

Iraq: EWARN & Disease Surveillance Bulletin

2015 Epidemiological Week: 33

Reporting Period: 10—16 August, 2015

Highlights

- ◆ **Number of reporting sites:** Seventy two (72) reporting sites including (47) Internally Displaced People's (IDP) camps, Eight (8) refugee camps and Seventeen (17) mobile clinics submitted their weekly reports timely and completely.
- ◆ **Total number of consultations:** 20,735 (male=9,279 and female=11,456) marking an increase of 2,072 (5%) since last week.
- ◆ **Leading causes of morbidity in the camps:** Acute Respiratory Tract Infections (ARI) (n=6,893), Acute Diarrhea (AD) (n=1,415) and skin diseases (n=1,085) remained the leading causes of morbidity in all camps during this reporting week.
- ◆ **Number of alerts:** Twenty Four (24) alerts were generated, of which twenty (20) were from IDP camps and four (4) from refugee camps during this reporting week. Nineteen (19) of these alerts were investigated within 24-48 hours of which eight (8) 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)

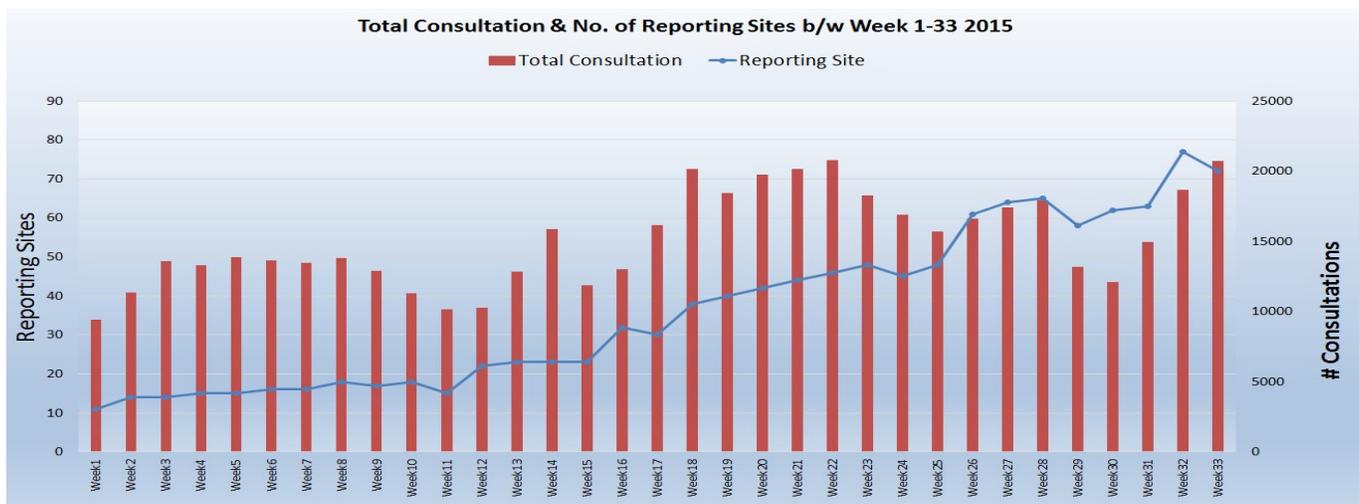


Figure I: Total consultations and proportion of reporting health facilities b/w week 1-33

Consultations in the camps by age and gender (week 33)



Morbidity Patterns

IDP camps:

During week 33, proportions of Acute Diarrhea in IDP camps has slightly decreased since last week (week 32=8.07% and week 33=7.47%). The proportion of acute diarrhea has tripled from 3% in week 18 to 14% in week 26 due to the hot summers season. But as a part of preparedness, Health and WASH cluster together continued the Cholera Task Force activities in the high risk governorates, due to which the trends of Acute Diarrhea has gradually decreased to 8% in week 33. The proportion of skin infestations including scabies has shown a steady trend since week 23 (6%) 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 downward trend between 6% - 8% since week 10. (See below graph).

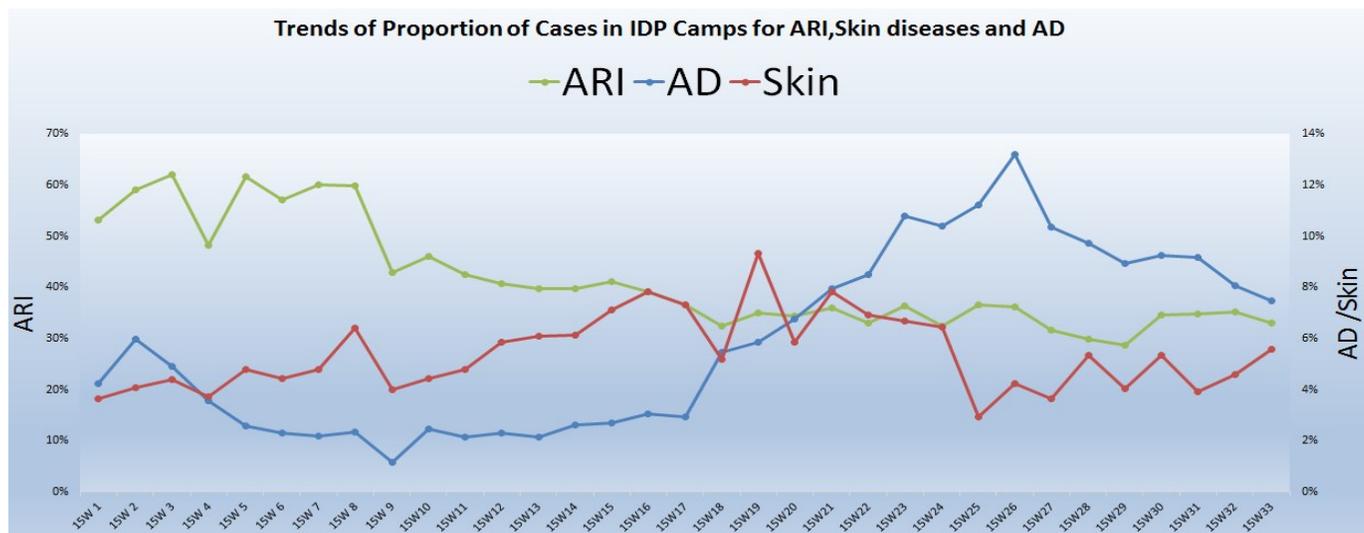


Figure II: Trend of proportion of cases of ARI, Scabies and AD in IDP camps (week 1 –33)

Refugee camps:

During week 33, proportions of Acute Diarrhea trend in refugee camps has gradually decreased since week 31 (week 31=5% and week 33=4%). Proportion of Acute Respiratory Tract Infections (ARI) indicates a slow drop-down trend since the beginning of summer season (week 33=34.41%). Proportion of skin infestations including scabies have also dropped from 7.41% in week 18 to 2.55% in week 19, and then increased in week 33 (week 33=3.71%) . (See below graph).

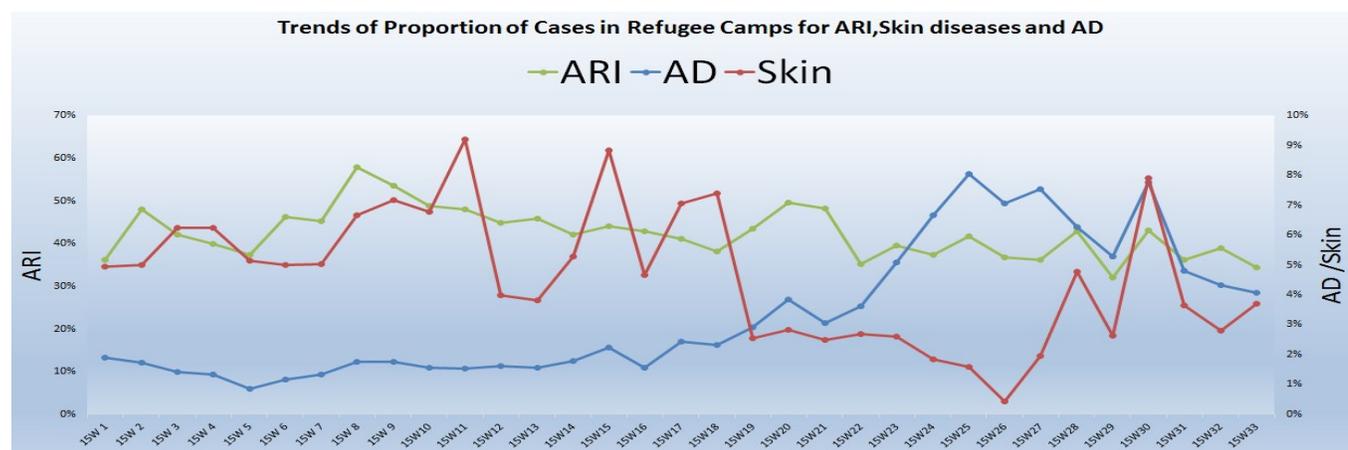


Figure III: Trend of proportion of cases of ARI, Scabies and AD in IDP camps (week 1 –33)

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 33, 2015.

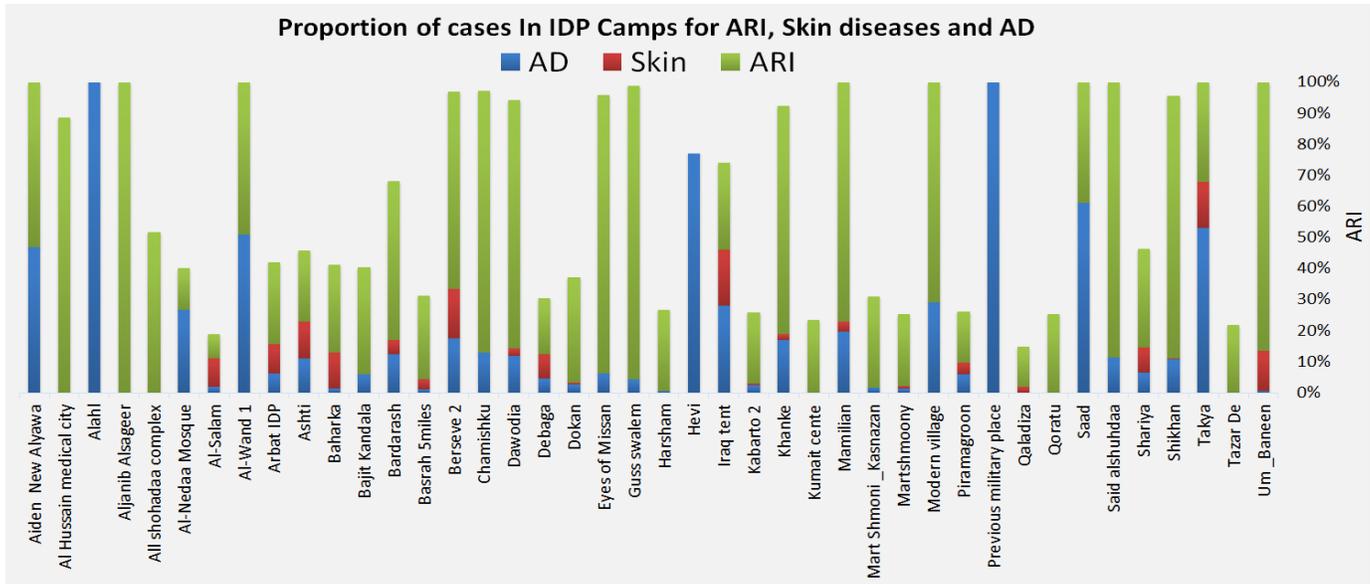


Figure IV: Proportion of cases of ARI, Scabies and AD in IDP camps for week 33

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 33, 2015.

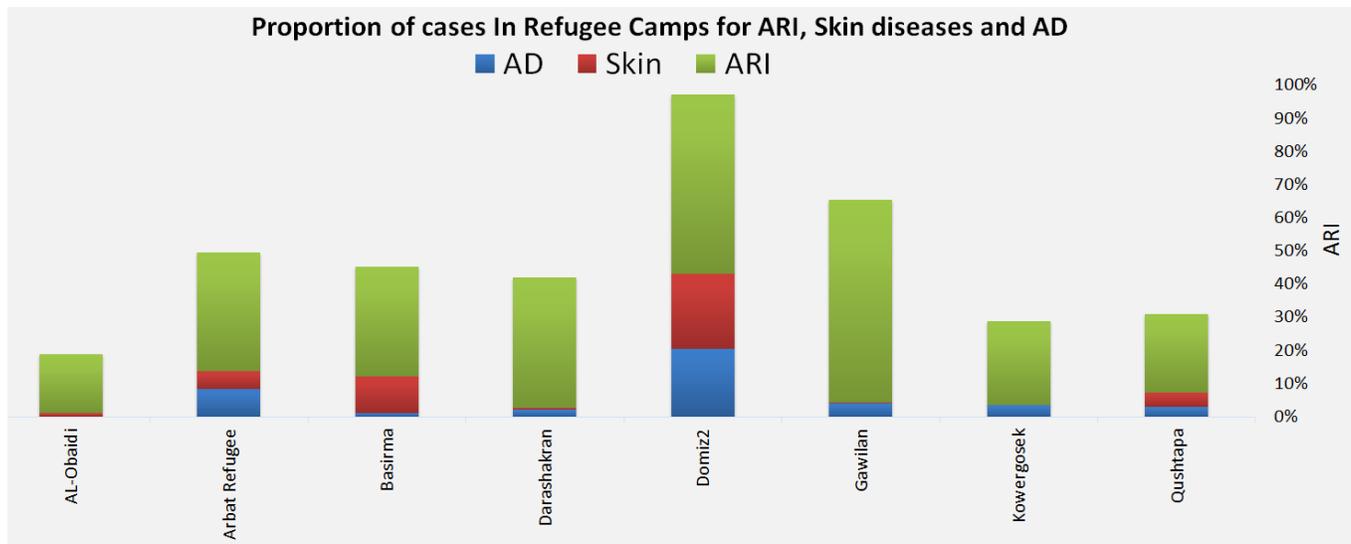


Figure V: Trend of proportions of cases of ARI, Scabies and AD in Refugee camps for week 33

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 33, 2015.

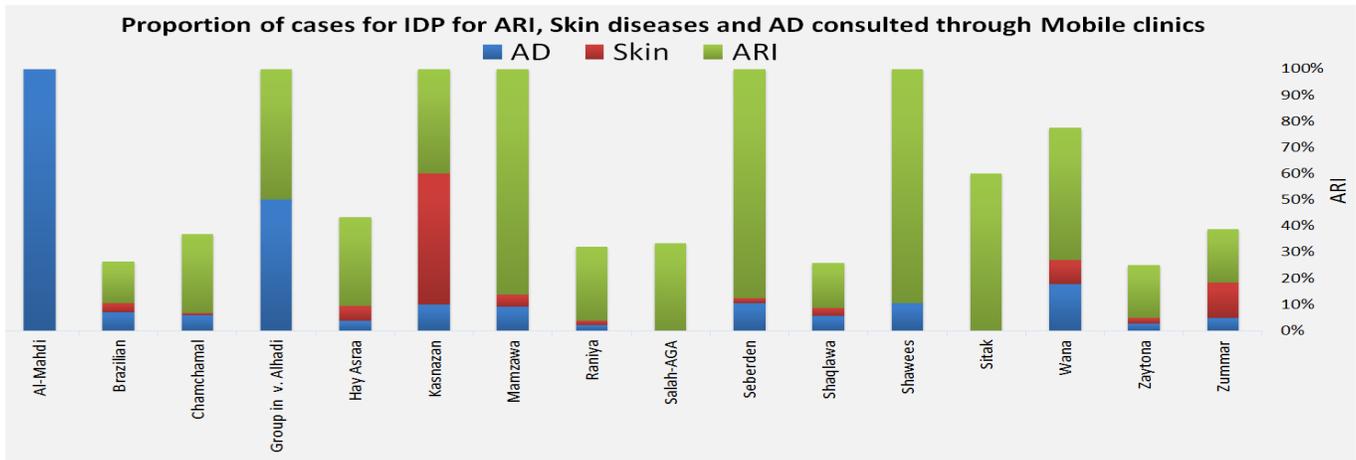


Figure VI: Trend of proportions of IDP cases for ARI, Scabies and AD covered by Mobile Clinics for week 33

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 32, the proportion of upper ARI in week 33 has decreased by 3% while that for lower ARI has increased by 3%. 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 33.

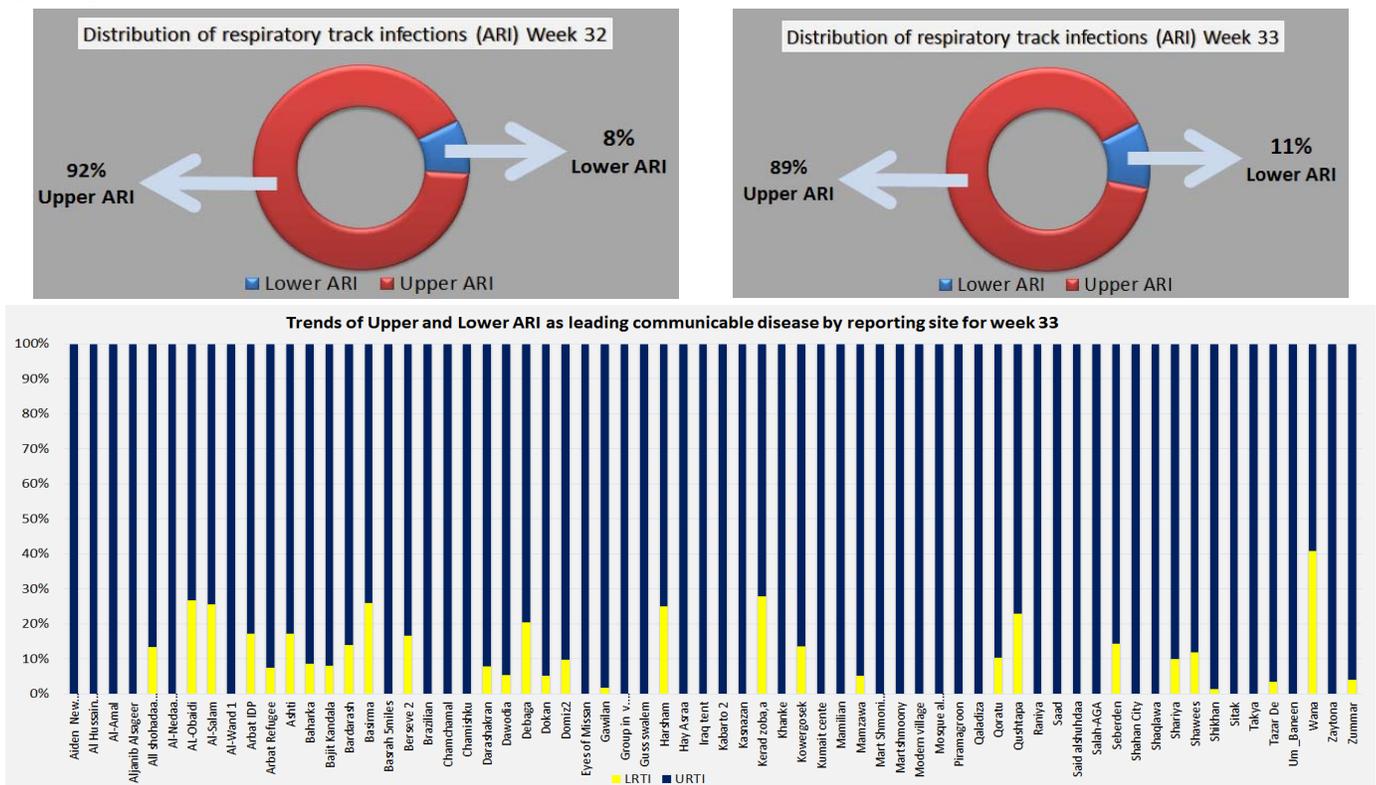


Figure VII: Trend of Upper and Lower ARI per reporting site for week 33

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 decrease in waterborne diseases from 14% in week 26 to 8% in week 33. (See below graph)

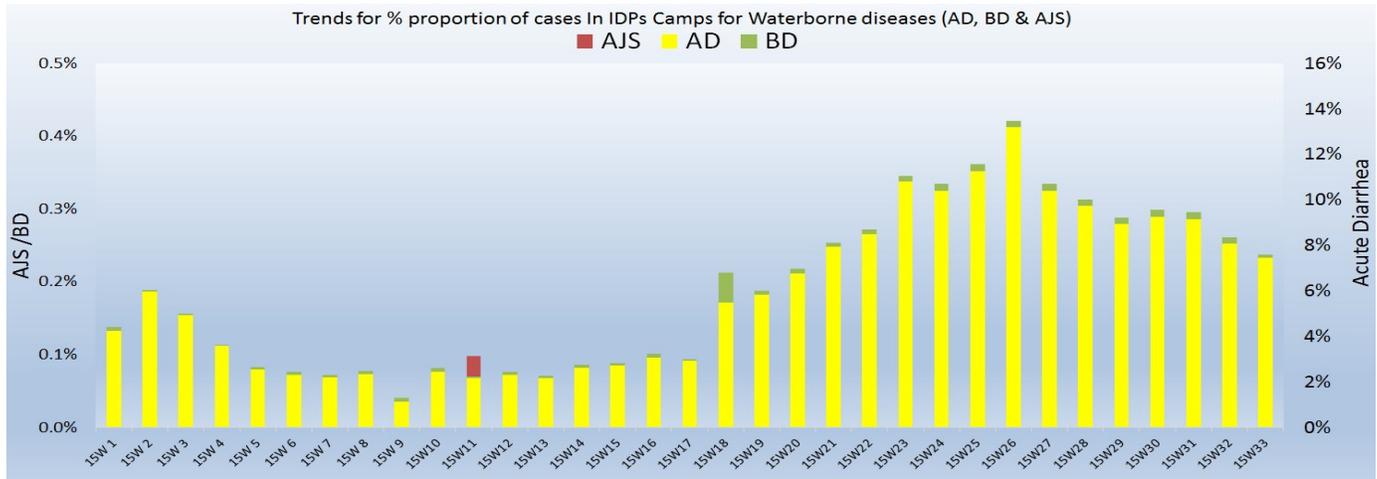


Figure VIII: Trend of Waterborne diseases from IDP camps, week 1 to 33—2015

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 decrease of the trend since week 30. Furthermore, no clustering has been reported for acute jaundice syndrome cases reported during the period.

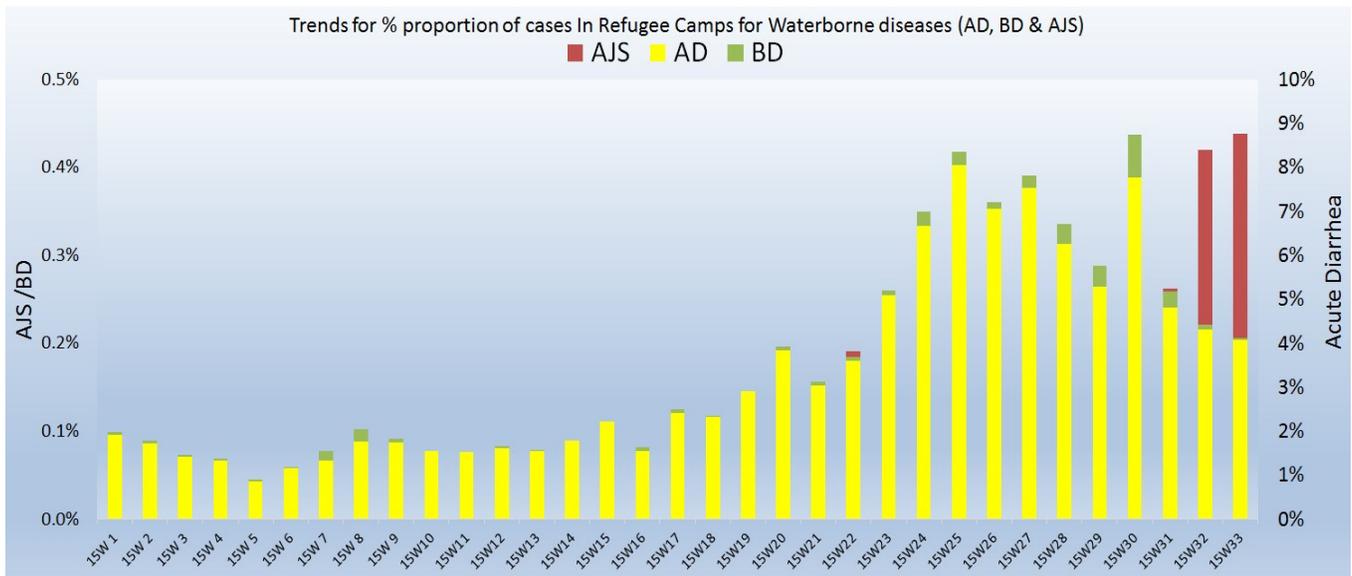


Figure IX: Trend of waterborne diseases from Refugee camps, week 1 to 33—2015

Alerts & Outbreaks

Twenty Four (24) alerts were generated, of which twenty (20) were from IDP camps and four (4) from refugee camps during this reporting week. Nineteen (19) of these alerts were investigated within 24-48 hours of which eight (8) 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 ten of these alerts. Eight alerts after investigation followed 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 Re- sponse with- in	Sample Taken Yes/No	Alerts Out- come True/ False	Public Health Interven- tions Conduct- ed
						48-72% DOH/ WHO/NGO			
1	Suspected Measles	Ashti	IDPs	1	EMERGENCY	Yes	Yes	TRUE	Yes
2		Al-Nabi Younis	IDPs	4	DOH	Yes	Yes	TRUE	Yes
3		Al-Salam	IDPs	2	UIMS	Yes	Yes	TRUE	Yes
4	Suspected Leishmaniasis	Ashti	IDPs	1	EMERGENCY	No	No	FALSE	No
5	Acute Diarrhea	Alahl	IDPs	25	DOH	Yes	No	FALSE	Yes
6		Arbat	Refugee	37	EMERGENCY	Yes	Yes	FALSE	Yes
7		Ashti	IDPs	73	EMERGENCY	Yes	Yes	FALSE	Yes
8		Bardarash	IDPs	53	PU-AMI	Yes	Yes	FALSE	Yes
9		Berseve 2	IDPs	78	Malteser In-	Yes	Yes	FALSE	Yes
10		Darashakran	Refugee	22	IMC	Yes	No	FALSE	No
11		Martshmoony	IDPs	15	Church	Yes	No	FALSE	No
12		Saad	IDPs	36	DOH	No	No	FALSE	No
13		Shariya	IDPs	89	ICRC	Yes	No	FALSE	No
14		Wana	IDPs	208	MC-Medair	Yes	Yes	FALSE	Yes
15	Acute (Lower) Respiratory infections – (Suspected Pneumonia)	Arbat	IDPs	43	EMERGENCY	Yes	No	FALSE	No
16		Basirma	Refugee	37	DOH	No	No	FALSE	No
17		Harsham	IDPs	15	IMC	No	No	FALSE	No
18		Wana	IDPs	241	MC-Medair	Yes	No	FALSE	Yes
19	Skin Diseases- (Scabies)	Arbat	IDPs	89	EMERGENCY	Yes	No	TRUE	Yes
20		Debaga	IDPs	13	MSF	Yes	No	TRUE	Yes
21		Zummar	IDPs	81	MC-MSF	Yes	No	TRUE	Yes
22	Acute Jaundice Syn- drome (AJS)	Hevi	IDPs	11	Hevi	Yes	Yes	TRUE	Yes
23		Kowergosek	Refugee	9	IMC	No	No	FALSE	No
24	Unexplained Fever	Iraq tent	IDPs	11	DOH	Yes	Yes	TRUE	Yes

Comments & Recommendations

- Cholera Task Force has continued their activities at Duhok, Erbil and Sulamaniyah 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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