



IRAQ: Early Warning and Disease Surveillance Bulletin

Epidemiological Week 12:

Reporting Period: 16 – 22 March 2015

Overview

- During week 12, twenty two (22) reporting sites including eight Refugee and eleven Internally Displaced People's (IDP) camps, and three mobile clinics submitted timely weekly reports.
- The number of consultations decreased by 349 during this reporting period from 10,134 in week 11 to 9,785 in week 12. The highest number of consultations this week (n=1993) were reported from Shariya IDP camp run by Medair. The decrease in the consultations is due to the streamlining of flow of patients to Primary Health Care (PHCs) by avoiding double consultations of the IDPs and irrational medicine use.
- An alert of suspected cutaneous Leishmaniasis was reported from Zaytona IDP settlement operated by International Medical Corps (IMC) an international NGO. The suspected case was investigated and preventive measures (insecticides spray) was provided by Department of Health (DoH) while WHO supported the DOH with a combination of pentavalent antimonials and paromomycin.
- Thirteen new cases of suspected measles were reported from Arbat IDP camp. There is an ongoing measles outbreak in the camp since 22 February 2015; however the number of cases are gradually decreasing. (see: Alerts and outbreak section)

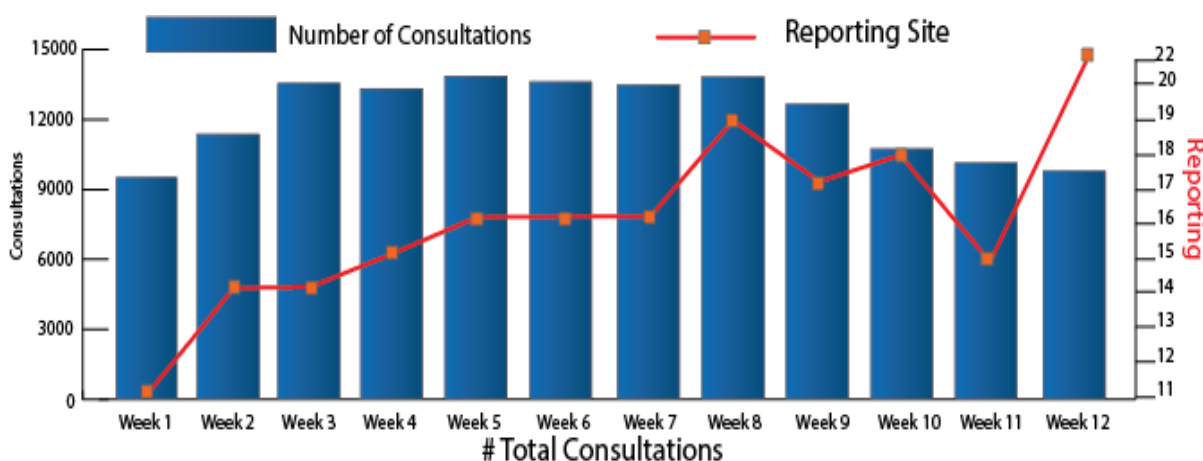
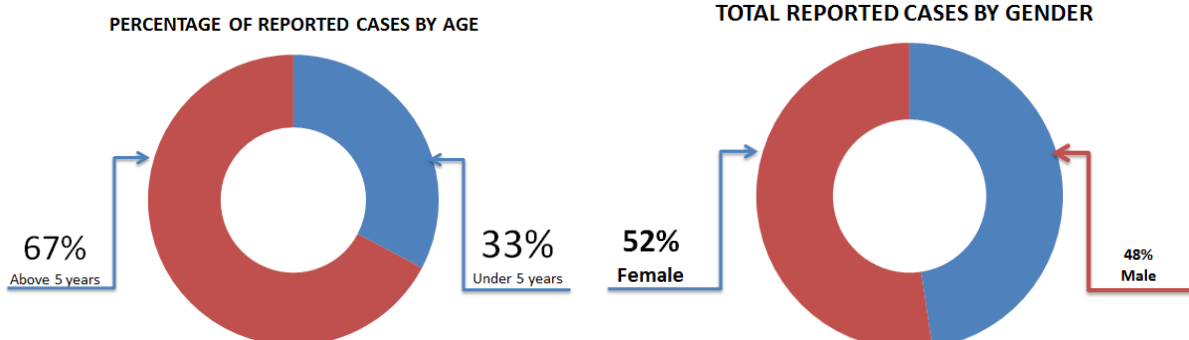


Figure 1: Total consultations and proportion of reporting health facilities b/w week 1-12

Consultations by Age and Gender week 1 – 12 in camps:



Morbidity Patterns

- Acute Respiratory Infection (ARI), scabies (SCB) and Acute Diarrhea (AD) remained the leading causes of morbidity during this week with 4174 (43%), 521 (36%) and 204 (2%) cases respectively reported from all the camps reporting to EWARN. The consultations of all these three leading communicable diseases are decreasing; this decrease is associated with extensive health and hygiene promotion provided by health cluster partners.

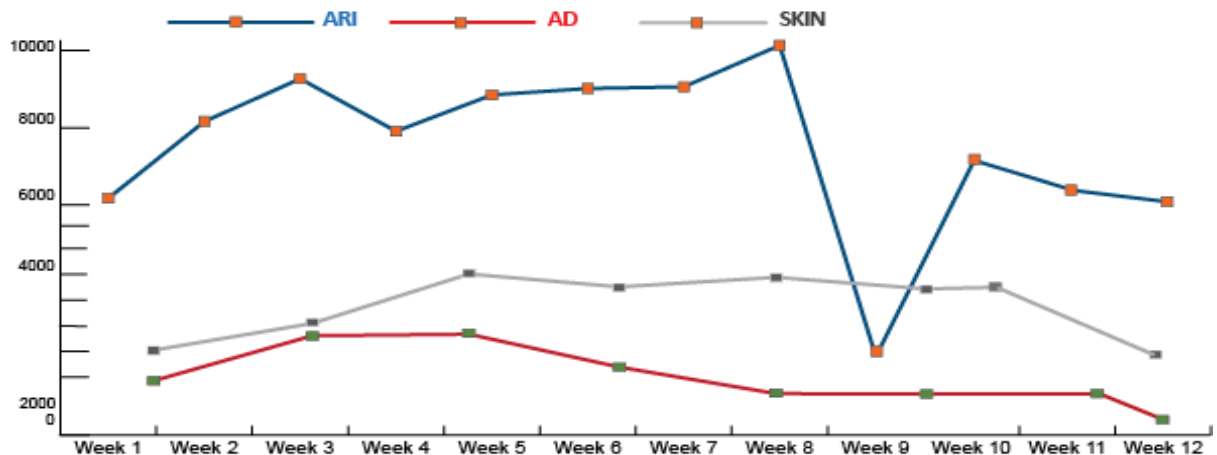


Figure II¹: Trend of # of cases of ARI, Scabies and AD from week 1 – 12

- The trends of the proportion of Acute Diarrhea (AD) remained steady ranging between 3% to 5% (week 12 = 4%). Skin disease trend remained between the ranges of 15%-30%. Acute Respiratory Infection proportion shows a steep decrease of 20% in the caseload since week 11 as summer approaches (w11=44% and w12=64%).
- The graph below indicates the proportion of cases of ARI, Skin Infection and Acute Diarrhea for week 12. According to the data generated by EWARN, it indicates that the proportion for ARI cases is the highest in most camps followed by skin infections and acute diarrheal. In the graph below the refugee camp Domiz has the highest proportion of skin infection cases followed by Al-Obadi refugee camp and then Zaytona IDP camp.

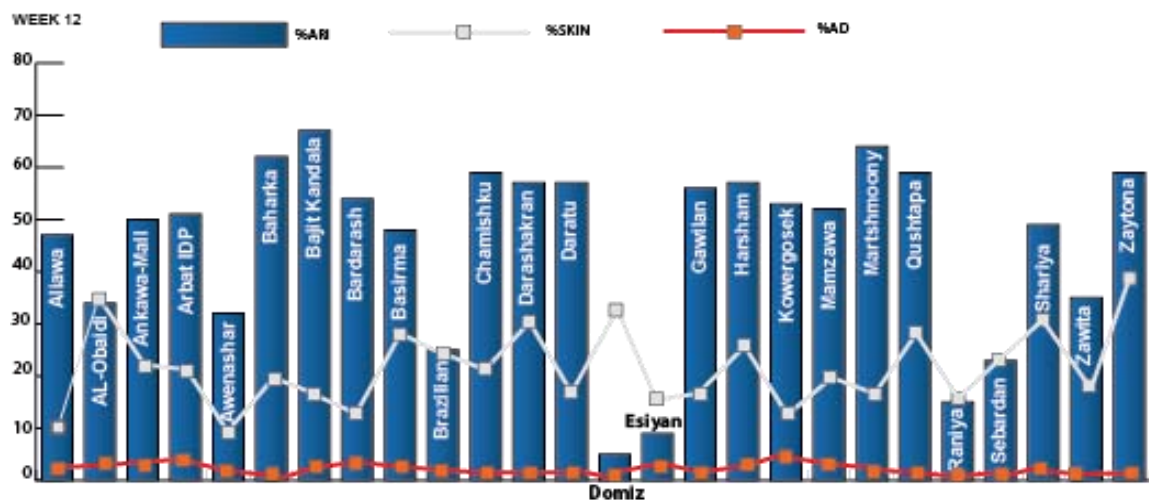
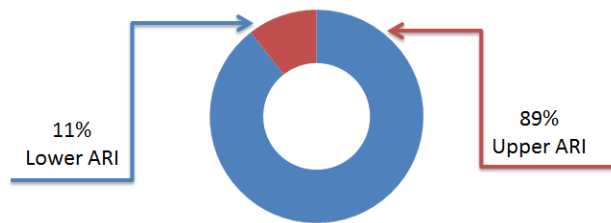


Figure III²: Trend of proportion of cases of ARI, Skin Infection and AD by camp for week 12

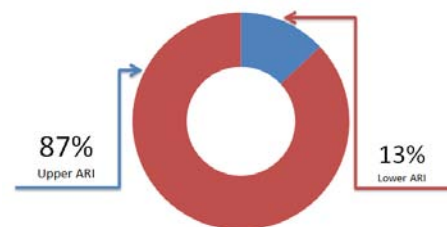
¹ The graphic axis is made on the basis of a logarithmic scale based on the orders of magnitude rather than the standard line scale. This enables illustration of data despite the large range of quantities.

- Acute Respiratory Tract Infection (ARI) has been further divided into upper and lower respiratory tract infections from week 1, 2015. According to EWARN data upper and lower ARI trends remained the same when compared with week 11 (Upper ARI=89% and Lower ARI 11%).

Distribution of Acute Respiratory Infections (ARI) Week 11



Distribution of respiratory track infections (ARI) Week 12



- The proportion of Lower ARI cases was the highest in Al-Obaidi Refugee camp (L-ARI=45%) followed by Bardarash IDP camp (L-ARI=38%) and Awenashar IDP camp (L-ARI=35%)

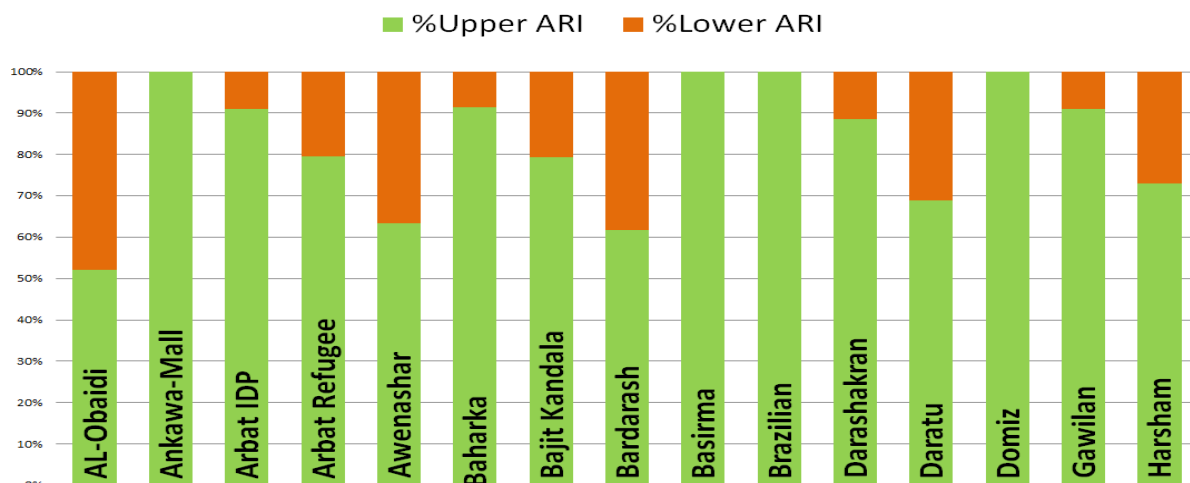


Figure IV: Trend of Upper and Lower ARI leading communicable disease, by weeks 12

- Skin infections are the second highest cause of consultation after ARI.
 - Awenashar camp reported the highest proportion of skin infection cases (18%) followed by Qushtapa Refugee camp (14%) and Zawita (12%) Camp.
 - 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.
- Acute Diarrhea (AD) cases trend has remained constant most of the camps and on-job training on EWARN has helped the healthcare providers to differentiate between Acute Diarrhea and Acute Watery Diarrhea.

Alerts and Outbreaks

- Thirteen new suspected measles cases were reported from Arbat IDP camp in Sulyeimaniah during this week; where the outbreak of measles was first declared on 22 February 2015.
- The measles campaign was completed and the outbreak in Arbat IDP camp in Sulyeimaniah run by Emergency NGO is gradually showing a steady decrease since 16 March, 2015

² 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.

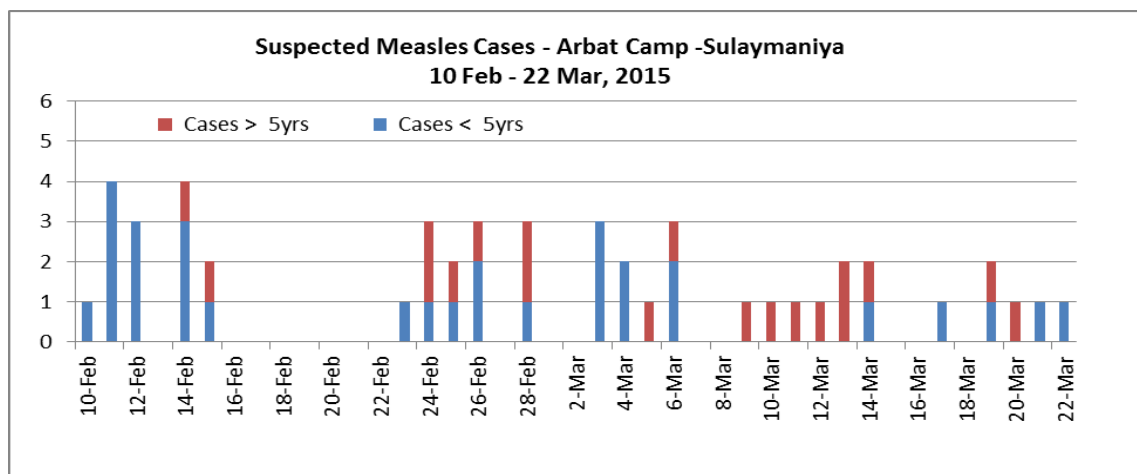


Figure V: Trend of suspected measles cases – Arbat IDP camp – Sulyeimaniah, 10 Feb – 22 Mar

- An alert of suspected cutaneous Leishmaniasis was reported from Zaytona IDP settlement operated by IMC an international NGO. The suspected case was investigated which has been investigated and preventive measures (insecticides spray) was provide by Department of Health (DoH) and while WHO has provided supported the DOH with a combination of pentavalent antimonials and paromomycin to DoH.
- The table below shows the alerts generated from various communicable diseases from week 8 to week 12.

ALERTS	Week 7	Week 8	Week 9	Week 10	Week 11	Week 12
Suspected Acute Diarrhea	0	3	1	0	0	0
Acute Flaccid Paralysis	0	0	0	0	0	0
Suspected leishmaniasis	0	0	0	0	0	2
Suspected meningitis	0	1	0	1	0	0
Suspected measles	1	0	1	1	1	1
Skin Infections	1	0	1	0	1	0
Suspected rabies	0	0	0	0	0	0
Unexpected fever	0	0	0	1	0	0
TOTAL	2	4	3	3	2	3

Comments and recommendations

- Refresher training on electronic EWARN is planned for the month of April, this will enhance the knowledge and skills of healthcare providers to properly diagnose cases. This will help in reducing false alerts.

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 | drabdullakareem@yahoo.com
Head of Surveillance Department, Federal MOH
- **Dr Saifadin Muhedin** | 07502303929 | saifadinmuhedin@yahoo.com
Head of Surveillance Department in MOH-KRG
- **Dr Fawad Khan** khanmu@who.int 07510101452; EWARN focal Point WHO Iraq
- **EWARN Unit WHO** | [07510101452](tel:07510101452) | emacoirgewarn@who.int