

IRAQ: Early Warning and Disease Surveillance Bulletin

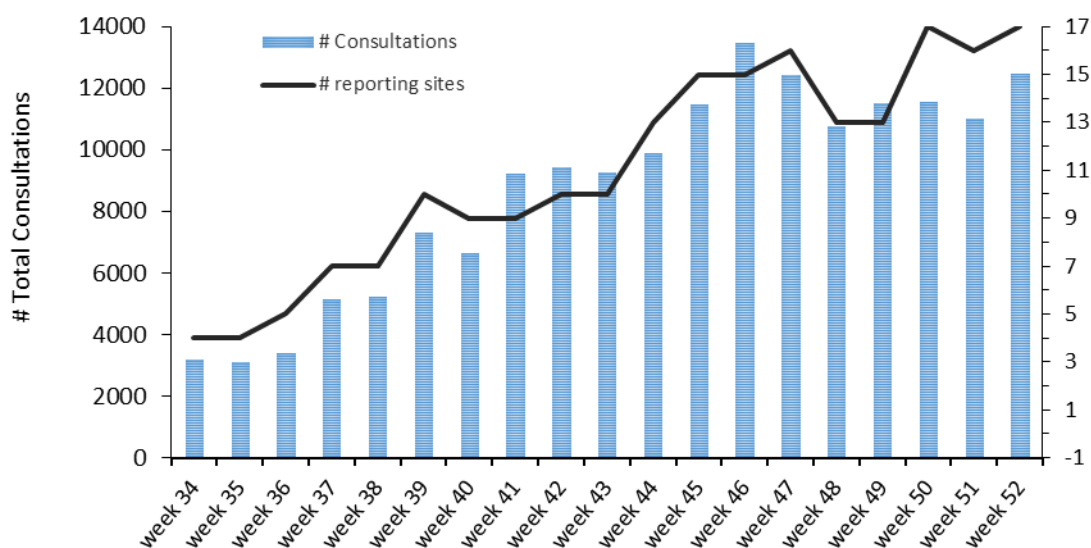
Epidemiological Week 52

Reporting Period: 22 - 28 December 2014

Overview

- Seventeen reporting sites including seven Refugee and 10 Internally Displaced People's (IDP) camps submitted timely weekly reports this reporting period, refer to figure I for details.
- The number of consultations increased during this reporting period by 11.6% from 11,024 in week 51, to 12,477 in Week 52. This brings the total number of consultations recorded since the EWARN system was initiated to 145,208.
- WHO in close collaboration with the Ministry of Health is in the process of upgrading the EWARN system to an electronic format, due to be launched in mid-January 2015. The upgrade will be an opportunity to expand the network to all primary healthcare centers serving internally displaced people (IDPs), refugees and affected host communities. More reporting sites are expected to be added.

Figure I: Total consultations and proportion of reporting health facilities since week 34



Morbidity patterns

- Acute Respiratory Infection (ARI) and Acute Diarrhoea (AD) remained the leading causes of morbidity this week with 3,821 and 390 cases respectively, representing 30.4% and 3.1%. An increase in the number of cases of ARI and AD in comparison to week 51. Details in Figure II.

- Bajit Kandala IDP camp continues to account for the highest number of reported cases of ARI and AD cases. A total of 1,030 ARI cases (27% of the total reported ARI cases) and 117 cases of AD (30% of the reported cases) were recorded during this reporting period. The WHO team in Dahuk together with the DOH Dohuk, are planning to visit the camp to investigate reasons behind the consistently high reports of ARI and AD in the camp.
- Thirteen sporadic cases of bloody diarrhoea were reported; seven from Refugee camps (Domiz, Darashakran and Basirma) and six from IDPs camps (Habeb PHC, Shaqlawa and Baharka 1 &2).

Figure II¹: Trend of leading communicable diseases, by weeks 52

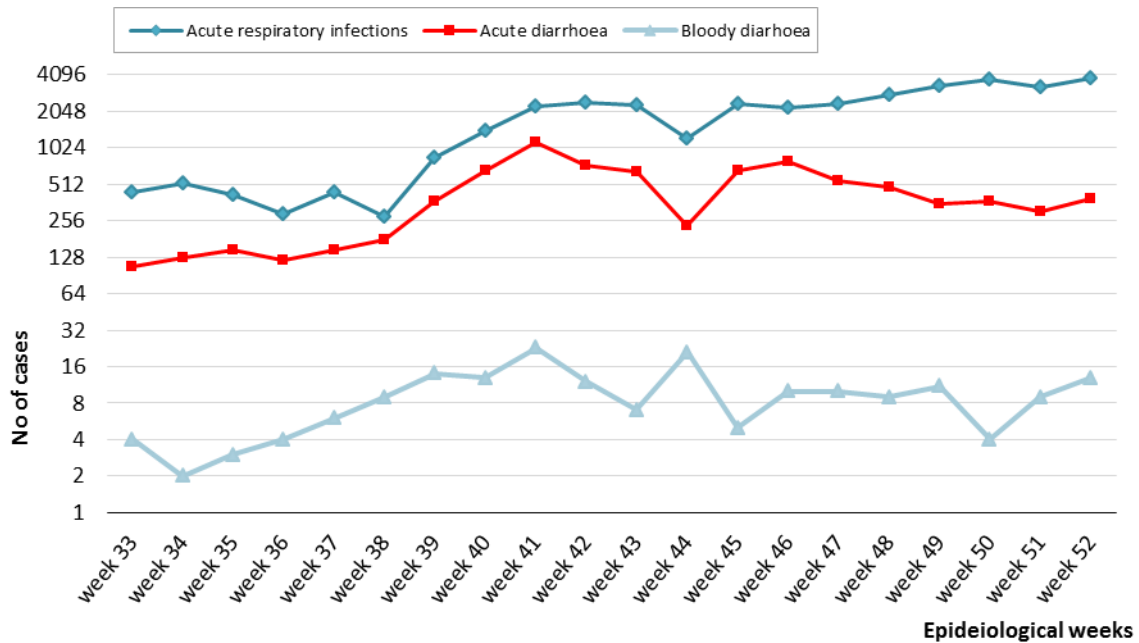
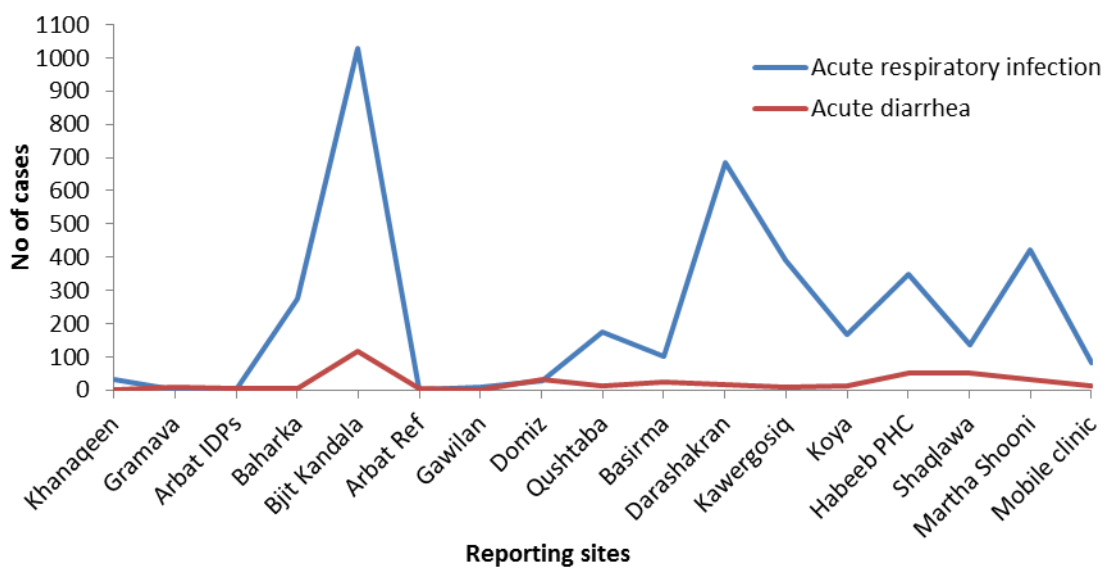


Figure III: Trends of leading communicable diseases from major reporting sites week 52

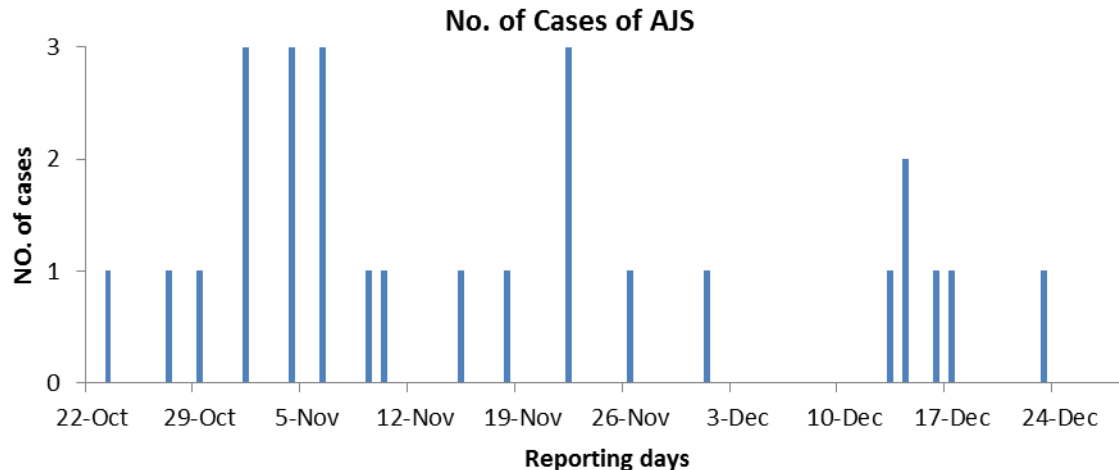


¹ The graphic axis is made on the basis of a logarithmic scale based on the orders of magnitude rather than the standard line scale. This enables illustration of data despite the large range of quantities.

Alerts and outbreaks

- The outbreak of Acute Jaundice Syndrome (AJS) that was reported from Baharka IDPs camp started on 23/10/2014 and was confirmed as a viral hepatitis A (HAV). In this reporting week, one case was recorded in Bharka camp in week 51 (Figure IV). Two more cases of AJS were reported one from Garmava IDP, and one from Basirma refugee camp.

Figure IV: Trend of acute jaundice syndrome cases in Baharka camp from 23 Oct to 7 Dec 2014



- Thirty one (31) Stool specimens were collected from Domiz, Basirma, Gawilan, Darashakran, Qushtaba, Kawergosiq and Bharka camps and routine screening performed at the Erbil Public Health Laboratory. All samples collected tested negative for vibrio cholera.

Comments and recommendations

- Cases of Hepatitis A continue to decline for the 4th consecutive week; three cases were recorded in this reporting period from Garmava IDP camp (1), Basirma refugee camp (1) and Bharka camp (1). A consolidated effort is needed from all partners in collaboration with the WASH to sustain the gains made.
- An increase in ARI cases were recorded in all camps this week with more cases reported in Bajit kandala camp in Dahuk and Laylan in Kirkuk Governorates. WHO together with the DOH Dohuk, are planning to visit the camp to investigate reasons behind the consistent reports of high ARI and AD cases in the camp. The increase could be attributed to the ongoing winter season, thus a need for close coordination with the shelter cluster to scale up support to IDPs affected by winter. Clothes and fuel are also needed for protection from the cold.

NB: Any suspected case of measles, AFP, meningitis, suspected cholera, or unusual cluster of health events should be immediately notified to relevant health authorities in your district or to the contacts provided below in order to facilitate further investigation.

For comments or questions, please contact

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