



World Health
Organization

EWARN

EARLY WARNING AND RESPONSE NETWORK

IRAQ: Early Warning and Disease Surveillance Bulletin

Epidemiological Week 19:

Reporting Period: 4 May– 10 May 2015

Overview

- During week 19, thirty eight reporting sites including six Refugee, eighteen Internally Displaced People's (IDP) camps, and fourteen mobile medical clinics (MMCs) submitted their weekly reports timely and completely.
- The total number of consultations reported during the week was 18285 (male=8188 and female=10097) compared to 20173 (male=9466 and female=10706) consultations from the previous reporting week 18.
- During week 19, Acute respiratory tract infections (ARI) (n=6750), Acute Diarrhea (n=954) and skin diseases (n=1473) were the leading cause of morbidity in all camps.
- A total of fifteen alerts were generated by EWARN in week 19; thirteen of these were verified as positive for further investigation and appropriate response by Erbil DoH/WHO while the remaining two alerts of skin infestation and unexplained fever were discarded as they did not fulfil the case definitions criteria,(more details is in the Alert/outbreak section).
 - An alert for severe Acute Diarrhea cases was reported from Harsham IDP camp, run by IMC.
 - Two alerts for suspected Leishmaniasis were reported from Kabarto IDP camp run by IMC and from Mangesh informal camp served by a mobile clinic run by ICRC.
 - Three alerts of suspected meningitis were reported from Bardarash, Zummer and Shariya IDP camps run by PU-AMI, MSF-France (mobile clinic) and Medair respectively.
 - Two suspected measles cases were reported from Zummer host community and Al-Nkeeb IDP Camp served by a mobile medical clinic run by MSF-F and UIMS respectively.
 - Three alerts for acute Jaundice Syndrome were reported from Awen Eshar and Esiyan IDP camps run by IOM and Domiz refugees' camp run by MSC-CH.
 - Two alerts for bloody diarrhea were reported from Zummer and Al-Nkeen IDP camps run by a mobile clinic managed by MSF-F and UIMS respectively.

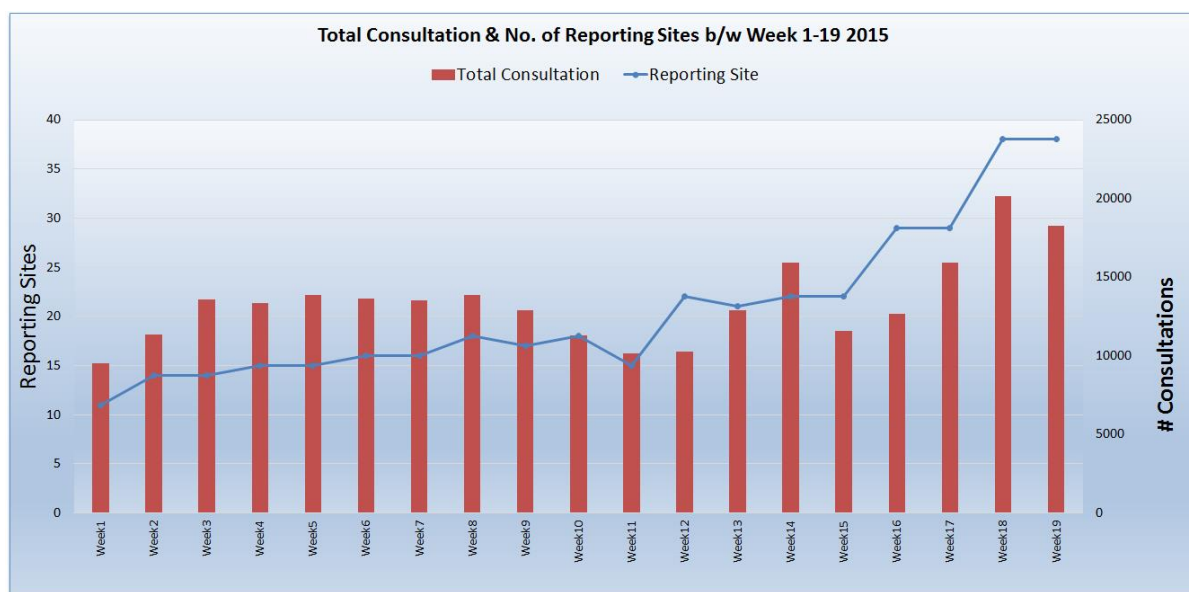
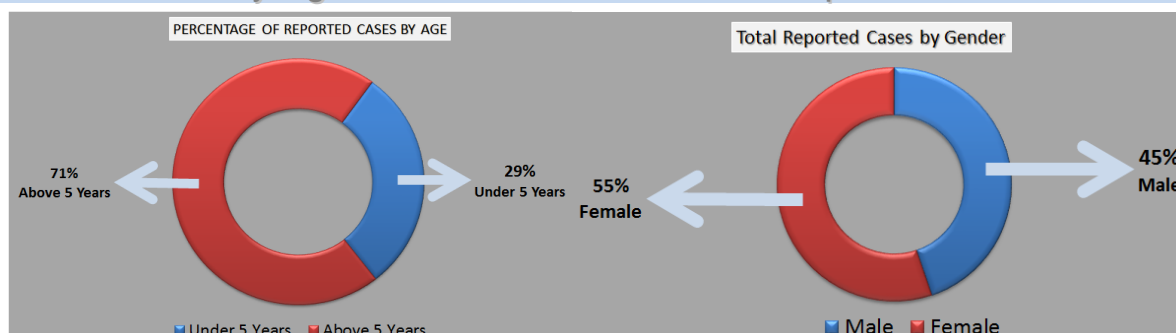


Figure I: Total consultations and proportion of reporting health facilities b/w week 1-19

Consultations by Age and Gender week 19 in camps:



During week 19, 71% of the consultations were for above 5 years while 29% were for under 5 years, of which 55% were females and 45% were males.

Morbidity patterns

- During week 19, Acute Respiratory Infection (ARI), skin infestations including scabies and Acute Diarrhea (AD) remain the leading causes of morbidity with Acute respiratory tract infections (ARI) (n=6750), Acute Diarrhoea (n=954) and skin diseases (n=1473) cases reported from all camps reporting to EWARN.
- Overview for IDP Camps:** During week 19, the number of consultations of Acute Diarrhea (AD) remained steady ranging between 750 to 850 cases. Skin infestations almost doubled from 749 cases in week 18 to 1380 cases in week 19 while there has been a gradual increase in the Acute Respiratory Infections consultations as cases further increased from 4698 in week 18 to 5159 in week 19. (See below graph)

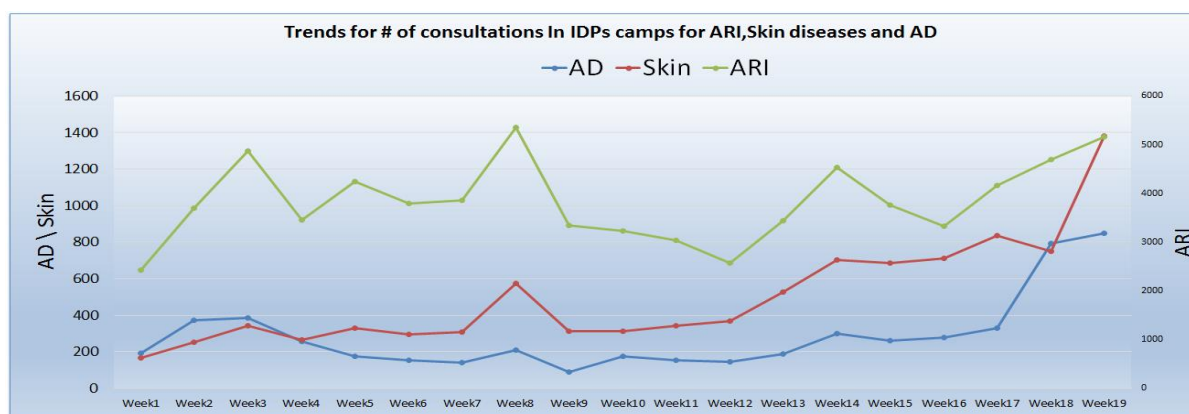


Figure II: Trend of # of cases of ARI, Scabies and AD from week 1 – 19 in IDP Camps

- Overview for Refugee Camps:** During week 19; the number of consultations of Acute Diarrhea (AD) in refugee camps has slightly decreased from 133 cases in week 18 to 106 cases in week 19. Skin infestations including scabies have dropped drastically from 421 cases in week 18 to 93 cases in week 19. Acute Respiratory tract infections have also dropped from 2166 cases in week 18 to 1591 cases in week 19. (See below graph).

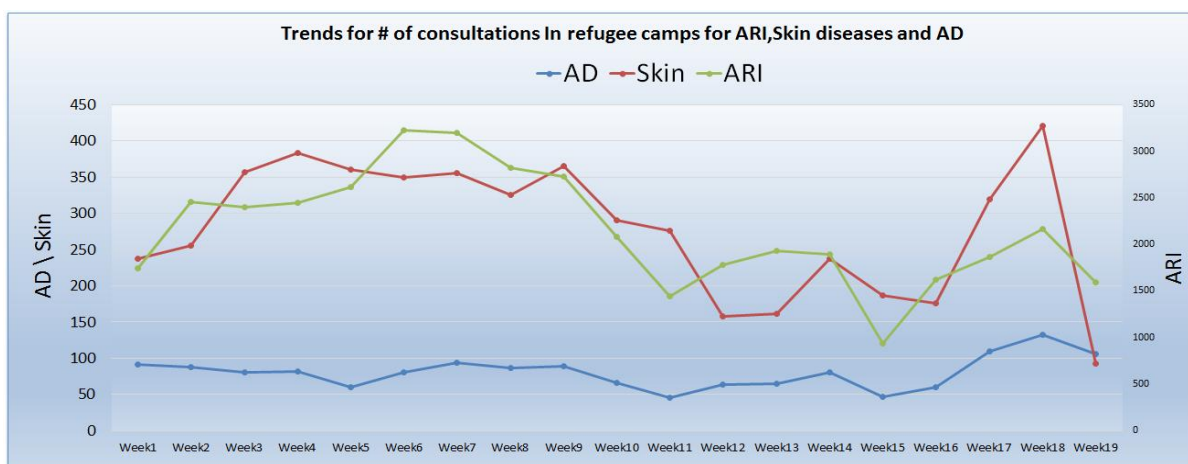


Figure III: Trend of # of cases of ARI, Scabies and AD from week 1 – 19 in Refugee camps

- Overview for IDP camps in relation to proportions:** During week 19, proportions of Acute Diarrhea in IDP camps have increased from 3% to 6% since the last two weeks indicating a steady increase in trend with the approach of summer months. Skin infestations including scabies have also increased from 5% to 9% since the last week while Acute Respiratory Tract infections are gradually decreasing since week 10. (see below graph)

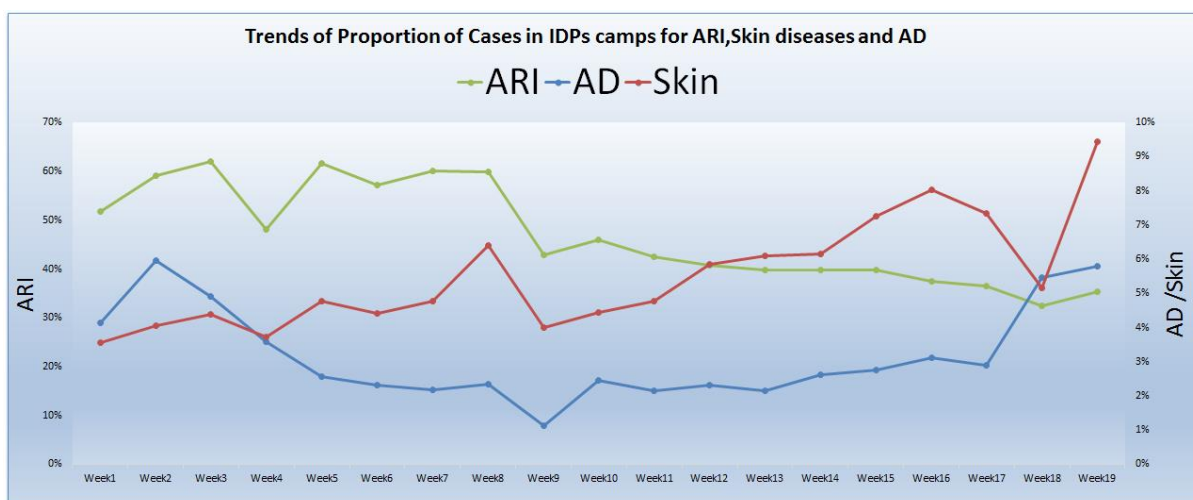


Figure IV: Trend of proportion of cases of ARI, Scabies and AD in IDP camps (week 1 -19)

- Overview for Refugees camps in relation to proportions:** During week 19, proportions of Acute Diarrhea trend in refugee camps are slowly increasing since week 16 (2%). ARI proposition has increased from 5% in week 18 to 6% in week 19. Skin infestations including scabies have dropped from 7% in week 18 to 2% in week 19. (see below graph)

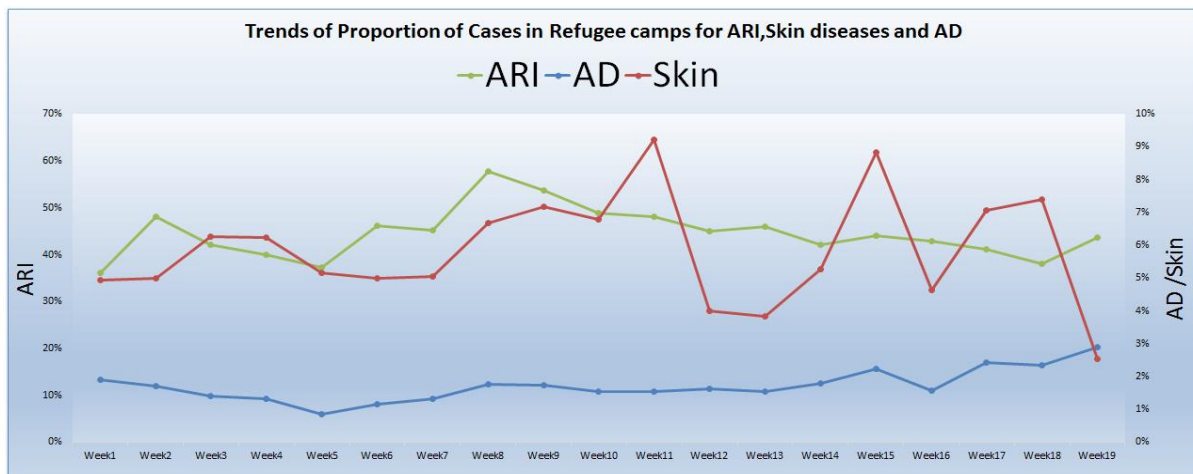


Figure V: Trend of proportion of cases of ARI, Scabies and AD in Refugee camps (week 1 -19)

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 19.

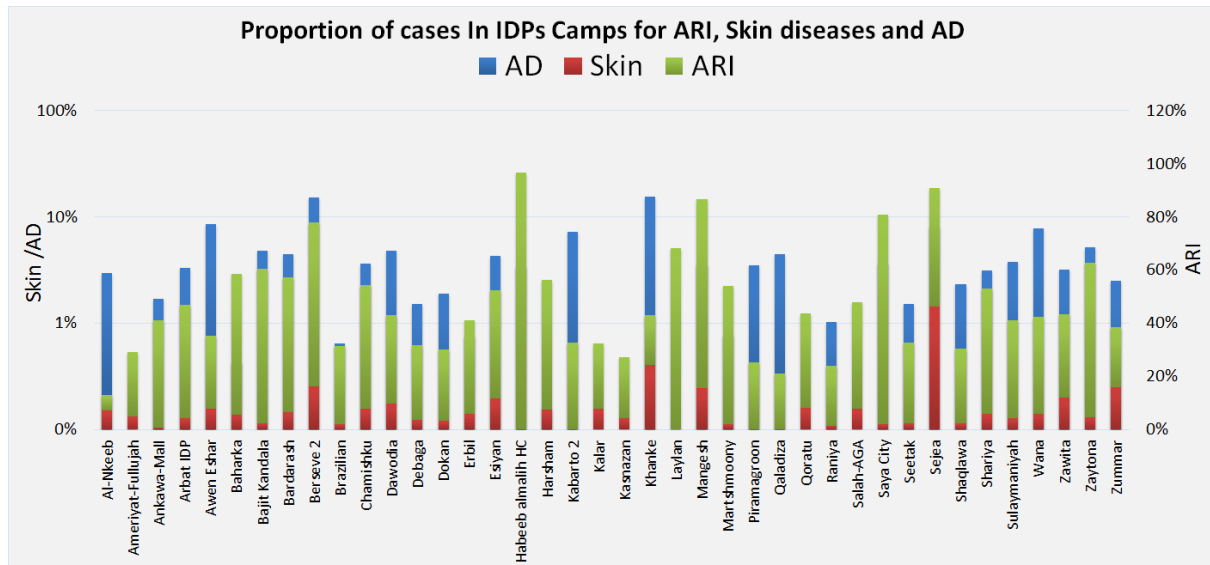


Figure VI: Proportion of cases of ARI, Scabies and AD in IDP camps (week 19)

The below graph indicates the proportion of cases in refugees camps for ARI, Acute diarrhea and skin infestations including scabies for week 19, 2015. Domiz refugee camps 1 and 2, run by MSF indicate a high proportion of acute diarrhea cases for this week.

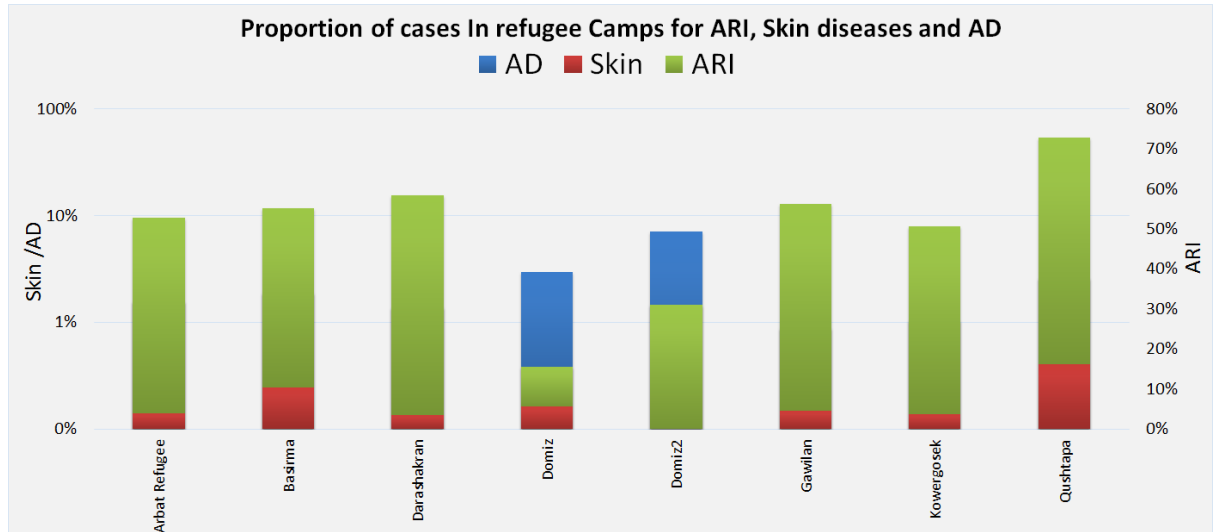
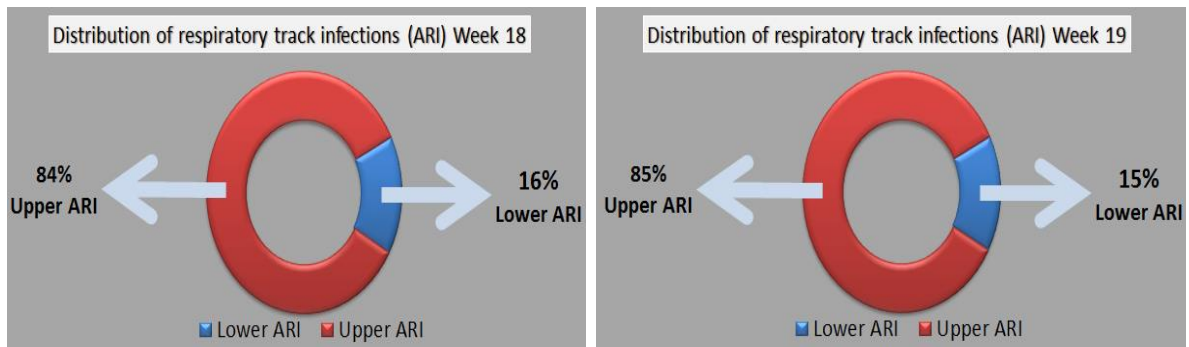


Figure VI: Trend of proportions of cases of ARI, Scabies and AD in Refugee camps from (week 19)

- Acute Respiratory Tract Infection (ARI) has been further divided into upper and lower respiratory tract infections from week 1, 2015.
 - According to EWARN data, the trends of upper and lower ARI remained approximately the same when compared with week 18 (Upper ARI=85% and Lower ARI=15%).
 - Overall, the ARI trend is slowly decreasing with the advent of summer months.



- Furthermore the below graph indicates the proportion of Lower and upper ARI cases per each reporting site from week 1 to 19 in all the camps.

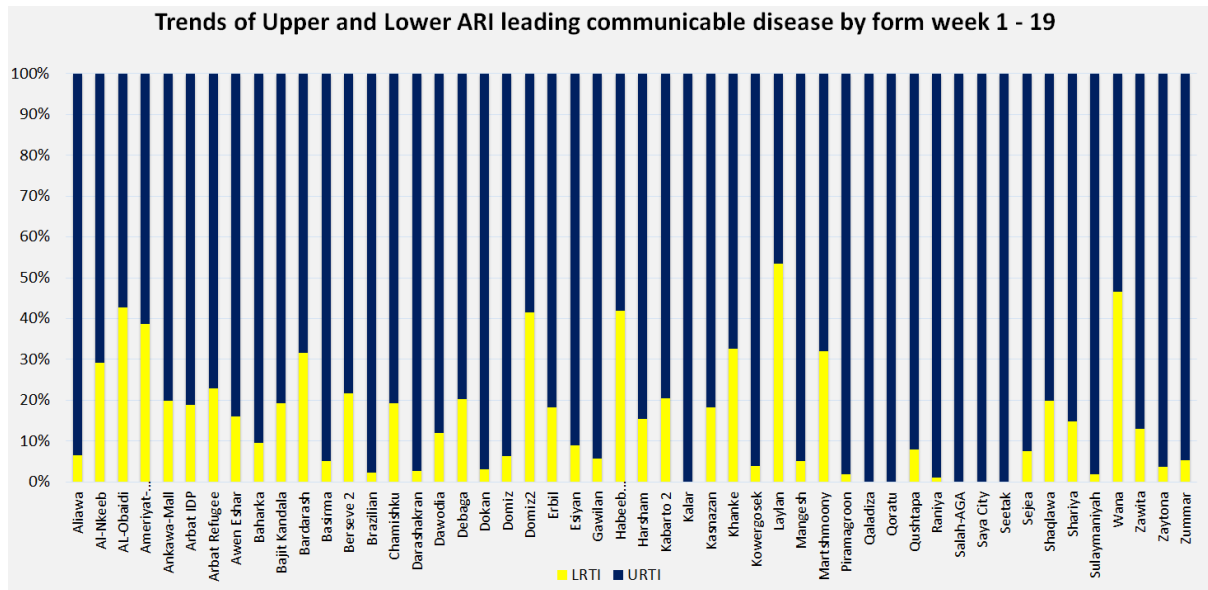


Figure VII: Trend of Upper and Lower ARI leading communicable disease, from week 1 to 19

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) from IDP reporting sites, indicating a steady increase in waterborne diseases with the approach of summer season, (See below graph)

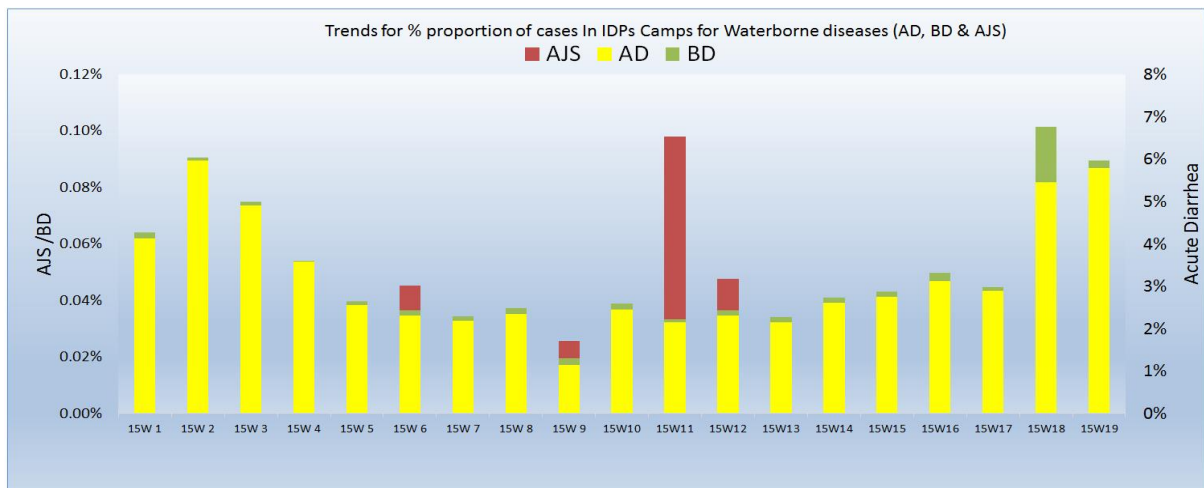


Figure VIII: Trend of Waterborne diseases from IDP camps, from week 1 to 19

Trends of waterborne 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 pattern ranging between 2% to 3%.

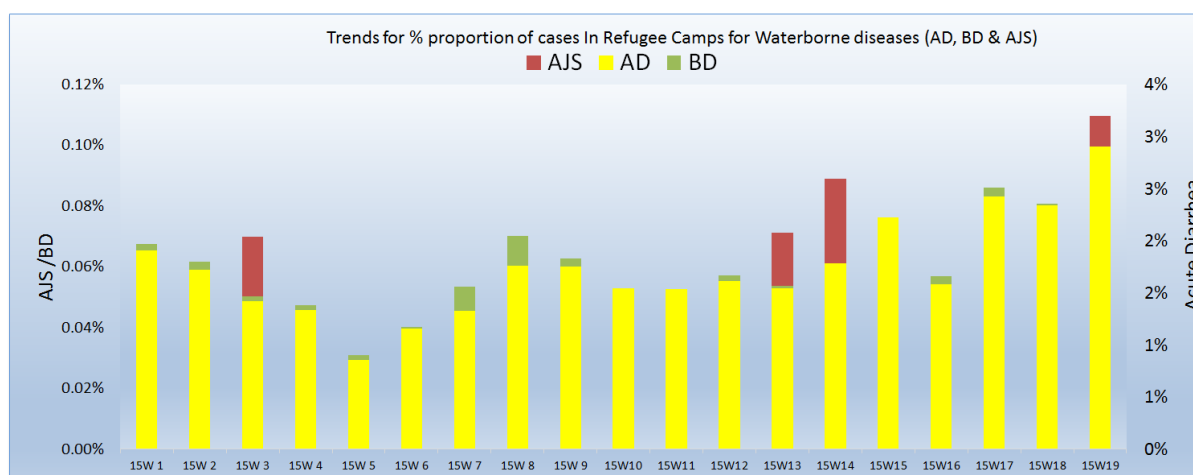


Figure IX: Trend of Waterborne Diseases (Acute Diarrhea, Bloody Diarrhea and Acute Jaundice Syndrome) as one of the leading communicable disease from Refugee camps, from week 1 to 19;

Alerts and Outbreaks

- A total of fifteen alerts were generated by EWARN in week 19; thirteen of these were verified as true for further investigation and appropriate response by Erbil DoH/WHO while the remaining two alerts of skin infestation and unexplained fever were discarded as they did not fulfil the case definitions criteria.
 - An alert for severe Acute Diarrhea cases was reported from Harsham IDP camp run by IMC. Stool sample was collected and sent to Baghdad Central Laboratory. The result was negative for Vibrio Cholera.
 - Two alerts for suspected Leshmaniasis were reported from Kabarto IDP camp run by IMC and from Mangesh informal camp served by a mobile medical clinic run by ICRC. Cases were identified and were given proper treatment. Vector control campaign organized by Erbil DoH in coordination with WHO is in process to control and limit the spread of sand fly.
 - Three alerts of suspected meningitis were reported from Bardarash, Zummer and Shariya IDP camps run by PU-AMI, MSF-F (mobile clinic) and Medair respectively. The investigation team responded and CSF samples were collected and dispatched to the laboratory; the sample was found negative.
 - Two suspected measles cases were reported from Zummer host community and Al-Nkeeb IDP Camp served by a mobile clinic run by MSF-France and UIMS respectively. Blood samples were collected and result found positive. Mop-up campaigns are underway by Erbil DoH in collaboration with WHO and UNICEF.
 - Three alerts for acute jaundice syndrome were reported from Awen Eshar and Esiyan IDP camps run by IOM and Domiz refugees' camp run by MSC-CH. The situation is monitored and investigated by the response team to identify any clustering; all cases were sporadic and WASH cluster has been informed accordingly.
 - Two alerts for bloody diarrhea were reported from Zummer and Al-Nkeen IDP camps run by one mobile medical clinic managed by MSF-France and UIMS respectively. The cases were investigated and found to be sporadic, no clustering was found. The situation is monitored through EWARN system.

Comments and recommendations

- Due to the increase in trend for the waterborne diseases, it is recommended that WASH and health cluster work together and implement the Cholera Contingency Plan.

- WHO is in the process of finalizing the procurement of contingency cholera kits at the time the in-country Cholera kits are being distributed to the high risk governorates across Iraq.
- Field monitoring for Electronic EWARN is scheduled for the month of June.

For comments or questions, please contact

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