



IRAQ: Early Warning and Disease Surveillance Bulletin

Epidemiological Week 9:

Reporting Period: 23 – 02 March 2015

Overview

- During week 9, seventeen (17) reporting sites including eight Refugee and eight Internally Displaced People’s (IDP) camps and one mobile clinic working in Sumel Duhok, submitted timely weekly reports during this reporting period.
- A suspected meningitis case has been reported from Marstshmoony settlement run by CHURCH-NGO. The alert was investigated and responded and was found negative.
- Alerts of Acute Watery Diarrheal cases (n=50) were reported during week 8. The team investigated and responded to the alerts. None of the cases fill the criteria of the case definition.
- Following the detection of measles cases in Arbat camp over the past few weeks in which 26 suspected cases were recorded, a measles campaign was conducted on 22nd February to ensure vaccination of all IDPs children in entire camp regardless of their previous vaccination status
- In Al-Anbar Governorate; four cases of mumps and two cases of hepatitis-E virus in children have been reported in Ramadi by Ramadi Pediatric hospital. There is a significant casesof Leishmaniasis reported from Al-Faluja hospital.
- There is no major Leishmaniasis outbreak in Sulaimaniyah; WHO has provided limited quantity of sodium gluconate to Sulaimaniya DoH.
- WHO in close collaboration with the Ministry of Health is in the process of upgrading the EWARN system to an electronic format in March 2015. The upgrade will be an opportunity to expand the network to all camps serving internally displaced people (IDPs) as well as Syrian refugees.

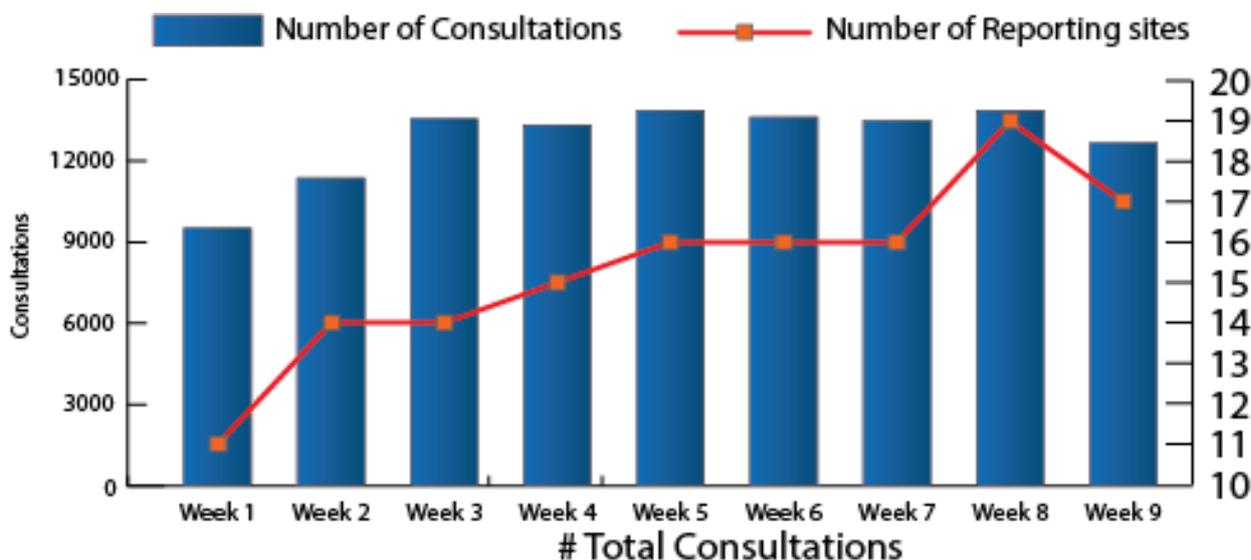
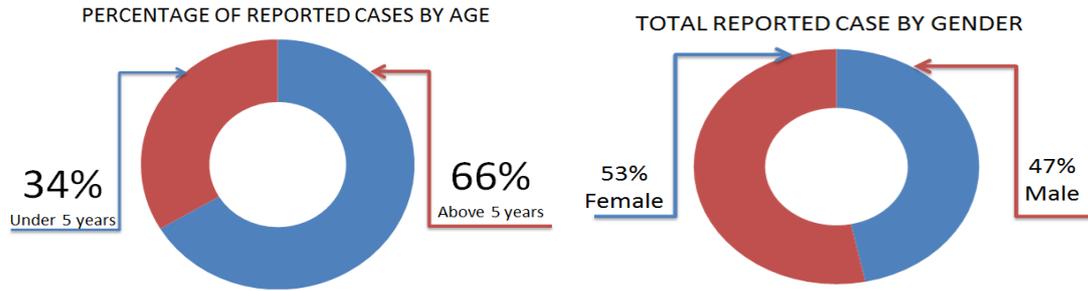


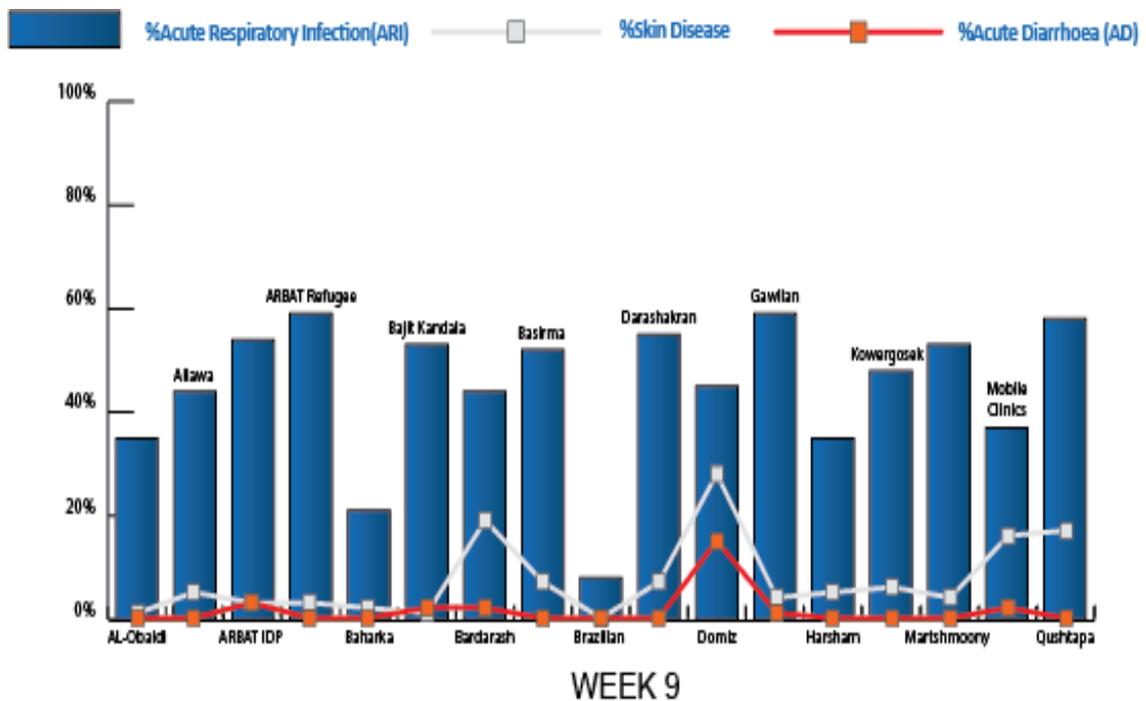
Figure 1: Total consultations and proportion of reporting health facilities b/w week 1-9

Consultations by Age and Gender week 1 – 8 in camps:



Morbidity patterns

- Acute Respiratory Infection (ARI), scabies (SCB) and Acute Diarrhea (AD) remains the leading causes of morbidity during this week with 6033 (48%), 686 (5%) and 102 (1%) cases respectively from the majority of the camps, a steady trend when compared with week 8.



- The proportion of AD remains steady ranging between 2%-3% (week 9=1%). Skin diseases remained constant from week 2-6 but increased by 2% in week 8 and during week 9 the proportion of skin diseases has decreased by 2% (week9=5%). ARI proposition shows a steep decrease of 11% in the caseload since week 8 (w8=59% and w9=48%).

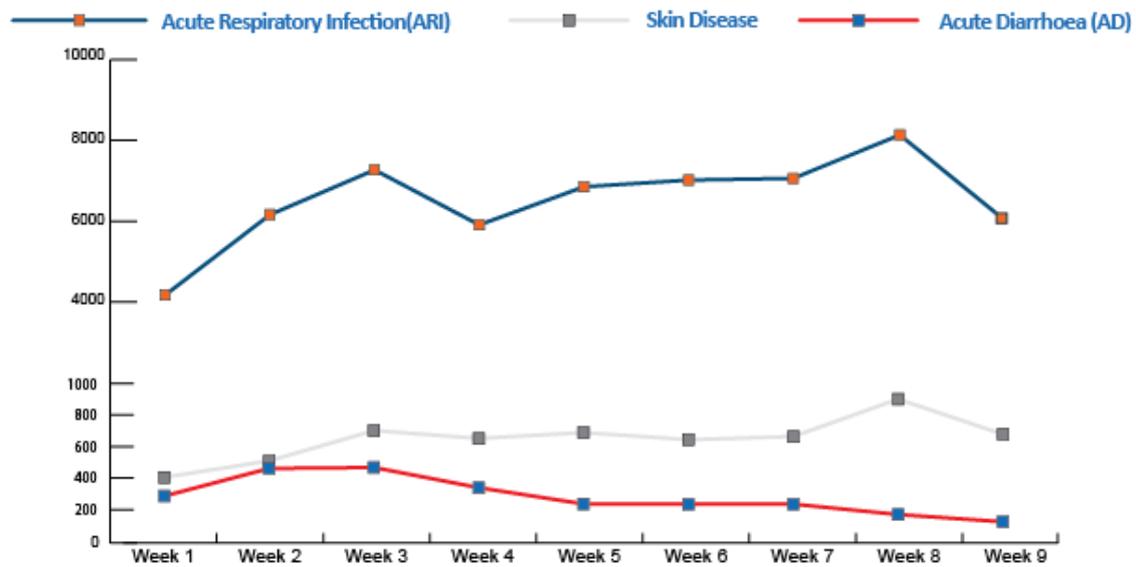
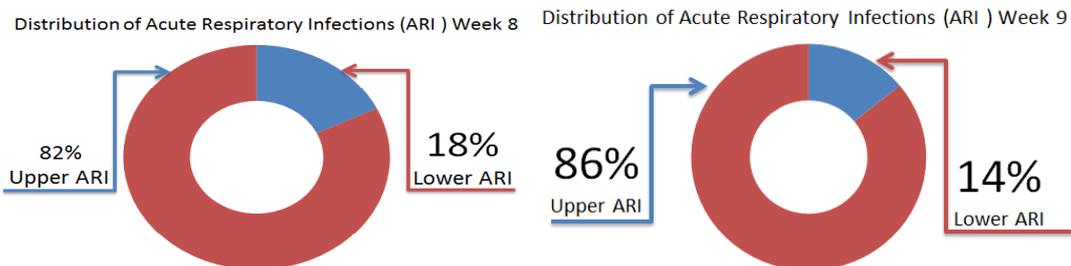


Figure III¹: Trend of # of cases of ARI, Scabies and AD from week 1 - 8

- Acute Respiratory Tract Infection (ARI) has been further divided into upper and lower respiratory tract infections from week 1, 2015.
 - According to EWARN data, during week 9, the trends of upper and lower ARI remained the same when compared with week 8 (Upper ARI=83% and Lower ARI 17%).
 - The situation is being monitored accordingly and the underlying cause is currently the cold weather.



- Proportion of Lower ARI cases was the highest in Martshmoony settlement (L-ARI=24%) when compared with the other reporting site in week 9 although there has been a steep decrease of (31%) in the proportion when compared with week 8 (L-ARI=54%).
 - Bajet Kandala, Al-obaidi, Arbat camps (refugees/IDPs) followed with 15%, 13% and 11% respectively. Upper ARI was the highest reported in Qushtapa camp (58%) followed by Darashakran (55%), Gawilan (54%), Basirma (52%), Kowergosk (48%) and Arbat refugee (48%) camps.
 - On investigation it was noted that there is a need for refresher training on the case definition in these camps which showed a high proportion of Lower ARI.

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.



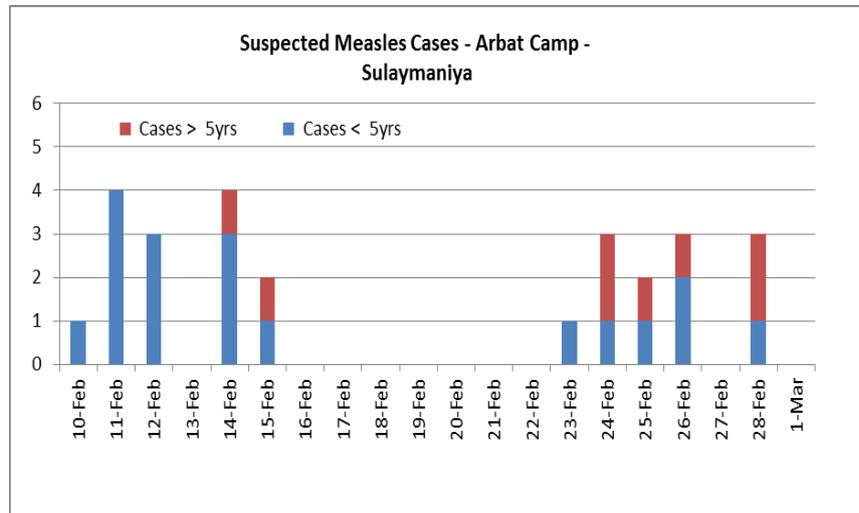
Figure IV: Trend of Upper and Lower ARI leading communicable disease, by weeks 9

- The second highest cause of consultations after ARI is skin infections.
 - Domiz camp reported the highest proportion of skin infection cases (28%) followed by Bardarash (19%), Qushtapa (17%) and the mobile clinic in Sumel district in Duhok Governorate (16%).
 - The health, WASH clusters and WHO in coordination with the Department of Health are conducting hygiene and health education and promotion activities in all the camps.
- Due to the cold weather, the Acute Diarrhea (AD) cases have further decreased when compared to week 8 (w8=169 and w9=123). A few camps reported Acute Watery Diarrhea (n=50) which on investigation showed that the healthcare providers were not familiar with the case definitions.
- 12 new suspected measles cases have been reported from Arbat IDP camp in Sulamaniyah where the outbreak of measles was first declared. *(see Alert & outbreak section)*
- A suspected meningitis case has been reported from Marstshmoony settlement run by Church NGO. *(see Alert & outbreak section)*
- Seventeen sporadic cases of bloody diarrhea have been reported from different camps across Kurdistan Region. The suspected cases of bloody diarrhea have decreased by n=10 since week 9.
- The suspected cases are from Arbat IDP camp (n=11), Domiz (n=3) while Baharka, Darashkran, and a mobile clinic run by PU-AMI in Sumel, Duhok reported one case each. All these cases are sporadic with no clustering when compared with week 8. Arbat IDP camp has been reporting a steady trend of bloody diarrheal cases (w8=9 & w9=11). The WHO provincial office and IDPs camp manager has been informed about the trend though the cases are currently within the alert threshold and Suleimaniya DoH and WHO are keeping a vigilant eye on any unusual increase.
- Five sporadic cases of Acute Jaundice Syndrome (AJS) have been reported in week 9. Domiz and Harsham camps reported two cases each while Gamilan reported one case. The cases of AJS have gradually decreased in all the camps indicating the end of the outbreak which started in December, 2014.

Alerts and Outbreaks

- Following the detection of measles cases in Arbat camp over the past few weeks in which 26 suspected cases were recorded, the Early Warning and Alert Network (EWARN) system has since continued monitoring the trends of the disease in addition to conducting vaccination campaign in Arbat camp.
 - WHO in collaboration with Emergency INGO and Suleimaniya DOH have collected the samples and sent to National laboratory in Baghdad. Results were positive for IgM. An epidemiological investigation was conducted suggesting that it was a common source outbreak starting in children of new IDPs.

- There was a spatial and temporal clustering of suspected measles cases in Arbat IDP Camp. All cases except one were among new IDPs from Salahaldin.
- A measles campaign was conducted on 22nd February to ensure vaccination of all children in Arbat camp regardless of previous vaccination status



- A suspected meningitis case has been reported from Marstshmoony settlement run by CHURCH NGO. The alert was investigated by the WHO surveillance unit a sample was collected and test result was negative.
- Alerts of Acute Watery Diarrheal cases were reported (n=50) during week 8. The team investigated these cases and a refresher on case definitions was provided. None of the cases fill the criteria of the case definition. However, the situation is being monitored and in case the threshold is crossed the investigation team will conduct the epidemiological investigation along with the response.
- A team from CDC division in Public health in Kirkuk DoH, visited Ghalowbazyan village (n=135 families) and conducted an outbreak investigation for Leishmaniasis cases. Preventive measures have been taken to limit the spread of the disease.
- In Al-Anbar Governorate; four cases of mumps and two cases of hepatitis-E virus in children have been reported in Ramadi by Ramadi Pediatric hospital. There is a significant case of Leishmaniasis reported from Al-Faluja hospital.
- There is a Leishmaniasis outbreak in Sulaumaniyah; WHO has provided limited quantity of sodium gluconate to the governorate DoH.

Comments and recommendations

- National Immunization Days: A 5-day country wide polio vaccination campaign started on 22nd February 2015. In Central and southern governorates, children below 5 years will be administered tri-valent oral polio vaccine irrespective of their previous vaccination status. In Kurdistan Region, a combined measles and polio vaccination campaign for 12 days in Erbil and Suleimaniya and 17 days in Duhok will be conducted for children aged 9 months to 5 years irrespective of their previous vaccination status as well. The tri-valent oral polio vaccine will also be administered to children below the age of 5 years. A special focus will be on the vulnerable populations, IDPs, Refugees, host communities having these populations, slums and seasonal nomads.
- There is a need to do on-job refresher trainings on case definitions of the healthcare providers working in the camps to avoid false diagnosis of cases.

- More Sodium Gluconate Infiltrations should be prepositioned in all the Governorates with high incidence of Leishmaniasis.
- The WHO team in coordination with the Ministry of Health Kurdistan Regional Government investigated the reasons behind the consistently high reports of ARI and skin infections from the camps. The increase in the proportions of ARI and skin infections has been associated with the winter season which is likely to increase in the coming month posing public health risks on children and other vulnerable groups. There is a need for close coordination with the shelter cluster to scale up support to IDPs affected by winter.

Note of Health Cluster partners: Any suspected case of measles, AFP, meningitis, suspected cholera, neonatal tetanus 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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