



Iraq: EWARN & Disease Surveillance Bulletin

2015 Epidemiological Week: 29

Reporting Period: 13—19 July , 2015

Highlights

- ◆ **Number of reporting sites:** (54) reporting sites including thirty-five Internally Displaced People’s (IDP) camps, eight refugee camps and eleven mobile clinics submitted their weekly reports timely and completely.
- ◆ **Total number of consultations:** 12,578 (male=5,991 and female=6,587) marking a decrease of 4270 (15%) in comparison with last week.
- ◆ **Leading causes of morbidity in the camps:** Acute Respiratory tract Infections (ARI) (n=3766), Acute Diarrhea (AD) (n=1,023) and skin diseases (n=482) remained the leading causes of morbidity in all the reporting health facilities this week.
- ◆ **Number of alerts:** Five (5) alerts were generated; all of them were from IDP camps. This week alerts were verified as false for further investigation and appropriate response by the Governorates Departments of Health, WHO and the relevant health cluster partner. Four alerts did not follow the case definition thresholds. (Details: see Alert and Out-break Section)

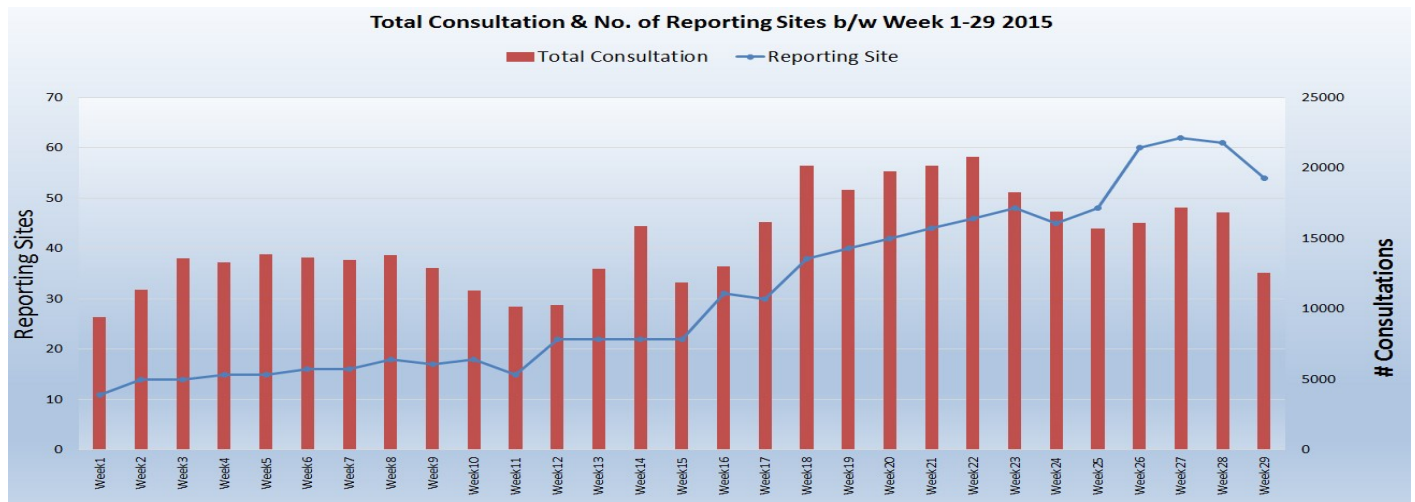
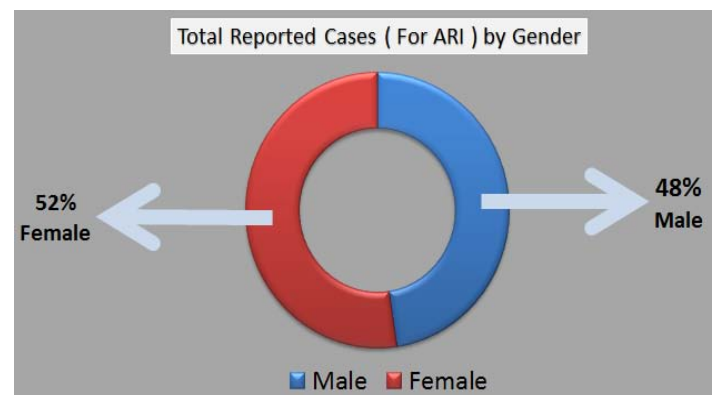
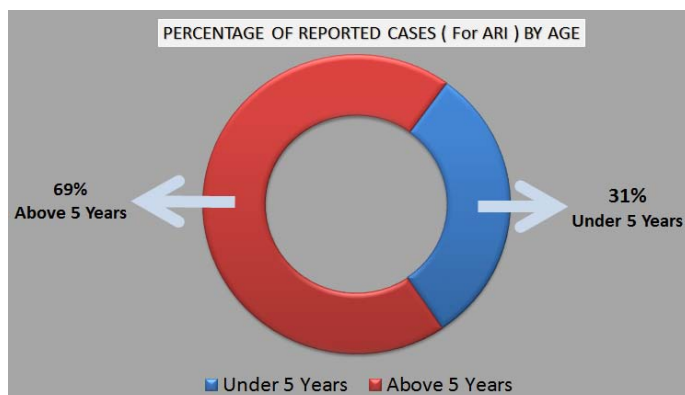


Figure 1: Total consultations and proportion of reporting health facilities b/w week 1-29

Consultations in the camps by age and gender (week 29)



Morbidity Patterns

IDP camps

During week 29, proportions of Acute Diarrhea in IDP camps has decrease one percent since last week 28 (week 28=11% and week 29=10%). The proportion of acute diarrhea has been tripled since week 18 indicating an increase in trend during the summer months. As a part of preparedness, health and WASH cluster has started to formulate Cholera Task Force in the high risk governorates. Proportion of skin infestations including scabies decreased from 6% in the last week of 28 to 4% in week 29. Proportion of Acute Respiratory Tract Infections (ARI) are showing a gradual decreasing trend since week 10 which showed normal trend of the disease during summer season (See below graph).

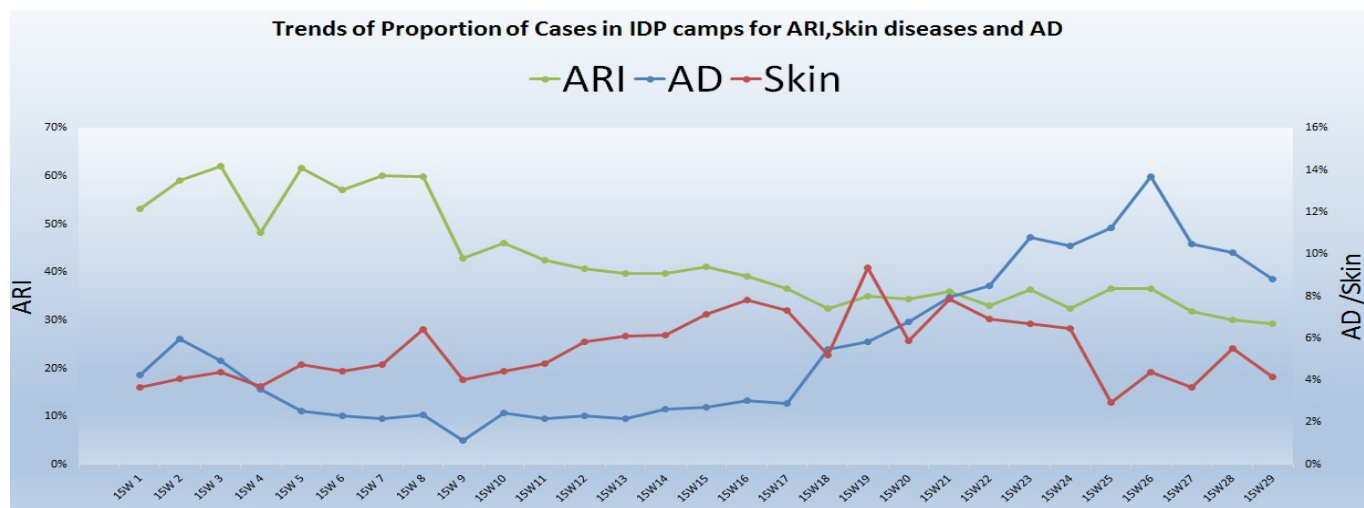


Figure II: The proportion of cases of ARI, Scabies and AD in IDP camps (week 1 -29/ 2015)

Refugee camps

During week 29, the proportions of Acute Diarrhea in refugee camps has gradually increased since week 21 (week 21=3% and week 29=6%). Proportion of (ARI) indicates a slow drop-down since the beginning of summer (week 29=32%). Proportion of skin infestations including scabies have also dropped from 7% in week 18 to 3% in week 19 and then showing a steady trend till week 29. (See below graph).

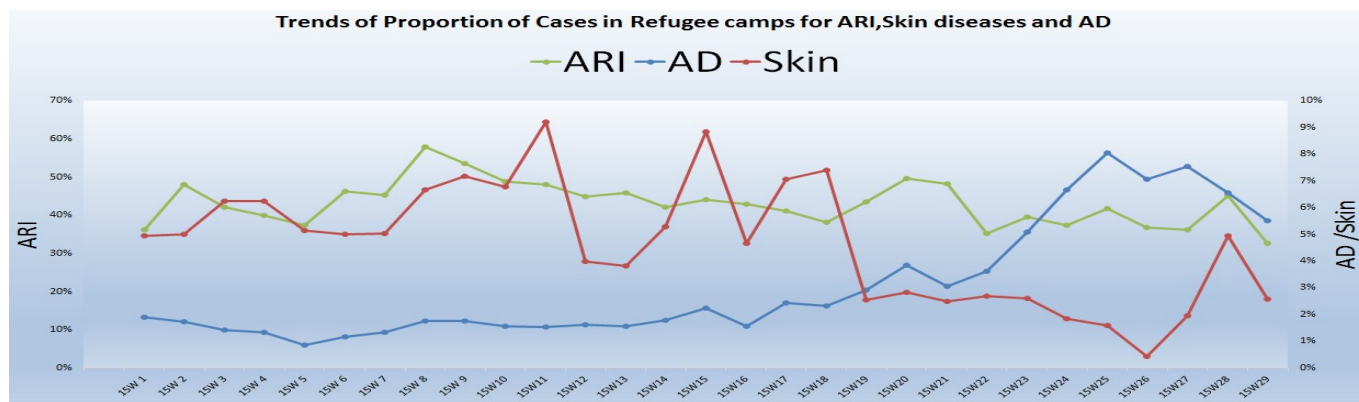


Figure III: Trend of proportion of cases of ARI, Scabies and AD in Refugee camps (week 1 –29/2015)

Trends of diseases by proportion and location for IDP Camps

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 in IDP camps for week 29, 2015.

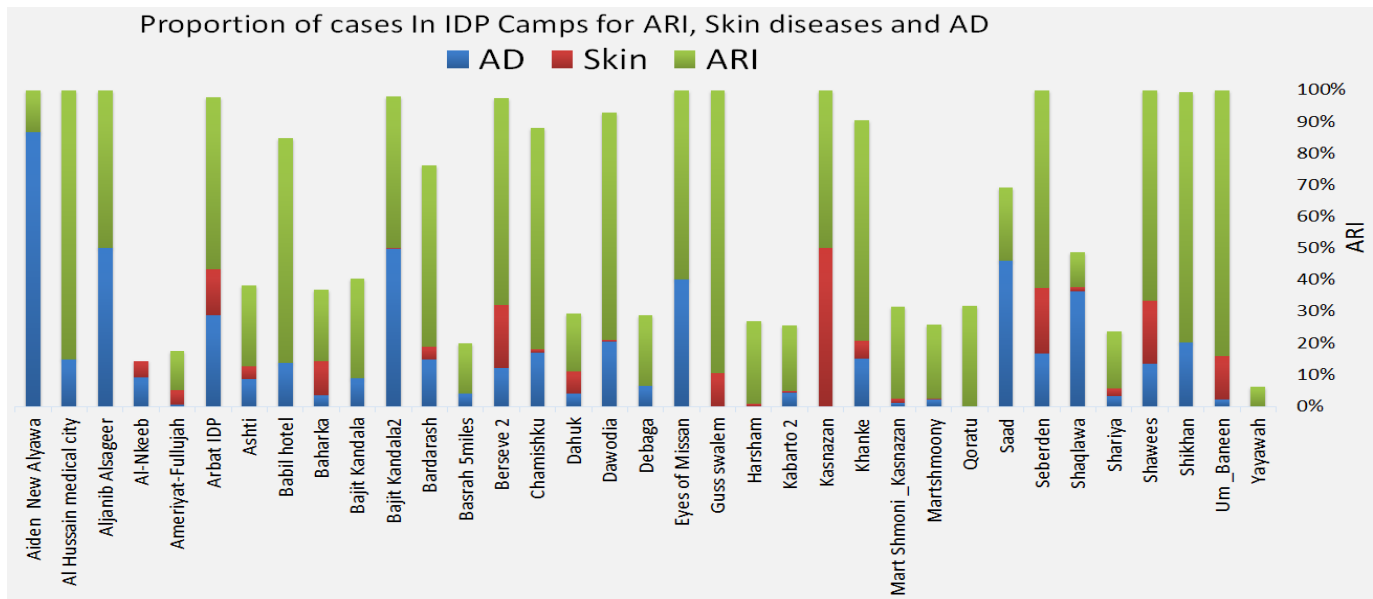


Figure IV: Proportion of cases of ARI, Scabies and AD in IDP camps for week 29

Trends of diseases by proportion and location for Refugee Camps

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 29, 2015.

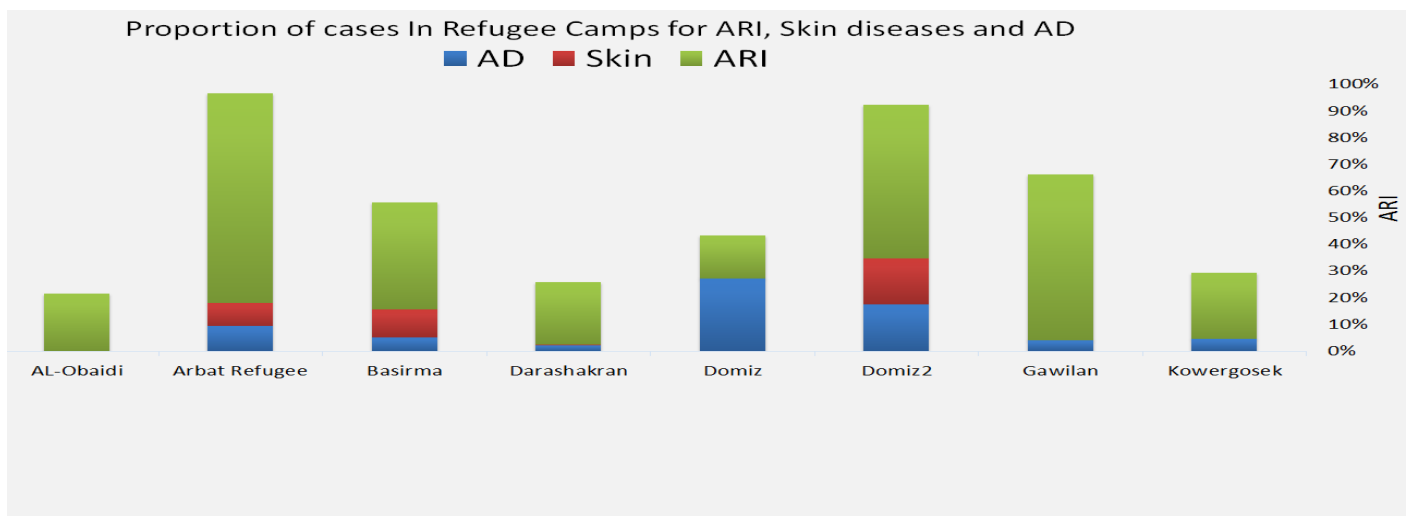


Figure V: Trend of proportions of cases of ARI, Scabies and AD in Refugee camps for week 29

Trend of diseases by proportions 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 off camp IDPs covered by mobile clinics for week 29, 2015.

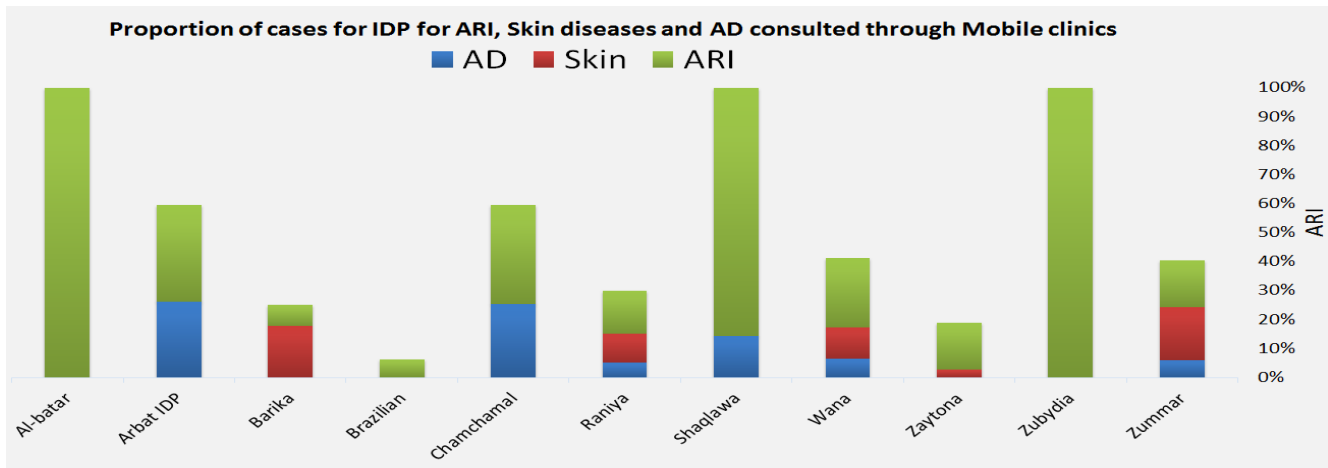


Figure VI: Trend of proportions of IDP cases for ARI, Scabies and AD covered by Mobile Clinics for week 29

Trends of Upper and Lower ARI as leading cause of morbidity

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 that of upper ARI is increasing during summer. Compared to week 28, the proportion of upper ARI in week 29 has increased by 9% while that for lower ARI has decreased by 9%. Overall, the ARI trend is slowly decreasing in both IDP and Refugee camps as we go further into the summer months. Furthermore, the below graph indicates the proportion of lower and upper ARI cases per each reporting site for week 29.

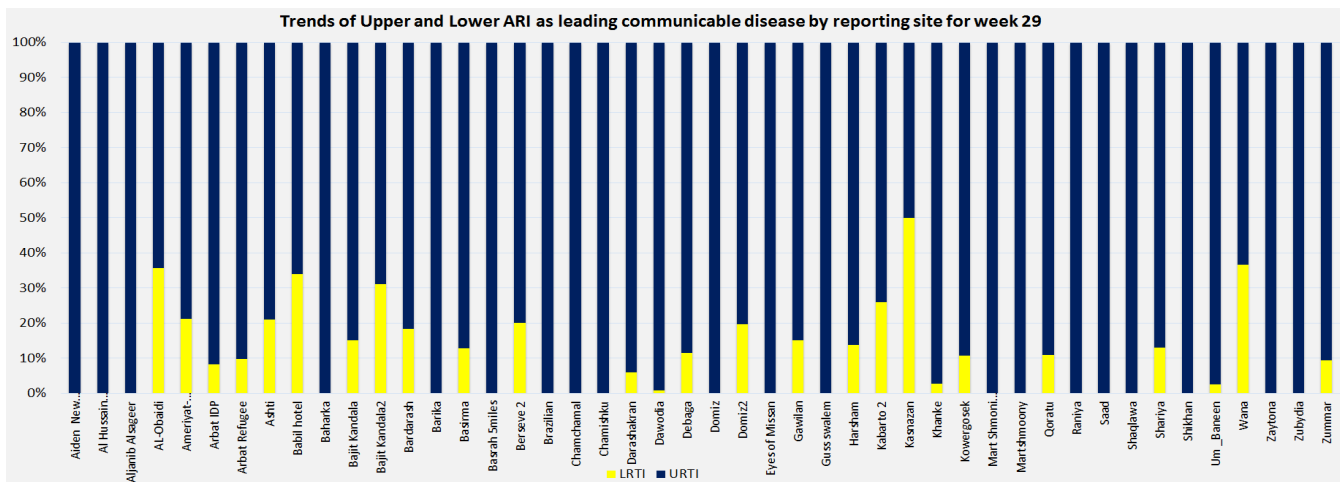
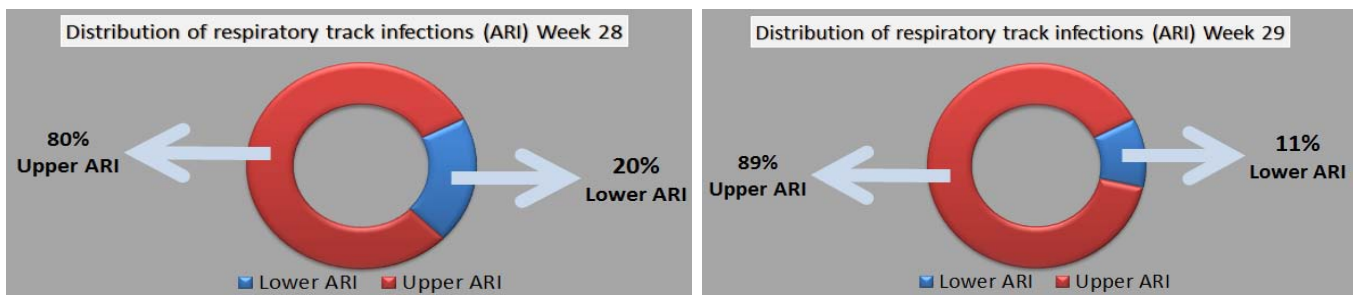


Figure VII: Trend of Upper and Lower ARI per reporting site for week 29

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) 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 29. (See below graph)

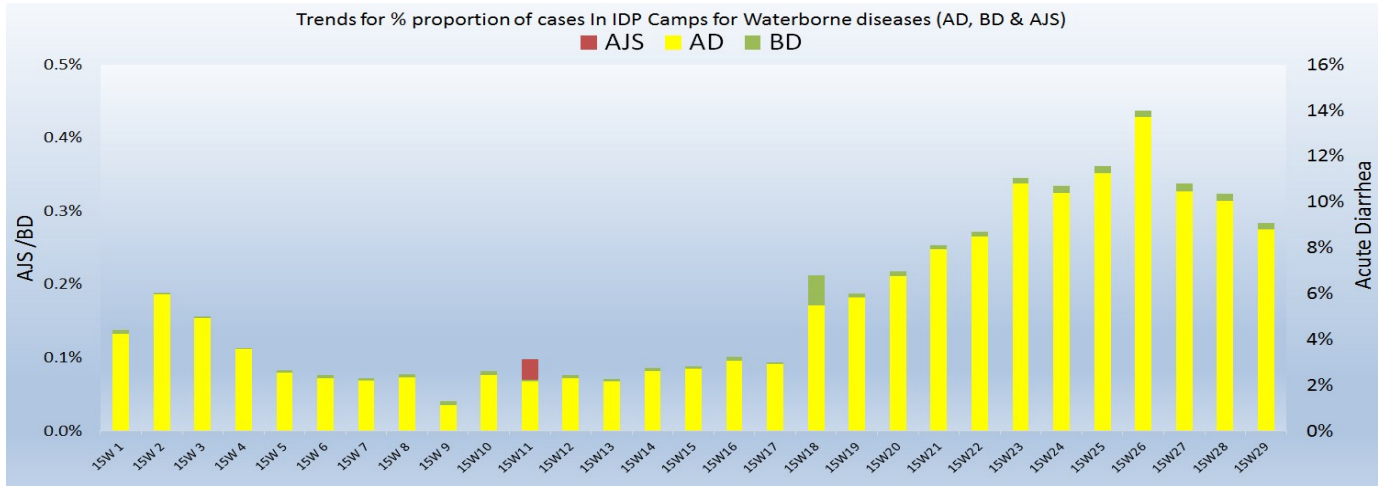


Figure VIII: Trend of Waterborne diseases from IDP camps, from week 1 to 29/2015

Trends of Water borne 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.

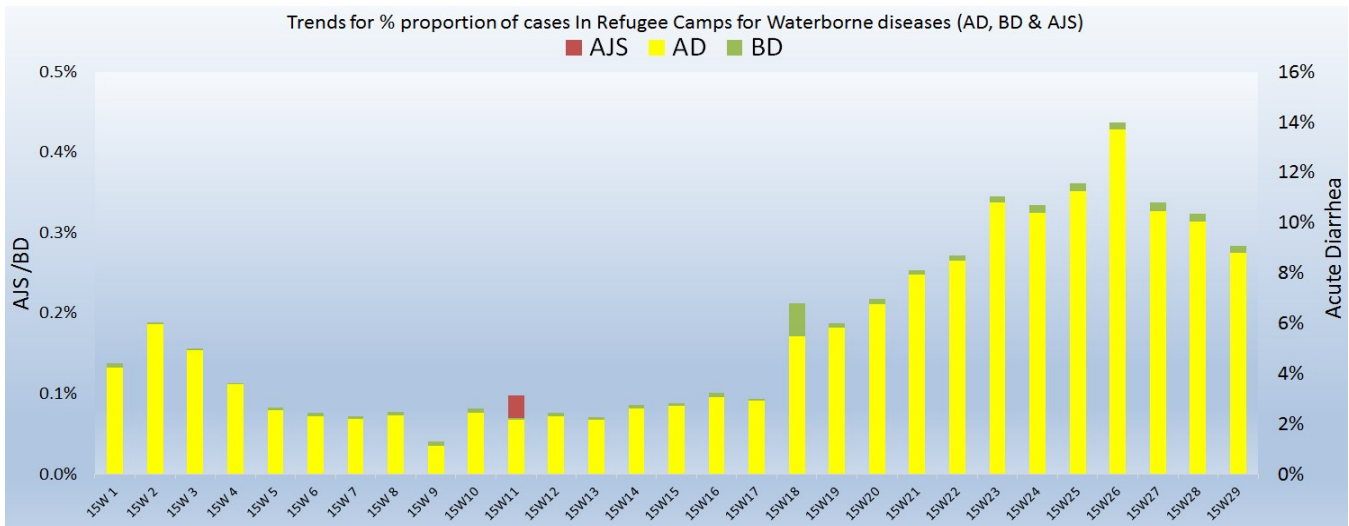


Figure IX: Trend of Waterborne diseases from Refugee camps, from week 1 to 29/2015

Alerts & Outbreaks

Five alerts were generated from IDP camps this reporting week. All of these alerts were verified as False for further investigation and appropriate response by the Governorates' Departments of Health, WHO and the relevant health cluster partners. Four 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	Sample Taken Yes/No	Alerts Outcome True/False	Public Health Interventions Conducted
						48-72% DOH/WHO/NGO			
1	Suspected Leishmaniasis	Ameriyat-Fullujah	IDPS	2	UIMS	Yes	No	FALSE	No
2	whooping	Al-Nabi Younis	IDPS	8	DOH	Yes	Yes	FALSE	No
3		Harshm	IDPS	1	IMC	Yes	Yes	FALSE	No
4	Suspected Meningitis	Hevi	IDPS	1	DOH	Yes	Yes	FALSE	No
5	Acute Jaundice Syndrome	Brazilian	IDPS	6	MC-IMC	Yes	Yes	FALSE	No

Comments & Recommendations

- Health and WASH clusters raised the issue of preparedness activities for cholera and other acute diarrheal diseases as a priority during their meetings.
- Inter-sectoral coordination is crucial between all the stakeholders playing roles in prevention and control of acute diarrheal diseases during the current period .
- EWARN teams have started monitoring and evaluating missions of various health cluster partners across Kurdistan

For comments or questions, please contact

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