

# Iraq: EWARN & Disease Surveillance Bulletin

2015 Epidemiological Week: 38

Reporting Period: 14—20 September, 2015

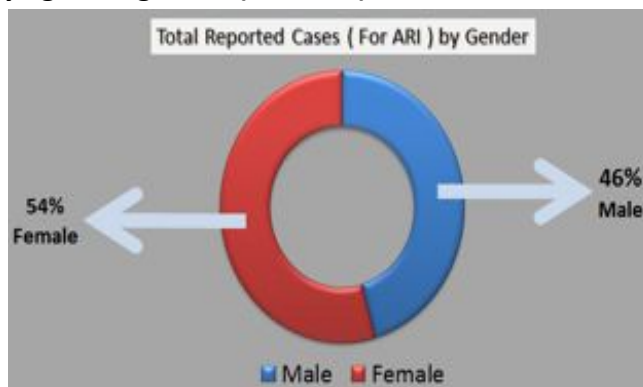
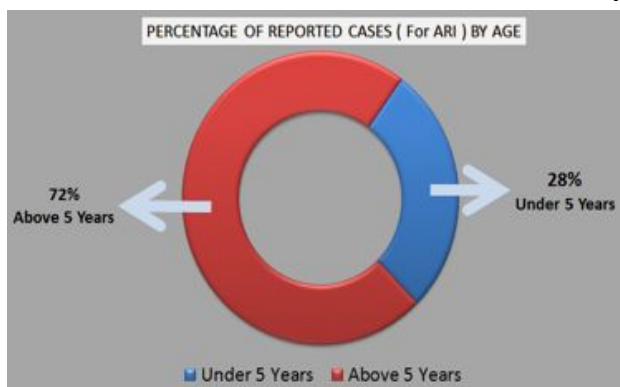
## Highlights

- ◆ **Number of reporting sites:** Seventy one (71) reporting sites including forty five (45) Internally Displaced People's (IDP) camps, nine (9) refugee camps and seventeen (17) mobile clinics submitted their weekly reports timely and completely.
- ◆ **Total number of consultations:** 24,797 (male=11,312 and female=13,485) marking a decrease of 2,432 (5 per cent) since last week.
- ◆ **Leading causes of morbidity in the camps:** Acute Respiratory Tract Infections (ARI) (n=8,539), Acute Diarrhea (AD) (n=1,287) and skin diseases (n=972) 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 six (6) were from IDP camps, four (4) from refugees camps and three (3) from hospitals during this reporting week. All thirteen (13) of these alerts were investigated within 48 hours, of which six (6) 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 1-38

## Consultations in the camps by age and gender (week 38)



# Morbidity Patterns

## IDP camps:

During week 38, proportions of Acute Diarrhea in IDP camps have slightly increased since last week (week 37=5.20 per cent and week 38=5.61 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 the 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. Proportions of Acute Respiratory Tract Infections (ARI) are showing a gradual steady downward trend of around 30 per cent-35 per cent since

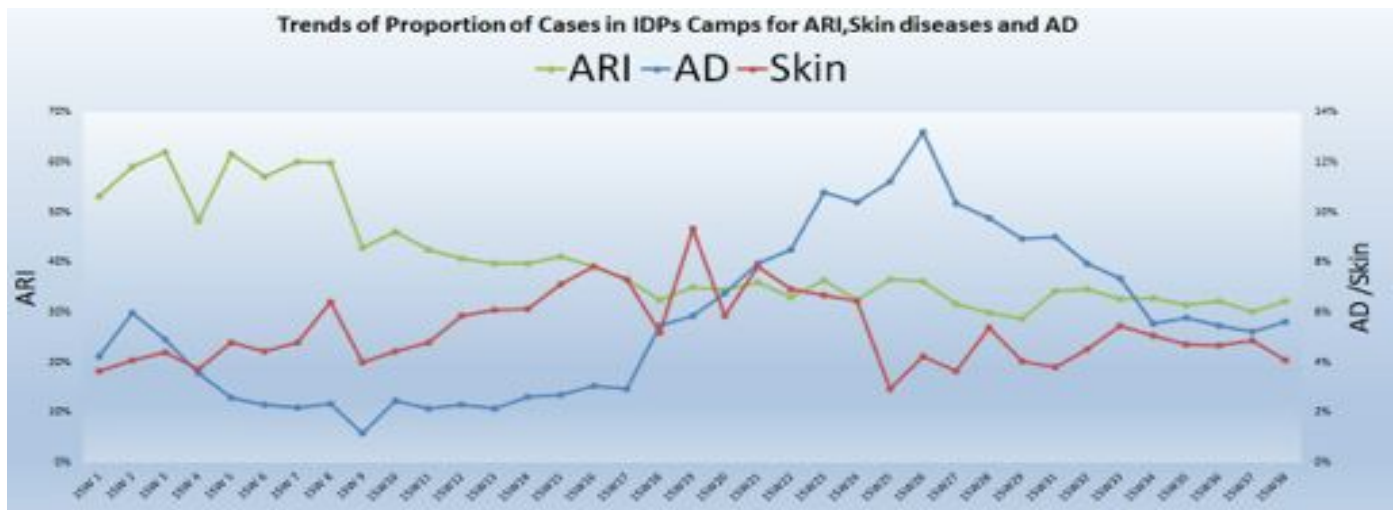


Figure II: Trend of proportion of cases of ARI, Scabies and AD in IDP camps (week 1 –38)

## Refugee camps:

During week 38, proportions of Acute Diarrhea trend in refugee camps show a steady trend since last week, (week 37=3.81 per cent and week 38=3.51 per cent). Proportions of Acute Respiratory Tract Infections (ARI) indicate a slow drop-down trend since the beginning of summer season, but currently show a steady pattern since week 30, (week 30=41 per cent and week 34=39 per cent). Proportions 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).

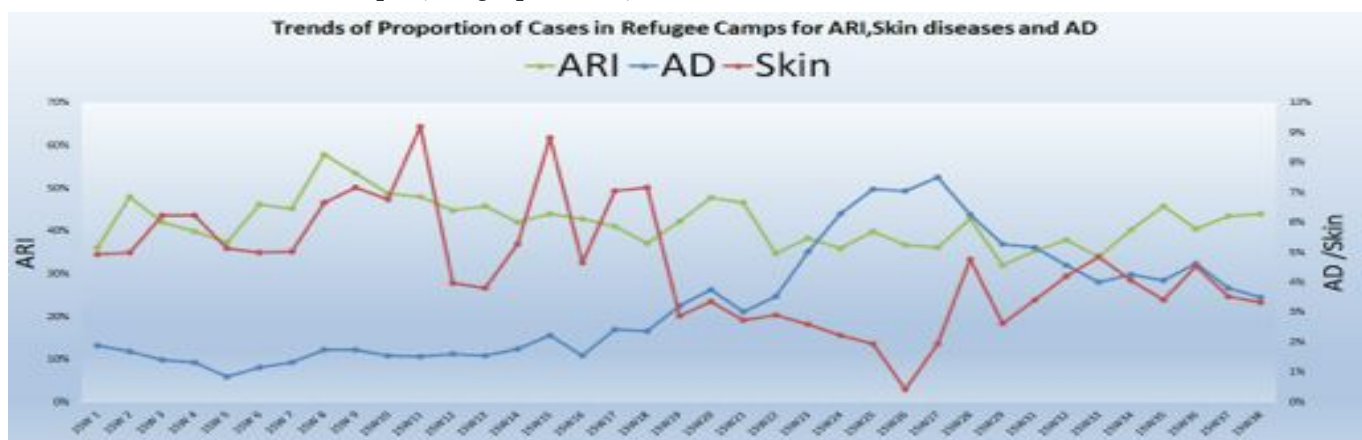


Figure III: Trend of proportion of cases of ARI, Scabies and AD in IDP camps (week 1 –38)

### 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 38, 2015.

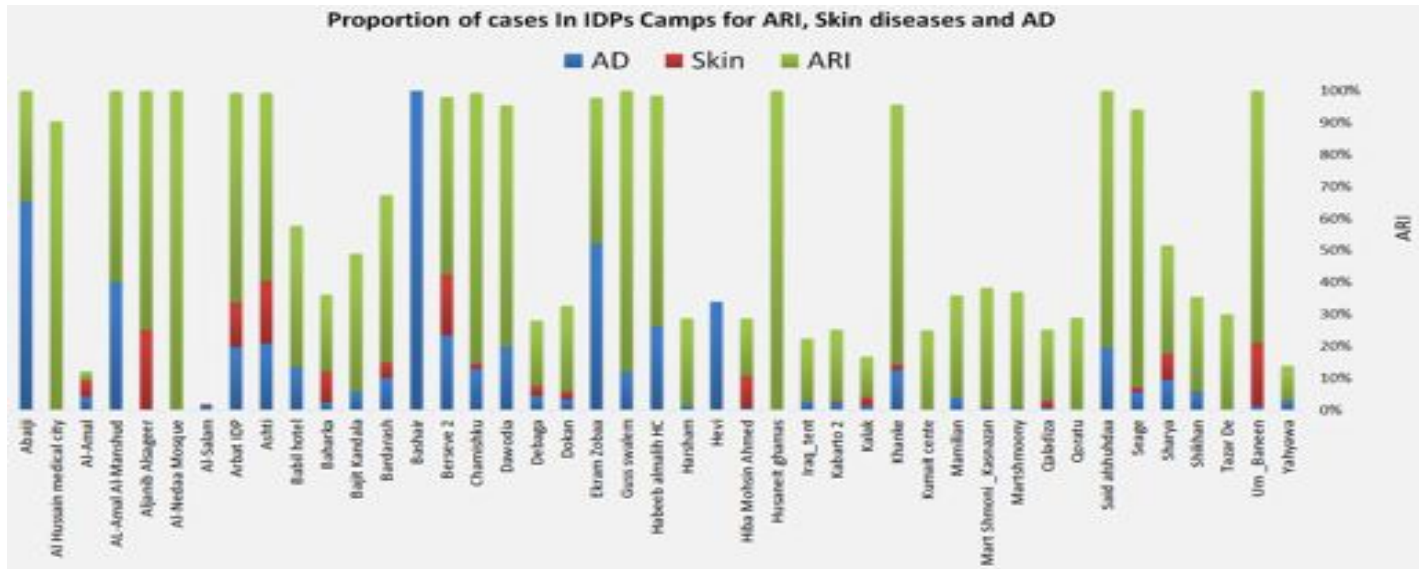


Figure IV: Proportion of cases of ARI, Scabies and AD in IDP camps for week 38

### 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 38, 2015.

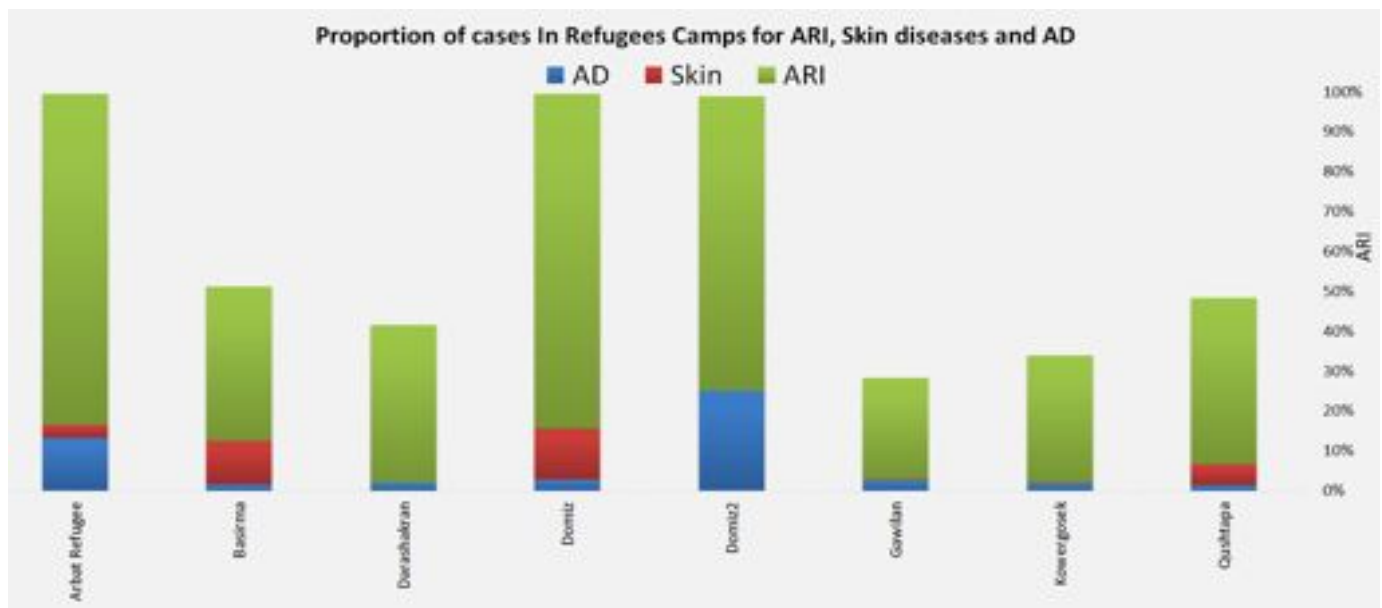


Figure V: Trend of proportions of cases of ARI, Scabies and AD in Refugee camps for week 38

### 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 38, 2015.

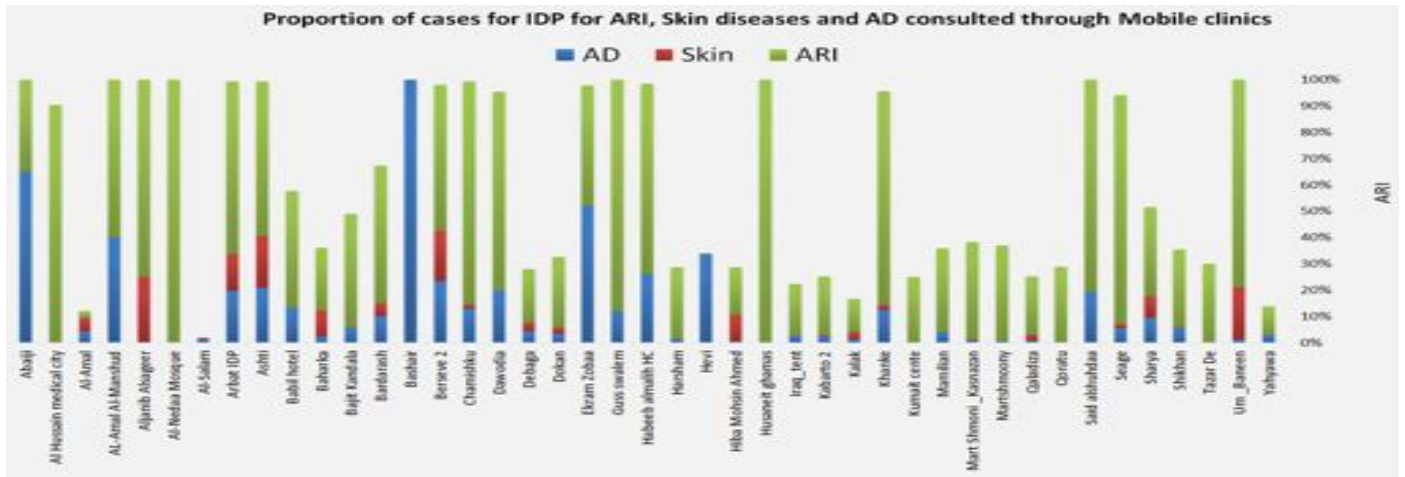


Figure VI: Trend of proportions of IDP cases for ARI, Scabies and AD covered by Mobile Clinics for week 34

### 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 37, the proportion of upper ARI in week 38 has increased by 2 per cent while that for lower ARI has decreased by 2 per cent. Overall, the ARI trend is slowly decreasing in both IDP and Refugee camps as we go further into the summer months. Furthermore, the graph below indicates the proportion of lower and upper ARI cases per each reporting site for week 38.

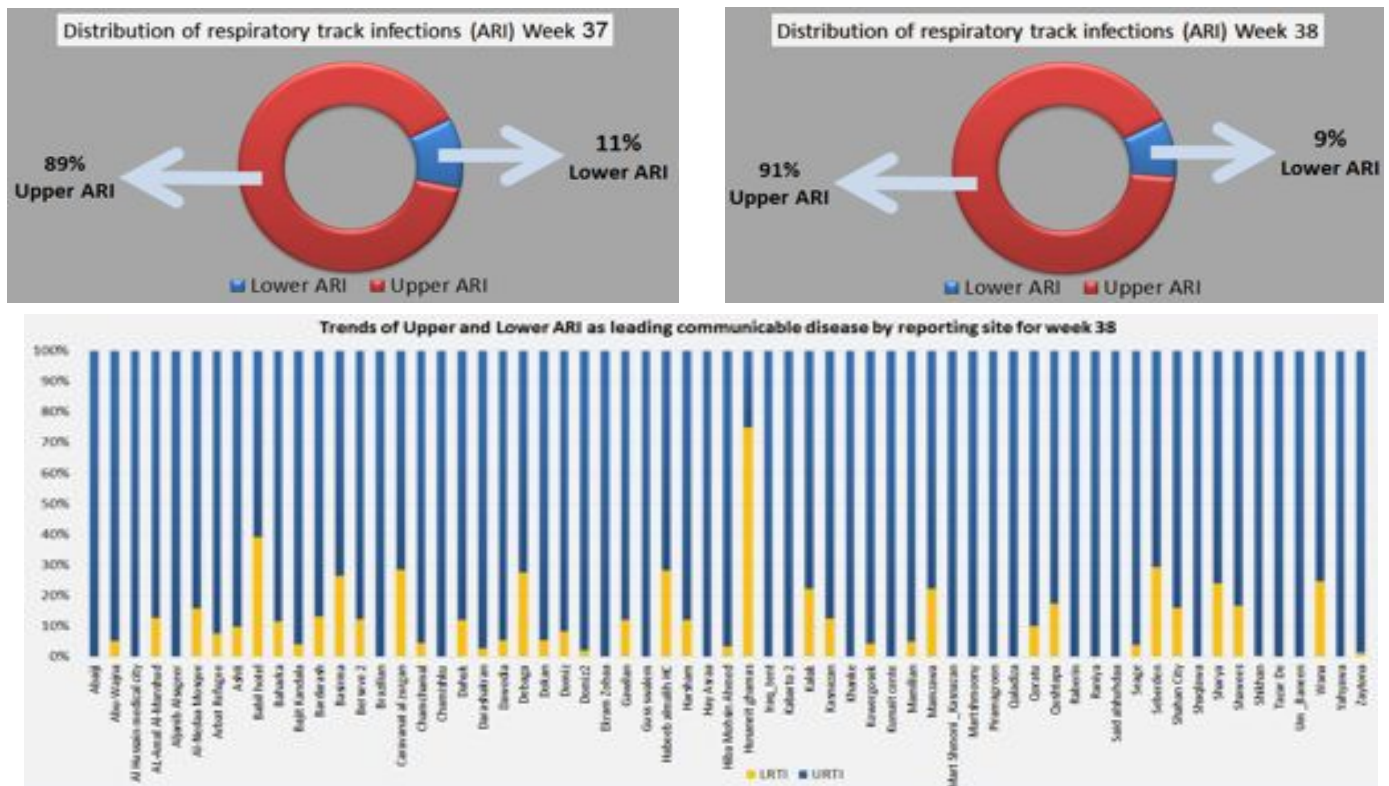


Figure VII: Trend of Upper and Lower ARI per reporting site for week 38



### 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 38. (See graph below)

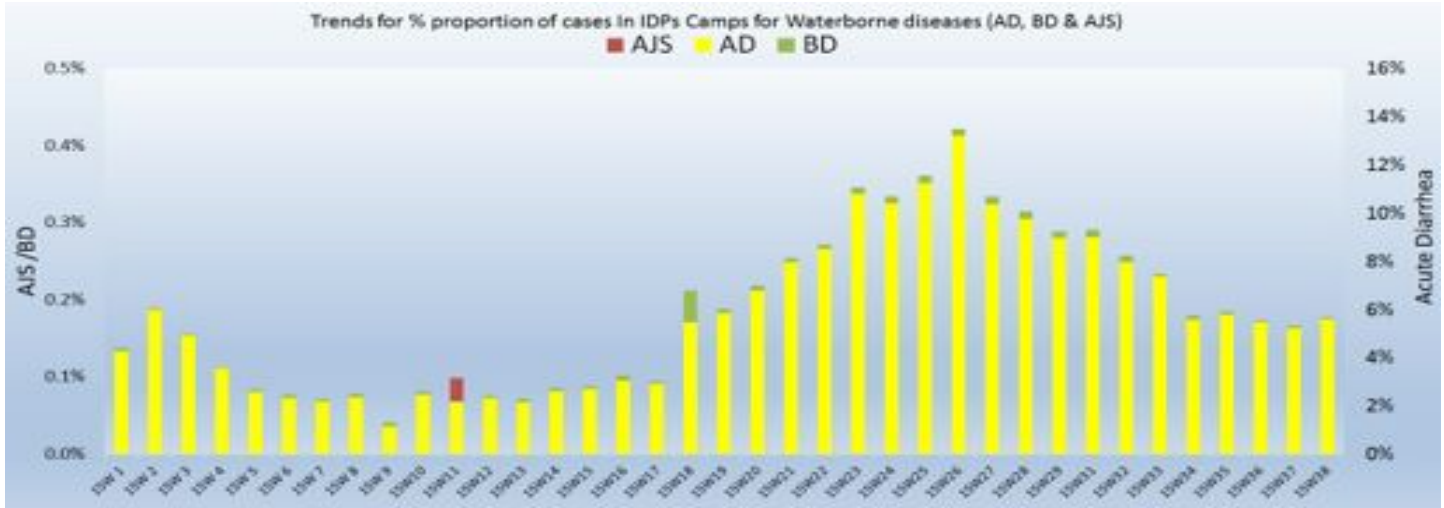


Figure VIII: Trend of Waterborne diseases from IDP camps, week 1 to 38—2015

### Trends of Waterborne diseases in Refugee camps

The graph below shows the trends of proportions of waterborne diseases (Acute Diarrhea, Bloody Diarrhea and Acute Jaundice Syndrome) from refugee camps indicating a trend decrease since week 30. Furthermore, no clustering has been reported for acute jaundice syndrome cases reported during the period.

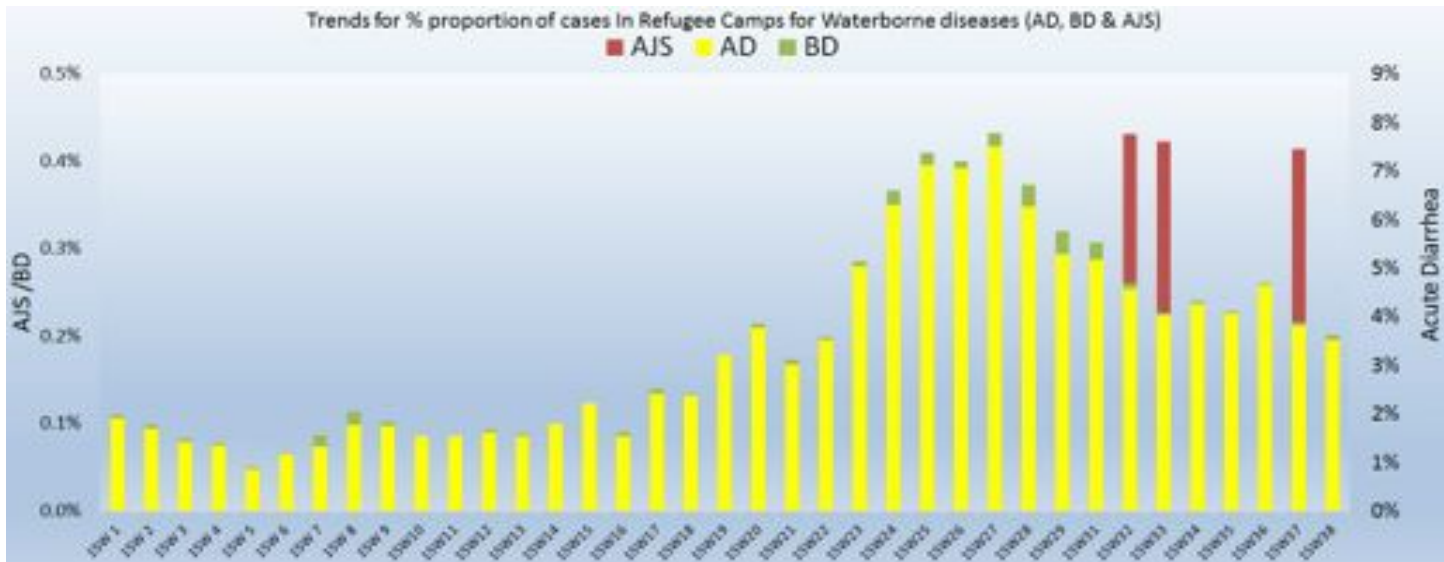
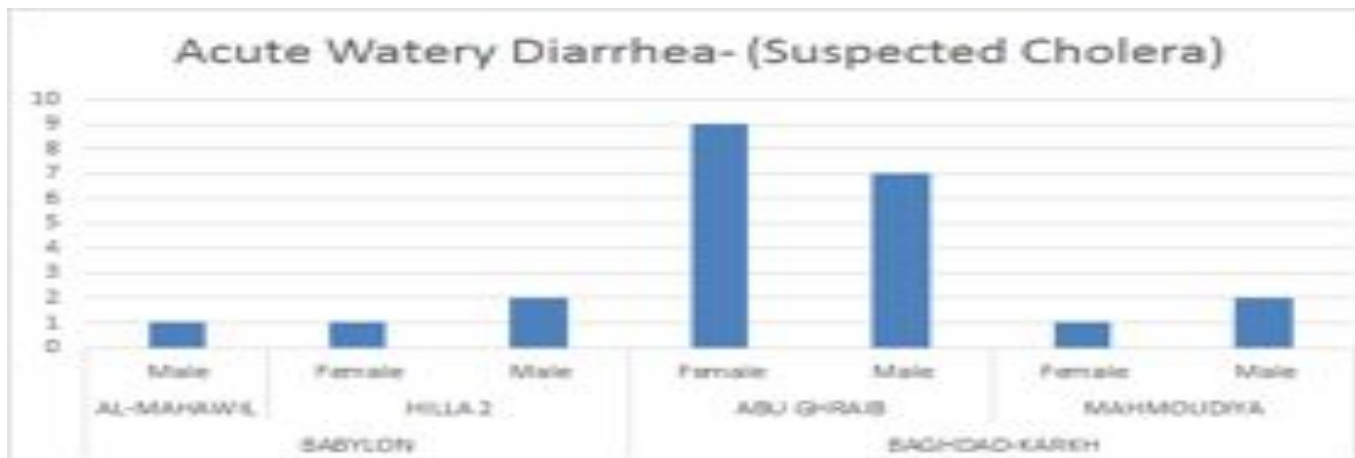


Figure IX: Trend of waterborne diseases from Refugee camps, week 1 to 38—2015

Thirteen (13) alerts were generated through EWARN following the case definition thresholds, of which six (6) were from IDP camps, four (4) from refugees camps and three (3) from hospitals during this reporting week. All thirteen (13) of these alerts were investigated within 48 hours, of which six (6) 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 six of these true alerts. Public health interventions were conducted effectively for all these ten (10) true alerts. The trends of epidemic prone diseases for each reporting site are being monitored through a detailed monitoring matrix maintained at WHO EWARN department. (Please see table below for further details).

Sn	Alert	Location	Governorate	IDP/Refugee-Camp	# of cases	Run by	Investigation and Response within	Sample Taken	Alerts Outcome	Public Health Interventions
							48-72h DOH/WHO/NGO	Yes/No	True/False	Conducted
1	Acute Watery Diarrhea- (Suspected Cholera)	AL-Amal Al-Manshud	Baghdad	IDPs	2	MC-IMC	YES	YES	TRUE	YES
2		Ekram Zobaa	Baghdad	IDPs	1	DOH	YES	YES	TRUE	YES
3		HILLA 2	BABYLON	Hospital	4	DOH	YES	YES	TRUE	YES
4		ABU GHRAIB	Baghdad	Hospital	19	DOH	YES	YES	TRUE	YES
5	Suspected Meningitis	Bajit Kandala	Dahuk	IDPs	1	PU-AMI	YES	YES	FALSE	NO
6		Kowergosek	Erbil	Refugees	1	IMC	YES	YES	FALSE	NO
7	Suspected Measles	Arbat Refugee	Sulayman	Refugees	1	EMERGENCY	YES	YES	TRUE	YES
8		Gawilan	Duhok	Refugee	1	PU-AMI	YES	YES	TRUE	YES
9	Acute Diarrhea	Berseve 2	Dahuk	IDPs	104	Malteser International	YES	YES	FALSE	NO
10		Dawodia	Dahuk	IDPs	54	MDM	YES	YES	FALSE	NO
11		Habeeb almalih HC	Erbil	Hospital	37	DOH	YES	YES	FALSE	NO
12		Khanke	Dahuk	IDPs	15	PU-AMI	YES	YES	FALSE	NO
13		Gawilan	Dahuk	Refugees	26	PU-AMI	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 issues. 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 most leading communicable diseases monitored by location along with bi-monthly EWARN snapshot. (Please click on the link below for further details)

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

# Trends of Alerts

The graph below shows the number of alerts generated through EWARN system on a 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.



Figure X: Alerts generated through EWARN surveillance (week 1 to 38—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

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