



IRAQ: Early Warning and Disease Surveillance Bulletin

Epidemiological Week 50

Reporting Period: 8 –14 December 2014

Overview

- A new health facility (Martha shooni IDP site) from Erbil was added as a reporting site in the EWARN system during the reporting period (week 50).
- All the 17 reporting sites including 7 Refugee and 10 IDP camps submitted their weekly reports on time this week, refer to figure I for details
- The number of consultations increased by 0.8% from 11,492 in week 49 to 11,584 in Week 50. This brings the number of consultations recorded in the reporting sites since the EWARN system was initiated to 121,707
- The EWARN system is still in the piloting phase. WHO in close collaboration with the Ministry of Health is in the process of upgrading the EWARN system to an electronic format, due to be launched in mid-January 2015. This upgrade will be an opportunity to expand the network to all primary healthcare centers serving internally displaced people (IDPs), refugees and affected host communities. More reporting sites are expected to be added

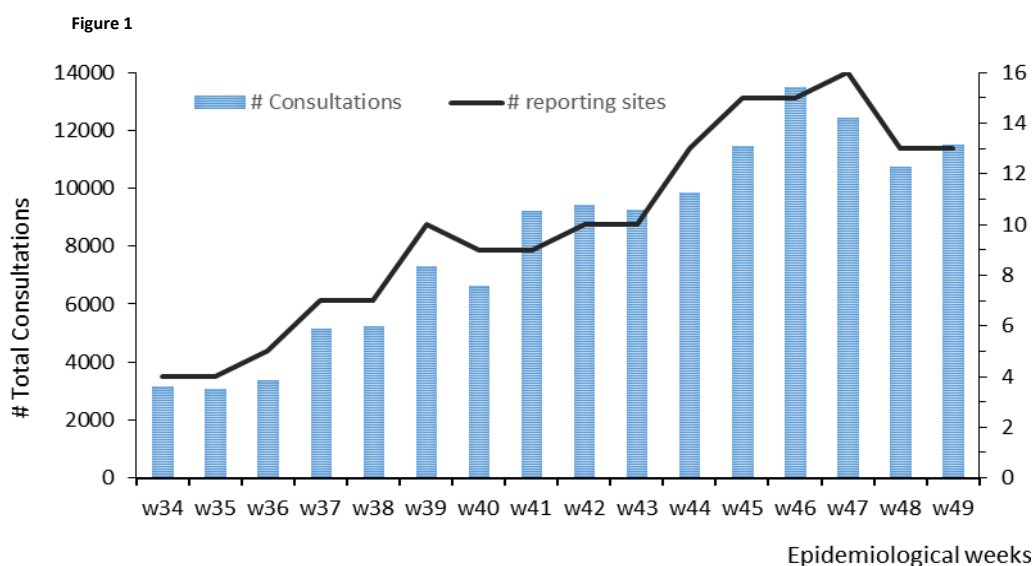


Figure I: Total consultations and proportion of reporting health facilities since week 34

Morbidity patterns

- Acute Respiratory Infection (ARI) and Acute Diarrhoea (AD) continue to be leading causes of morbidity this week, with 3,733 and 370 cases respectively, representing 10.1% and 5.2% increase for ARI and AD respectively, (in comparison with week 49). details in figure II
- Bajit Kandala IDP camp continues to account for the highest number of reported cases of ARI and AD. However, in spite of a decrease in the number of cases reported in the camp in week 50, a total of 842 ARI cases (22.5% of the total reported ARI) and 109 AD (29.5% of the total reported AD cases) were recorded.
- Four sporadic bloody diarrhoea cases were reported this week. Three from Refugee camps (Domiz and Darashakran) and one IDP camp (Arbat).

Figure II. Trend of leading communicable diseases, by weeks 1

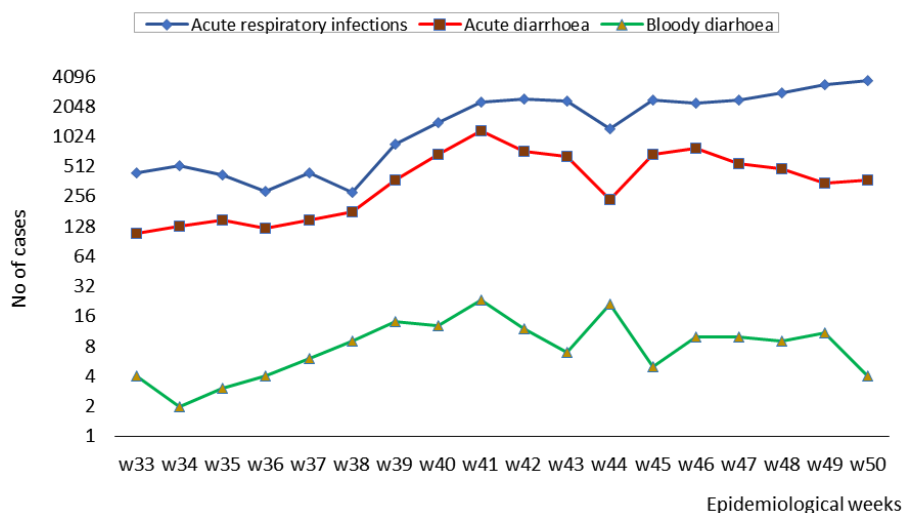
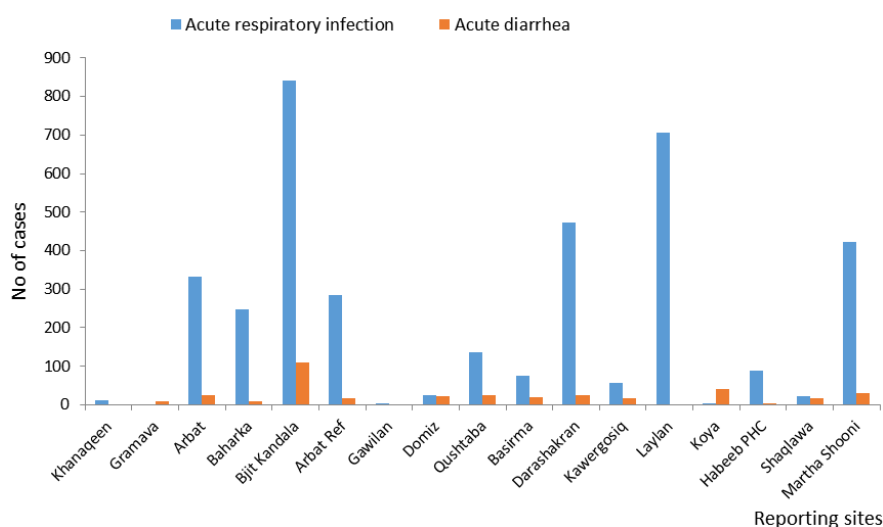


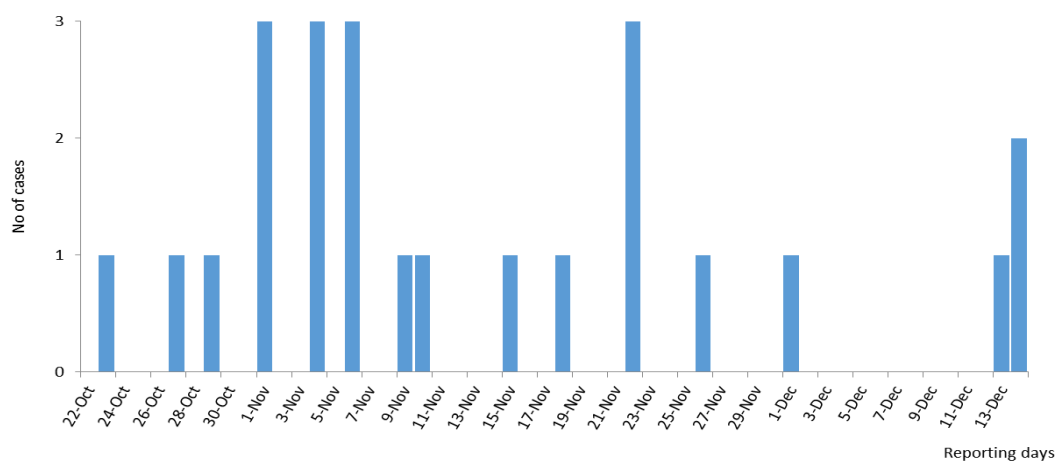
Figure III: Trends of leading communicable diseases from major reporting sites week 50



Alerts and outbreaks

- The outbreak of Acute Jaundice Syndrome (AJS) that was reported from Baharka IDPs camp started on 23/10/2014 and was confirmed as a viral hepatitis A (HAV). In this reporting week, three more cases were recorded in Baharka camp in week 50 (Figure IV).

Figure IV: Trend of acute jaundice syndrome cases in Baharka camp since 23 October 2014 to date



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

- Eight cases of AJS were reported in week 50, four cases were recorded from refugee camps (Arbat, Domiz and Basirma) and four were recorded from Bajit kandala IDP camp. Health cluster partners in collaboration with DOH and WASH visited the camp and conducted health and hygiene education.
- Routine screening was performed on 23 stool samples from Domiz, Basirma, Darashakran, Qushtaba and Kawergosiq and routine screening performed at the Erbil Public Health Laboratory. All tested negative for vibrio cholera.

Comments and recommendations

- Cases of Hepatitis A have decreased in the last 3 weeks with only one case recorded in this reporting period. However, close monitoring and surveillance efforts should continue.
- There was an increase in ARI cases in all camps, with the highest numbers recorded in Bajit kandala camp in Dahuk (despite a slight reduction of the number of the cases compared to the last reporting period)
- Medical technologies and other supplies including clothes and fuel are urgently needed to support IDPs through the harsh winter conditions.
- WHO in close collaboration with the Ministry of Health is in the process of upgrading the EWARN system to an electronic format, due to be launched in mid-January 2015. This upgrade will be an opportunity to expand the network to all primary healthcare centers serving internally displaced people (IDPs), refugees and affected host communities.
- In areas with limited accessibility, WHO is relying on a network of focal points to notify the Organization of any changes in the health status of the populations in their areas of operations. This week the network did not notify WHO of any epidemic-prone diseases.

NB: Any suspected disease outbreak, or 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

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