Iraq: EWARN & Disease Surveillance Bulletin

2015 Epidemiological Week: 41 **Reporting Period: 5 —11 Oct, 2015**

Highlights

- **Number of reporting sites:** Seventy one (71) reporting sites including (45) Internally Displaced People's (IDP) camps, seven (7) refugee camps and (19) mobile clinics submitted their weekly reports timely and completely.
- **Total number of consultations:** 23,070, (male=10,481 and female=12,589) marking an increase of 2,011 (7%) since last week.
- **Leading causes of morbidity in the camps:** Acute Respiratory Tract Infections (ARI) (n=8,288), Acute Diarrhea (AD) (n=1,126) and skin diseases (n=743) remained the leading causes of morbidity in all camps during this reporting week.
- **Number of alerts:** Nine (9) alerts were generated through EWARN following the case definition thresholds, from IDP camps during this reporting week. All of these alerts were investigated within 48 hours of which seven were verified as true for further investigation and appropriate response by the respective Governorates' Department of Health, WHO and the relevant health cluster partners. (Details: see Alert and Outbreak Section).

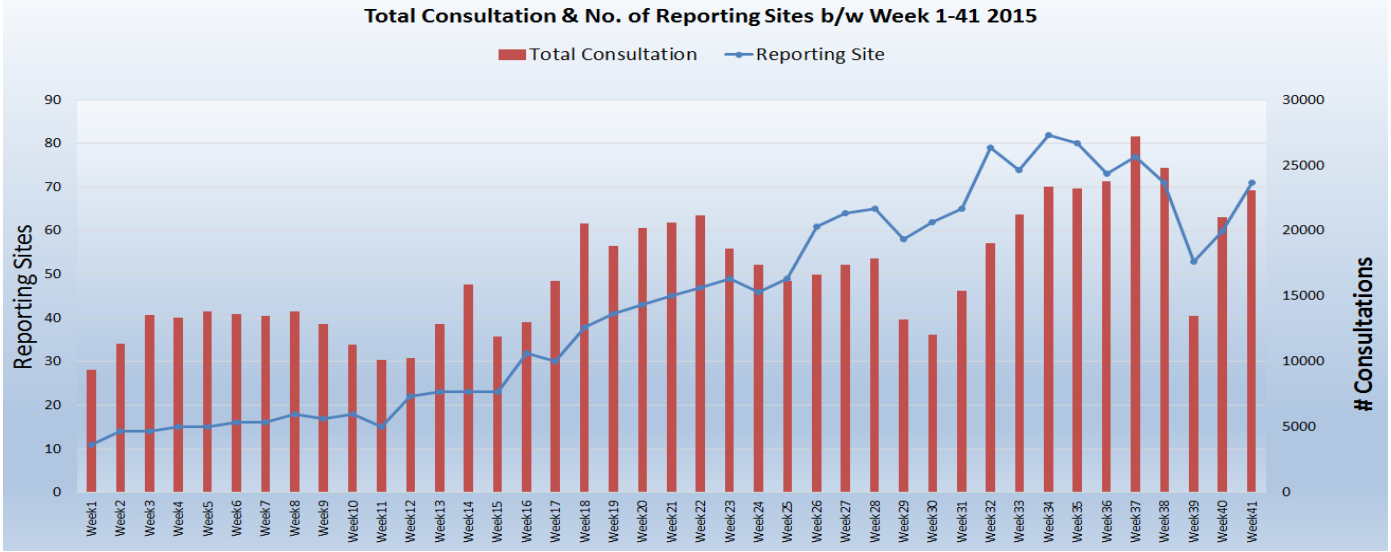
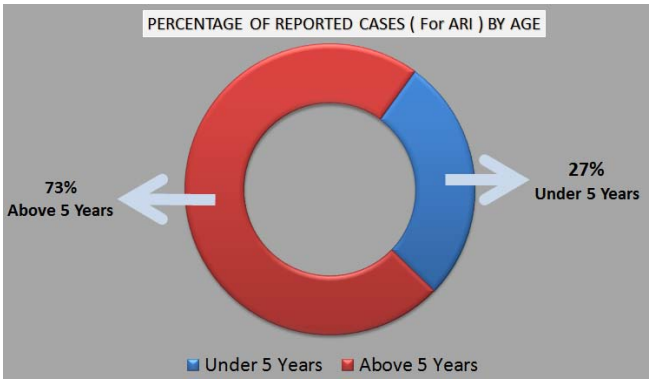
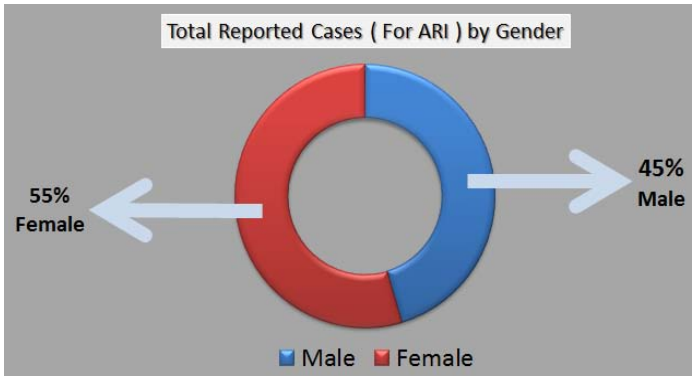


Figure I: Total consultations and proportion of reporting health facilities b/w week 1-41

Consultations in the camps by age and gender (week 41)





Morbidity Patterns

IDP camps:

During week 41, proportions of acute diarrhea in IDP camps has slightly decreased since last week (week 40=5% and week 41=4.5%). Since Cholera outbreak had been declared by Ministry of Health on 15th September, 2015, vigilant surveillance is ongoing in all the camps through Health and WASH cluster. The proportion of skin infestations including scabies has shown a steady trend since week 23 (6%) due to health and hygiene sessions in camps by health cluster partners and Departments of Health. Proportion of Acute Respiratory Tract Infections (ARI) is showing a gradual steady downward trend, staying between 30%

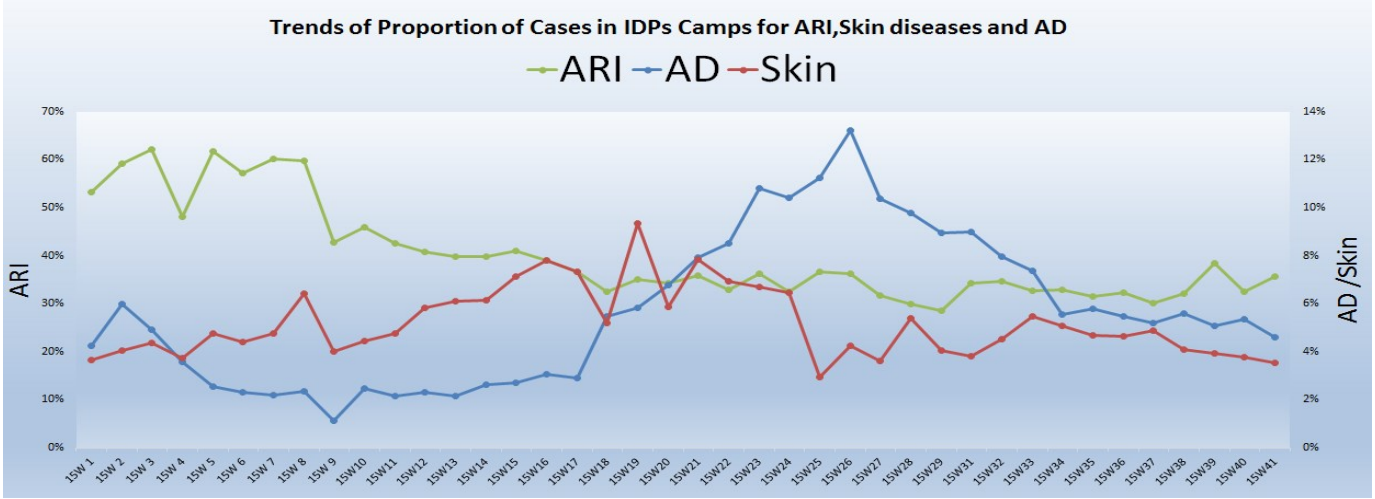


Figure II: Trend of proportion of cases of ARI, Scabies and AD in IDP camps (week 1 –41)

Refugee camps:

During week 41, proportions of AD trend in refugee camps are steady since last week, (week 40=6% and week 41=6.5%). Proportion of ARI indicates a slow drop-down trend since the beginning of the summer season, but is holding 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 2% in week 41 due to extensive health promotion activities conducted in all camps. (See below graph).

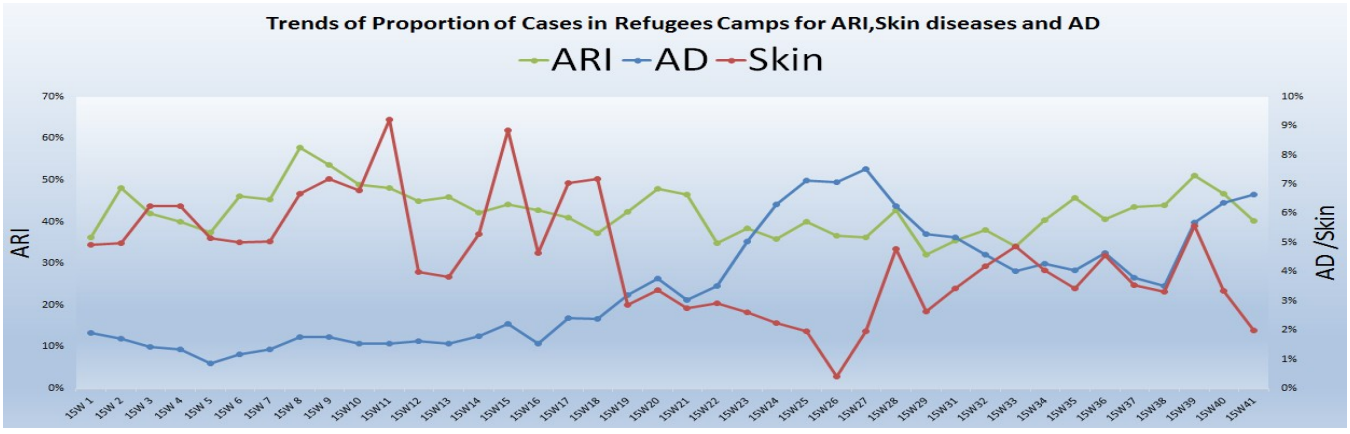


Figure III: Trend of proportion of cases of ARI, Scabies and AD in IDP camps (week 1 –41)

Trends of Diseases by Proportion and location for IDP Camps

The below graph indicates the proportion of cases of ARI, AD, and skin infestations including scabies, which comprises the highest leading cause of morbidity in IDP camps for week 41, 2015.

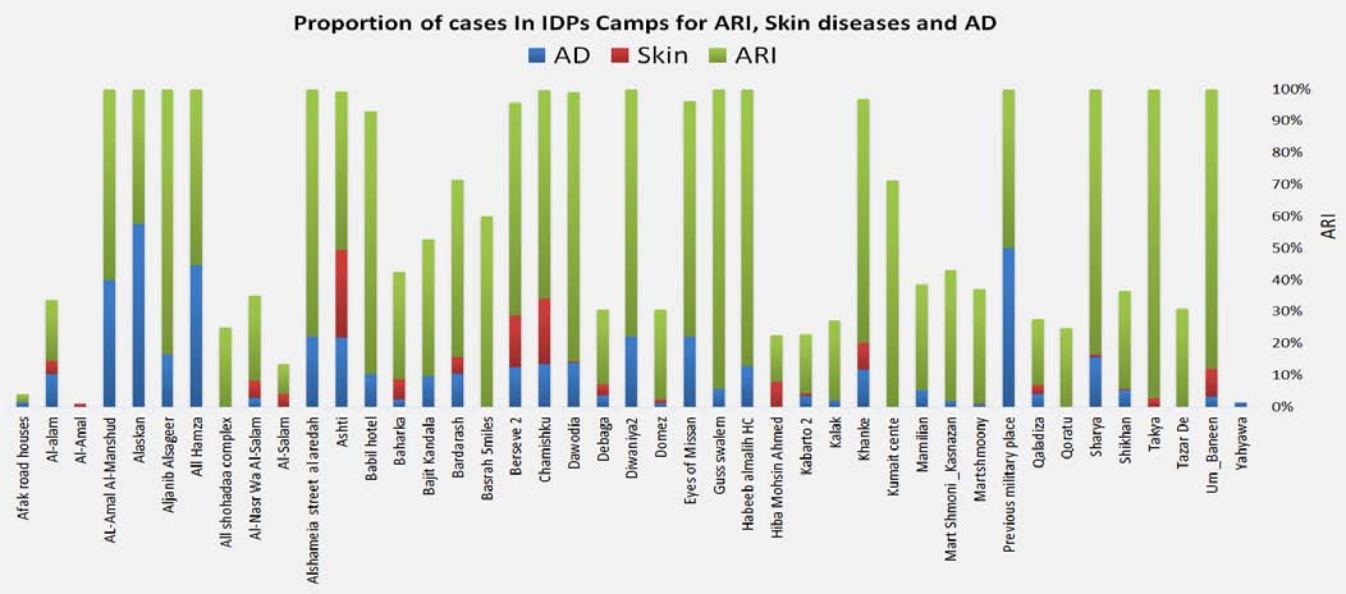


Figure IV: Proportion of cases of ARI, Scabies and AD in IDP camps for week 41

Trends of Diseases by Proportion and location for Refugee Camps

The below graph indicates the proportion of ARI cases, AD, and skin infestations including scabies, which comprises the highest leading cause of morbidity in Refugee camps for week 41, 2015.

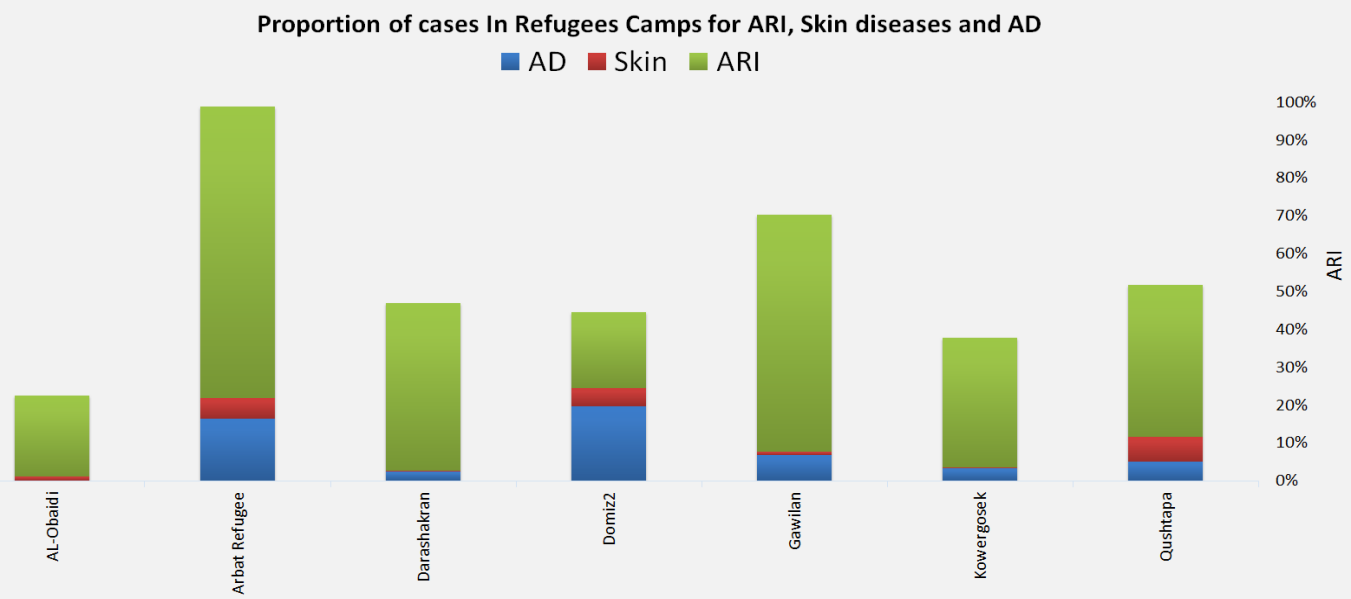


Figure V: Trend of proportions of cases of ARI, Scabies and AD in Refugee camps for week 41

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

The below graph indicates the proportion of ARI cases, AD, and skin infestations including scabies which comprises the highest leading cause of morbidity in off camp IDPs covered by mobile clinics for

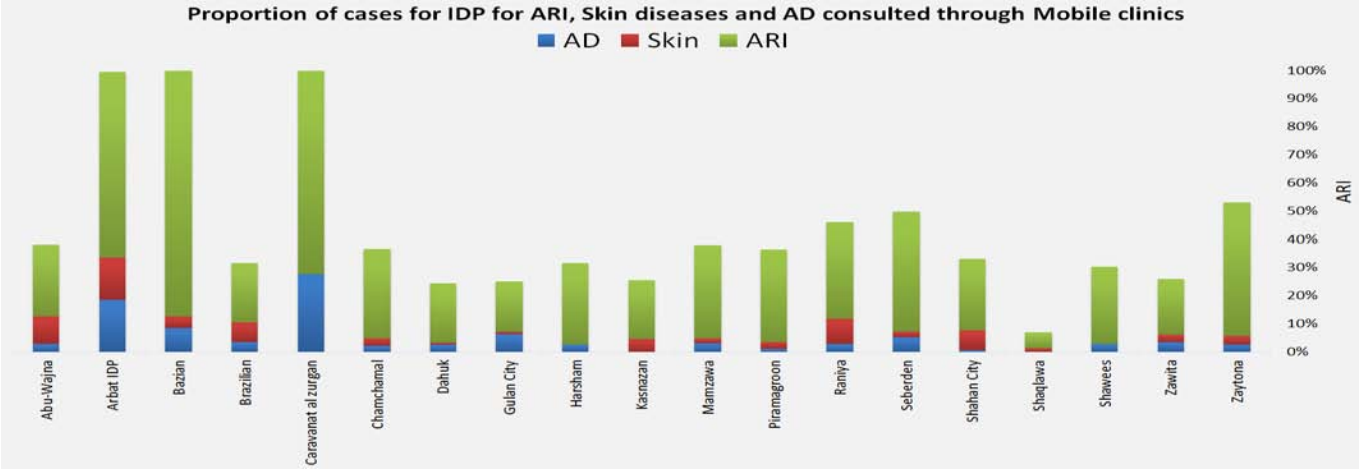
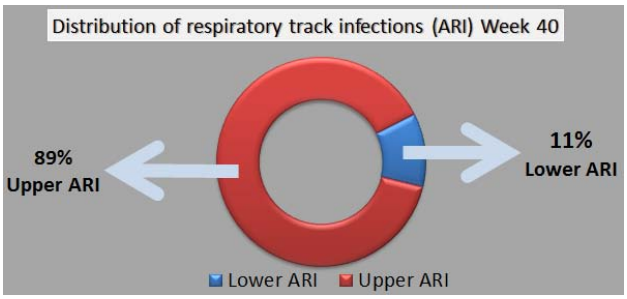
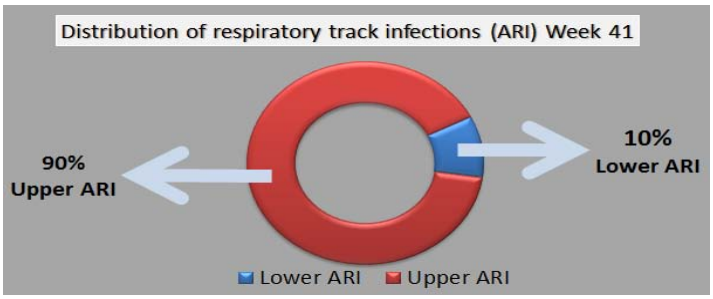


Figure VI: Trend of proportions of IDP cases for ARI, Scabies and AD covered by Mobile Clinics for week 41

Trends of Upper and Lower ARI as leading communicable disease

ARI has been further divided into upper and lower respiratory tract infections since week 1, 2015. Compared to week 40, the proportion of upper ARI in week 41 has increased by 1% while that for lower ARI has decreased by 1%. Overall, the ARI trend is slowly decreasing in both IDP and Refugee camps due to the summer season. Furthermore, the below graph indicates the proportion of lower and upper ARI cases per reporting site for week 41. (Note: Trend changing because of weather change)





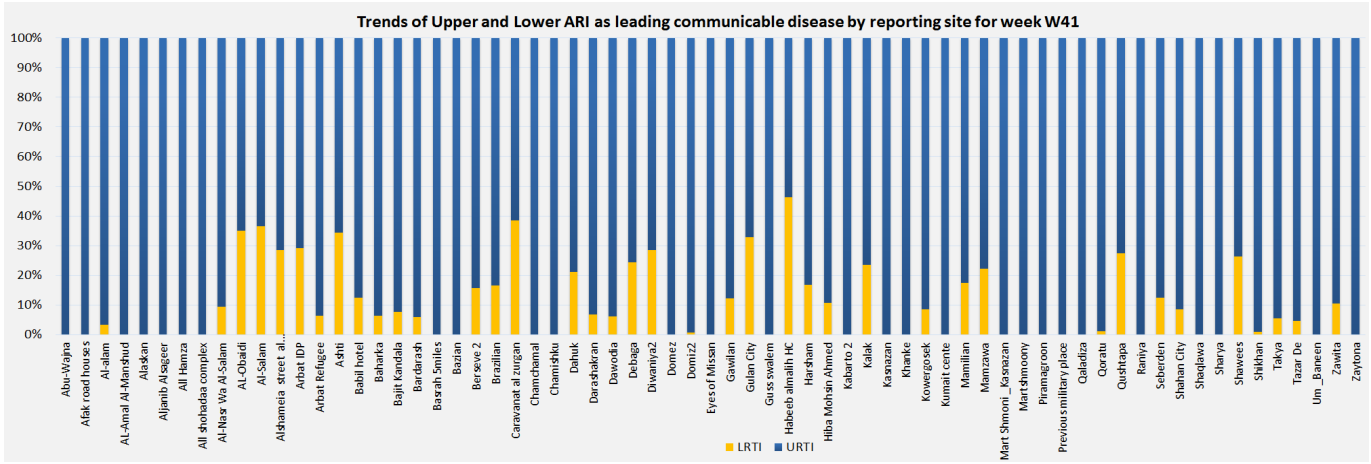
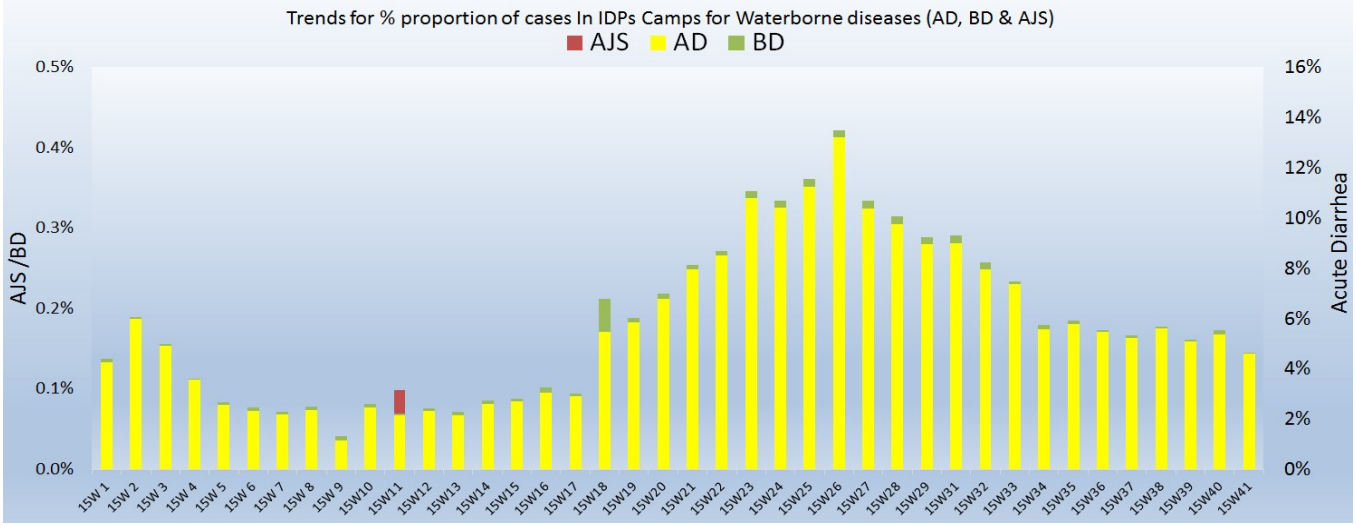


Figure VII: Trend of Upper and Lower ARI per reporting site for week 41

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, indicating a steady pattern since week 34. (See below graph). All health cluster partners are doing vigilant surveillance as Ministry of Health has declared a cholera outbreak since 15th September, 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 of the trend since week 30 but the trends have started to increase since week 39. Furthermore, no clustering has been reported for acute jaundice syndrome cases reported during the period. All health cluster partners are doing vigilant surveillance as Ministry of Health has declared a cholera outbreak since 15th September, 2015.

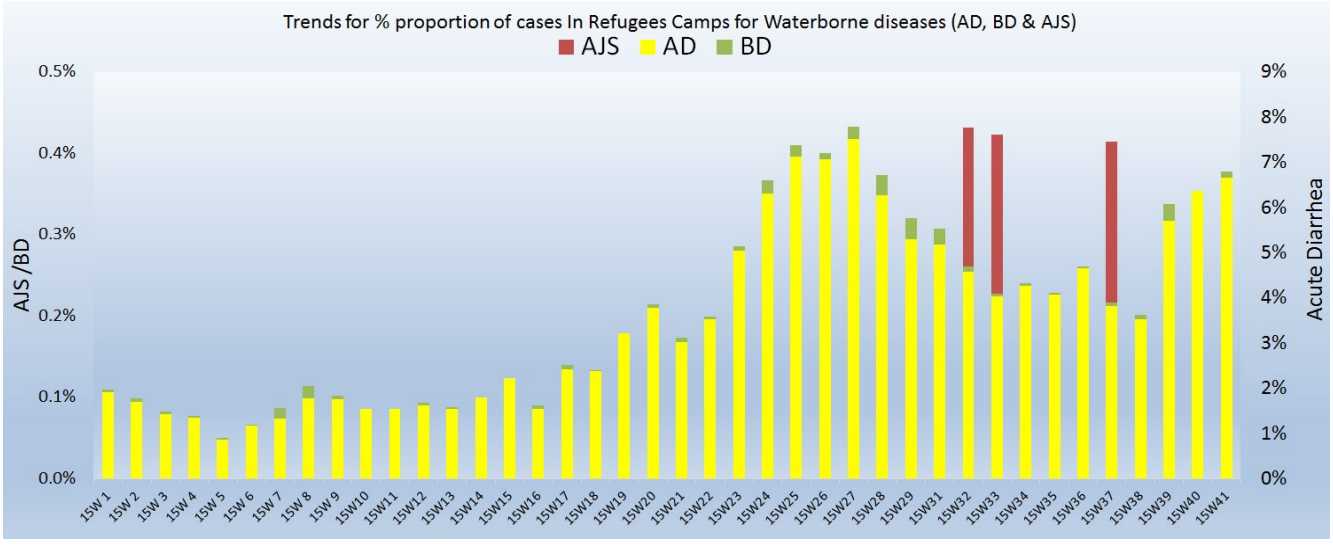


Figure IX: Trend of waterborne diseases from Refugee camps, week 1 to 41—2015

Alerts & Outbreaks

Nine (9) alerts were generated through EWARN following the case definition thresholds, from IDP camps during this reporting week. All of these alerts were investigated within 48 hours of which seven were verified as true for further investigation and appropriate response by the respective Governorates' Department of Health, WHO and the relevant health cluster partners.

Blood and stool samples were collected from three of these true alerts. Public health interventions were conducted effectively for these seven true alerts. The trends of epidemic prone diseases for each reporting site is being monitored through a detailed monitoring matrix maintained at the WHO's EWARN department. (Details: see below table).

Sn	Alert	Location	Governorate	IDP/Refugee 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	Acute Watery Diarrhea- (Suspected Cholera)	Kabarto 2	Duhok	IDPs	1	IMC	YES	YES	FALSE	YES
2		Seage	Duhok	IDPs	1	IMC	YES	YES	TRUE	YES
3		Al-amel	Baghdad	IDPs	2	MC-IMC	YES	YES	TRUE	YES
4		Al-Nabi Younis	Baghdad	IDPs	20	DOH	Yes	Yes	TRUE	Yes
5		Al-Nasr Wa Al-Salam	Baghdad	IDPs	2	MC-IMC	Yes	Yes	TRUE	Yes
6		Al bakriya	Baghdad	IDPs	5	DOH	Yes	Yes	TRUE	Yes
7		Hiba Mohsin Ahmed	Najaf	IDPs	1	PU-AMI	Yes	Yes	TRUE	Yes
8	Suspected Measles	Al-Nabi Younis	Baghdad	IDPs	4	DOH	Yes	Yes	TRUE	Yes
9		Arbat	Sulaymaniyah	IDPs	1	EMERGENCY	Yes	Yes	FALSE	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, ultimately to contain public health problems.

Therefore; WHO-Iraq in coordination with the Ministry of Health; is in the process of developing a real-time online interactive interface for EWARNs showing the trends of the leading communicable diseases, monitored by location along with bi-monthly EWARN snapshot. (Details; click on the link)

Online EWARN Dashboard: https://who-iraq-ewarn.github.io

* draft—Work in progress

Trends of Alerts

The below graph shows the number of alerts generated through the EWARN system on weekly basis. All alerts are investigated and responded to in a timely and coordinated manner through the Ministry of Health, World Health Organization (WHO) and various health cluster partners (48 hours). There was a Measles outbreak declared in Arbat camp, Sulaymaniyah in March 2015, which was controlled.

Iraq experienced a Cholera outbreak was officially declared on 15th September. The index case was reported from Diwaniya Region of Qadissa Governorate, spreading through West Baghdad and gradually a large scale outbreak of cholera in 15 Governorates with an estimated 1332 laboratory confirmed cases and two notified deaths. The Cholera Taskforce has been mobilized in response, though the Cholera Command and Control Centre (C4) under MoH Leadership.

By 3rd week of September 2015, an upsurge of cases occurred in various other governorates and the cases were reported among a large number of communities. On 1st October, Kuwait notified WHO, through International Health Regulations (IHR 2005), the first imported cholera case from Iraq and this number increased to five cases by 8th October, 2015. Meanwhile Bahrain also notified one confirmed cholera imported case from Iraq through the same IHR 2005 mechanism, on 7th October, 2015.

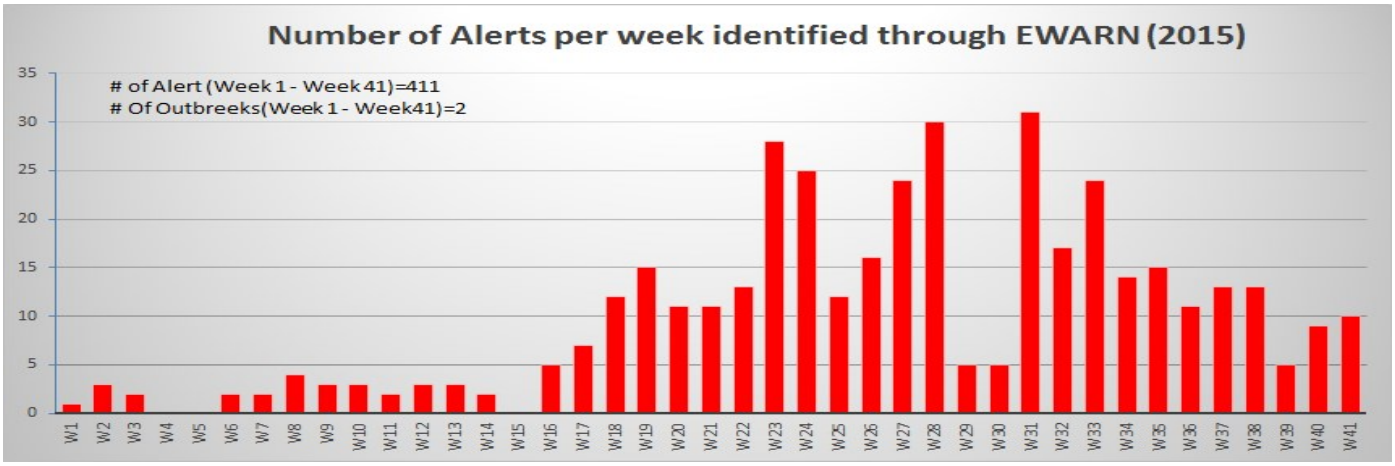


Figure X: Alerts generated through EWARN surveillance (week 1 to 41—2015)

Comments & Recommendations

The Ministry of Health together with WHO, UNICEF and other stakeholders (health and WASH cluster partners) are continuing to step up implementation of comprehensive and multi-sectoral cholera response interventions to contain the current situation and prevent the further spread of cholera.

Full Report: http://www.emro.who.int/irq/information-resources/updates-on-the-current-cholera-outbreak-in-iraq.html

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