

Iraq: EWARN & Disease Surveillance Bulletin

2015 Epidemiological Week: 31

Reporting Period: July 27—2 August,

Highlights

- ◆ **Number of reporting sites:** (60) reporting sites including forty-one Internally Displaced People's (IDP) camps, six refugee camps and thirteen mobile clinics submitted their weekly reports timely and completely.
- ◆ **Total number of consultations:** 14,252 (male=5,406 and female=6,237) marking an increase of (10%) to stand at 2,609 since last week.
- ◆ **Leading causes of morbidity in the camps:** Acute Respiratory Tract Infections (ARI) (n=5012), Acute Diarrhea (AD) (n=1,207) and skin diseases (n=560) remained the leading causes of morbidity in all camps this reporting week.
- ◆ **Number of alerts:** Thirty one (31) alerts were generated, of which twenty-two were from IDP camps and nine from refugee camps. Fourteen alerts of the 31 were verified as true for further investigation and appropriate response by the respective Governorates Departments of Health, WHO and the relevant health cluster partners. Sixteen alerts did not follow the case definition thresholds. (Details: see Alert and Outbreak Section)

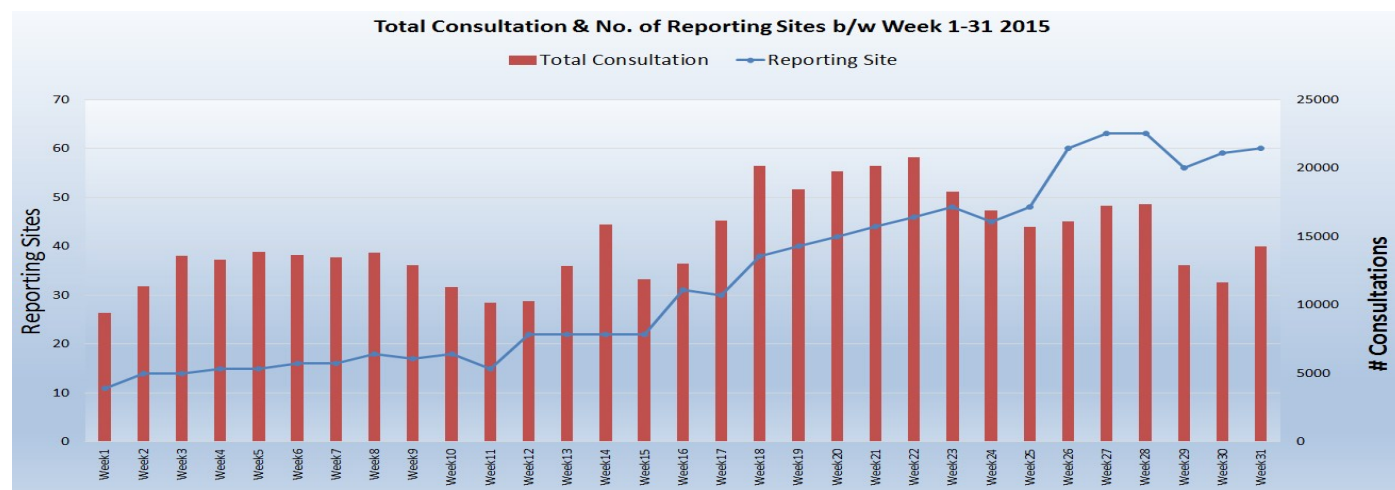
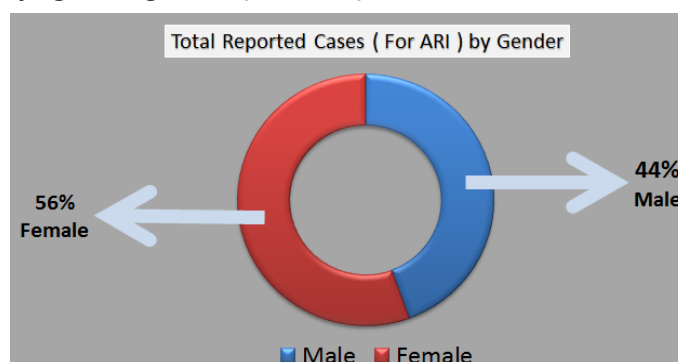
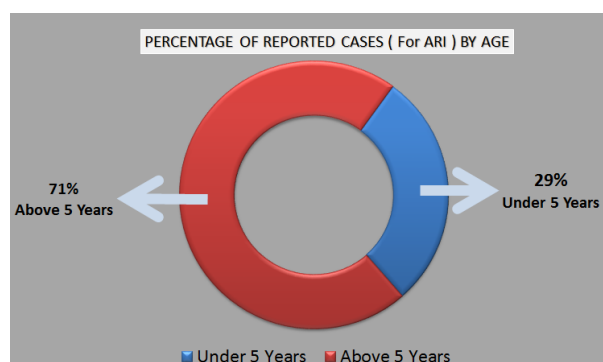


Figure 1: Total consultations and proportion of reporting health facilities b/w week 1-31

Consultations in the camps by age and gender (week 31)



Morbidity Patterns

IDP camps:

During week 31, proportions of Acute Diarrhea in IDP camps has decrease one percent since last week 30 (week 30=9.28% and week 31=9.25%). The proportion of acute diarrhea has tripled since week 18, indicating a steady increased in trend during the summer months. As a part of preparedness, Health and WASH cluster has started to formulate Cholera Task Force in the high risk governorates. Proportional of skin infestations including scabies have decreased dramatically from 14% in week 26 to 9% in week 31 due to the increase of 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 decreasing trend since week 10. (See below graph).

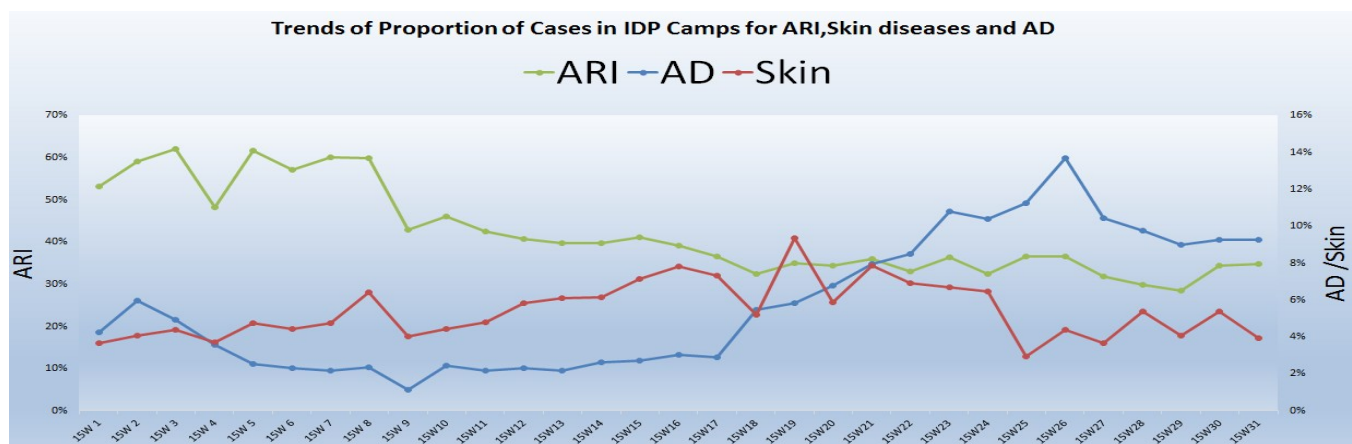


Figure II: Trend of proportion of cases of ARI, Scabies and AD in IDP camps (week 1 –31)

Refugee camps:

During week 22, proportions of Acute Diarrhea trend in refugee camps has gradually increased since week 22 (week 22=3.61% and week 31=5.39%). Proportion of Acute Respiratory Tract Infections (ARI) indicates a slow drop-down since the beginning of summer season (week 31=36.54%). Proportion of skin infestations including scabies have also dropped from 7.41% in week 18 to 2.55% in week 19 showing a steady trend in week 31 with a scale up again (week 31=5.39%). (See below graph).

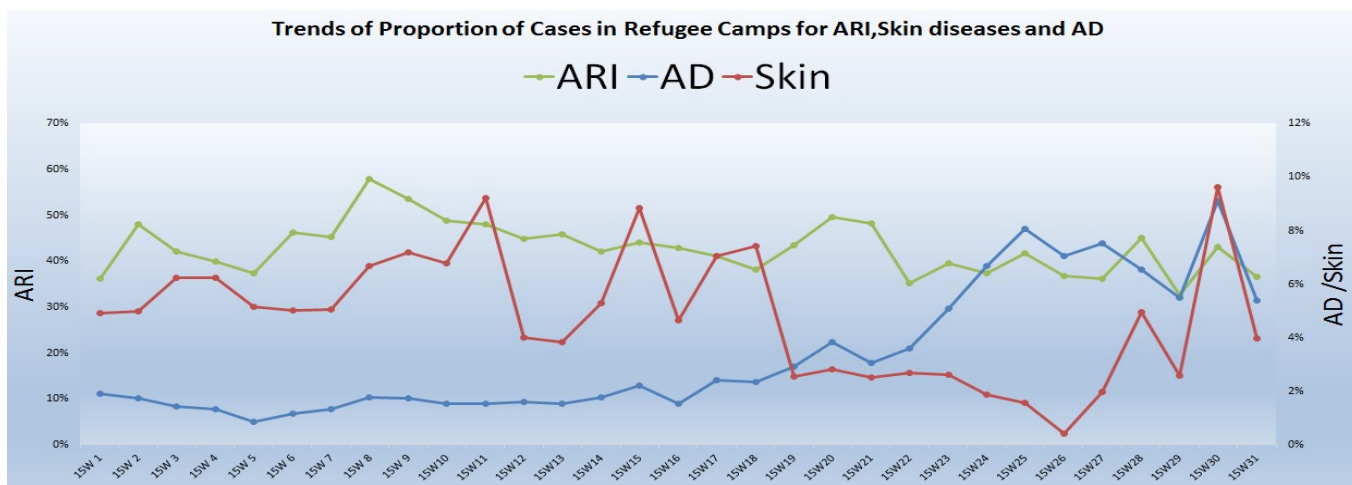


Figure III: Trend of proportion of cases of ARI, Scabies and AD in Refugee camps (week 1 –31)

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 31, 2015.

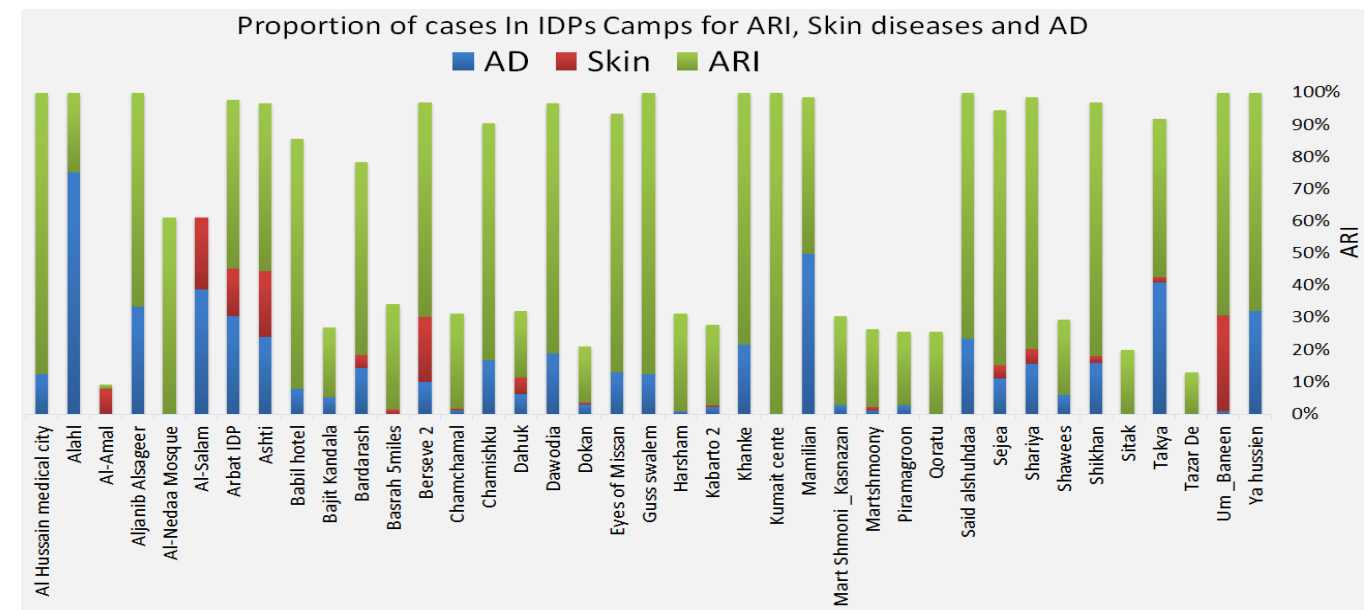


Figure IV: Proportion of cases of ARI, Scabies and AD in IDP camps for week 31-2015

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 31, 2015.

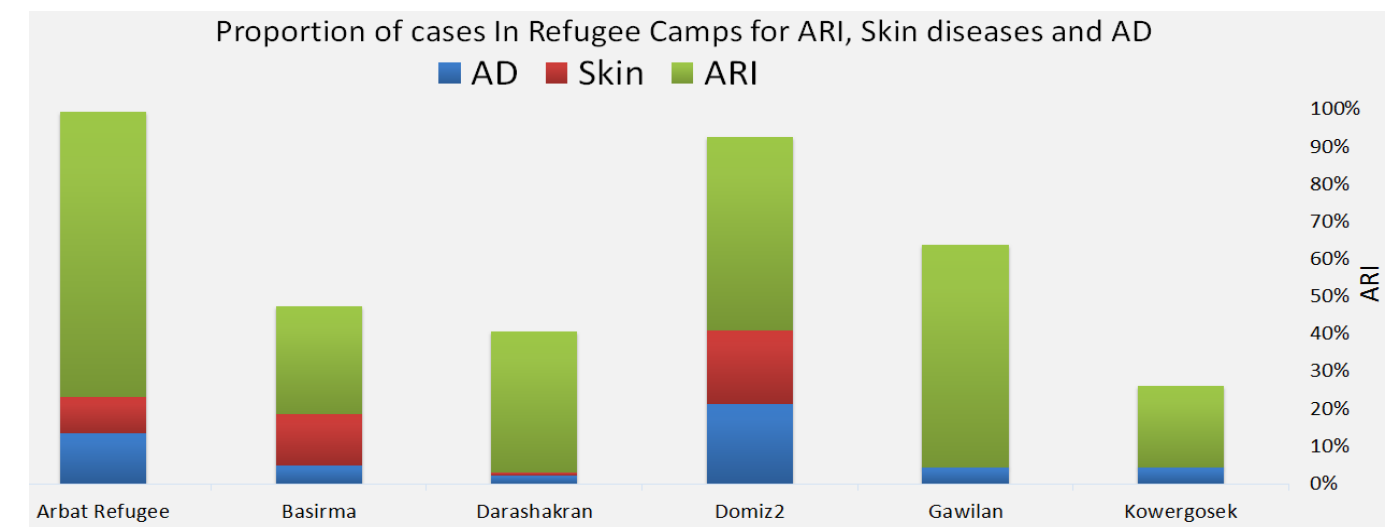


Figure V: Trend of proportions of cases of ARI, Scabies and AD in Refugee camps for week 31

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 31, 2015.

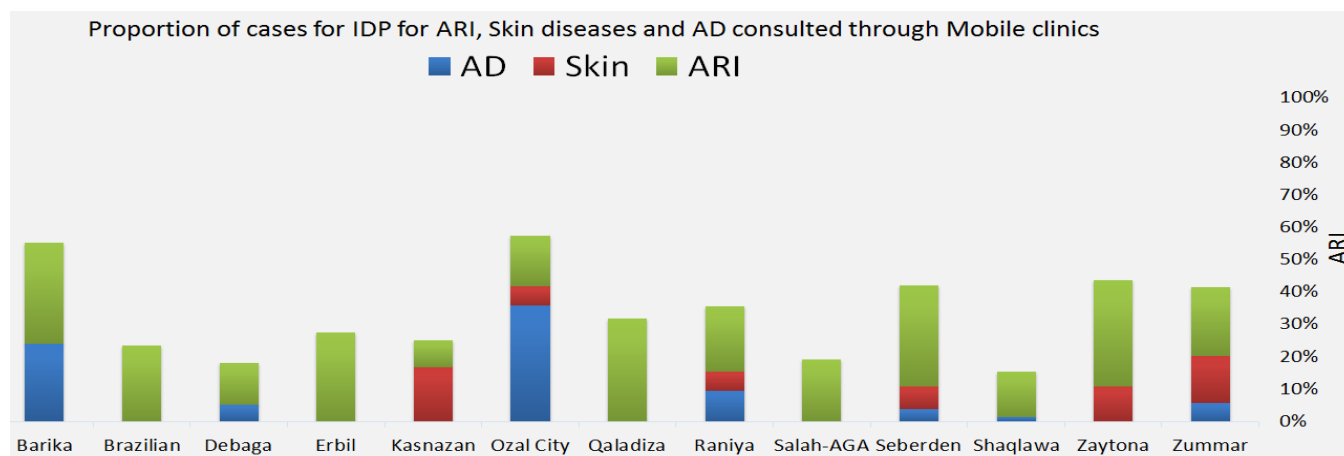


Figure VI: Trend of proportions of IDP cases for ARI, Scabies and AD covered by Mobile Clinics for week 31

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 the same in the upper respiratory tract infections in summer. Compared to week 30, the proportion of upper ARI in week 31 has remained the same. 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 31.

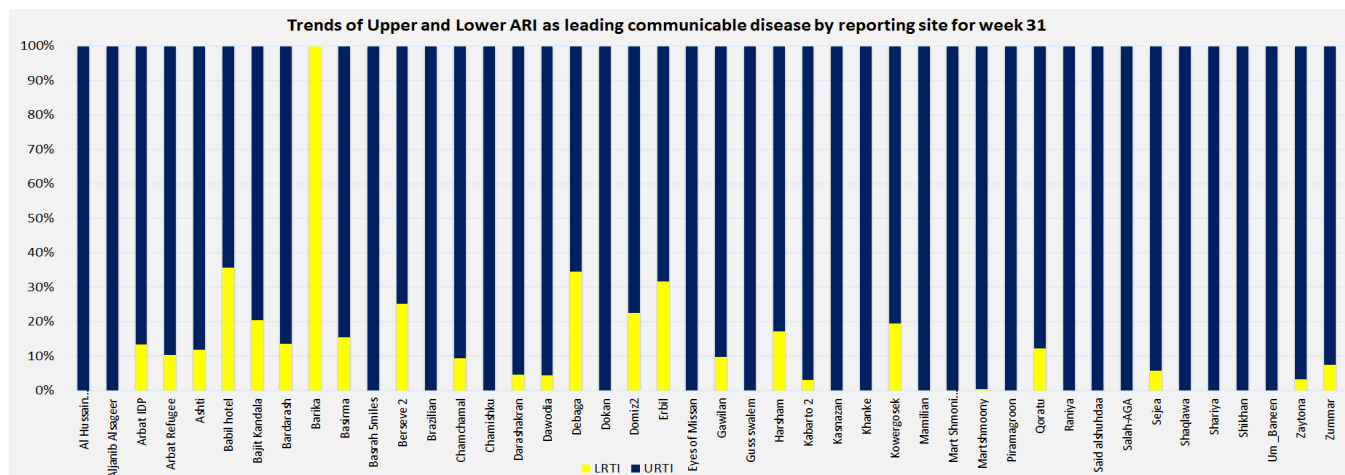
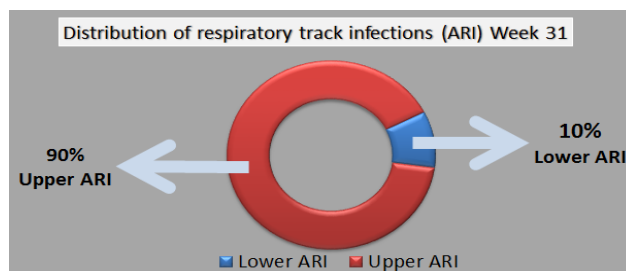
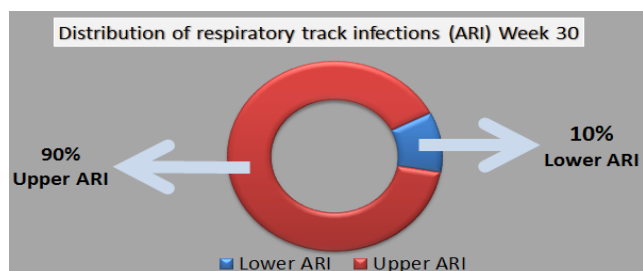


Figure VII: Trend of Upper and Lower ARI per reporting site for week 31

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 increase in waterborne diseases. The trend indicates a gradual increase in the proportion of waterborne diseases in IDP camps since week 31. (See below graph).

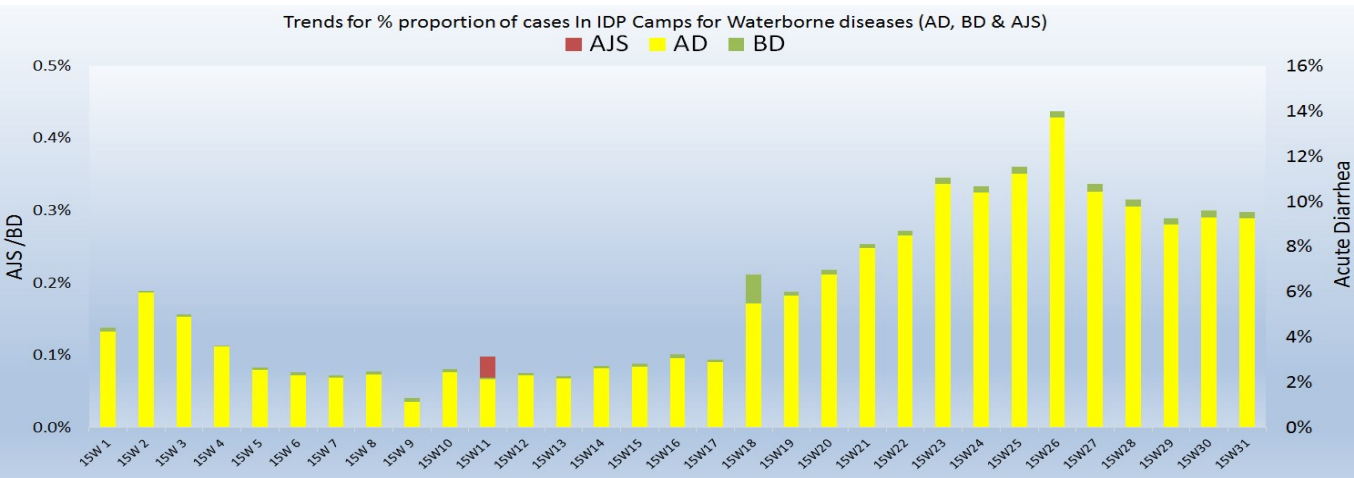


Figure VIII: Trend of Waterborne diseases from IDP camps (week 1 to 31)

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 a steady increase of 1% per week since week 22.

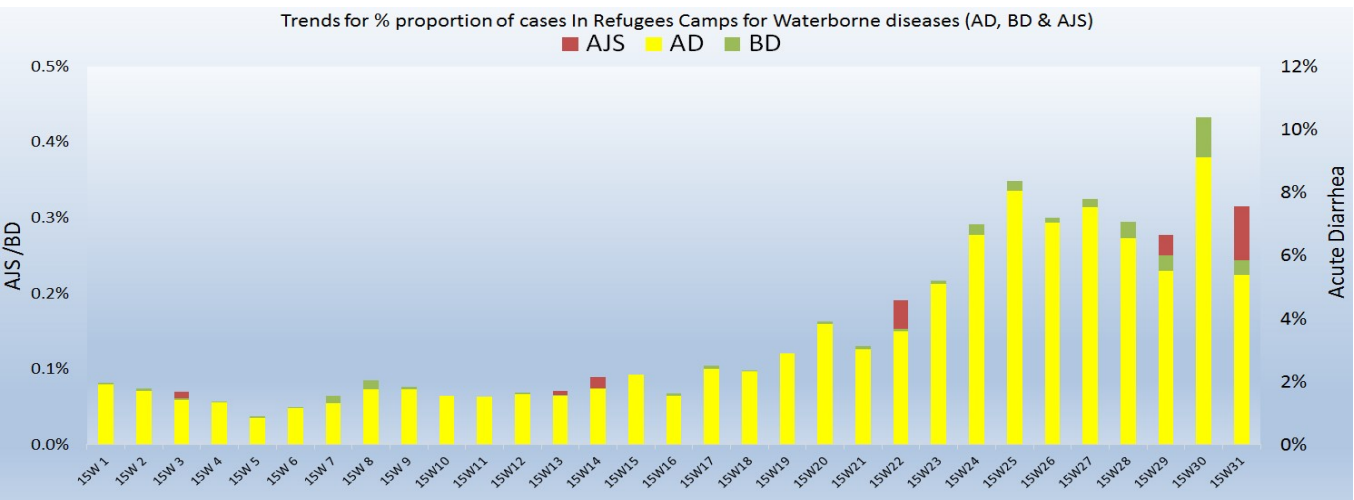


Figure IX: Trend of Waterborne diseases from Refugee camps (week 1 to 31)

Alerts & Outbreaks

Thirty one (31) alerts were generated from IDP camps and nine alerts from refugee camps this reporting week. Fourteen of these alerts were verified as true for further investigation and appropriate response by the respective Governorates' Departments of Health, WHO and the relevant health cluster partners. Sixteen alerts did not follow the case definition thresholds. 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	IDP/ Refugee Camp	# of cases	Run by	Investigation and Response within	Sample Taken Yes/No	Alerts Outcome True/ False	Public Health In- terventions Conducted
						48-72% DOH/WHO/ NGO			
1	Suspected Measles	Ameriyat Alfallujah	IDPs	3	UIMS	Yes	Yes	TRUE	Yes
2	Suspected Leishmania- sis	Seagy	IDPs	1	IMC	Yes	No	FALSE	NO
3		Bardarash	IDPs	1	PU-AMI	Yes	No	FALSE	NO
4		Dokan	IDPs	1	WVI	Yes	No	TRUE	Yes
5		Sejea	IDPs	3	IMC	Yes	No	TRUE	Yes
6	Suspected Pertusis	Ameriyat Alfallujah	IDPs	2	UIMS	Yes	Yes	TRUE	Yes
7	Suspected Meningitis	Sejea	IDPs	3	IMC	Yes	Yes	FALSE	NO
8	Suspected Diphtheria	Ameriyat Alfallujah	IDPs	2	UIMS	Yes	No	TRUE	Yes
9		Darashakran	Refugees	2	IMC	Yes	Yes	FALSE	NO
10		Domiz2	Refugees	1	IMC	Yes	Yes	FALSE	NO
11		Martshmoony	IDPs	1	Church	Yes	Yes	FALSE	NO
12		Arbat	IDPs	1	EMERGENCY	Yes	Yes	TRUE	Yes
13	Acute Jaundice Syn- drome	Arbat	Refugees	1	EMERGENCY	No	No	FALSE	NO
14		Ashti	IDPs	1	EMERGENCY	No	No	FALSE	NO
15		Bajit Kandala	IDPs	1	PU-AMI	No	No	FALSE	NO
16		Bardarash	IDPs	1	PU-AMI	No	No	FALSE	NO
17		Darashakran	Refugees	5	IMC	Yes	YES	TRUE	Yes
18		Gawilan	Refugees	1	PU-AMI	No	No	FALSE	NO
19		Shariya	IDPs	1	Medair	No	No	FALSE	NO
20		Kowergosek	Refugees	2	IMC	Yes	No	FALSE	NO
21	Acute Diarrhea	Zummar	IDPs	2	MC-MSF-F	No	No	FALSE	NO
22		Takya	IDPs	50	DOH	Yes	Yes	TRUE	Yes
23		Sejea	IDPs	8	MC-IMC	Yes	Yes	TRUE	Yes
24		Kabarto 2	IDPs	2	IMC	No	No	FALSE	NO
25		Guss swalem	IDPs	3	DOH	No	No	FALSE	NO
26		Gawilan	Refugees	2	PU-AMI	No	No	FALSE	NO
27		Debaga	IDPs	7	MC-Tccf mal- teser	Yes	Yes	TRUE	Yes
28		Basirma	Refugees	8	DOH	Yes	Yes	TRUE	Yes
29		Bardarash	IDPs	52	PU-AMI	Yes	Yes	TRUE	Yes
30		Arbat	Refugees	8	EMERGENCY	No	No	TRUE	Yes
31		Arbat	IDPs	8	EMERGENCY	No	No	TRUE	Yes

Comments & Recommendations

- Cholera Task Force has continued their activities at Duhok, Erbil and Suleimaniya governorates.
- As per the previous history of cholera outbreak in Iraq, WASH and health cluster has 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 mechanism.

For comments or questions, please contact

- **Dr. Abdulla Kareem** | 07703973937 | drabdullakareem@yahoo.com
Head of Surveillance Department, Federal MOH
- **Dr Saifadin Muhedin** | 07502303929 | saifadin.muhedin@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