

# Iraq: EWARN & Disease Surveillance Bulletin

2015 Epidemiological Week: 32

Reporting Period: 3—9 August, 2015

## Highlights

- ◆ **Number of reporting sites:** Seventy three (73) reporting sites including fifty (50) Internally Displaced People's (IDP) camps, seven (7) refugee camps and sixteen (16) mobile clinics submitted their weekly reports timely and completely.
- ◆ **Total number of consultations:** 17,866 (male=8,130 and female=9,736) marking an increase of 3,614 (11%) since last week.
- ◆ **Leading causes of morbidity in the camps:** Acute Respiratory Tract Infections (ARI) (n=6,323), Acute Diarrhea (AD) (n=1,322) and skin diseases (n=770) remained the leading causes of morbidity in all camps during this reporting week.
- ◆ **Number of alerts:** Seventeen (17) alerts were generated, of which twelve (12) were from IDP camps and five (5) from refugee camps during this reporting week. Seven of these alerts were investigated within 24-48 hours, of which five were verified as true for further investigation and appropriate response by the respective Governorates Departments of Health, WHO and the relevant health cluster partners. (Details: Alert and Outbreak Section)

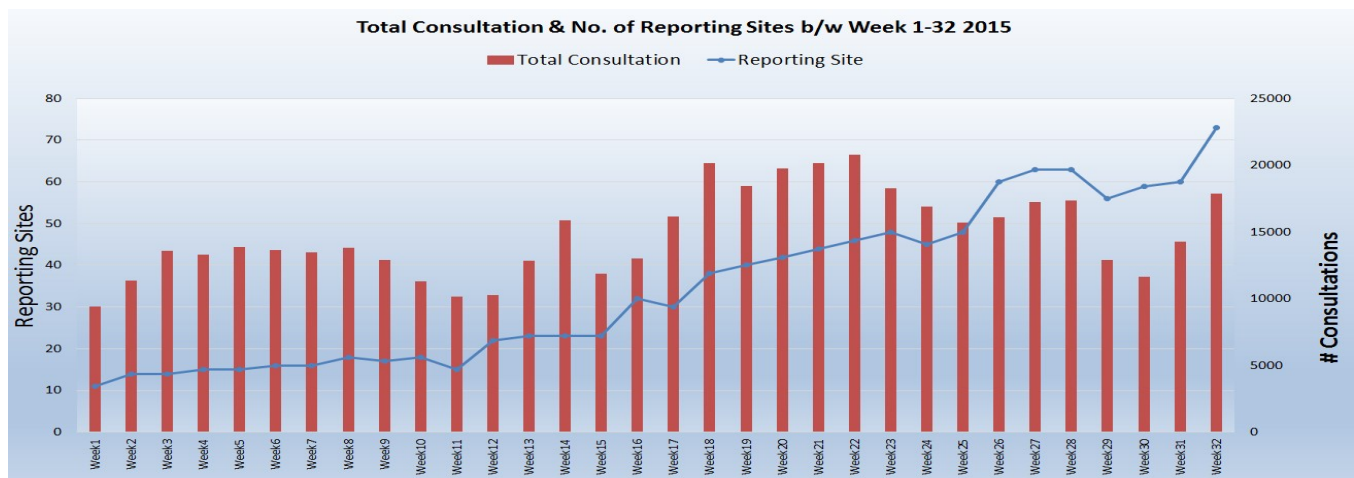
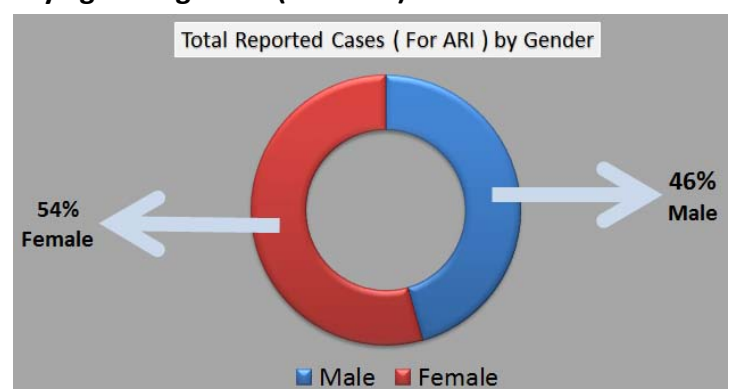
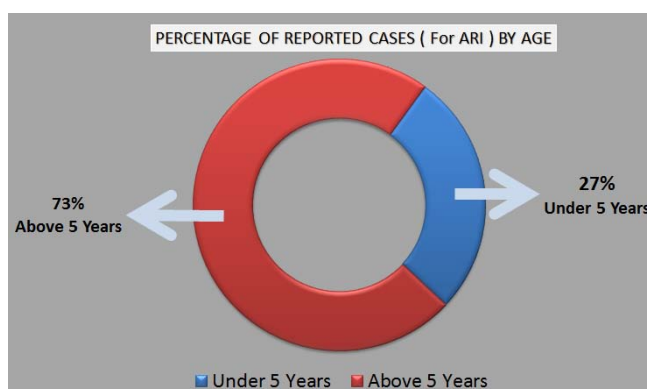


Figure 1: Total consultations and proportion of reporting health facilities b/w week 1-32, 2015

## Consultations in the camps by age and gender (week 32)



# Morbidity Patterns

## IDP camps:

During week 32, proportions of Acute Diarrhea in IDP camps has slightly decreased since last week (week 31=9.25% and week 32=7.94%). The proportion of acute diarrhea has tripled since week 18 indicating a steady increase in trend during the summer months. As a part of preparedness, Health and WASH cluster continued the Cholera Task Force activities in the high risk governorates. The proportion of skin infestations including scabies has increased from 2.95% in week 25 to 4.62% in week 32 due to the lack of health and hygiene sessions in camps by the health cluster partners and Departments of Health. Proportion of Acute Respiratory Tract Infections (ARI) are showing a gradual steady decrease since week 10. (See below graph).

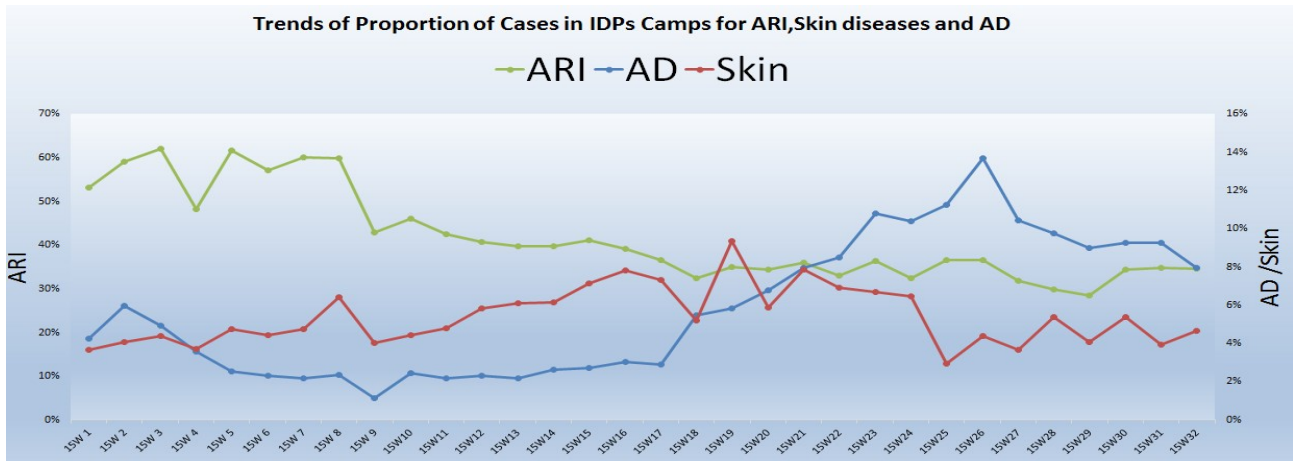
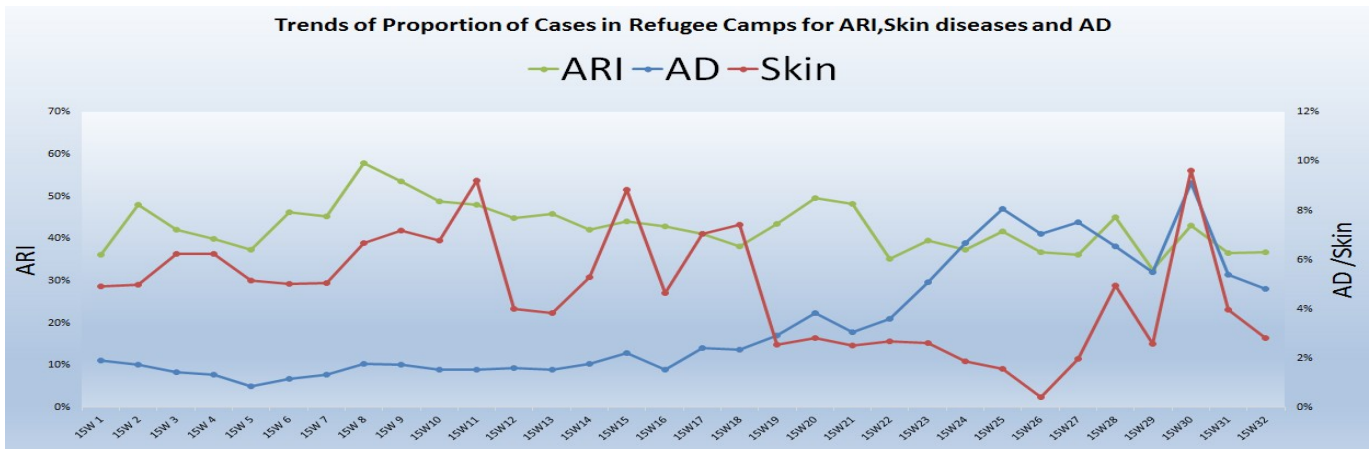


Figure II: Trend of proportion of cases of ARI, Scabies and AD in IDP camps (week 1 –32)

## Refugee camps:

During week 32, proportions of Acute Diarrhea trend in refugee camps has gradually increased since week 21 (week 21=3.04% and week 32=4.18%). Proportion of Acute Respiratory Tract Infections (ARI) indicates a slow drop-down trend since the beginning of summer season (week 32=36.76%). Proportion of skin infestations including scabies have also dropped from 7.41% in week 18 to 2.55% in week 19, and then decreased in week 32 (week 32=4.81%) . (See below graph).

Figure III: Trend of proportion of cases of ARI, Scabies and AD in Refugee camps (week 1 –32)



## 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 32, 2015.

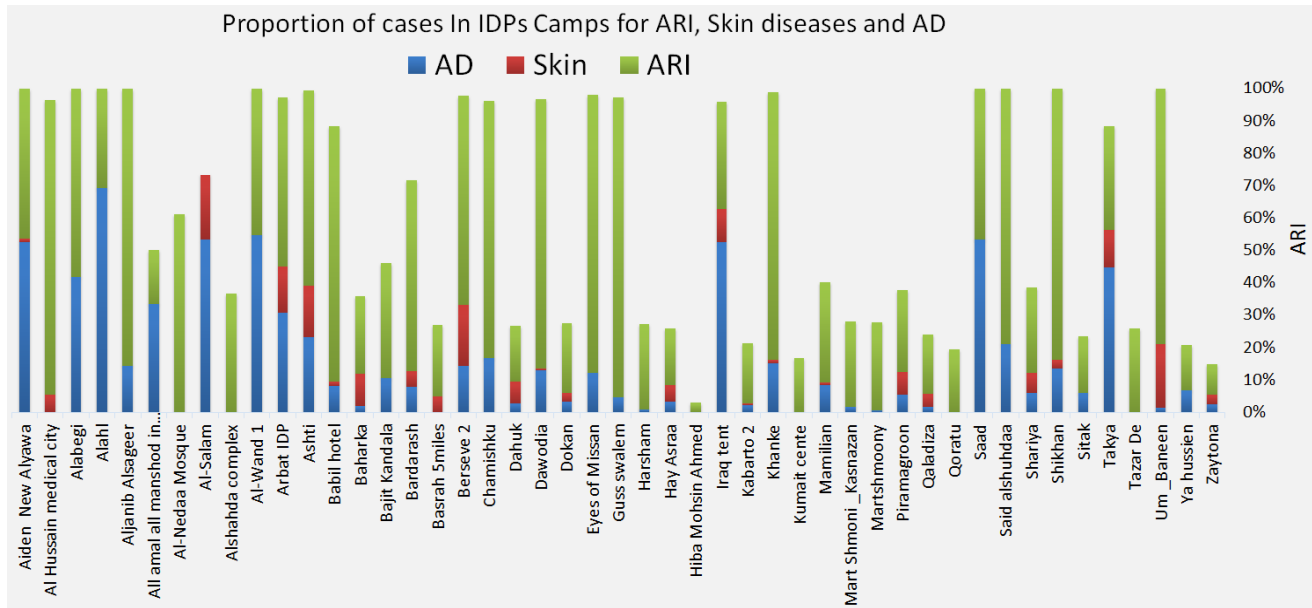


Figure IV: Proportion of cases of ARI, Scabies and AD in IDP camps for week 32

## 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 32, 2015.

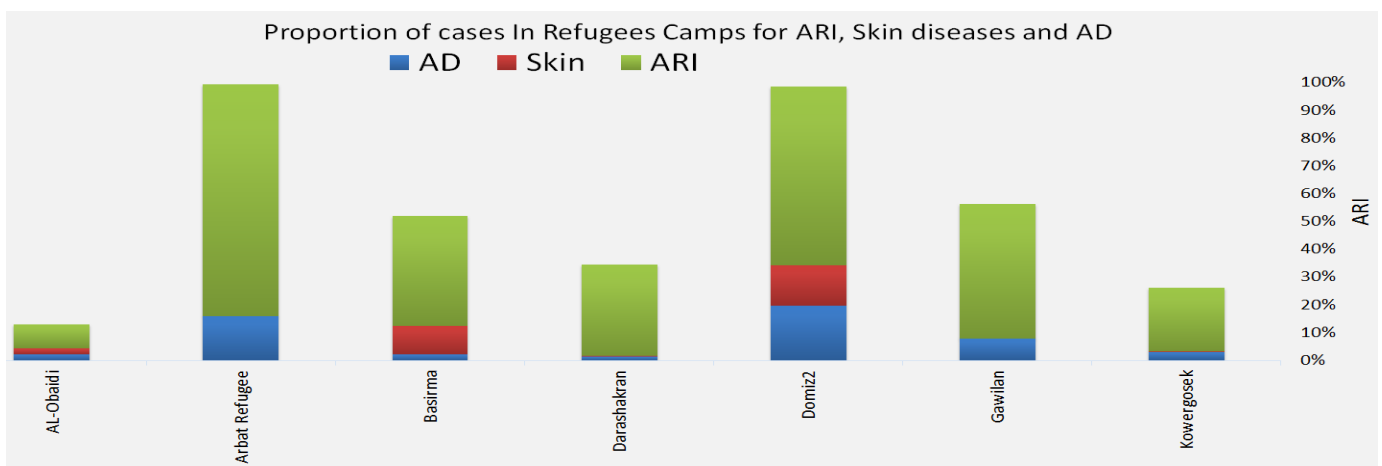


Figure V: Trend of proportions of cases of ARI, Scabies and AD in Refugee camps for week 32

### 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 32, 2015.

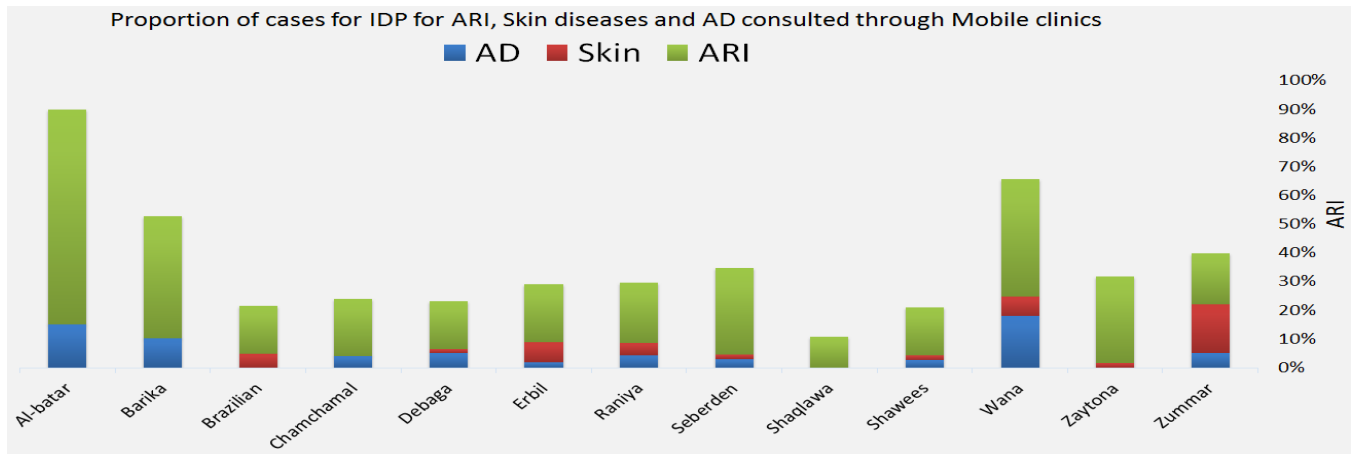


Figure VI: Trend of proportions of IDP cases for ARI, Scabies and AD covered by Mobile Clinics for week 32

### 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 that of the upper ARI is increasing in summer. Compared to week 31, the proportion of upper ARI in week 32 has increased by 2% while that for lower ARI has decreased by 2%. 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.

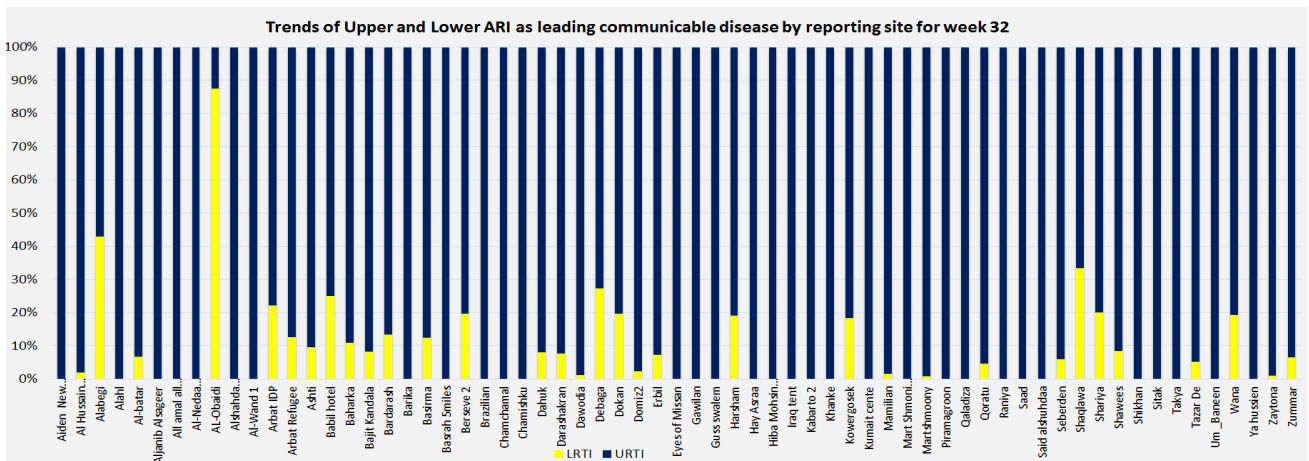
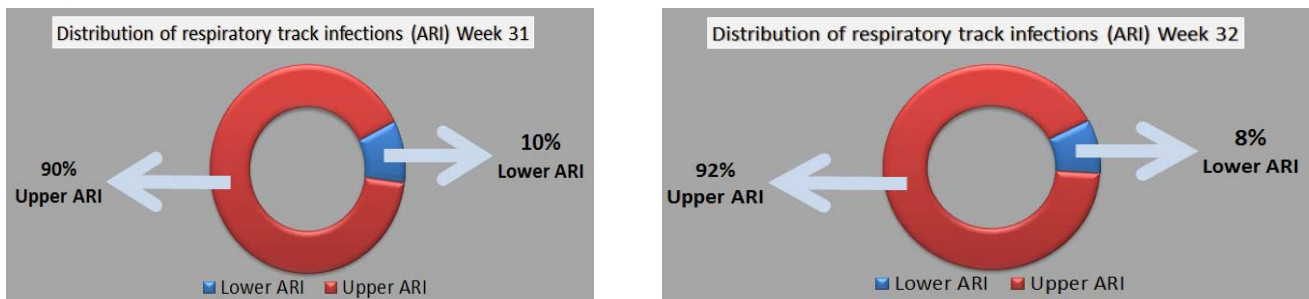


Figure VII: Trend of Upper and Lower ARI per reporting site for week 32

## 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 indicate a steady increase in waterborne diseases. The trends also indicate a gradual decrease in the proportion of waterborne diseases in IDP camps since week 26. (See below graph)

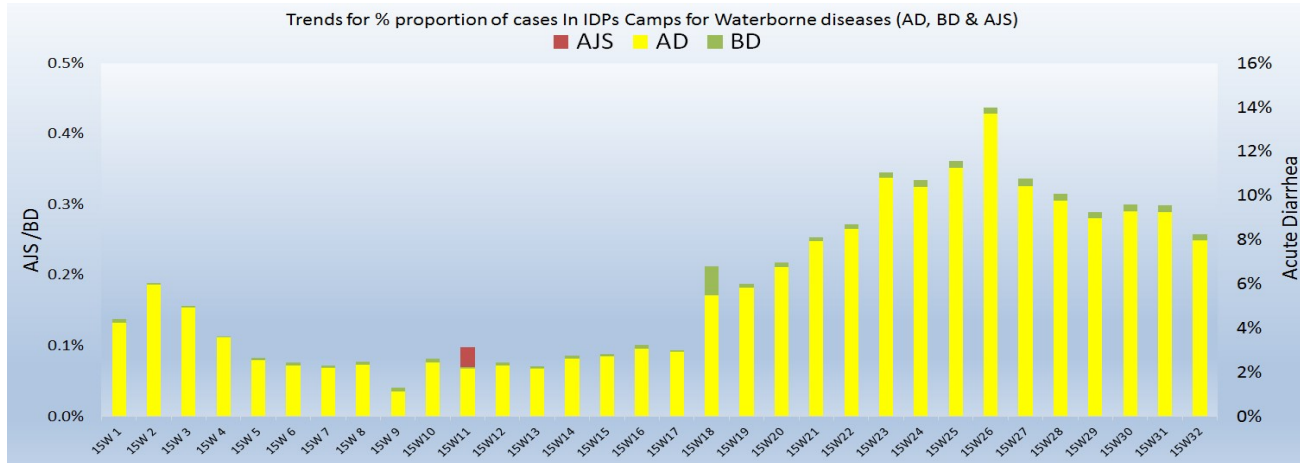


Figure VIII: Trend of Waterborne diseases from IDP camps, week 1 to 32

## 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 an increase of the trend since week 22, which has slowly decreased due to the joint efforts of WASH and Health clusters.

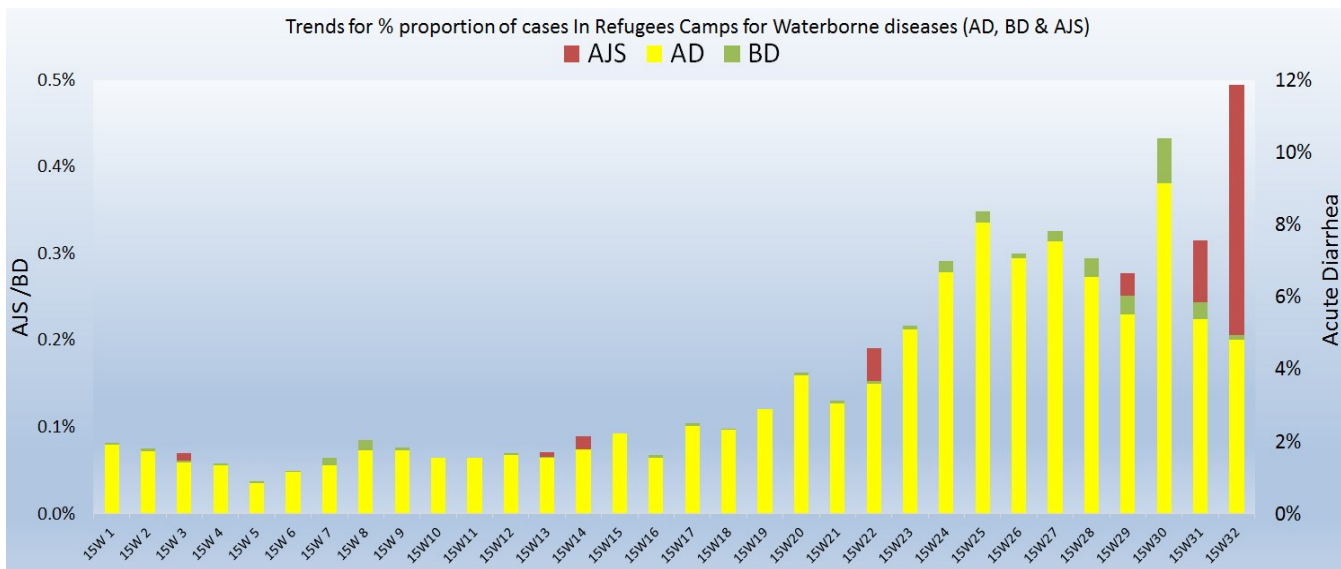


Figure IX: Trend of waterborne diseases from Refugee camps, week 1 to 32

## Alerts & Outbreaks

Seventeen (17) alerts were generated, of which twelve (12) were from IDP camps and five (5) from refugee camps during this reporting week. Seven of these alerts were investigated within 24-48 hours, of which five alerts were verified as true for further investigation and appropriate response by the respective Governorates Departments of Health, WHO and the relevant health cluster partners. Blood and stool samples were collected from four of the alerts. Twelve 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 Measles	Iraq tent	IDPs	1	DOH	Yes	Yes	TRUE	Yes
2	Suspected Pertusis	Guss swalem	IDPs	3	DOH	Yes	No	TRUE	Yes
3	Suspected Leishmaniasis	Gawilan	Refugees	1	PU-AMI	Yes	No	TRUE	Yes
4		Hiba Mohsin Ahmed	IDPs	3	DOH	Yes	No	FALSE	Yes
5		Kowergosek	Refugees	2	IMC	Yes	No	FALSE	Yes
6		Ya hussien	IDPs	3	DOH	Yes	No	TRUE	Yes
7	Acute Diarrhea	Eyes of Missan	IDPs	2	DOH	No	No	FALSE	No
8		Arbat	IDPs	2	EMERGENCY	No	No	FALSE	No
9		Aljanib Alsageer	IDPs	1	DOH	No	No	FALSE	No
10		Bajit Kandala	IDPs	7	PU-AMI	No	No	FALSE	No
11		Gawilan	Refugees	10	PU-AMI	Yes	Yes	FALSE	Yes
12		Domiz2	Refugees	15	IMC	Yes	Yes	FALSE	Yes
13		Said alshuhdaa	IDPs	6	DOH	No	No	FALSE	No
14	Acute Jaundice Syndrome	Al-batar	IDPs	2	DOH	No	No	FALSE	No
15	Bloody Diarrhea	AL-Amal	IDPs	2	UIMS	No	No	FALSE	No
16	Skin infestations including Scabies	Baharka	IDPs	11	IMC	Yes	Yes	TRUE	Yes
17		Domiz2	Refugees	4	IMC	No	No	FALSE	No

# Comments & Recommendations

- Cholera Task Force has continued their activities at Duhok, Erbil and Suleimaniya governorates.
- As per the previous history of cholera outbreak in Iraq, WASH and health cluster has started working together for the implementation of the Cholera Contingency Plan.
- EWARN teams continued 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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