World Health Organization

EWARN: EARLY WARNING AND RESPONSE NETWORK

Iraq: EWARN & Disease Surveillance Bulletin

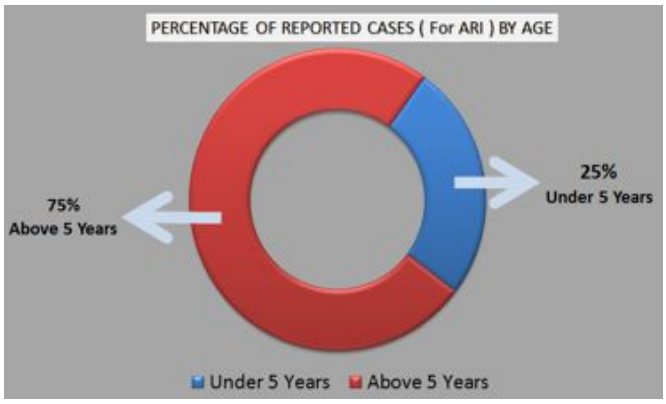
2015 Epidemiological Week: 37 **Reporting Period: 7—13 September, 2015**

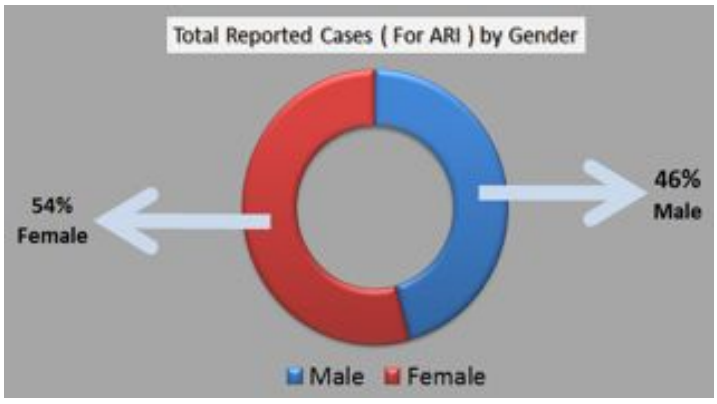
Highlights

- **Number of reporting sites:** Seventy-seven (77) reporting sites including fifty-four (54) Internally Displaced People's (IDP) camps, nine (9) refugee camps and fourteen (14) mobile clinics submitted their weekly reports timely and completely .
- **Total number of consultations:** 27,229 (male=12,454 and female=14,775) marking an increase of 3,474 (7 per cent) consultations since last week.
- **Leading causes of morbidity in the camps:** Acute Respiratory Tract Infections (ARI) (n=8,818), Acute Diarrhea (AD) (n=1,352) and skin diseases (n=1,265) remained the leading causes of morbidity in all camps during this reporting week.
- **Number of alerts:** Thirteen (13) alerts were generated through EWARN following the case definition thresholds, of which ten (10) were from IDP camps and three (3) from refugee camps during this reporting week. All thirteen (13) of these alerts were investigated within 48 hours, of which ten (10) 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: see Alert and Outbreak Section).

Figure I: Total consultations and proportion of reporting health facilities b/w week 1-37

Consultations in the camps by age and gender (week 37)





Morbidity Patterns

IDP camps:

During week 37, proportions of Acute Diarrhea in IDP camps have slightly decreased since last week (week 36=5.46 per cent and week 37=5.20 per cent). The proportion of acute diarrhea has tripled from 3 per cent in week 18 to 14 per cent in week 26 due to the hot summers' season. As a part of preparedness, Health and WASH clusters together continued Cholera Task Force activities in the high risk governorates, due to which the trends of Acute Diarrhea have gradually decreased to 5.5 per cent in week 34. The proportion of skin infestations including scabies has shown a steady trend since week 23 (6 per cent) 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) is showing a gradual steady downward trend of around 30 per cent-35 per cent since week 18. (See graph below).

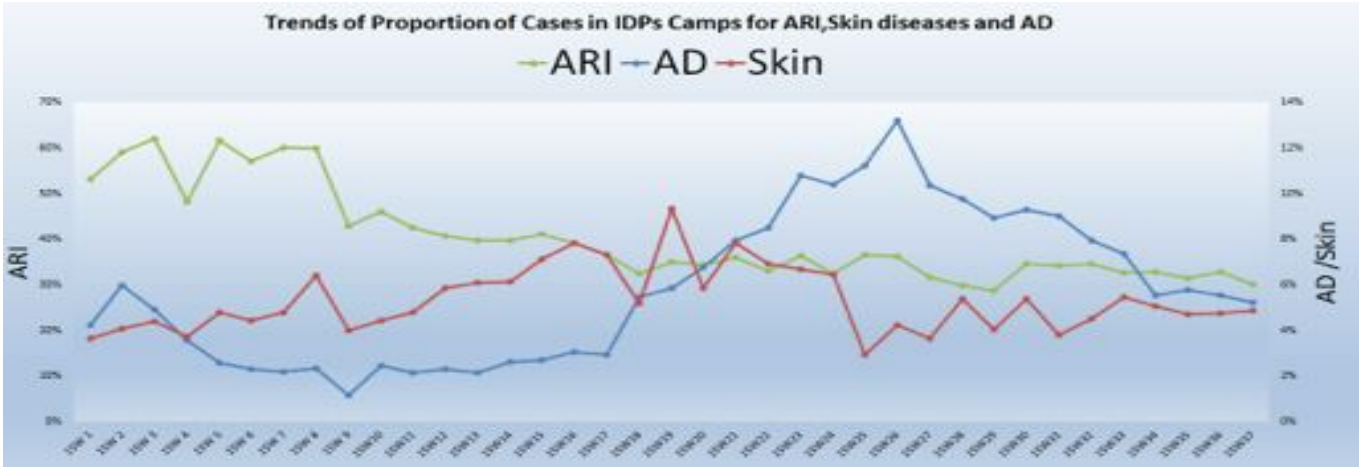


Figure II: Trend of proportion of cases of ARI, Scabies and AD in IDP camps (week 1 –37)

Refugee camps:

During week 37, proportions of Acute Diarrhea trend in refugee camps shows a steady trend since last week, (week 36=4.64 per cent and week 37=3.81 per cent). Proportion of Acute Respiratory Tract Infections (ARI) indicates a slow drop-down trend since the beginning of summer season, but currently shows a steady pattern since week 30, (week 30=41 per cent and week 34=39 per cent. Proportion of skin infestations including scabies have also dropped from 8 per cent in week 30 to 4 per cent in week 34 due to extensive health promotion activities conducted in all camps. (See graph below).

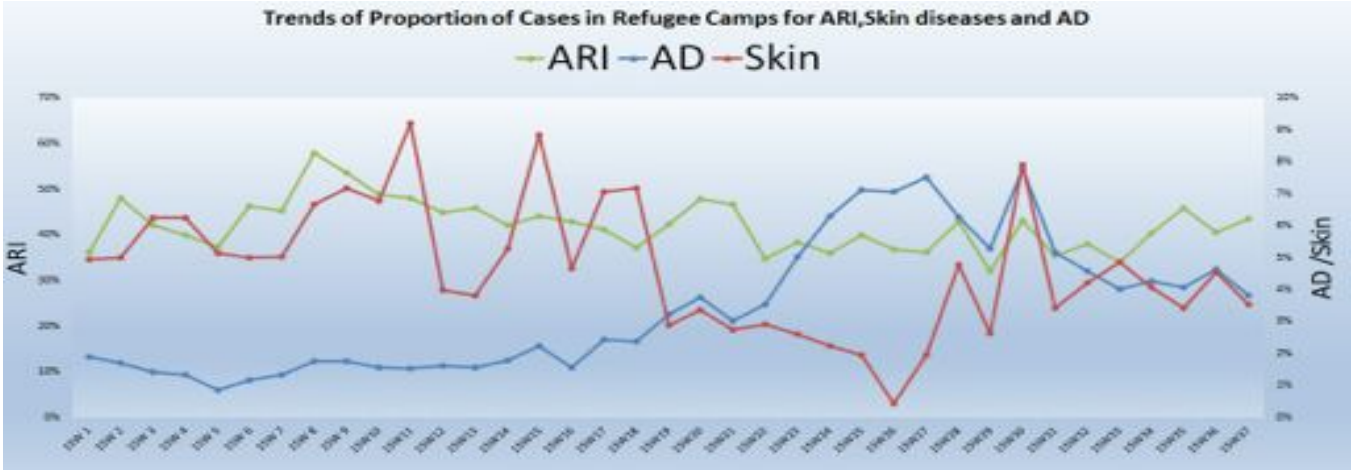


Figure III: Trend of proportion of cases of ARI, Scabies and AD in IDP camps (week 1 –37)

Trends of Diseases by Proportion and location for IDP Camps

The graph below 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 37, 2015.

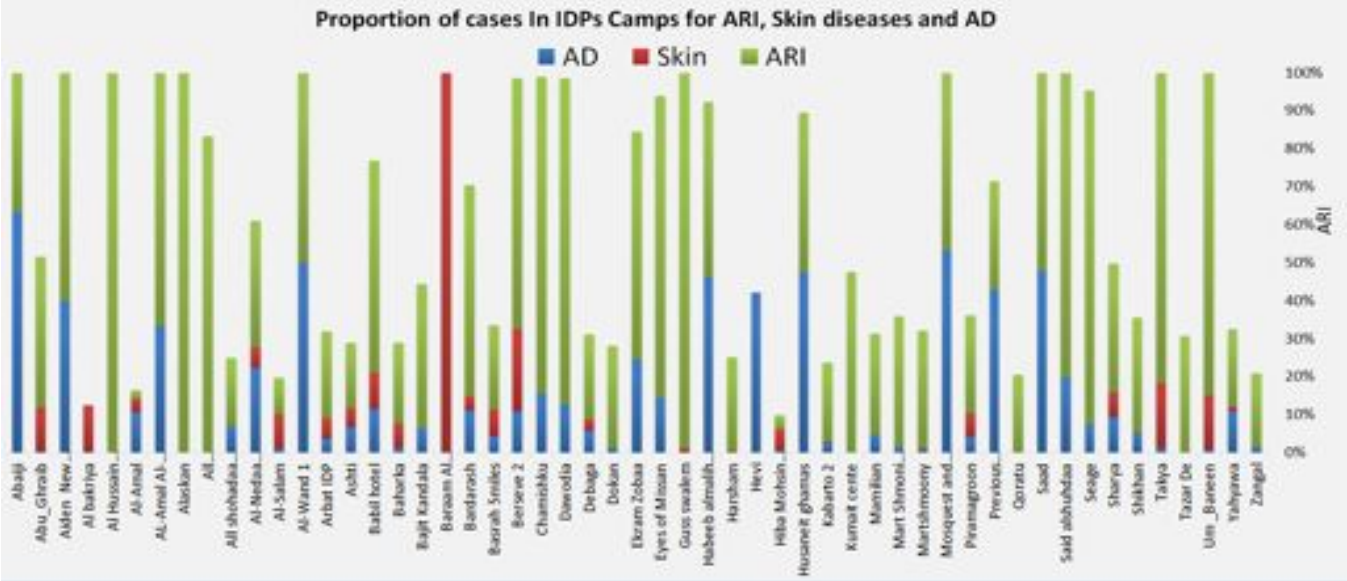


Figure IV: Proportion of cases of ARI, Scabies and AD in IDP camps for week 37

Trends of Diseases by Proportion and location for Refugee Camps

The graph below 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 37, 2015.

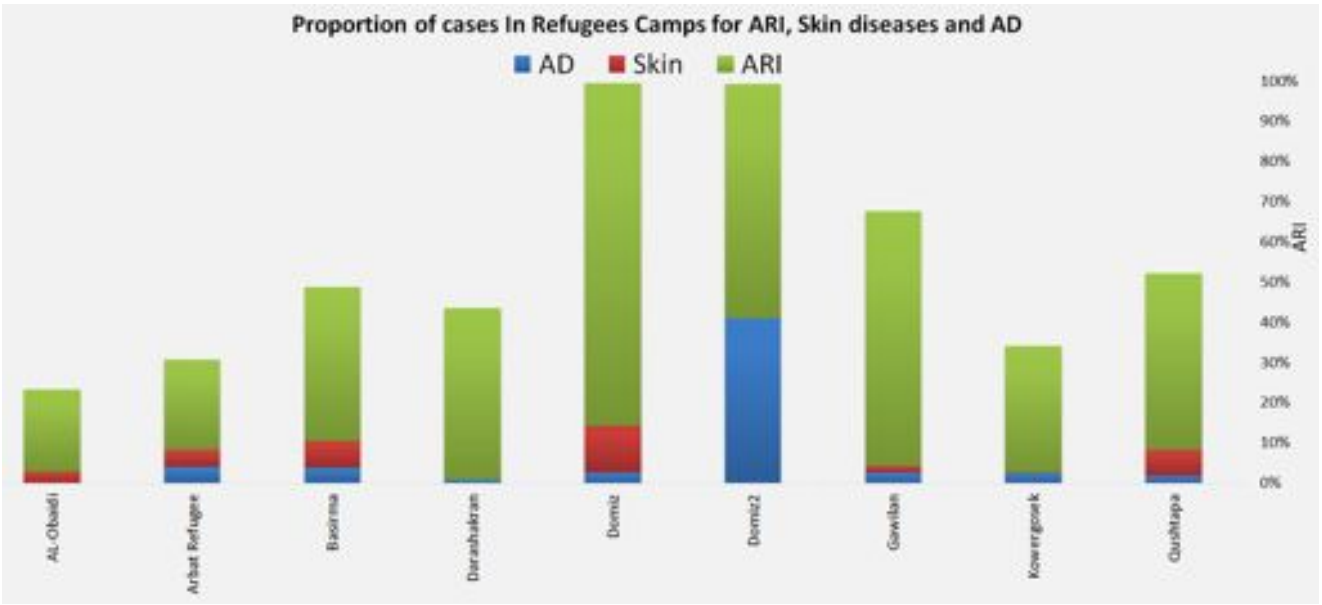


Figure V: Trend of proportions of cases of ARI, Scabies and AD in Refugee camps for week 37

Trend of Diseases by proportions for off camp IDPs covered by Mobile Clinics

The graph below 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 37, 2015.

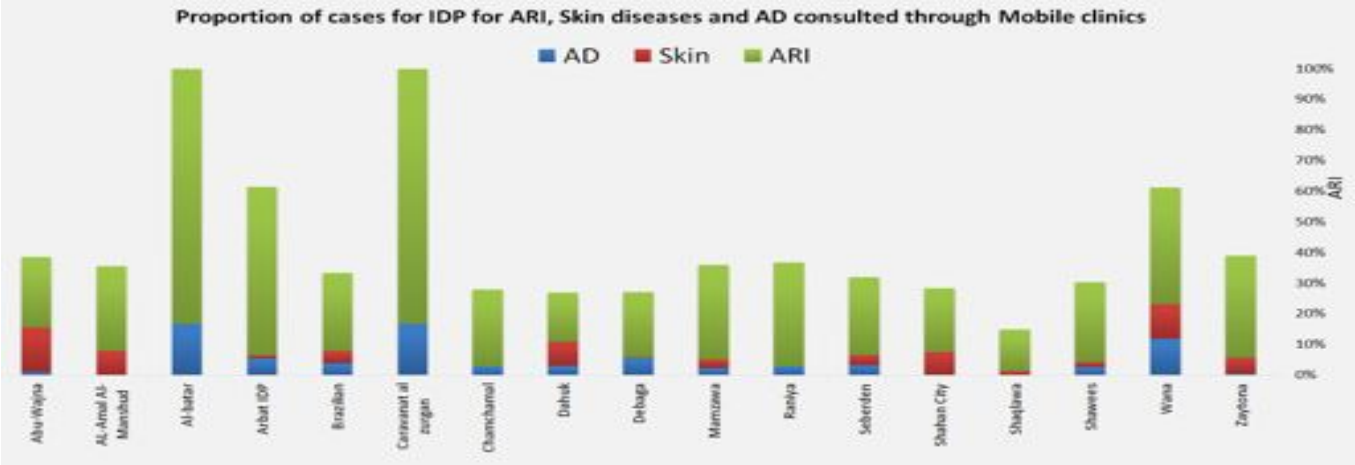
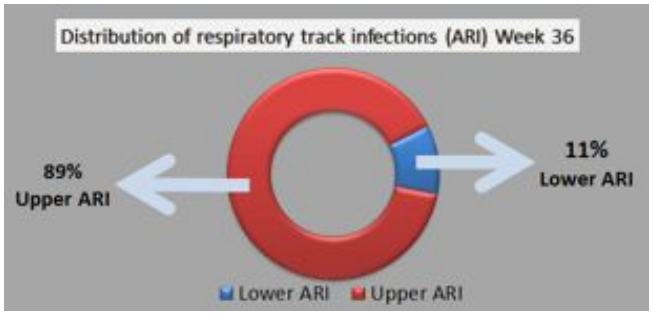
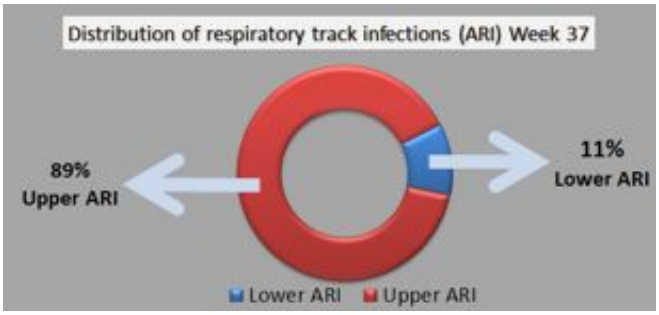


Figure VI: Trend of proportions of IDP cases for ARI, Scabies and AD covered by Mobile Clinics for week 37

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 36, the proportion of upper ARI in week 37 was the same as 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 37.





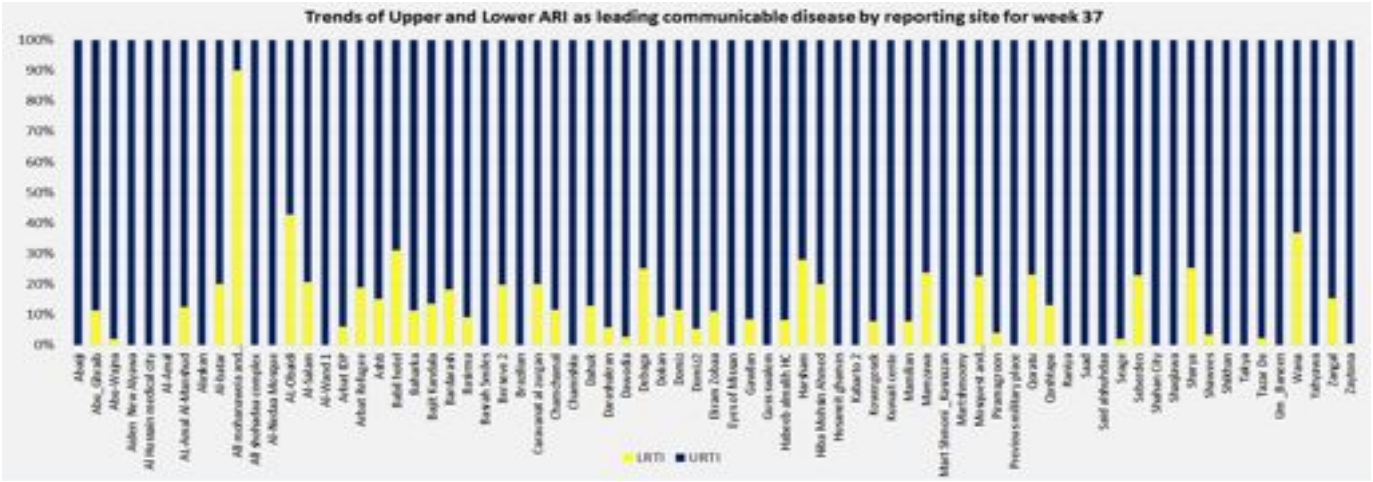


Figure VII: Trend of Upper and Lower ARI per reporting site for week 37

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 5.35 per cent in week 37. (See graph below)

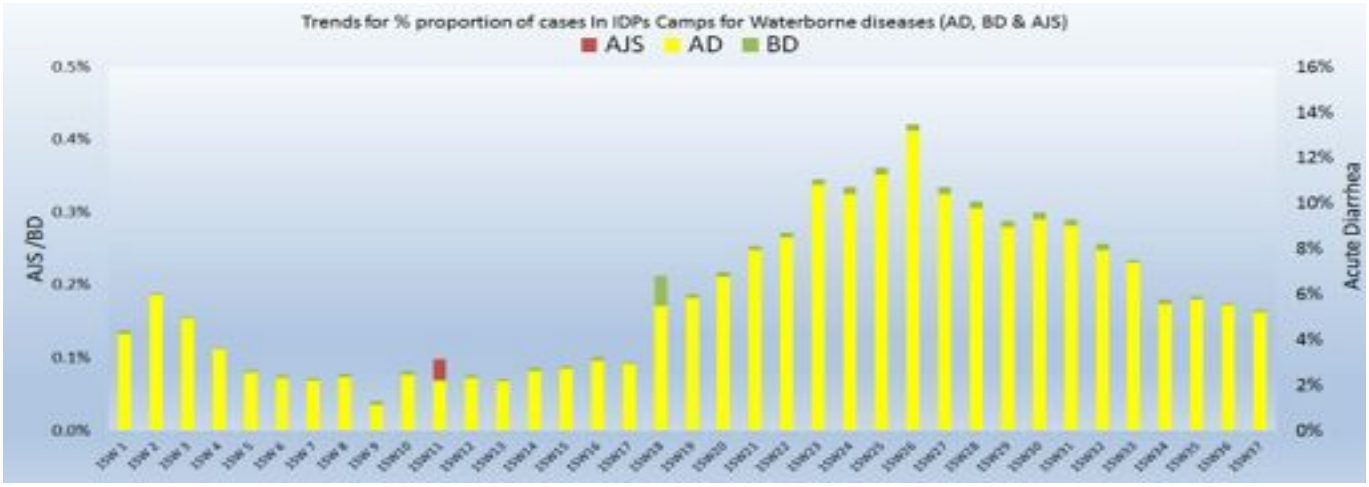


Figure VIII: Trend of Waterborne diseases from IDP camps, week 1 to 37—2015

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.

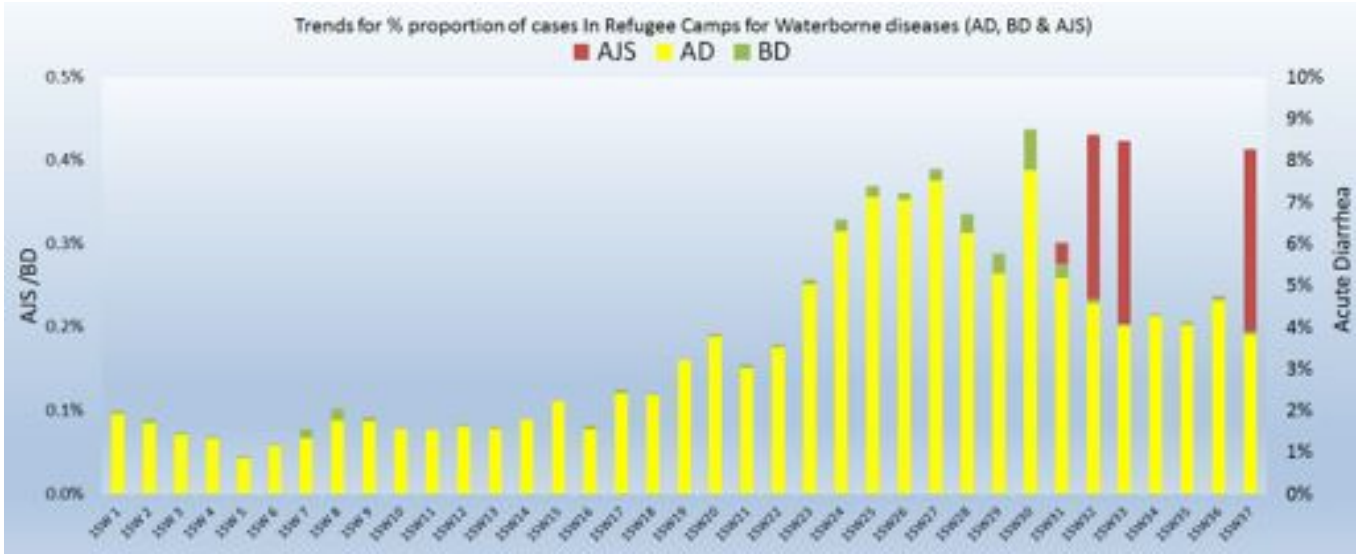
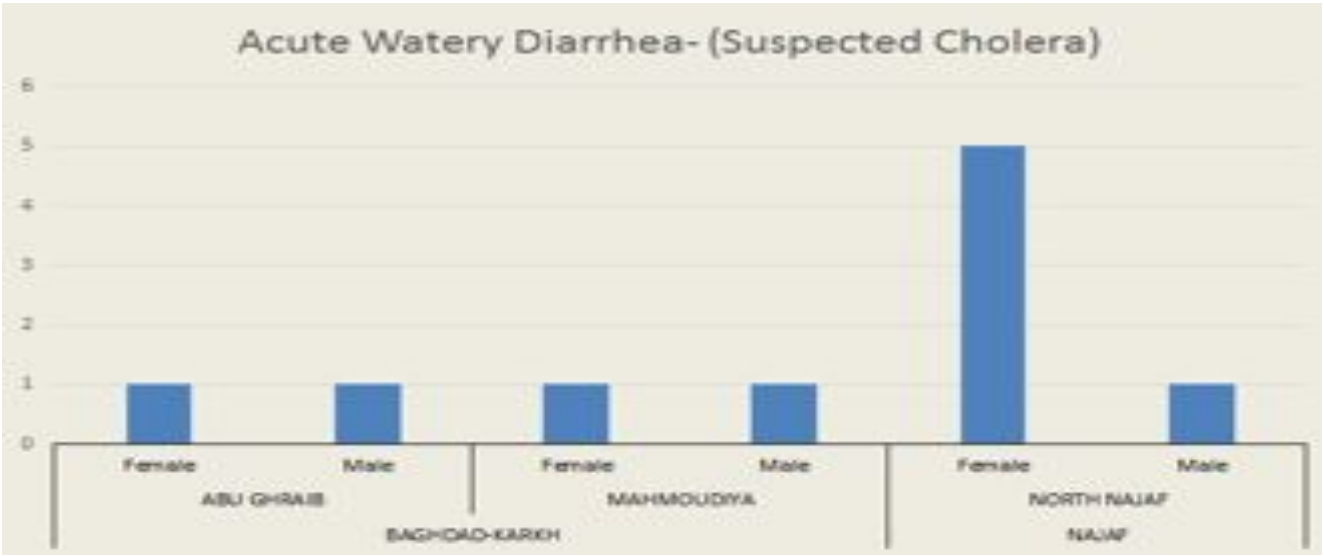


Figure IX: Trend of waterborne diseases from Refugee camps, week 1 to 37—2015

Alerts & Outbreaks

Thirteen (13) alerts were generated through EWARN following the case definition thresholds, of which ten (10) were from IDP camps and three (3) from refugee camps during this reporting week. All thirteen (13) of these alerts were investigated within 48 hours, of which seven (7) 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 true alerts. Public health interventions were conducted effectively for all these ten (10) true alerts. Trends of epidemic prone diseases for each reporting site are being monitored through a detailed monitoring matrix maintained at WHO EWARN department. (Details: see table below).

Sn	Alert	Location	Governorate	IDP/Refugee Camp	# of cases	Run by	Investigation and Response within 48-72% DOH/WHO/ NGO	Sample Taken Yes/No	Alerts Outcome True/False	Public Health Interventions Conducted
1	Acute Watery Diarrhea- (Suspected Cholera)	Ekram Zobaa	Baghdad	IDPs	7	DOH	YES	YES	TRUE	YES
2	Suspected Leishmaniasis	Darashakran	Erbil	Refugee	1	IMC	YES	NO	TRUE	YES
3		Seage	Duhok	IDPs	2	MC-IMC	YES	NO	TRUE	YES
4		Um _Baneen	Kerbala	IDPs	1	DOH	YES	NO	TRUE	YES
5	Suspected Measles	Al-Nabi Younis	Baghdad	IDPs	1	DOH	YES	YES	TRUE	YES
6		Domiz	Duhok	Refugee	1	MSF-F	YES	YES	FALSE	YES
7	Acute Diarrhea	Al-Amal	Anbar	IDPs	84	UIMS	YES	YES	FALSE	NO
8		Arbat IDP	Sulaymaniyah	IDPs	61	EMERGENCY	YES	YES	FALSE	NO
9		Ashti	Sulaymaniyah	IDPs	71	EMERGENCY	YES	YES	FALSE	NO
10		Abaiji	Baghdad	IDPs	19	DOH	YES	YES	TRUE	YES
11		Seberden	Erbil	IDPs	6	IMC	YES	YES	FALSE	NO
12	Bloody Diarrhea	Sharya	Duhok	IDPs	3	Medair	YES	YES	FALSE	NO
13	Acute Jaundice Syndrome	Arbat Refugee	Sulaymaniyah	Refugee	7	EMERGENCY	YES	YES	FALSE	NO



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 the Ministry of Health is in the process of developing a real-time online interactive interface for EWARNs showing the trends of the main communicable diseases monitored by location along with a bi-monthly EWARN snapshot. (Please click on the link below for further details)

EWARN Dashboard link: https://who-iraq-ewarn.github.io

* draft—Work in progress

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.

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

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

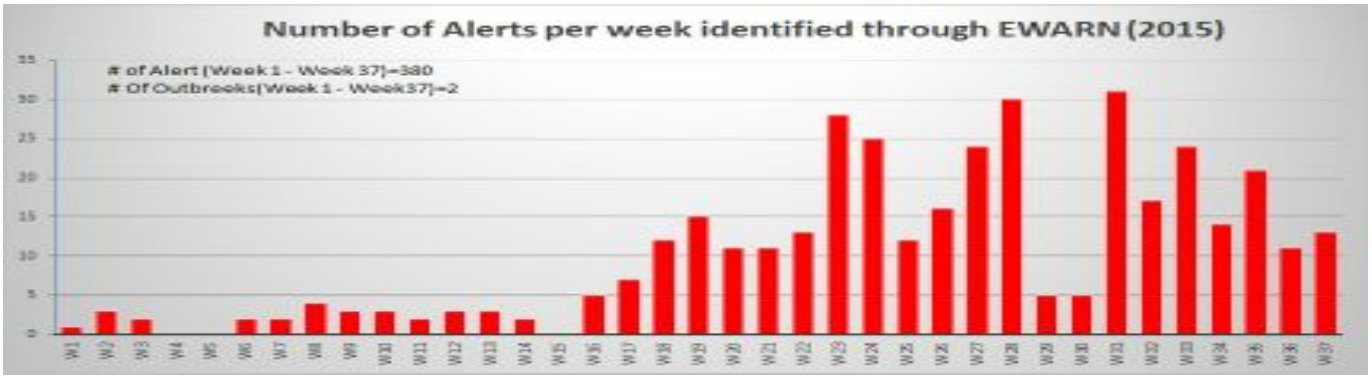


Figure X: Alerts generated through EWARN surveillance (week 1 to 37—2015)

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 intersectoral coordination mechanism established with WASH cluster, meeting daily except Thursdays.

There is a weekly teleconference 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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