proportion of cases of ARI, Scabies and AD in IDP camps (week 1 –34)

Refugee camps:

During week 34, proportions of Acute Diarrhea in refugee camps show a steady trend since last week, (week 33=4% and week 34=4.2%). Proportion of Acute Respiratory Tract Infections (ARI) indicates a slow drop-down trend since the beginning of summer season, but currently shows a steady pattern since week 30, (week 30=41% and week 34=39%). Proportion of skin infestations including scabies have also dropped from 8% in week 30 to 4% in week 34 due to extensive health promotion activities conducted in all camps. (See below graph).

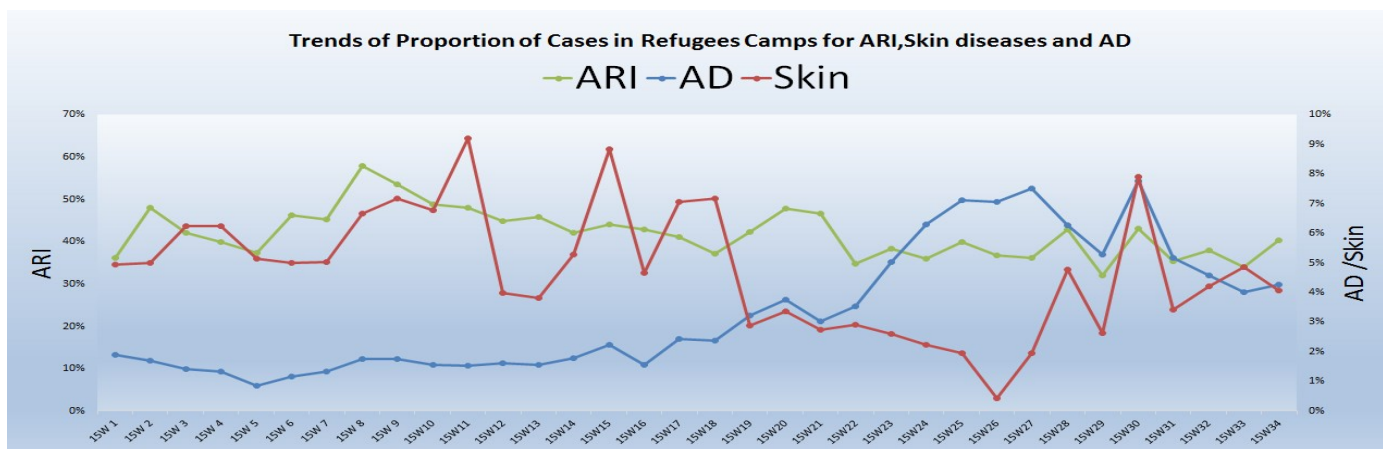


Figure III: Trend of proportion of cases of ARI, Scabies and AD in IDP camps (week 1 –34)

Trends of Diseases by Proportion and location for IDP Camps

The below graph indicates the proportion of cases of Acute Respiratory Tract Infections, Acute Diarrhea, and Skin Infestations including scabies which comprises the highest leading cause of morbidity in IDP camps for week 34, 2015.

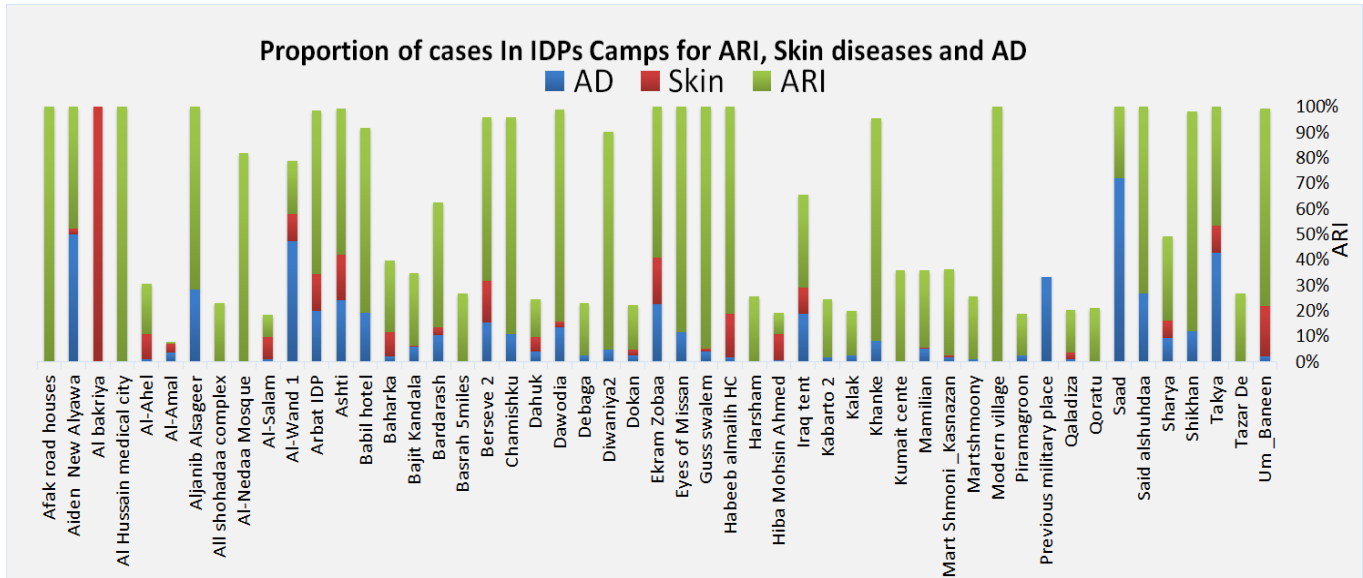


Figure IV: Proportion of cases of ARI, Scabies and AD in IDP camps for week 34

Trends of Diseases by Proportion and location for Refugee Camps

The below graph indicates the proportion of Acute Respiratory Tract Infections cases, Acute Diarrhea, and Skin Infestations including scabies which comprises the highest leading cause of morbidity in Refugee camps for week 34, 2015.

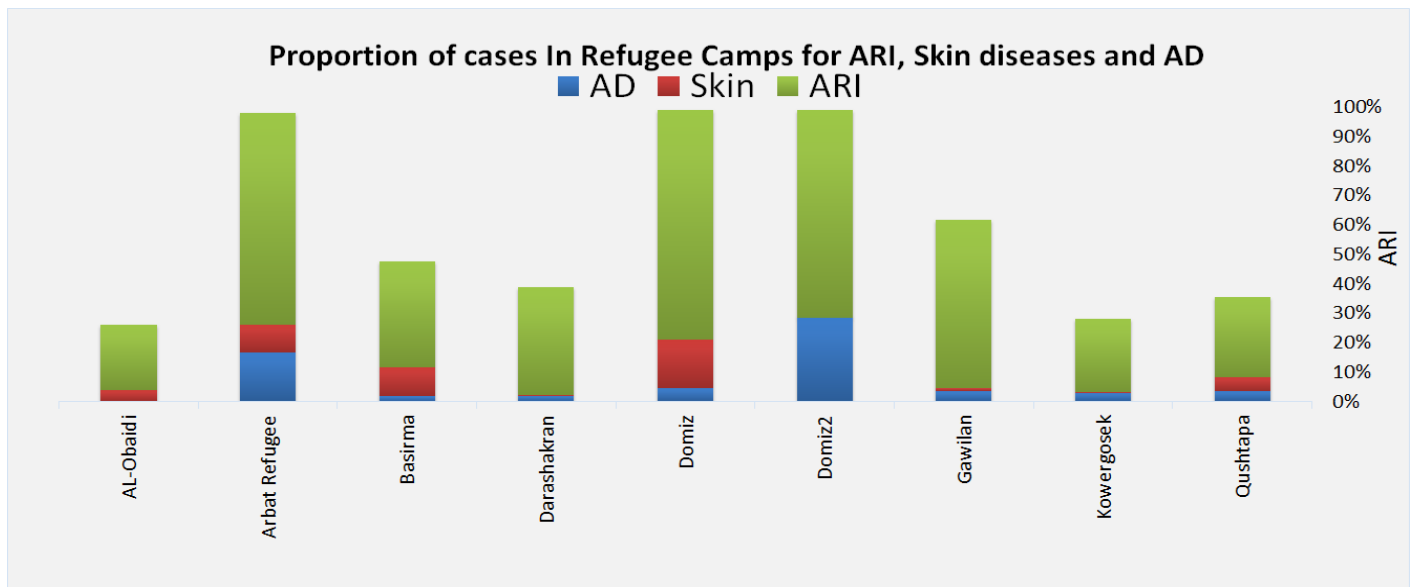


Figure V: Trend of proportions of cases of ARI, Scabies and AD in Refugee camps for week 34

Trend of Diseases by proportions for off camp IDPs covered by Mobile Clinics

The below graph indicates the proportion of Acute Respiratory Tract Infections cases, Acute Diarrhea, and Skin Infestations including scabies which comprises the highest leading cause of morbidity in off camp IDPs covered by mobile clinics for week 34, 2015.

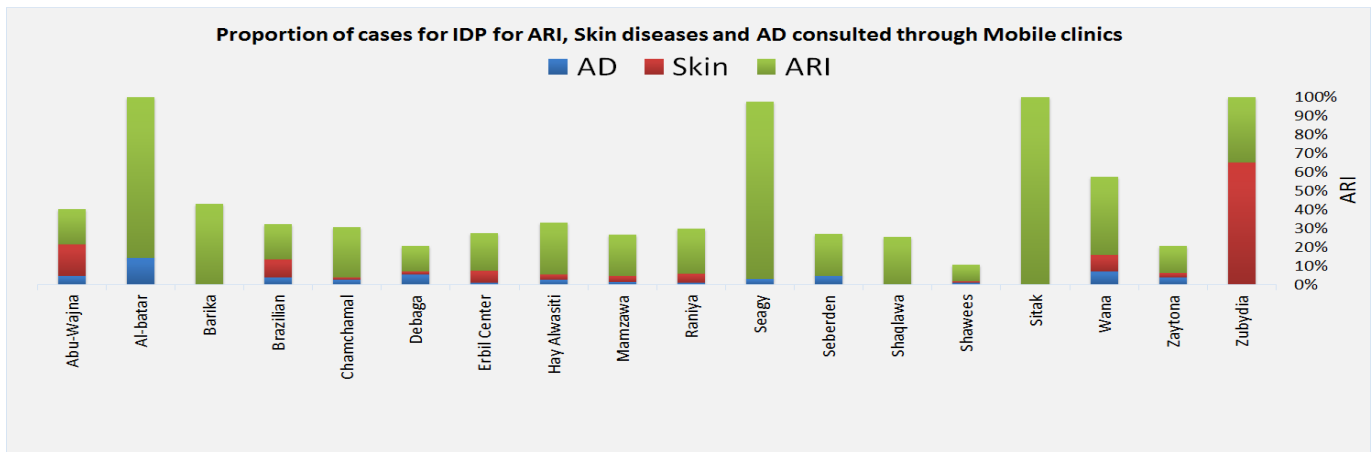


Figure VI: Trend of proportions of IDP cases for ARI, Scabies and AD covered by Mobile Clinics for week 34

Trends of Upper and Lower ARI as leading communicable disease

Acute Respiratory Tract Infection (ARI) has been further divided into upper and lower respiratory tract infections since week 1, 2015. According to EWARN data, the trend for lower ARI is decreasing while that of the upper ARI is increasing in summer. Compared to week 33, the proportion of upper ARI in week 34 has decreased by 1% while that for lower ARI has increased by 1%. Overall, the ARI trend is slowly decreasing in both IDP and Refugee camps as we go further into the summer months. Furthermore, the below graph indicates the proportion of lower and upper ARI cases per each reporting site for week 34.

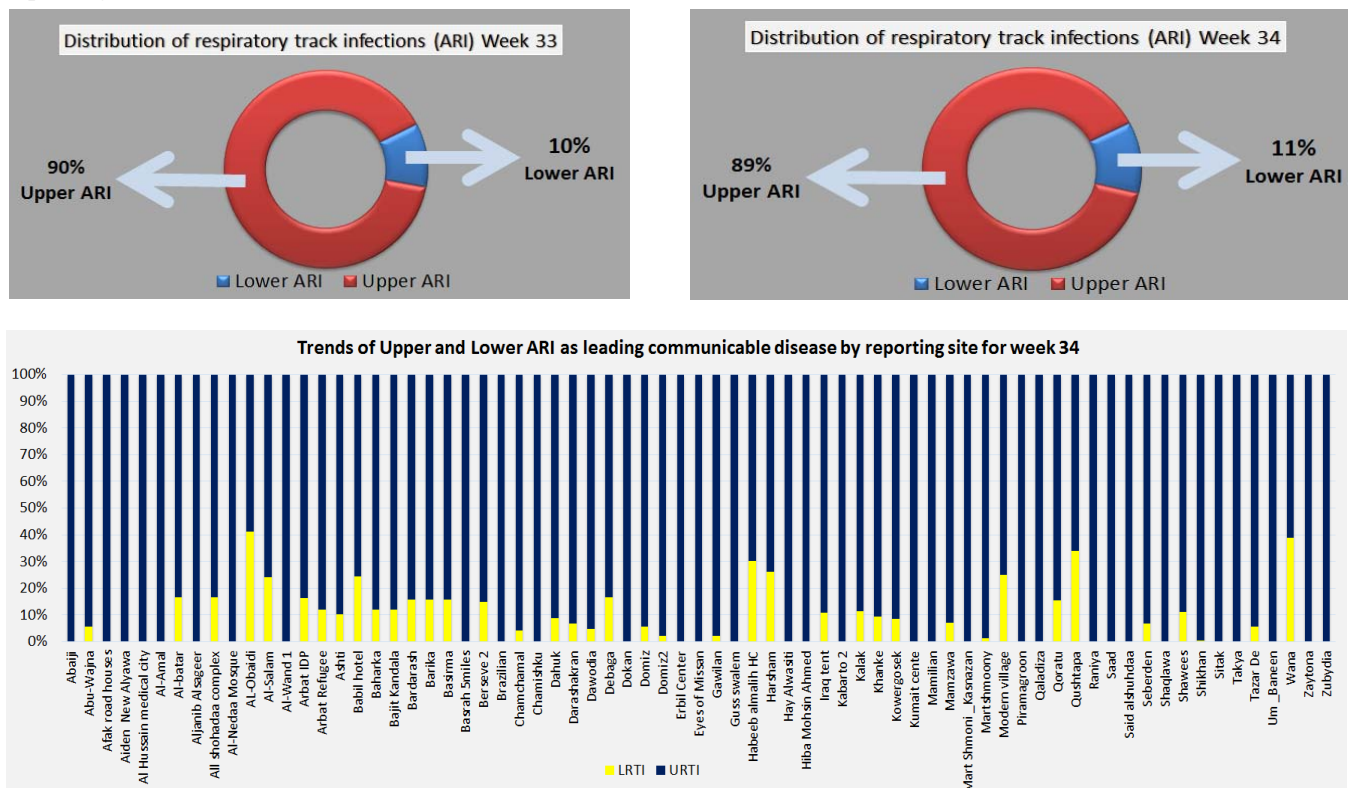


Figure VII: Trend of Upper and Lower ARI per reporting site for week 34

Trends of Water borne Diseases in IDP camps

The below graph shows the trends of waterborne diseases (Acute Diarrhea, Bloody Diarrhea and Acute Jaundice Syndrome) reported from IDP camps and which indicate a steady decrease in waterborne diseases from 14% in week 26 to 6% in week 34. (See below graph)

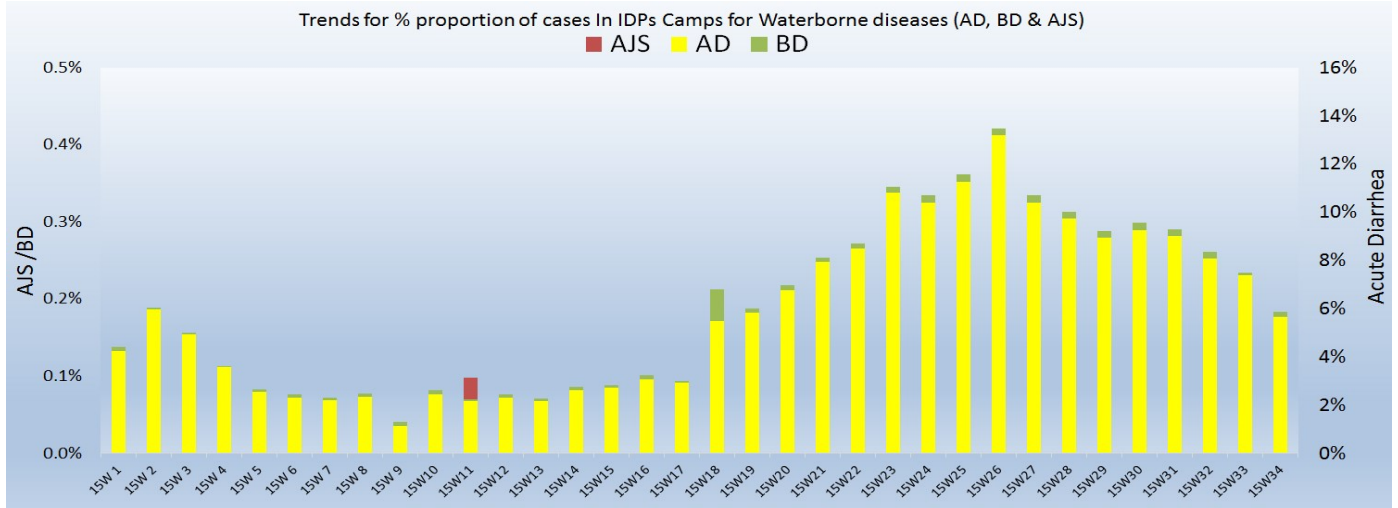


Figure VIII: Trend of Waterborne diseases from IDP camps, week 1 to 34—2015

Trends of Water borne diseases in Refugee camps

The below graph shows the trends of proportion of waterborne diseases (Acute Diarrhea, Bloody Diarrhea and Acute Jaundice Syndrome) from refugee camps indicating a decrease in the trend since week 30. Furthermore, no clustering has been reported for acute jaundice syndrome cases reported during this period.

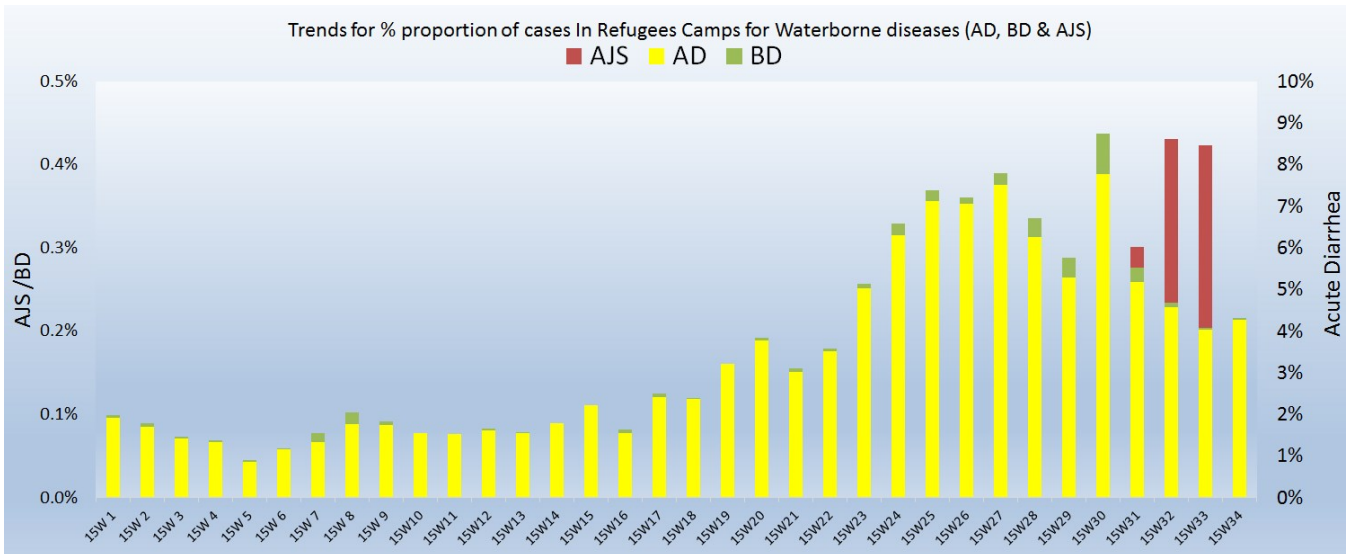


Figure IX: Trend of waterborne diseases from Refugee camps, week 1 to 34—2015

Fourteen (14) alerts were generated through EWARN following the case definition thresholds, of which twelve (12) were from IDP camps and two (2) from refugee camps during this reporting week. Eleven (11) of these alerts were investigated within 24-48 hours of which ten (10) were verified as true for further investigation and appropriate response by the respective Governorates Departments of Health, WHO and the relevant health cluster partners. Blood and stool samples were collected from ten of these true alerts. Public health interventions were conducted effectively for all these ten (10) true alerts. The trends of epidemic prone diseases for each reporting site is being monitored through a detailed monitoring matrix maintained at WHO EWARN department. (Details: see below table).

Sn	Alert	Location	IDP/Refugee Camp	# of cases	Run by	Investigation and Response within	Sample Taken Yes/No	Alerts Outcome True/False	Public Health Interventions Conducted
						48-72% DOH/WHO/NGO			
1	Acute Flaccid Paralysis (AFP)	Domiz2	Refugees	1	IMC	Yes	Yes	TRUE	Yes
2	Acute Watery Diarrhea- (Suspected Cholera)	Previous military place	IDPs	1	DOH	Yes	Yes	FALSE	No
3	Suspected Leishmaniasis	Al-Wand 1	IDPs	4	DOH	Yes	No	TRUE	Yes
4		Chamishku	IDPs	1	MDM	Yes	No	TRUE	Yes
5		Domiz	Refugees	2	MSF	Yes	No	TRUE	Yes
6		Khanke	IDPs	1	ICRC	Yes	No	TRUE	Yes
7	Suspected Measles	Diwaniya2	IDPs	2	DOH	Yes	Yes	TRUE	Yes
8	Acute Diarrhea	Alabegi	IDPs	10	DOH	Yes	No	FALSE	No
9		Bajit Kandala	IDPs	50	PU-AMI	Yes	Yes	TRUE	Yes
10		Debaga	IDPs	11	MC-TCCF Malteser	No	No	TRUE	Yes
11		Ekram Zobaa	IDPs	30	DOH	No	Yes	FALSE	No
12		Mart Shmoni_Kasnazan	IDPs	11	Church	No	Yes	FALSE	No
13		Sharya	IDPs	151	ICRC	Yes	Yes	TRUE	Yes
14	Bloody Diarrhea	Piramagroon	IDPs	23	WVI	Yes	Yes	TRUE	Yes

Online EWARN Dashboard*

Surveillance of infectious diseases during emergencies is recognized as the cornerstone of public health decision-making and practice. Surveillance data are crucial for monitoring the health status of the population, detecting diseases and triggering action to prevent further illness, and to contain public health problems. Therefore, WHO-Iraq in coordination with Ministry of Health is in process of developing a real-time online interactive interface for EWARNs showing the trends of the most leading communicable diseases monitored by location along with bi-monthly EWARN snapshot. (Details; click on the link)

[Link for EWARN Dashboard: www.akjdhjeknidhiwejdkwe.com](http://www.akjdhjeknidhiwejdkwe.com)

[Link for EWARN Bi-monthly snapshot: www.djanakhdiwe.com](http://www.djanakhdiwe.com)

Trends of Alerts

The below graph shows the number of alerts generated through EWARN system on weekly basis. All alerts are investigated and responded in a timely and coordinated manner through Ministry of Health, World Health Organization (WHO) and various health cluster partners.

NO outbreak has been declared since March, 2015. Last outbreak declared was of Measles from IDP Arbat Camp located in Sulamaniyah in February, 2015

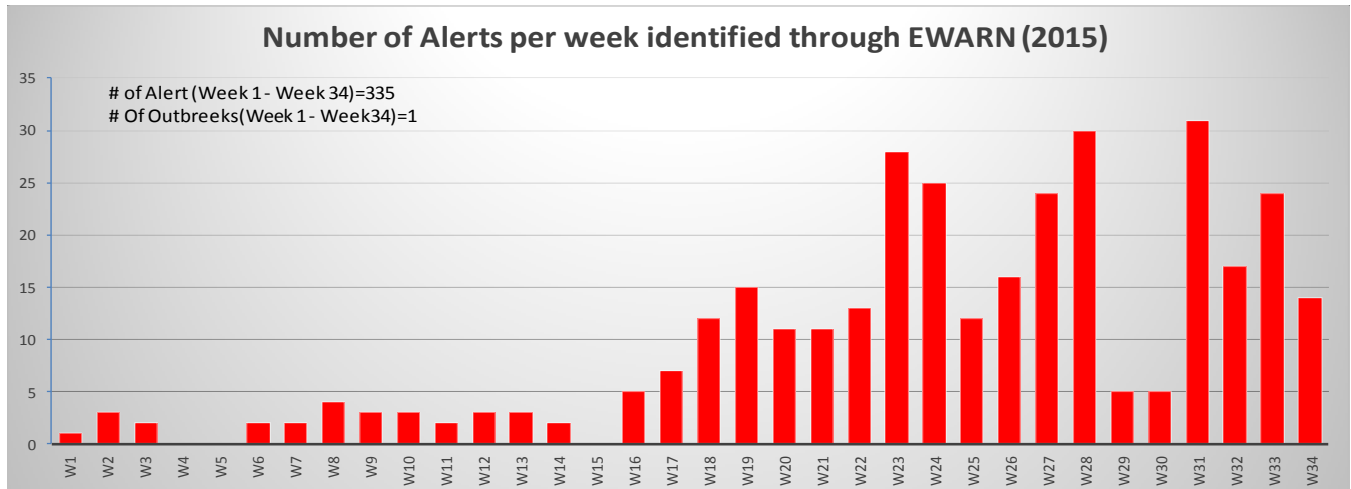


Figure X: Alerts generated through EWARN surveillance (week 1 to 34—2015)

Comments & Recommendations

- Cholera Task Force has continued their activities at Duhok, Erbil and Sulamaniyah governorates.
- As per the previous history of cholera outbreak in Iraq, WASH and health cluster has started working together for the implementation of the Cholera Contingency Plan.
- EWARN teams continued monitoring and evaluating missions of various health cluster partners across Kurdistan to strengthen the reporting mechanism.

For comments or questions, please contact

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