



Iraq: EWARN & Disease Surveillance Bulletin

2015 Epidemiological Week: 42

Reporting Period: 12 —18 Oct, 2015

Highlights

- ◆ **Number of reporting sites:** Sixty three (63) reporting sites including thirty-seven (37) Internally Displaced People's (IDP) camps, seven (7) refugee camps and nineteen (19) mobile clinics submitted their weekly reports timely and completely.
- ◆ **Total number of consultations:** 20,886 (male=9,751 and female=11,136) marking a decrease of 2,184 (10%) since last week.
- ◆ **Leading causes of morbidity in the camps:** Acute Respiratory Tract Infections (ARI) (n=7,472), Acute Diarrhea (AD) (n=1,379) and skin diseases (n=587) remained the leading causes of morbidity in all camps during this reporting week.
- ◆ **Number of alerts:** Twelve alerts were generated through EWARN following the case definition thresholds, of which eleven were from IDP camps and one Hospital case during this reporting week. These alerts were investigated within 48 hours and three 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).

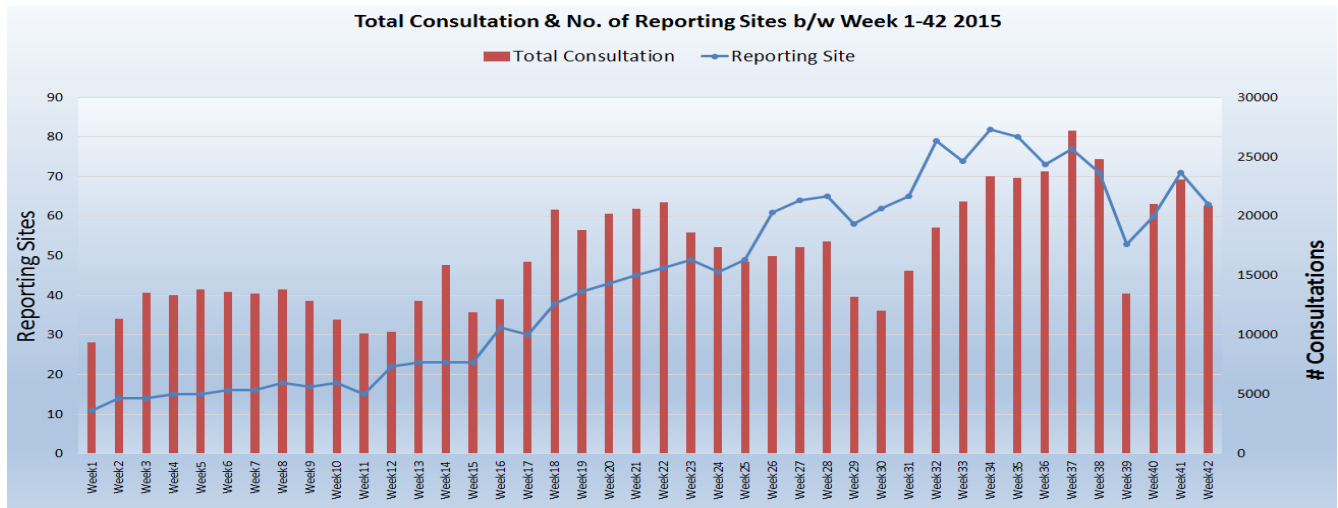
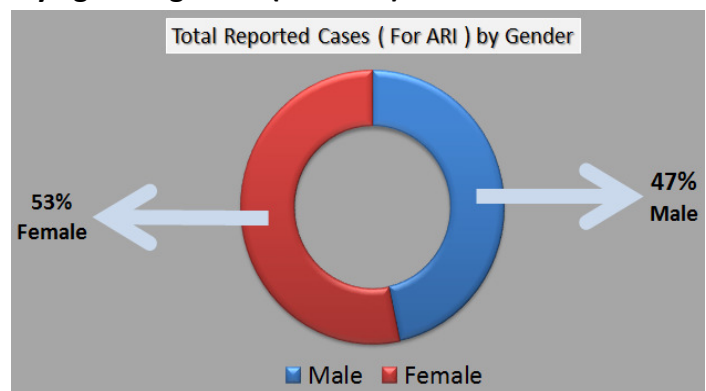
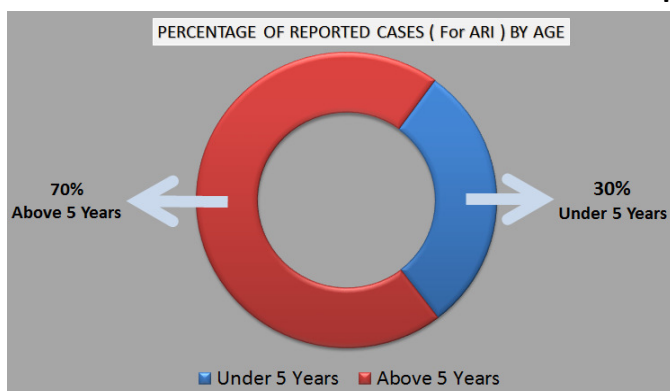


Figure I: Total consultations and proportion of reporting health facilities b/w week 1-42

Consultations in the camps by age and gender (week 42)



Morbidity Patterns

IDP camps:

During week 42, proportions of AD in IDP camps have slightly increased since last week (week 41= 6.5% and week 42 = 7.5%). The trend of AD has shown a gradual increase since week 39. Cholera outbreak had been declared by Ministry of Health on 15th September 2015 and 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 down-

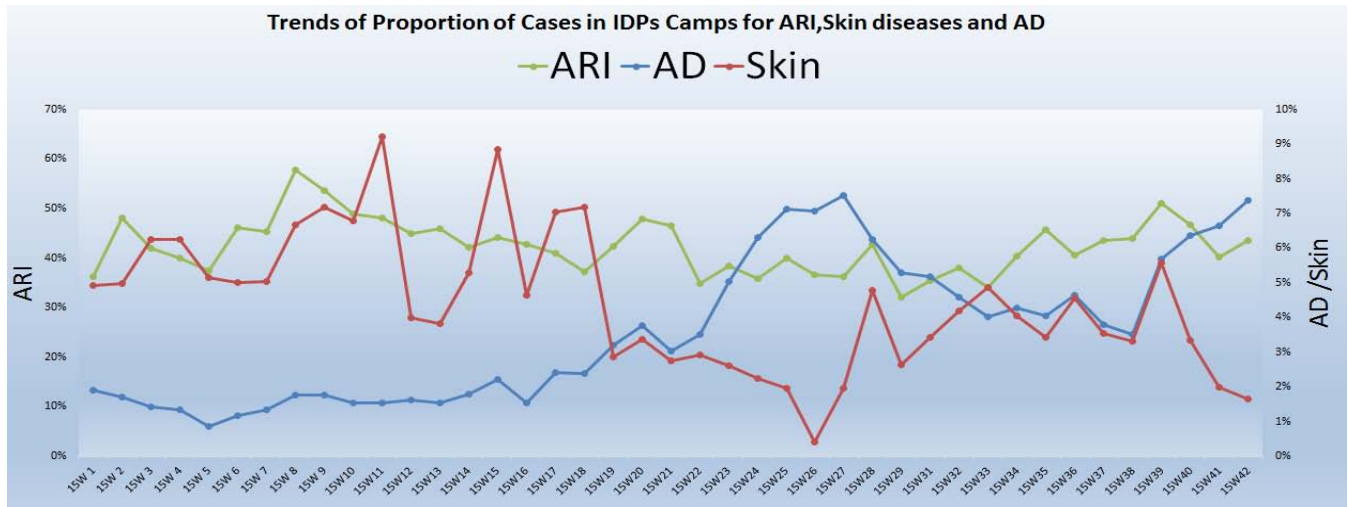


Figure II: Trend of proportion of cases of ARI, Scabies and AD in IDP camps (week 1 –42)

Refugee camps:

During week 42, proportions of AD in refugee camps show a steady trend since last week (week 41=7% and week 42=8%). The trend of AD has shown a gradual increase since week 39. Cholera outbreak had been declared by Ministry of Health on 15th September 2015 and a vigilant surveillance is ongoing in all the camps through Health and WASH cluster. Proportion of Acute Respiratory Tract Infections (ARI) is showing a gradual steady downward trend, staying between 35% - 40% since week 28. Proportion of skin infestations including scabies have also dropped from 6% in week 39 to 1.5% in week 42 due to extensive health promotion activities conducted in all camps. (See below graph).

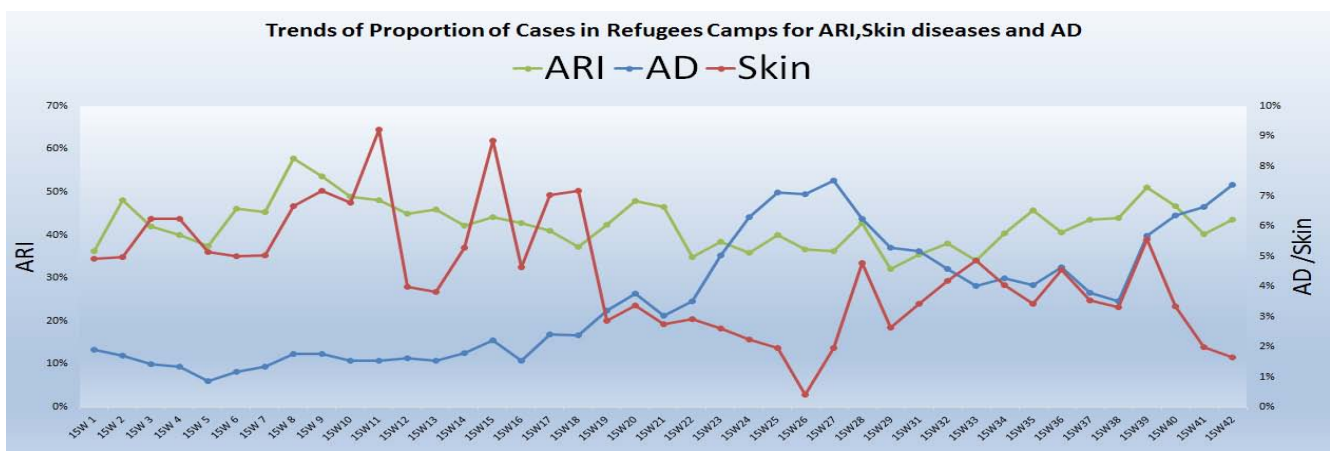


Figure III: Trend of proportion of cases of ARI, Scabies and AD in IDP camps (week 1 –42)

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 42, 2015.

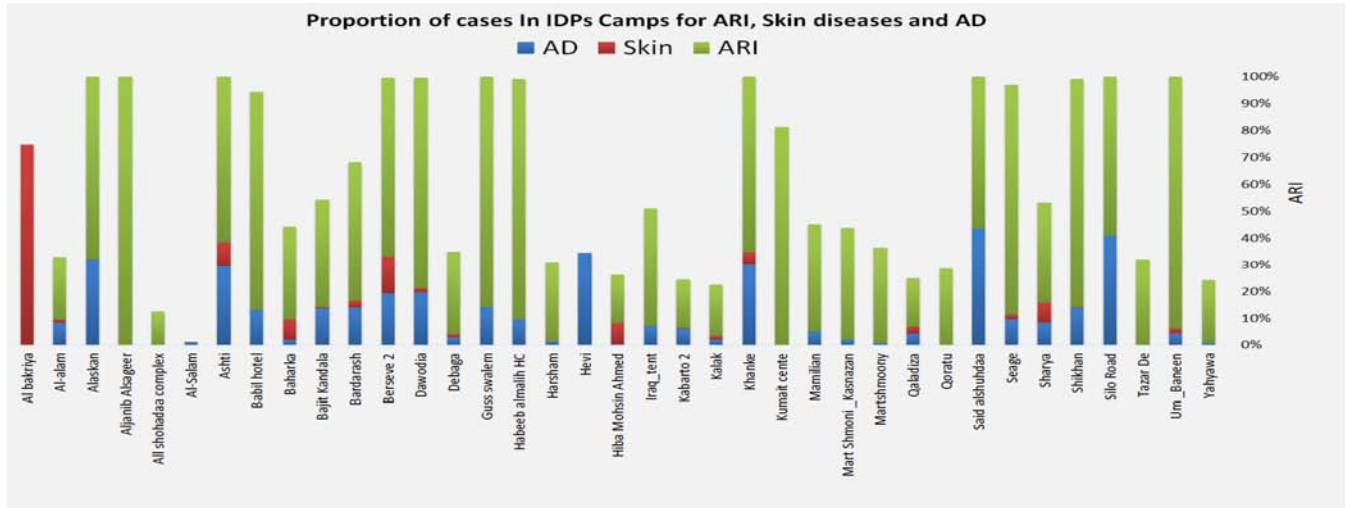


Figure IV: Proportion of cases of ARI, Scabies and AD in IDP camps for week 42

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 42, 2015.

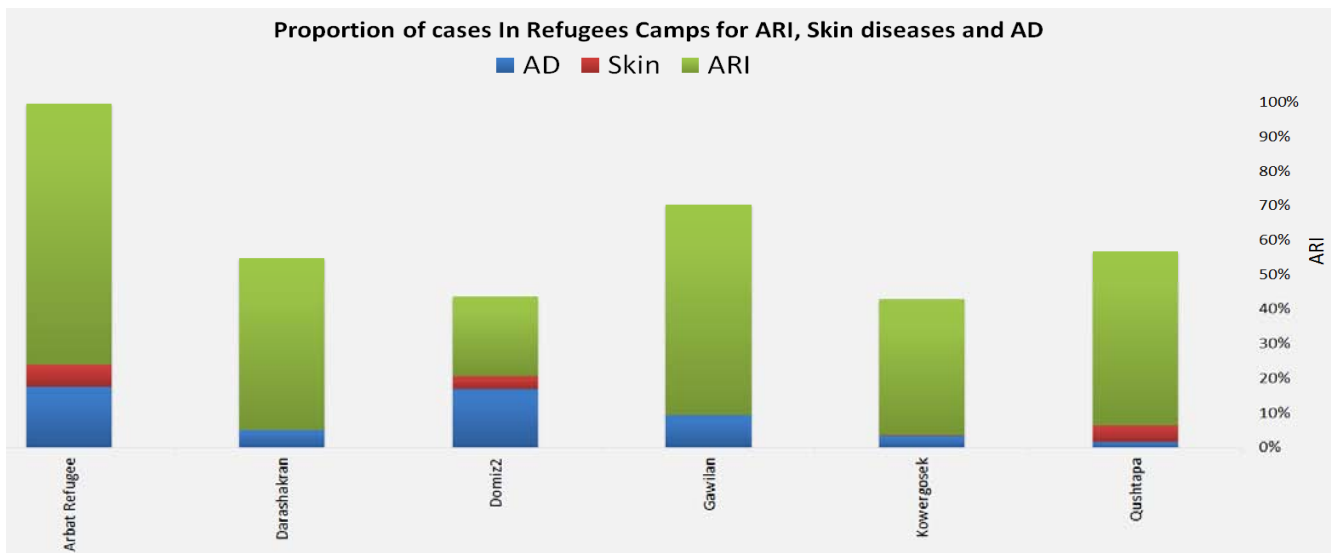


Figure V: Trend of proportions of cases of ARI, Scabies and AD in Refugee camps for week 42

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 42, 2015.

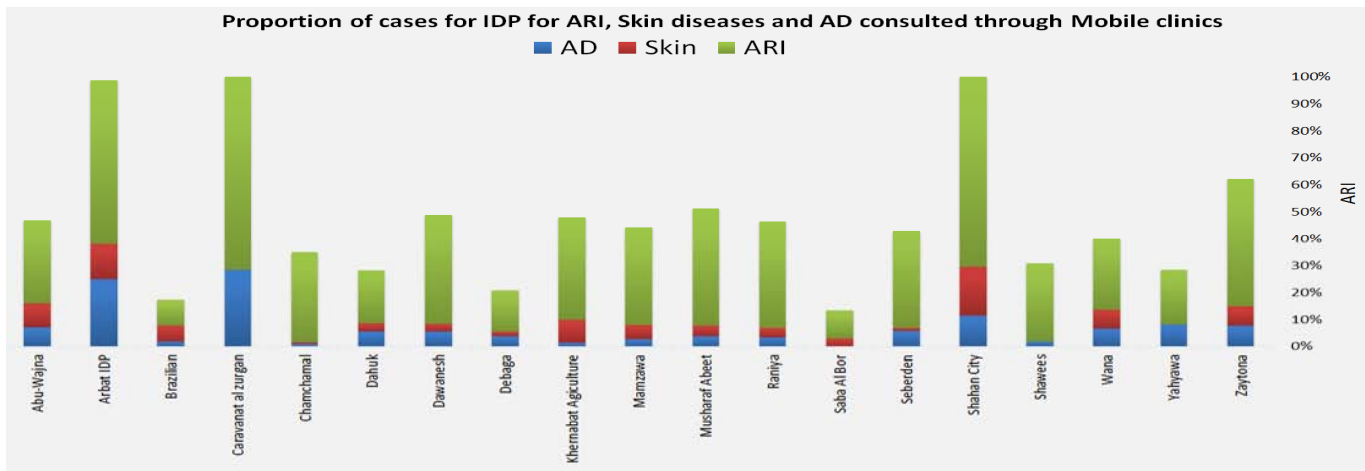


Figure VI: Trend of proportions of IDP cases for ARI, Scabies and AD covered by Mobile Clinics for week 42

Trends of Upper and Lower ARI as the 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 41, the proportion of upper ARI in week 42 has remained the same as of last week (Upper ARI=90% & Lower ARI=10%). Furthermore, the below graph indicates the proportion of lower and upper ARI cases per each reporting site for week 42.

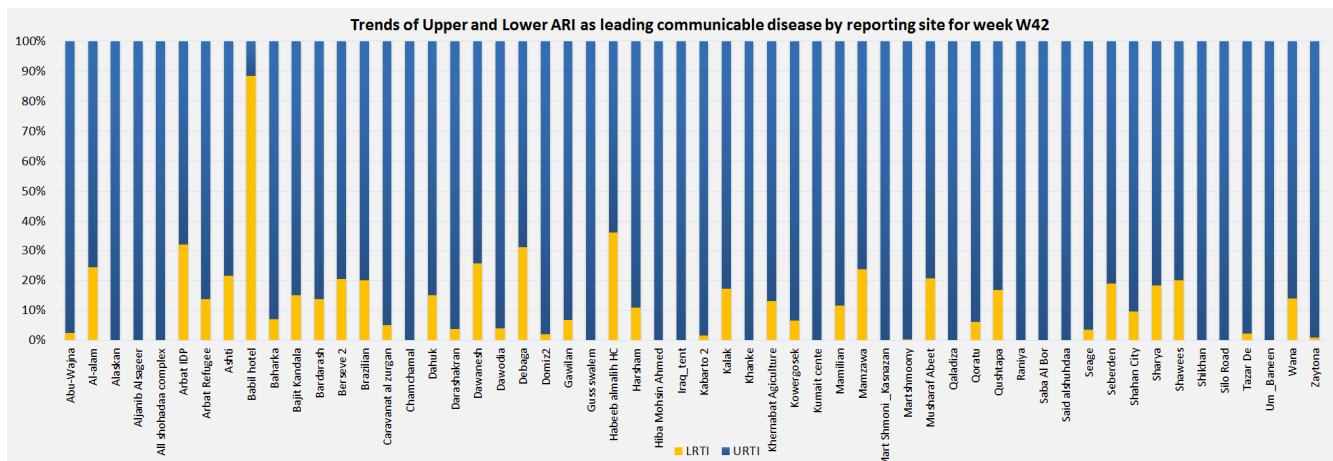
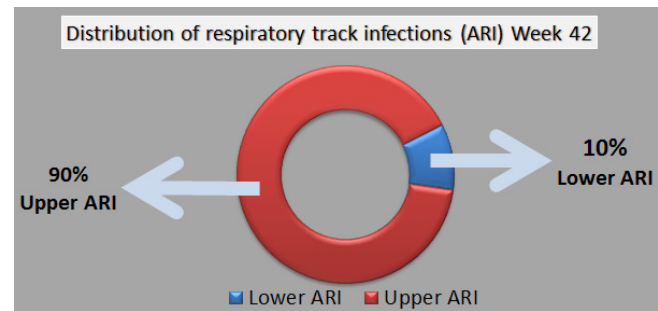
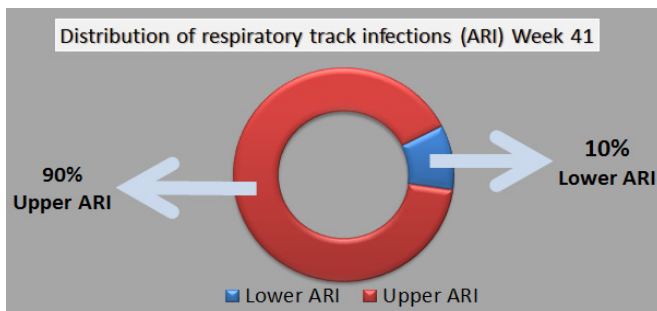


Figure VII: Trend of Upper and Lower ARI per reporting site for week 42

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, which indicates a 2% increase in the proportion of AD cases since last week (week 41=4% & week 42=6%) (See below graph). All health cluster partners are doing vigilant surveillance in line with the Ministry of Health declaration of a cholera outbreak on 15 September 2015.

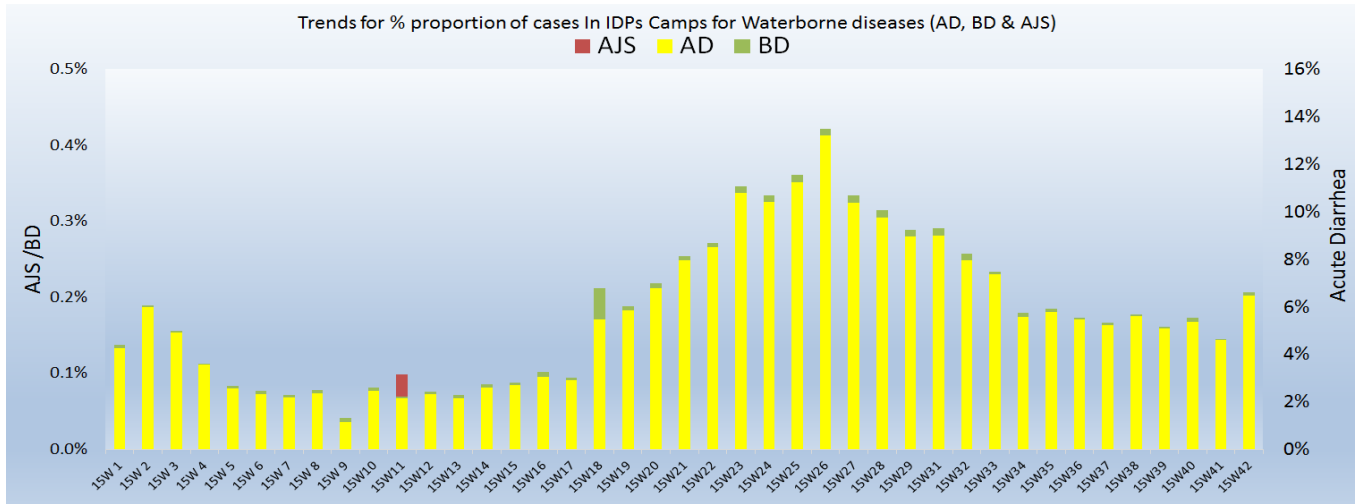


Figure VIII: Trend of Waterborne diseases from IDP camps, week 1 to 42—2015

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, which indicates an increase in the proportion of AD cases since week 38. All health cluster partners working in these reporting sites are doing vigilant surveillance for prevention after the Ministry of Health declaration of a cholera outbreak in the central governorates on 15 September 2015. Furthermore, no clustering has been reported for acute jaundice syndrome cases reported during the this period.

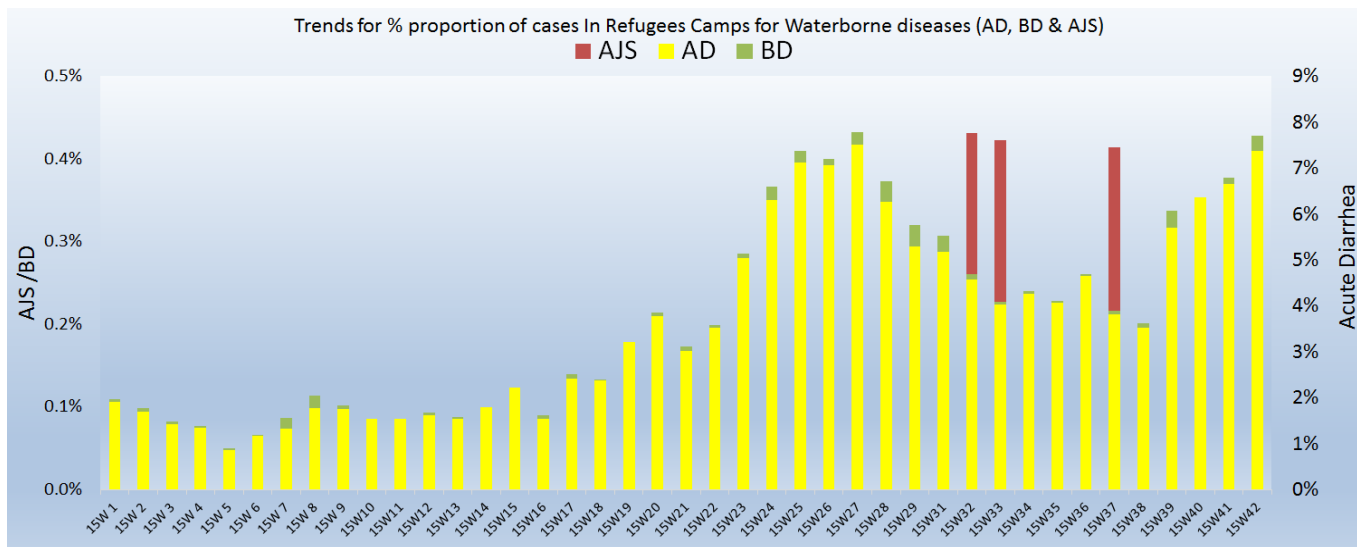


Figure IX: Trend of waterborne diseases from Refugee camps, week 1 to 42—2015

Twelve alerts were generated through EWARN following the case definition thresholds, of which eleven were from IDP camps and one hospital case during this reporting week. These alerts were investigated within 48 hours and three 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 three of these true alerts. Public health interventions were conducted effectively for all the true alerts. The trends of epidemic prone diseases for each reporting site are being monitored through a detailed monitoring matrix maintained at WHO EWARN department. (Details: see below table).

Sn	Alert	Location	Governorate	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)	Bajet Kandala	Dahuk	IDPs	1	PU-AMI	YES	YES	FALSE	Yes
2	Acute Watery Diarrhea- (Suspected Cholera)	Al-alam	Salahaddin	IDPs	1	MC-IOM	YES	YES	FALSE	Yes
3		Al bakriya	Baghdad	IDPs	1	DOH	Yes	Yes	TRUE	Yes
4		Bardarash	Dahuk	IDPs	1	PU-AMI	Yes	Yes	FALSE	Yes
5		Seage	Dahuk	IDPs	1	IMC	Yes	Yes	FALSE	Yes
6		Al-Nabi Younis	Baghdad	IDPs	9	DOH	Yes	Yes	TRUE	Yes
7	Suspected Measles	Al-salam in Ameriyat Alfallujah	Anbar	IDPs	2	UIMS	YES	Yes	FALSE	Yes
8		Al-alam	Salahaddin	IDPs	3	MC-IOM	Yes	Yes	FALSE	Yes
9		Al-Nabi Younis	Baghdad	IDPs	6	DOH	Yes	Yes	TRUE	Yes
10		Saba Al Bor	Baghdad	IDPs	1	MC-RI	Yes	Yes	FALSE	Yes
11	Suspected Meningitis	Hevi	Dahuk	Hospital	1	DOH	Yes	Yes	FALSE	Yes
12		Seage	Dahuk	IDPs	1	IMC	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, and to contain public health problems.

WHO-Iraq in coordination with Ministry of Health is in process to develop an online interactive forum 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>

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 in proper time successfully.

During the current cholera outbreak, Iraq reported 1,942 confirmed cases including 2 reported deaths (CFR 0.1%) from the 1st September to 22nd October 2015. This current cholera outbreak has been officially declared on 15th September 2015 by the Ministry of Health. The cases were first reported from Diwaniya governorate on 1st September, followed by Najaf and Baghdad governorates.

All samples from suspect cases are confirmed at the Central Public Health Laboratory (CPHL). Confirmed cases are reported from 15 out of 18 governorates. To-date, the most affected governorate is Babylon, where almost 40% of the confirmed cases are reported. All the samples which have been confirmed at the CPHL are sero-group 01 biotype Eltor and serotype Inaba. The samples were sensitive to all the tested antibiotics including tetracycline, doxycycline, ciprofloxacin and erythromycin.

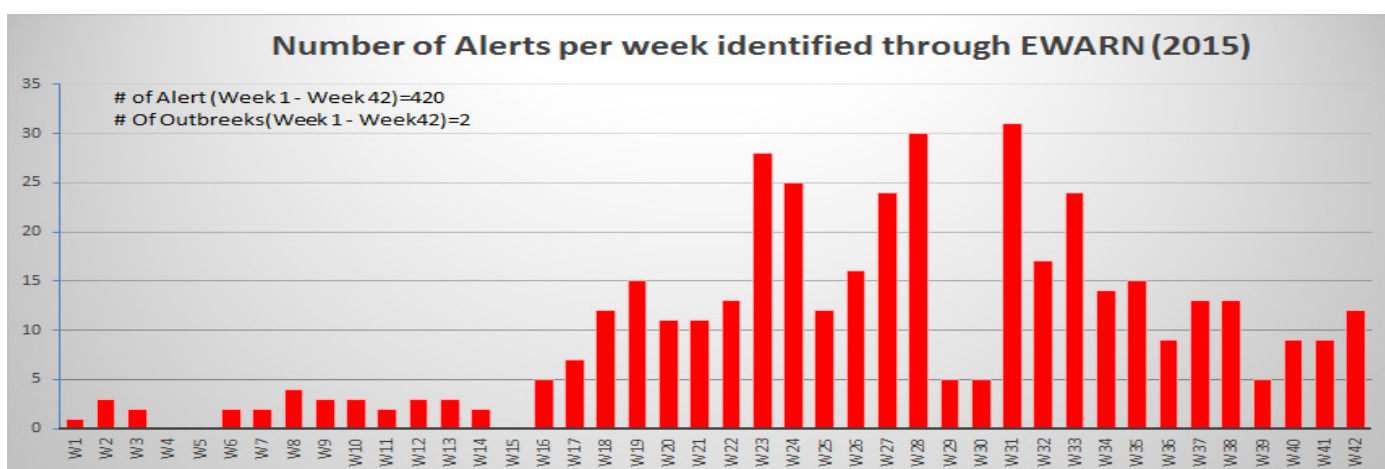


Figure X: Alerts generated through EWARN surveillance (week 1 to 42—2015)

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. Recommendations from the C4 meeting of 22nd October 2015.

- EPI/MOH to provide during the next C4 meeting an update on the detailed operational plan for the upcoming OCV campaign;
- CDC/MOH to share all suspect cholera cases data for current cholera outbreak by Monday next week, including all samples tested (positive and negative laboratory results) by district and governorate from 1st September to current date;
- CPHL to present the water quality data from the MOH to C4 in the next meeting;
- Invitation will be sent to representatives from the Ministry of Municipalities and Directorates of Water to the next meeting.

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

Recommendation for upcoming Ashura:

Preparation activities for upcoming Ashura have been conducted. This event will involve thousands of people mainly from Iraq travelling to Kerbala next Saturday, 24th October. The Government of Iraq is preparing preventive measures to mitigate any possibility of spread of cholera among visitors during this time, and is working to avail safe water, safe food and sanitation resources.

In addition, the Kerbala DOH and the Municipality deployed health auditors to monitor the quality of water, food and sanitation. Medical teams will be deployed to assist the health facilities within Kerbala to obtain the medical services. The surveillance system has been sensitized at all the health facilities in Kerbala to immediately report any suspected cholera case.

Cholera Sitrep—Full Report:

http://www.emro.who.int/images/stories/iraq/SITREP__14__12_Oct_15EXT.pdf?ua=1

http://www.emro.who.int/images/stories/iraq/SITREP__15_15_Oct_15.comp.pdf?ua=1

For comments or questions, please contact

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