

Iraq: EWARN & Disease Surveillance Bulletin

2015 Epidemiological Week: 30

Reporting Period: 20—26 July, 2015

Highlights

- ◆ **Number of reporting sites:** Fifty six (56) reporting sites including thirty-seven Internally Displaced People's (IDP) camps, six refugee camps and thirteen mobile clinics submitted their weekly reports timely and completely.
- ◆ **Total number of consultations:** 10,696 (male=4,913 and female=5,783) marking a decrease of 1882 (15%) since last week.
- ◆ **Leading causes of morbidity in the camps:** Acute Respiratory Tract Infections (ARI) (n=3905), Acute Diarrhea (AD) (n=1,028) and skin diseases (n=641) remained the leading causes of morbidity in all camps during this reporting week.
- ◆ **Number of alerts:** Five (5) alerts were generated, of which four were from IDP camps and one from refugee camps. Three alerts were verified as true for further investigation and appropriate response by the Governorates Departments of Health, WHO and the relevant health cluster partners. Four alerts did not follow the case definition thresholds. (Details: see Alert and Outbreak Section)

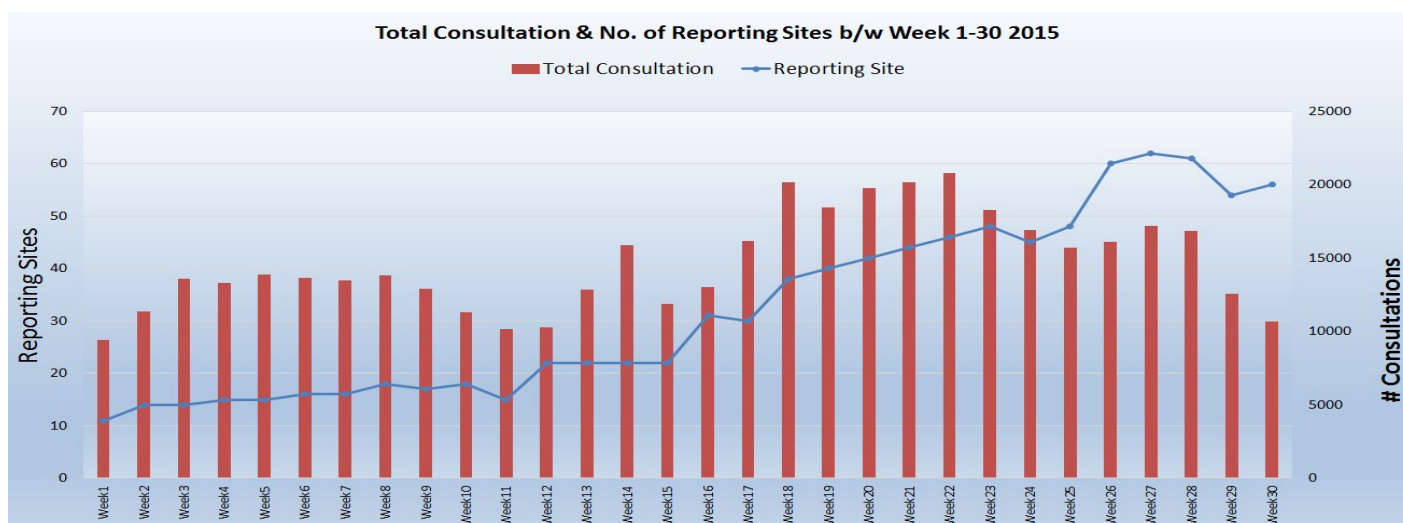
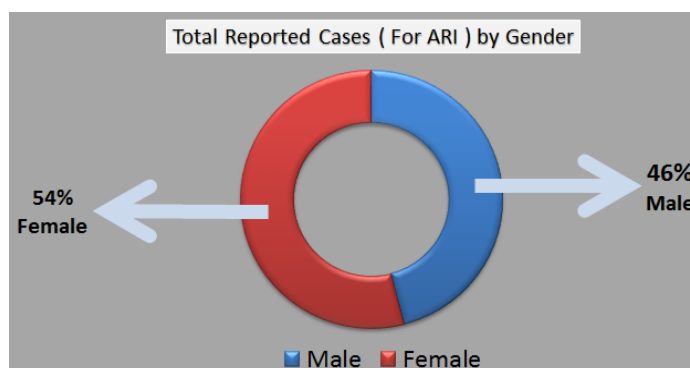
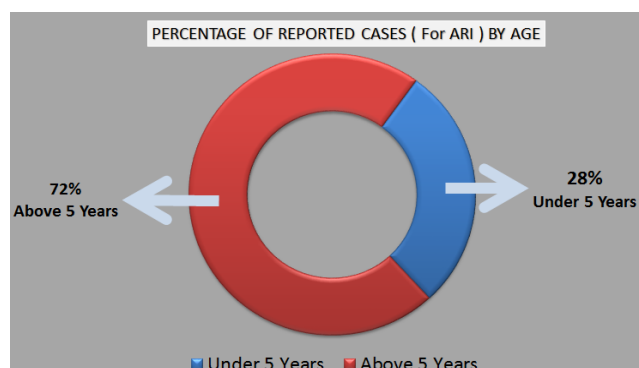


Figure 1: Total consultations and proportion of reporting health facilities b/w week 1-30

Consultations in the camps by age and gender (week 30)



Morbidity Patterns

IDP camps:

During week 30, proportions of Acute Diarrhea in IDP camps has slightly decreased since last week (week 29=10% and week 30=9.72%). The proportion of acute diarrhea has tripled since week 18 indicating a steady increase in trend during the summer months. As a part of preparedness, Health and WASH cluster continued the Cholera Task Force activities in the high risk governorates. The proportion of skin infestations including scabies has increased from 2.95% in week 25 to 5.56% in week 30 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) are showing a gradual steady downward trend since week 10. (See below graph).

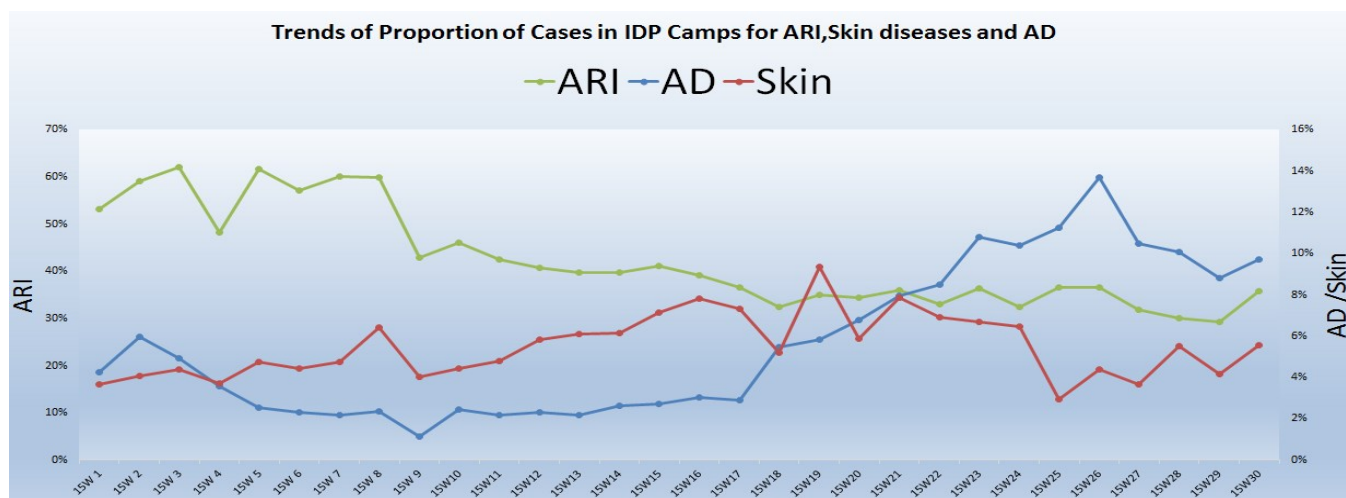
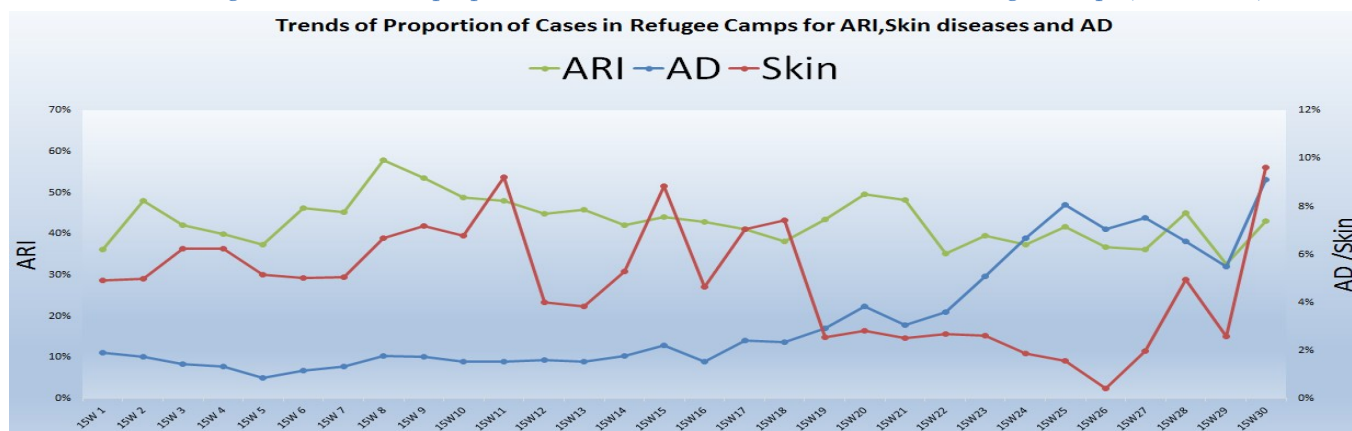


Figure II: Trend of proportion of cases of ARI, Scabies and AD in IDP camps (week 1 –30)

Refugee camps:

During week 30, proportions of Acute Diarrhea trend in refugee camps has gradually increased since week 21 (week 21=3.04% and week 30=9.13%). Proportion of Acute Respiratory Tract Infections (ARI) indicates a slow drop-down trend since the beginning of summer season (week 30=43.20%). Proportion of skin infestations including scabies have also dropped from 7.41% in week 18 to 2.55% in week 19, and then increased in week 30 (week 30=9.64%) . (See below graph).

Figure III: Trend of proportion of cases of ARI, Scabies and AD in Refugee camps (week 1 –30)



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 30, 2015.

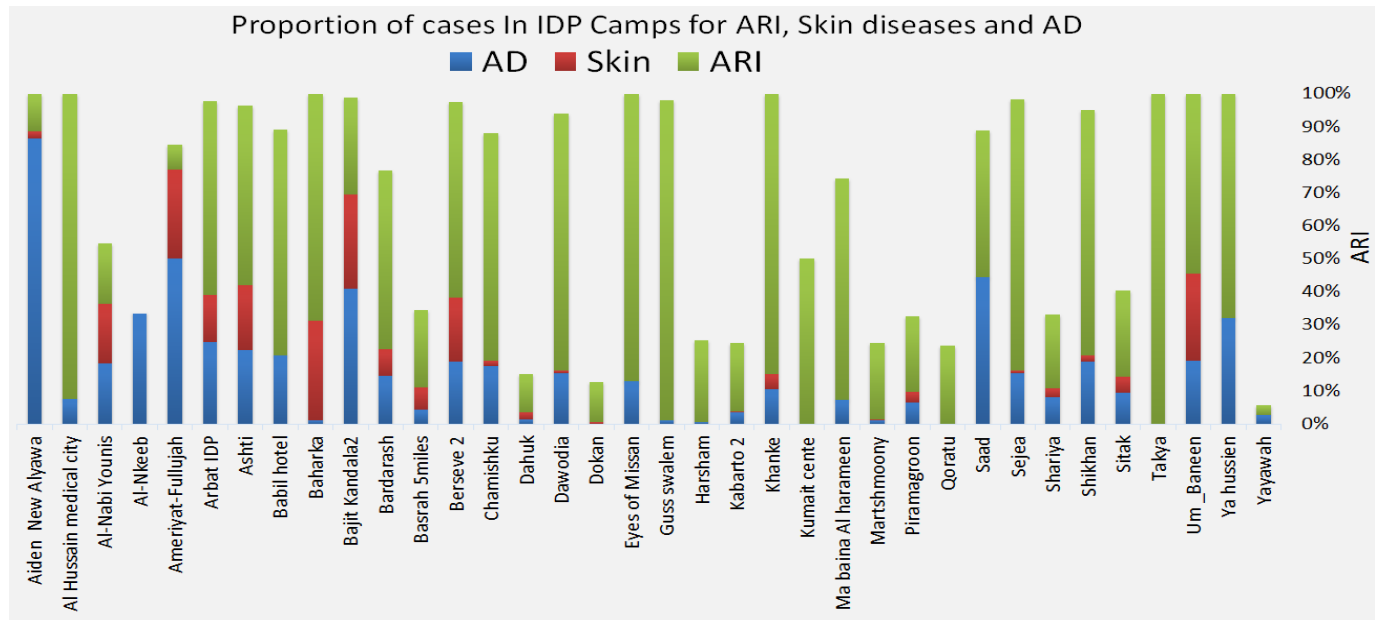


Figure IV: Proportion of cases of ARI, Scabies and AD in IDP camps for week 30

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 30, 2015.

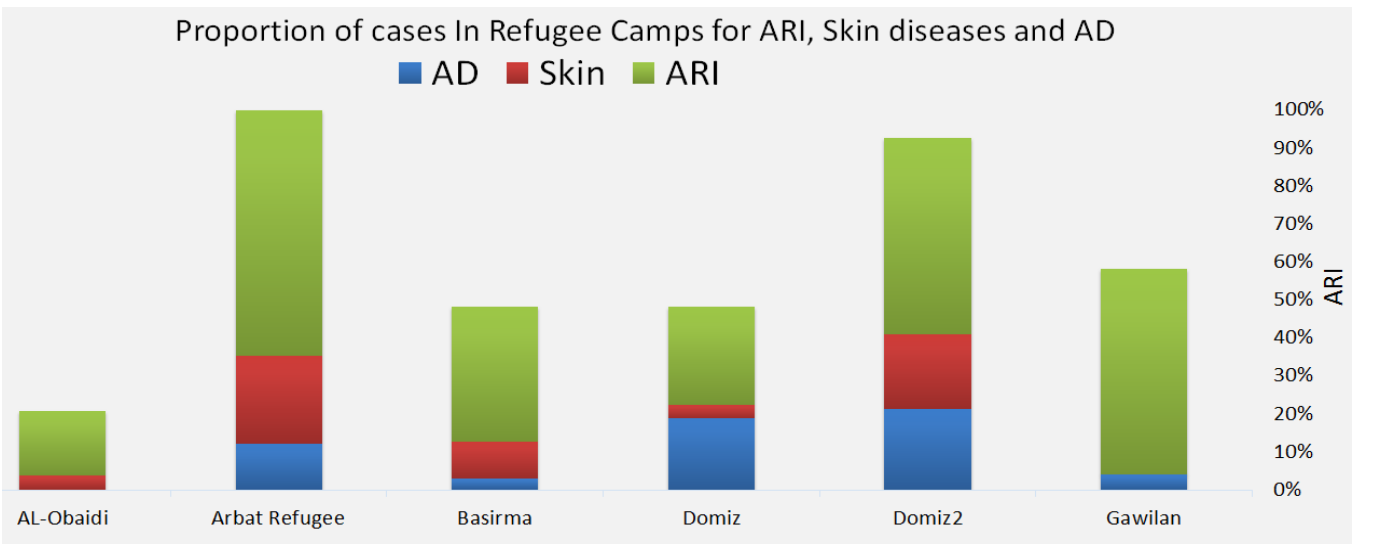


Figure V: Trend of proportions of cases of ARI, Scabies and AD in Refugee camps for week 30

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 30, 2015.

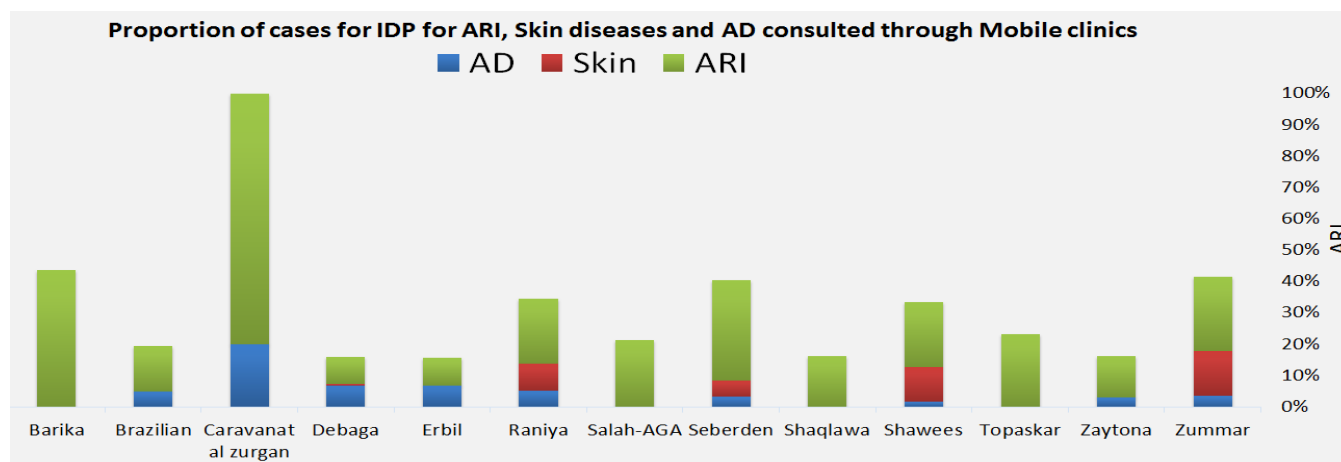


Figure VI: Trend of proportions of IDP cases for ARI, Scabies and AD covered by Mobile Clinics for week 30

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 29, the proportion of upper ARI in week 30 has increased by 1% while that for lower ARI has decreased by 1%. 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 29.

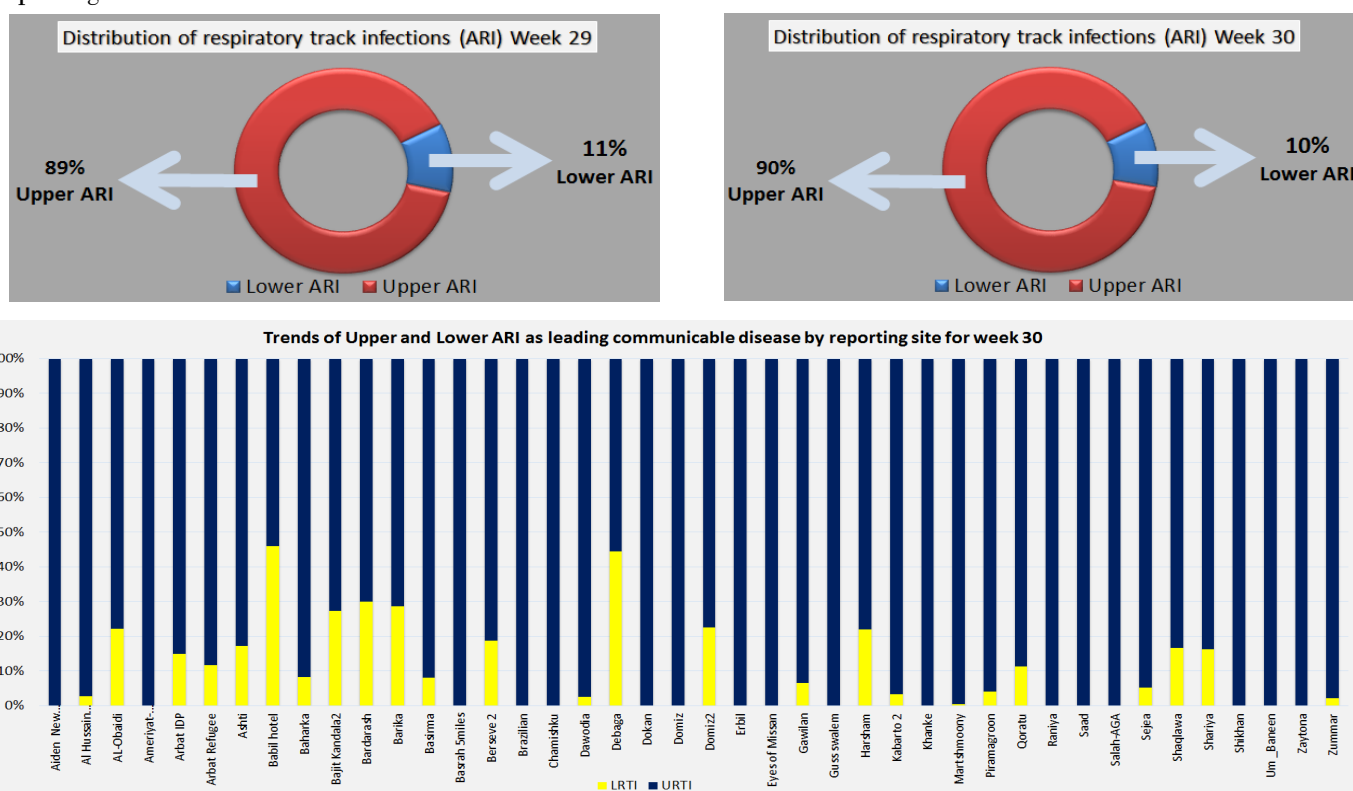


Figure VII: Trend of Upper and Lower ARI per reporting site for week 30

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 30. (See below graph)

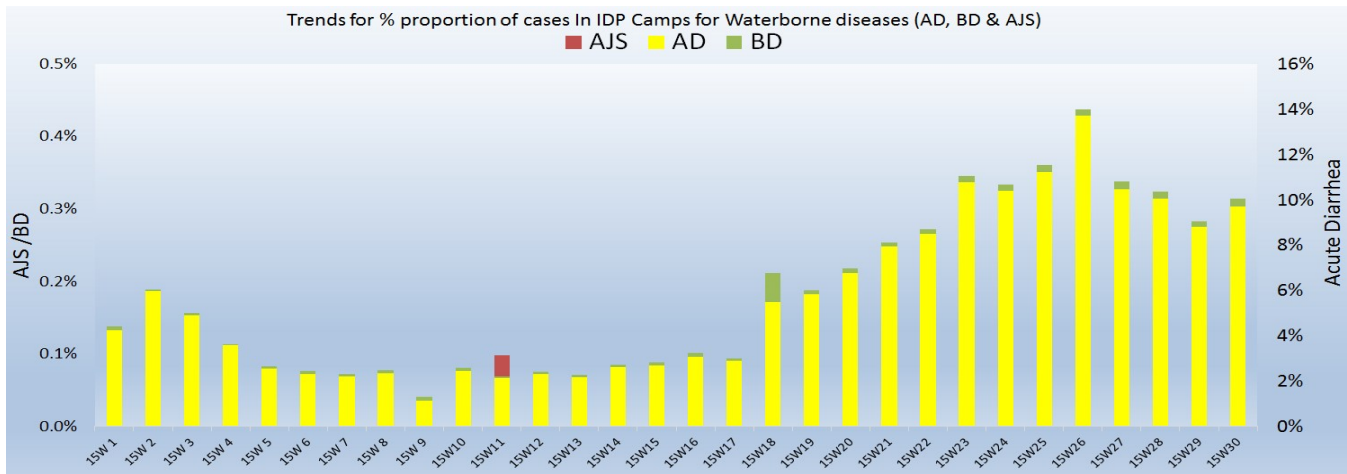


Figure VIII: Trend of Waterborne diseases from IDP camps, week 1 to 30

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 an increase of the trend since week 22.

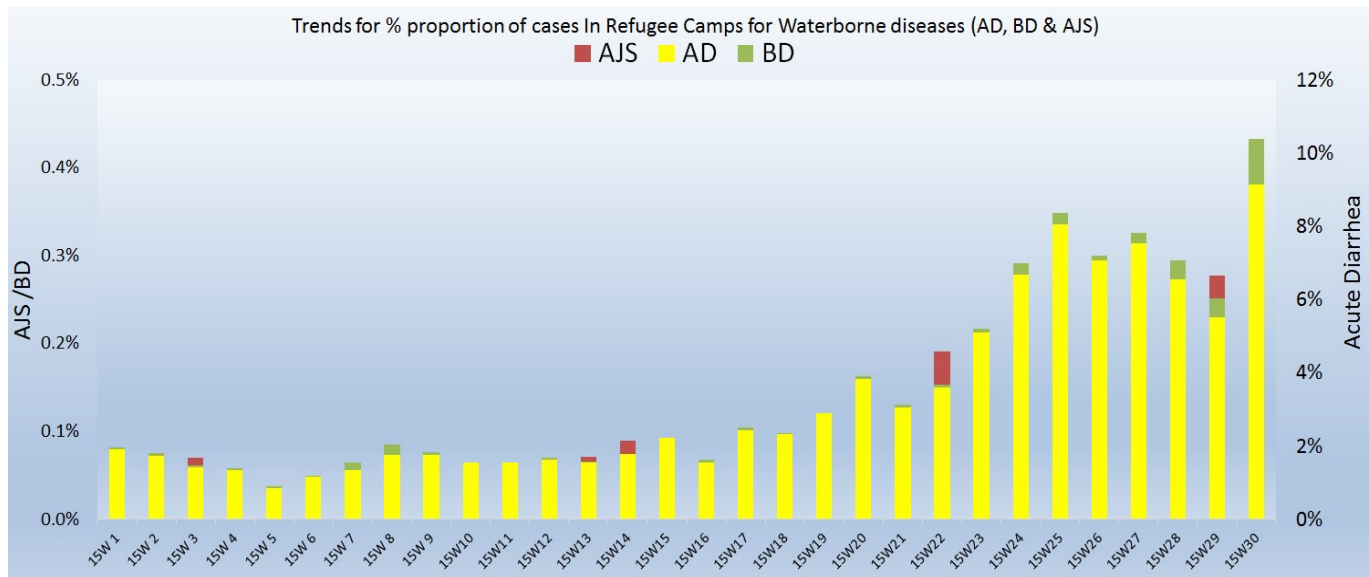


Figure IX: Trend of waterborne diseases from Refugee camps, week 1 to 30

Alerts & Outbreaks

Five (5) alerts were generated, of which four were from IDP camps and one from refugee camps during this reporting week. Three 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. Four 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 Interventions Conducted
						48-72% DOH/WHO/NGO			
1	Suspected Leishmaniasis	Ameriyat Alfallujah	IDPs	3	UIMS	Yes	No	FALSE	No
2		Zaiton city	IDPs	1	IMC	No	No	FALSE	No
3		Seagy	IDPs	1	IMC	No	No	FALSE	No
4	Suspected Measles	Al-Nabi Younis	IDPs	2	DOH	Yes	Yes	TRUE	On going mopup Campaign
5	Suspected Meningitis	Basirma Camp	Refugee	1	DOH	Yes	Yes	FALSE	No

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

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