



Iraq: EWARN & Disease Surveillance Bulletin

2015 Epidemiological Week: 44

Reporting Period: 26 OCT—1 NOV, 2015

Highlights

- ◆ **Number of reporting sites:** Seventy (70) reporting sites including thirty-six (36) Internally Displaced People's (IDP) camps, seven (7) refugee camps and twenty-seven (27) mobile clinics submitted their weekly reports timely and completely.
- ◆ **Total number of consultations:** 26,367 (male=12,359 and female=14,008) marking an increase of 1,771 (7%) since last week.
- ◆ **Leading causes of morbidity in the camps:** Acute Respiratory Tract Infections (ARI) (n=9,634), Acute Diarrhea (AD) (n=1,349) and skin diseases (n=910) remained the leading causes of morbidity in all camps during this reporting week.
- ◆ **Number of alerts:** Eleven (11) alerts were generated through EWARN following the case definition thresholds, of which nine (9) were from IDP camps and two (2) from refugees camps during this reporting week. All alerts were investigated within 48 hours, of which only one was 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).

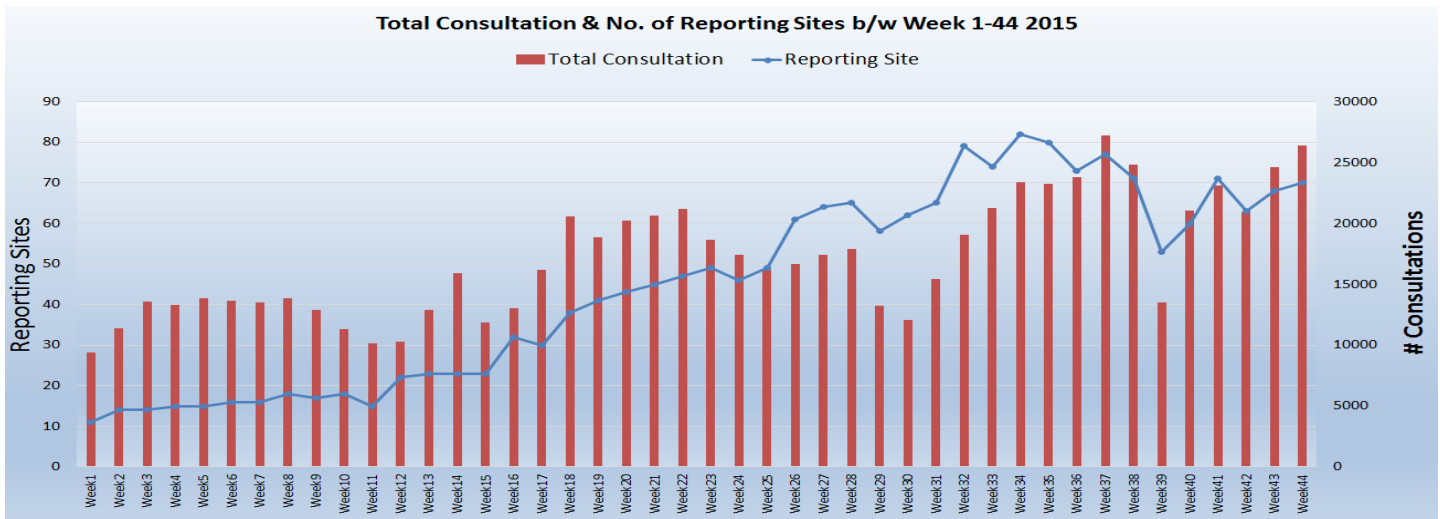
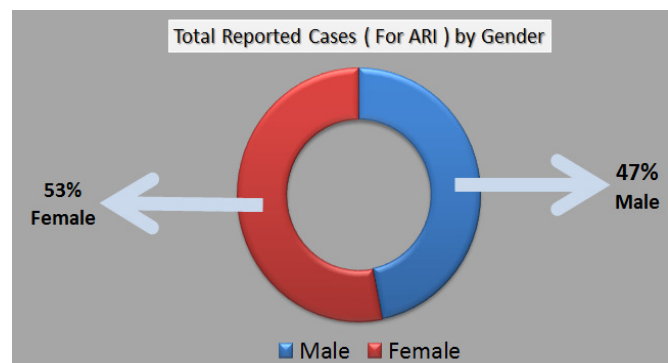
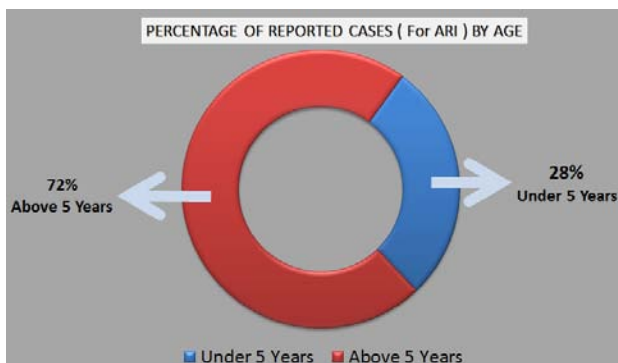


Figure I: Total consultations and proportion of reporting health facilities b/w week 1-44

Consultations in the camps by age and gender (week 44)



Morbidity Patterns

IDP camps:

During week 44, proportions of Acute Diarrhea (AD) in IDP camps have slightly decreased since last week (week 43=6% and week 44=5%). Cholera outbreak had been declared by the Ministry of Health on September 15, 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 the health and hygiene sessions in camps by the health cluster partners and Departments of Health. The proportion of Acute Respiratory Tract Infections (ARI) is showing a gradual steady downward trend, standing at range 35%-40% since week 28. (See graph below).

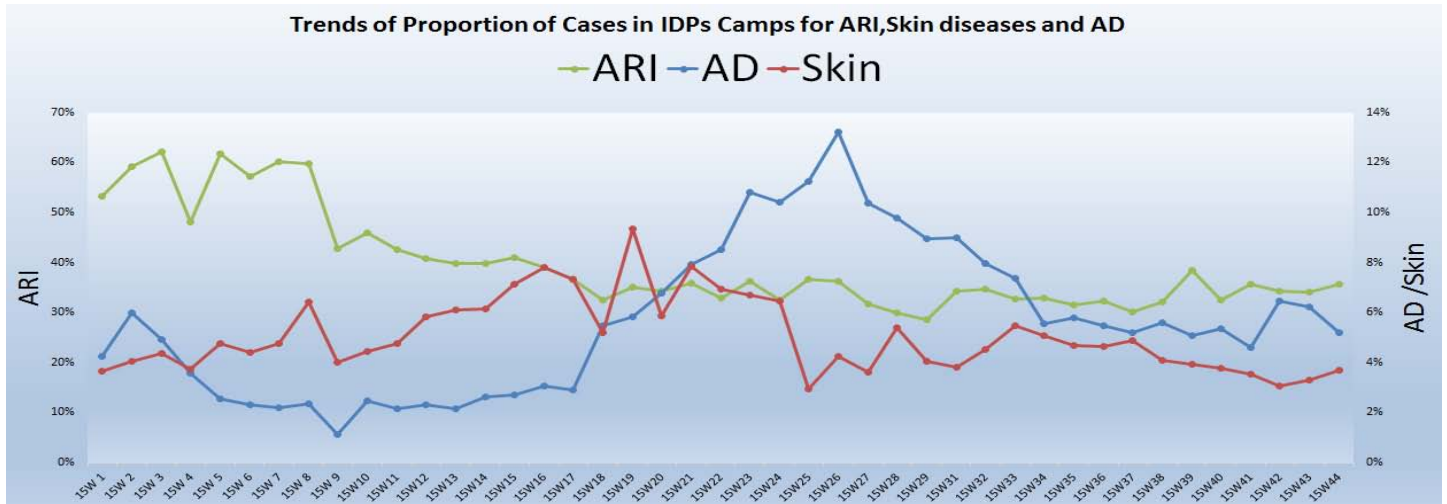


Figure II: Trend of proportion of cases of ARI, Scabies and AD in IDP camps (week 1 –44)

Refugee camps:

During week 44, proportions of Acute Diarrhea (AD) trend in refugee camps shows a steady trend since last week, (week 43 & 44=6%). Cholera outbreak had been declared in the country but no cases have occurred in the camps. Vigilant surveillance is ongoing in all the camps through Health and WASH cluster. The proportion of Acute Respiratory Tract Infections (ARI) indicates a steep drop since last week (week 43=6.5% & 44=4%). The proportion of skin infestations including scabies has shown a steady trend since week 39 (6%) due to the health and hygiene sessions in camps by the health cluster partners and Departments of Health. (See graph below).

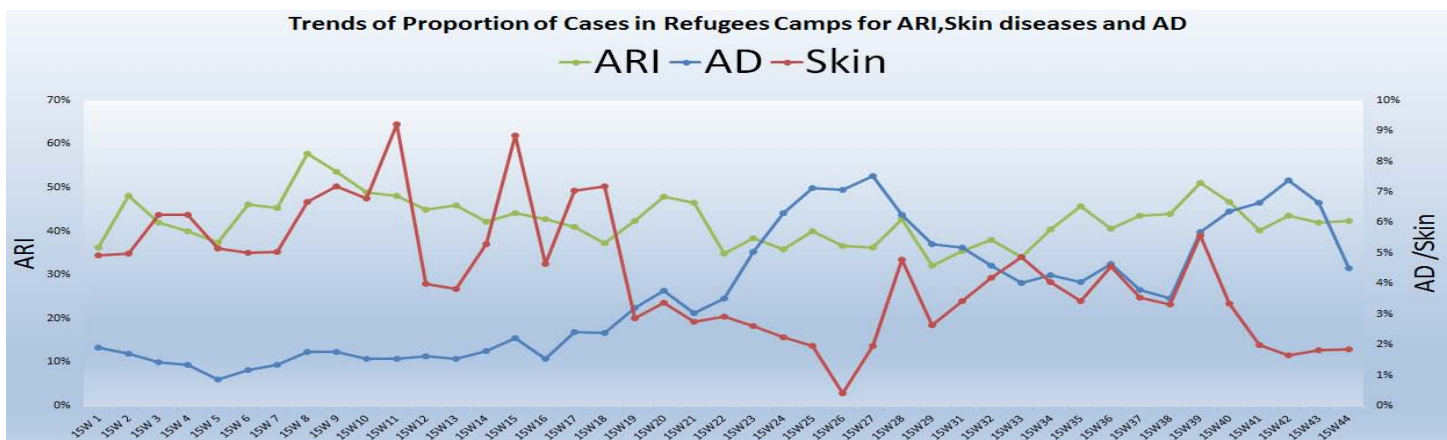


Figure III: Trend of proportion of cases of ARI, Scabies and AD in IDP camps (week 1 –44)

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 44, 2015.

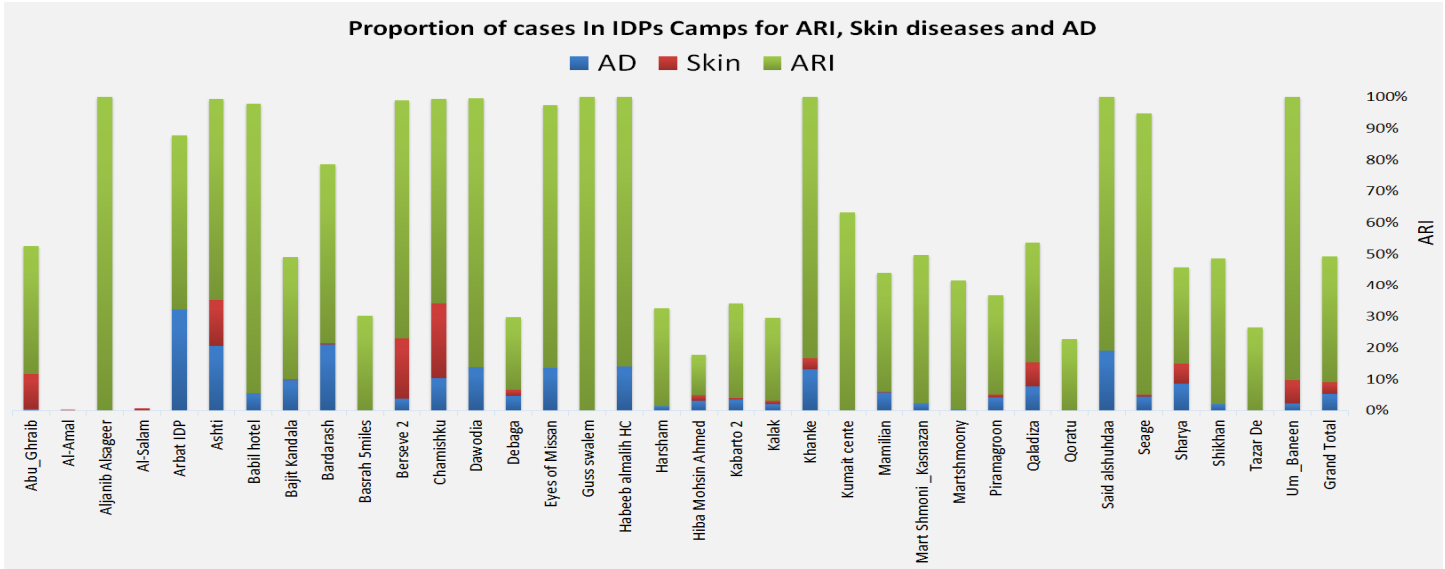


Figure IV: Proportion of cases of ARI, Scabies and AD in IDP camps for week 44

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 44, 2015.

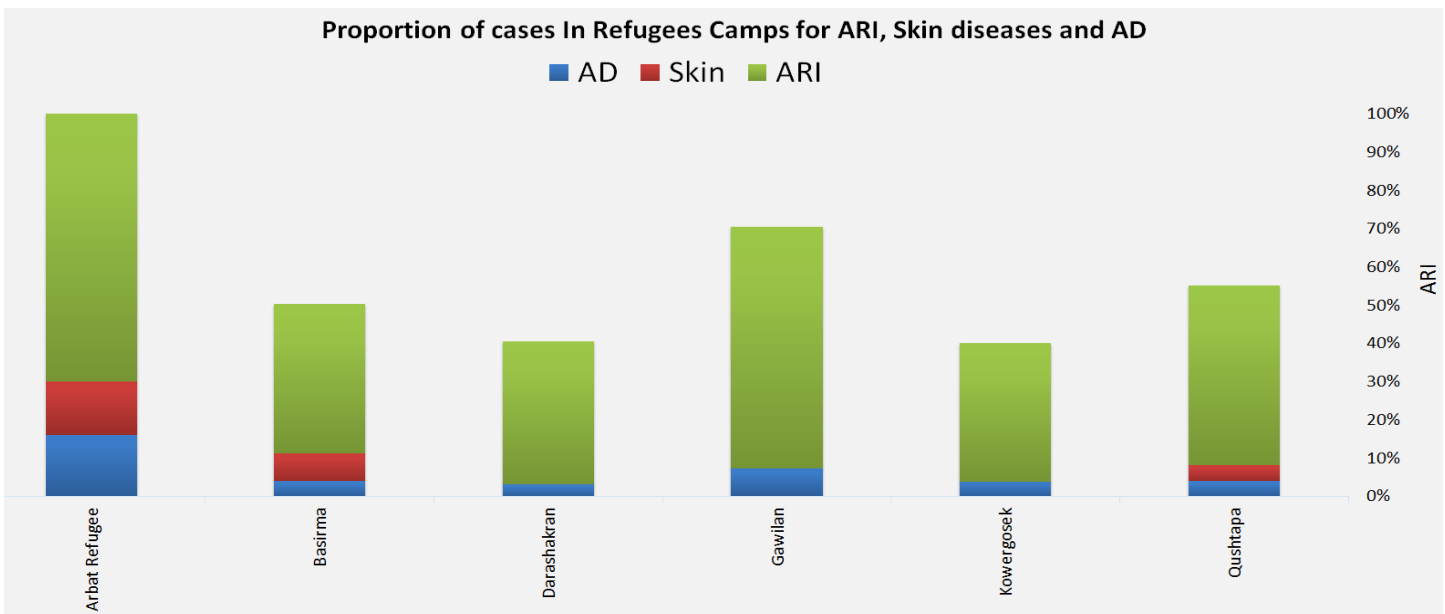


Figure V: Trend of proportions of cases of ARI, Scabies and AD in Refugee camps for week 44

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 cause of morbidity in off camp IDPs covered by mobile clinics for week 44, 2015.

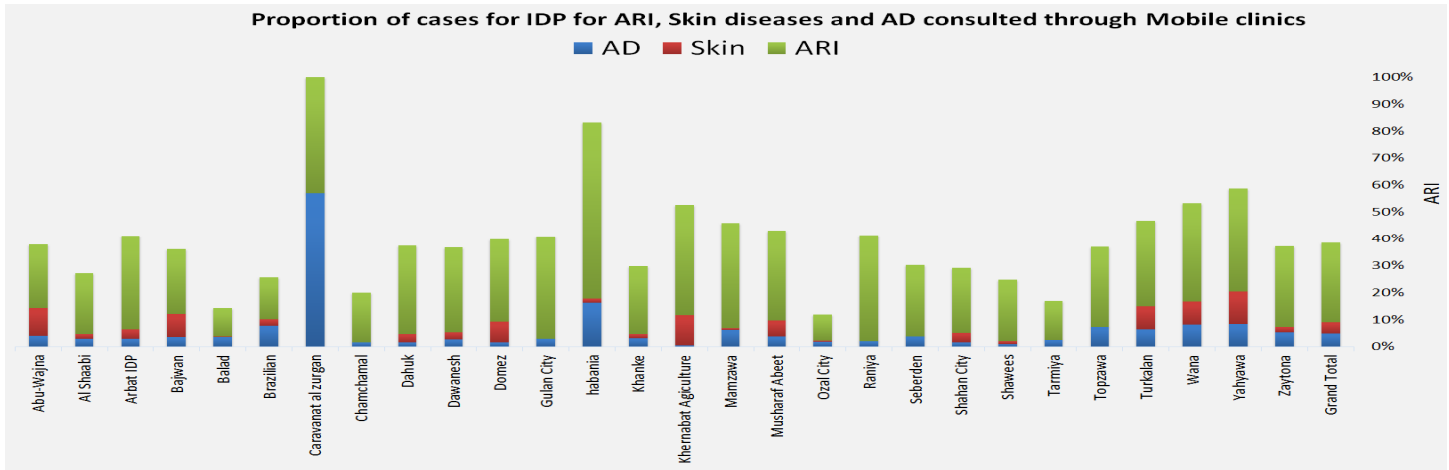


Figure VI: Trend of proportions of IDP cases for ARI, Scabies and AD covered by Mobile Clinics for week 44

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 gradually increasing (week43=8% & week44=11%). Overall, the ARI trend is slowly increasing in both IDP and Refugee camps as we go further into the winter season. Furthermore, the below graph indicates the proportion of lower and upper ARI cases per each reporting site for week 44.

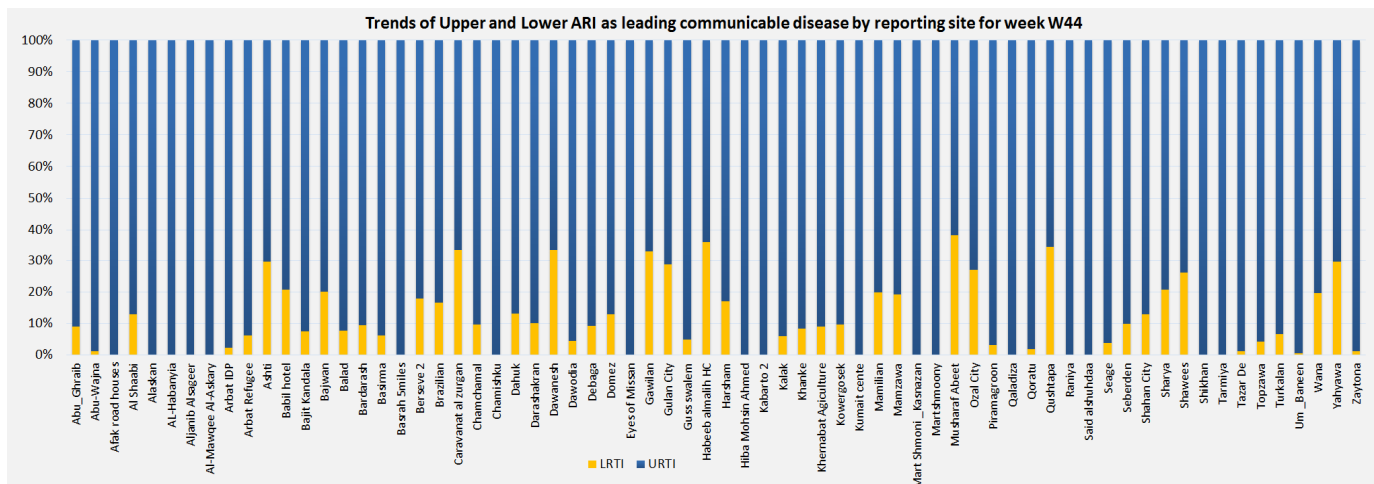
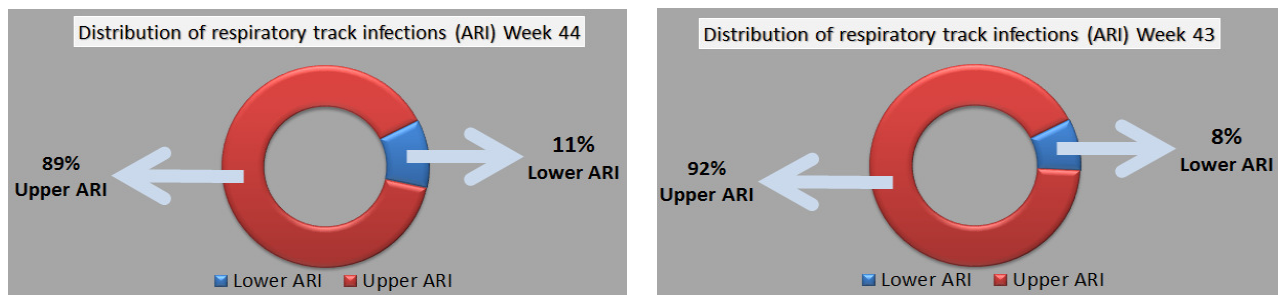


Figure VII: Trend of Upper and Lower ARI per reporting site for week 44

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 pattern in waterborne diseases from 14% in week 26 to 6% in week 44. (See graph below)

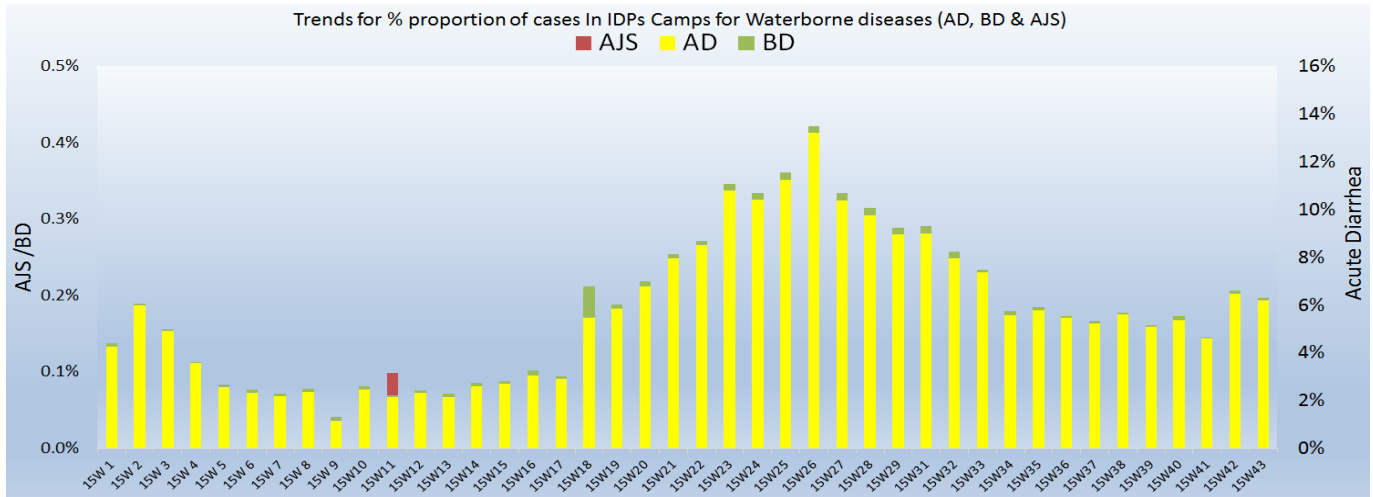


Figure VIII: Trend of Waterborne diseases from IDP camps, week 1 to 44—2015

Trends of Waterborne diseases in Refugee camps

The graph below shows the trends of the proportion of waterborne diseases (Acute Diarrhea, Bloody Diarrhea and Acute Jaundice Syndrome) from refugee camps indicating a steady increase in trends since week 39. Furthermore, no clustering has been reported for acute jaundice syndrome cases reported during the period.

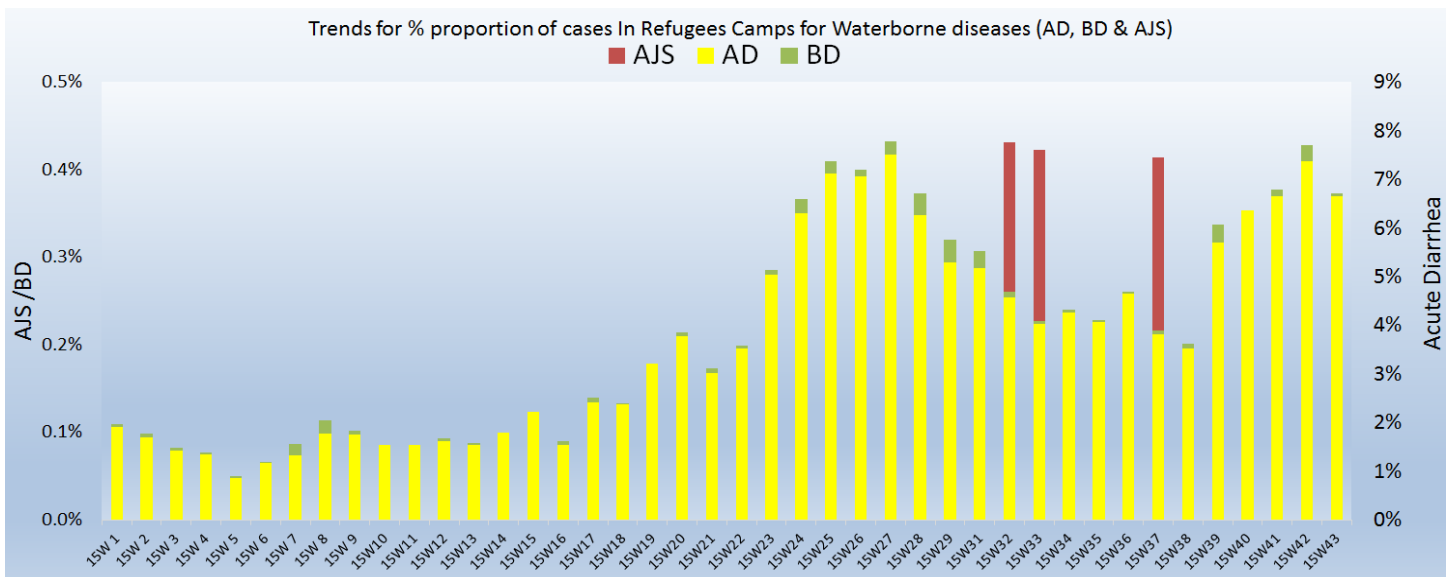


Figure IX: Trend of waterborne diseases from Refugee camps, week 1 to 44—2015

Alerts & Outbreaks

Eleven (11) alerts were generated through EWARN following the case definition thresholds, of which nine (9) were from IDP camps and two (2) from refugees camps during this reporting week. All alerts were investigated within 48 hours of which only one was 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).

Blood and stool samples were collected from all of these alerts. Public health interventions were conducted effectively for all the true alert 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	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)	Abu-Wajna	Dahuk	IDPs	1	MC-MSF	Yes	Yes	No	Yes
2		Balad	Salahaddin	IDPs	5	MC-IOM	Yes	Yes	No	Yes
3		Ozal City	Erbil	IDPs	1	MC-STEP-IN	Yes	Yes	No	Yes
4		Yahyawa	Kirkuk	IDPs	9	MC-IOM	Yes	Yes	No	Yes
5	Suspected Measles	Balad	Salahaddin	IDPs	1	MC-IOM	Yes	Yes	Yes	Yes
6	Skin Diseases- (Scabies)	Zaytona	Erbil	IDPs	44	MC-IOM	Yes	No	No	Yes
7		Um_Baneen	Kerbala	IDPs	17	DOH	Yes	No	No	Yes
8		Khanke	Dahuk	IDPs	5	MC-PU-AMI	Yes	No	No	Yes
9	Acute (Lower) Respiratory infections – (Suspected Pneumonia)	Qushtapa	Erbil	Refugees	70	DOH	Yes	No	No	Yes
10		Gawilan	Dahuk	Refugees	95	PU-AMI	Yes	No	No	Yes
11		Ashti	Sulaymaniyah	IDPs	34	EMERGENCY	Yes	No	No	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, WHO-Iraq in coordination with the Ministry of Health is in the process of developing 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>

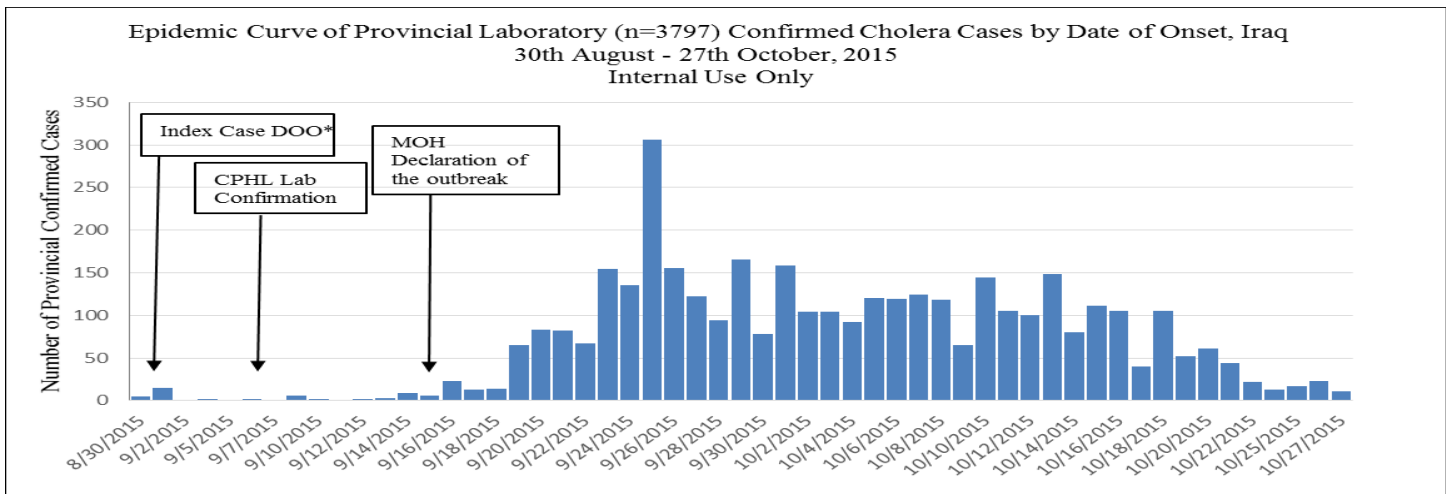
Trends of Alerts

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.

Iraq has been experiencing cholera outbreaks since September 7, 2015 and was declared on September 15, 2015, when the cases to be reported in Diwaniya Region of Qadisiya Governorate and quickly spreading to the West of Baghdad in 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 on September 12, 2015.

Since the last situation report dated October 22, 2015, there were 231 confirmed cases reported from the Central Public Health Laboratory (CPHL), bringing the total CPHL-confirmed cholera cases to 2,173 in this current cholera outbreak. Baghdad, Babil and Diwaniya governorates are the most affected governorates to-date, reporting 33.0%, 26.7% and 14.4% of the CPHL-confirmed cases, respectively. Baghdad (Baghdad-Resafa) and Diwaniya also reported the highest number of confirmed cases this past week.

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



Epidemic Curve of Provincial Laboratory-Confirmed Cholera Cases by Date of Onset, Iraq, August 30 – October 27, 2015 (n=3,797)

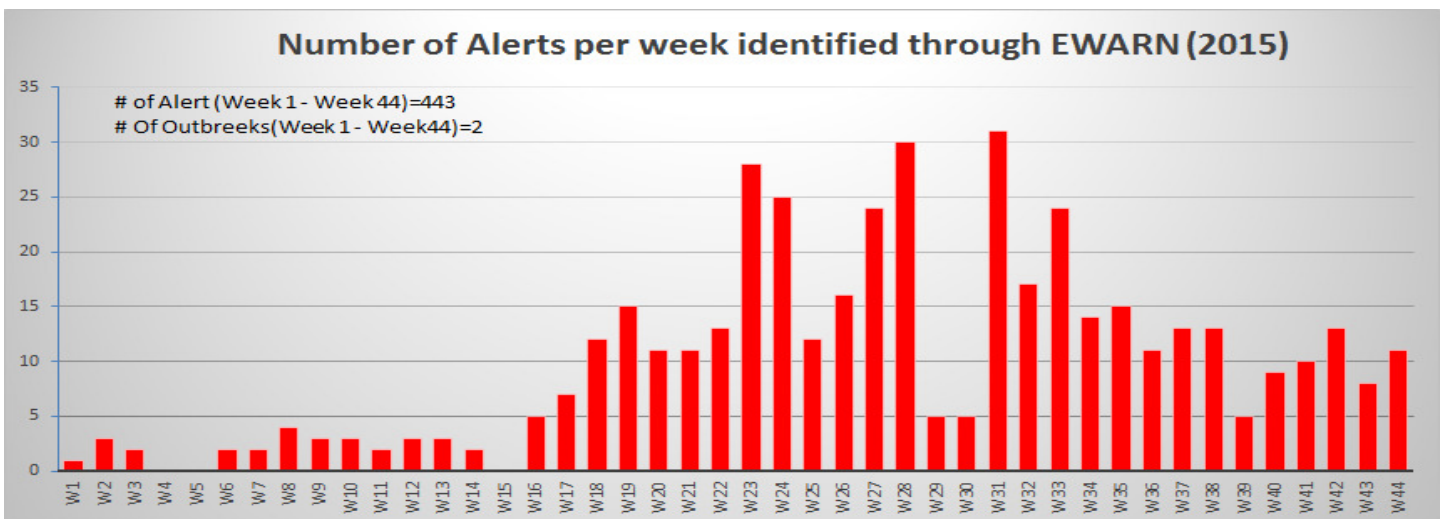


Figure X: Alerts generated through EWARN surveillance (week 1 to 44—2015)

Comments & Recommendations

The MOH is leading the response with the technical support of WHO (co-chair of the Task Force). The response is based on the following seven strategic directions, which are closely coordinated through the Cholera Command and Control Centre (C4) within MOH's premises, with an effective intersectoral coordination mechanism established with the WASH cluster, meeting daily except on Thursdays.

The Ministry of Health, with WHO support, will conduct a targeted **Oral Cholera Vaccine (OCV)** mass preventive immunization campaign for vulnerable populations in refugee and internally displaced person (IDP) camps throughout the country. This is the first time Iraq will introduce the OCV Shanchol vaccine.

The planning for the Oral Cholera Vaccination campaign continued this week, with a planning and training session for the EPI managers at the governorate levels and took place in Baghdad on Monday, October 26 and in Erbil on Tuesday, October 27. The training of supervisors, vaccinators and social mobilisers at the governorate level started on Wednesday October 28. The OCV mass preventive first round campaign is still scheduled to start on October 31, depending on the preparedness of the human and logistical resources of every single governorate. All vaccine doses for the two rounds have arrived at the EPI cold chain storage of each governorate.

A Joint WHO-UNICEF multidisciplinary mission of epidemiologists, clinical care and WASH experts visited the highly-affected Babil governorate on October 28 to assess the current situation, gaps and needs of outbreak response coordination, surveillance, case management and prevention, including the WASH components of the response. The team met with the Governor, the Directorate of Health (DOH), the Directorate of Water (DOW) and conducted site visits to the Marjan Hospital and one of the Water Treatment Plants (Al-Tayara water treatment plant). The remainder of this situation report will focus on the findings from that joint mission.

Full Report: <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** emacoirqewarn@who.int