Iraq: EWARN & Disease Surveillance Bulletin

**2015 Epidemiological Week: 40**   **Reporting Period: 28 Sep—04 Oct, 2015**

Highlights

♦ **Number of reporting sites:** sixty (60) reporting sites including thirty six (36) Internally Displaced People's (IDP) camps, Eight (8) refugee camps and sixteen (16) mobile clinics submitted their weekly reports timely and completely.

♦ **Total number of consultations:** 21,059 (male=9,432 and female=11,627) marking a increase of 7,573 (22%) since last week.

♦ **Leading causes of morbidity in the camps:** Acute Respiratory Tract Infections (ARI) (n=7,365), Acute Diarrhea (AD) (n=1,165) and skin diseases (n=778) remained the leading causes of morbidity in all camps during this reporting week.

♦ **Number of alerts:** Nine alerts were generated through EWARN following the case definition thresholds, of which Seven were from IDP camps and One from refugee camps and One from hospital during this reporting week. Nine of these alerts were investigated within 24-48 hours of which One 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 1-40

Consultations in the camps by age and gender (week 40)
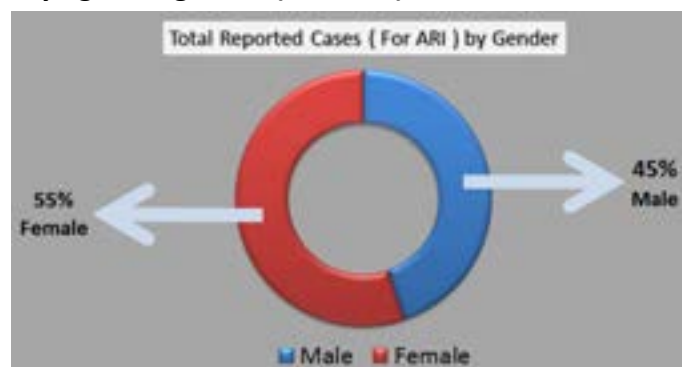
Morbidity Patterns

IDP camps:

During week 40, proportions of acute diarrhea in IDP camps has slightly increased (week 39 = 5.10% and week 40 = 5.37%). The proportion of acute diarrhea has tripled from 3% in week 18 to 14% in week 26 due to the summer season. As part of preparedness, health and WASH cluster together continued the Cholera Task Force activities in the high risk governorates, due to which the trends of acute diarrhea has gradually decreased to 5.5% in week 34. The proportion of skin infestations including scabies has shown a steady trend since week 23 (6%) due to the lack of health and hygiene sessions in camps by the health cluster partners and Departments of Health. Proportion of acute respiratory tract Infections (ARI) are showing a gradual steady downward trend between 30% - 35% since week 18. (See below graph).
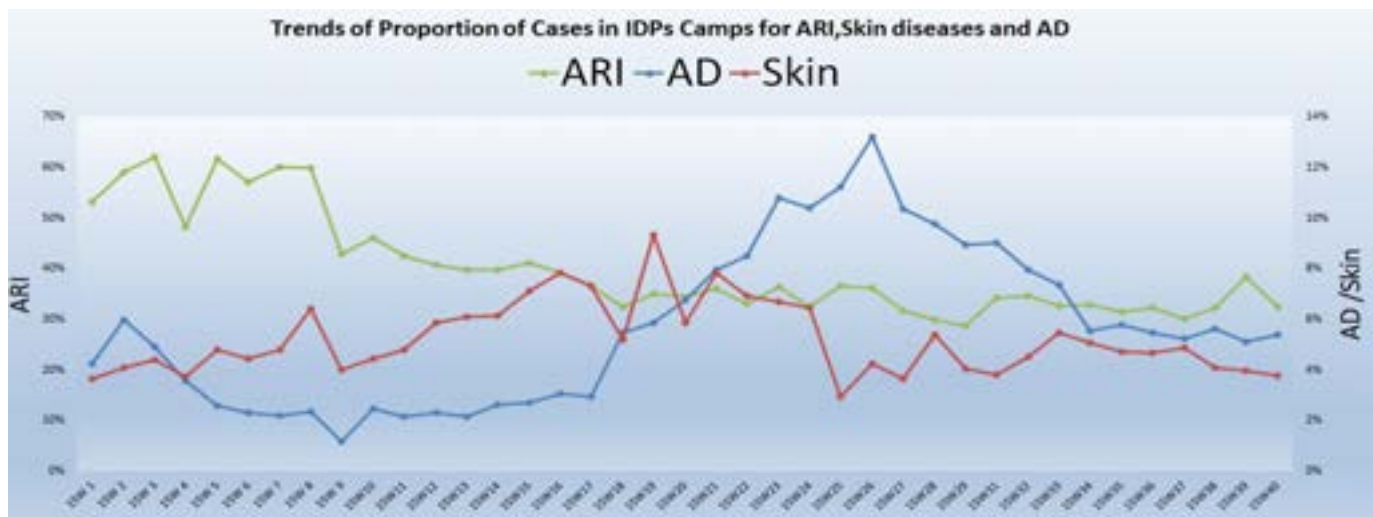

Figure II: Trend of proportion of cases of ARI, Scabies and AD in IDP camps (week 1 –40)

Refugee camps:

During week 40, proportions of Acute Diarrhea trend in refugee camps shows a steady trend since last week, (week 39=5.70% and week 40=6.36%). Proportion of Acute Respiratory Tract Infections (ARI) indicates a slow drop-down trend since the beginning of summer season, but currently shows a steady pattern since week 30, (week 30=41% and week 34=39%. Proportion of skin infestations including scabies have also dropped from 8% in week 30 to 4% in week 34 due to extensive health promotion activities conducted in all camps. (See below graph).
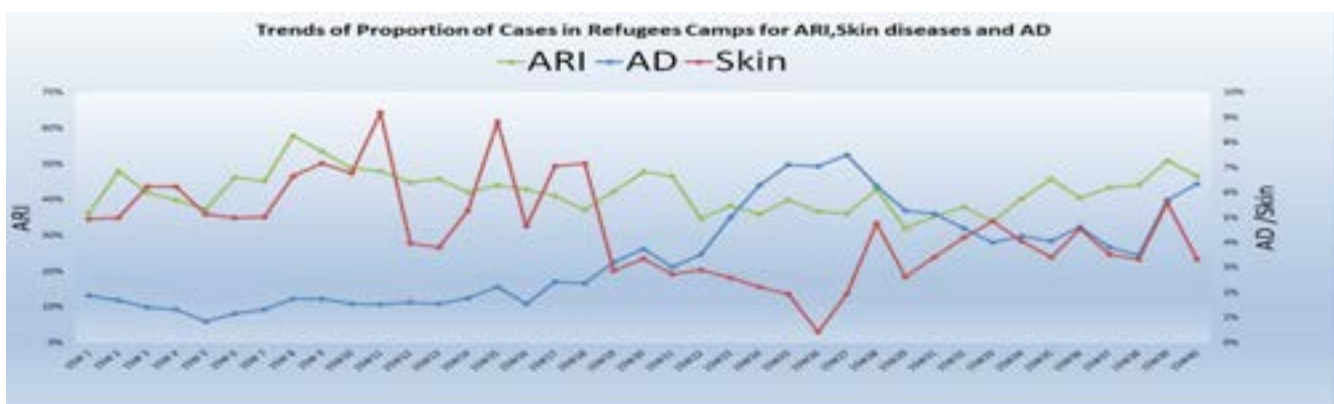

Figure III: Trend of proportion of cases of ARI, Scabies and AD in IDP camps (week 1 –40)

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 40, 2015.
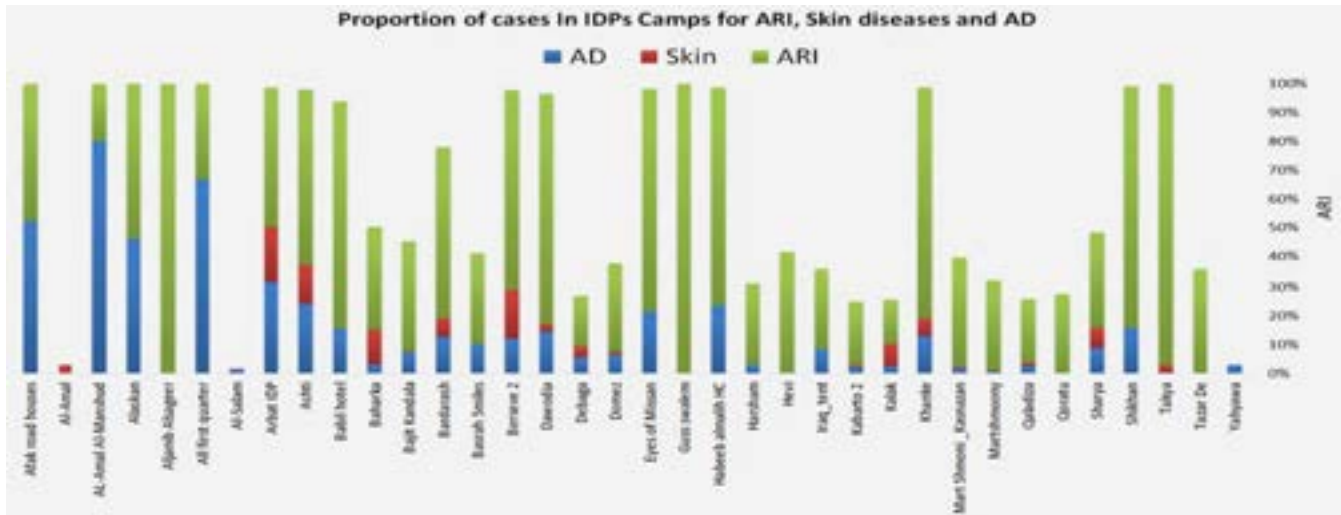

Figure IV: Proportion of cases of ARI, Scabies and AD in IDP camps for week 40

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 40, 2015.
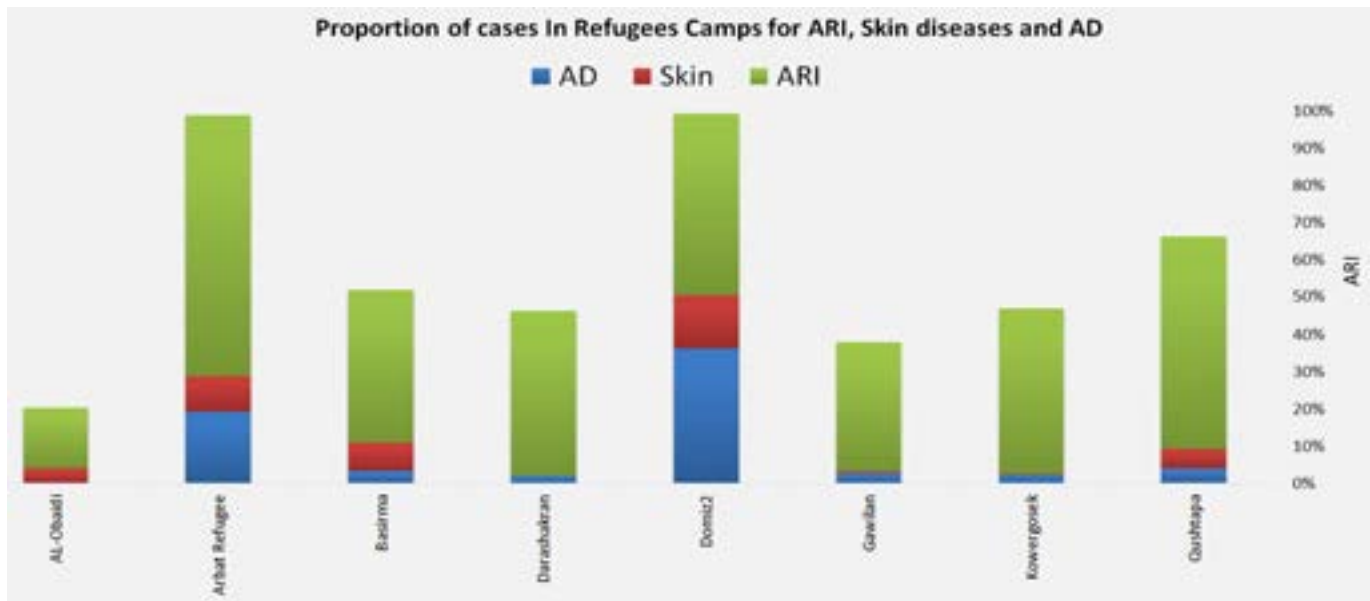

Figure V: Trend of proportions of cases of ARI, Scabies and AD in Refugee camps for week 40

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 40, 2015.
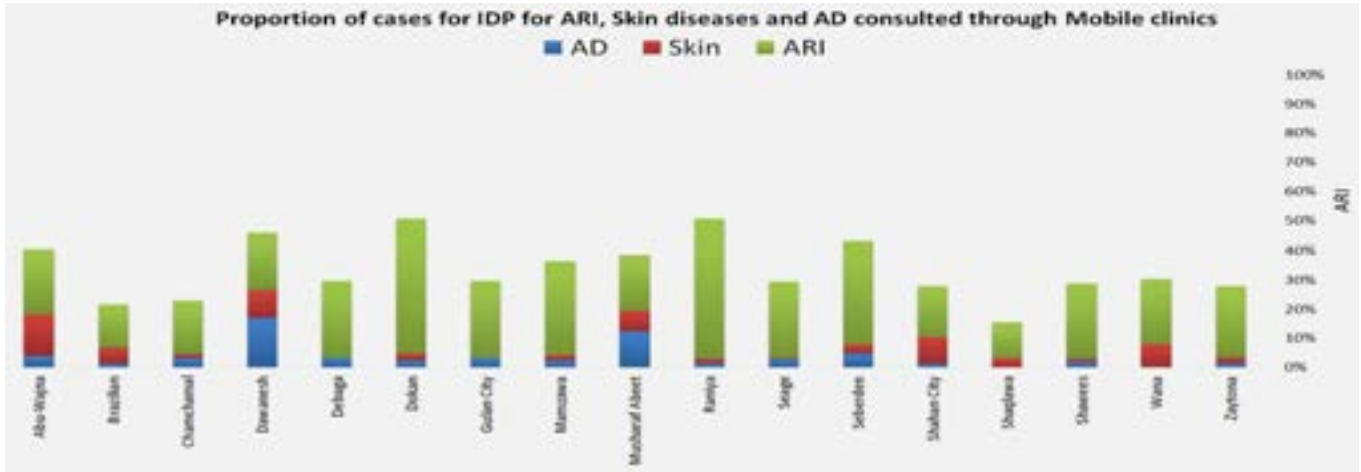

Figure VI: Trend of proportions of IDP cases for ARI, Scabies and AD covered by Mobile Clinics for week 40

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 summer. Compared to week 39, the proportion of upper ARI in week 40 has decreased by 4% while that for lower ARI has increased by 4%. Overall, the ARI trend is slowly decreasing in both IDP and Refugee camps as we go further into the summer months. Furthermore, the below graph indicates the proportion of lower and upper ARI cases per each reporting site for week 40. (Note start changing because of climate change)
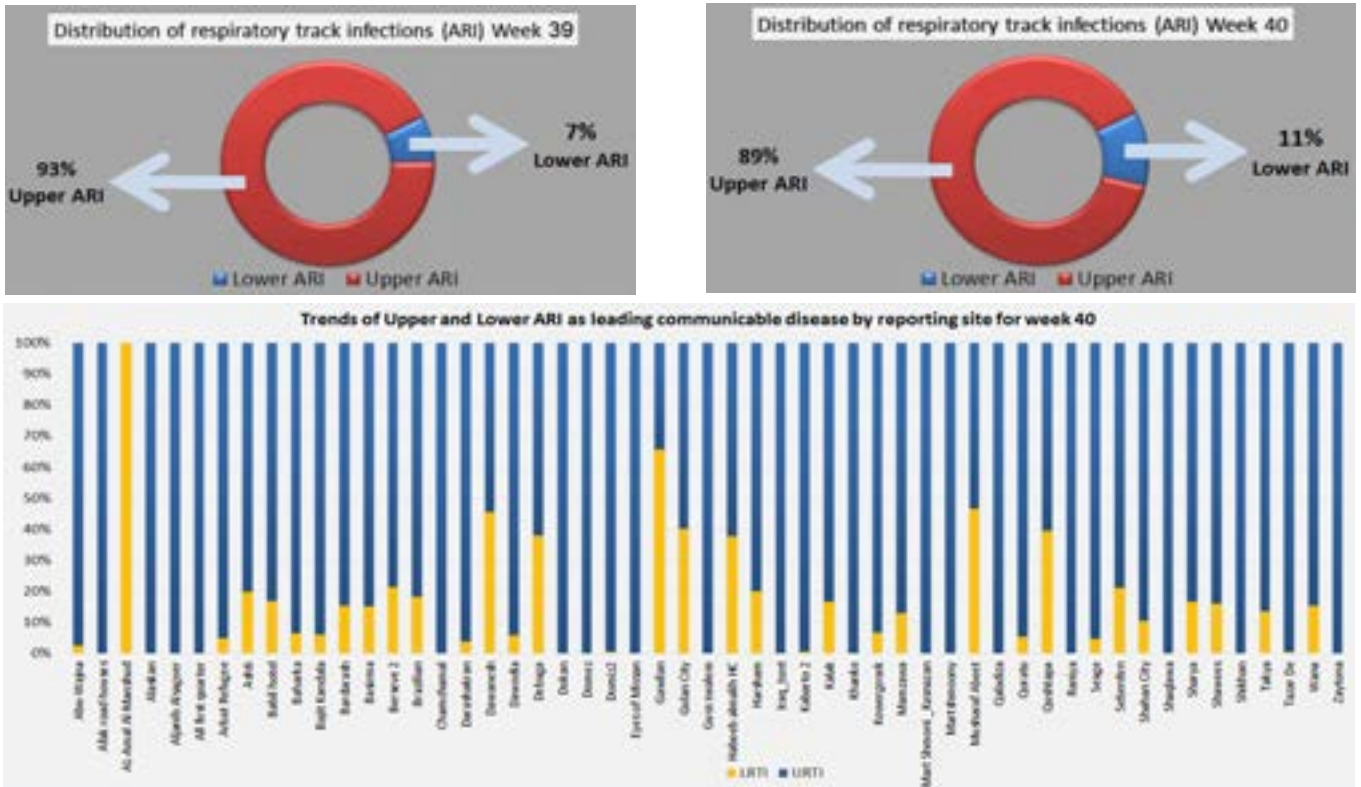

Figure VII: Trend of Upper and Lower ARI per reporting site for week 40

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 and which indicated a steady decrease in waterborne diseases from 14% in week 26 to 5.6% in week 40. (See below graph)
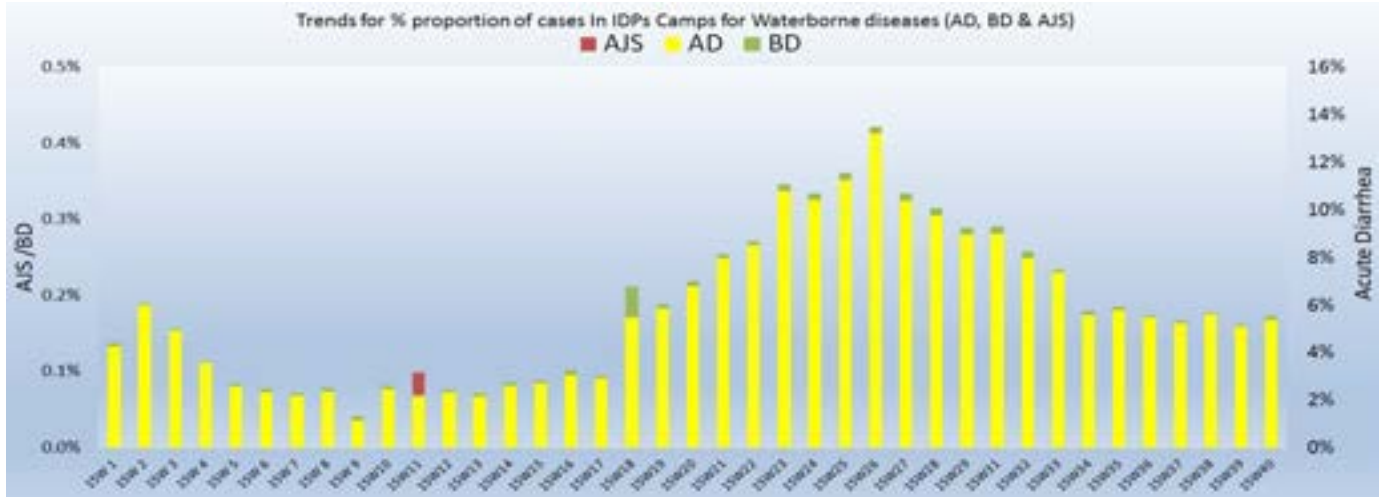
Figure VIII: Trend of Waterborne diseases from IDP camps, week 1 to 40—2015

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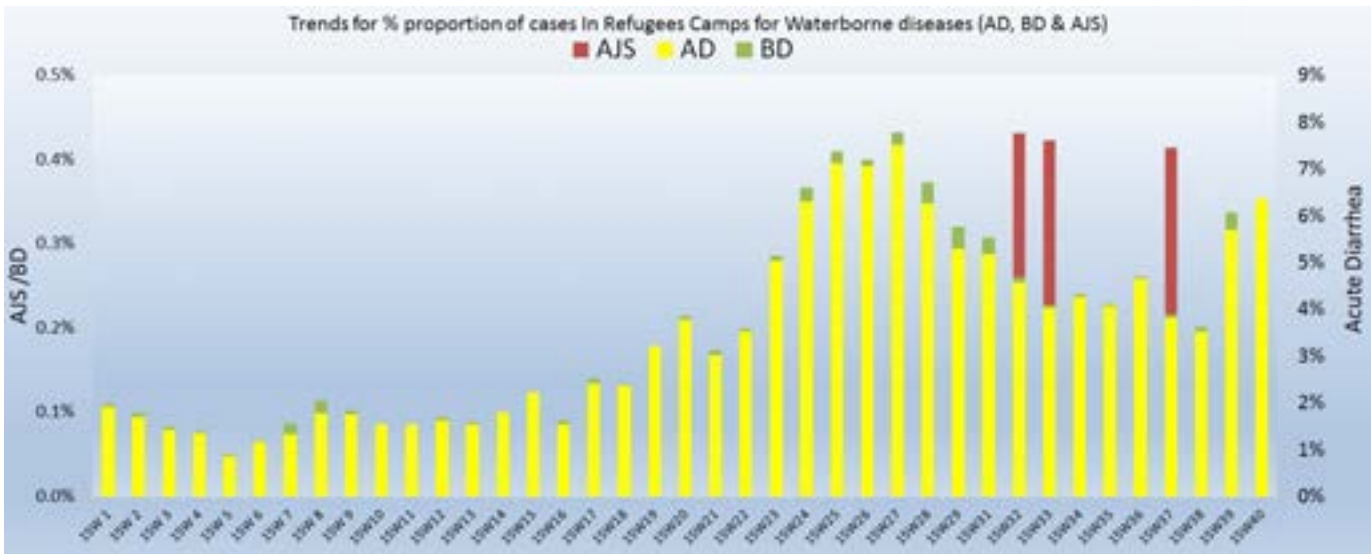

Figure IX: Trend of waterborne diseases from Refugee camps, week 1 to 40—2015

Alerts & Outbreaks

Nine alerts were generated through EWARN following the case definition thresholds, of which seven (7) were from IDP camps, one from refugees camps and one from Hospital during this reporting week. Thirteen of these alerts were investigated within 24-48 hours of which Nine 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 Six of these true alerts. Public health interventions were conducted effectively for all these One true alerts. 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 below table).

Sn	Alert	Location	Governorate	IDP/Refugee Camp	# of cases	Run by	Investigation and Response within 48-72% DOH/WHO/NGO	Sample Taken Yes/No	Alerts Outcome True/False	Public Health Interventions Conducted
1	Suspected Meningitis	Hevi	Dahuk	Hospital	1	DOH	YES	YES	TRUE	YES
2	Acute Watery Diarrhea-(Suspected Cholera)	Bardarash	Dahuk	IDPs	3	PU-AMI	Yes	YES	No	Yes
3	Suspected Measles	Al-Salam	Anbar	IDPs	2	UIMS	Yes	Yes	No	Yes
4		Arbat IDP	Sulaymaniyah	IDPs	1	EMERGENCY	Yes	Yes	No	Yes
5		Iraq_tent	Baghdad	IDPs	17	DOH	Yes	Yes	No	Yes
6	Suspected Pertusis	Iraq_tent	Baghdad	IDPs	1	DOH	Yes	No	No	Yes
7	Bloody Diarrhea	Sharya	Dahuk	IDPs	10	Medair	Yes	Yes	No	Yes
8	Acute (Lower) Respiratory infections – (Suspected Pneumonia)	Berseve 2	Dahuk	IDPs	71	Malteser International	Yes	No	No	No
9		Qushtapa	Erbil	Refugees	137	DOH	Yes	No	No	No

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 Ministry of Health; is in process of developing a real-time online interactive interface for EWARNs showing the trends of the most leading communicable diseases monitored by location along with bi-monthly EWARN snapshot. (Details: click on the link)

Link for 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.

Iraq has experienced a Cholera outbreak since the 7th of September 2015, following laboratory confirmation of 6 positive cases on the 12th, the outbreak was officially declared on 15th. The index case was reported from Diwaniya Region of Qadissa Governorate, spreading through West Baghdad and gradually through the other parts of the country. The Cholera Taskforce has been mobilized in response, though the Cholera Command and Control Centre (C4) under MoH Leadership. (Full Report: http://www.emro.who.int/irq/iraq-infocus/situation-updates-2015.html
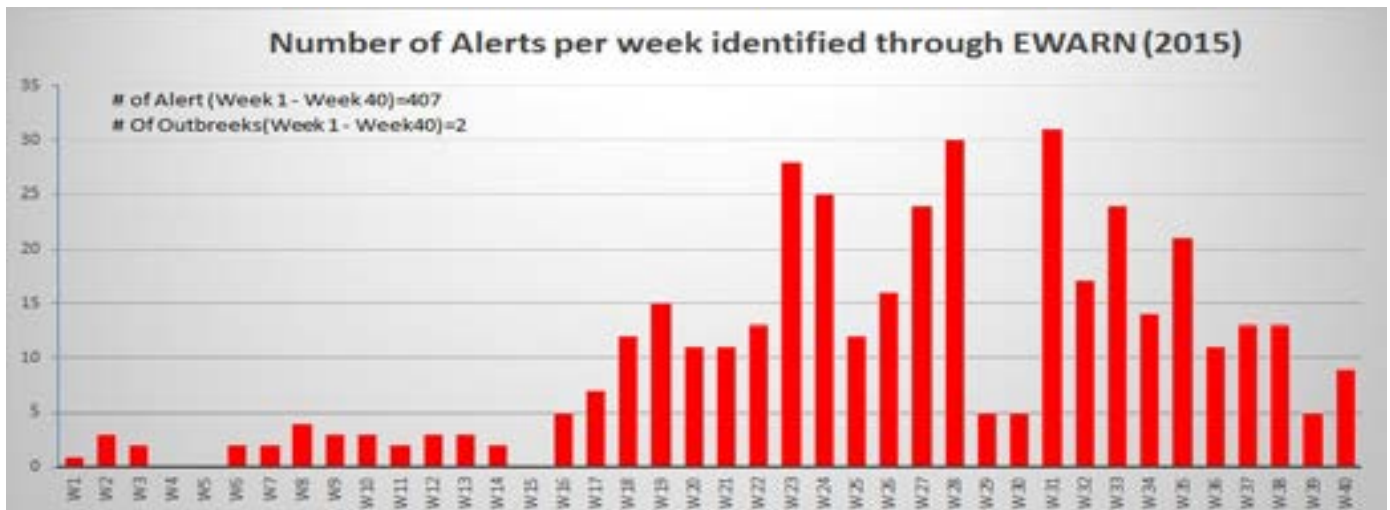

Figure X: Alerts generated through EWARN surveillance (week 1 to 40—2015)

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) established at MoH premises with an effective inter-sectorial coordination mechanism established with the WASH cluster; meeting daily except on Thursdays.

There is a weekly tele-conference bridge to link with the WHO regional office in Cairo and Geneva Headquarters, every Thursday. These Cholera Response Plan strategies include: case management; active/passive surveillance; laboratory strengthening; health and hygiene promotion; coordination; vaccination and logistics.

For comments or questions, please contact

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