



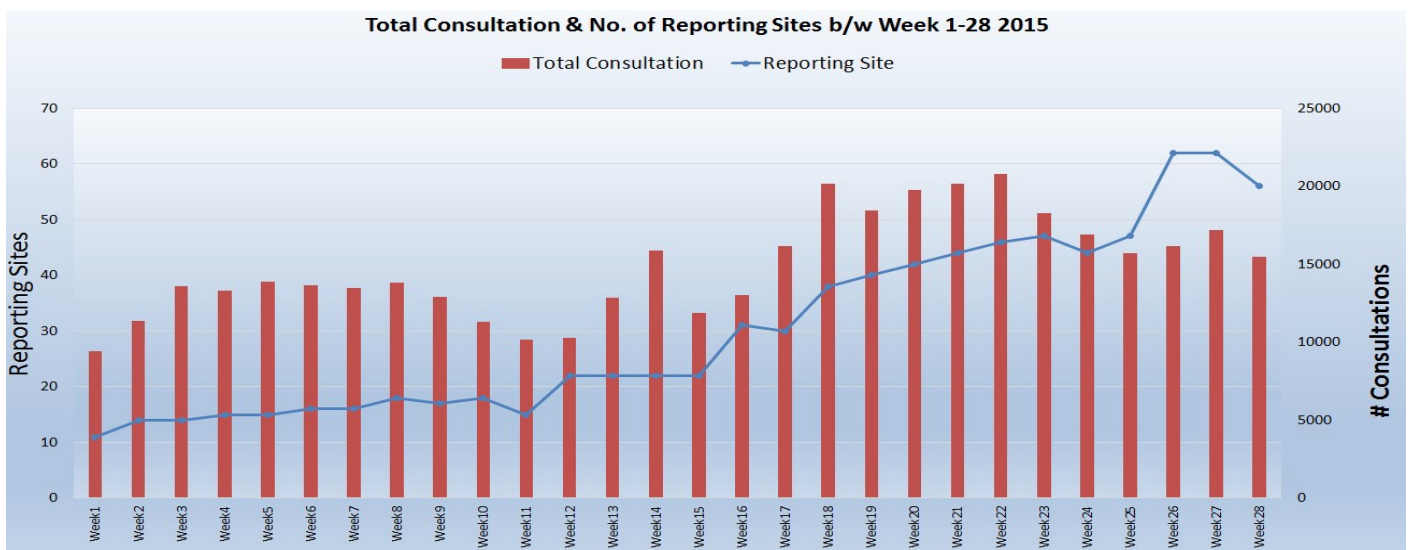
Iraq: EWARN & Disease Surveillance Bulletin

2015 Epidemiological Week: 28

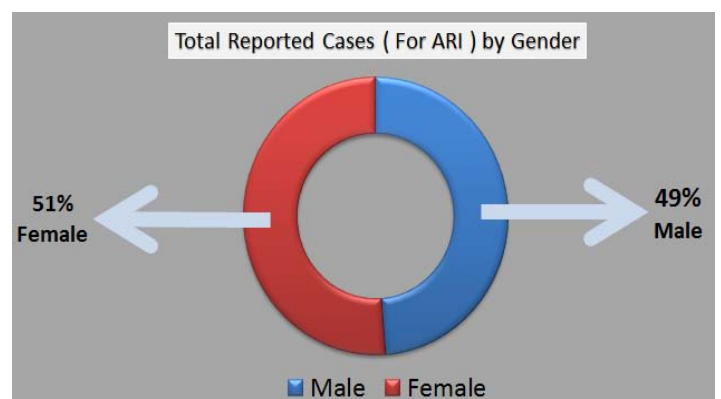
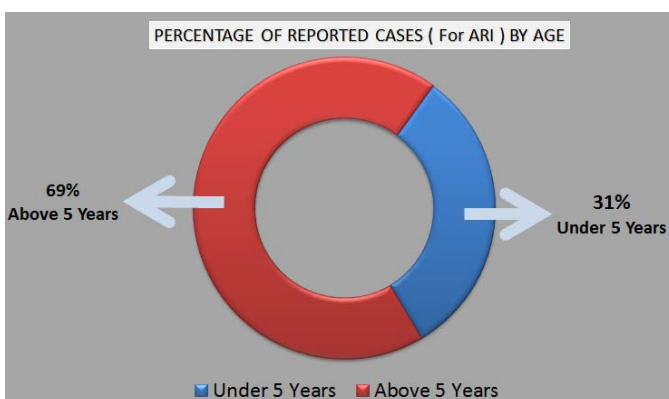
Reporting Period: 6—12 July , 2015

Highlights

- ◆ **Number of reporting sites:** Fifty six (56) reporting sites which include thirty-six Internally Displaced People's (IDP) camps, eight refugee camps and twelve mobile clinics submitted their weekly reports timely and completely.
- ◆ **Total number of consultations:** 15,469 (male=7,545 and female=7,924) making a decrease of 1261 (8%) since last week.
- ◆ **Leading causes of morbidity in the camps:** Acute Respiratory tract Infections (ARI) (n=5,337), Acute Diarrhea (AD) (n=1,533) and skin diseases (n=907) remained the leading causes of morbidity in all camps during the reporting week.
- ◆ **Number of alerts:** Thirty (30) alerts were generated, of which nineteen were from IDP camps and eleven from refugee camps. Four of these alerts were verified as true for further investigation and appropriate response by the Governorates Departments of Health, WHO and the relevant health cluster partners. The rest twenty six alerts did not follow the case definition thresholds. (Details: see Alert and Outbreak Section)



Consultations in the camps by age and gender (week 28)



Morbidity Patterns

IDP camps:

During week 28, proportions of Acute Diarrhea in IDP camps has increase one percent since last week 27 (week 27=10% & week 28=11%). The proportion of acute diarrhea has tripled since week 17 indicating a steady increase in trend during summer months. As part of preparedness, Health and WASH cluster has started to formulate Cholera Task Force in the high risk governorates. The proportion of skin infestations including scabies have increased from 4% in week 27 to 6% in week 28 due to the decrease of health and hygiene sessions in camps by the health cluster partners and Departments of Health. Proportions of Acute Respiratory Tract Infections (ARI) are showing a steady decrease since week 9. (See below graph).

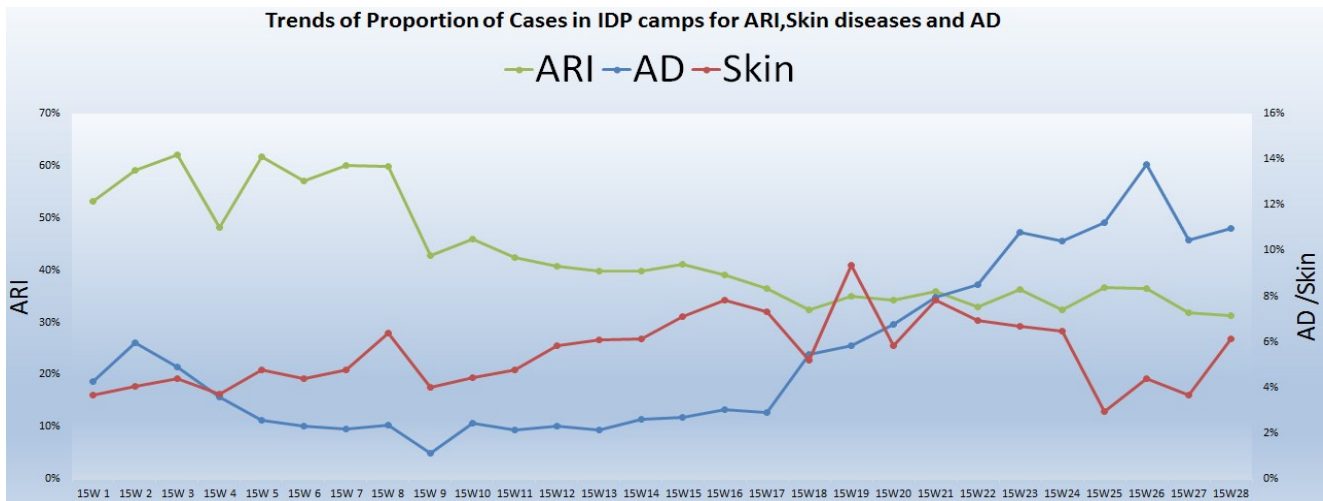
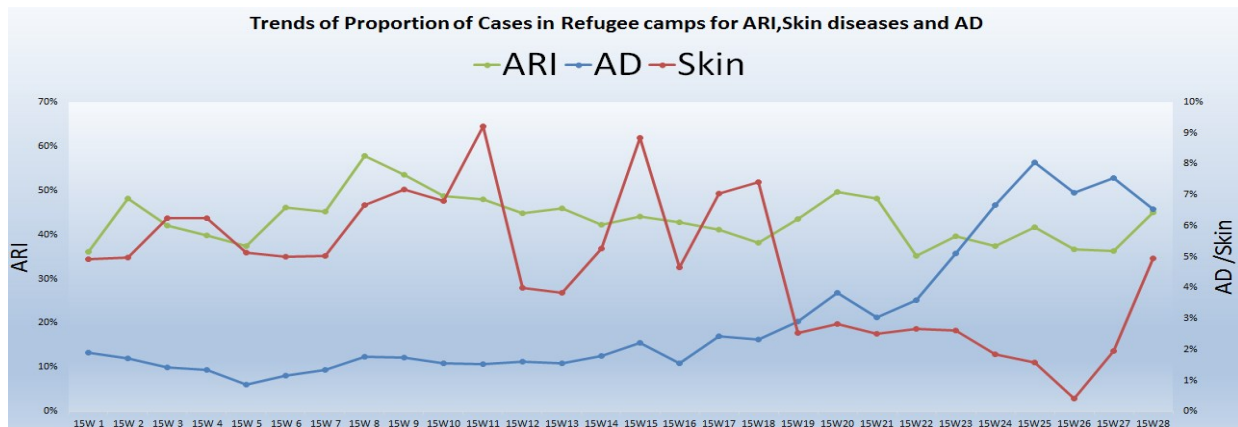


Figure II: Trend of proportion of cases of ARI, Scabies and AD in IDP camps (week 1 -28)

Refugee camps:

During week 28, proportions of acute Diarrhea in refugee camps has gradually increased since week 22 (week 22=4% and week 28=7%). Proportion of Acute Respiratory Tract Infections (ARI) indicates a static trend with slight declining since the beginning of summer season (week 28=45%). Proportion of skin infestations including scabies have also dropped from 7% in week 18 to 3% in week 19 , and then sharply increased in week 28 to 5%. (See below graph).

Figure III: Trend of proportion of cases of ARI, Scabies and AD in Refugee camps (week 1 –28)



Trends of Diseases for IDP Camps by location

The below graph indicates the proportion of cases of Acute Respiratory Tract Infections, Acute Diarrhea, and Skin Infestations including scabies which comprises the highest leading cause of morbidity by every IDP camps for week 28, 2015.

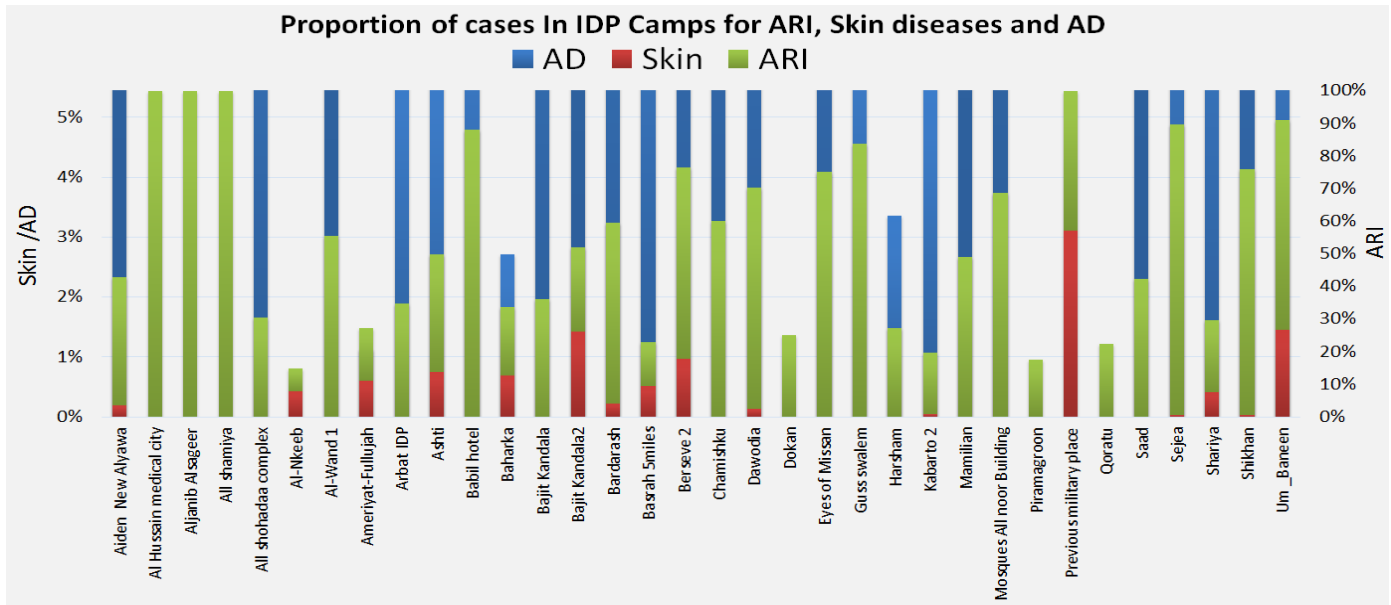


Figure IV: Proportion of cases of ARI, Scabies and AD in IDP camps for week 28

Trends of diseases for refugee camps by location

The below graph indicates the proportion of Acute Respiratory Tract Infections cases, Acute Diarrhea, and Skin Infestations including scabies which comprises the highest leading cause of morbidity in Refugee camps for week 28, 2015.

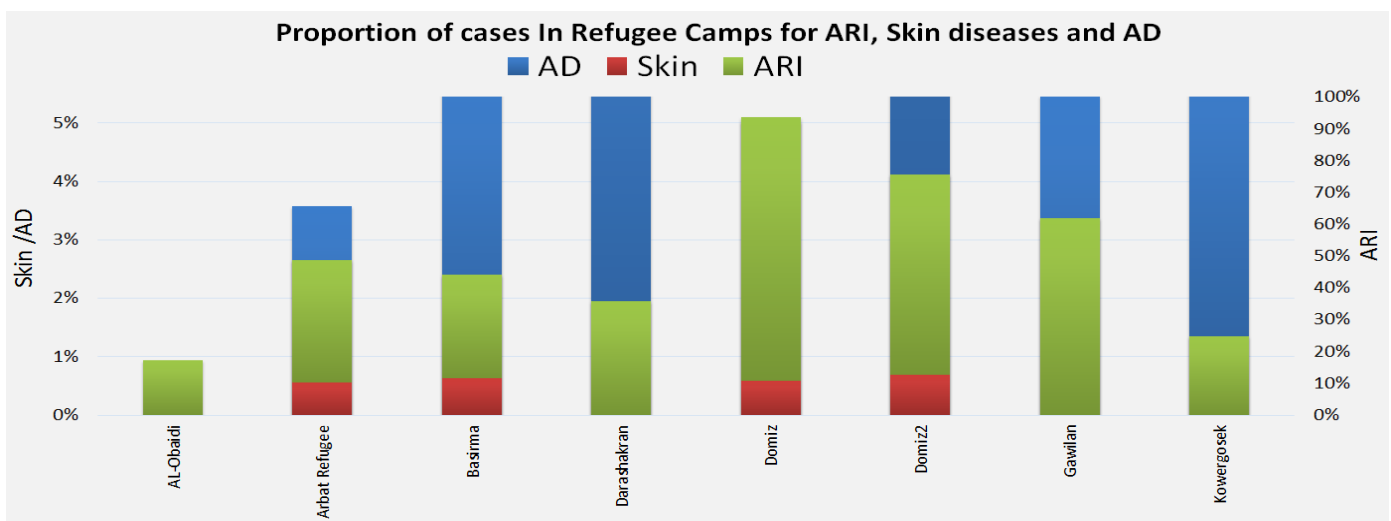


Figure V: Trend of proportions of cases of ARI, Scabies and AD in Refugee camps for week 28

Trend of Diseases for off camp IDPs covered by mobile clinics

The below graph indicates the proportion of Acute Respiratory Tract Infections cases, Acute Diarrhea, and Skin Infestations including scabies which comprises the highest leading cause of morbidity in IDPs camps covered by mobile health clinics for week 28, 2015.

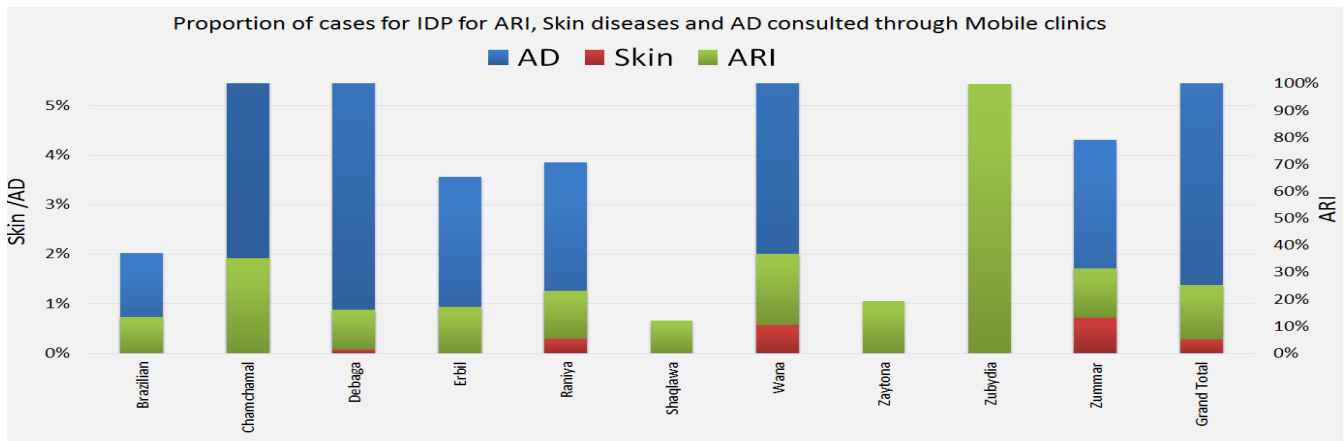


Figure VI: Trend of proportions of IDP cases for ARI, Scabies and AD covered by Mobile Clinics for week 28

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. According to EWARN data, the trend for lower ARI is decreasing while there is an increase in the upper respiratory tract infections in summer. Compared to week 27, the proportion of upper ARI in week 28 has decreased by 8% while that for lower ARI has increased by 8%. Overall, the ARI trend is slowly decreasing in both IDP and Refugee camps during summer months. Furthermore, the below graph indicates the proportion of lower and upper ARI cases per each reporting site for week 28.

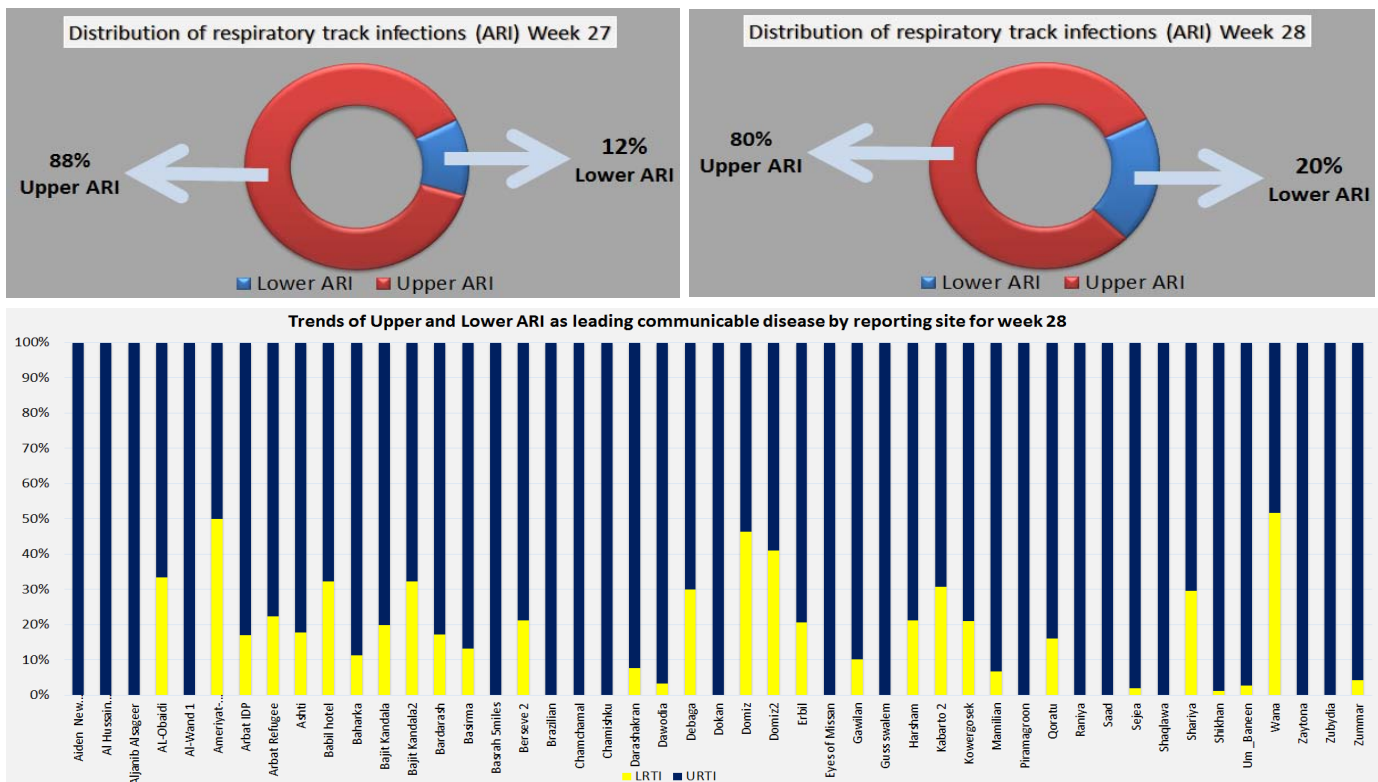


Figure VII: Trend of Upper and Lower ARI per reporting site for week 28

Trends of Water borne Diseases in IDP camps

The below graph shows the trends of waterborne diseases (Acute Diarrhea, Acute Bloody Diarrhea and Acute Jaundice Syndrome) reported from IDP camps and which indicated a steady increase in waterborne diseases. The trend indicates a gradual increase in the proportion of waterborne diseases in IDP camps since week 9. (See below graph)

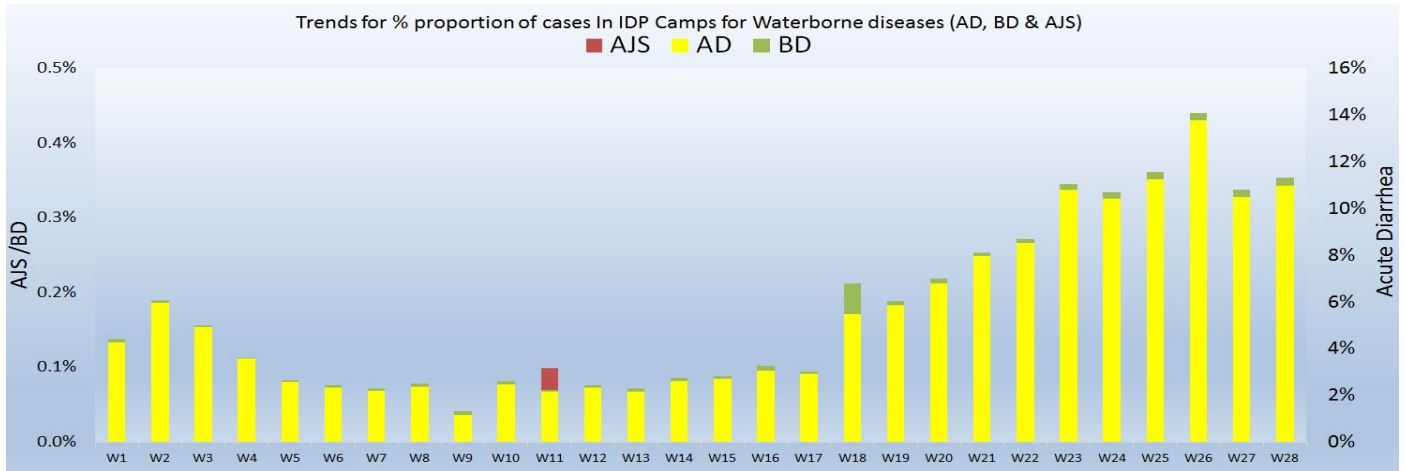


Figure VIII: Trend of waterborne diseases from IDP camps, week 1 to 28

Trends of Water borne diseases in Refugee camps

The below graph shows the distribution of waterborne diseases (Acute Diarrhea, Bloody Diarrhea and Acute Jaundice Syndrome) from refugee camps indicating a steady increase since week 22.

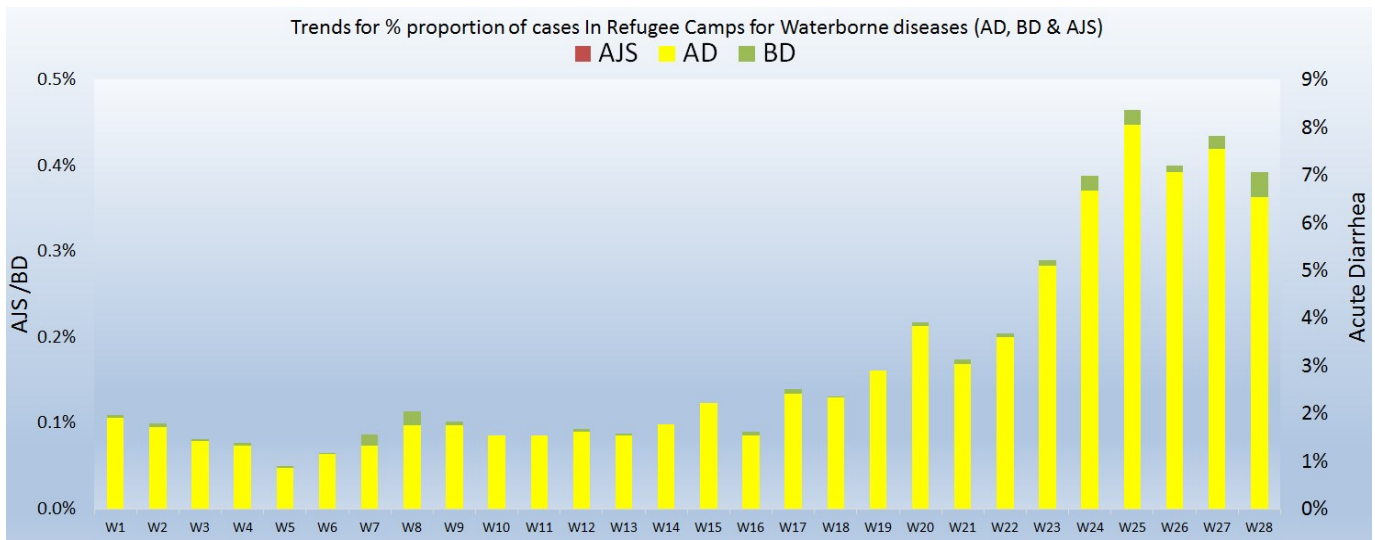


Figure IX: Trend of waterborne diseases from Refugee camps, week 1 to 28

Alerts & Outbreaks

- Thirty (30) alerts were generated, of which nineteen were from IDP camps and eleven from refugee camps during this reporting week. Four of these alerts were verified as true for further investigation and appropriate response by the respective Governorate Department of Health, WHO and the relevant health cluster partner. Twenty six alerts did not follow the case definition thresholds. 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 below table)

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. Acute Diarrhea	Darashakran	Refugees	81	IMC	No	No	FALSE	No
2		Debaga	IDPS	31	MC-Tccf malteser	No	No	FALSE	No
3		Harsham	Refugees	6	IMC	No	No	FALSE	No
4		Shariya	IDPS	128	Medair	No	No	FALSE	No
5	Skin Infestation including Scabies	Ameriyat-Fullujah	IDPS	127	UIMS	No	No	FALSE	No
6		Arbat	Refugees	37	EMERGENCY	No	No	FALSE	No
7		Baharka	IDPS	69	IMC	No	No	FALSE	No
8		Basirma	Refugees	41	DOH	No	No	FALSE	No
9		Berseve 2	IDPS	72	Malteser International	No	No	FALSE	No
10		Domiz2	Refugees	28	IMC	No	No	FALSE	No
11	S. Measles	Ameriyat-Fullujah	IDPS	1	UIMS	Yes	yes	TRUE	ongoing mop up campaigns
12	S. Bloody Diarrhea	Bardarash	IDPS	1	PU-AMI	No	No	FALSE	No
13	S. Acute Jaundice Syndrome	Arbat	IDPS	1	EMERGENCY	No	No	FALSE	No
14		Domiz	Refugees	1	MSF_CH	No	No	FALSE	No
15		Darashakran	Refugees	1	IMC	No	No	FALSE	No
16		Kowergosek	Refugees	2	IMC	No	No	FALSE	No
17	Gawilan	Refugees	1	PU-AMI	No	No	FALSE	No	
18	Suspected Pertussis	Guss swalem	IDPS	7	DOH	yes	No	FALSE	No
19	Unexplained Fever	Ameriyat-Fullujah	IDPS	1	UIMS	No	No	FALSE	No
20		Dawodia	IDPS	1	MDM	No	No	FALSE	No
21		Sejea	IDPS	1	IMC	No	No	FALSE	No
22		Eyes of Missan	IDPS	1	DOH	No	No	FALSE	No
23	Suspected Leishmaniasis	Zaytona	IDPS	1	MC-IMC	No	No	FALSE	No
24	Suspected Hemorrhagic fever	Ameriyat-Fullujah	IDPS	1	UIMS	Yes	No	FALSE	No
25	Acute Flaccid Paralysis (AFP)	Arbat	IDPS	1	EMERGENCY	Yes	Yes	TRUE	No
26	Acute (Lower) Respiratory infections – (Suspected Pneumonia)	Bardarash	IDPS	39	PU-AMI	No	No	FALSE	No
27		Debaga	IDPS	18	MC-Tccf malteser	No	No	FALSE	No
28		Domiz	Refugees	257	MSF_CH	No	No	FALSE	No
29		Domiz2	Refugees	57	IMC	No	No	FALSE	No
30		Wana	IDPS	31	MC-Medair	No	No	FALSE	No

Comments & Recommendations

- Cholera Task Force continued their activities at Duhok, Erbil and Suleimaniya governorates.
- Due to the increase in trend for the waterborne diseases, WASH and health cluster has started working together for the implementation of the Cholera Contingency Plan.
- EWARN teams have started monitoring and evaluating missions of various health cluster partners across Kurdistan to strengthen the reporting mechanism.

For comments or questions, please contact

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