



Iraq: EWARN & Disease Surveillance Bulletin

2015 Epidemiological Week: 46

Reporting Period: 9—15 November, 2015

Highlights

- ◆ **Number of reporting sites:** Seventy-four (74) reporting sites including thirty-eight (38) in Internally Displaced People's (IDP) camps, seven (7) in refugee camps and twenty-nine (29) mobile clinics submitted their weekly reports timely and completely.
- ◆ **Total number of consultations:** 25,815 (Male=12,233 and Female=13,582) marking a decrease of 2024 (8%) since last week.
- ◆ **Leading causes of morbidity in the camps:** Acute Respiratory Tract Infections (ARI) (n=10,966), Acute Diarrhea (AD) (n=1553) and Skin Diseases (n=971) remained the leading causes of morbidity in all camps during this reporting week.
- ◆ **Number of alerts:** Five (5) alerts were generated through EWARN following the case definitions and defined thresholds, and all the alerts were reported from IDP camps this reporting week. All of these alerts were investigated within 48-72 hours, of which four (4) 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).

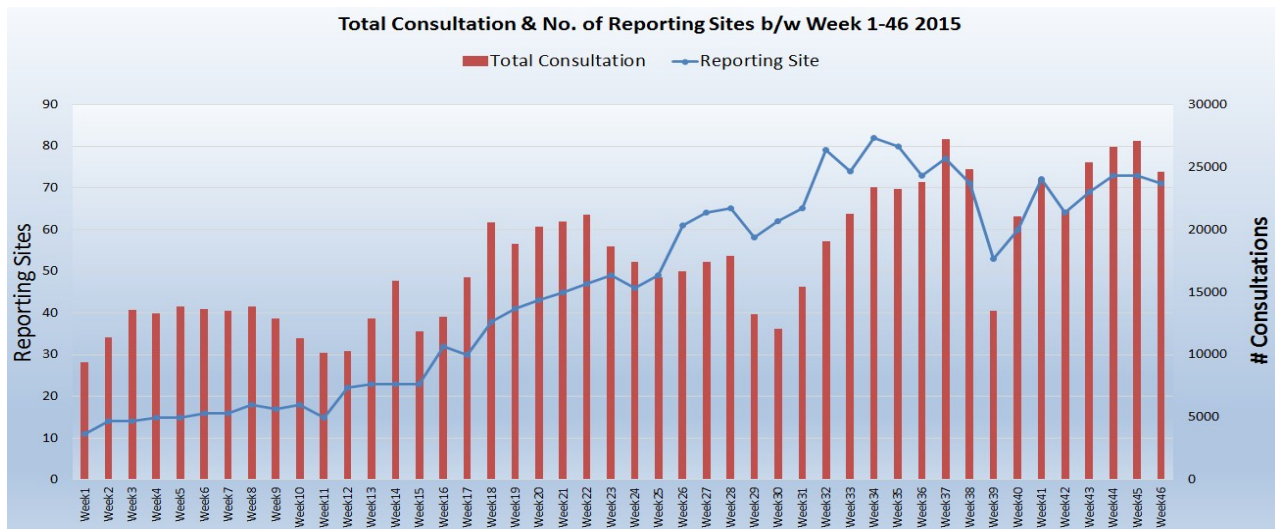
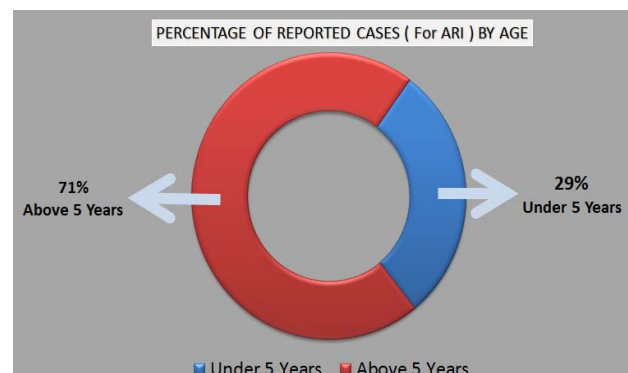
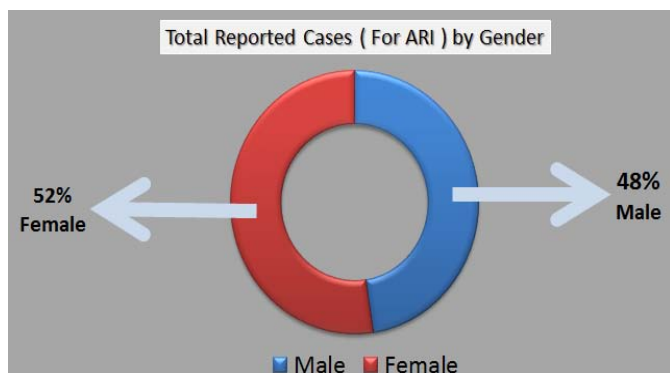


Figure I: Total consultations and proportion of reporting health facilities b/w week 1-46 2015

Consultations in the camps by age and gender (week 46)



Morbidity Patterns

IDP camps:

During week 46, proportions of Acute Diarrhea (AD) in IDP camps have gradually started to decrease since week 42 (week 45=5% and week 46=4%). The declared cholera outbreak is slowly waning down, and very few confirmed cases were reported from the provincial reference laboratories since the last update. The proportion of skin infestations including scabies has shown a steady trend since week 42 (3%), health and hygiene promotion sessions in camps by the health cluster partners and Departments of Health are planned as winters approach. Proportions of Acute Respiratory Tract Infections (ARI) are showing a gradual steady increase from 40% to 42% in week 46. (See graph below).

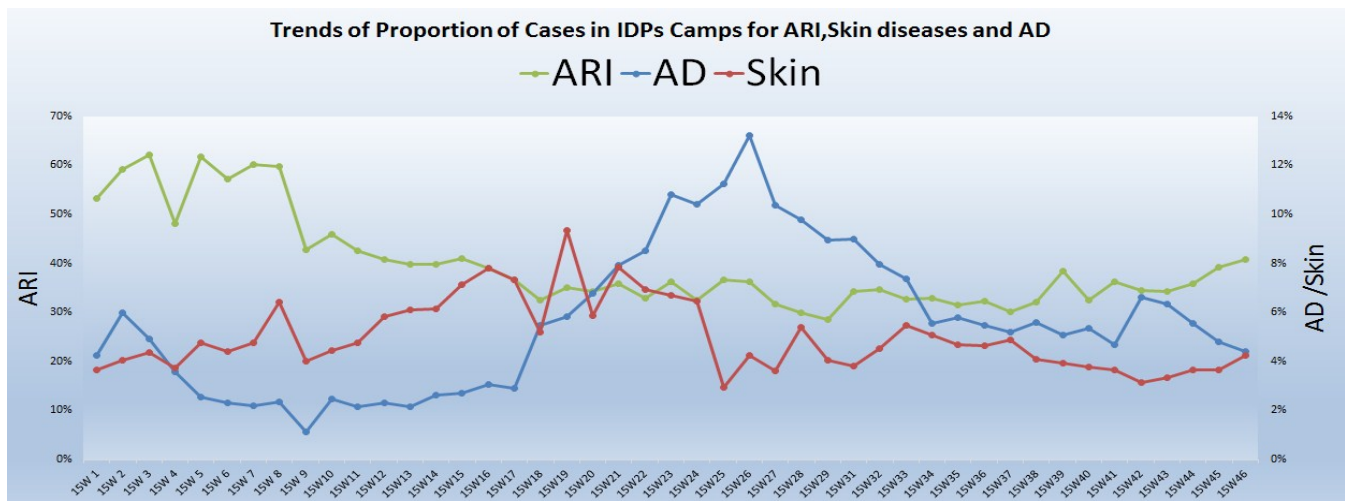


Figure II: Trend of proportion of cases of ARI, Scabies and AD in IDP camps (week 1 –46)

Refugee camps:

During week 46, proportions of Acute Diarrhea (AD) trend in refugee camps shows a steady decreased trend since last week, (week 45=4.5% and week 46=4%). The proportion of Acute Respiratory Tract Infections (ARI) indicates a slow increase from 44% to 48% as the winters approach. Proportion of skin infestations including scabies have also decreased from 3% to 2%, as the season is changing there is a need for extensive health promotion activities to be conducted in all camps. (See graph below).

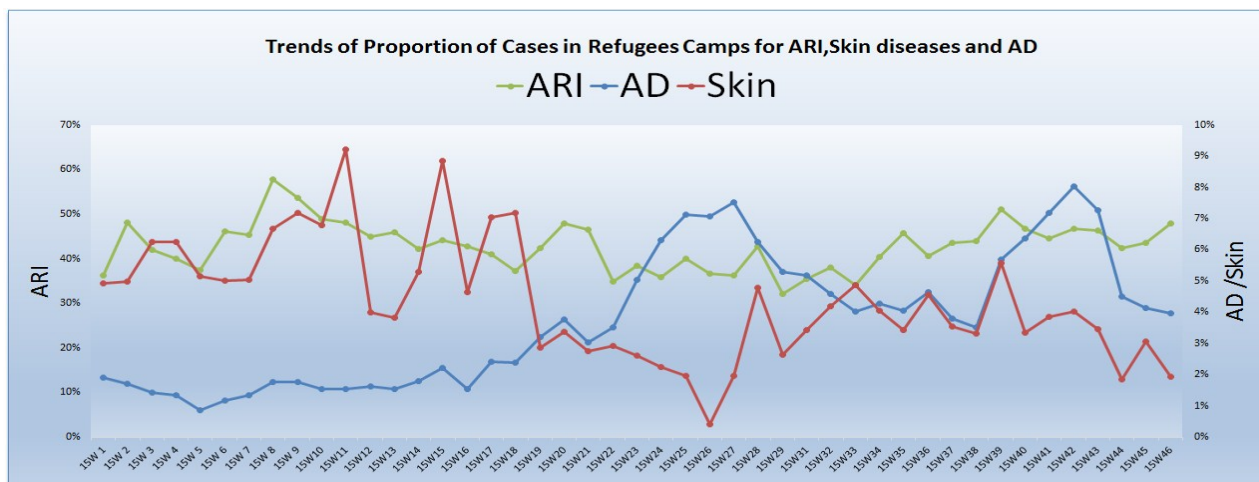


Figure III: Trend of proportion of cases of ARI, Scabies and AD in IDP camps (week 1 –46)

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 cause of morbidity in IDP camps for week 46, 2015.

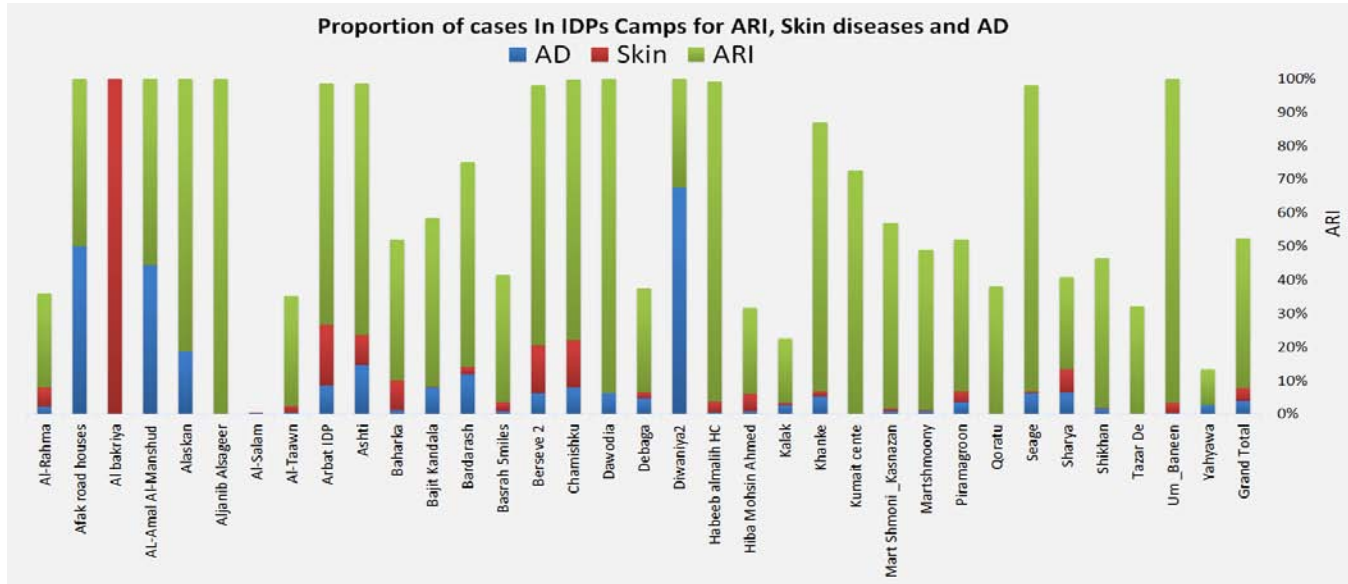


Figure IV: Proportion of cases of ARI, Scabies and AD in IDP camps for week 46

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 cause of morbidity in Refugee camps for week 46, 2015.

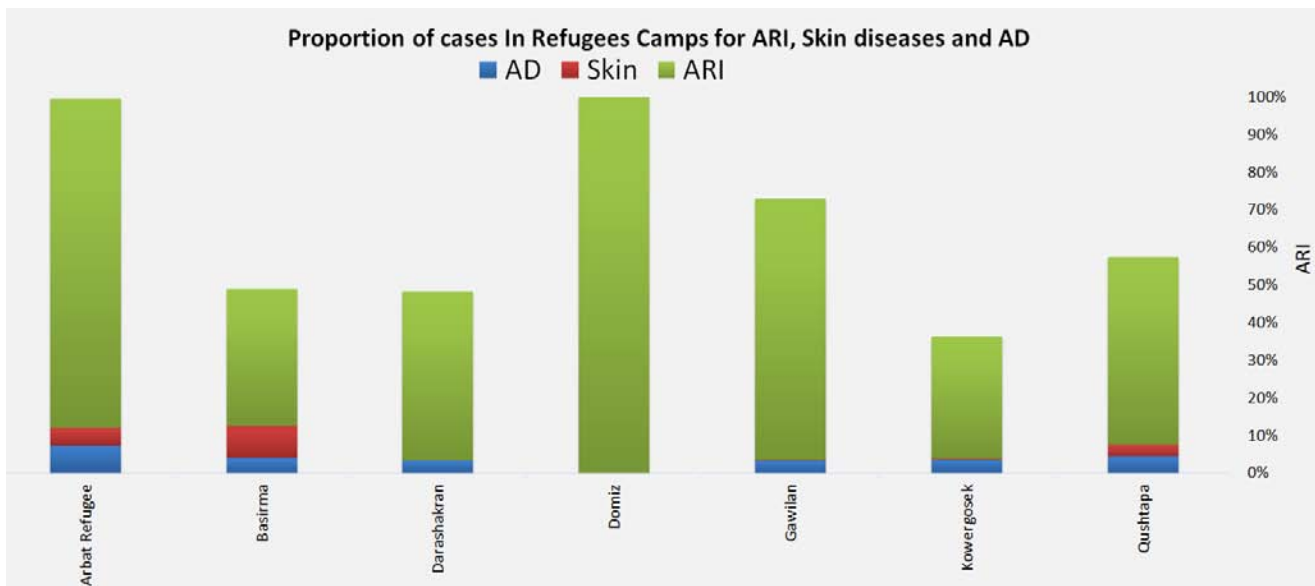


Figure V: Trend of proportions of cases of ARI, Scabies and AD in Refugee camps for week 46

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

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 cause of morbidity in off camp IDPs covered by mobile clinics for week 46, 2015.

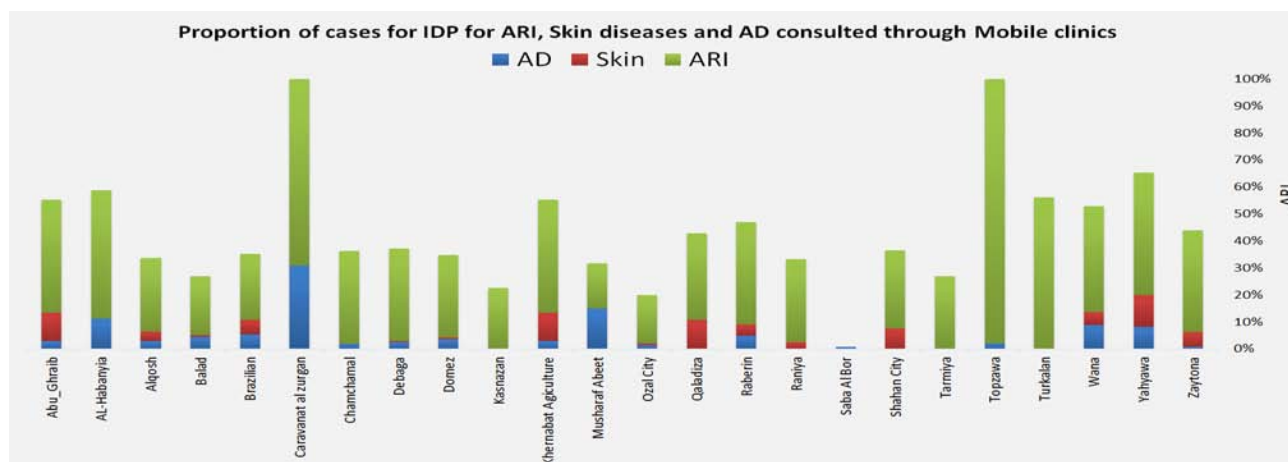


Figure VI: Trend of proportions of IDP cases for ARI, Scabies and AD covered by Mobile Clinics for week 46

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 increasing while that of the upper ARI is decreasing in winter. Compared to week 45, the proportion of upper ARI in week 46 has decreased by 1% while that for lower ARI has increased by 1%. Overall, the ARI trend is slowly increasing in both IDP and Refugee camps as we go further into the winter months. Furthermore, the graph below indicates the proportion of lower and upper ARI cases per each reporting site for week 46.

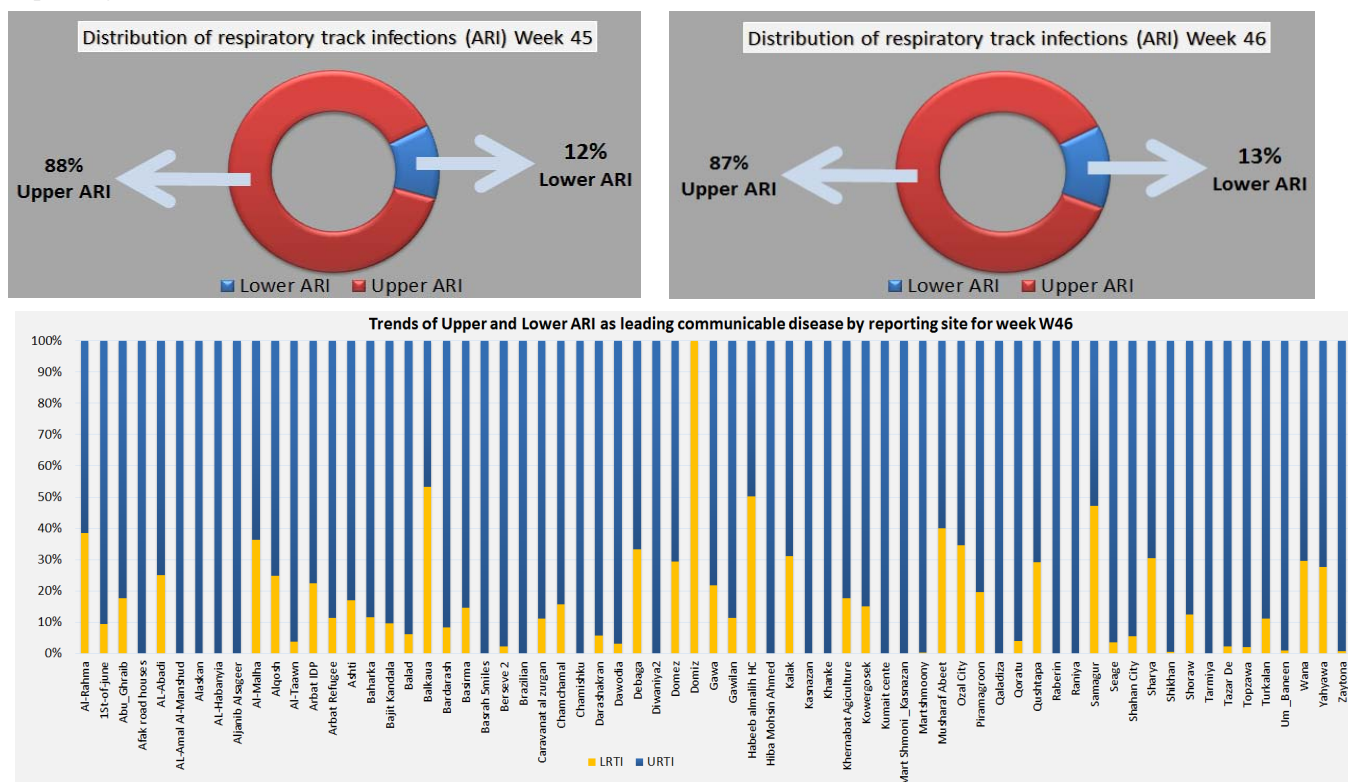


Figure VII: Trend of Upper and Lower ARI per reporting site for week 46

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 steady decrease in waterborne diseases from 7% in week 42 to 4% in week 46. (See graph below)

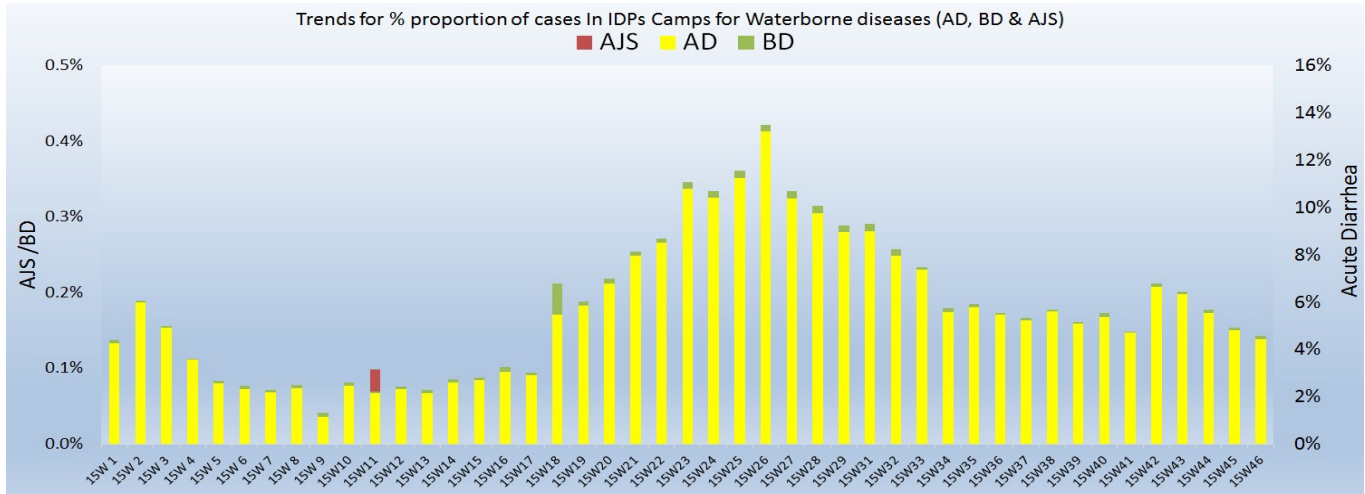


Figure VIII: Trend of Waterborne diseases from IDP camps, week 1 to 46—2015

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 an decrease of the trend since week 30. Furthermore, no clustering has been reported for acute jaundice syndrome cases reported during the period.

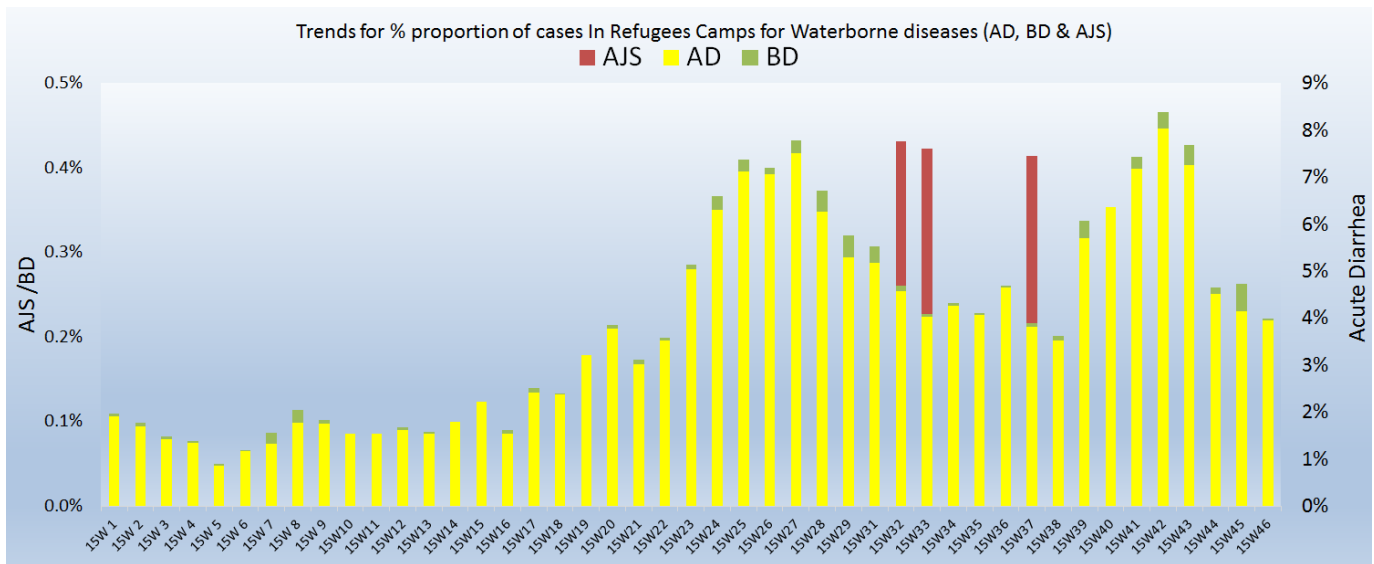


Figure IX: Trend of waterborne diseases from Refugee camps, week 1 to 46—2015

Five (5) alerts were generated through EWARN following the case definition thresholds, and all the alerts were reported from IDP camps this reporting week. All of these alerts were investigated within 48-72 hours of which four (4) 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 alerts. Public health interventions were conducted effectively for all the true alerts i.e. Suspected Cholera. 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	Sample Taken Yes/No	Alerts Outcome True/False	Public Health Interventions Conducted
								48-72% DOH/WHO/NGO			
1	Acute Watery Diarrhea- (Suspected Cholera)	Ozal City	Erbil	Erbil	IDPs	1	MC-RI	Yes	Yes	TRUE	Yes
2		Yahyawa	kirkuk	kirkuk	IDPs	11	MC-IOM	Yes	Yes	FALSE	Yes
3	Suspected Measles	Al-Salam	Anbar	Falluja	IDPs	1	UIMS	Yes	Yes	TRUE	Yes
4		Arbat IDP	Sulaymaniyah	Arbat	IDPs	2	EMERGENCY	Yes	Yes	TRUE	Yes
5		Habeeb almalih HC	Erbil	Erbil	IDPs	3	DOH	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, in coordination with the Ministry of Health, WHO-Iraq is in the process of developing a real-time online interactive interface for EWARNs, showing trends of the leading communicable diseases monitored by location along with a bi-monthly EWARN snapshot.

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

* draft—Work in progress

Trends of Alerts

The graph below 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 the Ministry of Health, World Health Organization (WHO) and various health cluster partners.

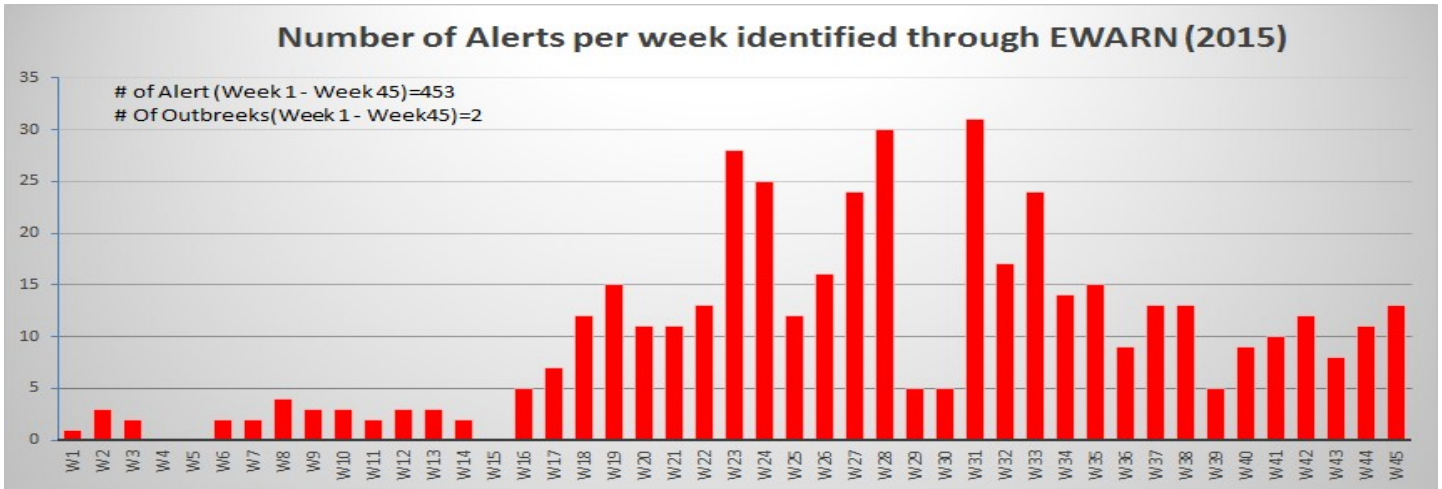


Figure X: Alerts generated through EWARN surveillance (week 1 to 46—2015)

CHOLERA OUTBREAK UPDATE: Iraq has been experiencing cholera outbreaks since September 7, 2015 and was declared on September 15, 2015. A cumulative total of 4,634 cholera cases have been confirmed at provincial Public Health Labs (PHL), of these, 2,724 were reconfirmed at the Central Public Health Laboratory (CPHL).

A total of 283 new cases have been confirmed at the PPHL, while 290 new cases were reconfirmed at the CPHL. Most of the new confirmed cases were reported from Baghdad, Babylon, Diwaniya, Kerbala and Muthanna governorates. Meanwhile, Kirkuk (2) and Dahuk (4) of Northern governorates reported new confirmed cases this week. In addition, Ninewa governorate reported one confirmed case for the first time this week.

The overall trends for cholera outbreak in most of the governorates showed a decline, suggesting improvement in detection, testing and response to the outbreak by health authorities and partners.

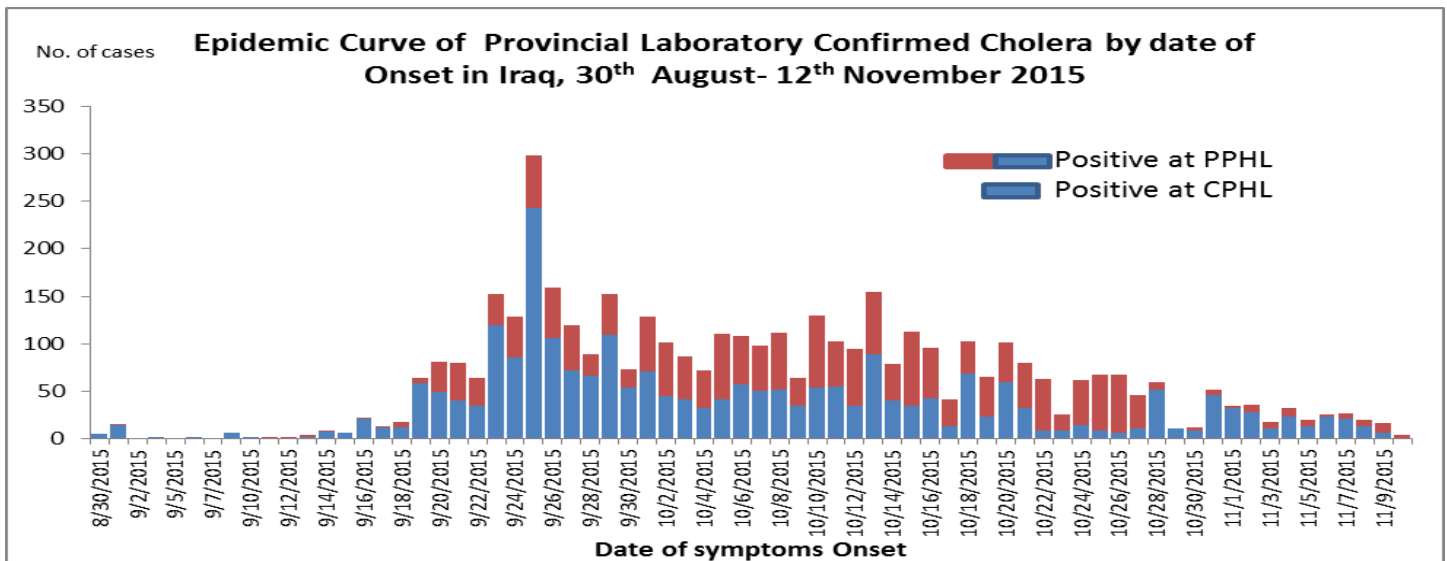


Figure XI: Epidemic Curve of Provincial Laboratory Confirmed Cholera Cases by Date of Onset, 30 August – 12 November, 15

Comments & Recommendations

Surveillance:

- Daily report of the cholera outbreak current situation released from the MOH by the cholera confirmed cases from the CPHL
- Surveillance training activities are ongoing at provincial levels
- Active case search for suspected cholera cases has been stepped up across all districts affected by the cholera outbreak
- Process of genotyping the V. cholera strains isolated in Iraq has begun at the Pasteur Institute

Case management:

- Cholera treatment centers at the referral hospitals in Babil, Muthanna, Kerbala, Basrah, Missan, and Baghdad are still receiving and managing cholera cases.
- Advocacy campaign to promote the usage of ORS for mild and moderate cholera cases is ongoing across all cholera affected districts, and ORS supplies were distributed to key health facilities

Coordination:

- Bilateral meetings have been conducted between the technical departments at the MOH (DG of PH, EPI, CDC, CPHL) and WHO during the week to discuss the progress of the cholera response and key challenges.
- Monthly health cluster meeting was held this week in Baghdad and most of the partners involved the cholera response and other health services in Iraq participated the meeting.

Mass immunization campaign:

- 229,216 (93%) of the 247,319 target population were vaccinated during the first round of the OCV campaign in most of the target camps. This coverage does not include Kirkuk, which postponed the OCV campaign round one to be after the Oral Polio Campaign this month.
- The second round of the OCV campaign is planned for December 7-11, 2015

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

For comments or questions, please contact

- **Dr. Abdulla Kareem** | 07703973937 | drabdullakareem@yahoo.com
Head of Surveillance Department, Federal MOH
- **Dr Saifadin Muhedin** | 07502303929 | saifadin.muheidin@yahoo.com
Head of Surveillance Department in MOH-KRG
- **Dr Fawad Khan** | 07510101452 | khanmu@who.int
EWARN Coordinator WHO Iraq
- **EWARN Unit WHO** emacoirgewarn@who.int