

Iraq: EWARN & Disease Surveillance Bulletin

2015 Epidemiological Week: 39

Reporting Period: 21—27 September, 2015

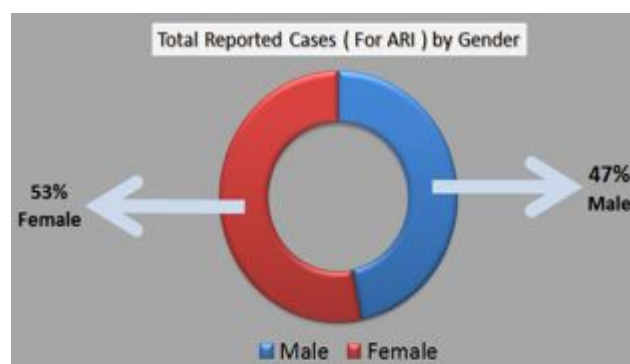
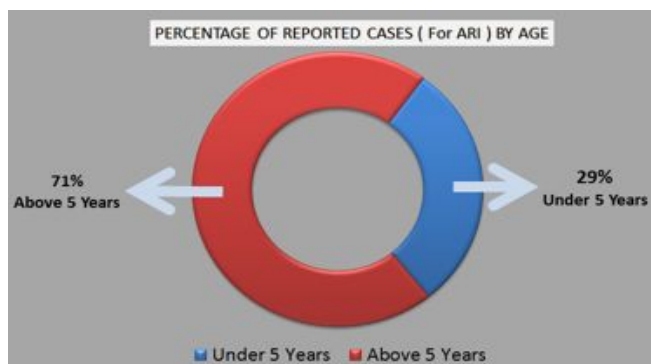
Highlights

- ◆ **Number of reporting sites:** Fifty four (54) reporting sites including thirty six (36) Internally Displaced People's (IDP) camps, eight (8) refugee camps and ten (10) mobile clinics submitted their weekly reports timely and completely.
- ◆ **Total number of consultations:** 13,486 (male=6,311 and female=7,175) marking a decrease of 11,311 (30%) since last week due to Eid holidays.
- ◆ **Leading causes of morbidity in the camps:** Acute Respiratory Tract Infections (ARI) (n=5,527), Acute Diarrhea (AD) (n=703) and skin diseases (n=577) remained the leading causes of morbidity in all camps during this reporting week.
- ◆ **Number of alerts:** Five (5) alerts were generated through EWARN following the case definition thresholds, of which Three (3) were from IDP camps and two (2) from refugees camps during this reporting week. All these five alerts were investigated within 48 hours of which only one was verified as true for further investigation and appropriate response by the respective Governorates Departments of Health, WHO and the relevant health cluster partners. (Details: see Alert and Outbreak Section).



Figure I: Total consultations and proportion of reporting health facilities b/w week 1-39

Consultations in the camps by age and gender (week 39)



Morbidity Patterns

IDP camps:

During week 39, proportions of Acute Diarrhea in IDP camps has slightly decreased since last week (week 38=5.61% and week 39=5.10%). The proportion of acute diarrhea has tripled from 3% in week 18 to 14% in week 26 due to the hot summers season. 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 5.5% in week 34. The proportion of skin infestations including scabies has shown a steady trend since week 23 (6%) due to the 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 increase from 35% to 40% in week 39. (See below graph).

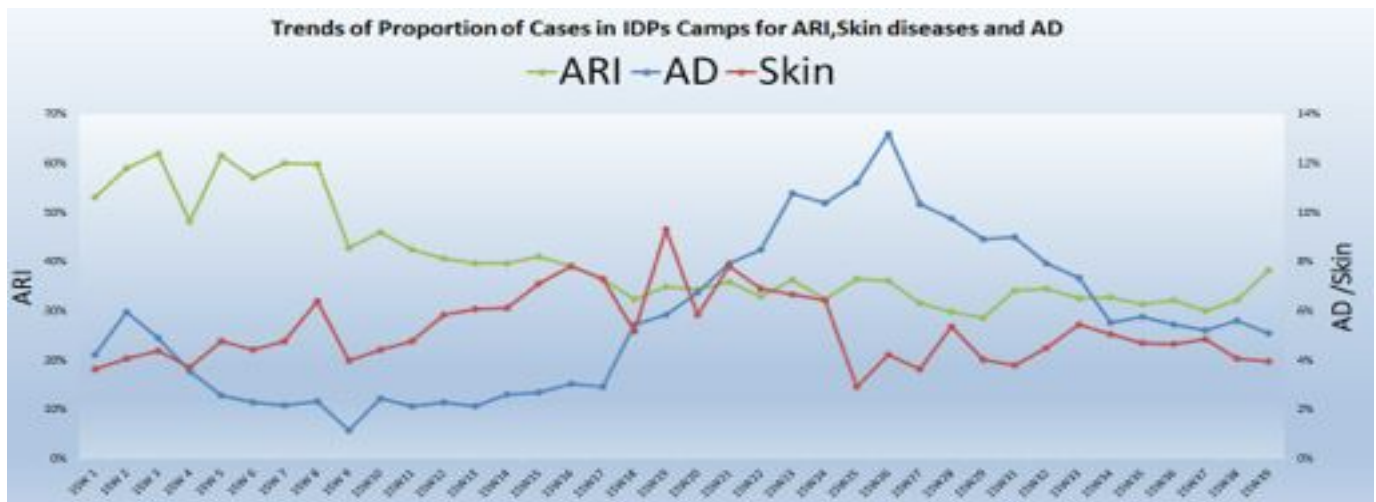


Figure II: Trend of proportion of cases of ARI, Scabies and AD in IDP camps (week 1 –39)

Refugee camps:

During week 39, proportions of Acute Diarrhea trend in refugee camps shows a steady increase trend since last week, (week 38=3.51% and week 39=5.70%). Proportion of Acute Respiratory Tract Infections (ARI) indicates a slow increase from 45% to 50% as the winters are approaching. Proportion of skin infestations including scabies have also increased from 3% to 6% as winters are approaching and there is a need for extensive health promotion activities to be conducted in all camps. (See below graph).

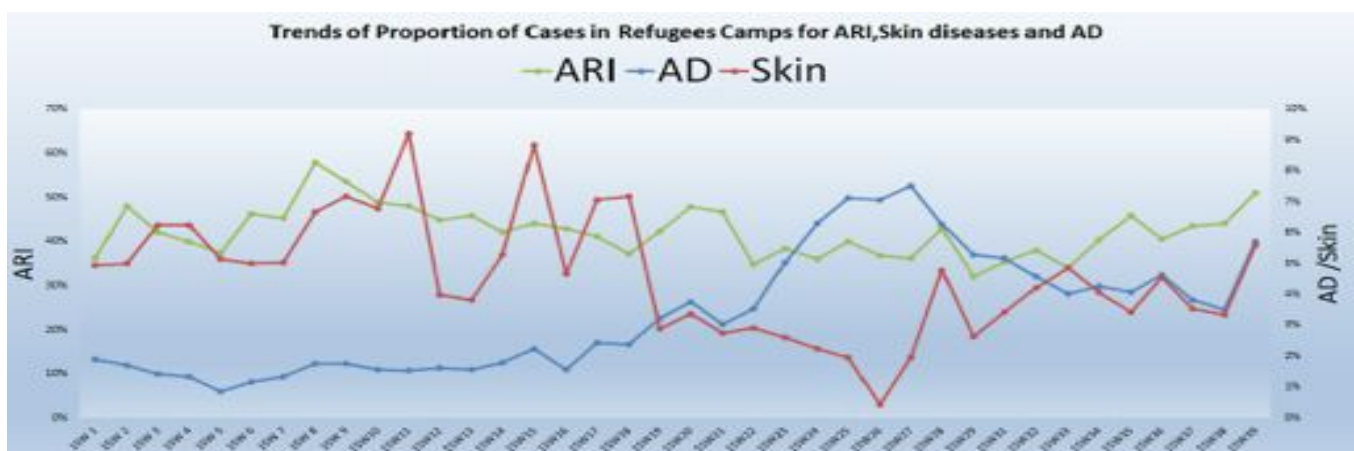


Figure III: Trend of proportion of cases of ARI, Scabies and AD in IDP camps (week 1 –39)

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 39, 2015.

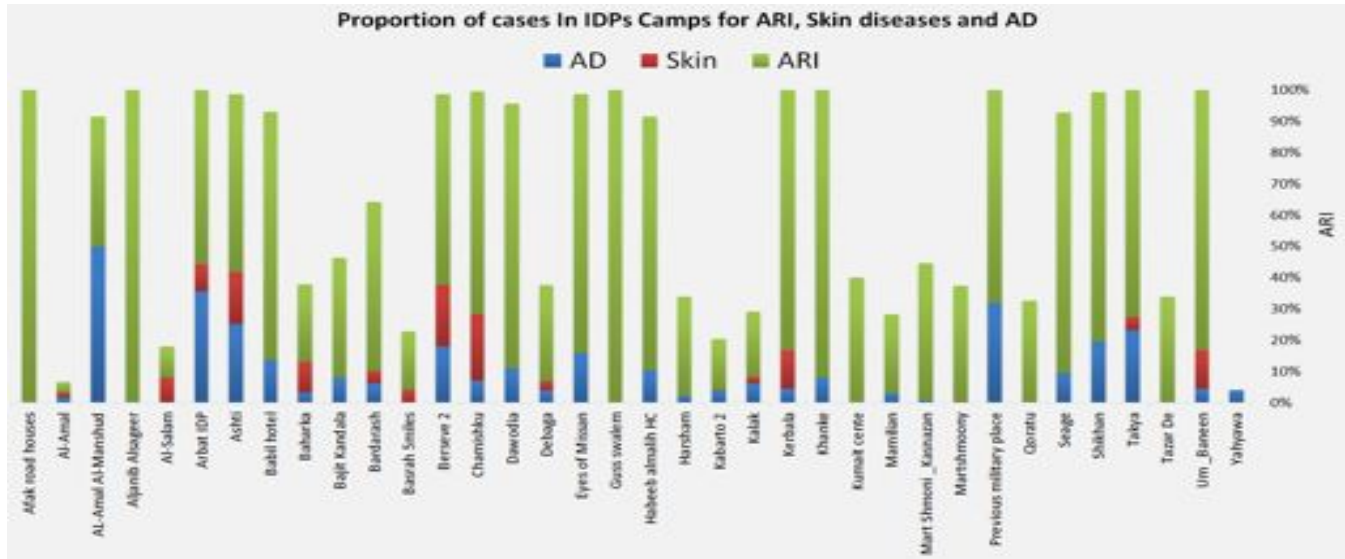


Figure IV: Proportion of cases of ARI, Scabies and AD in IDP camps for week 39

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 39, 2015.

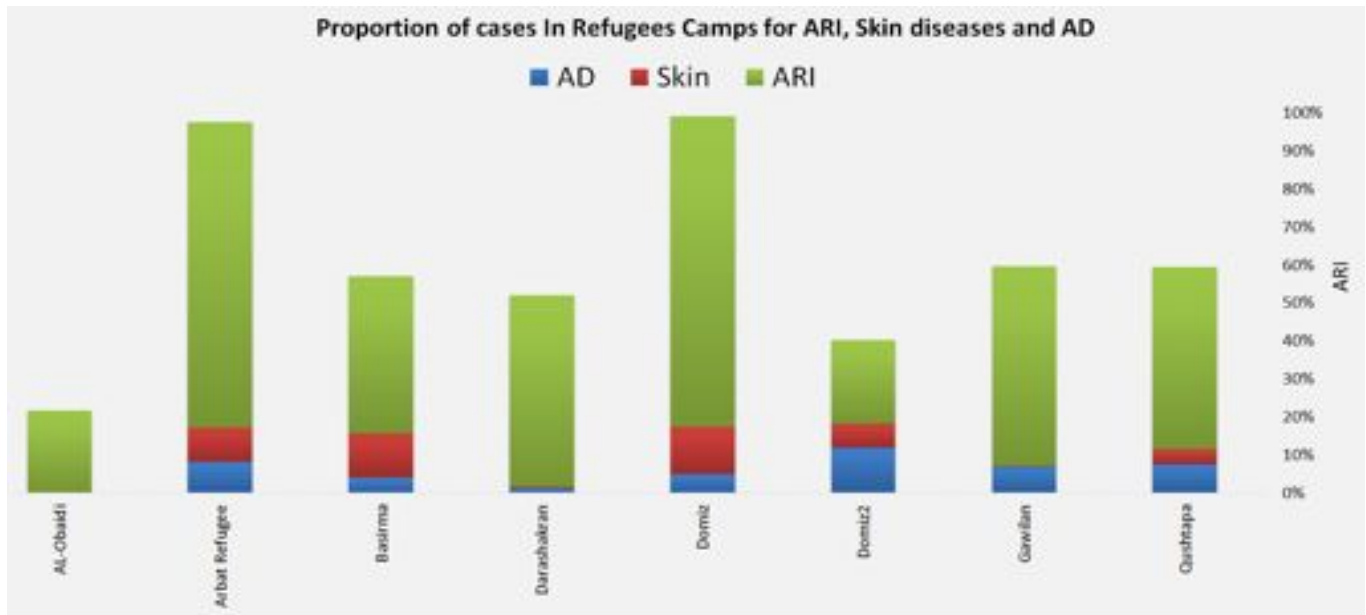


Figure V: Trend of proportions of cases of ARI, Scabies and AD in Refugee camps for week 39

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 39, 2015.

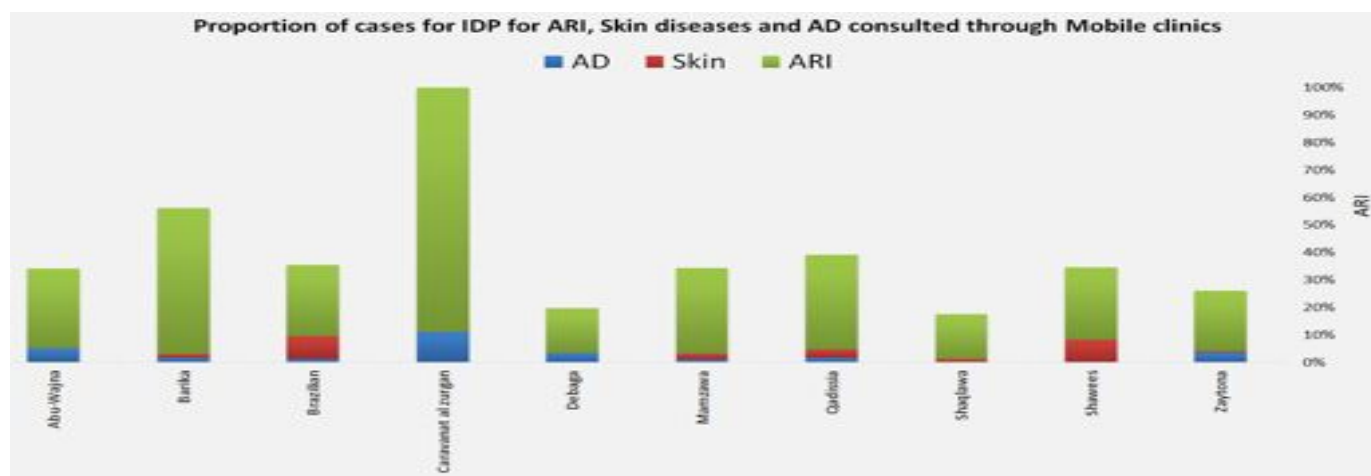


Figure VI: Trend of proportions of IDP cases for ARI, Scabies and AD covered by Mobile Clinics for week 39

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 38, the proportion of upper ARI in week 39 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 39.

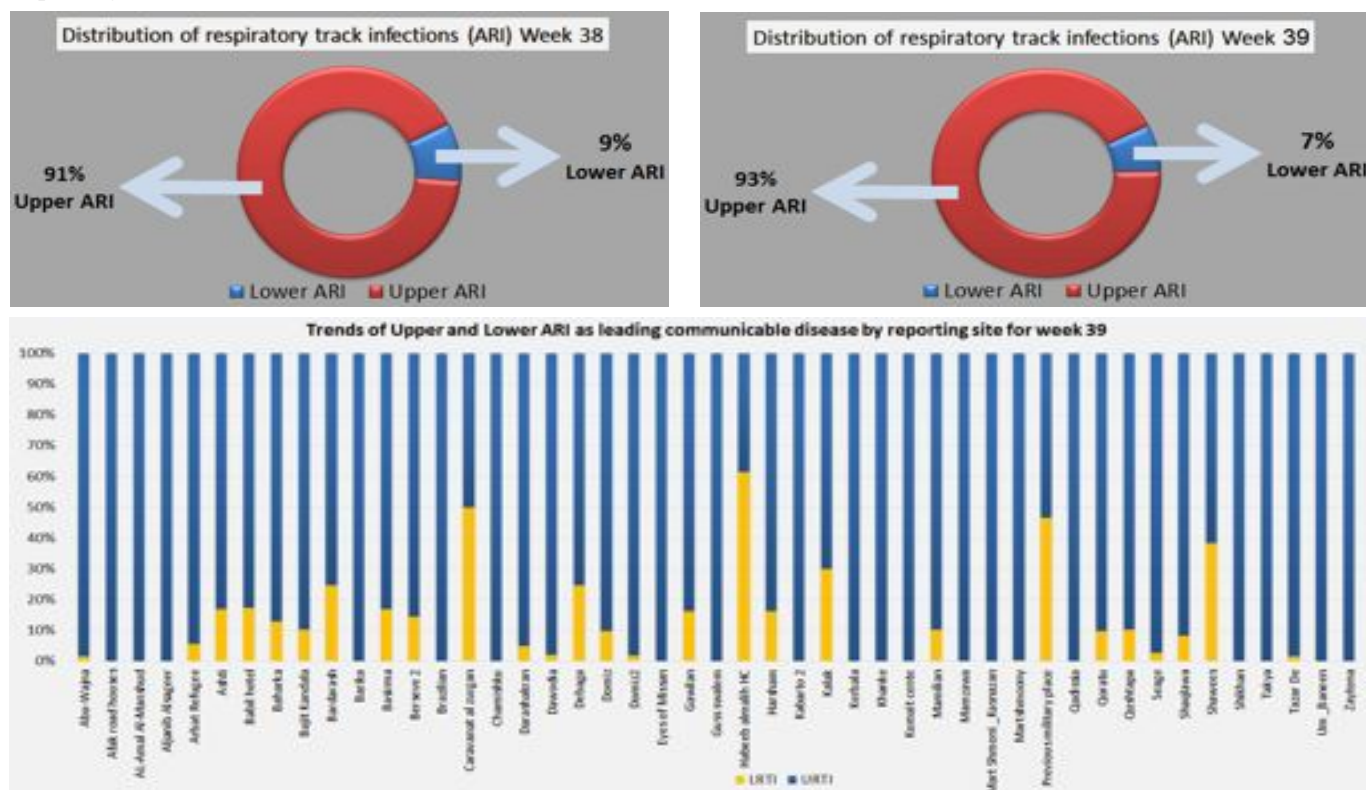


Figure VII: Trend of Upper and Lower ARI per reporting site for week 39

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 decrease in waterborne diseases from 14% in week 26 to 5.39% in week 39. (See below graph)

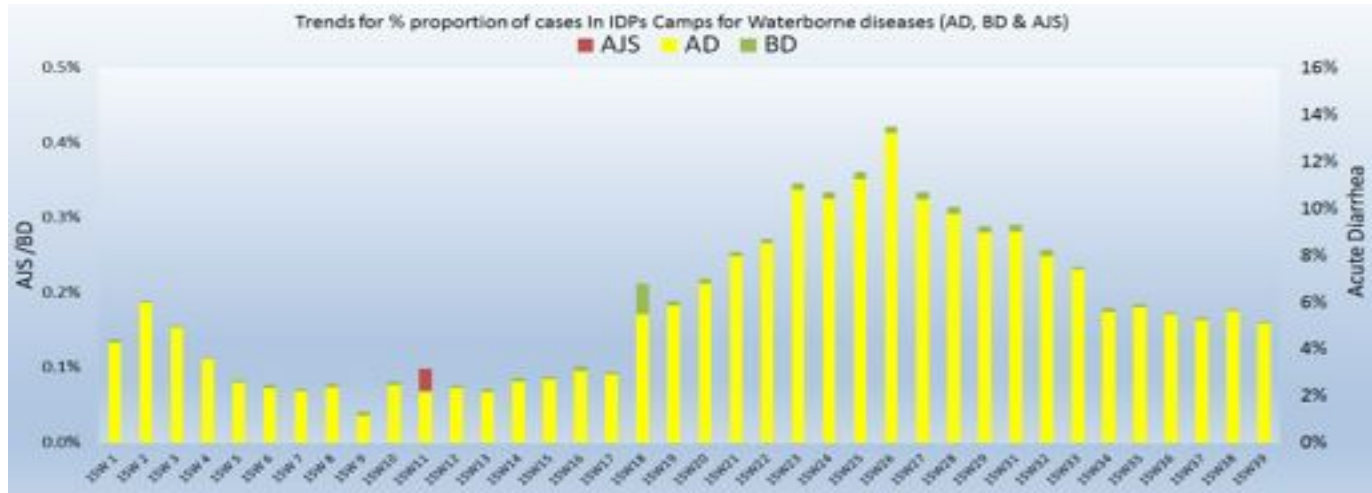


Figure VIII: Trend of Waterborne diseases from IDP camps, week 1 to 39—2015

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

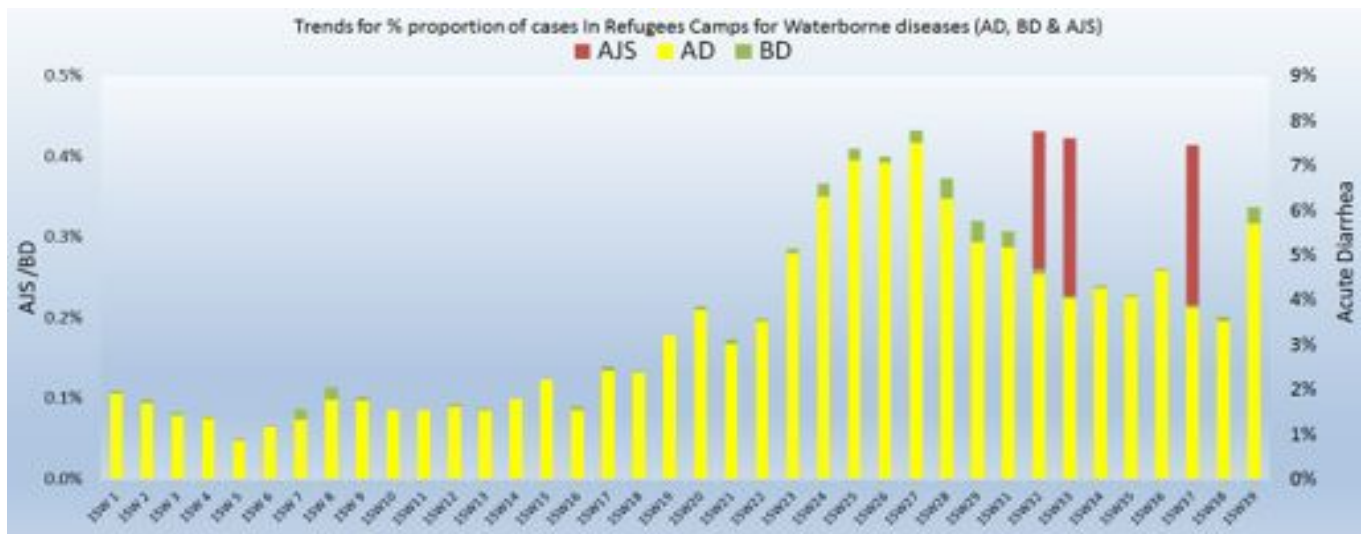


Figure IX: Trend of waterborne diseases from Refugee camps, week 1 to 39—2015

Five (5) alerts were generated through EWARN following the case definition thresholds, of which Three (3) were from IDP camps and two (2) from refugees camps during this reporting week. All these five alerts were investigated within 48 hours of which only one was 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 all of these alerts. Public health interventions were conducted effectively for all the true alert i.e. Suspected Cholera. 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	Governorate	IDP/Refugee Camp	# of cases	Run by	Investigation and Response within	Sample Taken Yes/No	Alerts Outcome True/False	Public Health Interventions Conducted
							48-72h DOH/WHO/NGO			
1	Suspected Measles	Arbat Refugee	Sulaymaniyah	Refugees	1	EMERGENCY	YES	YES	FALSE	YES
2	Acute Diarrhea	Eyes of Missan	Missan	IDPs	15	DOH	YES	YES	FALSE	NO
3		Qushtapa	Erbil	Refugees	23	DOH	YES	YES	FALSE	NO
4		Zaytona	Erbil	IDPs	18	IOM	YES	YES	FALSE	NO
5	Acute Watery Diarrhea- (Suspected Cholera)	AL-Amal Al-Manshud	Baghdad	IDPs	1	DOH	YES	YES	TRUE	YES

Online EWARN Dashboard*

Surveillance of infectious diseases during emergencies is recognized as the cornerstone of public health decision-making and practice. Surveillance data are crucial for monitoring the health status of the population, detecting diseases and triggering action to prevent further illness, and to contain public health problems. Therefore; WHO-Iraq in coordination with Ministry of Health; is in process of developing a real-time online interactive interface for EWARNs showing the trends of the most leading communicable diseases monitored by location along with bi-monthly EWARN snapshot. (Details; click on the link)

Link for EWARN Dashboard: <https://who-iraq-ewarn.github.io>

Trends of Alerts

The below graph shows the number of alerts generated through EWARN system on weekly basis. All alerts are investigated and responded in a timely and coordinated manner through Ministry of Health, World Health Organization (WHO) and various health cluster partners.

Measles outbreak was declared in Arbat camp in Sulamaniyah in March 2015, which was responded and controlled. Cholera outbreak has been declared on 15th September, 2015, the index case was reported from Diwaniya Governorate. Cholera Taskforce has been established and responded to this outbreak through Cholera Command and Control Centre (C4) under the leadership of MoH.

Iraq has been experiencing cholera outbreaks since 7th September 2015 and was declared on 15th September, 2015, when the cases started to be reported in Diwaniya Region of Qadissiya Governorate and quickly spreading to the West of Baghdad in Abu Ghraib region. Samples were sent to the national central public health laboratory from these regions and six of the specimens tested positive for *Vibrio Cholera* Inaba on 12 September 2015.

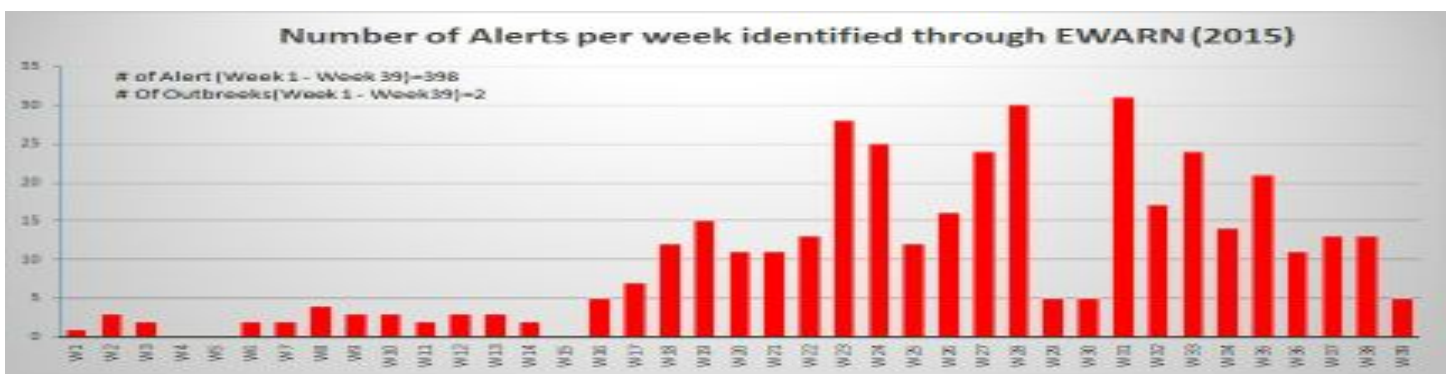


Figure X: Alerts generated through EWARN surveillance (week 1 to 39—2015)

Comments & Recommendations

The MOH is leading the response with the technical support of WHO (co-chair of the Task Force). The response is based on the following seven strategic directions which are closely coordinated through the Cholera Command and Control Centre (C4) established at MoH premises with an effective inter sectoral coordination mechanism established with WASH cluster, meeting daily except on Thursdays.

There is a weekly tele-conference bridge to link with the WHO regional office in Cairo and Headquarter in Geneva every Thursday. These Cholera Response Plan strategies include: Case management; Active/Passive Surveillance; Laboratory strengthening; Health and Hygiene Promotion; Coordination; Vaccination and Logistics

For comments or questions, please contact

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