World Health Organization

EWARN: EARLY WARNING AND RESPONSE NETWORK

Iraq: EWARN & Disease Surveillance Bulletin

2015 Epidemiological Week: 45 **Reporting Period: 2—8 November, 2015**

Highlights

- **Number of reporting sites:** Seventy-one (71) reporting sites including thirty-five (35) Internally Displaced People's (IDP) camps, eight (8) refugee camps and twenty eight (28) mobile clinics submitted their weekly reports timely and completely.
- **Total number of consultations:** 25,935 (male=11,919 and female=14,016) marking a decrease of 639 (2%) since last week .
- **Leading causes of morbidity in the camps:** Acute Respiratory Tract Infections (ARI) (n=10,184), Acute Diarrhea (AD) (n=1190) and skin diseases (n=876) 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 ten were from IDP camps, one from a refugee camp and two from hospitals during this reporting week. All these alerts were investigated within 48-72 hours, of which only three 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).

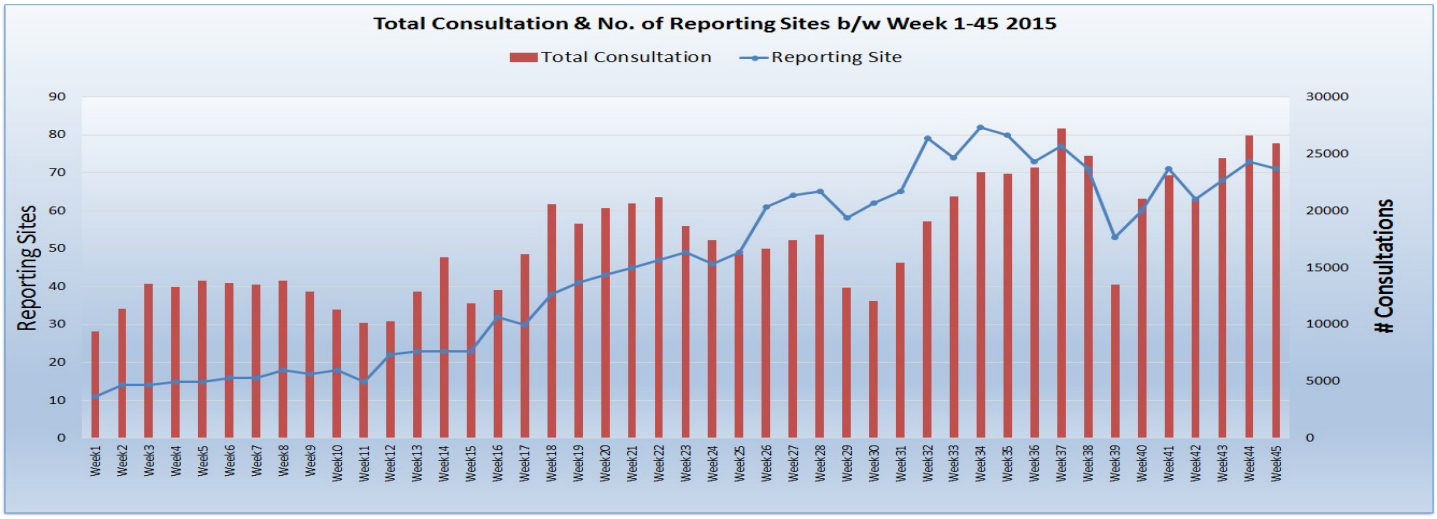
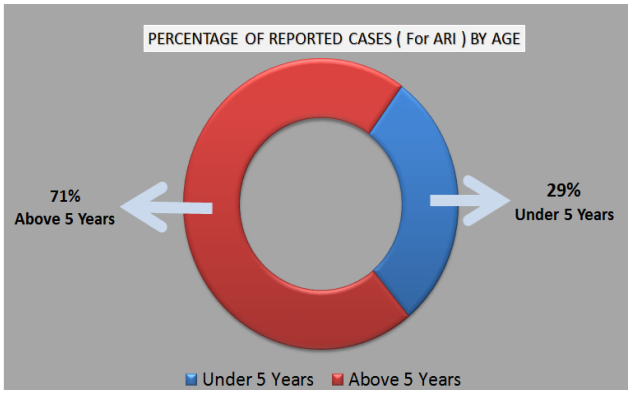
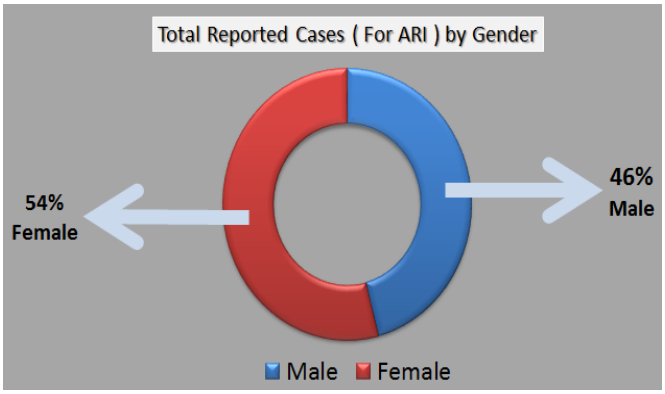


Figure I: Total consultations and proportion of reporting health facilities b/w week 1-45

Consultations in the camps by age and gender (week 45)





Morbidity Patterns

IDP camps:

During week 45, proportions of Acute Diarrhea in IDP camps have slightly decreased since last week (week 44=5.5 per cent and week 45=4.5 per cent). The proportion of skin infestations including scabies has shown a steady trend since week 38 (4%) due to the 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 increase from 38% to 40% in week 45 as winter season is approaching (See graph below).

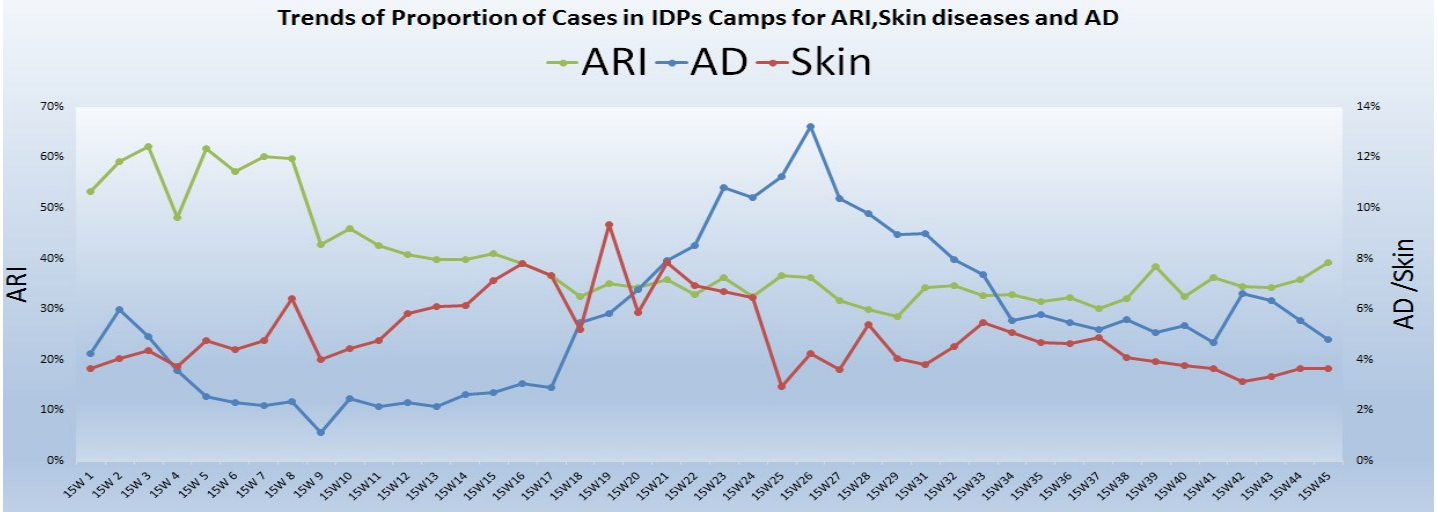


Figure II: Trend of proportion of cases of ARI, Scabies and AD in IDP camps (week 1 –45)

Refugee camps:

During week 45, proportions of Acute Diarrhea (AD) in refugee camps shown a gradual increase in trends since week 43. Cholera outbreak had been declared in the country but no cases has occurred in the camps. Vigilant surveillance is ongoing in all the camps through Health and WASH cluster. Proportion of Acute Respiratory Tract Infections (ARI) is showing a gradual steady downward trend, staying between 35% - 40% since week 41. Proportion of skin infestations including scabies have also dropped from 6% in week 39 to 2% in week 43 due to extensive health promotion activities conducted in all camps. (See below graph).

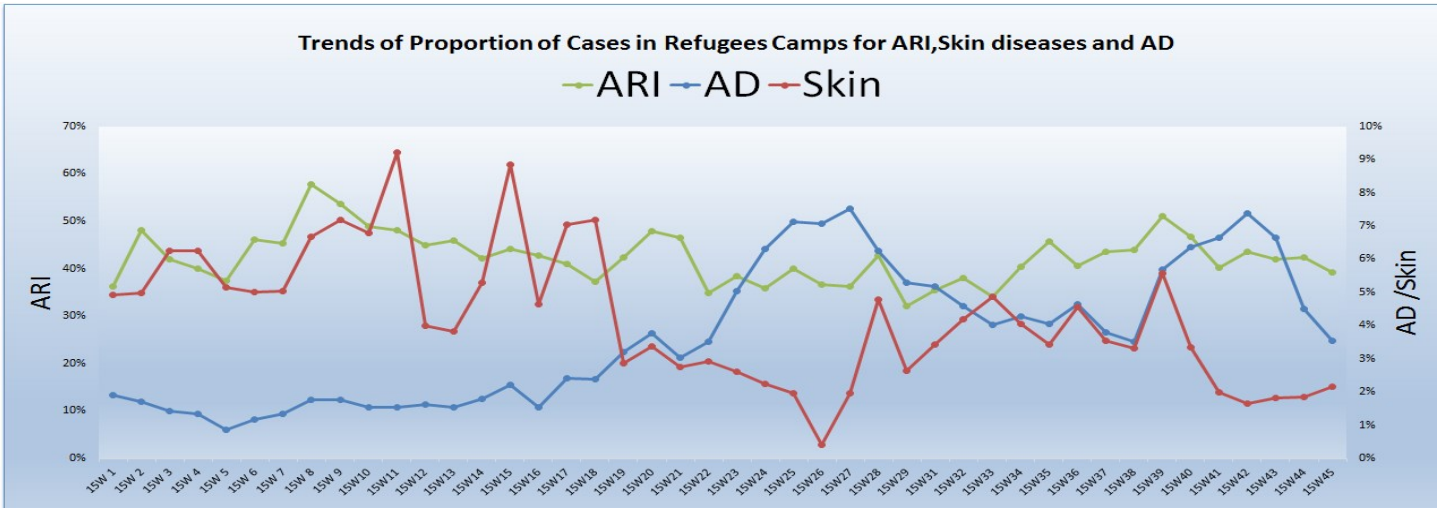


Figure III: Trend of proportion of cases of ARI, Scabies and AD in IDP camps (week 1 –45)

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 45, 2015.

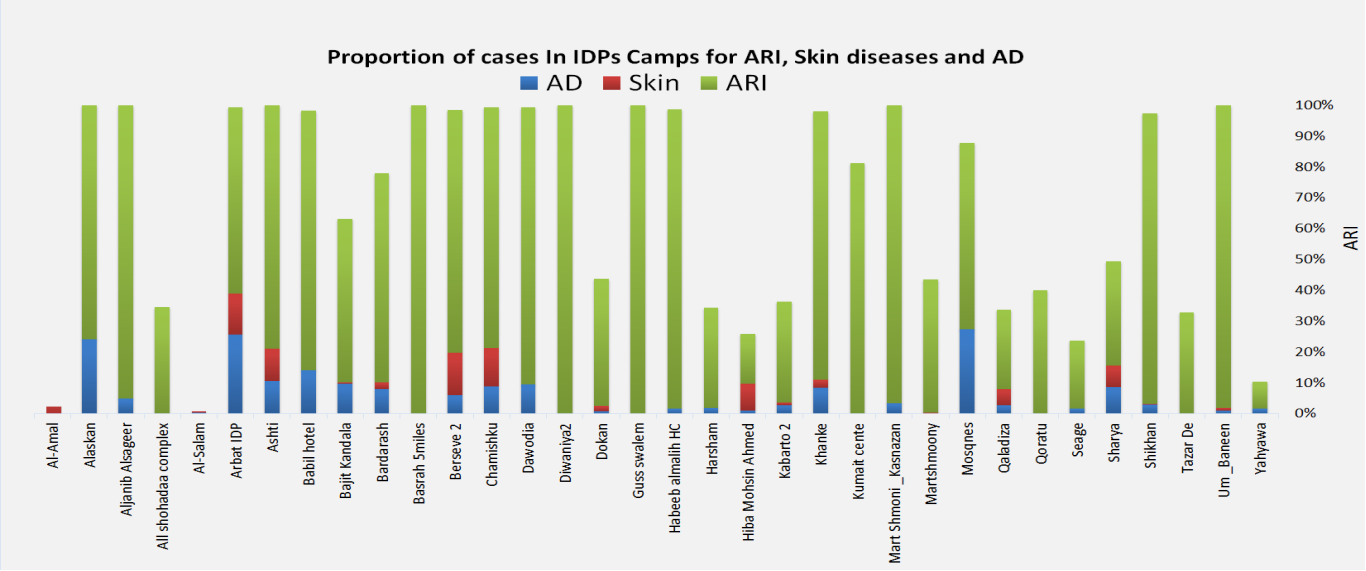


Figure IV: Proportion of cases of ARI, Scabies and AD in IDP camps for week 45

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 45, 2015.

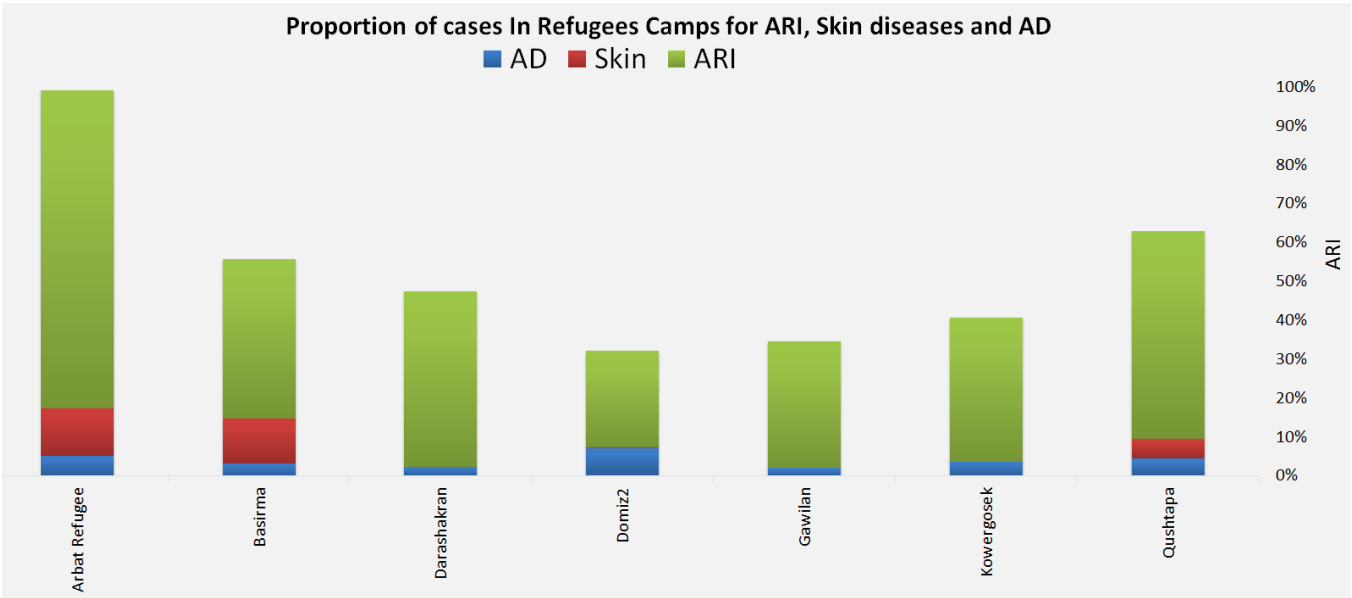


Figure V: Trend of proportions of cases of ARI, Scabies and AD in Refugee camps for week 45

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 45, 2015.

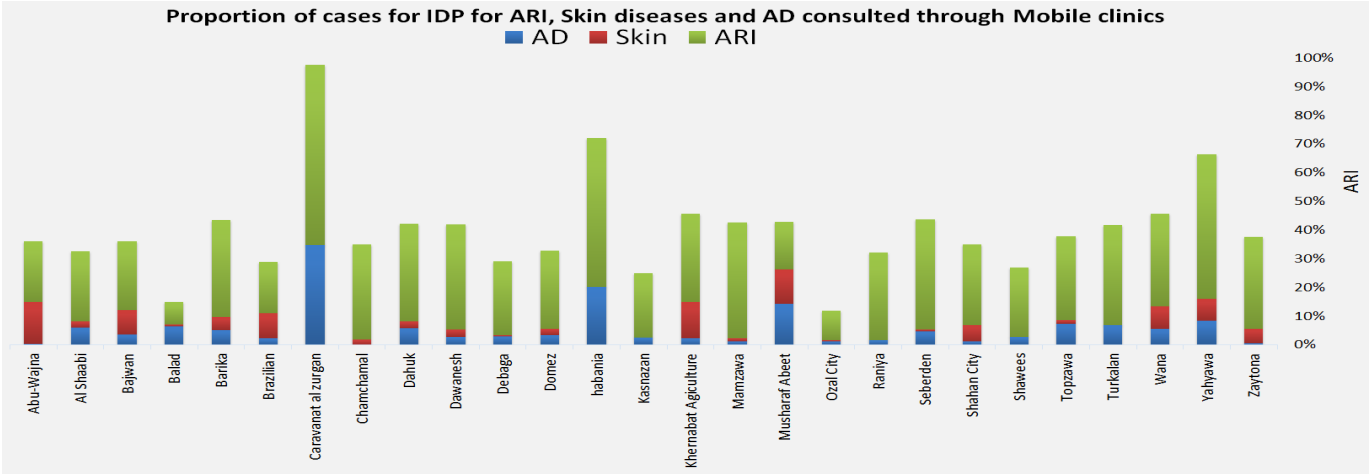
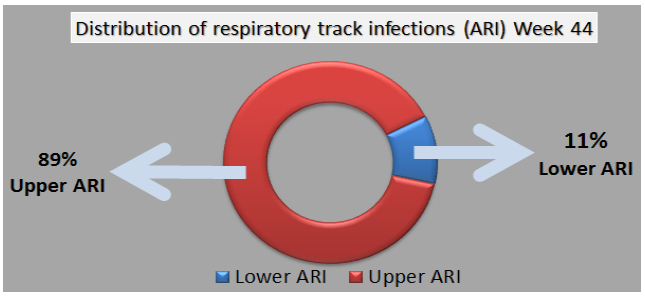
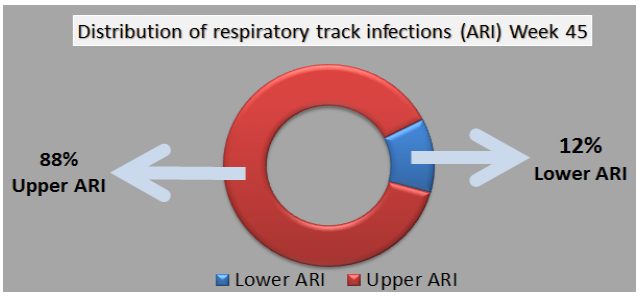


Figure VI: Trend of proportions of IDP cases for ARI, Scabies and AD covered by Mobile Clinics for week 45

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 44, the proportion of upper ARI has decreases by 1% from 89% to 88% while the Lower ARI proportion has increased from 11% to 12% during the same time period. Furthermore, the below graph indicates the proportion of lower and upper ARI cases per each reporting site for week 45.





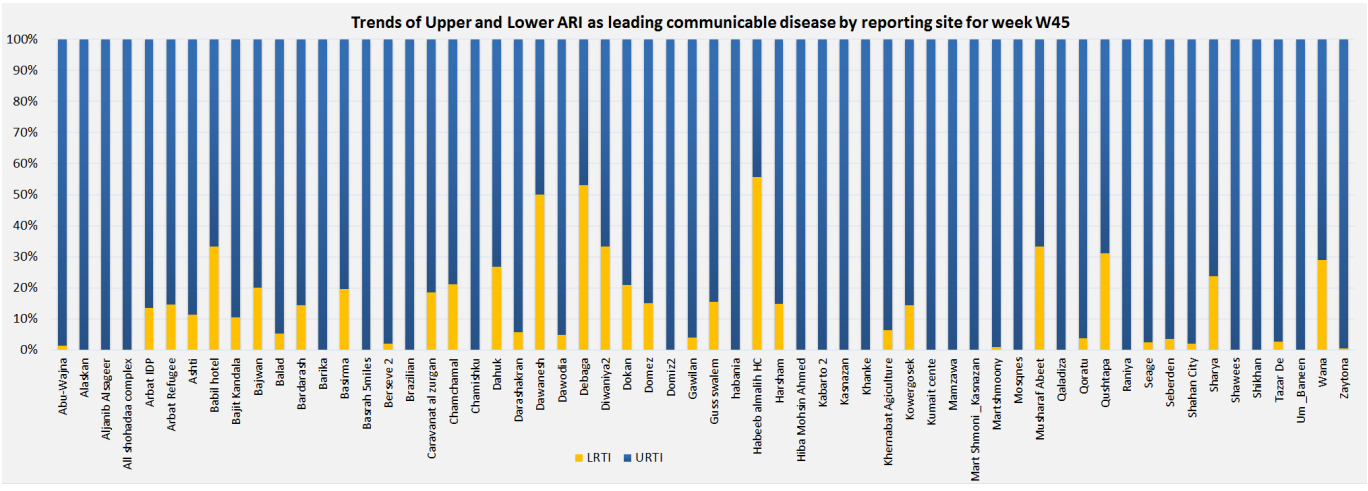


Figure VII: Trend of Upper and Lower ARI per reporting site for week 45

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 indicating a steady decrease in waterborne diseases from 14% in week 26 to 5% in week 45. (See below graph)

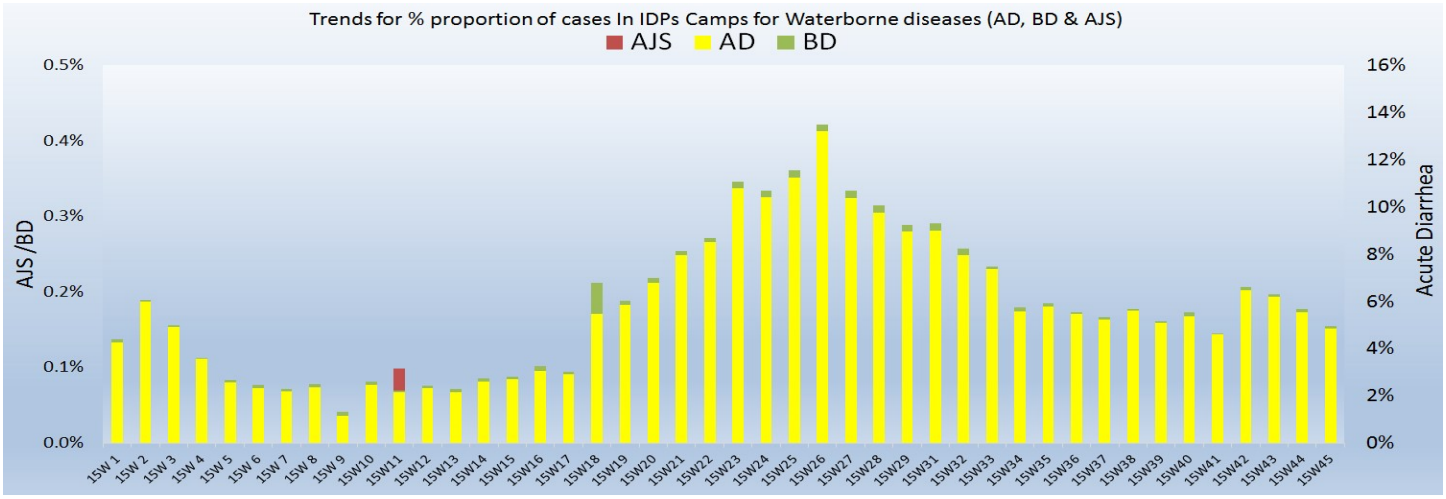


Figure VIII: Trend of Waterborne diseases from IDP camps, week 1 to 45—2015

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 decrease of the trend since week 30. Furthermore, no clustering has been reported for acute jaundice syndrome cases during the period.

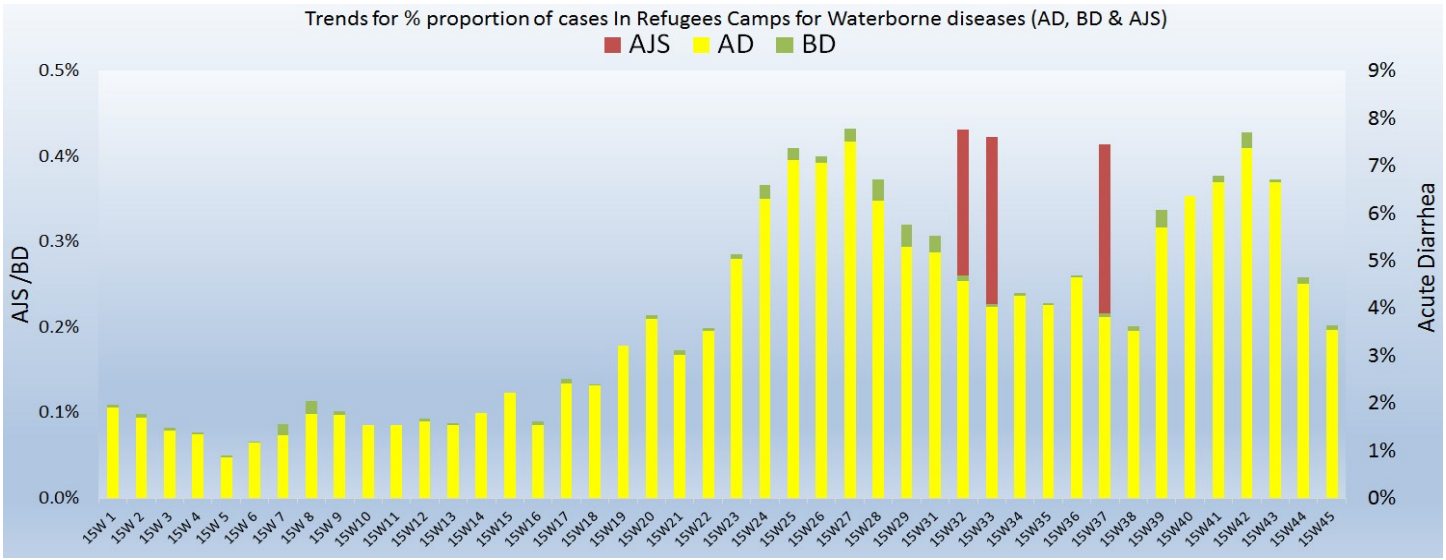


Figure IX: Trend of waterborne diseases from Refugee camps, week 1 to 45—2015

Alerts & Outbreaks

Thirteen (13) alerts were generated through EWARN following the case definition thresholds, of which ten were from IDP camps, one from a refugees camp and two from hospitals during this reporting week. All these alerts were investigated within 48-72 hours; only three of which 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 all of these alerts. Public health interventions were conducted effectively for all the true alert i.e. Suspected Cholera. 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	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 Measles	Al-salam	Anbar	Ameriyat Al-Fallujah	IDPs	1	UIMS	Yes	Yes	TRUE	Yes
2		Yahyawa	Kirkuk	Kirkuk	IDPs	2	MC-IOM	Yes	Yes	FALSE	Yes
3		Arbat	Sulaymaniyah	Arbat	IDPs	1	EMERGENCY	Yes	Yes	TRUE	Yes
4		Balad	Salahaddin	Albu Farraj	IDPs	2	MC-IOM	Yes	Yes	FALSE	Yes
5		Habeeb almalih HC	Erbil	Erbil	IDPs	3	DOH	Yes	Yes	FALSE	Yes
6	Suspected Meningitis	Hevi	Dahuk	Dahuk	Hospital	1	DOH	Yes	Yes	TRUE	Yes
7	Suspected Acute Flaccid Paralysis (AFP)	Hevi	Dahuk	Dahuk	Hospital	1	DOH	Yes	Yes	FALSE	Yes
8	Acute Watery Diarrhea- (Suspected Cholera)	Ozal City	Erbil	Kasnazan	IDPs	1	STEP-IN	Yes	Yes	FALSE	Yes
9		Balad	Salahaddin	Albu Farraj	IDPs	1	MC-IOM	Yes	Yes	FALSE	Yes
10		Saba Al Bor	Baghdad	Taji	IDPs	3	MC-RI	Yes	Yes	FALSE	Yes
11		Yahyawa	Kirkuk	Kirkuk	IDPs	7	MC-IOM	Yes	Yes	FALSE	Yes
12	Acute (Lower) Respiratory infections – (Suspected Pneumonia)	Yahyawa	Kirkuk	Kirkuk	IDPs	169	MC-IOM	Yes	No	FALSE	Yes
13		Basirma	Erbil	Shaqlawa	Refugee	40	DOH	Yes	No	FALSE	Yes

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 problems.

Therefore; WHO-Iraq in coordination with Ministry of Health; is in process of developing a real-time online interactive interface for EWARNs showing trends of the leading communicable diseases monitored by location along with a bi-monthly EWARN snapshot.

Online EWARN Dashboard: https://who-iraq-ewarn.github.io

* draft—Work in progress

Trends of Alerts

The below graph shows the number of alerts generated through EWARN system on weekly basis. All alerts are investigated and responded in a timely and coordinated manner through Ministry of Health, World Health Organization (WHO) and various health cluster partners.

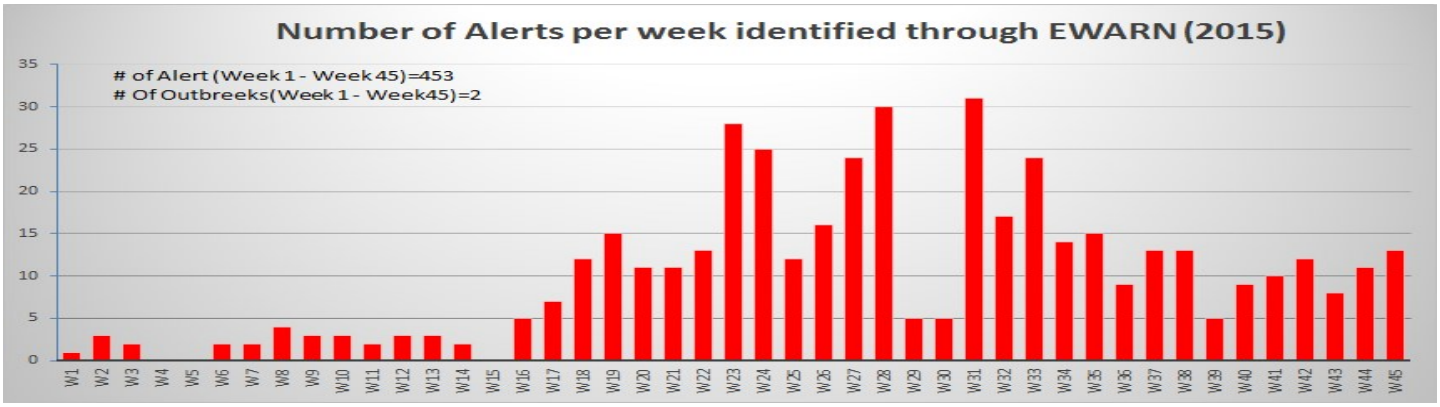


Figure X: Alerts generated through EWARN surveillance (week 1 to 45—2015)

CHOLERA OUTBREAK UPDATE: Iraq has been experiencing cholera outbreaks since 7th September 2015 and was declared on 15th September, 2015, when the cases started to be reported in Diwaniya Region of Qadissiya Governorate and quickly spreading to the West of Baghdad in Abu Ghraib region. Samples were sent to the National Central Public Health Laboratory– CPHL from these regions and six of the specimens tested positive for *Vibro Cholera* Inaba on 12 September 2015.

The general trend of acute diarrheal diseases (AD) remains high since week 36 even though the number of confirmed cases appears to be trending downwards. A cumulative total of 4,351 cases of cholera have been confirmed at provincial level labs (PHL) and 2,436 of the positive provincial level samples have been confirmed at Central Public Health Laboratory (CPHL). The large gap between CPHL and provincial level confirmation is mainly due to large numbers of samples with pending test results at the CPHL.

Overall, Baghdad, Babil, Diwaniya and Muthanna governorates have been the most affected governorates, accounting for 33%, 25%, 15% and 11% of the cumulative cases, respectively, based on CPHL confirmed cases. Affected neighboring countries so far include Kuwait that has reported 6 confirmed cholera cases including 4 with established history of recent visits to Iraq and 2 contacts of the confirmed cases. Iran has reported 15 cholera cases; all have recent history of visiting Iraq. Oman has reported 1 confirmed case with a recent history of travel to Iraq.

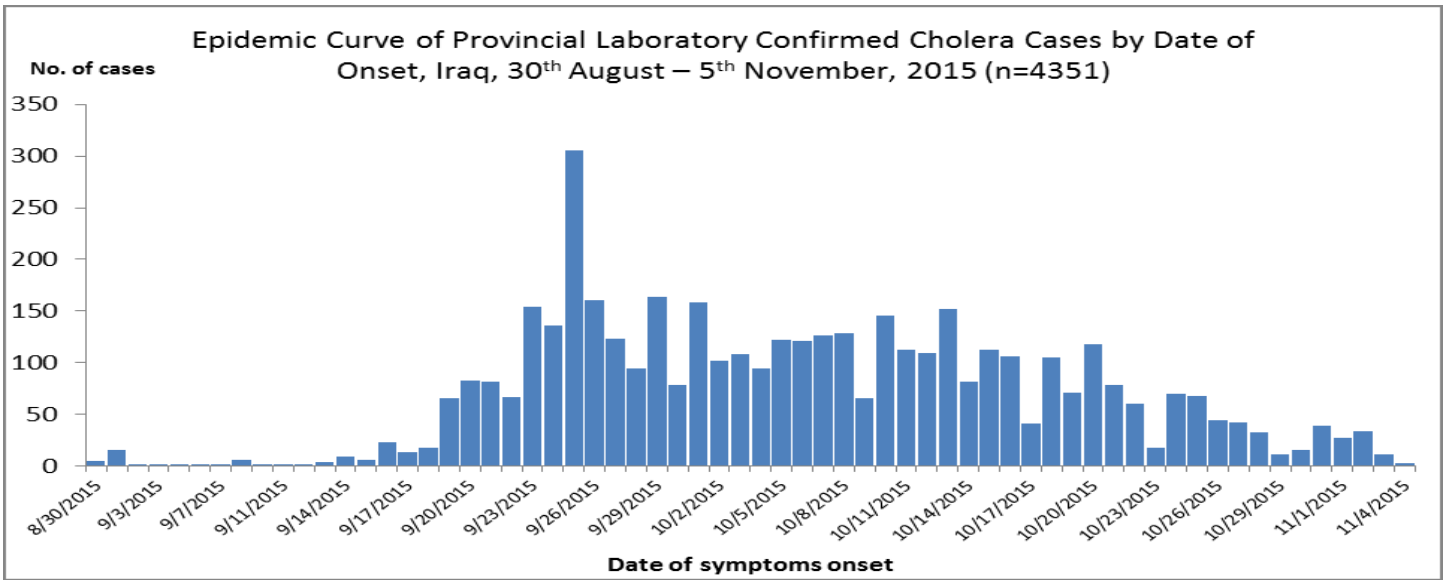


Figure XI: Epidemic Curve of Provincial Laboratory Confirmed Cholera Cases by Date of Onset, 30August – 27 October, 2015 (n=3797)

Comments & Recommendations

The MOH is leading the response with the technical support of WHO (co-chair of the Task Force). The response is based on the following seven strategic directions which are closely coordinated through the Cholera Command and Control Centre (C4) established at MoH premises with an effective inter sectoral coordination mechanism established with WASH cluster, meeting daily except on Thursdays.

There is a weekly tele-conference bridge to link with the WHO regional office in Cairo and Headquarter in Geneva every Thursday. These Cholera Response Plan strategies include: Case management; Active/Passive Surveillance; Laboratory strengthening; Health and Hygiene Promotion; Coordination; Vaccination and Logistics

- Strengthening multi-sectoral coordination mechanism at provincial level.
- Strengthening surveillance especially establishment of outbreak response teams and hotlines for immediate notification.
- Sensitization of health workers to adhere to standard case management protocol especially the new medical teams and volunteers for the pilgrimage season.
- Enhancing health promotion during the pilgrimage season.
- Advocacy with both central & local government to ensure sufficient purification materials.

Full Report: http://www.emro.who.int/irq/information-resources/updates-on-the-current-cholera-outbreak-in-iraq.html

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