



Iraq: EWARN & Disease Surveillance Bulletin

2015 Epidemiological Week: 36

Reporting Period: 31 Aug — 6 Sep, 2015

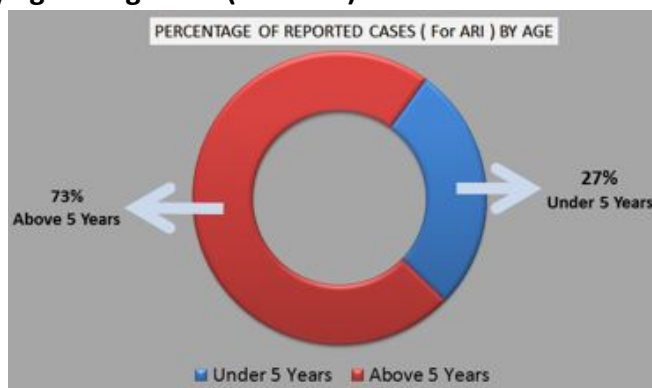
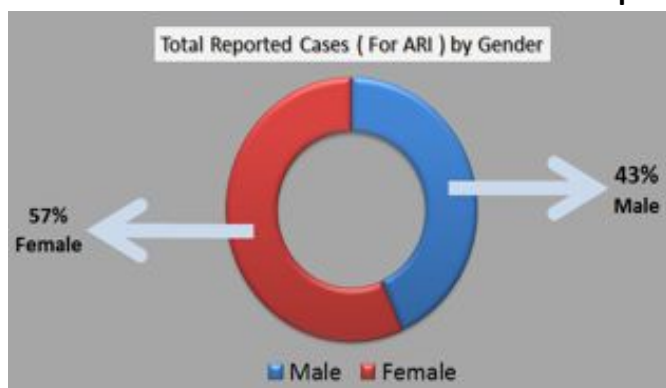
Highlights

- ◆ **Number of reporting sites:** Sixty-nine (69) reporting sites including forty four (44) Internally Displaced People's (IDP) camps, Nine (9) refugee camps and sixteen (16) mobile clinics submitted their weekly reports timely and completely.
- ◆ **Total number of consultations:** 23,266 (male=10,091 and female=13,175) marking an increase of 0.2 per cent since last week.
- ◆ **Leading causes of morbidity in the camps:** Acute Respiratory Tract Infections (ARI) (n=7,842), Acute Diarrhea (AD) (n=1,242) and skin diseases (n=1,101) remained the leading causes of morbidity in all camps during this reporting week.
- ◆ **Number of alerts:** Nine (9) alerts were generated, of which seven (7) were from IDP camps, one (1) from a refugee camp and one hospital during this reporting week. Nine (9) of these alerts were investigated within 24-48 hours of which three (3) 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 1-36

Consultations in the camps by age and gender (week 36)



Morbidity Patterns

IDP camps:

During week 36, proportions of Acute Diarrhea in IDP camps has slightly decreased since last week (week 35=5.77 per cent and week 36=5.48 per cent). The proportion of acute diarrhea has gradually increased from 4 per cent in week 18 to 14 per cent in week 26 due to the hot summers season, but as a part of preparedness, Health and WASH cluster together continued in the high risk governorates, due to which the trends of Acute Diarrhea has gradually decreased to 6 per cent in week 36. The proportion of skin infestations including scabies has shown a steady trend since week 23 (6 per cent) due to 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 35 per cent-40 per cent since week 10. (See below graph).

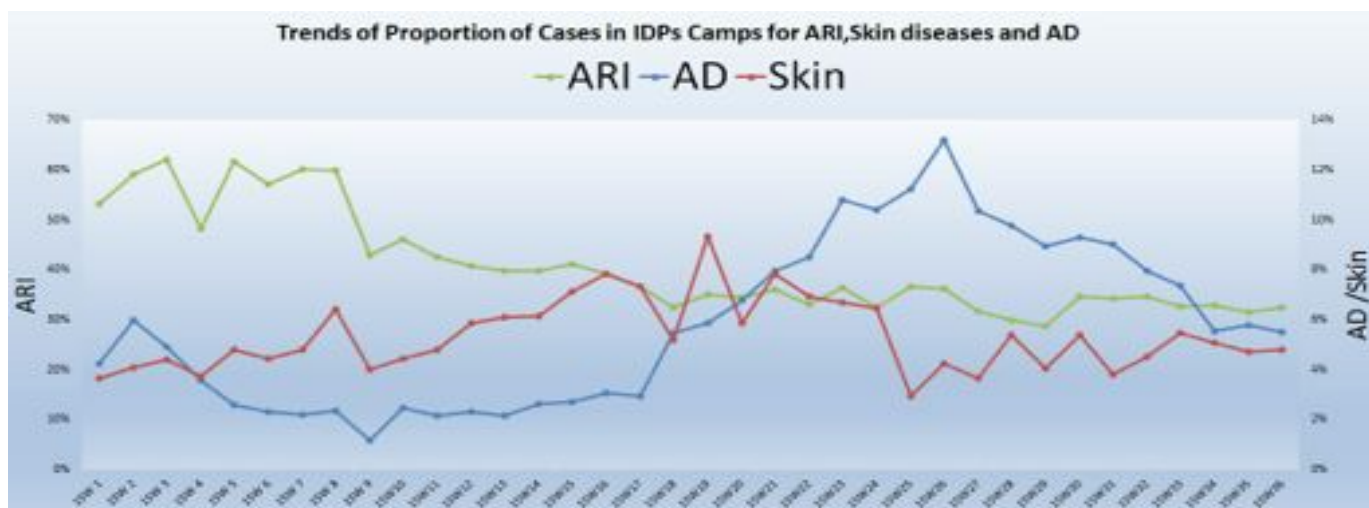


Figure II: Trend of proportion of cases of ARI, Scabies and AD in IDP camps (week 1 –36)

Refugee camps:

During week 36, proportions of Acute Diarrhea trend in refugee camps has gradually decreased since week 31 (week 31=5.18 per cent and week 36=4.64 per cent). Proportion of Acute Respiratory Tract Infections (ARI) indicates a slow drop-down trend since the beginning of summer season (week 36=40 per cent). Proportion of skin infestations including scabies have also dropped from 7.41 per cent in week 18 to 2.55 per cent in week 19, and then increased in week 36 (week 36=4.56 per cent) . (See below graph).

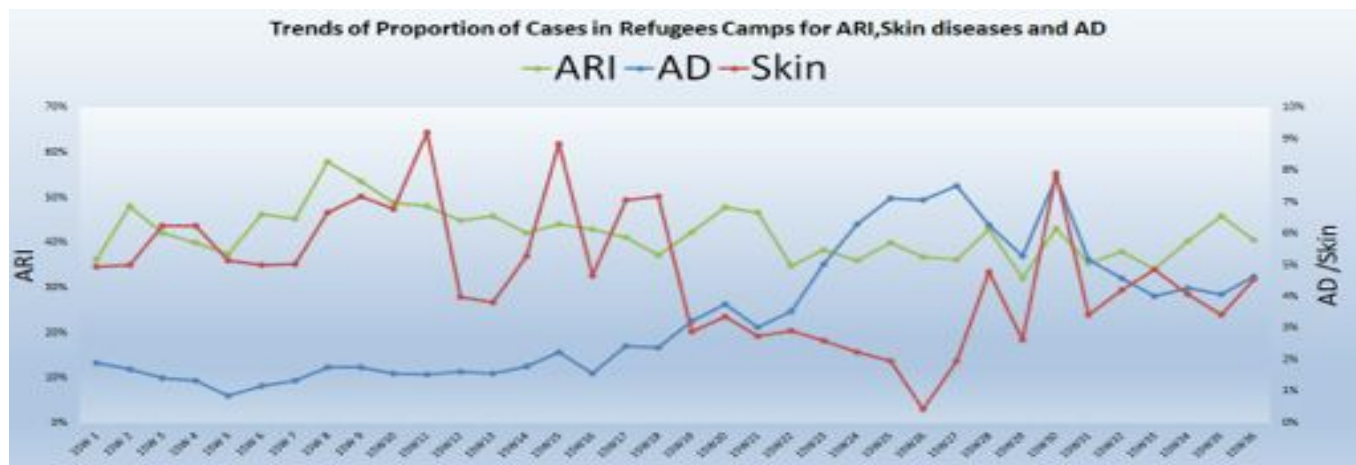


Figure III: Trend of proportion of cases of ARI, Scabies and AD in IDP camps (week 1 –36)

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 36, 2015.

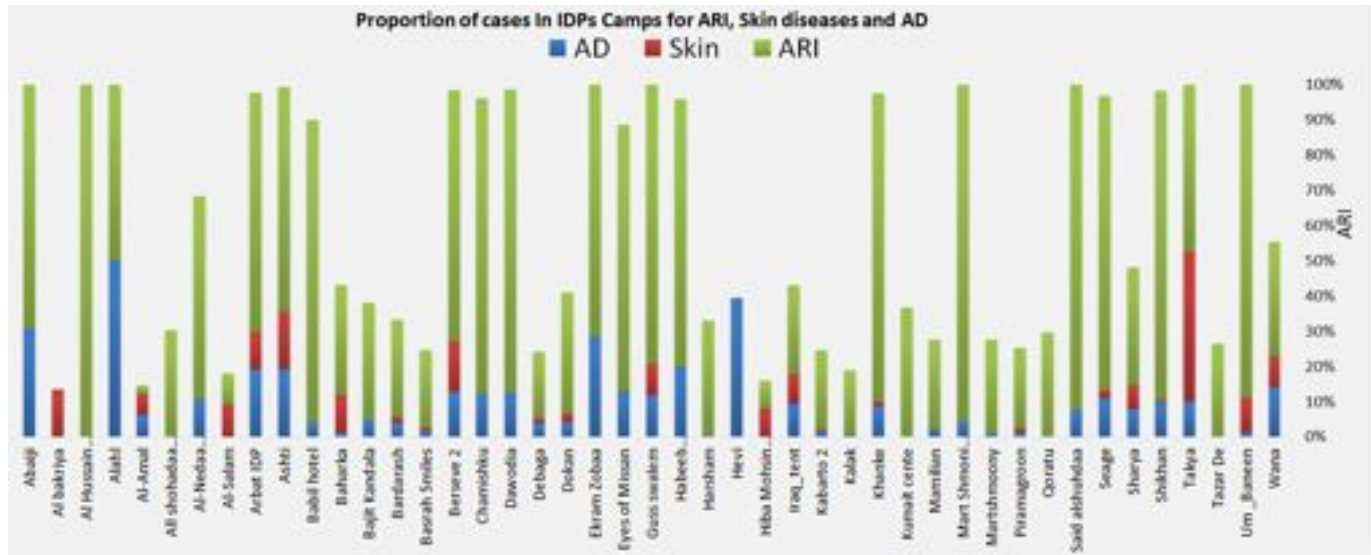


Figure IV: Proportion of cases of ARI, Scabies and AD in IDP camps for week 36

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 36, 2015.

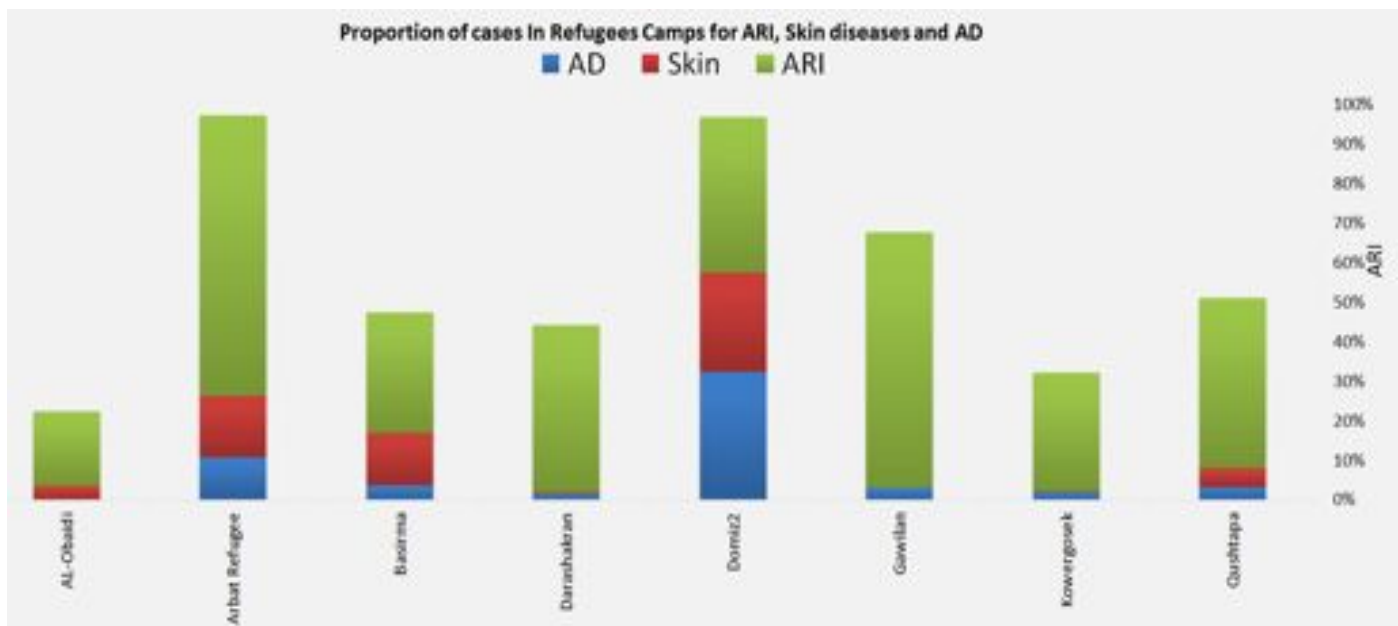


Figure V: Trend of proportions of cases of ARI, Scabies and AD in Refugee camps for week 36

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 36, 2015.

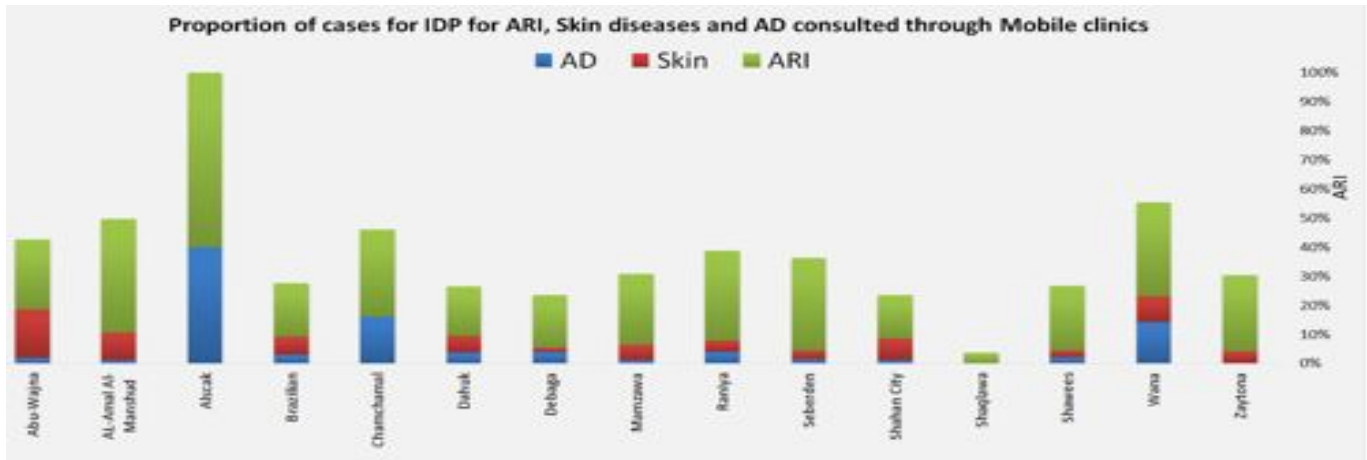


Figure VI: Trend of proportions of IDP cases for ARI, Scabies and AD covered by Mobile Clinics for week 36

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. Compared to week 35, the proportion of upper ARI in week 36 has the same while that for Lower ARI. 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 36.

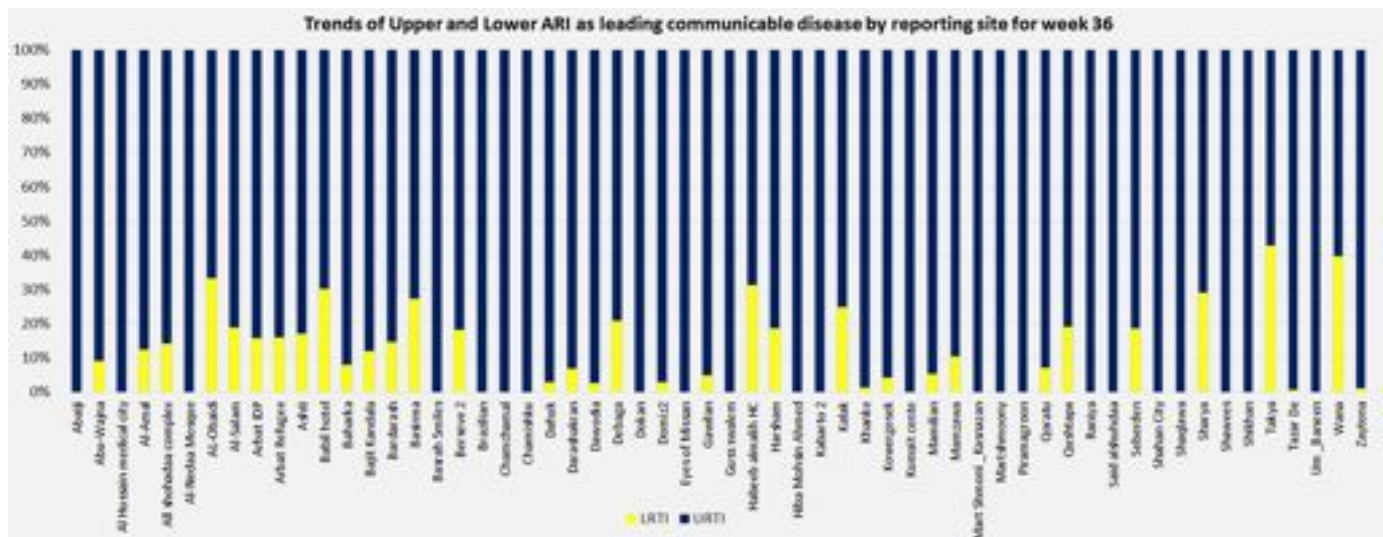
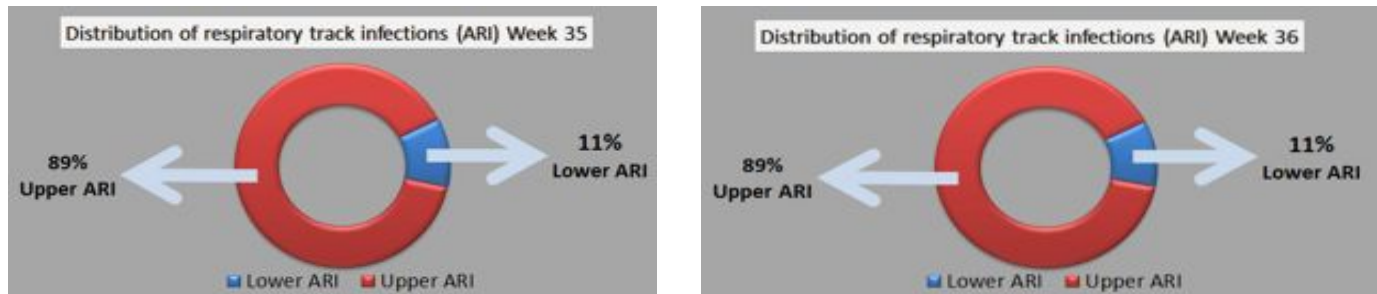
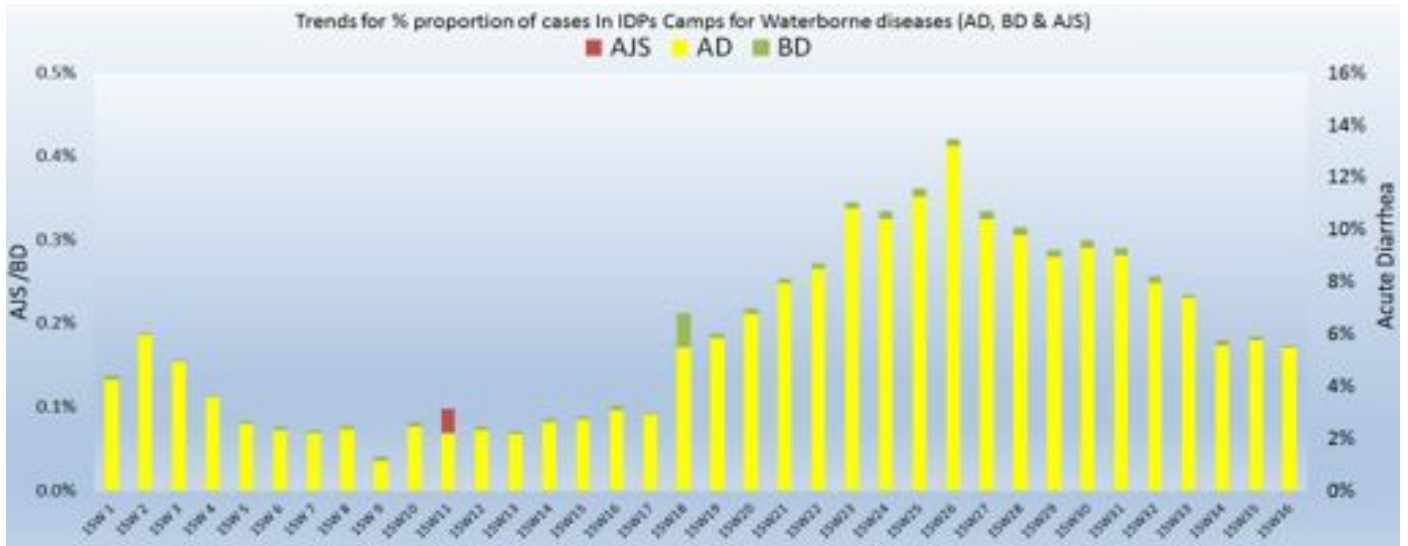


Figure VII: Trend of Upper and Lower ARI per reporting site for week 36

Trends of Waterborne Diseases in IDP camps

The graph below 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 per cent in week 26 to 6 per cent in week 36. (See graph below)



Trends of Waterborne diseases in Refugee camps

The graph below 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.

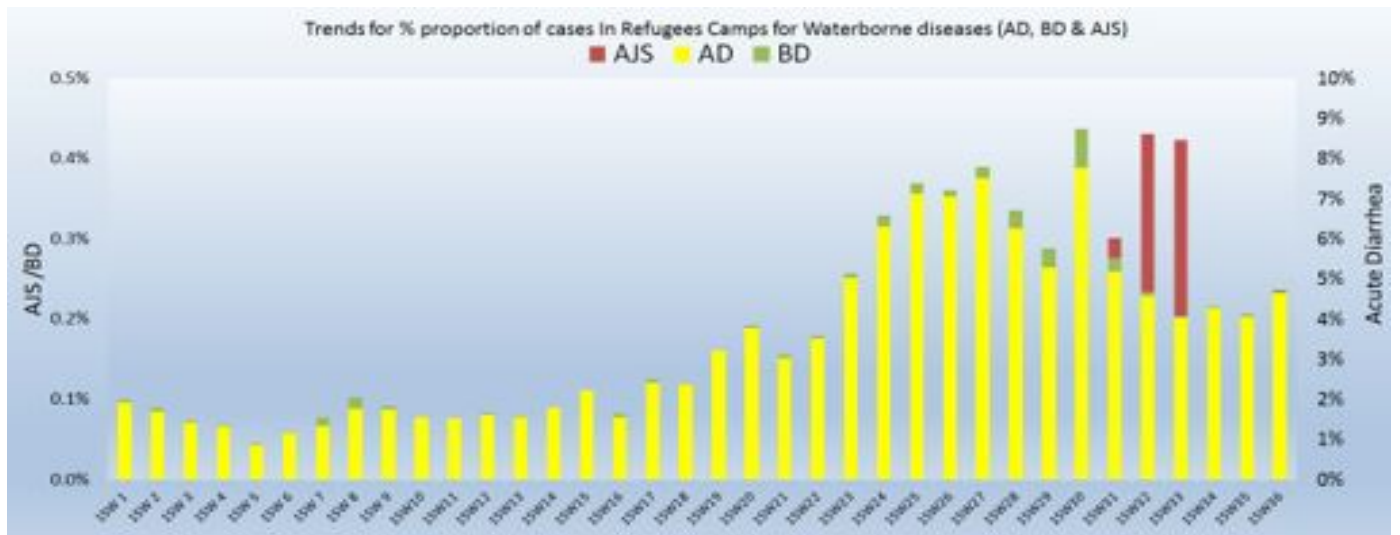


Figure IX: Trend of waterborne diseases from Refugee camps, week 1 to 36—2015

Nine (9) alerts were generated, of which seven (7) were from IDP camps, one from refugee camp and one hospital during this reporting week. 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	Acute Watery Diarrhea- (Suspected Cholera)	Darashakran	Erbil	Refugee	1	IMC	YES	YES	FALSE	YES
2	Suspected Leishmaniasis	Hevi	Dahuk	Hospital	1	DOH	YES	NO	TRUE	YES
3		Seage	Dahuk	IDPs	1	IMC	YES	NO	TRUE	YES
4	Suspected Measles	Al-Salm	Anbar	IDPs	1	UIMS	YES	YES	TRUE	YES
5	Acute Diarrhea	Wana	Dahuk	IDPs	205	Medair	YES	NO	FALSE	FALSE
6		Al-Amal	Anbar	IDPs	41	UIMS	YES	NO	FALSE	FALSE
7		Chamchamal	Sulaymaniyah	IDPs	70	WVI	YES	NO	FALSE	FALSE
8		Guss swalem	Babylon	IDPs	11	DOH	YES	YES	FALSE	FALSE
9	Bloody Diarrhea	Al-Salm	Anbar	IDPs	10	UIMS	YES	NO	FALSE	FALSE

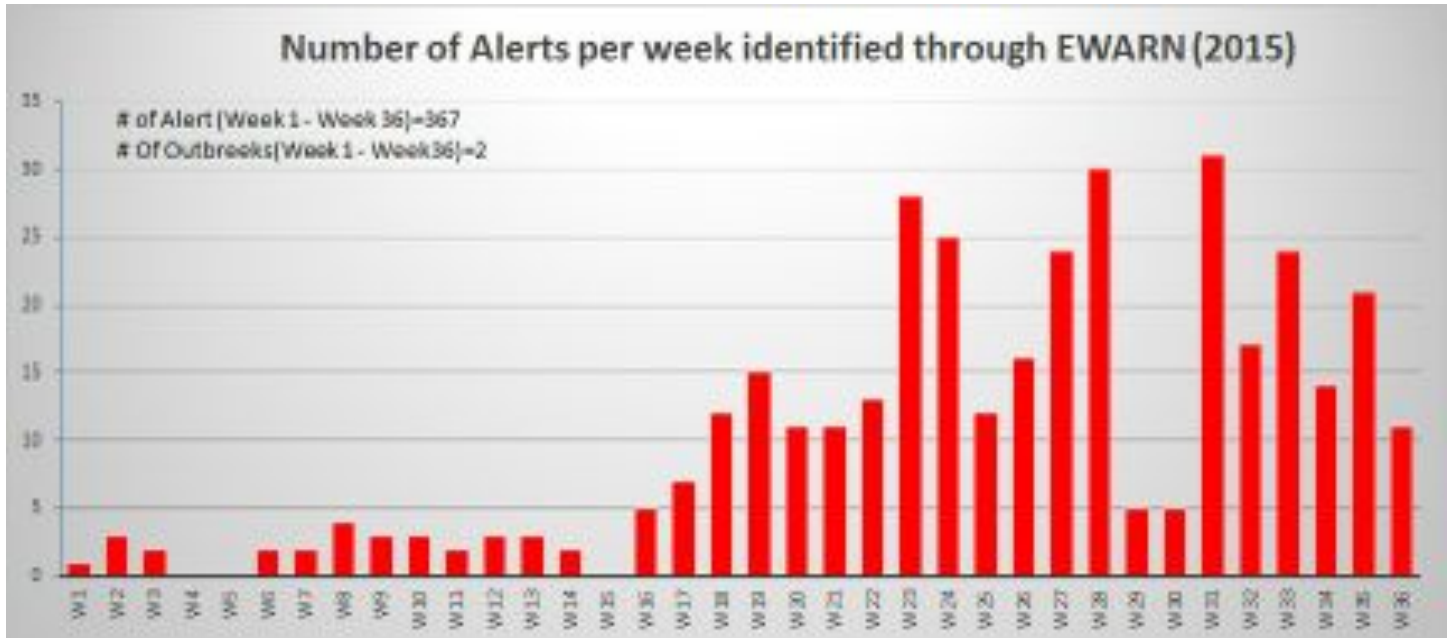
Online EWARN Dashboard*

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 online EWARN Dashboard: coming soon
- Link for online EWARN Bi-monthly snapshot: coming soon

Trends of Alerts

The graph below 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 the Ministry of Health, World Health Organization (WHO) and various health cluster partners. No outbreak has been declared since March, 2015. Last outbreak declared was for Measles from IDP Arbat Camp located in Sulaymaniyah back in February 2015.



Comments & Recommendations

- The Cholera Task Force has continued its activities at Dohuk, Erbil and Sulaymaniyah governorates.
- As per the previous history of cholera outbreak in Iraq, WASH and health clusters have 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 system.

For comments or questions, please contact

- **Dr. Abdulla Kareem** | 07703973937 | drabdullakareem@yahoo.com

Head of Surveillance Department, Federal MOH

- **Dr Saifadin Muhedin** | 07502303929 | saifadin.muheidin@yahoo.com

Head of Surveillance Department in MOH-KRG

- **Dr Fawad Khan** | 07510101452 | khanmu@who.int

EWARN Coordinator WHO Iraq

- **EWARN Unit WHO** emacoirgewarn@who.int