

IRAQ: Early Warning and Disease Surveillance Bulletin

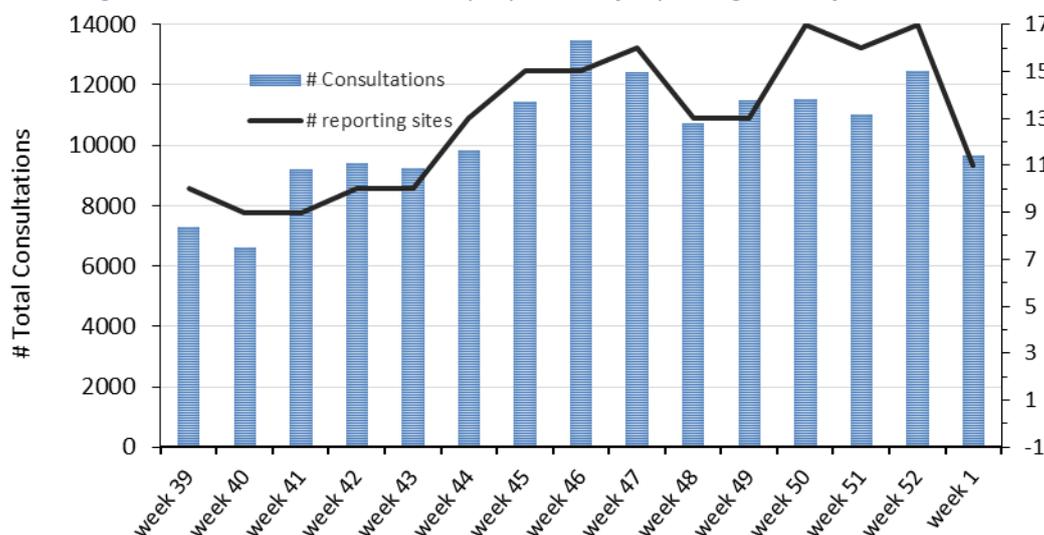
Epidemiological Week 1

Reporting Period: 29 December 2014 - 4 January 2015

Overview

- Eleven reporting sites out of the 18 registered reporting sites, including five refugee and six Internally Displaced People's (IDP) camps submitted timely weekly reports during the current period. Refer to figure I for details.
- The number of consultations decreased during this reporting period by 22.5% from 12,477 in Week 52/2014 to 9,669 in the first week of 2015. This is mainly due to a sharp decrease in the number of reporting sites (11 out of 18 reporting sites).
- WHO surveillance team in close collaboration with the Ministry of Health is in the process of upgrading the EWARN system to an electronic format, due for launching in mid-January 2015. The upgrade will be an opportunity to expand the EWARN network to all primary healthcare centers serving internally displaced people (IDPs), refugees and affected host communities.

Figure I: Total consultations and proportion of reporting health facilities since week 1



Morbidity patterns

- Acute Respiratory Infection (ARI) and Acute Diarrhoea (AD) remained the leading causes of morbidity this week with 3,883 and 265 cases respectively, a very slight increase of 1.6% in ARI and 33% decrease in the number of AD cases in comparison to week 52. Refer to Figure II for details)
- Sharya IDP camp in Dohuk governorate accounted for the highest number of reported cases of ARI and AD. A total of 1,060 ARI cases (44,5% of the total ARI cases reported) and 99 cases of AD (51% of the total AD cases reported) were recorded during this reporting period.

- Ten sporadic cases of bloody diarrhoea were reported; two cases are from Arbat Refugee camp and eight cases from IDPs camps (Sharya, Bajit Kandala and Arbat).

Figure II¹: Trend of leading communicable diseases, by weeks 1

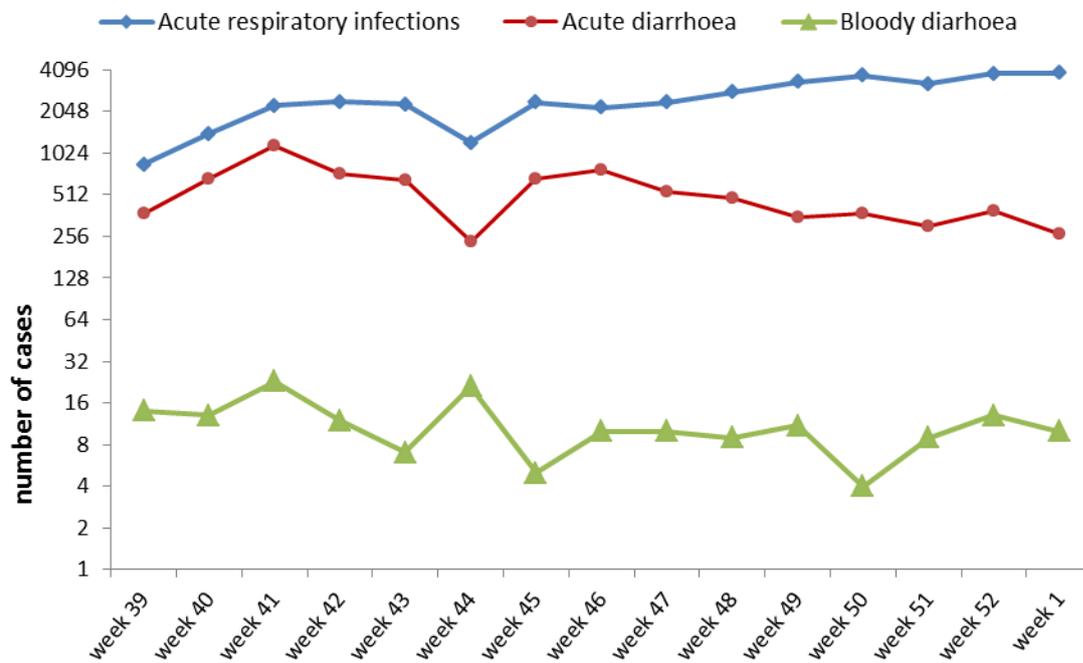
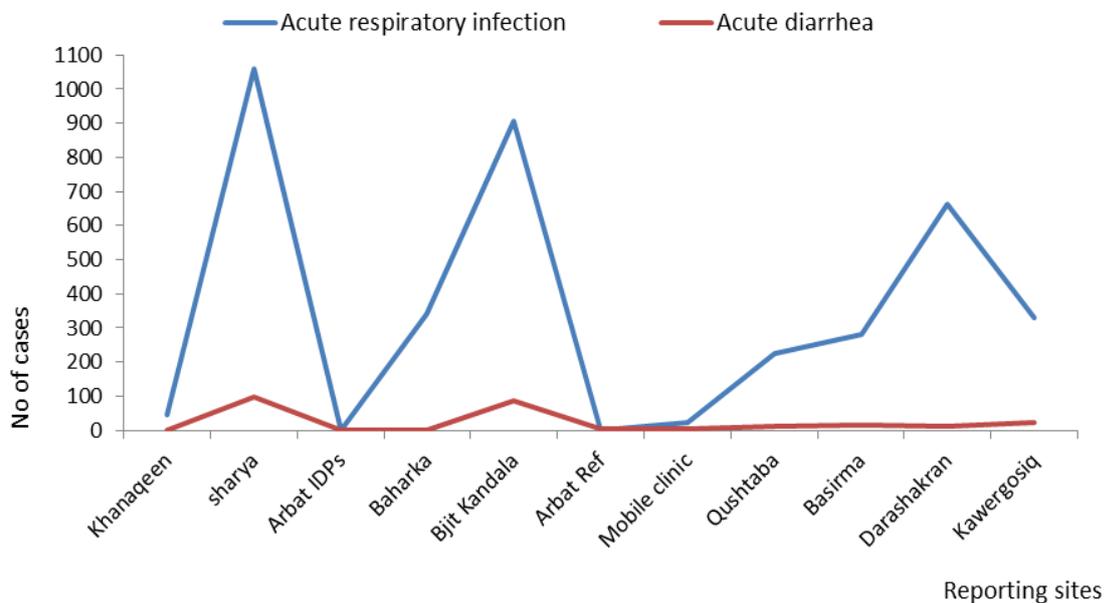


Figure III: Trends of leading communicable diseases from major reporting sites week 1



Alerts and outbreaks

- The outbreak of Acute Jaundice Syndrome (AJS) that was reported from Baharka IDP camp started on 23/10/2014 and was confirmed as a viral hepatitis A (HAV). In this reporting week, **no** case was recorded in Baharka camp in week 1.

¹ The graphic axis is made on the basis of a logarithmic scale based on the orders of magnitude rather than the standard line scale. This enables illustration of data despite the large range of quantities.

- Following rumours of suspected Haemorrhagic fever cases in Mosul reported in the media, the Ministry of Health and the World Health Organization through the existing surveillance networks, contacts with health authorities and medical sources in Ibn Sina Hospital in Mosul investigated the allegations. All sources contacted negated the existence of any suspected cases of Ebola. The Ministry of Health and the World Health Organization remain vigilant and have scaled up surveillance efforts to ensure early detection and safe management of any suspected Ebola Virus Disease cases in the country.
- As a follow up of the large number of cases of Acute Respiratory Infections in Bajet Kandala camps 1 & 2, WHO and the Directorate of Health (DOH) conducted a joint assessment mission to the two camps. In Bajet Kandala 2, there is a need to strengthen health services and address shortage of health technologies including essential medicines and other medical supplies. There is also need to further support WASH interventions specifically on the adequate supply of chlorinated water. WHO is currently supporting the DOH with essential medicines to cover the critical gaps, and will collaborate with the governorate and WASH cluster partners to jointly respond to water provision and chlorination.

Comments and recommendations

- Cases of Hepatitis A continue to decline for the 5th consecutive week; **only one case was recorded in this reporting period from Bajit kandal IDPs camp**. A consolidated effort is needed from all health and WASH partners to sustain the gains made.
- An increase in ARI cases continued to be recorded in all camps with more cases reported in Sharya ,Bajit kandala camp in Dahuk and Dara Shakran in Erbil. The increase could be attributed to the ongoing winter season, thus a need for close coordination with the shelter cluster to scale up support to IDPs and refugees affected by the ongoing winter. Clothes and fuel are also needed for protection from the cold.
- Closer collaboration between health, WASH and Shelter cluster is needed to ensure better living conditions of the displaced population and host communities to minimize health risks. The rise of the ARI in Bajet Kandala and elsewhere is closely linked to the harsh winter conditions. Diarrhoeal diseases are also linked to the water quality and level of hygiene and sanitation in the camps.

NB: Any **suspected case of measles, AFP, meningitis, suspected cholera, or unusual cluster of health events** should be immediately notified to relevant health authorities in your district or to the contacts provided below in order to facilitate further investigation.

For comments or questions, please contact

- **Dr. Abdulla Kareem** | 07703973937 | drabdullakareem@yahoo.com
Head of Surveillance Department, Federal MOH
- **Dr Saifadin Muhedin** | 07502303929 | saifadinmuhedin@yahoo.com
Head of Surveillance Department in MOH-KRG
- **Dr. Manhal M. Al Halasa** | 07510101458 | alhalasam@who.int
EWARN focal Point in WHO Iraq Country Office