



IRAQ: Early Warning and Disease Surveillance Bulletin

Epidemiological Week 25:

Reporting Period: 15 June – 21 June: 2015

Overview

- During week 25, thirty five reporting sites including five refugees, eighteen Internally Displaced People’s (IDP) camps and twelve mobile clinics submitted their weekly reports timely and completely. The decrease in the reporting site was due to technical error with the IP of the mobile company.
- The total number of consultations reported during this week was 11624 (male=5239 and female=6385) compared to 15705 (male=6967 and female=8603) from the previous reporting week 24.
- During week 25, Acute respiratory tract infections (ARI) (n=4200), Acute Diarrhea (AD) (n=1173) and skin diseases (n=309) were the leading cause of morbidity in all the camps.
- Proportions of AD in IDP camps have increased gradually by two percent (week 24=9% -(week 25=11%), while the proportions of AD trend in refugee camps has increased by one percentage since last week (week 24=6% and week 25=7%).
- The trends of lower (ARI) is generally decreasing with the approach of summer months although the proportion of upper ARI in week 25 have increase by 2% and in the lower ARI decreased by two percentage when compared by week 24; (week 25 -Upper ARI=88% & Lower ARI=12% and week 24-Upper ARI=86% & Lower ARI=14%).
- A total of twelve alerts were generated by EWARN in week 25; three alerts were generated from refugee camps and nine from IDP camps. Seven of these alerts were verified positive for further investigation and appropriate response by Governorates’ Departments of Health and WHO while the remaining five alerts did not follow the case definitions thresholds, (more details are in the Alert/Outbreak Section below)
 - Three alerts of sporadic bloody diarrhea with no clustering cases were discarded for not fulfilling the threshold; the situation is under monitoring.
 - Stool samples from suspected acute diarrhea cases, bloody diarrhea and measles were collected by the investigation and response teams and dispatched to the Central Laboratory for confirmation. None of the stool samples were found negative for Vibro Cholera.

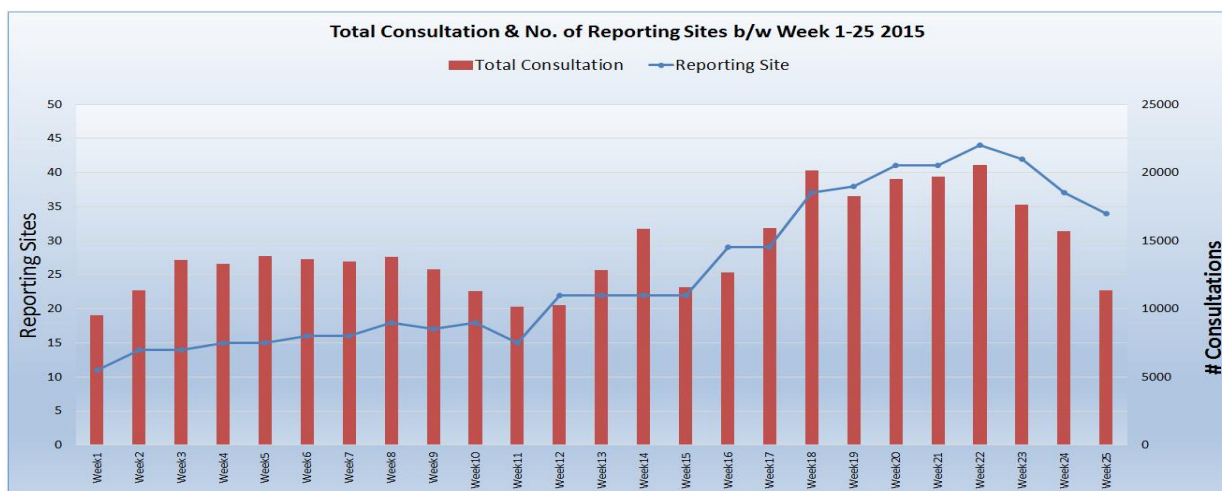
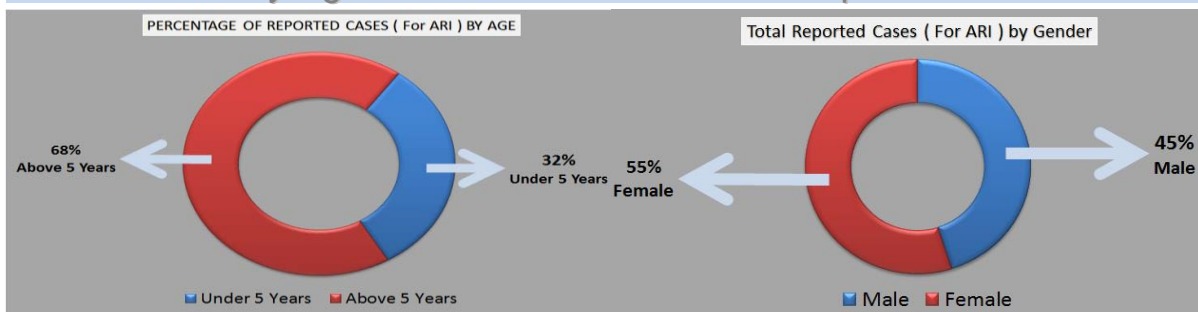


Figure 1: Total consultations and proportion of reporting health facilities b/w week 1-25

Consultations by Age and Gender week 25 in camps:



During week 25, 68% of the consultations were above 5 years while 32% were under 5 years, disaggregated to 55% females and 45% males.

Morbidity patterns

During week 25, Acute Respiratory Infection (ARI), skin infestations including scabies, and Acute Diarrhea (AD) reported from all camps linked to EWARN remain the leading causes of morbidity with (ARI=4200), (AD=1173), and (skin diseases including scabies =917),

Overview for IDP camps in relation to proportions: During week 25, proportions of Acute Diarrhea in IDP camps have increased by two percent since week 24- (week 25=11%). The increase indicates a steady scale up in the trend with the advent of summer months. Skin infestations including scabies have decreased dramatically from 7% in week 24 to 2% in week 25 due to the increase in health and hygiene sessions held by the health cluster partners and DoHs in IDP camps.. Acute Respiratory Tract infections are showing a gradual decrease in trend since week 10. (See below graph).

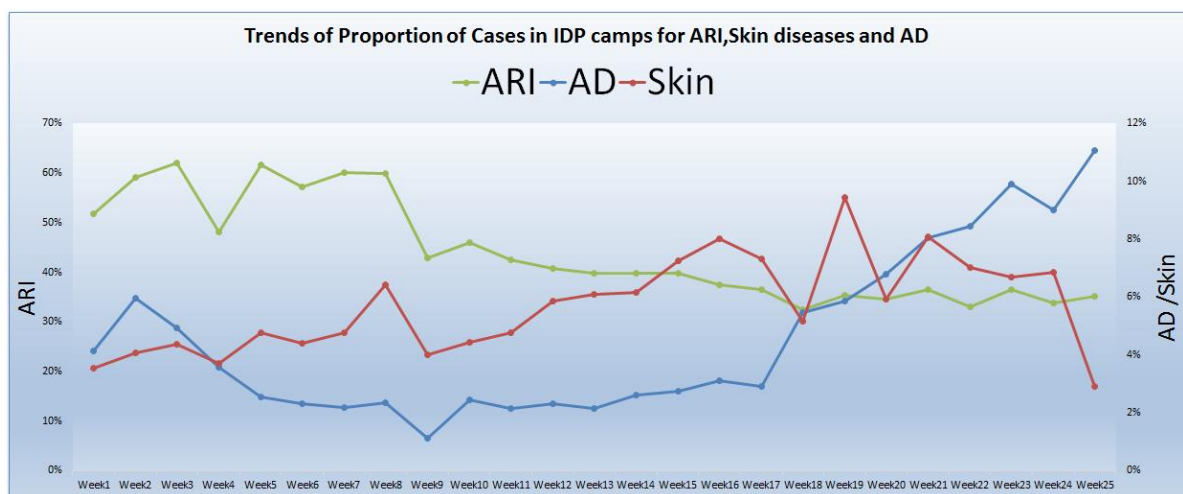


Figure II: Trend of proportion of cases of ARI, Scabies and AD in IDP camps (week 1 -25)

Overview for Refugees camps in relation to proportions: During week 25; proportions of Acute Diarrhea trend in refugee camps have gradually increased by one percent since week 21 (week 25=7%). Acute Respiratory Tract Infections (ARI) proposition indicates an increase from 40% in week 24 to 45% in week 25. Skin infestations including scabies have dropped from 7% in week 18 to 3% in week 19, and are showing steady trend since then (week 25=2%). (See below graph).

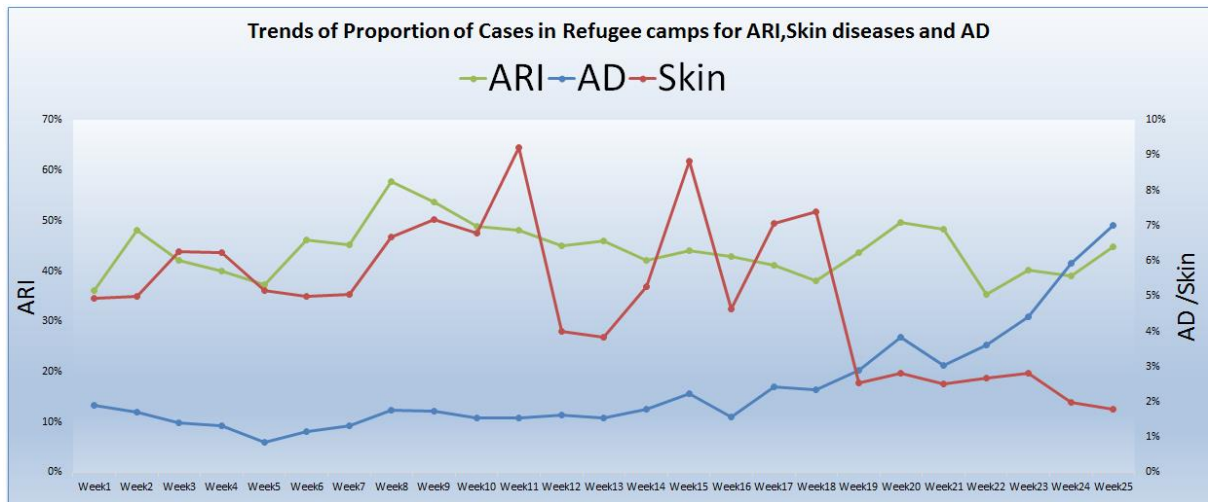


Figure III: Trend of proportion of cases of ARI, Scabies and AD in Refugee camps (week 1 -25)

Trend of Diseases by proportions for IDP Camps: The below graph indicates the proportion of cases of ARI, AD, and skin infestations including scabies which comprise the highest leading cause of morbidity in IDP camps for week 25.

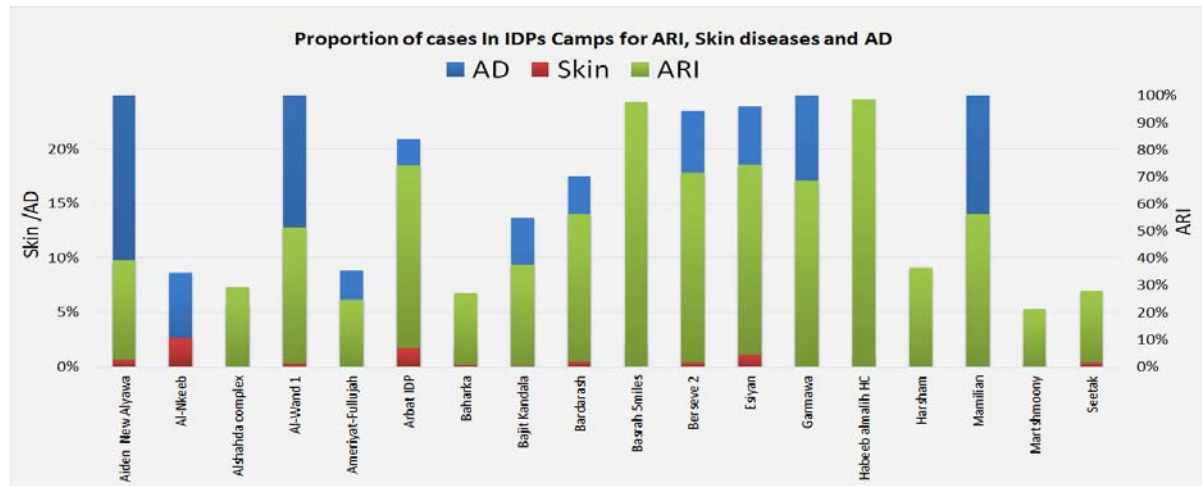


Figure IV: Proportion of cases of ARI, Scabies and AD in IDP camps for week 25

Trend of Diseases by proportions for Refugee Camps: The below graph indicates the proportion of cases in refugee camps for ARI, AD, and skin infestations including scabies for week 25. During this week, the incidence of acute diarrhea cases has further decreased after extensive WASH and health promotion activities conducted by WASH cluster partners in the refugee camps in Kurdistan Region, Iraq.

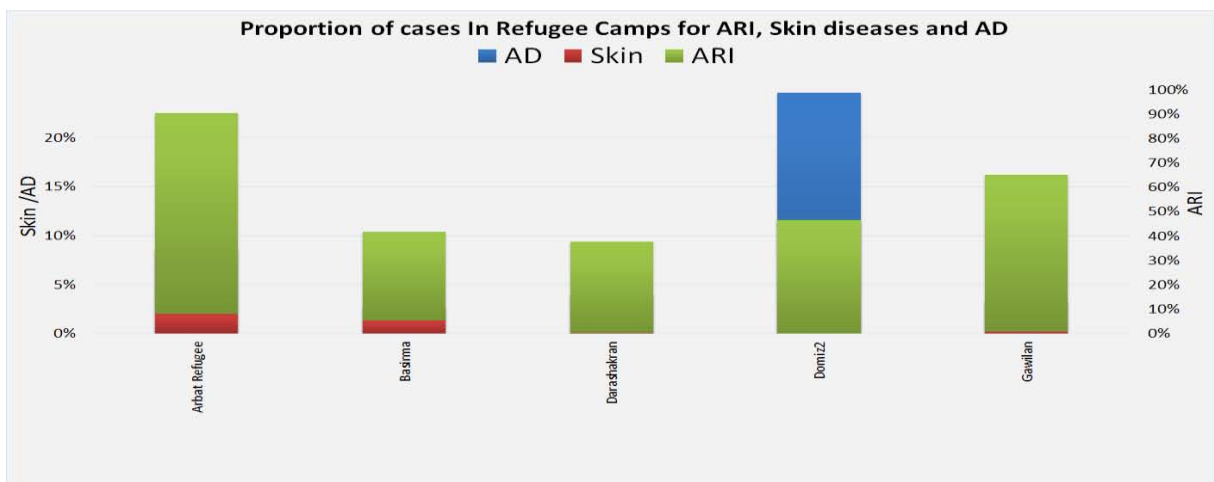


Figure V: Trend of proportions of cases of ARI, Scabies and AD in Refugee camps for week 25

Trend of Diseases by proportions for IDPs covered by Mobile clinics: The below graph indicates the proportion of cases of ARI, AD, and skin infestations including scabies which comprise the highest leading cause of morbidity in IDP camps for week 24.

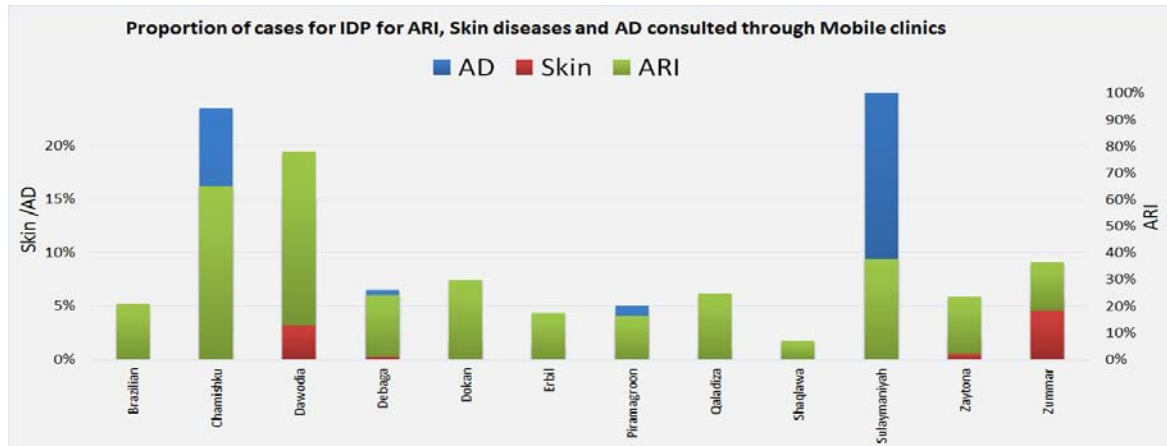
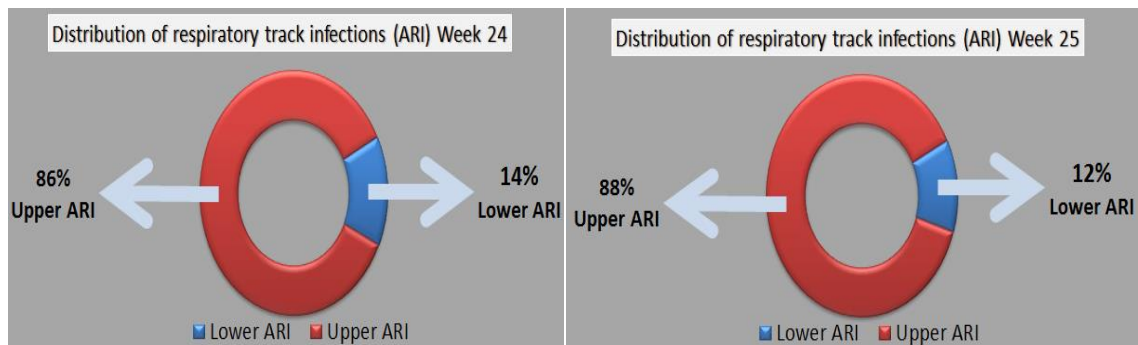


Figure VI: Trend of proportions of IDP cases for ARI, Scabies and AD covered by Mobile Clinics for week 25

- Acute Respiratory Tract Infection (ARI) has been further divided into upper and lower respiratory tract infections since week 1, 2015.
 - According to EWARN data, the trends of lower ARI is decreasing in summer with an increase in the upper respiratory tract infections, although the proportion of upper ARI in week 25 have increase by 2% while the lower ARI proportion decreased by two percent when compared to week 24; (Week 25 -Upper ARI=88% & Lower ARI=12% and week 24-Upper ARI=86% & Lower ARI=14%).
 - Overall, the ARI trend is slowly decreasing in both IDP and Refugee camps with the advent of summer.



Furthermore, the below graph indicates the proportion of Lower and upper ARI cases per each reporting site for week 25.

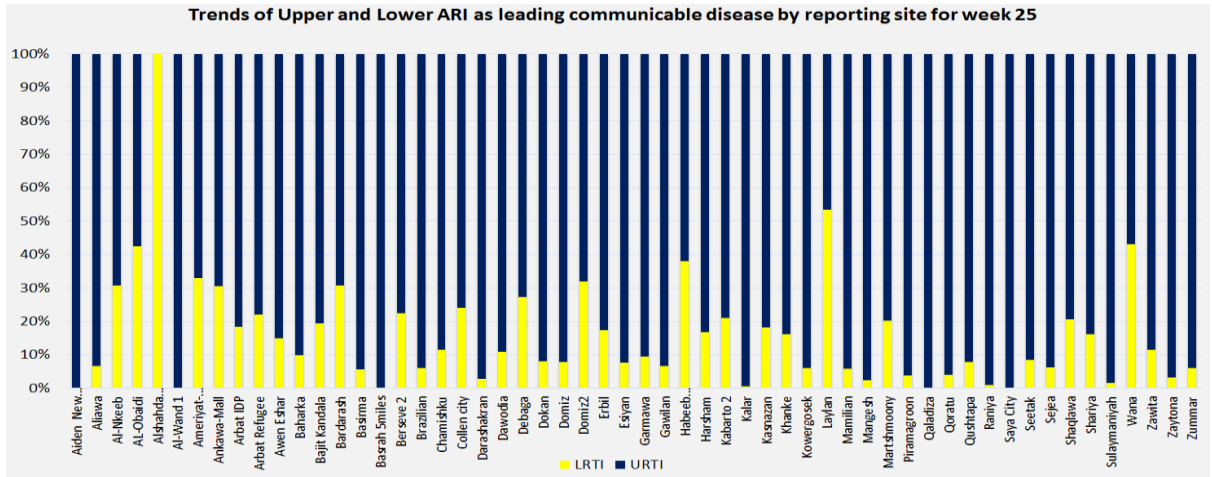


Figure VII: Trend of Upper and Lower ARI leading communicable disease per reporting site for week 25

Trends of Water borne Diseases in IDP camps: The below graph shows the trends of waterborne diseases (Acute Diarrhea, Bloody Diarrhea and Acute Jaundice Syndrome) from IDP camps. It also indicates the gradual increase in the proportion of waterborne diseases in IDP camps since week 17 and a steady increase in waterborne diseases during summer. (See below graph)

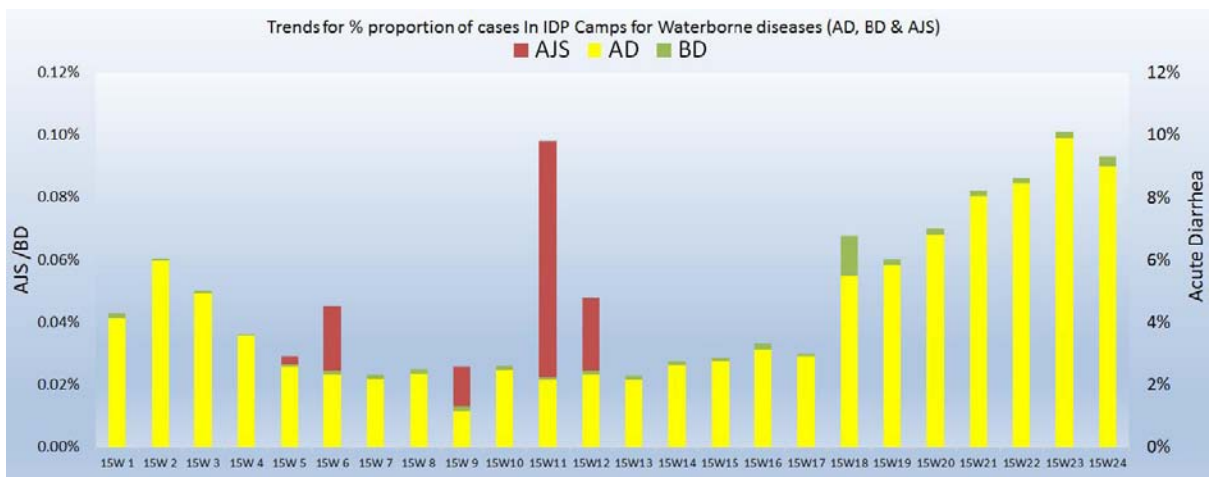


Figure VIII: Trend of Waterborne diseases from IDP camps, from week 1 to 25

Trends of waterborne diseases in Refugee camps: The below graph shows the trends of proportion of waterborne diseases (Acute Diarrhea, Bloody Diarrhea and Acute Jaundice Syndrome) from refugee camps, indicating a sudden increase from 6% to 7% in week 25.

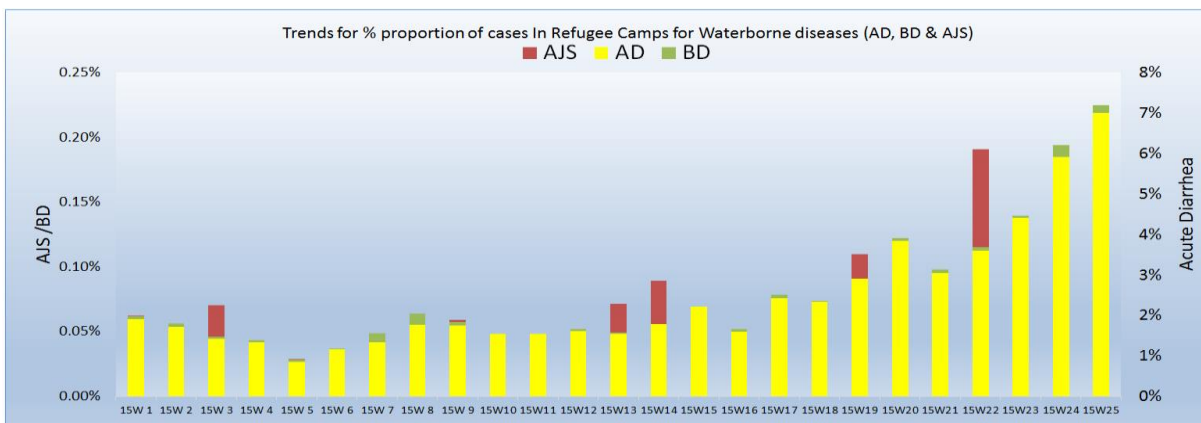


Figure IX: Trend of Waterborne Diseases (AD, BD and AJS) from Refugee camps, weeks 1 to 25

Alerts and Outbreaks

- A total of twelve alerts were generated by EWARN in week 25, of which three were generated from refugee camps and nine from IDP camps. Seven of these alert were verified as true for further investigation and appropriate response by the Governorates Departments of Health and WHO; five alerts did not follow the case definitions thresholds, *(more details are in the below table)*
- Three alerts of sporadic bloody diarrhea cases were discarded for not fulfilling the threshold, but the situation is under monitoring.
- Stool samples from suspected acute diarrhea cases, bloody diarrhea and measles were collected by the investigation and response teams and dispatched to the Central Laboratory for confirmation. None of the stool samples were found negative for Vibro Cholera.

Sn	Alert	Location	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	S. Bloody Diarrhea	Arbat	IDPS	17	EMERGENCY	Yes	Yes	TRUE	Yes
2		Arbat	Refugee	1	EMERGENCY	Yes	No	TRUE	Yes
3		Bajit Kandala	IDPS	1	PU-AMI	Yes	Yes	TRUE	Yes
4		Bardarash	IDPS	3	MC-PU-AMI	No	No	FALSE	No
5		Berseve 2	IDPS	2	Malteser International	No	No	FALSE	No
6		Chamishku	IDPS	2	Mc-MDM	Yes	No	FALSE	Yes
7		Darashakran	Refugee	3	IMC	Yes	No	FALSE	Yes
8		Esiyan	IDPS	2	IOM	No	No	FALSE	No
9		Zummar	IDPS	4	MC-MSF-F	Yes	No	TRUE	YES
10	S. Rabies	Baharka	IDPS	1	IMC	Yes	No	TRUE	Yes
11		Bajit Kandala	IDPS	1	PU-AMI	Yes	No	TRUE	Yes
12		Domiz 2	Refugee	1	IMC	Yes	No	TRUE	Yes

Comments and recommendations

- Due to the increase in trend for the waterborne diseases, it is recommended that WASH and health cluster work together to implement the Cholera Contingency Plan.
- WHO is in the process to procure its contingency cholera kits while the in-country WHO Cholera kits have been pre-positioned to the high risk governorates across Iraq.
- Field monitoring for Electronic EWARN is scheduled to start in July covering all Iraqi governorates.

For comments or questions, please contact

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