



World Health
Organization

EWARN: EARLY WARNING AND RESPONSE NETWORK

Iraq: EWARN & Disease Surveillance Bulletin

2015 Epidemiological Week: 53

Reporting Period: 27 Dec 2015 —3 Jan 2016

Highlights

- ◆ **Number of reporting sites:** Sixty-eight (69) reporting sites including thirty-eight (38) in Internally Displaced People's (IDP) camps, Six (6) in refugee camps and twenty-five (25) mobile clinics submitted their weekly reports timely and completely.
- ◆ **Total number of consultations:** 29 153 (Male=13 970 and Female=15 183) marking a decrease of 2 341 (8%) since last week.
- ◆ **Leading causes of morbidity in the camps:** Acute Respiratory Tract Infections (ARI) (n=13,185), skin diseases (n=944) and Acute Diarrhea (AD) (n=887) remained the leading causes of morbidity in all camps during this reporting week.
- ◆ **Number of alerts:** Eight (8) alerts were generated through EWARN following the defined thresholds, of which five were from IDP camps and three from Refugee camps during this reporting week. All these alerts were investigated within 72 hours, and all were verified as true for further investigation and appropriate response by the respective Governorate Departments of Health, WHO and the relevant health cluster partners. (Details: see Alerts and Outbreaks Section).

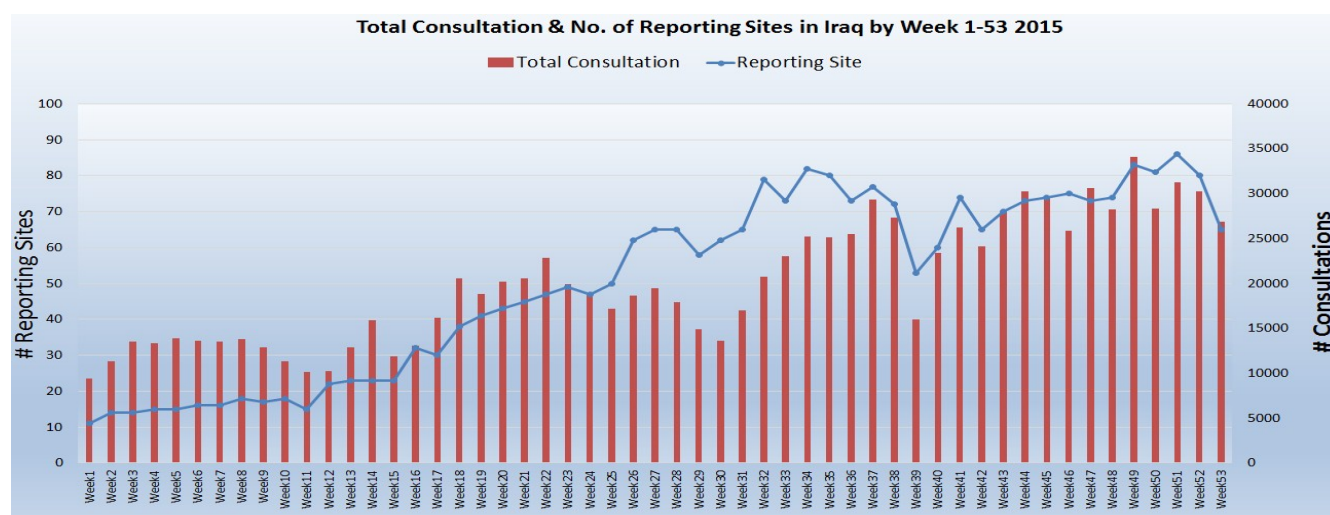
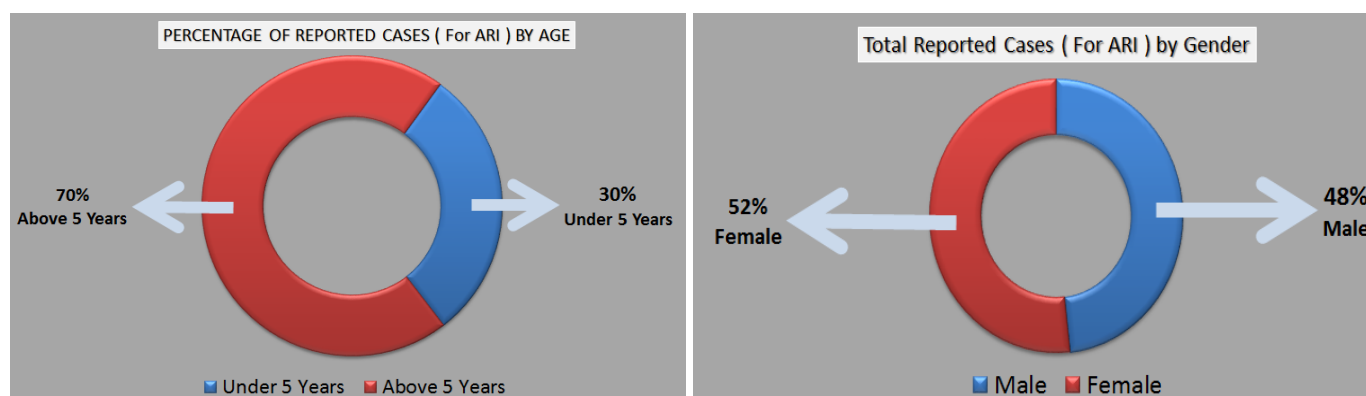


Figure I: Total consultations and proportion of reporting health facilities by week 1– week 53 2015
Consultations in the camps by age and gender (week 53)



Morbidity Patterns

IDP camps:

During week 53, the proportions of Acute Respiratory Tract Infections (ARI) are showing a static trend as the previous week, although there is a decrease of reporting sites during this week. During this winter and as from week 51, the trend of the reporting cases of ARI showed overall slight increase, which is expected to increase during the coming weeks in particular during the weeks of January 2016. The proportions of Acute Diarrhea in IDP camps have slightly decreased compared to last week. The proportion of skin diseases 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. (See graph below).

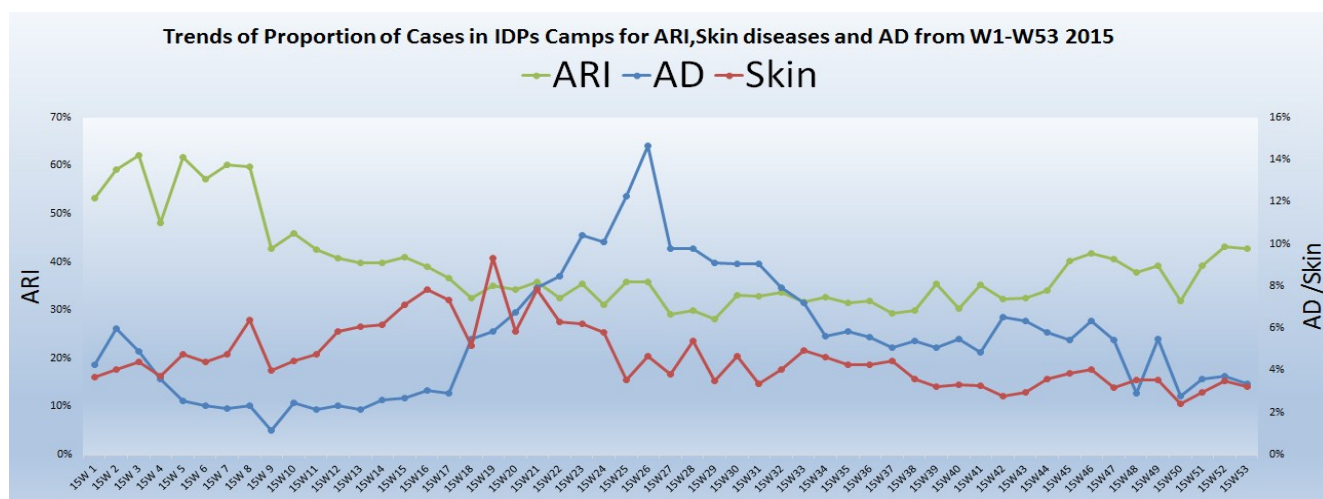


Figure II: Trend of proportion of cases of ARI, Scabies and AD in IDP camps week 1 –53, 2015

Refugee camps:

During week 53, the proportion of Acute Respiratory Tract Infections (ARI) indicates a slight increase from 58% to 59% as expected during winter season. The proportion of Acute Diarrhea trend in refugee camps shows a slight decrease trend since last week, (week 52=2.3% and week 53=1.6%). Proportion of skin infestations including scabies have also decreased from 3% to 2.5% as winters are approaching. (See graph below).

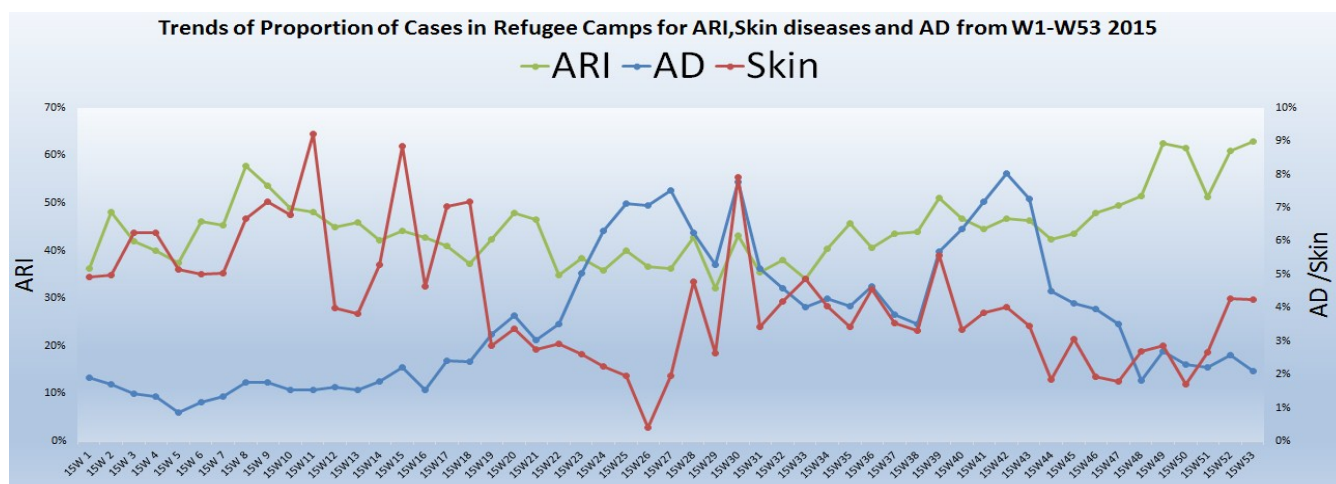


Figure III: Trend of proportion of cases of ARI, Scabies and AD in IDP camps week 1 –53, 2015

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 causes of morbidity in IDP camps for week 53, 2015.

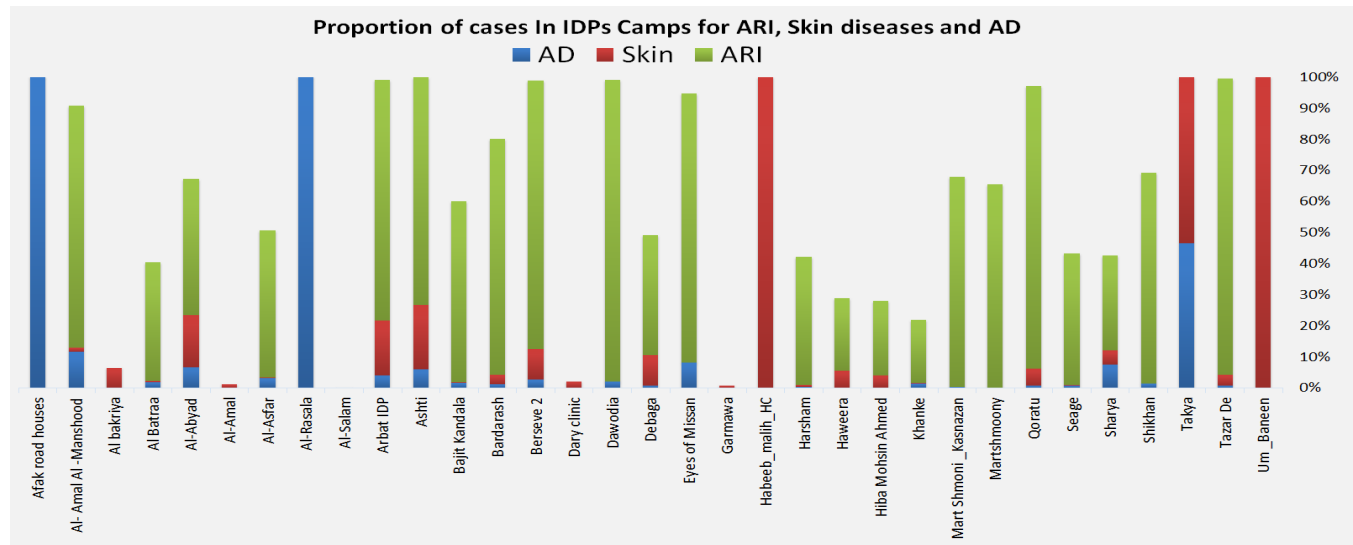


Figure IV: Proportion of cases of ARI, Scabies and AD in IDP camps for week 53, 2015

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 causes of morbidity in Refugee camps for week 53, 2015.

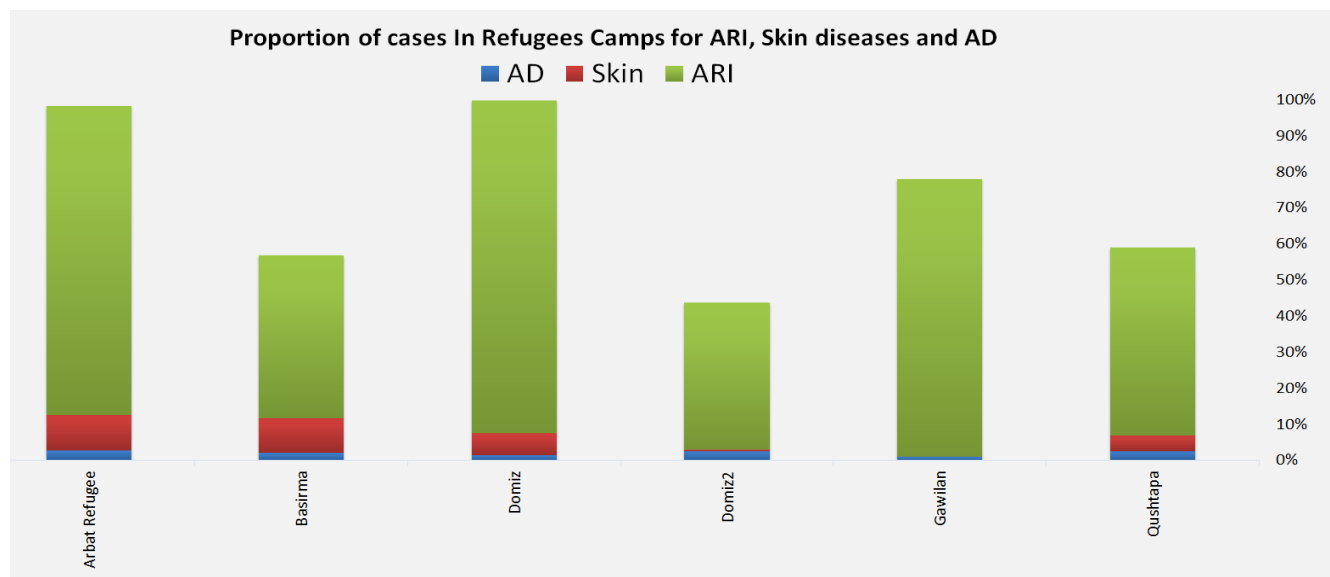


Figure V: Trend of proportion of cases of ARI, Scabies and AD in Refugee camps for week 53, 2015

Trend of Diseases by Proportions for Off Camp IDPs covered by Mobile Clinics

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 causes of morbidity in off camp IDPs covered by mobile clinics for week 53, 2015.

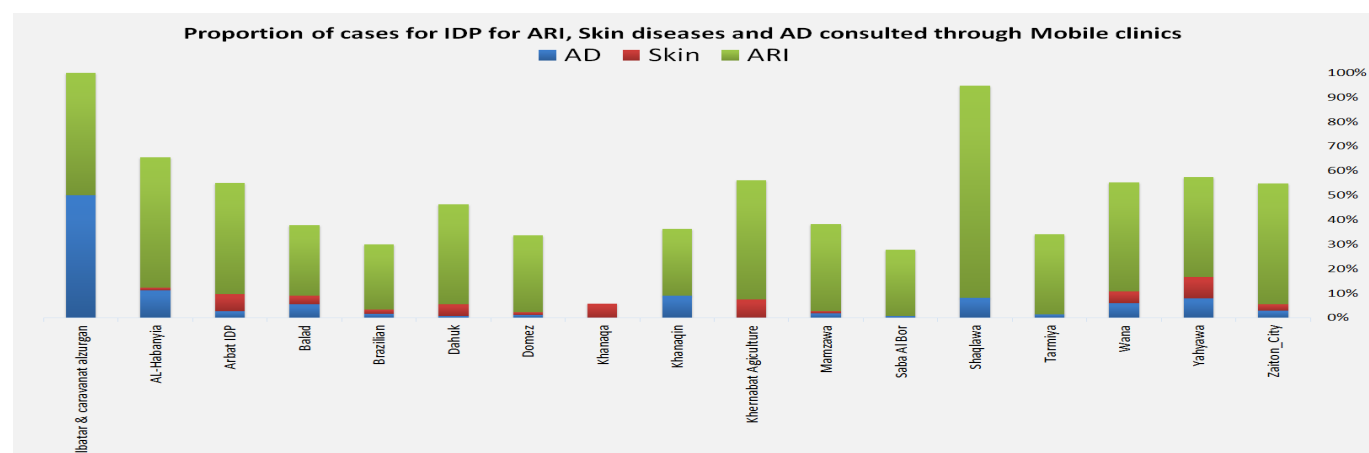


Figure VI: Trend of proportions of IDP cases for ARI, Scabies and AD covered by Mobile Clinics for week 53 - 2015

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 52, the proportion of upper ARI has decreased by 2% from 95% to 93%, while the Lower ARI proportion has increased from 5% to 7% during the same time period. Furthermore, the graph below indicates the proportion of lower and upper ARI cases per each reporting site for week 53.

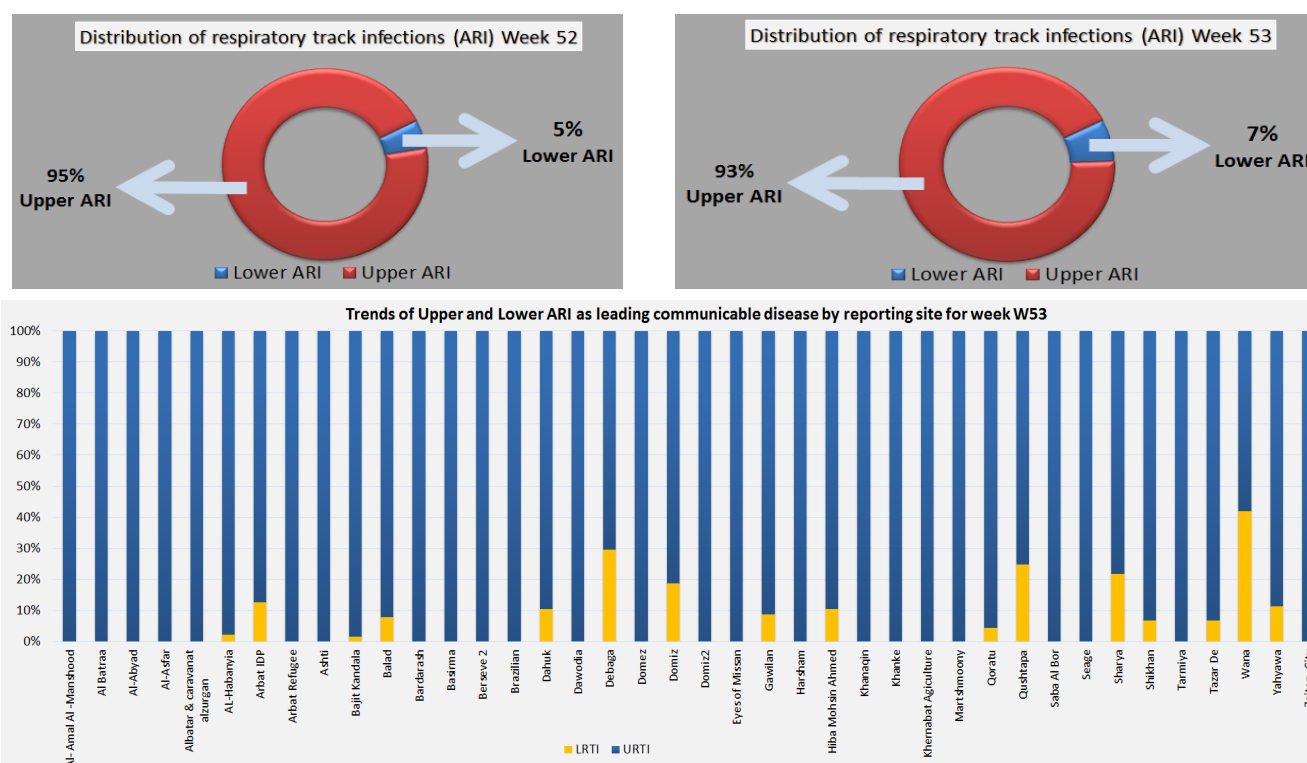


Figure VII: Trend of Upper and Lower ARI per reporting site for week 53 - 2015

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 an overall decrease in waterborne diseases from 6% in week 47 to 3.3% in week 53. (See graph below)

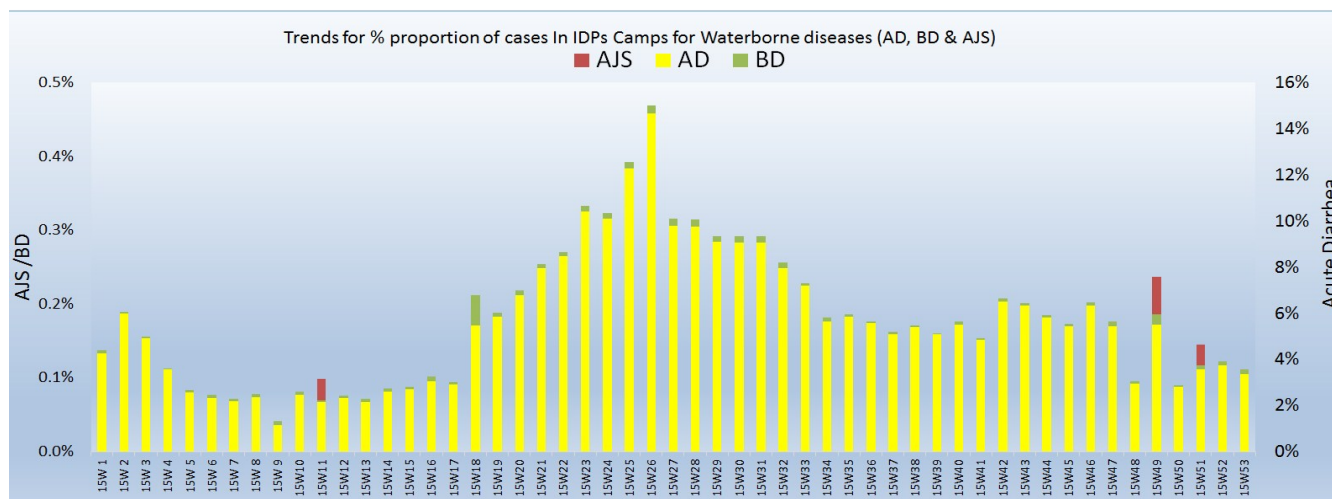


Figure VIII: Trend of Waterborne diseases from IDP camps, week 1 to 53, 2015

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 indicates a decrease of the trend since week 42. Furthermore, no clustering has been reported for any syndrome of waterborne disease during this period.

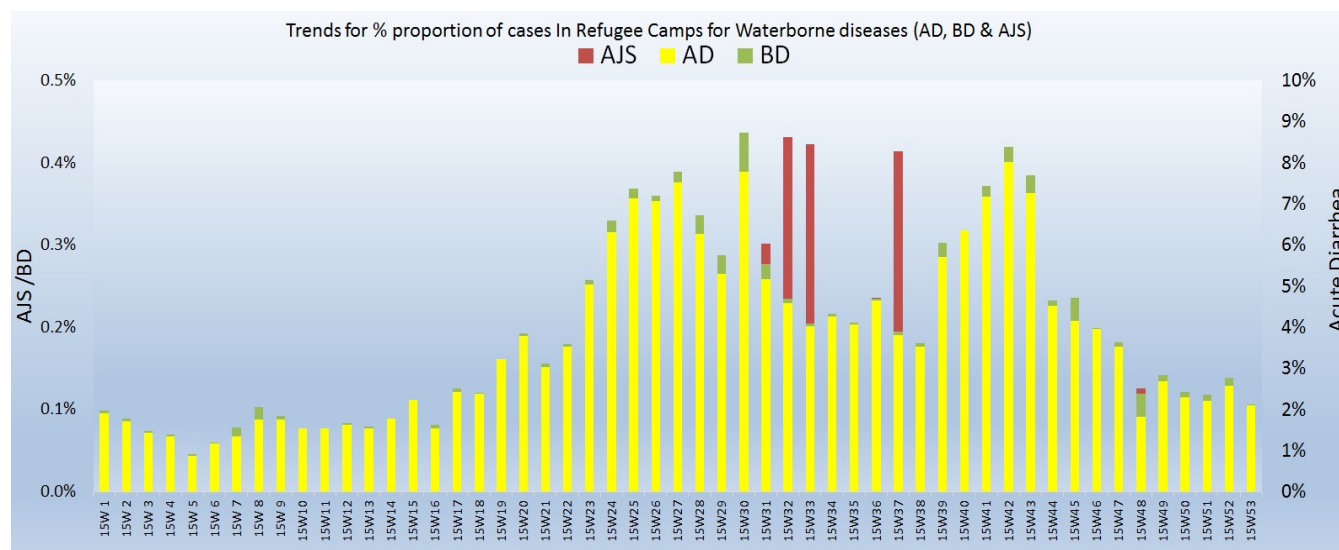


Figure IX: Trend of waterborne diseases from Refugee camps, week 1 to 53, 2015

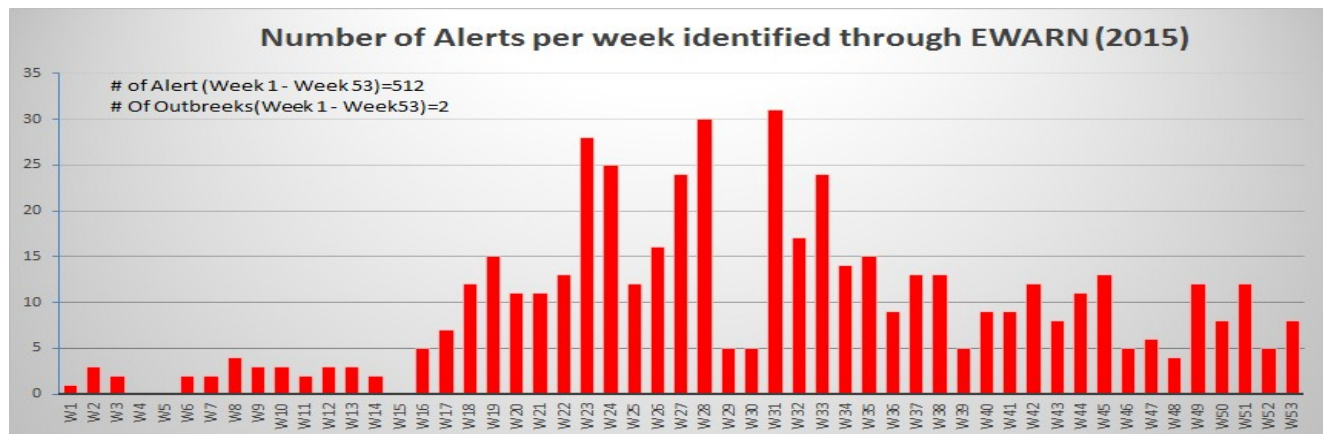
Eight alerts were generated through EWARN following the case definition and defined thresholds, of which five were from IDP camps and three from Refugee camps during this reporting week. All these alerts were investigated within 72 hours, all of which were verified as true for further investigation and appropriate response by the respective Governorate Department of Health, WHO and the relevant health cluster partners. A cerebrospinal fluid sample has been taken from the suspected case of meningitis and is awaiting lab result. The trends of epidemic-prone diseases for each reporting site are being monitored on a weekly basis. (Details: see table below).

Sn	Alert	Location	Governorate	District	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	Suspected Leishmaniasis	Seage	Dahuk	Sumel	IDPs	4	IMC	Yes	No	TRUE	Yes
2		Zaiton city	Erbil	Erbil	IDPs	1	MC-IMC	Yes	Yes	TRUE	No
3		Al-Rahma	Salah al-Din	Dijlah	IDPs	2	UIMS	Yes	No	TRUE	No
4	Suspected Measles	Arbat	Sulaymaniyah	Arbat	IDPs	1	EMERGENCY	Yes	Yes	TRUE	No
5		Arbat	Sulaymaniyah	Arbat	Refugee	2	EMERGENCY	Yes	Yes	TRUE	No
6		Domiz 1	Dahuk	Sumel	Refugee	1	DOH	Yes	Yes	TRUE	Yes
7	Suspected Meningitis	Seage	Dahuk	Sumel	IDPs	1	IMC	Yes	Yes	TRUE	Yes
8	Suspected Pertusis	Domiz 2	Dahuk	Sumel	Refugee	1	IMC	Yes	No	TRUE	Yes

Trends of Alerts

Measles outbreak was declared in Arbat camp in Sulaymaniyah in March 2015, which was responded to and controlled.

In addition, Cholera outbreak has been declared on September 15, 2015, the index case was reported from Diwaniya Governorate. Iraq has been experiencing cholera outbreaks since September 7, 2015 and was declared on September 15, 2015, when the cases started to be reported in Diwaniya Region of Qadissiya Governorate and were quickly spreading 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 *Vibrio Cholera* Inaba on September 12, 2015. The Cholera Taskforce has been established and responded to this outbreak through the Cholera Command and Control Centre (C4) under the leadership of the Ministry of Health. No more cholera cases reported from Iraq since December 6, 2015 and the C4 declared containment of the outbreak.



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** emacoirqewarn@who.int