

IRAQ: Early Warning and Disease Surveillance Bulletin

Epidemiological Week 13:

Reporting Period: 23 – 29 March 2015

Overview

- During week 13, twenty four (24) reporting sites (eight refugees, eleven Internally Displaced People's (IDP) camps and five mobile clinics, submitted timely weekly EWARN reports.
- The number of consultations increase by 2611 from 10 257 in week-12 to 12 868 (male=4866 and female=5391). The highest number of consultations this week (n=1454) were reported from Esiyan IDP camp run by WHO partner IOM.
- An alert of suspected acute flaccid paralysis (AFP) was reported by IOM mobile clinic in Sulyeimaniah. The case was immediately investigated by the Directorate of Health (DoH), samples were collected and shipped to National Laboratory in Baghdad. The sample was found negative.

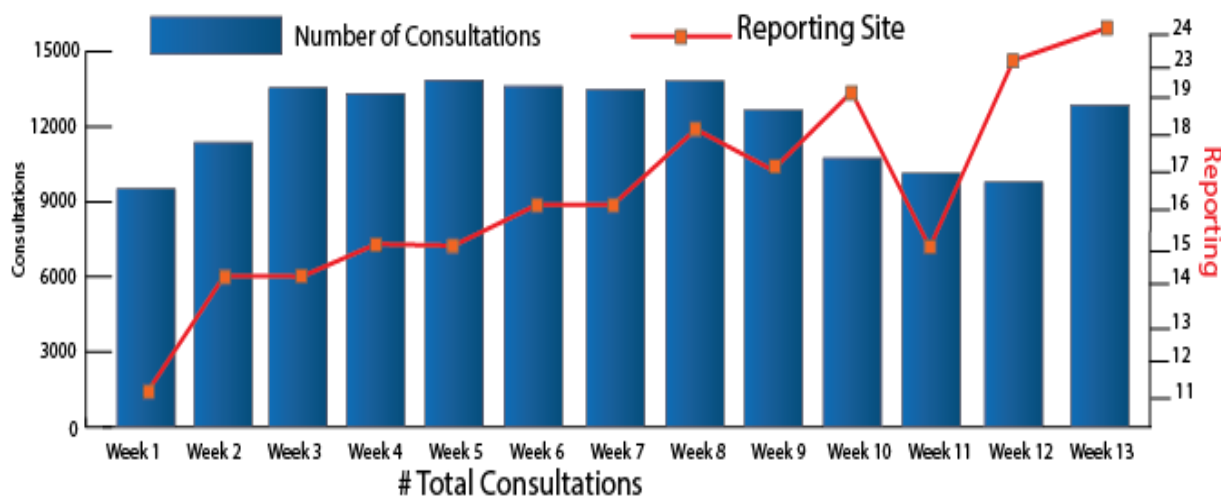
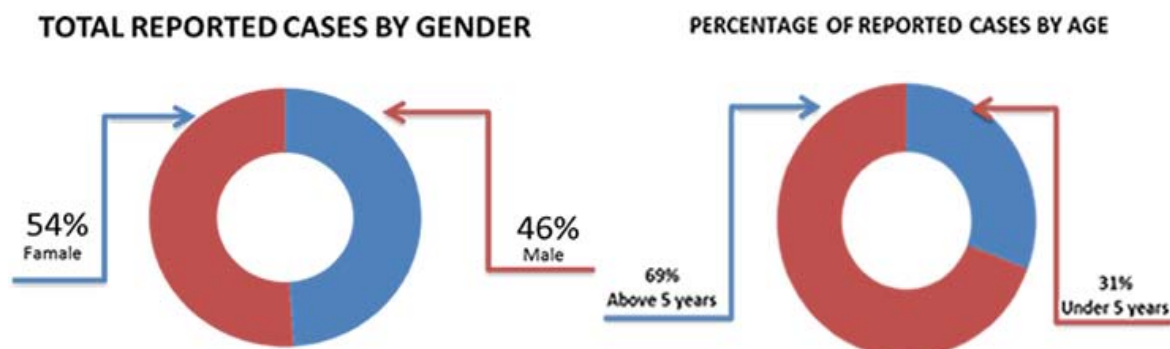


Figure 1: Total consultations and proportion of reporting health facilities b/w week 1-13

Consultations by Age and Gender week 1 – 13 in camps:



Morbidity patterns

- Acute Respiratory Infection (ARI), skin disease (SKN) and Acute Diarrhea (AD) remained the leading causes of morbidity during this week with 5377 (2%), 689 (2%) and 252 (2%) cases respectively reported from all camps reporting to EWARN.

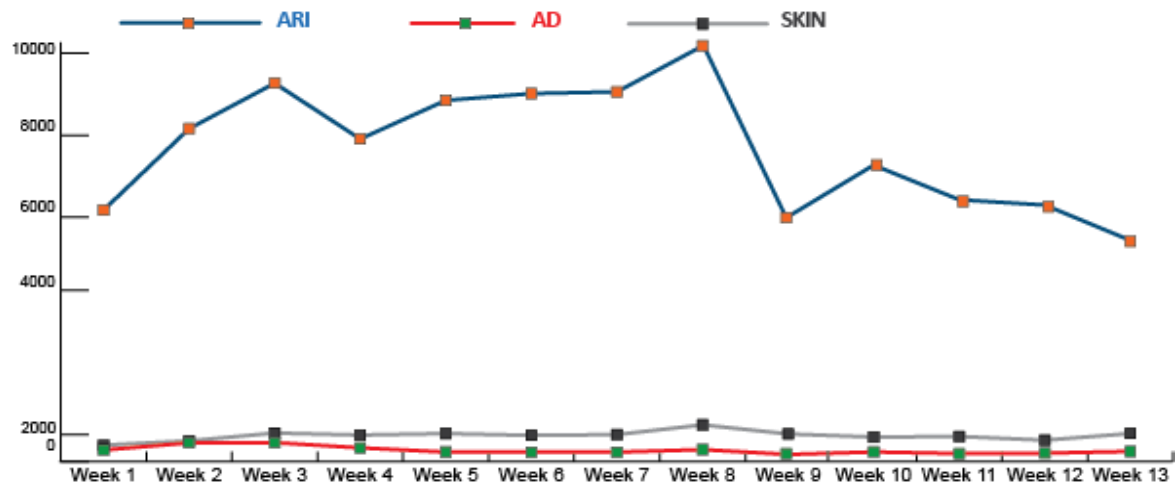


Figure II¹: Trend of # of cases of ARI, Skin disease and AD from week 1 - 13

- The proportion of AD remained steady ranging between 2% to 4% (week 13=2%). Skin diseases trend remained constant from week 2-13 (week 13=5%). Acute Respiratory Infection (ARI) proposition shows the caseload since week 13 (w12=42% and w13=42%).
- The graph below indicates the proportion of cases of ARI, Skin Infection and Acute Diarrhea for week 12. According to data generated by EWARN, the proportion for ARI cases was highest in most camps followed by skin infections and acute diarrhea. The graph indicates that the refugee camp Domiz had the highest proportion of skin infections cases followed by Baharka IDP camp and then Qushtapa refugee IDP camp.

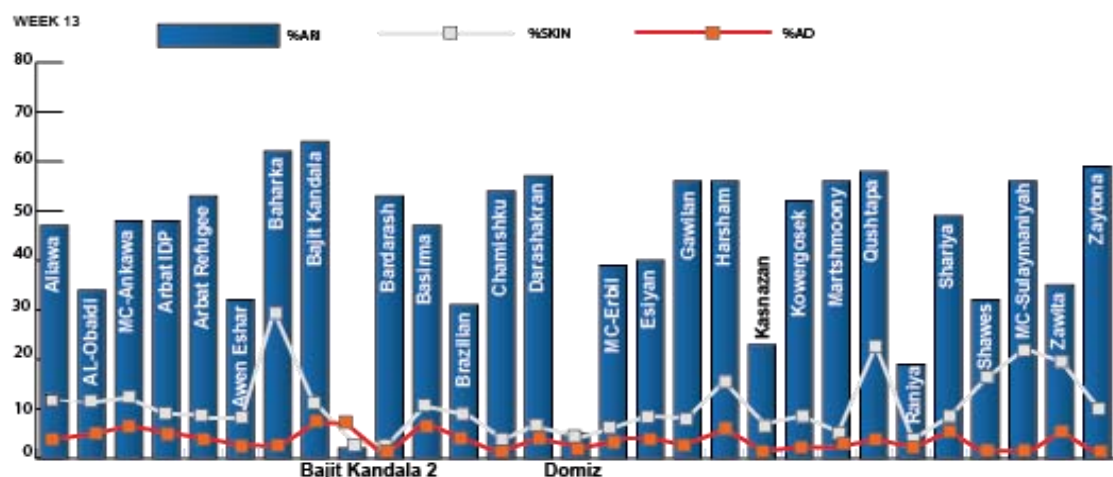
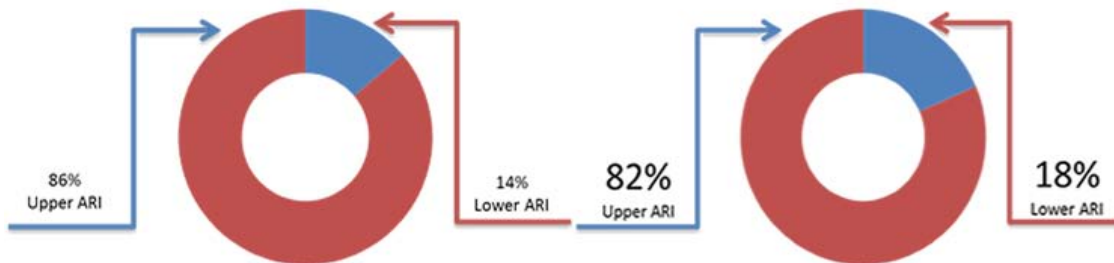


Figure III²: Trends of leading communicable diseases from major reporting sites

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 divided into upper and lower respiratory tract infections since week 1, 2015.
 - The trends of upper and lower ARI remained the same when compared to week 12 (Upper ARI=82% and Lower ARI 18%).

Distribution of respiratory track infections (ARI) Week 12 Distribution of respiratory track infections (ARI) Week 13



- The proportion of Lower ARI cases was highest in Shariya IDP settlement (L-ARI=8%) when compared with other reporting sites in week 12 although there has been a steep increase of (2%) in the proposition when compared with week 12 (L-ARI=10%).
- Refresher training on EWARN is underway to strengthen proper diagnosis and filling of EWARN forms. The proportion of Lower – ARI will reduce in the coming weeks due to correct syndromic diagnosis of cases based of the EWARN case definitions.

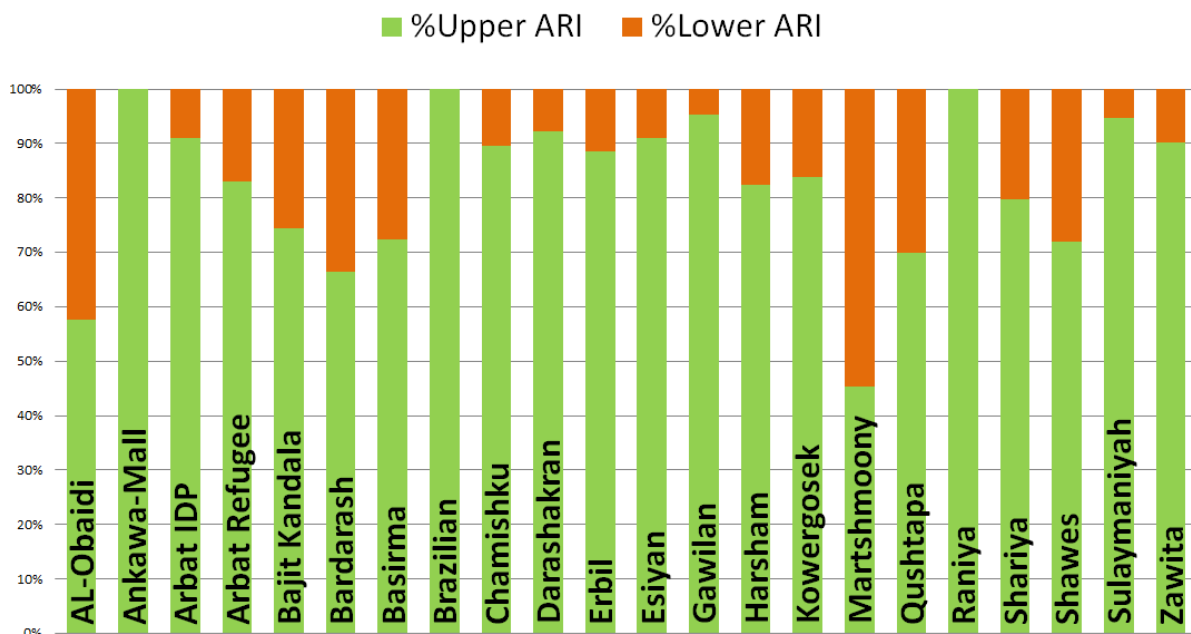


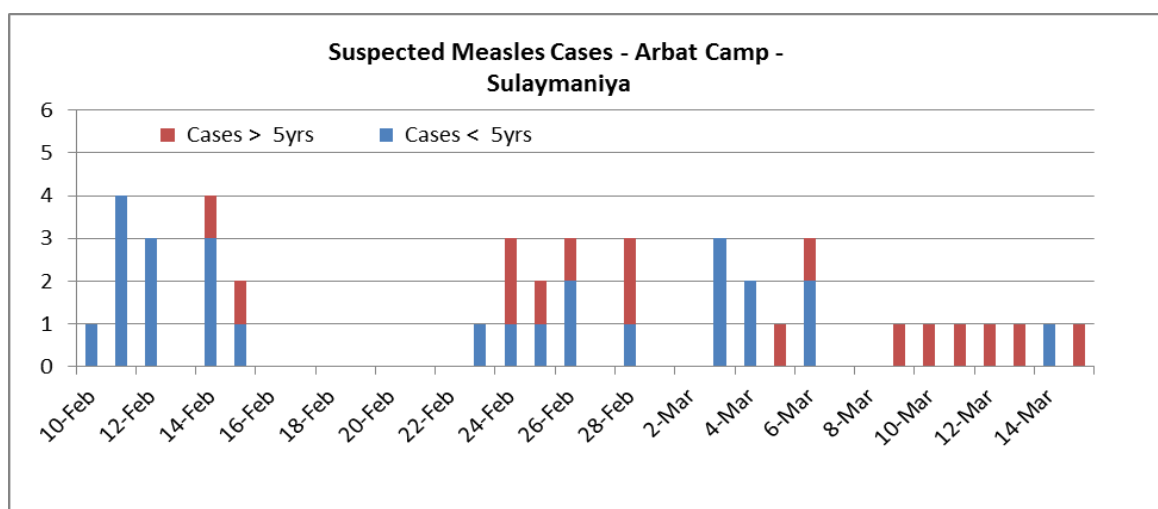
Figure IV: Trend of Upper and Lower ARI leading communicable disease, by weeks 13

- Skin infections are the second highest cause of consultation after ARI.
 - Zawita IDP camp reported the highest proportion of skin infection cases (19%) followed by Esiyan IDP camp (14%) and Bardarash (13%) Refugee Camp.
 - Health, Water, Sanitation and Hygiene (WASH) clusters, WHO in coordination with the DoH are conducting hygiene and health education and promotion activities in all the camps.

- Acute Diarrhea (AD) cases trend remained constant in most camps and on-job training on EWARN has helped healthcare providers to differentiate between AD and AWD

Alerts and Outbreaks

- An alert of suspected AFP was reported by IOM mobile clinic in Sulyeimaniah. The case was a 5 year old male from Kifry. The alert was immediately investigated and responded by the DoH, WHO and IOM. Stool samples were collected and shipped to National Laboratory in Baghdad, which was later found to be negative.
- The outbreak of measles in Arbat IDP camp in Sulyeimaniah run by Emergency NGO is gradually showing a steady decrease since 16March , 2015



- An alert of suspected cutaneous Leishmaniasis was reported from Harsham IDP settlement operated by IMC an international NGO, which has been investigated and preventive measures (insecticides spray) by Department of Health (DoH) and WHO has provided a combination of pentavalent antimonials and paromomycin to DoH.
- An alert of dog bite was reported from Brazilian IDP settlement run by Church NGO. The case was investigated and was referred to the referral hospital. The Veterinary department was informed and will respond to this issue in the coming week.

ALERTS	Week 6	Week 7	Week 8	Week 9	Week 10	Week 11	Week 12	Week 13
Suspected Acute diarrhoea	0	0	3	1	0	0	0	0
AFP	0	0	0	0	0	0	0	1
S.Leishmaniasis	1	0	0	0	0	0	2	1
Suspected Meningitis	0	0	1	0	1	0	0	0
Suspected measles	1	1	0	1	1	1	1	0
Skin	0	1	0	1	0	1	0	0
Suspected Rabies	0	0	0	0	0	0	0	1
Unexp_Fever	0	0	0	0	1	0	0	0
TOTAL	2	2	4	3	3	2	3	3

Comments and recommendations

- There is a need to do on-job refresher trainings on case definitions for healthcare providers working in the camps to avoid false diagnosis of cases therefore training session is planned for of the displaced Governorates of KRG starting from next week.

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