



IRAQ: Early Warning and Disease Surveillance Bulletin

Epidemiological Week 26:

Reporting Period: 22 June – 28 June: 2015

Overview

- During week 26, forty seven reporting sites including four refugees, thirty Internally Displaced People’s (IDP) camps and twelve mobile clinics submitted their weekly reports timely and completely.
- New reporting sites from south and central Iraq have been added to increase the reporting sites 78.
- The total number of consultations reported during this week was 10204 (male=4745 and female=5449) compared to 11624 (male=5239 and female=6385) from the previous reporting week 25.
- During week 26, Acute Respiratory Tract Infections (ARI) (n=4008), Acute Diarrhea (n=1274) and skin diseases (n=454) were the leading cause of morbidity in all camps.
- Proportions of Acute Diarrhea in IDP camps have increased gradually by two percent since week 25 (week 25: 9% and week 26:11%) while proportions of Acute Diarrhea trend in refugee camps has increased by one percent since last week (week 25=7% and week 26=9%).
- The trends of lower ARI is generally decreasing with the advent of summer although proportion of upper ARI in week 26 increased by 1% and lower ARI decreased by 1% as well when compared with week 25, (week 25: Upper ARI=88% & Lower ARI=12% and week 26: Upper ARI=89% & Lower ARI=11%).
- A total of sixteen alerts were generated by EWARN in week 26, of which two alerts were generated from refugee camps and fourteen from IDP camps. Eight of these alerts were verified positive for further investigation and appropriate response by governorates Departments of Health and WHO while the remaining eight alerts did not follow the case definitions thresholds, (more details are in the Alert/Outbreak Section below)
 - Five alerts of suspected sporadic bloody diarrhea cases were discarded and one alert for suspected acute jaundice syndrome did not fulfil 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.

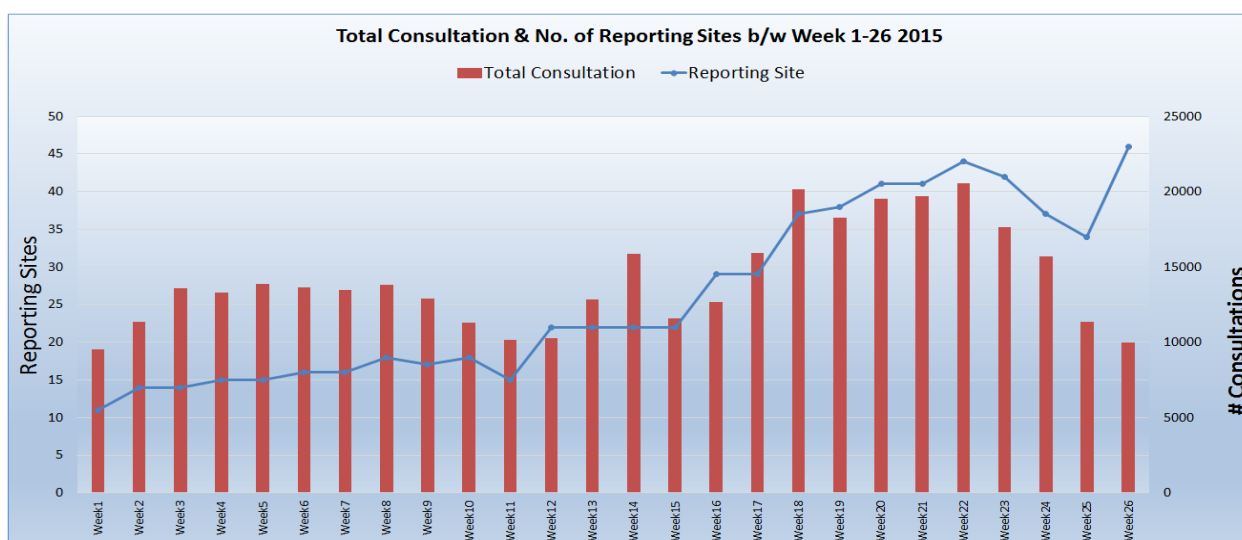
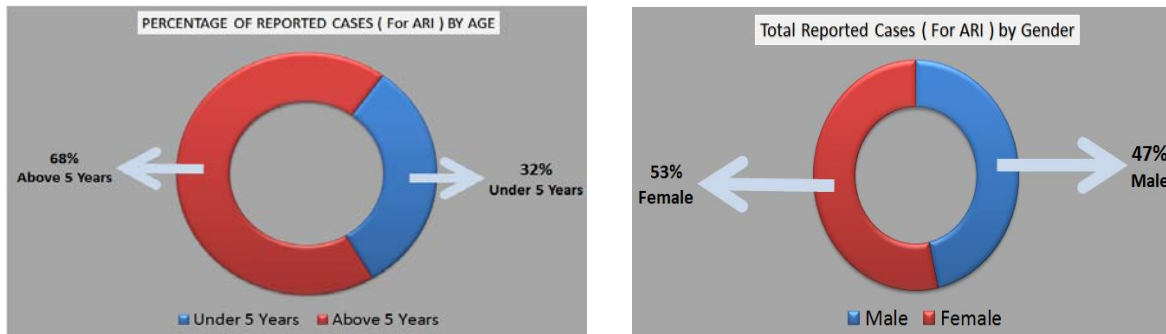


Figure 1: Total consultations and proportion of reporting health facilities b/w week 1-26

Consultations by Age and Gender week 26 in camps:



During week 23, 68% of the consultations were above 5 years while 32% were under 5 years disaggregated to 53% females and 47% males.

Morbidity patterns

During week 26, Acute Respiratory Infection (ARI), skin infestations including scabies ,and Acute Diarrhea (AD) reported from all camps covered by EWARN remain the leading causes of morbidity with (ARI) (n=4008), AD (n=1274) and skin diseases including scabies (n=454).

Overview for IDP camps in relation to proportions: During week 26, proportions of AD in IDP camps has increased gradually by two percent since week 25 (week 26=13%, week 25=9%). This increase indicates a steady scale up in trend during summer months.. Skin infestations including scabies have decreased dramatically from 7% in week 24 to 2% in week 25 while proportion of skin infestations including scabies stood at 5% during this reporting week. Acute Respiratory Tract infections also showed a gradual decrease since week 10, (see below graph).

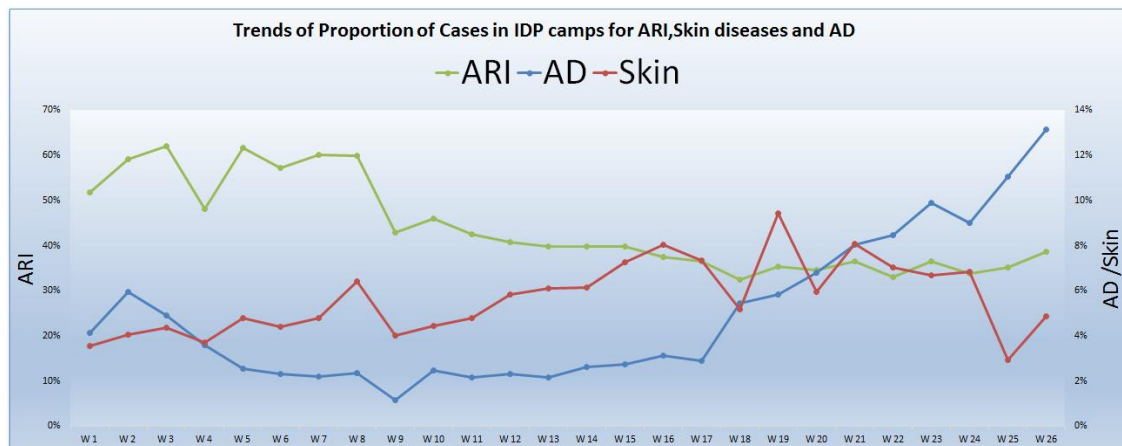


Figure II: Trend of proportion of cases of ARI, Scabies and AD in IDP camps (week 1 -26)

Overview for Refugees camps in relation to proportions: During week 26; proportions of Acute Diarrhea trend in refugee camps has gradually increased by one percent since week 21 (week 26=9%). Acute Respiratory Tract Infections (ARI) proposition indicates that it has increased from 45% in week 25 to 52% in week 25. Skin infestations including scabies have dropped from 7% in week 18 to 3% in week 19 and continued the t the steady trend (week 26=1%), (see below graph).

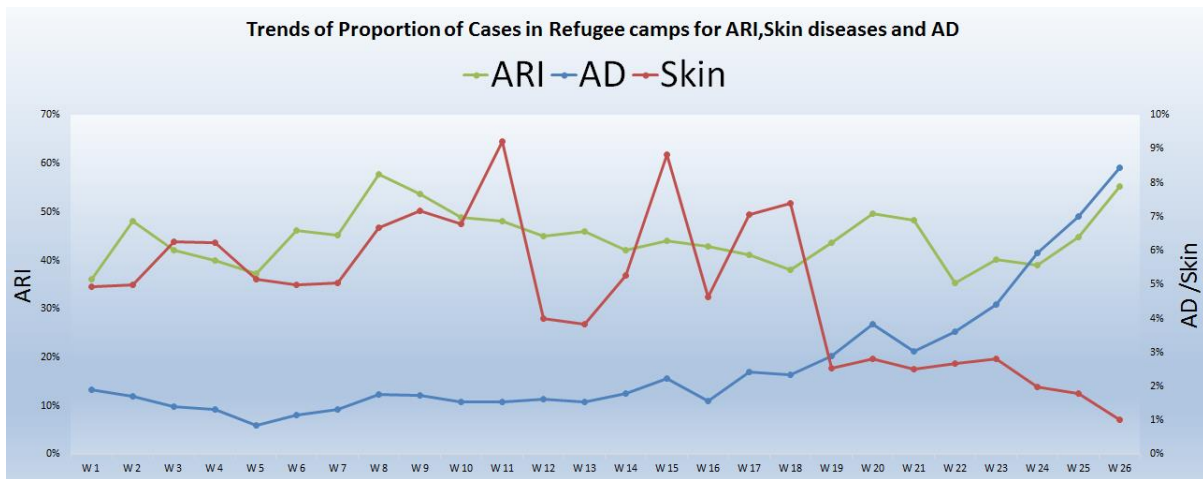


Figure III: Trend of proportion of cases of ARI, Scabies and AD in Refugee camps (week 1 -26)

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 26.

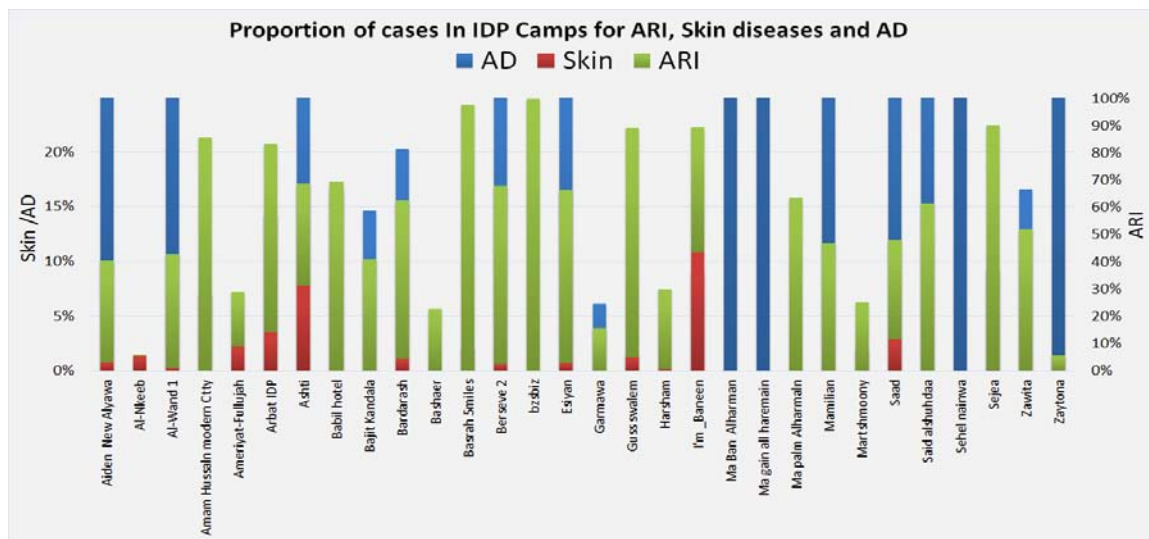


Figure IV: Proportion of cases of ARI, Scabies and AD in IDP camps for week 26

Trend of Diseases by proportions for Refugee Camps: The below graph indicates the proportion of cases in refugees camps for ARI, Acute diarrrhea, and skin infestations including scabies for week 26. During this week the incidence of acute diarrrhea cases has further decreased after extensive WASH and health promotion activities by WASH cluster partners in the refugee camps in Kurdistan Region, Iraq.

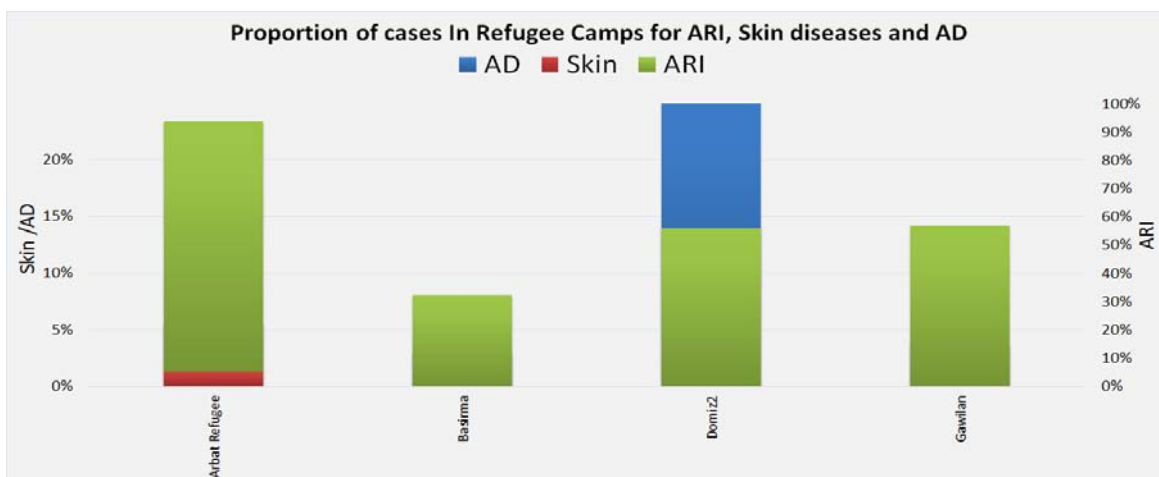


Figure V: Trend of proportions of cases of ARI, Scabies and AD in Refugee camps for week 26

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.

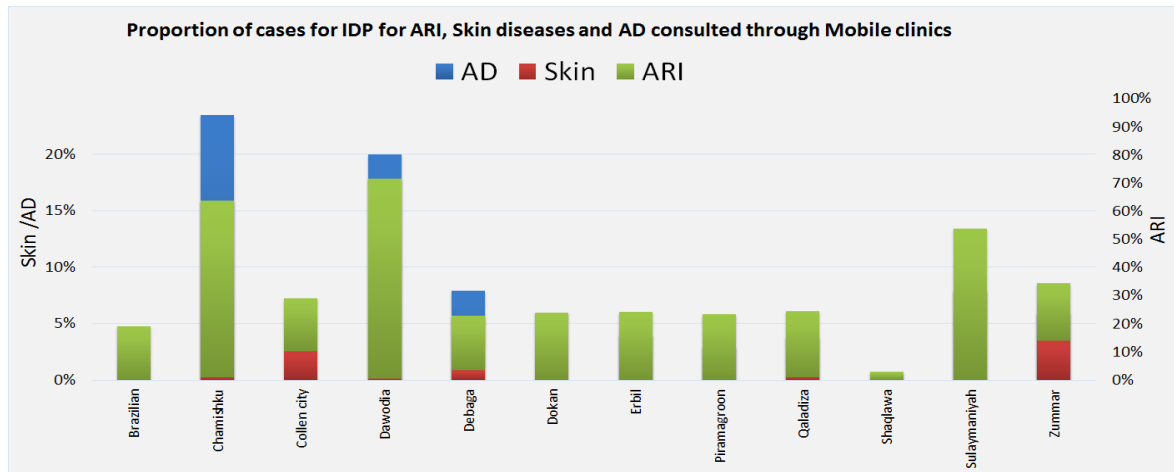
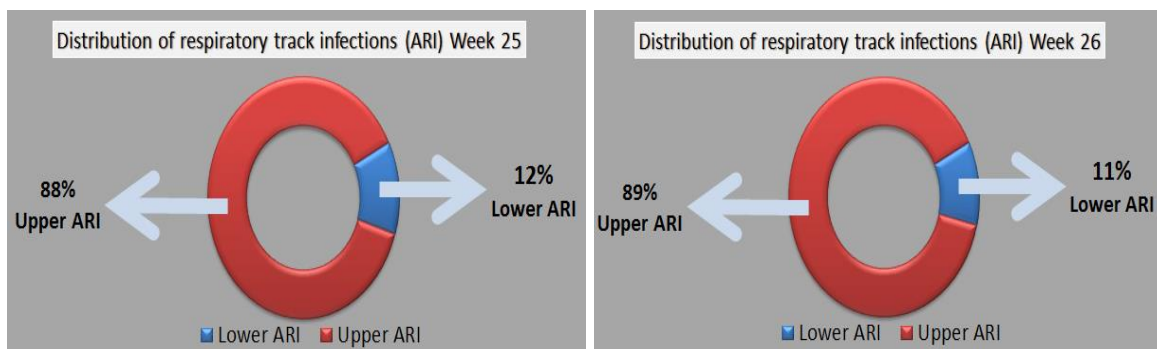


Figure VI: Trend of proportions of IDP cases for ARI, Scabies and AD covered by Mobile Clinics for week 26

- Acute Respiratory Tract Infection (ARI) has been further divided into upper and lower respiratory tract infections from 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 26 have increased by 1% and the lower ARI proportion decreased by 1% when compared with week 25, (Week 25: Upper ARI=88% & Lower ARI=12% and week 26: Upper ARI=89% & Lower ARI=11%).
 - Overall, the ARI trend is slowly decreasing in both IDP and Refugee camps with the close down of summer season. .



Furthermore, the below graph indicates the proportion of Lower and upper ARI cases per each reporting site for week 26.

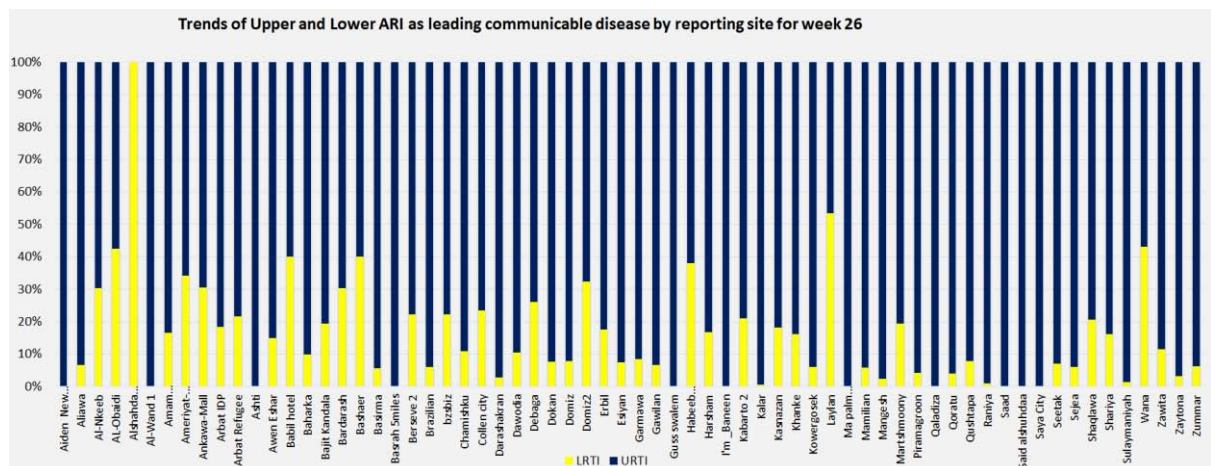


Figure VII: Trend of Upper and Lower ARI leading communicable disease per reporting site for week 26

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, indicating a steady increase in waterborne diseases during summer . The trend indicates a gradual increase in the proportion of waterborne diseases in IDP camps since week 17. (See below graph)

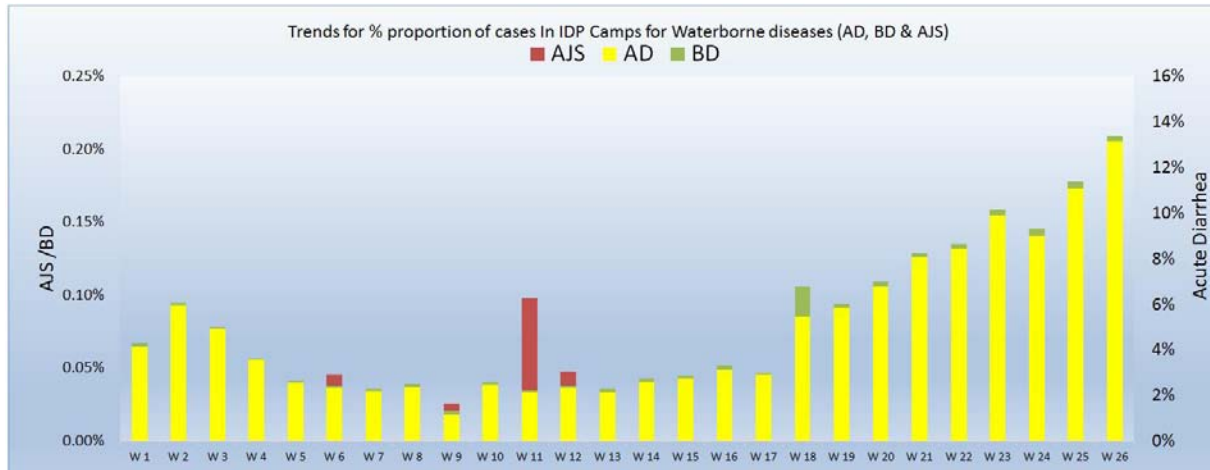


Figure VIII: Trend of Waterborne diseases from IDP camps, from week 1 to 26

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 steady increase of 1% per week since week 22.

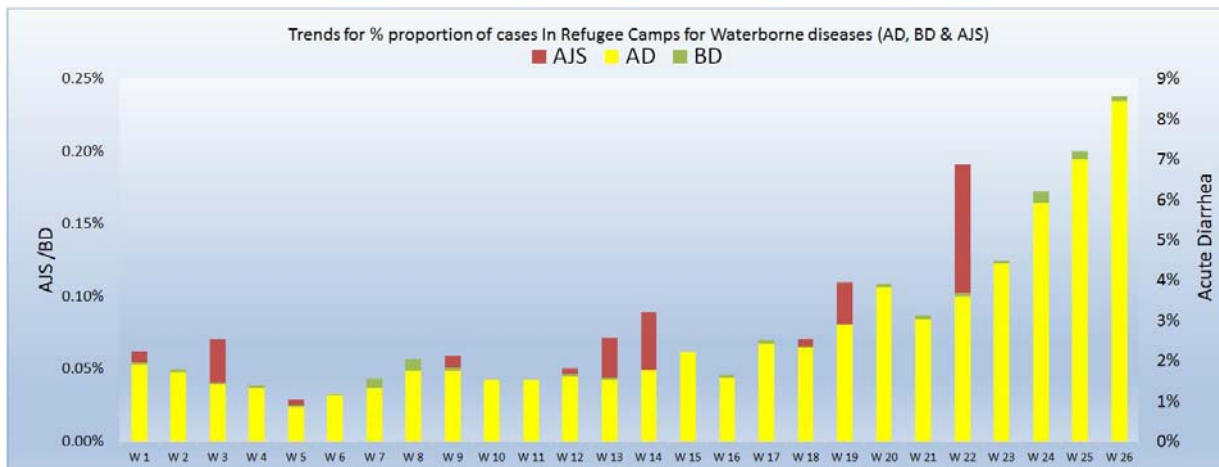


Figure IX: Trend of Waterborne Diseases (Acute Diarrhea, Bloody Diarrhea and Acute Jaundice Syndrome) as one of the leading communicable diseases from Refugee camps, weeks 1 to 26

Alerts and Outbreaks

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. Measles	Zummar	IDPS	1	MC-MSF-F	Yes	Yes	TRUE	Yes
2		Ameriyat-Fullujah	IDPS	3	UIMS	Yes	Yes	TRUE	Yes
3	S. Bloody Diarrhea	Arbat	IDPS	7	EMERGENCY	Yes	No	TRUE	Yes

4		Bardarash	IDPS	1	MC-PU-AMI	No	No	FALSE	No
5		Berseve 2	IDPS	5	Malteser International	Yes	No	TRUE	Yes
6		Esiyan	IDPS	1	IOM	No	No	FALSE	No
7		Chamishku	IDPS	2	MC-MDM	No	No	FALSE	No
8		Zaytona	IDPS	1	IOM	No	No	FALSE	No
9		Zummar	IDPS	4	MC-MSF-F	Yes	No	FALSE	Yes
10		Sejea	IDPS	1	IMC	No	No	FALSE	No
11		Arbet	Refugee	1	EMERGENCY	No	No	FALSE	No
12	S. Leishmaniasis	Zummar	IDPS		MC-MSF-F	Yes	Yes	TRUE	Yes
13	S. Hemorrhagic fever	Bashaer	IDPS	4	DOH	Yes	Yes	TRUE	Yes
14	S. Acute Jaundice Synd	Esiyan	IDPS	19	IOM	Yes	Yes	TRUE	Yes
15		Gawilan	Refugee	1	PU-AMI	No	No	FALSE	No
16	Suspected Pertusis	Guss swalem	IDPS	9	DOH	Yes	Yes	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 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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