IRAQ: Early Warning and Disease Surveillance Bulletin

Epidemiological Week 7:

Reporting Period: 9-15 February 2015

Overview

- During week 7, sixteen reporting sites including seven Refugee and nine Internally Displaced People's (IDP) camps submitted timely weekly reports during this reporting period.
- The number of consultations decreased by a fraction (n=130) during the reporting period from 13622 in week-6 to 13492 (male=6476 and female=7016) in week-7. The highest number of consultations (n=2989) were reported by Shariya camp run by Medair during week 7.
- An outbreak of measles was investigated and responded to in Arbat camp in Sulamaniyah in coordination with WHO, DoH, and health cluster partners. The national combined immunization campaign on measles and Oral Polio Vaccine (OPV) has started from 22nd February including the population in the IDPs camps.
- 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 by March 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.

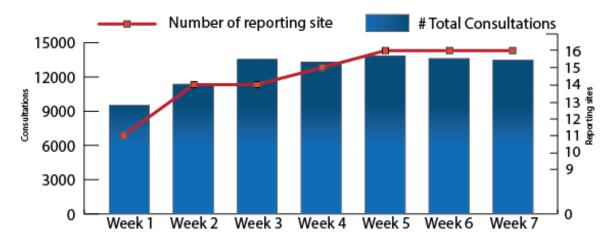


Figure I: Total consultations and proportion of reporting health facilities b/w week 1-7

Consultations by Age and Gender week 1-7 in camps:

PERCENTAGE OF REPORTED CASES BY AGE

TOTAL REPORTED CASE BY GENDER



Morbidity patterns

 Acute Respiratory Infection (ARI), scabies (SCB) and Acute Diarrhoea (AD) remains the most leading causes of morbidity during this month with 29,904 (48%), 2920 (4%) and 1789 (3%) cases respectively from the majority of the camps during week 7.

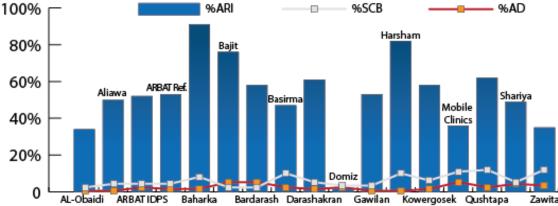
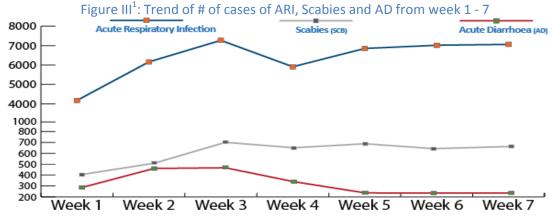
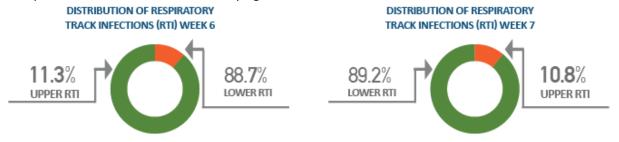


Figure II: Trends of leading communicable diseases from major reporting sites week 7

• From week 1 to week 7, 2015; the proportion of ARI, scabies and acute diarrheal cases has shown a steady trend ranging between 43% - 53% and 3% - 5% respectively.



Acute Respiratory Tract Infection (ARI) has been further divided into upper and lower respiratory tract infections from week 1, 2015. According to the EWARN data, during week 7; the distribution of lower ARI was 11% and upper ARI as 89%; showing a steady trend when compared with week 6 and the underlying cause is the cold weather.



¹ 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.

2

 Baharka camp indicated the highest proportion of upper ARI cases (87%) followed by Harsham (83%) and the Bajet Kandala (71%) while Lower ARI was the highest in Bardarash camp (22%) followed by Arbat and Al-Obaidi camp (15% each).

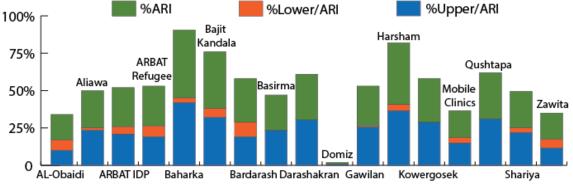
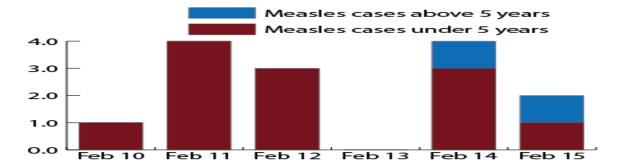


Figure IV: Trend of Upper and Lower ARI leading communicable disease, by weeks 7

- Scabies is the second highest cause of consultation after ARI. Qushtapa and Zawita showed the
 highest proportion of scabies cases (12% each) followed by Barisma (10%) while both IDP camps
 run by IMC indicated 8% of the consultations as scabies. 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.
- Highest proportion of Acute Diarrhea (AD) cases were reported from Bajet Kandala (6%) followed by Bardarash and Shariya camp (5% and 4%) respectively.
- Nineteen sporadic cases of bloody diarrhoea were reported during the month of January from Shariya (n=9) and Domiz (n=10) camps; the cases are within the alert threshold while DoH and WHO is keeping a vigilant eye for any unusual increase.
- Four sporadic cases of Acute Jaundice Syndrome (AJS) have been reported from three different camps (Arbat n=1, Domiz n=2 and Gawilan n=1), when compared with week 6; AJS was reported in three different camps with four sporadic cases. Acute Jaundice Syndrome (AJS) is reported sporadically from different camps. The cases of AJS have gradually decreased in all the camps indicating the end of the outbreak which started in the start of December, 2015.

Alerts and Outbreaks

 During week 7, an alert of suspected measles was reported from Arbat camp located in Sulamaniya. The alert was investigated and clustering of cases was identified. According to WHO guidelines, this alert was declared as an outbreak. The samples were collected and send to National laboratory in Baghdad. Results were positive for IgM. The national combined immunization campaign on measles and Oral Polio Vaccine (OPV) has started from 22nd February including the camps



- Twenty three cases of Bloody Diarrhoea (BD) were reported during week 7, doubled when compared to the last week 6 (n=10). On analyzing the EWARN data, it has been indicated that Domiz camp has reported the highest number of bloody diarrheal cases (n=9) followed by Arbat IDP camp (n=7), but the number is within the alert threshold. The situation is being monitored and incase the threshold is crossed the investigation team will conduct the epidemiological investigation along with the response. Both camp managers have been notified.
- Iraq has experienced unusual surge in suspected influenza cases and deaths this winter. More than 700 suspected influenza cases have been reported so far compared to less than 100 cases last season. MoH requested WHO to provide technical support for the ongoing investigation and response to the suspected outbreak of influenza in the country. Epidemiological Investigation was conducted in collaboration with MoH at Baghdad to trace the source of infection, which apparently seems not to be indigenous. The key finding for immediate and medium to long term were identified and carried out accordingly. Recommendations of the mission have been shared with MoH.

Comments and recommendations

- National Immunization Days: A 5 day country wide polio vaccination campaign started on 22nd February 2015. In Central and southern governorates, the target population (children below 5 years) will be administered tri-valent oral polio vaccine (OPV-3) 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.
- Reports of ARI from camps has remained consistently high, this mostly liked is assocate with the winter season. This is likely to increase in the coming month posing public health risks on children and other vulnerable groups. The WHO team in coordination with Ministry of Health, J+Kurdistan will conduct further investigations for the underlaying reasons. Meanwhile there is 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 winterization. All health partners have been sensitized for the winterization contingency plan while ARI kits have been pre-positioned accordingly.
- Scabies comprises as the second highest cause of morbidity in the camps. The increase in Scabies is an indicator which can be used to assess the hygienic conditions of the camps. Therefore

health, WASH and Camp coordination management cluster in coordination with DoH and health partners should work together to promote health education and awareness on hygiene. In response to DoH Duhok, WHO is procuring the anti-scabies medication to fulfil the urgent needs in the camps.

- The Health Promotion Unit in the Public Health Dept./ Kirkuk DOH conducted a health awareness campaign for the internally displaced population on communicable diseases especially the seasonal flu and the preventive measures. 200 IDPs are expected to benefit from the campaign.
- WHO conducted TB assessment and awareness visit to IDPs in Habeb Al Malih PHCC in AnKawa district in Erbil. The visit aimed at increasing awareness on TB among the IDPs and follow up on the patients' situation there.

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

- ➤ **Dr. Abdulla Kareem**|07703973937|<u>drabdullakareem@yahoo.com</u> Head of Surveillance Department, Federal MOH
- ➤ **Dr Saifadin Muhedin** | 07502303929 | <u>saifadinmuhedin@yahoo.com</u> Head of Surveillance Department in MOH-KRG
- **EWARN Unit WHO Dr Fawad Khan** 07510101452 emacoirqewarn@who.int & khanmu@who.int EWARN focal Point in WHO Iraq Country Office