

IRAQ: Early Warning and Disease Surveillance Bulletin

Epidemiological Week 10:

Reporting Period: 03 – 08 March 2015

Overview

- During week 10, Eighteen (18) reporting sites including eight Refugee and ten Internally Displaced People's (IDP) camps, submitted timely weekly reports.
- In week 10, the number of consultations decreased by 1970 during this reporting period from 12671 in week 9 to 10,751 (male=4761 and female=5990). . The highest number of consultations this week (n=2449) were reported from Shariya IDP camp run Medair an International NGO.
- A suspected case of meningitis was reported from Shariya IDP camp. The alert was epidemiologically investigated and responded by the Rapid Response unit led by DoH; results were found to be negative
- WHO in close collaboration with the Ministry of Health started training on case definitions and use of electronic EWARN tablets, starting with Dohuk Governorate. The Early Warning and Alert Network (EWARN) will be used in monitoring all camps hosting IDPs and Refugees in Iraq while the host community will be covered through the national surveillance program.

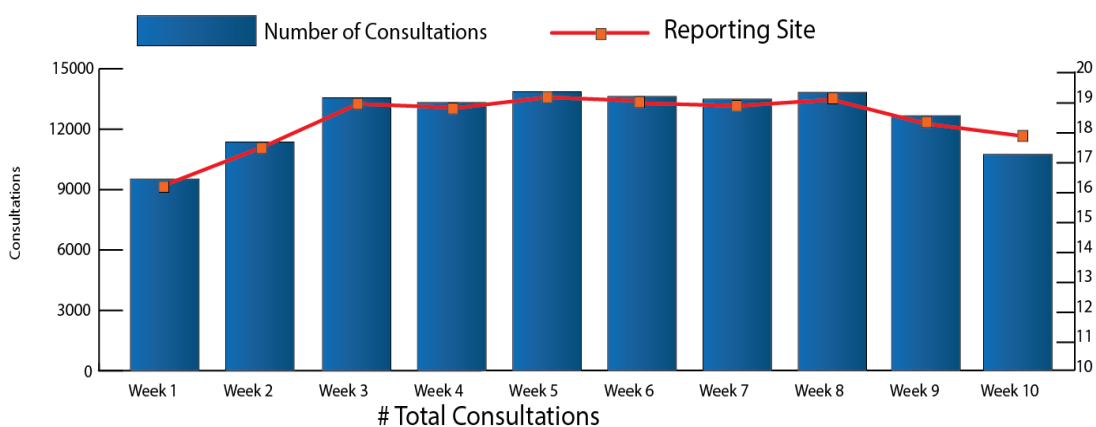


Figure 1: Total consultations and proportion of reporting health facilities b/w week 1-10

Consultations by Age and Gender week 1 – 10 in camps:



Morbidity patterns

- Acute Respiratory Infection (ARI), scabies (SCB) and Acute Diarrhea (AD) remains the leading causes of morbidity during this week with 5223 (48%), 601 (6%) and 233 (2%) cases respectively reported from all the camps reporting to EWARN

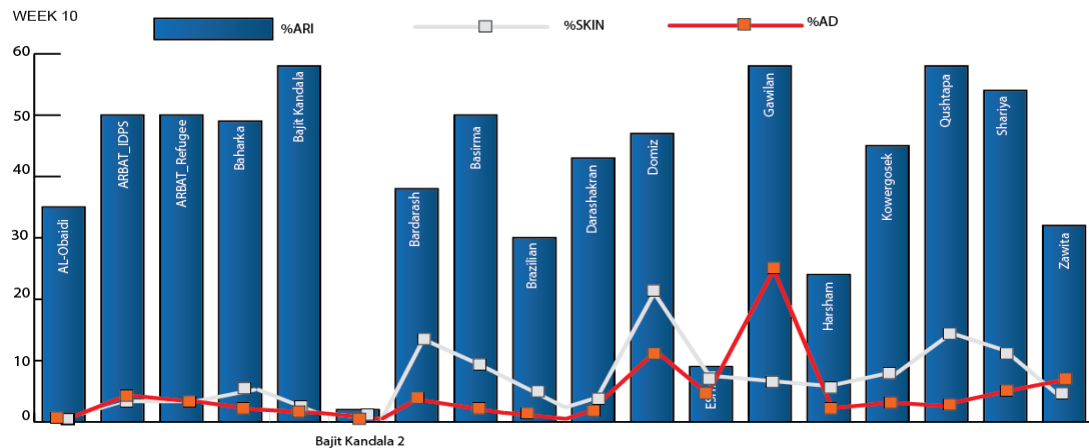


Figure II¹: Trend of # of cases of ARI, Scabies and AD from week 1 - 10

- The proportion of AD remained steady ranging between 1% to 4% (week 10=2%). Skin disease trend remained the same from week 2-10 (week 10=6%). Acute Respiratory Infection proposition shows a steep decrease (1%) in the caseload since week 9 (w9=49% and w10=48%).

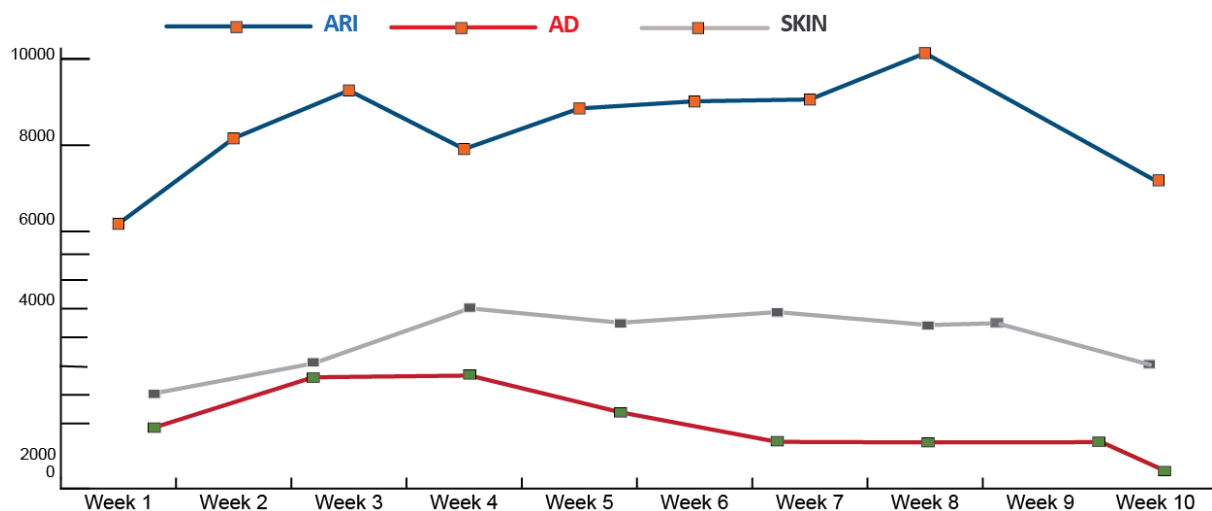


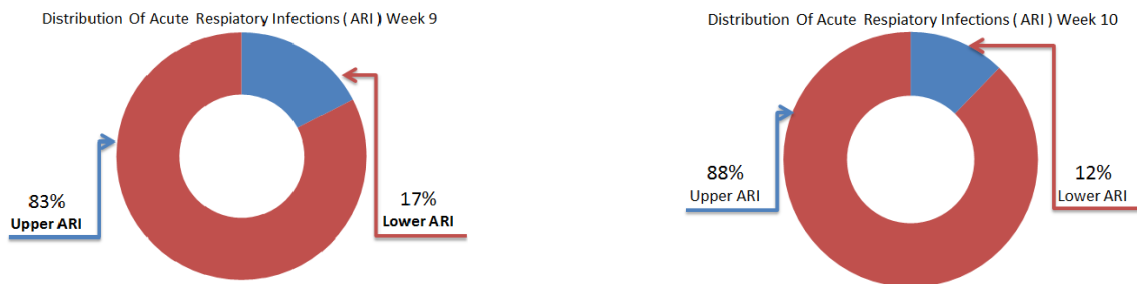
Figure II²: Trend of # of cases of ARI, Scabies and AD from week 1 - 10

- Acute Respiratory Tract Infection has been divided into upper and lower respiratory tract infections since week 1, 2015.
 - The trends of upper and lower ARI remained the same as week 9 (Upper ARI=88% and Lower ARI 12%).

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.

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- The ARI trend is being monitored accordingly and the underlying cause is currently due to the cold weather



- The proportion of Lower ARI cases was highest in Bajit Kandala IDP settlement (L-ARI=14%) as compared to other reporting sites in week 10 although a steep decrease of (10%) proposition was seen compared to week 9 (L-ARI=24%).
- Refresher training on EWARN is underway to strengthen proper diagnosis and filling of EWARN forms. Therefore in the coming weeks the proportion of Lower – ARI will reduce due to the correct syndromic diagnosis of cases based of the EWARN case definitions.

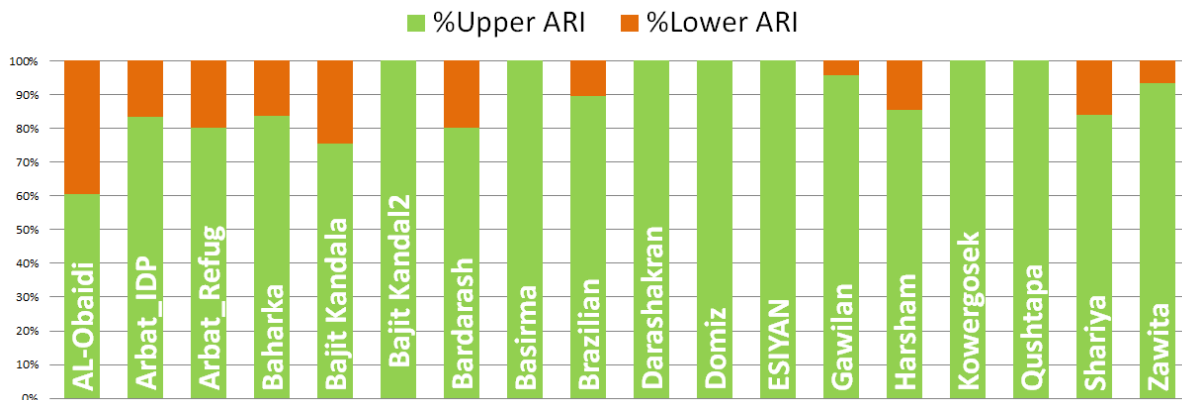


Figure IV: Trend of Upper and Lower ARI leading communicable disease, by weeks 10

- Skin infections are the second highest cause of consultation after ARI.
 - Domiz camp reported the highest proportion of skin infection cases (23%) followed by Bardarash (15%), Qushtapa (15%).
 - WHO, Health and Water, Hygiene and Sanitation (WASH) clusters in coordination with the Department of Health are conducting hygiene and health education and promotion activities in all the camps.
- Acute Diarrhea (AD) cases remained constant. On-job training on EWARN is expected to enhance the skills of healthcare providers to differentiate between Acute Diarrhea and Acute Watery Diarrhea.
- Twelve new suspected measles cases were reported from Arbat IDP camp in Sulamanyah where the outbreak was first declared on 10th February, 2015. *(see Alert & outbreak section)*
- A suspected meningitis case was also reported from Shariya IDP camp run by Medair NGO. *(see Alert & outbreak section)*
- Ten sporadic cases of bloody diarrhea were reported from Arbat IDP camp (n=8) and Eyisan IDP camp (n=2). Suspected cases of bloody diarrhea decreased from 17 to 10 since week 9.

- Two sporadic cases of Acute Jaundice Syndrome (AJS) were reported in week 10. Domiz Refugee and Bajit Kandala 2 IDP camps reported one case each. The cases of AJS have gradually decreased in all the camps in 2015 (n=2),

Alerts and Outbreaks

- Following the detection of measles cases in Arbat camp over the past few weeks in which 12 suspected cases were recorded, measles campaign was conducted in Arbat IDP camp in Sulamaniya run by Emergency- an International Non-Governmental Organization is gradually showing a steady decrease since 11th February, 2015.

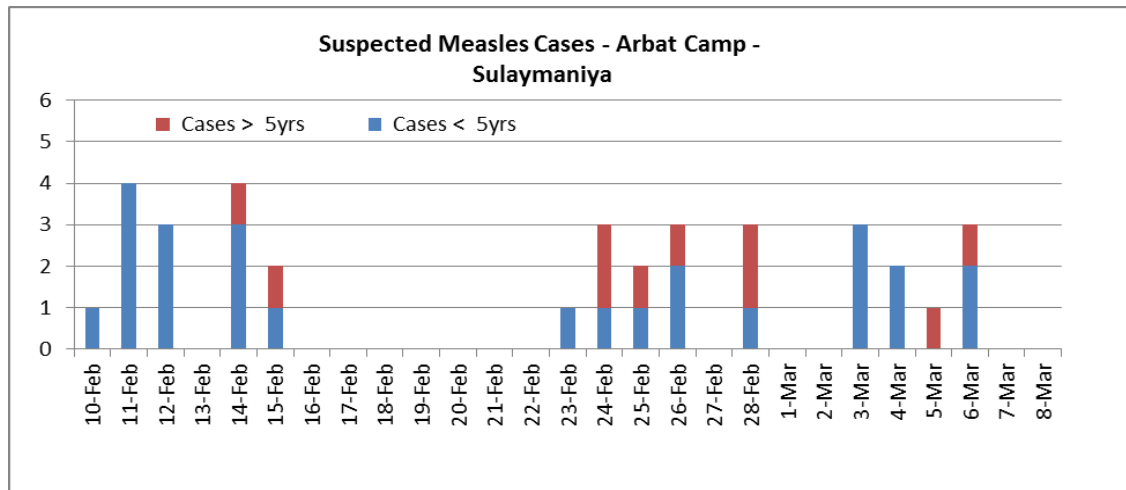


Table: Suspected cases of Measles from Arbat IDP camp from 10 Feb – 8th Mar, 2015

- An alert of three suspected cases of measles was reported from Kowergosh Refugee camp run by International Medical Corps (IMC), an International Non-Governmental Organization. The alert was investigated by rapid response team, samples were collected and test result was negative. It was concluded that the cases had adverse effect of the measles vaccination conduct a week earlier.
- Suspected meningitis (n=1) was reported from Shariya IDP camp in Duhok. The alert was investigated by the DoH surveillance unit, a sample was collected, tested and the result was negative.
- Unexplained fever alert was reported from Essian IDP camp in Duhok run my IMC; investigations conducted by the DoH and WHO and noted that the threshold level was not crossed. The situation is however being monitored and in case the threshold is crossed the investigation team will conduct further epidemiological investigation and respond.
- In Kirkuk, eleven cases of cutaneous Leishmaniasis were reported among the IDP population living in the host community, these were investigated by the DOH and a response instituted.
- Jordan Health Aid Society (JHAS) reported seven cases of lice infestation in the Brazilian sport center in Erbil during the physical examination conducted on the school age children. Health promotion activities are being conducted by DOH, supported by health cluster partners.

Comments and recommendations

- Conduct on-job refresher trainings on case definitions for healthcare providers working in camps to avoid false clinically diagnoses of cases. Trainings on Surveillance and communicable disease control in Emergencies have started in Duhok. WHO introduced electronic reporting system for 20 persons from DOH-Duhok and INGOs supported by WHO.
- WHO conducted mental health trainings for psychiatrists in Erbil teaching hospital and Sulaymanaih.
- Preposition more Sodium Gluconate Infiltrations in all the Governorates with high incidence of Leishmaniasis.

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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