World Health Organization

EWARN: EARLY WARNING AND RESPONSE NETWORK

Iraq: EWARN & Disease Surveillance Bulletin

2015 Epidemiological Week: 47 **Reporting Period: 16—22 November, 2015**

Highlights

- **Number of reporting sites:** Seventy-two (72) reporting sites including thirty-seven (37) in Internally Displaced People's (IDP) camps, seven (7) in refugee camps and twenty-eight (28) mobile clinics submitted their weekly reports timely and completely.
- **Total number of consultations:** 30,275 (male=14,378 and female=15,897) marking an increase of 4,438 (15%) since last week .
- **Leading causes of morbidity in the camps:** Acute Respiratory Tract Infections (ARI) (n=12,747), Acute Diarrhea (AD) (n=1577) and Skin Diseases (n=919) remained the leading causes of morbidity in all camps during this reporting week.
- **Number of alerts:** Six (6) alerts were generated through EWARN following the case definitions and defined thresholds, all of which were from IDP camps during this reporting week. All these alerts were investigated within 48 hours, of which only two 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 Alerts and Outbreaks Section).

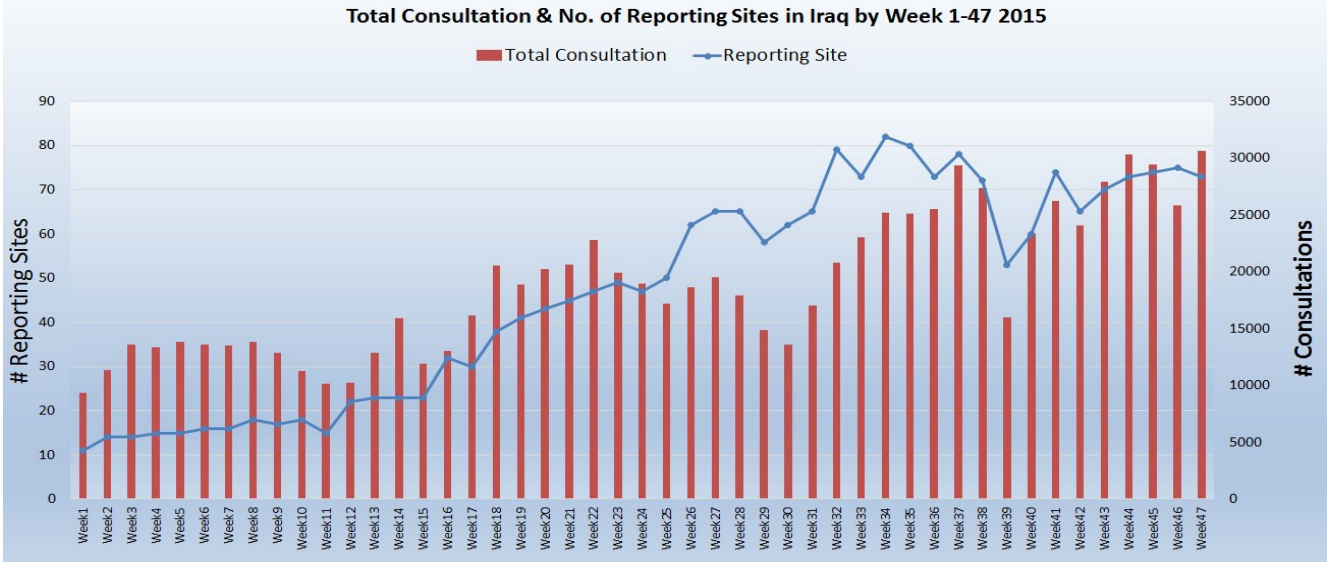
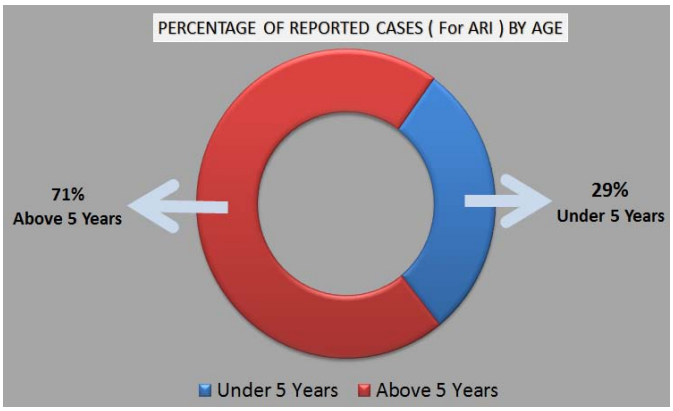
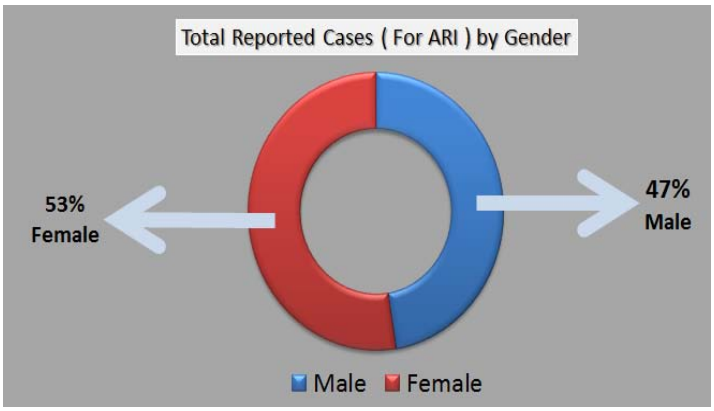


Figure I: Total consultations and proportion of reporting health facilities b/w week 1-47 2015

Consultations in the camps by age and gender (week 47)





Morbidity Patterns

IDP camps:

During week 47, proportions of Acute Diarrhea in IDP camps have decreased since week 39 (14%) and reached 5% in week 47. The proportion of skin infestations including scabies has shown a steady trend since week 23 (6%) due to the health and hygiene sessions in camps by the health cluster partners and Departments of Health. Proportions of Acute Respiratory Tract Infections (ARI) are showing a gradual steady increase from 35% in week 44 to 39% in week 47. (See graph below).

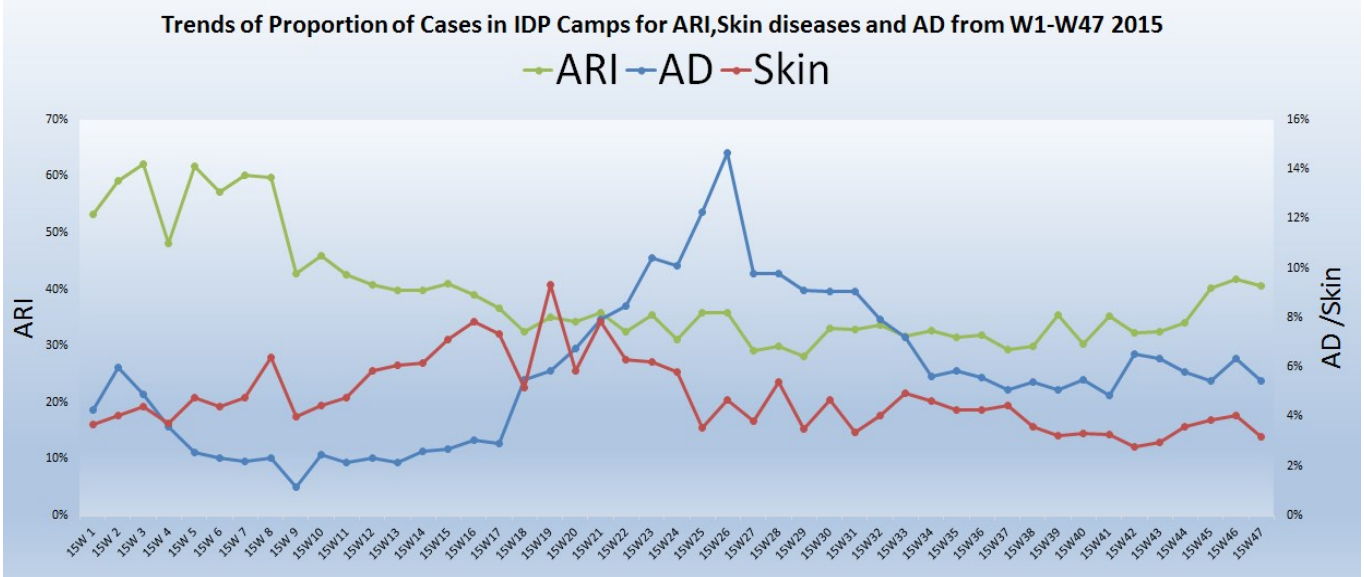


Figure II: Trend of proportion of cases of ARI, Scabies and AD in IDP camps (week 1 –47)

Refugee camps:

During week 47, proportions of Acute Diarrhea trend in refugee camps has showed a slight decrease trend since last week, (week 46=4% and week 47=3%). Proportion of Acute Respiratory Tract Infections (ARI) indicates a slow increase as the winters are approaching. Proportion of skin infestations including scabies have decreased from last week. Winters are approaching and there is a need for extensive health promotion activities to be conducted in all camps. (See graph below).

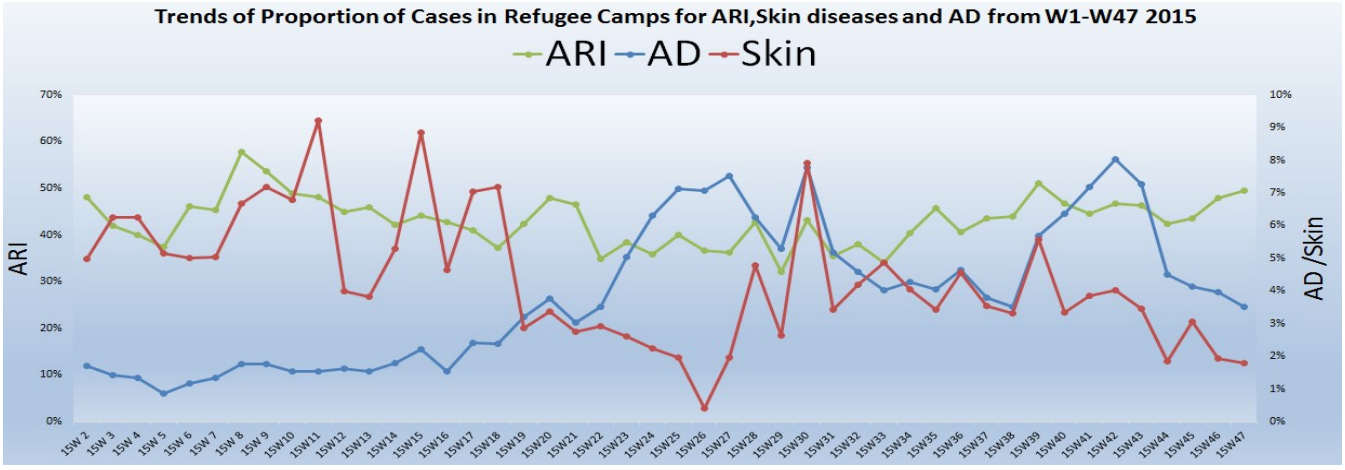


Figure III: Trend of proportion of cases of ARI, Scabies and AD in IDP camps (week 1 –47)

Trends of Diseases by Proportion and location for IDP Camps

The graph below indicates the proportion of cases of Acute Respiratory Tract Infections, Acute Diarrhea, and Skin Infestations, including scabies, which comprises the highest leading causes of morbidity in IDP camps for week 47, 2015.

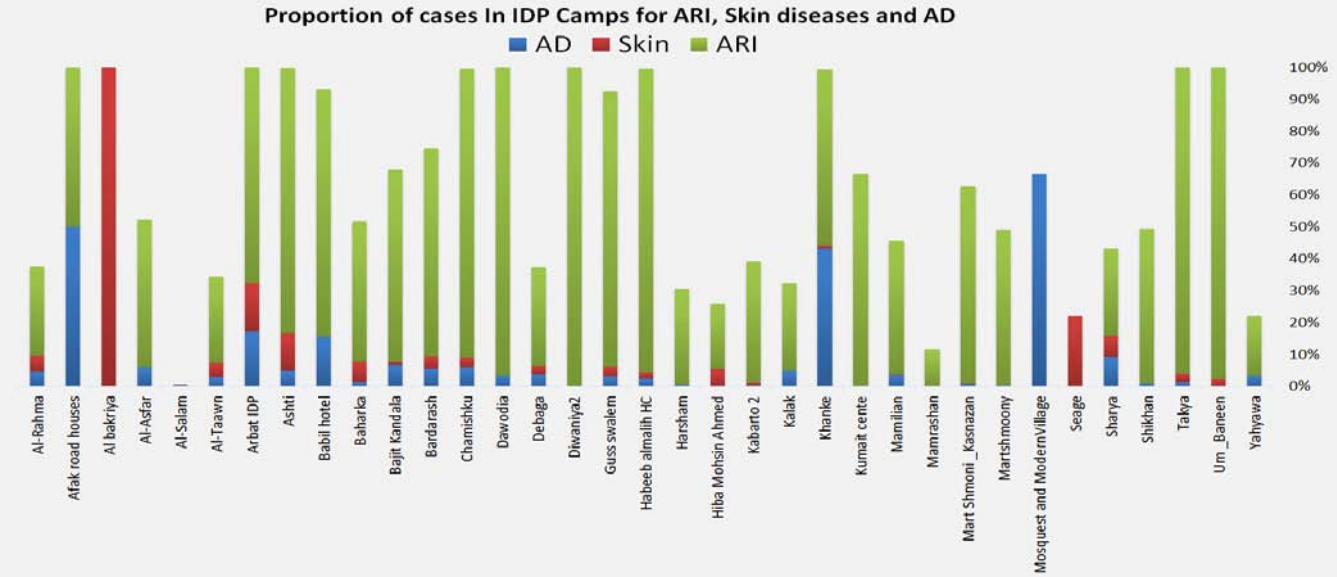


Figure IV: Proportion of cases of ARI, Scabies and AD in IDP camps for week 47

Trends of Diseases by Proportion and location for Refugee Camps

The graph below indicates the proportion of Acute Respiratory Tract Infections cases, Acute Diarrhea, and Skin Infestations, including scabies, which comprises the highest leading causes of morbidity in Refugee camps for week 47, 2015.

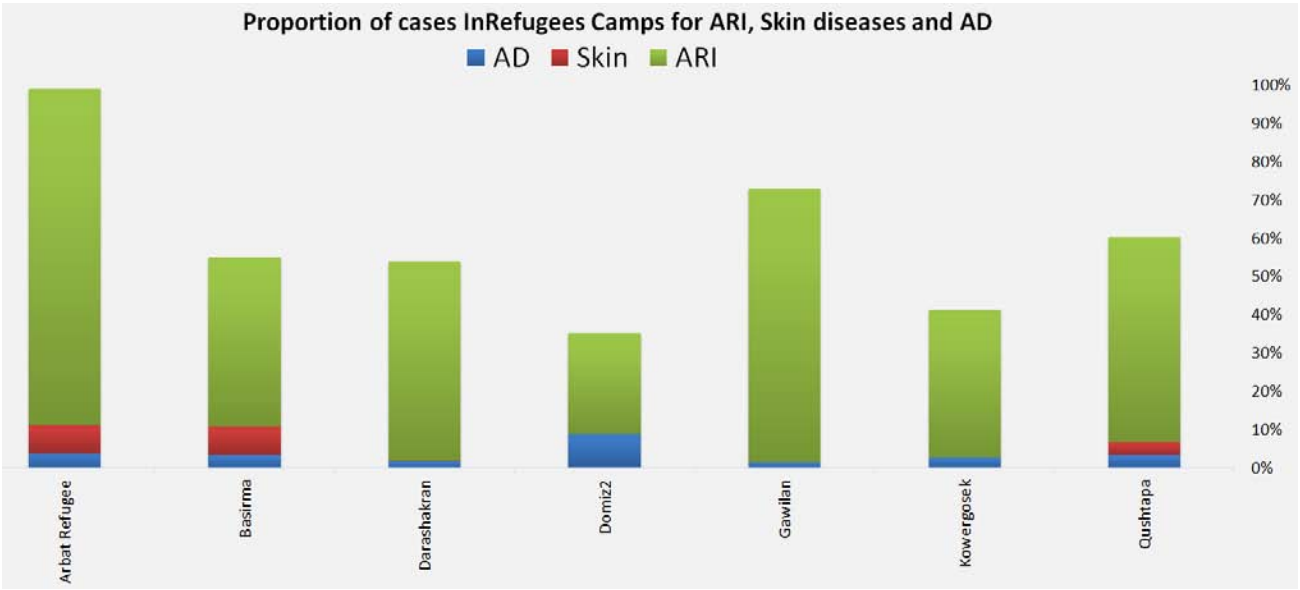


Figure V: Trend of proportions of cases of ARI, Scabies and AD in Refugee camps for week 47

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

The graph below indicates the proportion of Acute Respiratory Tract Infections cases, Acute Diarrhea, and Skin Infestations, including scabies, which comprises the highest leading causes of morbidity in off camp IDPs covered by mobile clinics for week 47, 2015.

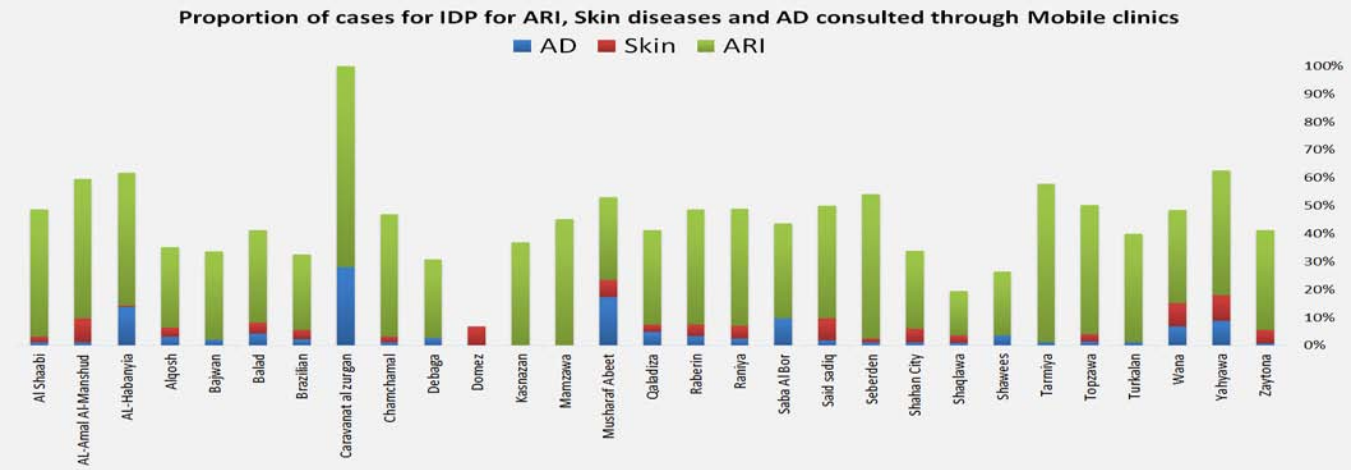
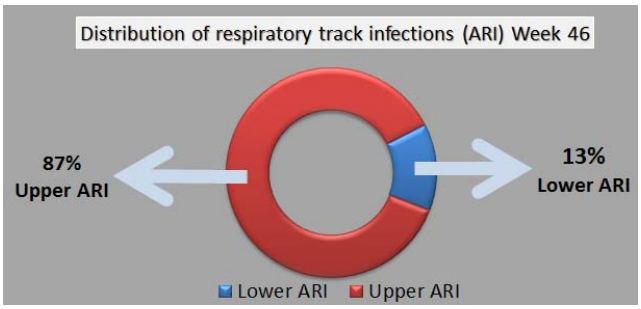
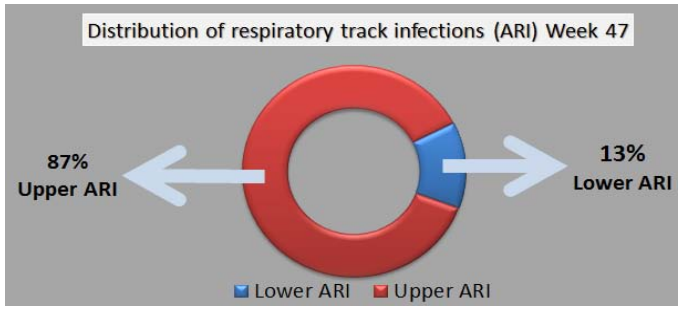


Figure VI: Trend of proportions of IDP cases for ARI, Scabies and AD covered by Mobile Clinics for week 47

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. Compared to week 46, the proportion of upper ARI in week 47 has remained the same (Upper ARI=87% & Lower ARI=13%). Furthermore, the graph below indicates the proportion of lower and upper ARI cases per each reporting site for week 47.





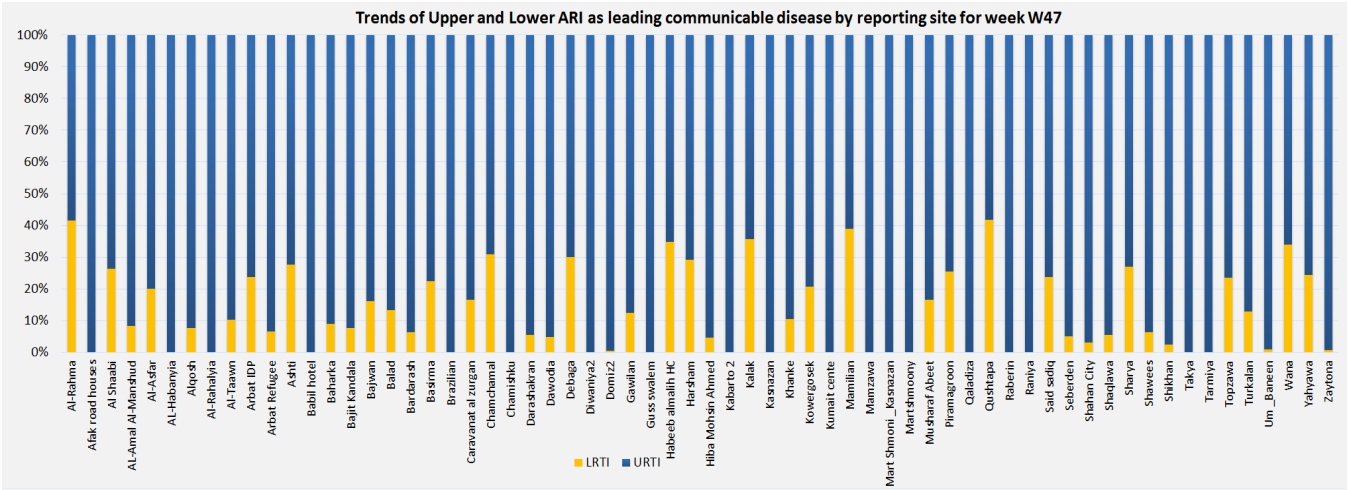


Figure VII: Trend of Upper and Lower ARI per reporting site for week 47

Trends of Waterborne Diseases in IDP camps

The graph below shows the trends of waterborne diseases (Acute Diarrhea, Bloody Diarrhea and Acute Jaundice Syndrome) reported from IDP camps and which indicated a significant decrease in waterborne diseases from 14% in week 26 to 5.7% in week 47. (See graph below)

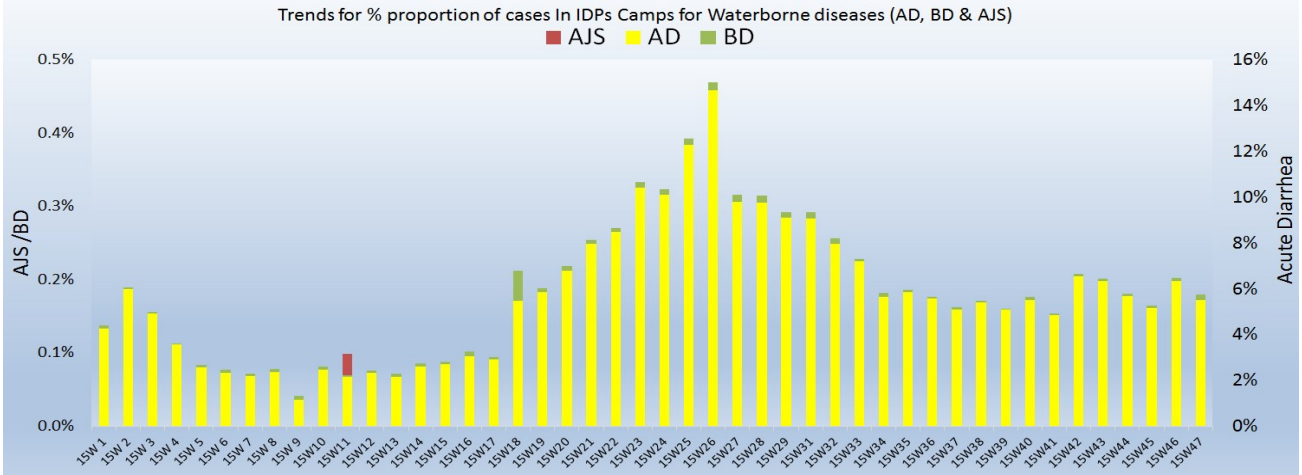


Figure VIII: Trend of Waterborne diseases from IDP camps, week 1 to 47—2015

Trends of Waterborne diseases in Refugee camps

The graph below shows the trends of proportion of waterborne diseases (Acute Diarrhea, Bloody Diarrhea and Acute Jaundice Syndrome) from refugee camps indicating a decrease of the trend since week 42. Furthermore, no clustering has been reported for acute jaundice syndrome cases reported during the period.

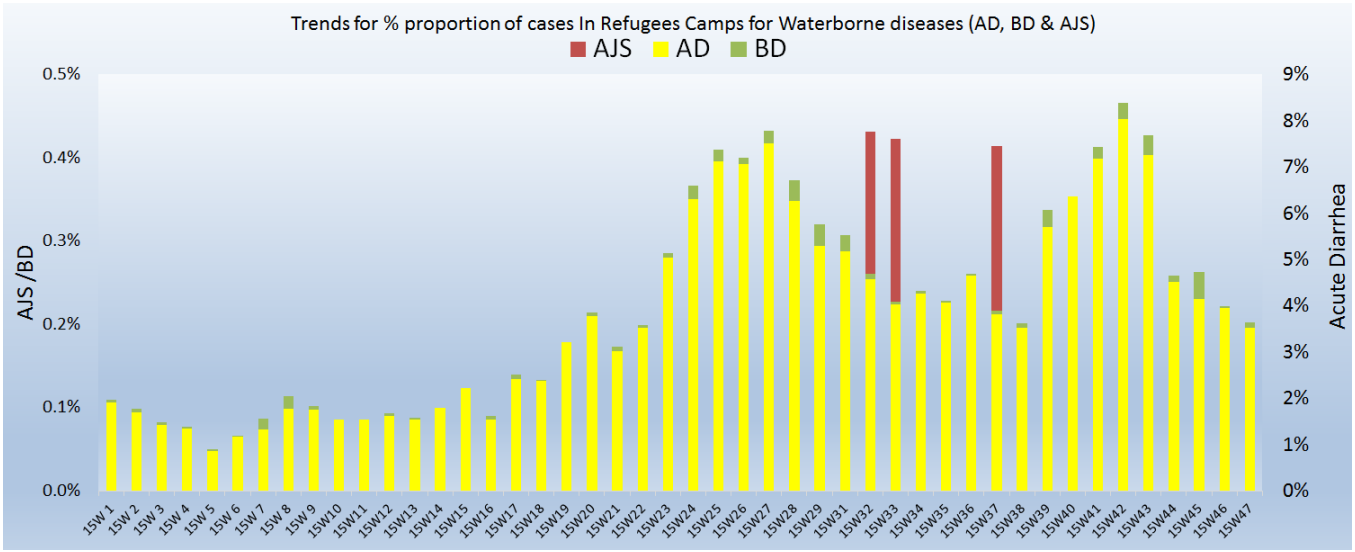


Figure IX: Trend of waterborne diseases from Refugee camps, week 1 to 47—2015

Alerts & Outbreaks

Six alerts were reported through EWARN following the case definitions and defined thresholds. All of them were from IDP camps during this reporting week. All these six alerts were investigated within 48 hours, of which only two 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 all of these suspected cases as required according to the suspected disease. Public health interventions were conducted effectively for the two 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 table below).

Sn	Alert	Location	Governorate	District	IDP/Refuge e Camp	# of cases	Run by	Investigation and Response within 48-72 DOH/WHO/ NGO	Sample Taken Yes/No	Alerts Outcome True/False	Public Health Interventions Conducted
1	Suspected Measles	Ashti	Sulaymaniyah	Sulaymaniyah	IDPs	1	EMERGENCY	Yes	Yes	FALSE	Yes
2	Acute Watery Diarrhea- (Suspected Cholera)	Balad	Salah al-Din	Albu Farraj	IDPs	3	MC-IOM	Yes	No	FALSE	Yes
3		Yahyawa	Kirkuk	Kirkuk	IDPs	16	MC-IOM	Yes	Yes	FALSE	Yes
4		AL-Habanyia	Anbar	Anbar	IDPs	57	MC-RI	Yes	No	FALSE	Yes
5		Saba Al Bor	Baghdad	Taji	IDPs	11	MC-RI	Yes	Yes	TRUE	Yes
6	Suspected Leishmaniasis	AL-Habanyia	Anbar	Anbar	IDPs	45	MC-RI	Yes	No	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, in coordination with Ministry of Health, WHO-Iraq is in the 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: http://who-iraq-ewarn.github.io/

* draft—Work in progress

Trends of Alerts

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

Measles outbreak was declared in Arbat camp in Sulaymaniyah in March 2015, which was responded and controlled. In addition, cholera outbreak has been declared on September 15, 2015, the index case was reported from Diwaniya Governorate. Cholera Taskforce has been established and responded to this outbreak through Cholera Command and Control Centre (C4) under the leadership of MoH. Iraq has been experiencing cholera outbreaks since September 7, 2015 and was declared on September 15, 2015, when cases to be reported in Diwaniya Region of Qadissiya Governorate and quickly spread to the West of Baghdad in the Abu Ghraib region. Samples were sent to the national central public health laboratory from these regions and six of the specimens tested positive for Vibro Cholera Inaba.

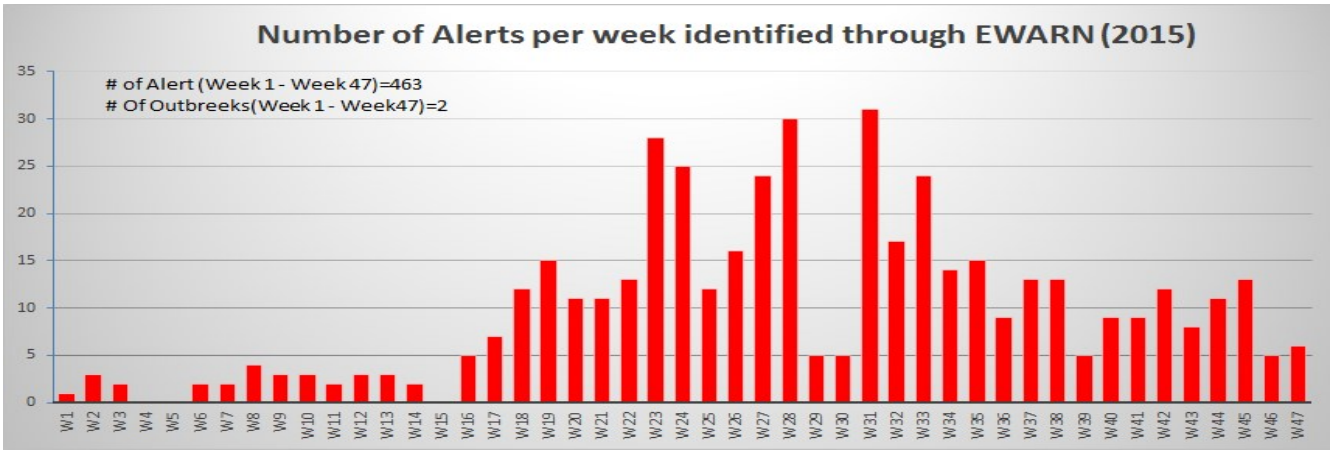


Figure X: Alerts generated through EWARN surveillance (week 1 to 47—2015)

Comments & Recommendations

The MoH is leading the response measures to contain the current cholera outbreak with the technical support of WHO (co-chair of the Task Force). There is close coordination between health and WASH clusters by sharing the information and conducting regular meetings. There is a weekly teleconference bridge to link with the WHO regional office in Cairo and Headquarter in Geneva every Thursday.

For comments or questions, please contact

- **Dr. Abdulla Kareem** | 07703973937 | drabdullakareem@yahoo.com

  Head of Surveillance Department, Federal MOH

- **Dr Saifadin Muhedin** | 07502303929 | saifadin.muhedin@yahoo.com

  Head of Surveillance Department in MOH-KRG

- **Dr Fawad Khan** | 07510101452 | khanmu@who.int

  EWARN Coordinator WHO Iraq

- **EWARN Unit WHO** emacoirqewarn@who.int