



Iraq: EWARN & Disease Surveillance Bulletin

2015 Epidemiological Week: 49

Reporting Period: 30 Nov—6 Dec, 2015

Highlights

- ◆ **Number of reporting sites:** Eighty-one (81) reporting sites including thirty-nine (39) in Internally Displaced People’s (IDP) camps, seven (7) in refugee camps and thirty-five (35) mobile clinics submitted their weekly reports timely and completely.
- ◆ **Total number of consultations:** 33,286 (Male=15,642 and Female=17,644) with an increase of 5284 (16%) compared to last week.
- ◆ **Leading causes of morbidity in the camps:** Acute Respiratory Tract Infections (ARI) (n=14,181), Acute Diarrhea (AD) (n=1737) and Skin Diseases (n=1177) remained the leading causes of morbidity in all camps during this reporting week.
- ◆ **Number of alerts:** Twelve (12) alerts were generated through EWARN following the defined thresholds, of which ten were from IDP camps, one from refugee camp and one from hospital during this reporting week. All these alerts were investigated within 48 hours of which eight 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).

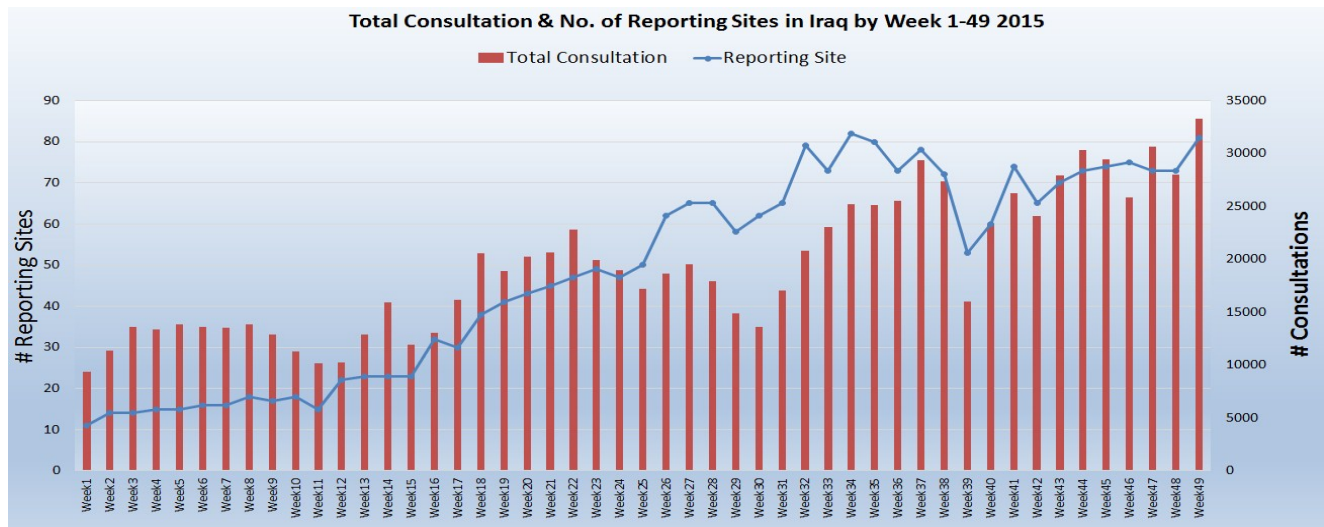
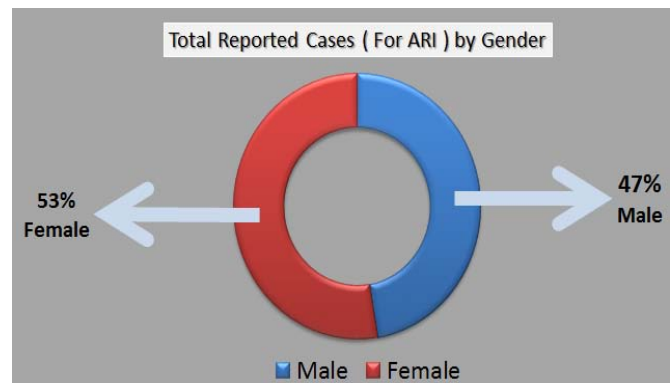
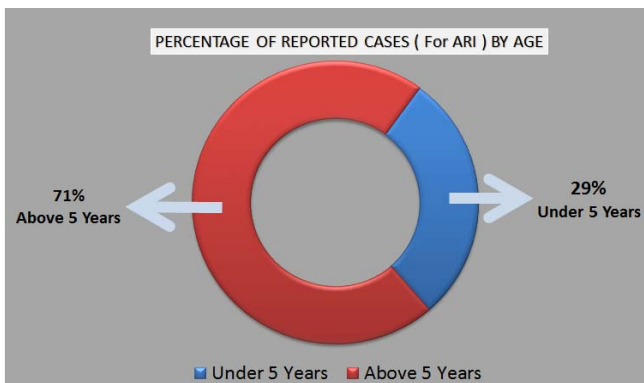


Figure I: Total consultations and proportion of reporting health facilities by week – Week 49 2015
Consultations in the camps by age and gender (week 49)



Morbidity Patterns

IDP camps:

During week 49, the proportions of Acute Respiratory Tract Infections (ARI) are showing a slightly increase from the previous week. During this winter and as from week 44 the trend of the reporting cases of ARI showed overall increase, which expected to increase during the coming weeks in particular during the weeks of January and February in 2016. The proportions of Acute Diarrhea in IDP camps almost decreased since the peak in week 26. Although there is a slight increase this week in compare to last week as per the increase in total reporting sites. The proportion of skin diseases including scabies has shown a continuous steady trend since week 23 (6 per cent). (See graph below).

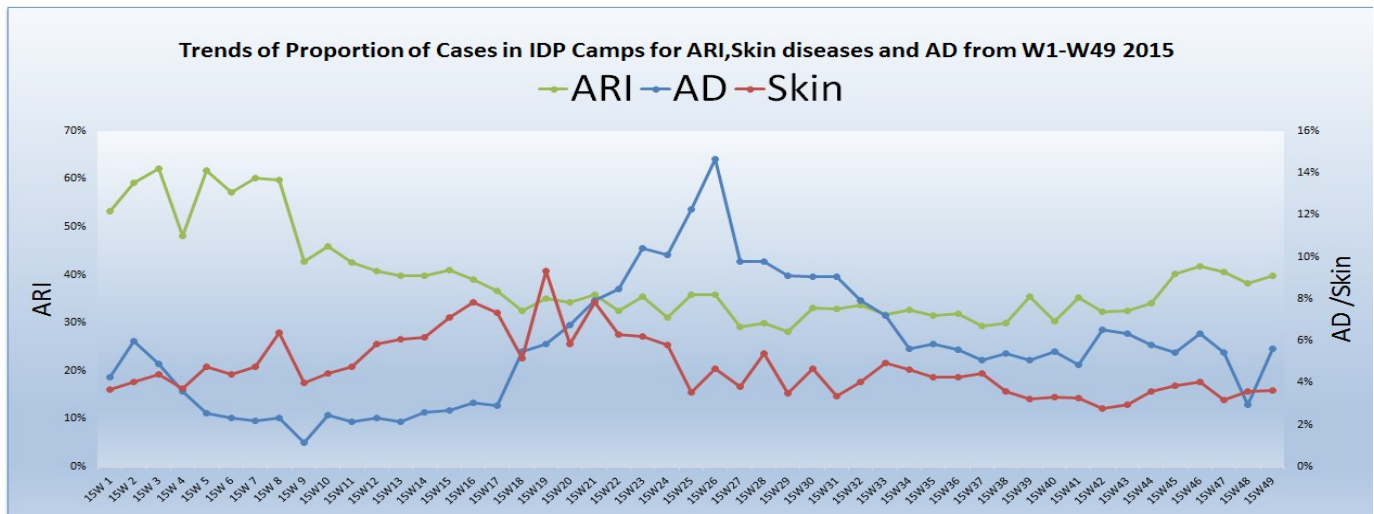


Figure II: Trend of proportion of cases of ARI, Scabies and AD in IDP camps (week 1 –49) 2015

Refugee camps:

During week 49, the proportion of Acute Respiratory Tract Infections (ARI) indicates a sharp increase from 51% last week to 61% as expected during winter season and also the increase of the reporting sites this week. The proportions of Acute Diarrhea trend in refugee camps shows a steady decrease trend since week 42, however a slight upward trend compared to last week due to increase in reporting sites (week 48=2% and week 49=3%). Proportion of skin infestations including scabies have also slowly increased from 2.7% to 2.81% as winters are approaching and there is a need for extensive health promotion activities to be conducted in all camps. (See graph below).

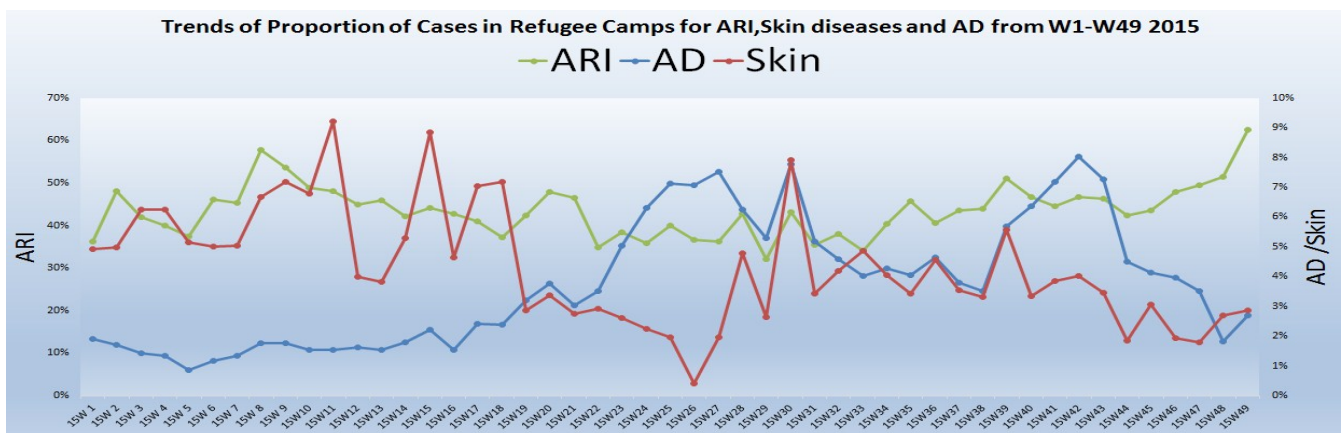


Figure III: Trend of proportion of cases of ARI, Scabies and AD in IDP camps (week 1 –49) 2015

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 49, 2015.

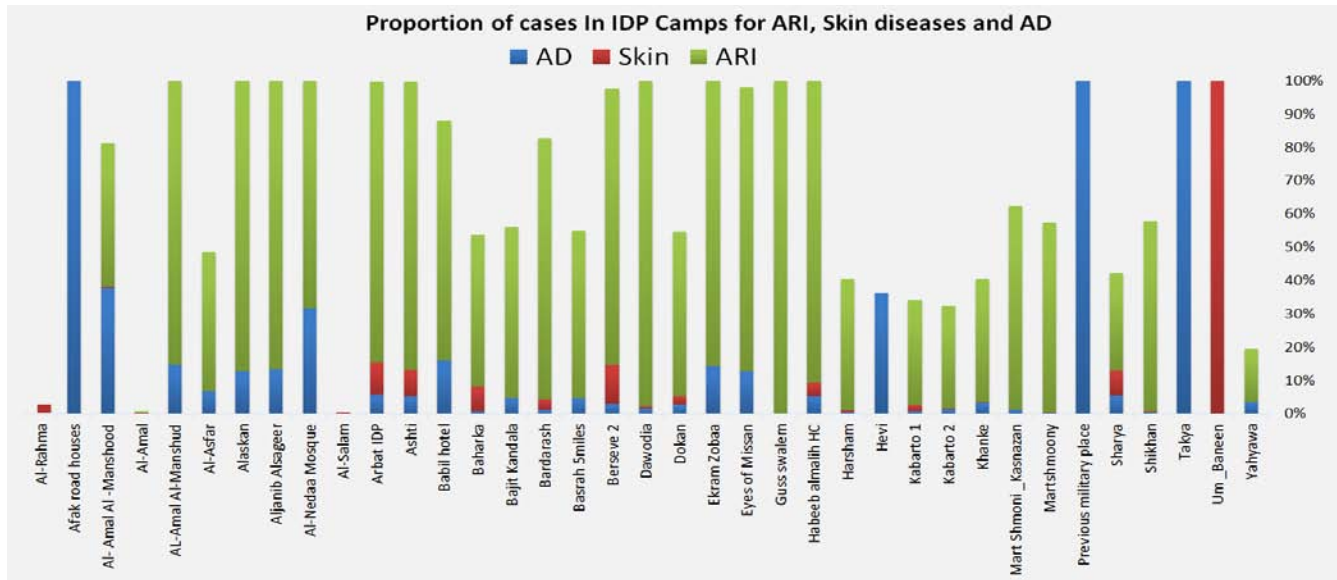


Figure IV: Proportion of cases of ARI, Scabies and AD in IDP camps for week 49 2015

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 49, 2015.

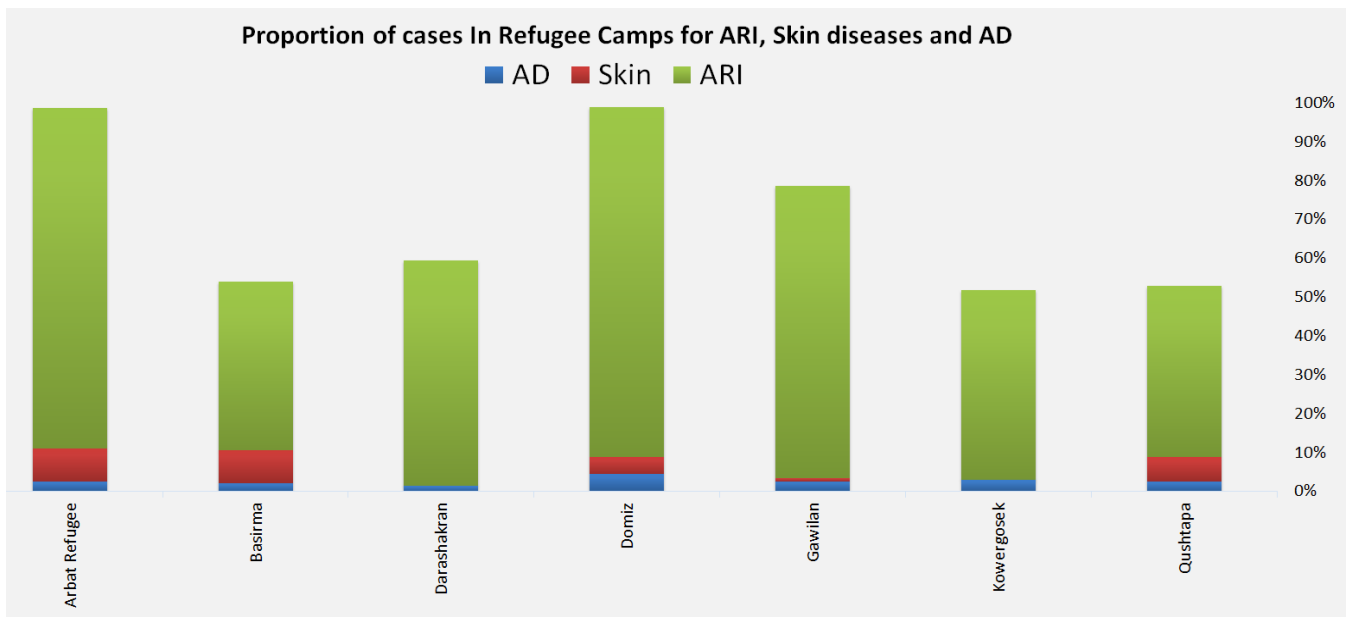


Figure V: Trend of proportions of cases of ARI, Scabies and AD in Refugee camps for week 49 2015

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 49, 2015.

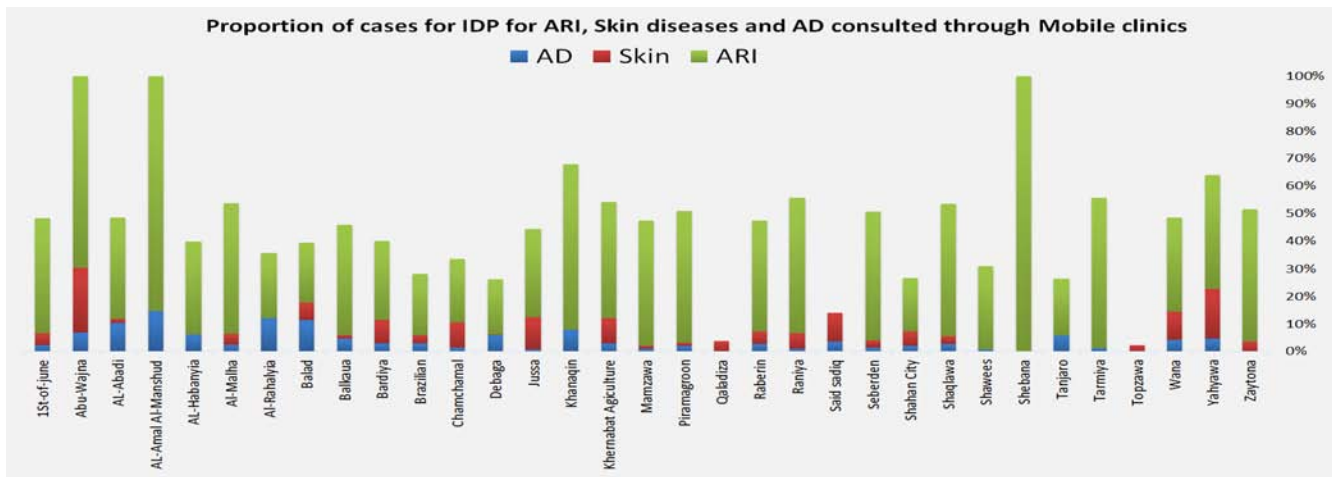


Figure VI: Trend of proportions of IDP cases for ARI, Scabies and AD covered by Mobile Clinics for week 49 - 2015

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. Compared to week 48, the proportion of upper ARI remained the same for Week 49, as well as the Lower ARI proportion. Furthermore, the graph below indicates the proportion of lower and upper ARI cases per each reporting site for week 48.

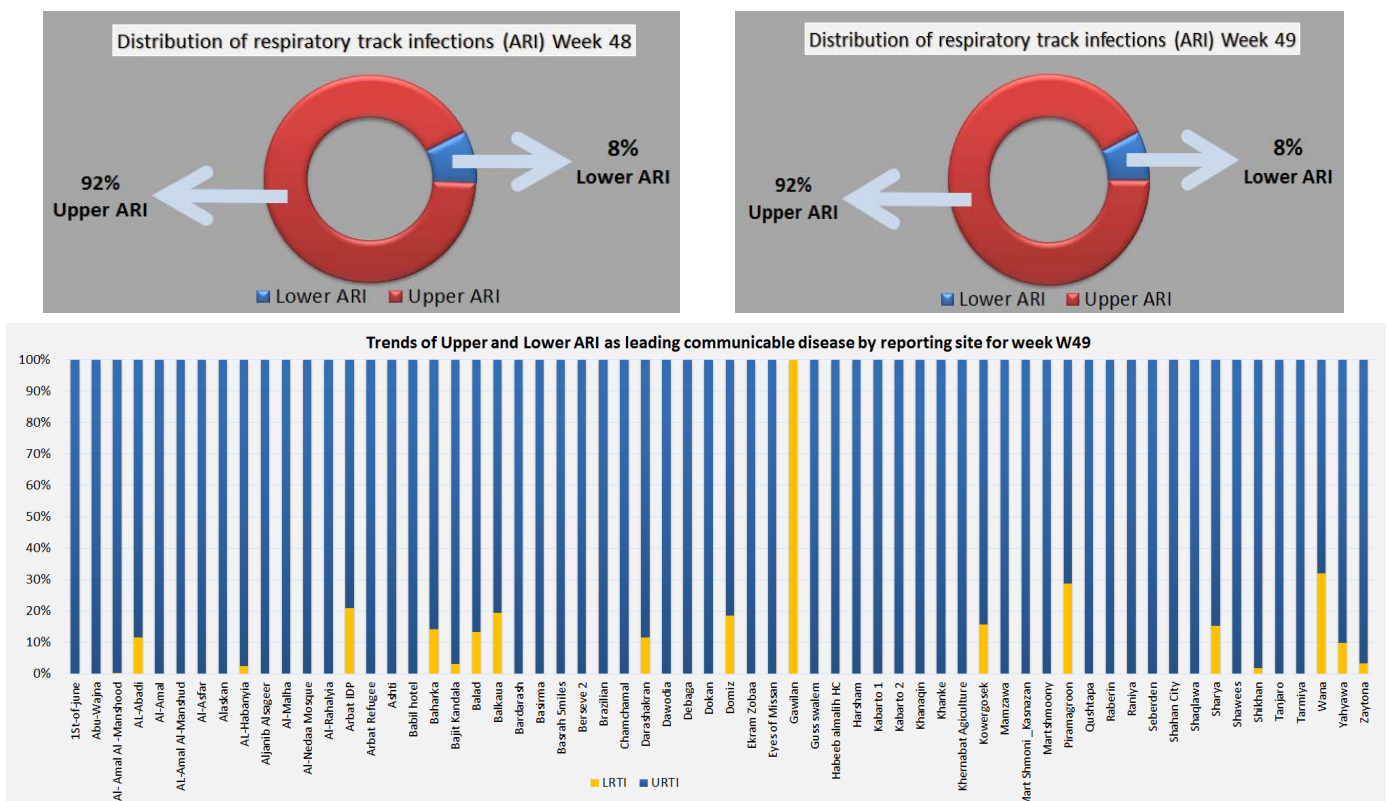


Figure VII: Trend of Upper and Lower ARI per reporting site for week 49 - 2015

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 indicates a decrease since week 26 in waterborne diseases. An increase was reported this week, from 3% in week 48 to 6% in week 49. (See graph below)

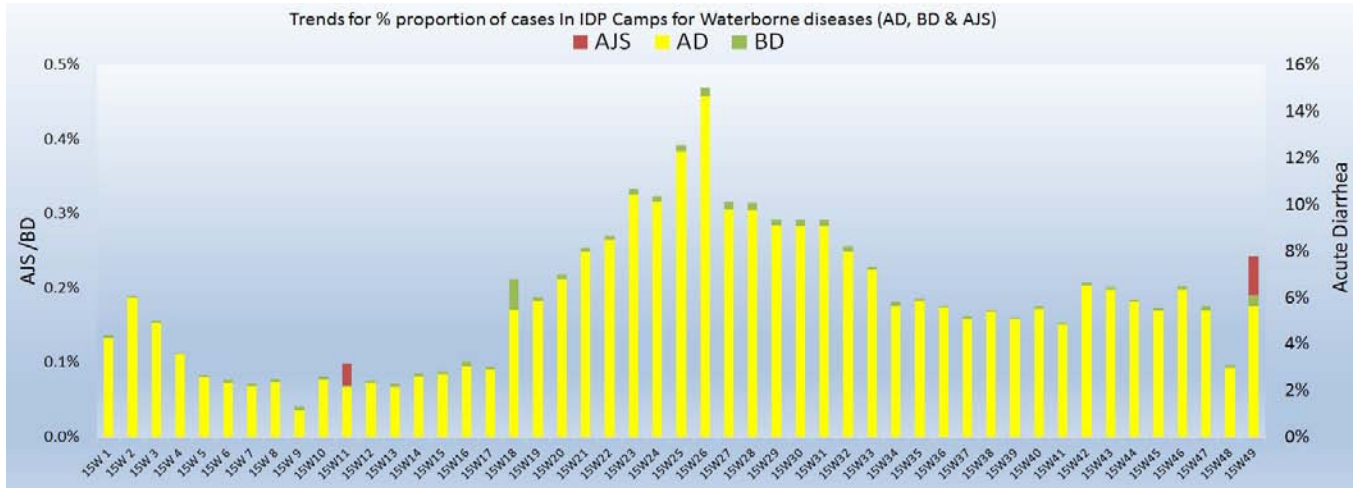


Figure VIII: Trend of Waterborne diseases from IDP camps, week 1 to 49—2015

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 and indicates a decrease of the trend since week 43. Furthermore, no clustering has been reported for acute jaundice syndrome cases during this period.

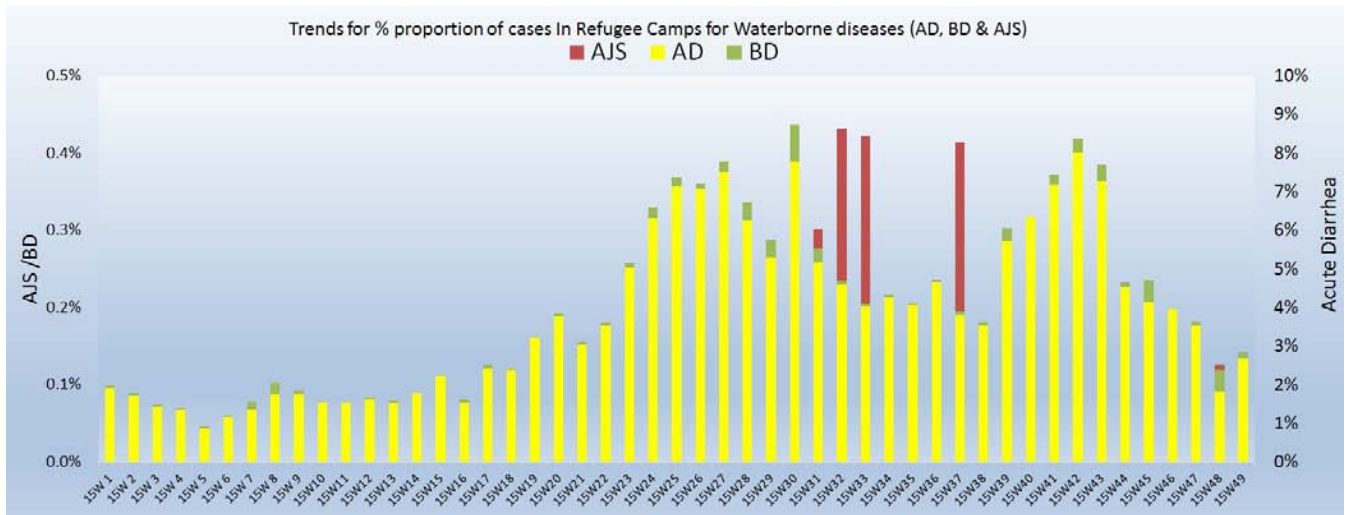


Figure IX: Trend of waterborne diseases from Refugee camps, week 1 to 49—2015

Alerts & Outbreaks

Twelve alerts were generated through EWARN following the case definition and defined thresholds, of which ten were from IDP camps, one from Refugee camps and one from hospital during this reporting week. All these alerts were investigated within 48 hours, of which eight were verified as true for further investigation and appropriate response by the respective Governorate Department of Health, WHO and the relevant health cluster partners. 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/Refugee Camp	# of cases	Run by	Investigation and Response within 48-72H DOH/WHO/NGO	Sample Taken Yes/No	Alerts Outcome True/False	Public Health Interventions Conducted
								Yes			
1	Suspected Measles	Arbat	Sulaymaniyah	arbat	Refugee	2	EMERGENCY	Yes	Yes	TRUE	Yes
2		Yahyawa	Kirkuk	Kirkuk	IDPs	10	MC-IOM	Yes	No	FALSE	No
3	Suspected Meningitis	Hevi	Dahuk	Dahuk	Hospital	1	DOH	Yes	Yes	TRUE	Yes
4		Kabarto 1	Dahuk	Sumel	IDPs	1	STEP-IN	Yes	Yes	TRUE	Yes
5	Suspected Leishmaniasis	Al-Taawun	Salah al-Din	Samarra	IDPs	1	UIMS	Yes	Yes	TRUE	Yes
6		Omar ebn alkhtab	Kirkuk	Daquq	IDPs	1	MC-MSF	Yes	Yes	TRUE	Yes
7		Sunkur	Salah al-Din	Tuz	IDPs	2	MC-MSF	Yes	Yes	TRUE	Yes
8		Qoratu/Banrasayi	Sulaymaniyah	Sulaymaniyah	IDPs	2	EMERGENCY	Yes	Yes	TRUE	Yes
9	Acute Watery Diarrhea- (Suspected Cholera)	Seage	Dahuk	Sumel	IDPs	1	IMC	Yes	No	FALSE	No
10		Yahyawa	Kirkuk	kirikuk	IDPs	5	MC-IOM	Yes	No	FALSE	No
11	Suspected Pertusis	Al- Amal Al -Manshood	Anbar	Ameriyat-Fullujah	IDPs	3	DOH	Yes	Yes	TRUE	Yes
12	Bloody Diarrhea	Balad	Salah al-Din	Tikrit	IDPs	55	MC-IOM	Yes	No	FALSE	No

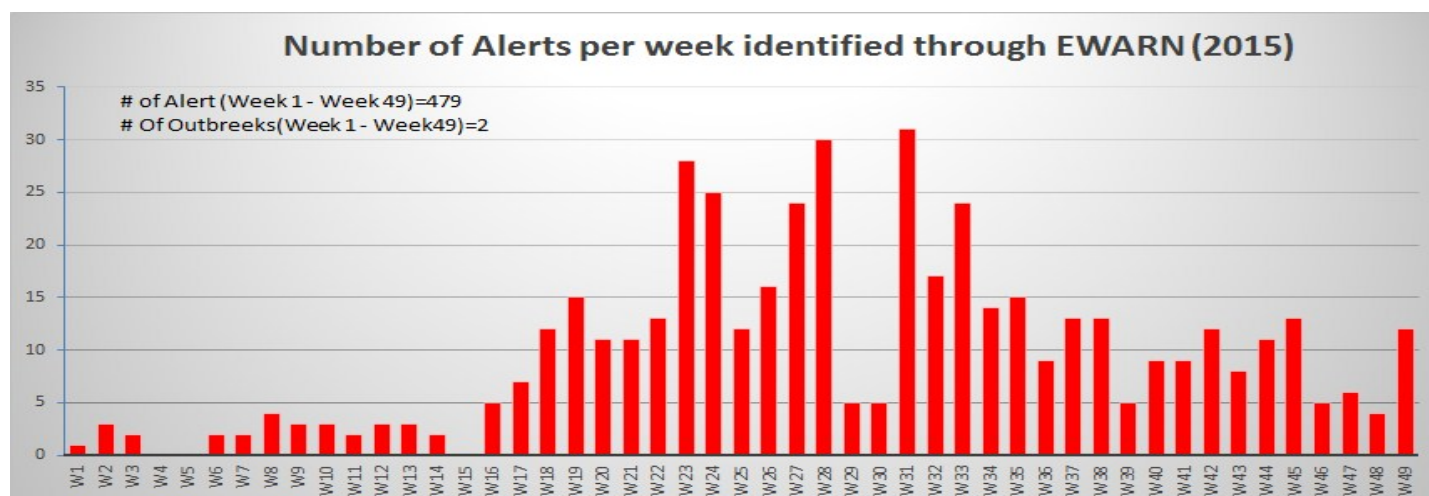


Figure X: Alerts generated through EWARN surveillance (week 1 to 49—2015)

For comments or questions, please contact

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