EWARN: EARLY WARNING AND RESPONSE NETWORK

# Iraq: EWARN & Disease Surveillance Bulletin

**2015 Epidemiological Week: 48** **Reporting Period: 23—29 November, 2015**

## Highlights

- **Number of reporting sites:** Seventy-two (72) reporting sites including thirty-four (34) in Internally Displaced People's (IDP) camps, seven (7) in refugee camps and thirty-one (31) mobile clinics submitted their weekly reports timely and completely.
- **Total number of consultations:** 27,989 (Male=13,252 and Female=14,737) marking a decrease of 2,644 (9%) since last week.
- **Leading causes of morbidity in the camps:** Acute Respiratory Tract Infections (ARI) (n=11,324), skin diseases (n=957) and Acute Diarrhea (AD) (n=773) remained the leading causes of morbidity in all camps during this reporting week.
- **Number of alerts:** Four (4) alerts were generated through EWARN following the defined thresholds, of which three (3) were from IDP camps and one (1) from Refugee camp during this reporting week. All these alerts were investigated within 48 hours, of which only one was 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).

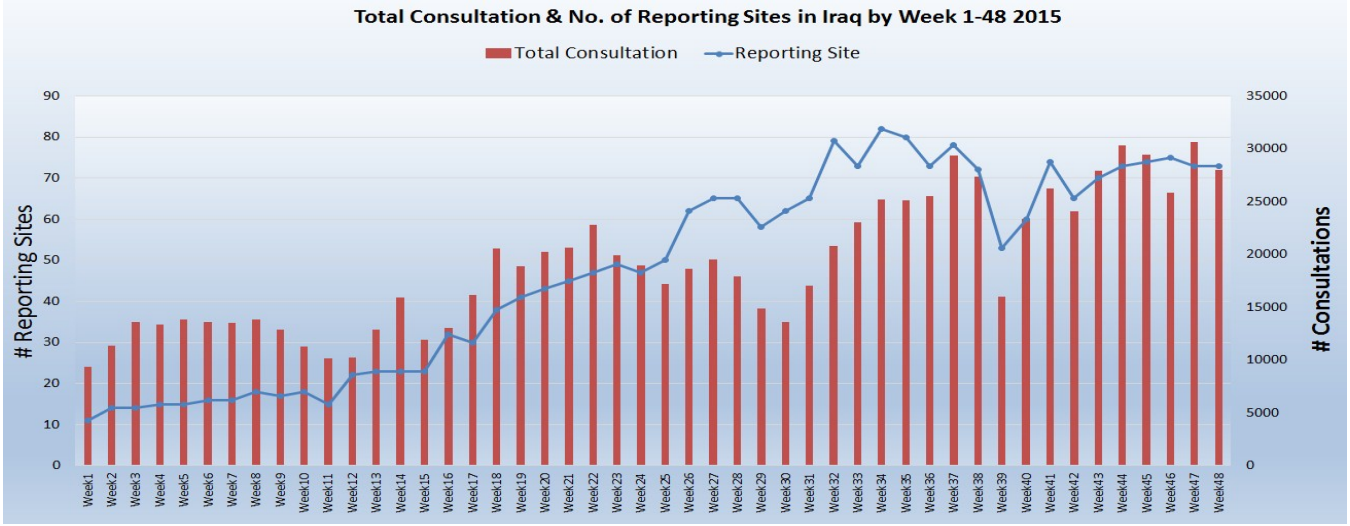
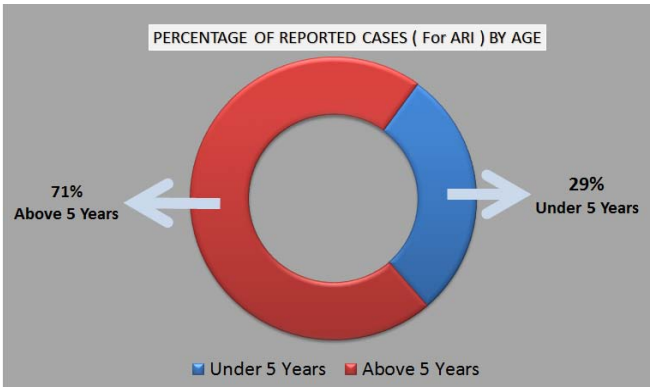
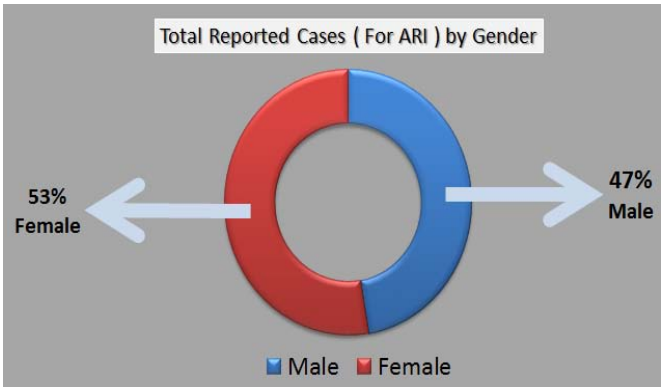



Figure I: Total consultations and proportion of reporting health facilities by week 1– week 48 2015

**Consultations in the camps by age and gender (week 48)**



# Morbidity Patterns

## IDP camps:

During week 48, the proportions of Acute Respiratory Tract Infections (ARI) are showing a slight decrease from the previous 2 weeks, that is, following the decrease of the reporting sites at the same duration. During this winter and as from week 44 the trend of the reporting cases of ARI showed an overall slight increase, which is expected to increase during the coming weeks, in particular during the weeks of January 2016. The proportions of Acute Diarrhea in IDP camps have sharply decreased compared to last week (week 47=5 per cent and week 48=3 per cent). The proportion of skin diseases including scabies has shown a steady trend since week 23 (6 per cent) due to the health and hygiene sessions in camps by the health cluster partners and Departments of Health. (See graph below).

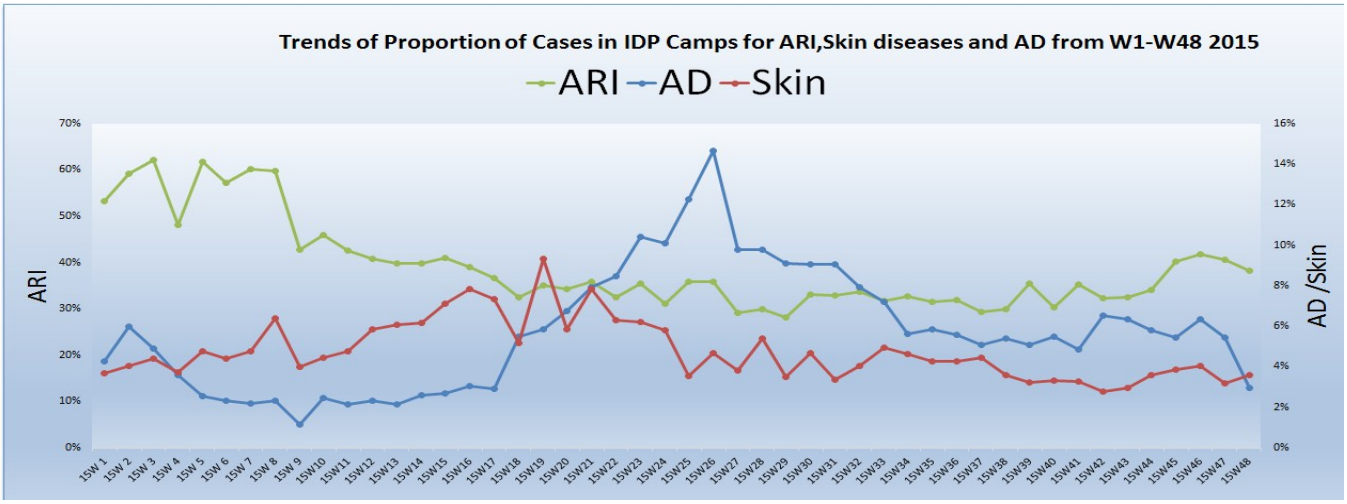



Figure II: Trend of proportion of cases of ARI, Scabies and AD in IDP camps (week 1 –48) 2015

## Refugee camps:

During week 48, the proportion of Acute Respiratory Tract Infections (ARI) indicates a slight increase from 49 per cent to 51 per cent, as expected during winter season. The proportions of Acute Diarrhea trend in refugee camps shows a steady decrease trend since last week, (week 47=3 per cent and week 48=2 per cent). Proportion of skin infestations including scabies have also increased from 3 per cent to 6 per cent as winters are approaching and there is a need for extensive health promotion activities to be conducted in all camps. (See graph below).

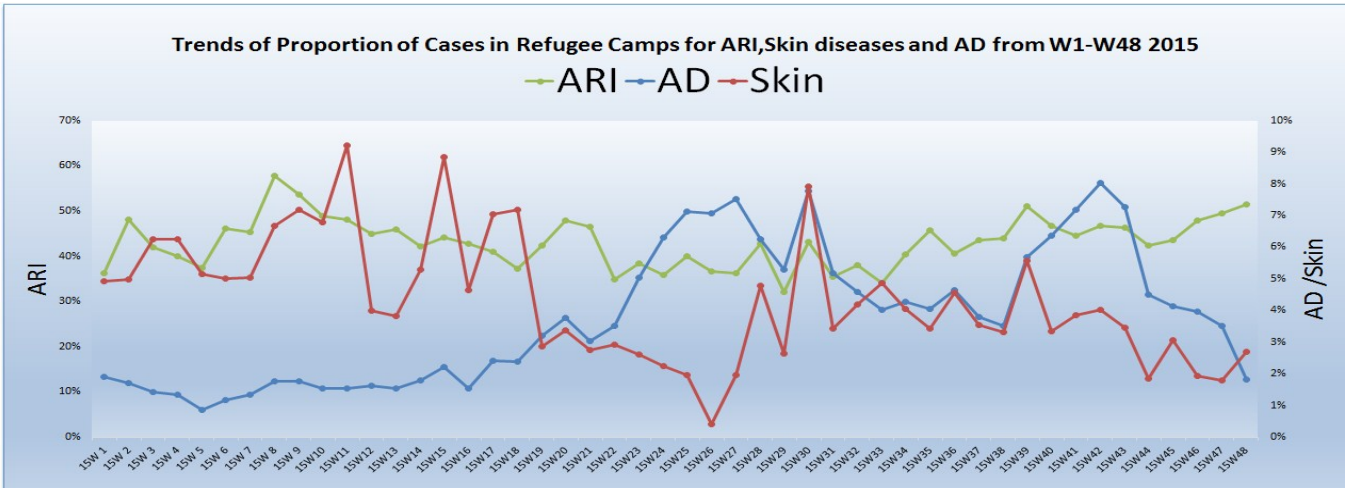



Figure III: Trend of proportion of cases of ARI, Scabies and AD in IDP camps (week 1 –48) 2015

## Trends of Diseases by Proportion and location for IDP Camps

The graph below indicates the proportion of cases of Acute Respiratory Tract Infections, Acute Diarrhea, and Skin Infestations including scabies which comprises the highest leading causes of morbidity in IDP camps for week 48, 2015.

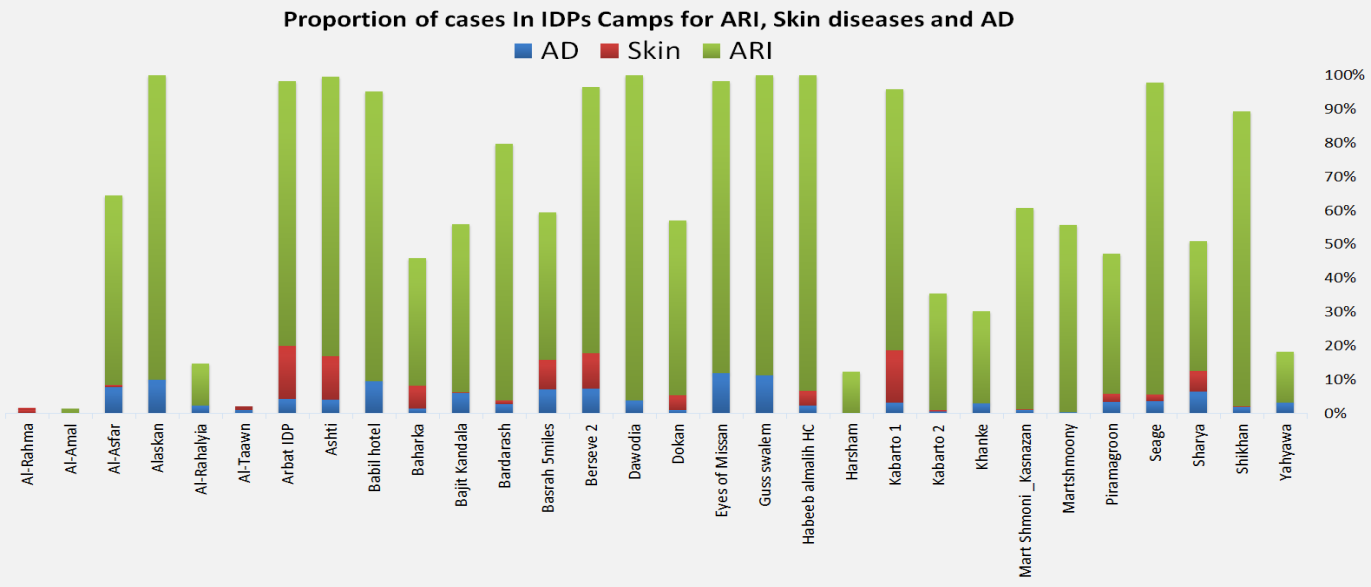



Figure IV: Proportion of cases of ARI, Scabies and AD in IDP camps for week 48 2015

## Trends of Diseases by Proportion and location for Refugee Camps

The graph below indicates the proportion of Acute Respiratory Tract Infections cases, Acute Diarrhea, and Skin Infestations including scabies which comprises the highest leading causes of morbidity in Refugee camps for week 48, 2015.

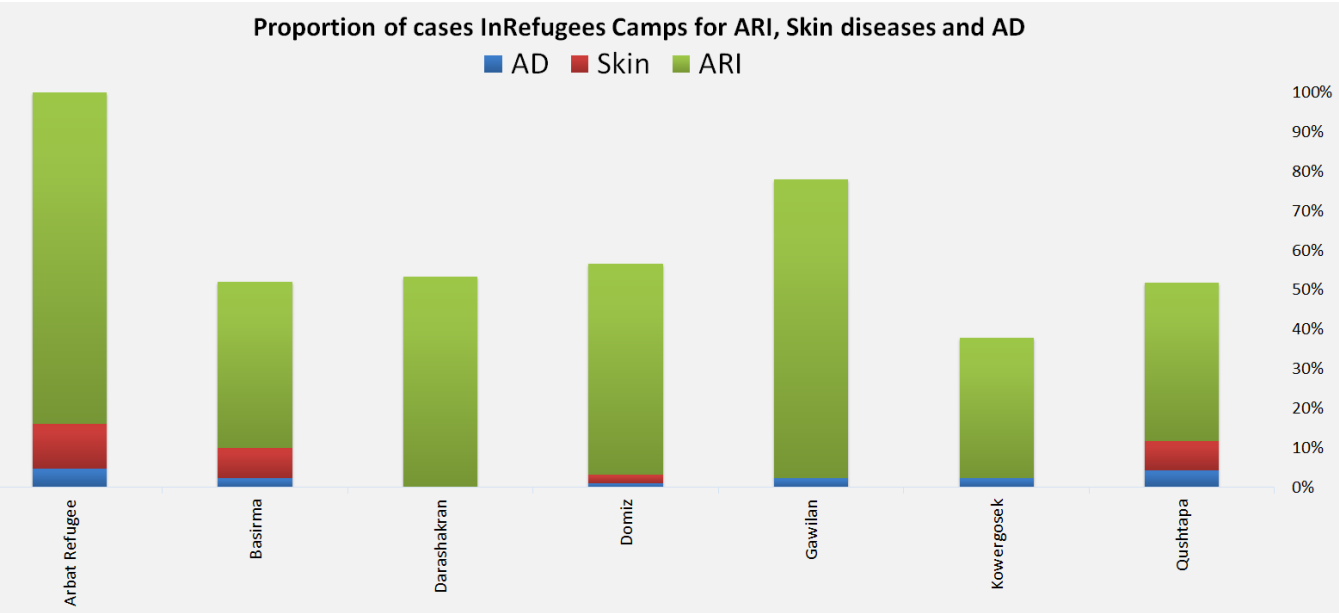



Figure V: Trend of proportions of cases of ARI, Scabies and AD in Refugee camps for week 48 2015

## Trend of Diseases by proportions for off camp IDPs covered by Mobile Clinics

The graph below indicates the proportion of Acute Respiratory Tract Infections cases, Acute Diarrhea, and Skin Infestations including scabies which comprises the highest leading causes of morbidity in off camp IDPs covered by mobile clinics for week 48, 2015.

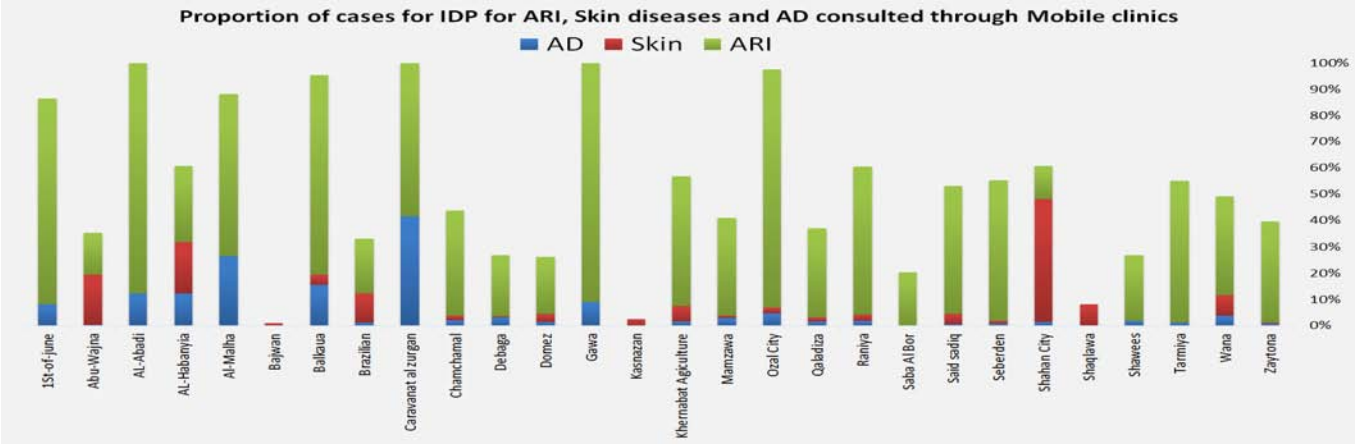
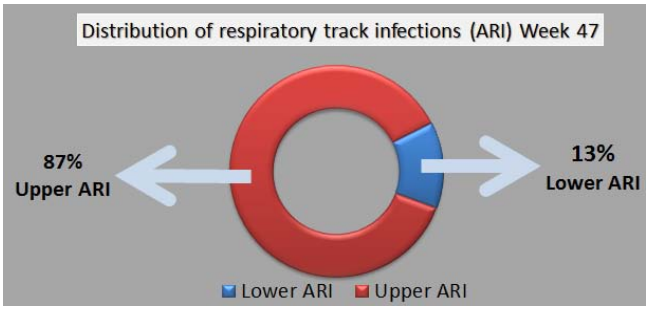
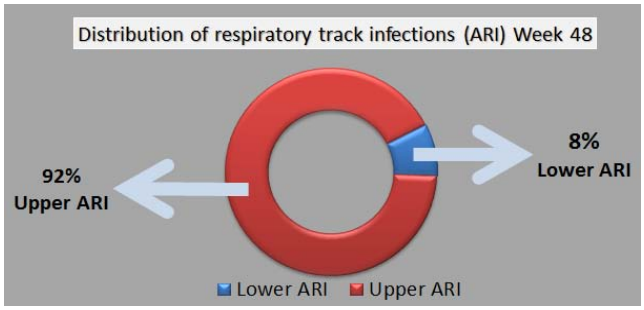



Figure VI: Trend of proportions of IDP cases for ARI, Scabies and AD covered by Mobile Clinics for week 48 - 2015

## 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. Compared to week 47, the proportion of upper ARI has increased by 5% from 87% to 92%, while the Lower ARI proportion has decreased from 13% to 8% during the same time period. Furthermore, the graph below indicates the proportion of lower and upper ARI cases per each reporting site for week 48.



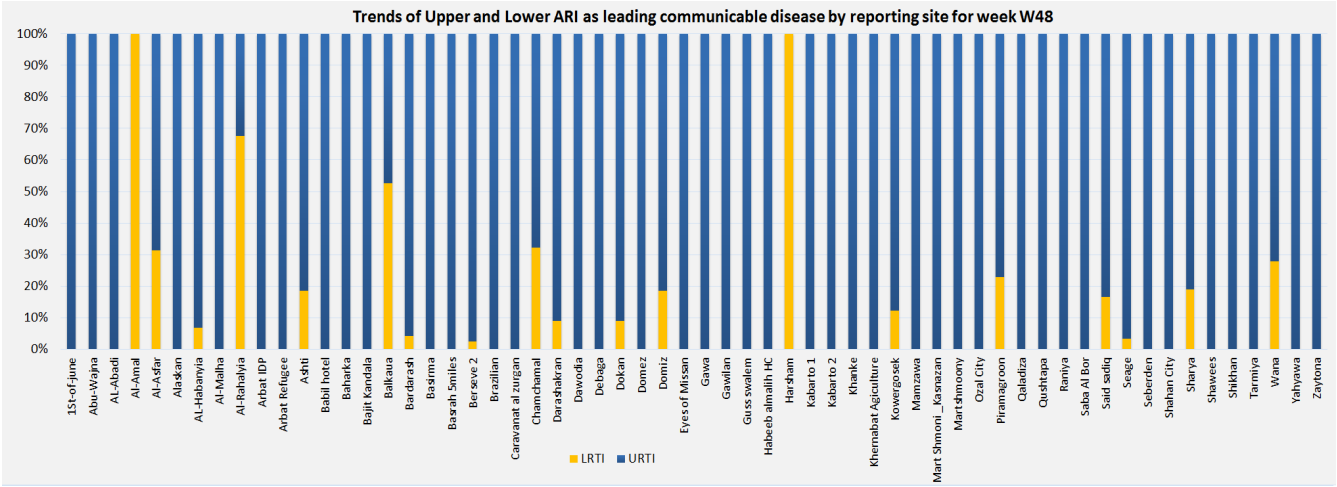




Figure VII: Trend of Upper and Lower ARI per reporting site for week 48 - 2015

## Trends of Waterborne Diseases in IDP camps

The graph below shows the trends of waterborne diseases (Acute Diarrhea, Bloody Diarrhea and Acute Jaundice Syndrome) reported from IDP camps and which indicated a sharp decrease in waterborne diseases from 6% in week 47 to 3% in week 48. (See graph below)

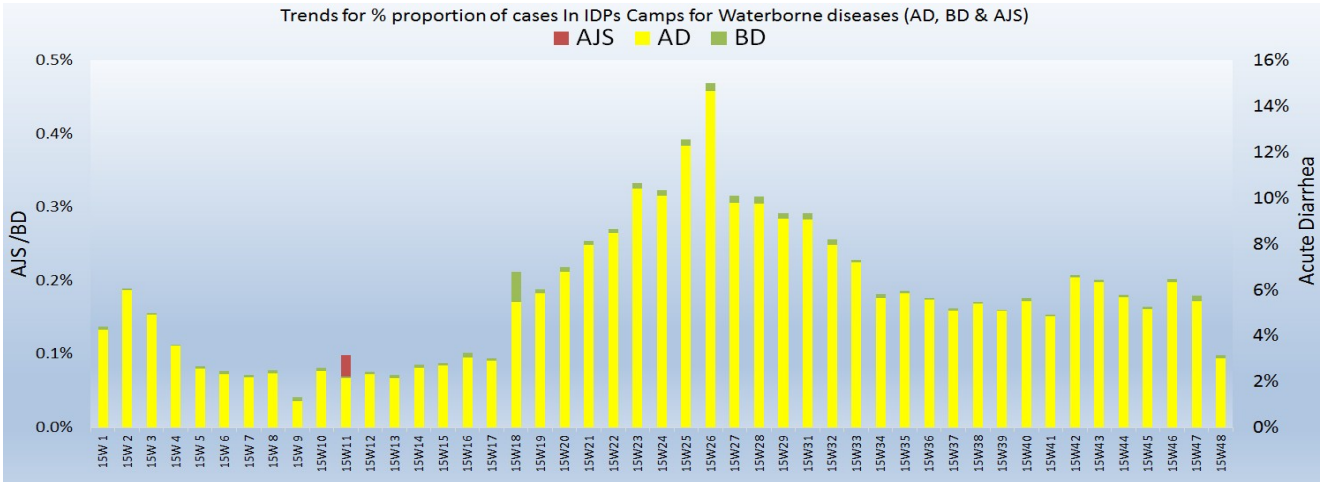



Figure VIII: Trend of Waterborne diseases from IDP camps, week 1 to 48—2015

## Trends of Waterborne diseases in Refugee camps

The graph below shows the trends of proportion of waterborne diseases (Acute Diarrhea, Bloody Diarrhea and Acute Jaundice Syndrome) from refugee camps which indicates a decrease of the trend since week 43. Furthermore, no clustering has been reported for acute jaundice syndrome cases during this period.

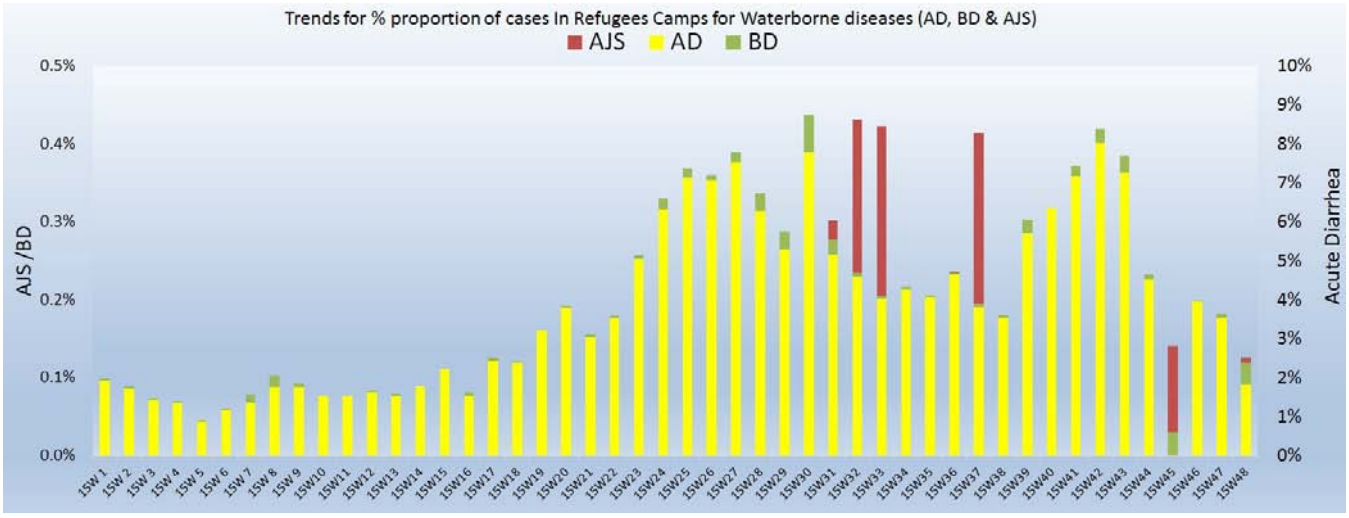



Figure IX: Trend of waterborne diseases from Refugee camps, week 1 to 48—2015

# Alerts & Outbreaks



Four (4) alerts were generated through EWARN following the case definition thresholds, of which three (3) were from IDP camps and one (1) from Refugee camps during this reporting week. All these four alerts were investigated within 48 hours, of which only one was verified as true for further investigation and appropriate response by the respective Governorate Department of Health, WHO and the relevant health cluster partners. Cerebrospinal Fluid sample has been taken from the suspected case of meningitis and is awaiting lab result. 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 table below).

| Sn | Alert | Location | Governorate | District | 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 | Domiz | Dohak | Sumel | Refugee | 1 | DOH | Yes | Yes | TRUE | Yes |
| 2 | Suspected Diphtheria | Al-Rahalyia | Anbar | Ramadi 2 | IDPs | 12 | MC-RI | Yes | No | FALSE | No |
| 3 | Skin Diseases- (Scabies) | Shahan City | Erbil | Erbil | IDPs | 142 | MC-IMC | Yes | Yes | FALSE | No |
| 4 | | Ashti | Sulaymaniyah | Sulaymaniyah | IDPs | 82 | EMERGENCY | Yes | Yes | FALSE | Yes |

## Trends of Alerts

Measles outbreak was declared in Arbat camp in Sulaymaniyah in March 2015, which was responded and controlled.

In addition, Cholera outbreak has been declared on September 15, 2015, the index case was reported from Diwaniya Governorate. Iraq has been experiencing cholera outbreaks since September 7, 2015 and was declared on September 15, 2015, when the cases to be reported in Diwaniya Region of Qadissiya Governorate are quickly spreading to the West of Baghdad in Abu Ghraib region. Samples were sent to the national central public health laboratory from these regions and six (6) of the specimens tested positive for Vibro Cholera Inaba on September 12, 2015. A Cholera Taskforce has been established and responded to this outbreak through Cholera Command and Control Centre (C4) under the leadership of the MoH. No more cholera cases were reported from Iraq since December 6, 2015 and the C4 declared containment of the outbreak.

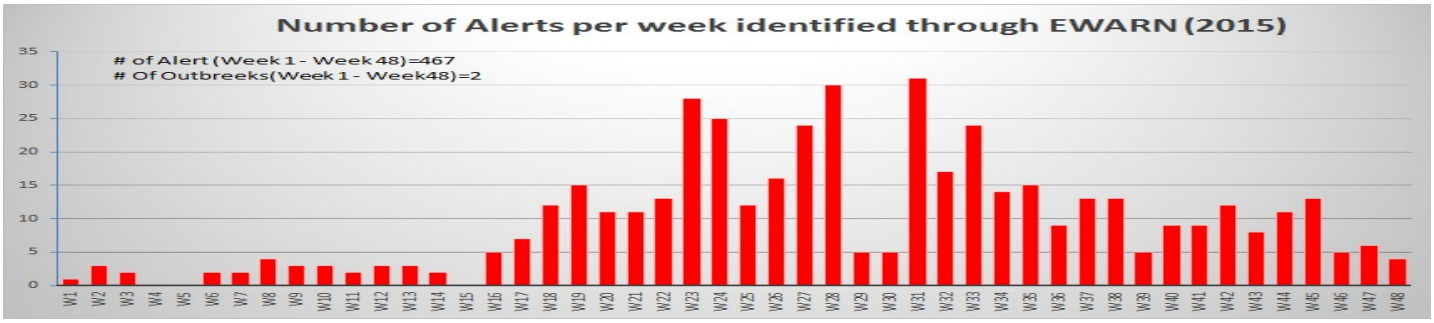



Figure X: Alerts generated through EWARN surveillance (week 1 to 48—2015)

## For comments or questions, please contact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