Iraq: EWARN & Disease Surveillance Bulletin

2015 Epidemiological Week: 39 **Reporting Period: 21—28 September, 2015**

Highlights

- **Number of reporting sites:** Fifty-four (54) reporting sites, including thirty-six (36) Internally Displaced People's (IDP) camps, eight (8) refugee camps and ten (10) mobile clinics submitted their weekly reports timely and completely.
- **Total number of consultations:** 13,486 (male=6,311 and female=7,175) marking a decrease of 11,311 (30 per cent) since last week due to Eid holidays.
- **Leading causes of morbidity in the camps:** Acute Respiratory Tract Infections (ARI) (n=5,527), Acute Diarrhea (AD) (n=703) and skin diseases (n=577) remained the leading causes of morbidity in all camps during this reporting week.
- **Number of alerts:** Five (5) alerts were generated through EWARN following the case definition thresholds, of which three (3) were from IDP camps and two (2) from refugees camps during this reporting week. All these five alerts were investigated within 48 hours, of which only one was verified as true for further investigation and appropriate response by the respective Governorates' Departments of Health, WHO and the relevant health cluster partners. (Please see Alert and Outbreak Section for further details).

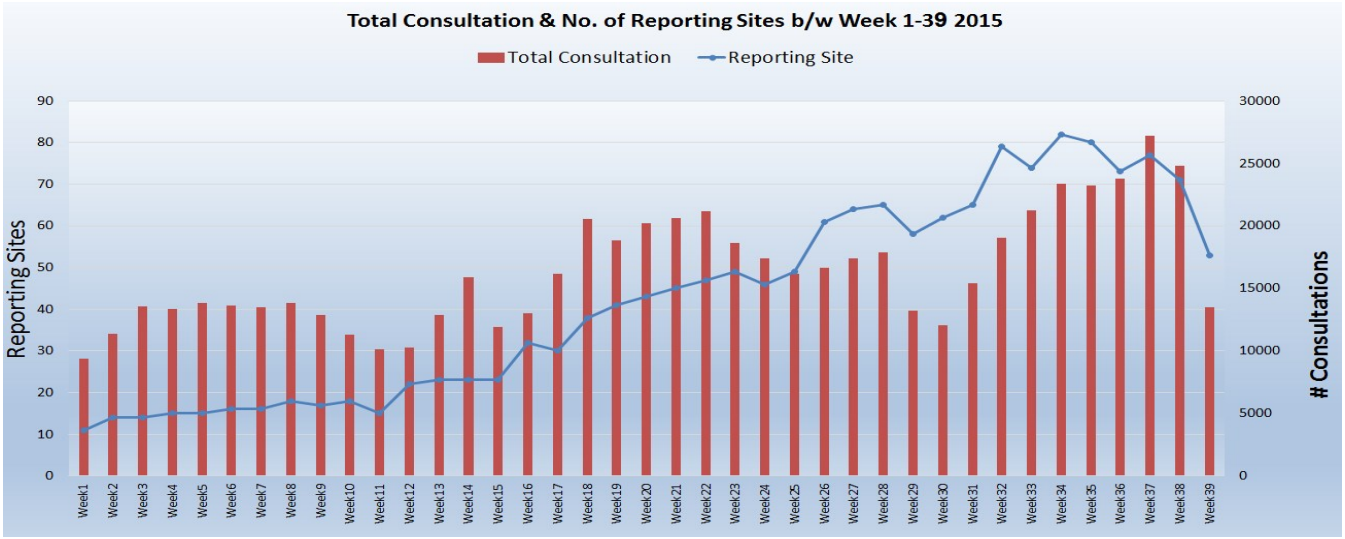
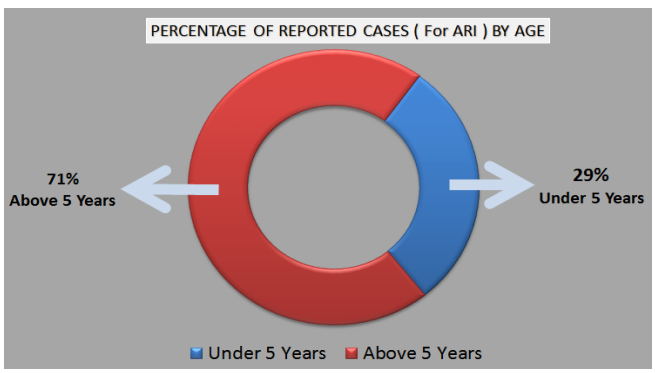
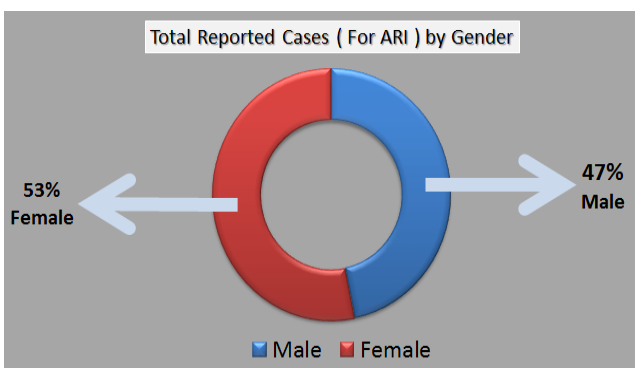


Figure I: Total consultations and proportion of reporting health facilities b/w week 1-39

Consultations in the camps by age and gender (week 39)





Morbidity Patterns

IDP camps:

During week 39, proportions of Acute Diarrhea in IDP camps have slightly decreased since last week (week 38=5.61 per cent and week 39=5.10 per cent). The proportion of acute diarrhea has tripled from 3 per cent in week 18 to 14 per cent in week 26 due to the hot summers season. As a part of preparedness, Health and WASH clusters together continued the Cholera Task Force activities in the high risk governorates, due to which the trends of Acute Diarrhea has gradually decreased to 5.5 per cent in week 34. The proportion of skin infestations including scabies has shown a steady trend since week 23 (6 per cent) 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 35 per cent to 40 per cent in week 39. (See graph be-

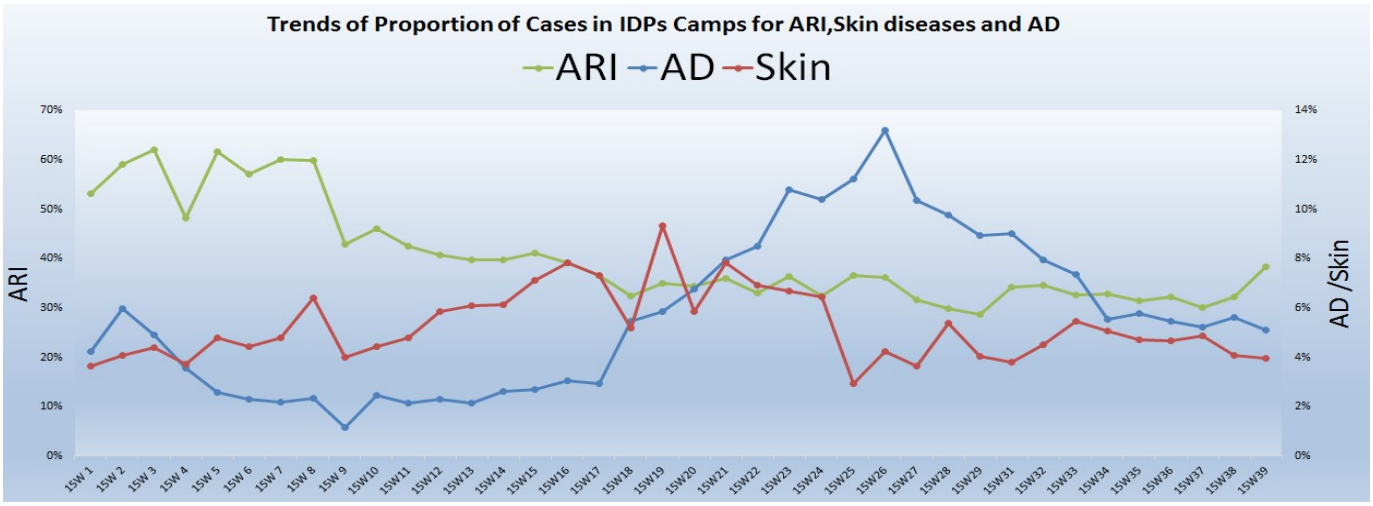


Figure II: Trend of proportion of cases of ARI, Scabies and AD in IDP camps (week 1 –39)

Refugee camps:

During week 39, proportions of Acute Diarrhea trend in refugee camps shows a steady increase trend since last week, (week 38=3.51 per cent and week 39=5.70 per cent). Proportion of Acute Respiratory Tract Infections (ARI) indicates a slow increase from 45 per cent to 50 per cent as the winters are approaching. Proportion of skin infestations including scabies have also increased from 3 per cent to 6 per cent as winters are approaching and there is a need for extensive health promotion activities to be conducted in all camps. (See graph below).

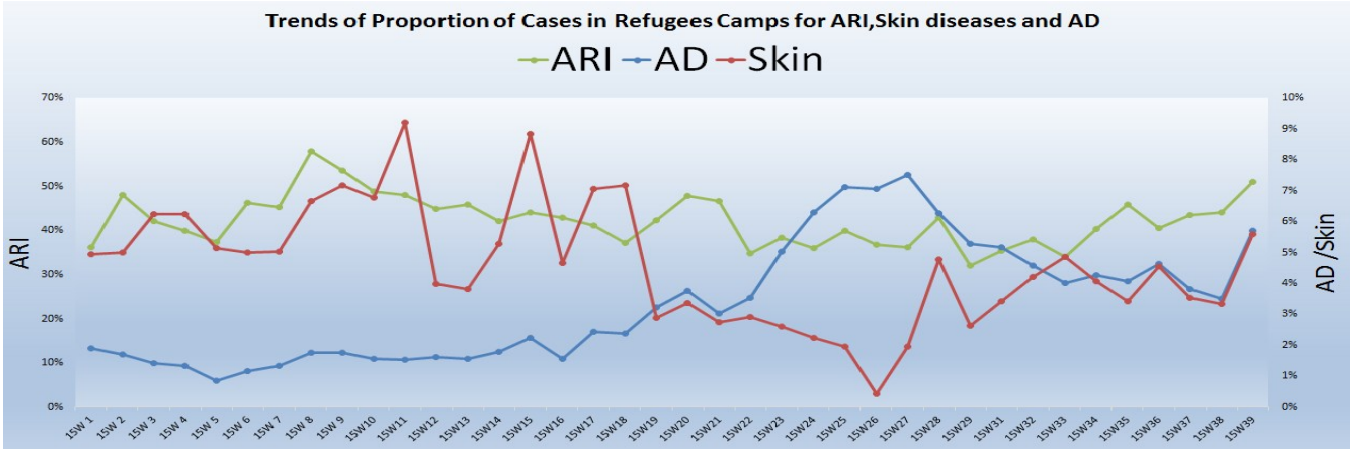


Figure III: Trend of proportion of cases of ARI, Scabies and AD in IDP camps (week 1 –39)

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 cause of morbidity in IDP camps for week 39, 2015.

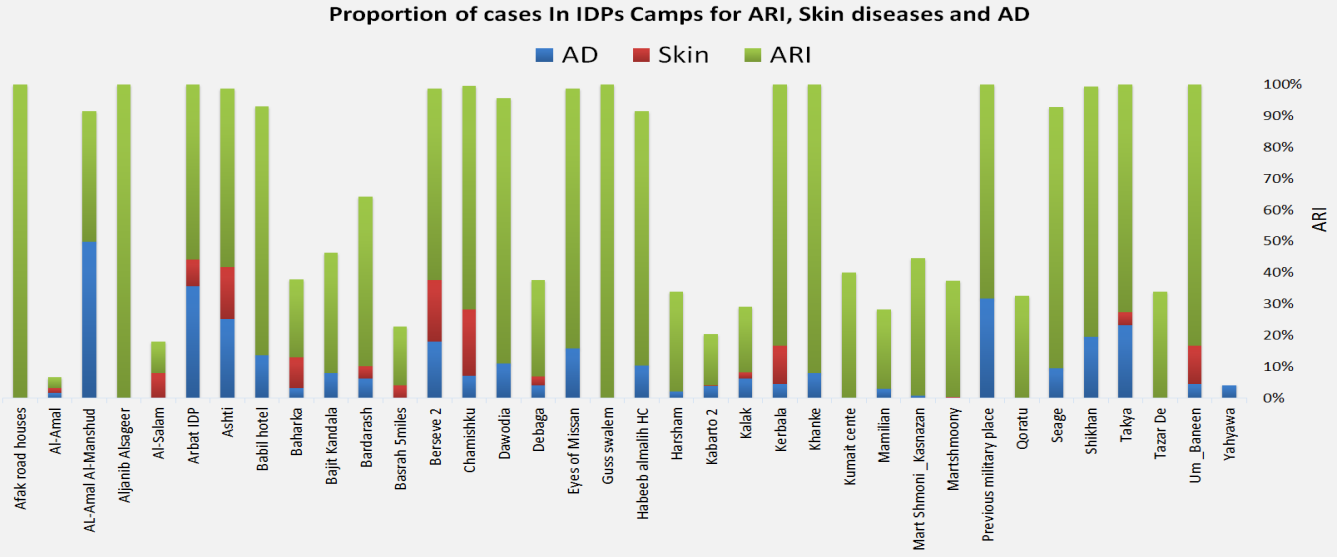


Figure IV: Proportion of cases of ARI, Scabies and AD in IDP camps for week 39

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 cause of morbidity in Refugee camps for week 39, 2015.

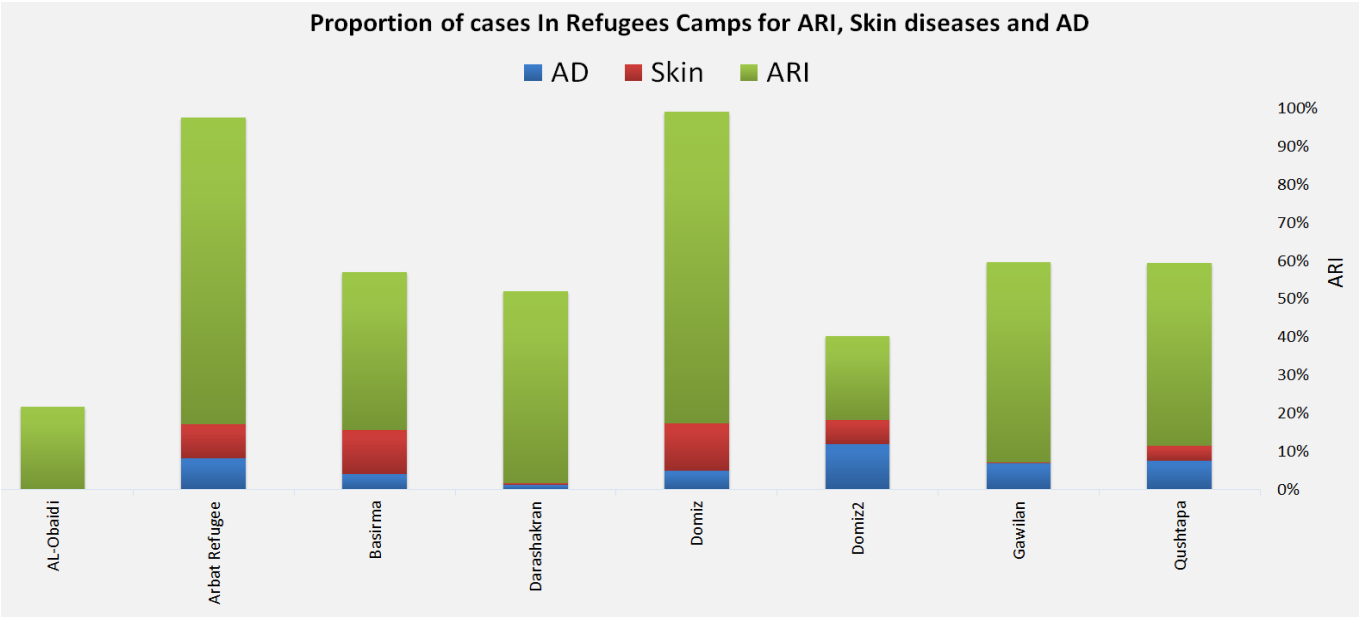


Figure V: Trend of proportions of cases of ARI, Scabies and AD in Refugee camps for week 39

Trend of Diseases by proportions for off camp IDPs covered by Mobile Clinics

The graph below 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 39, 2015.

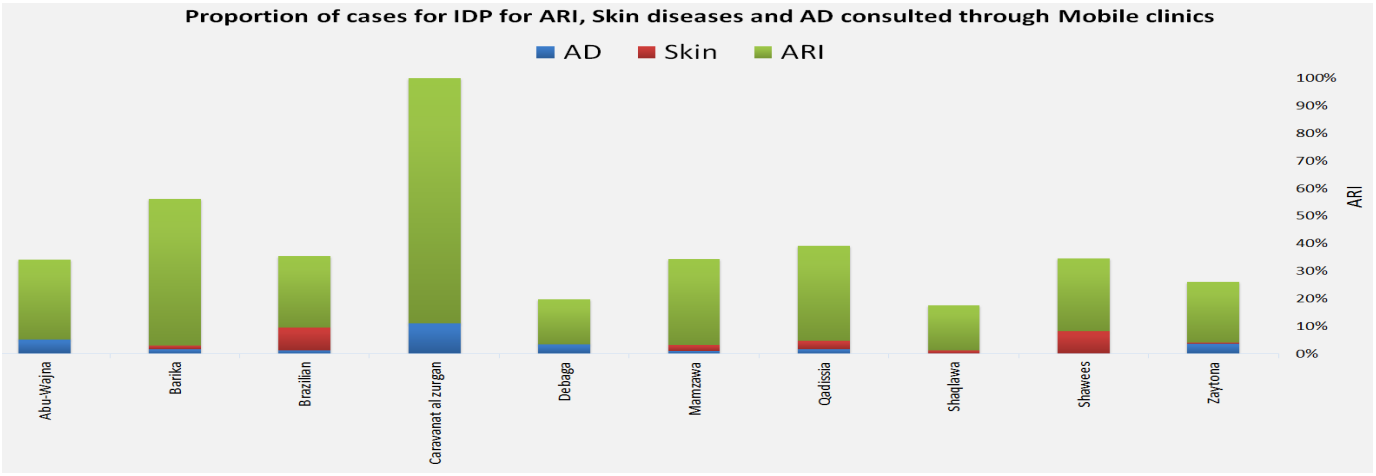
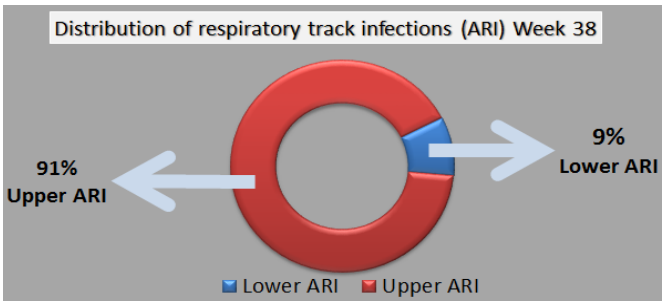
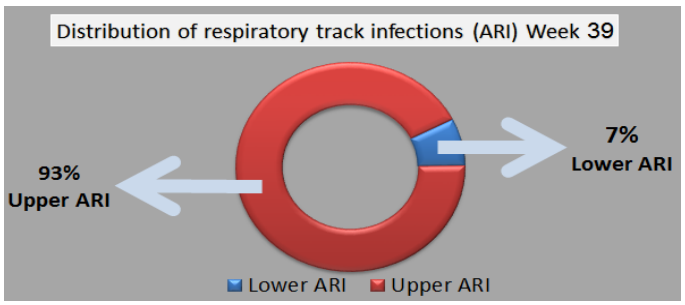


Figure VI: Trend of proportions of IDP cases for ARI, Scabies and AD covered by Mobile Clinics for week 39

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 38, the proportion of upper ARI in week 39 has increased by 2 per cent while that for lower ARI has decreased by 2 per cent. Overall, the ARI trend is slowly decreasing in both IDP and Refugee camps as we go further into the summer months. Furthermore, the graph below indicates the proportion of lower and upper ARI cases per each reporting site for week 39.





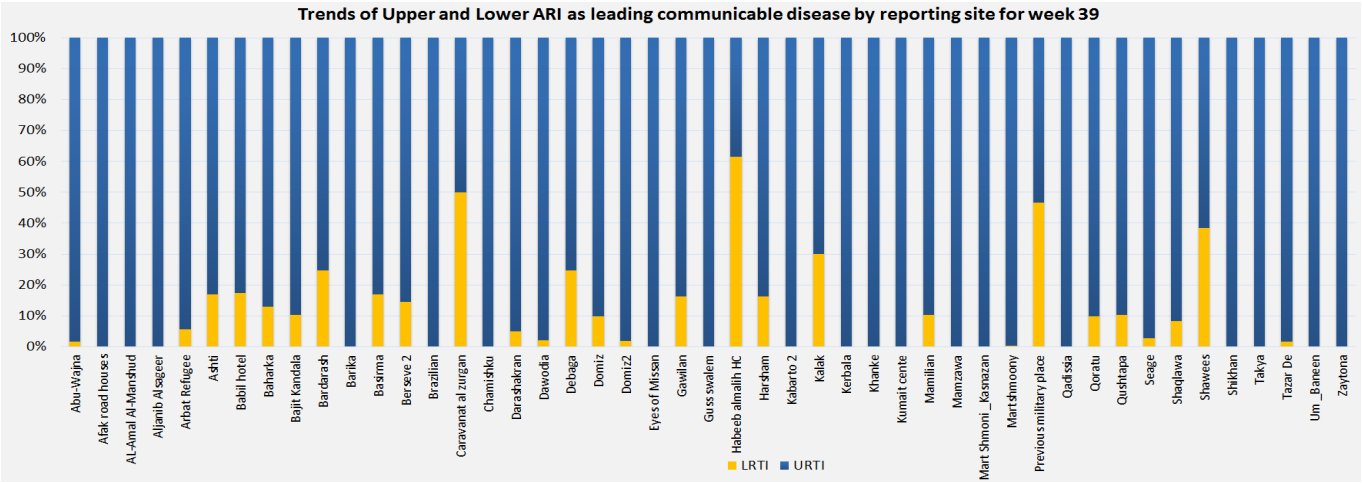


Figure VII: Trend of Upper and Lower ARI per reporting site for week 39

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 a steady decrease in waterborne diseases from 14 per cent in week 26 to 5.39 per centin week 39. (See graph below)

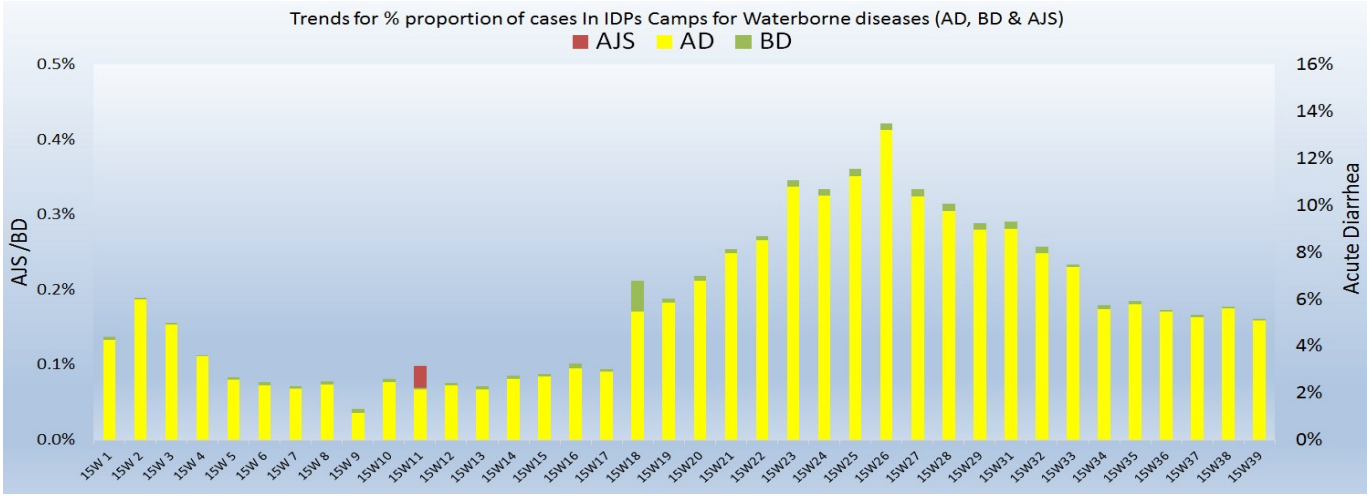


Figure VIII: Trend of Waterborne diseases from IDP camps, week 1 to 39—2015

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

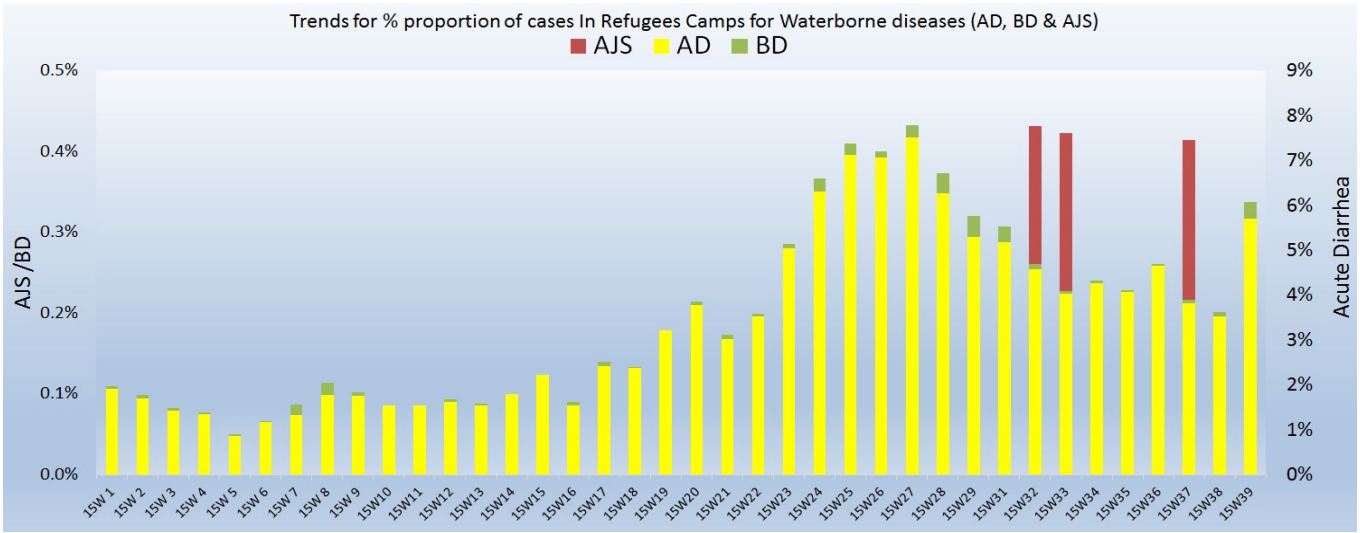


Figure IX: Trend of waterborne diseases from Refugee camps, week 1 to 39—2015

Alerts & Outbreaks

Five (5) alerts were generated through EWARN following the case definition thresholds, of which three (3) were from IDP camps and two (2) from refugees camps during this reporting week. All these five alerts were investigated within 48 hours, of which only one was 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 alerts i.e. Suspected Cholera. The trends of epidemic prone diseases for each reporting site are being monitored through a detailed monitoring matrix maintained at WHO EWARN department. (See table below for further details).

Sn	Alert	Location	Governorate	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	Arbat Refugee	Sulaymaniyah	Refugees	1	EMERGENCY	YES	YES	FALSE	YES
2	Acute Diarrhea	Eyes of Missan	Missan	IDPs	15	DOH	YES	YES	FALSE	NO
3		Qushtapa	Erbil	Refugees	23	DOH	YES	YES	FALSE	NO
4		Zaytona	Erbil	IDPs	18	IOM	YES	YES	FALSE	NO
5	Acute Watery Diarrhea-(Suspected Cholera)	AL-Amal Al-Manshud	Baghdad	IDPs	1	DOH	YES	YES	TRUE	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 the Ministry of Health is in the process of developing a real-time online interactive interface for EWARNs showing the trends of the main communicable diseases monitored by location along with a bi-monthly EWARN snapshot. (Please click on the link below for further details)

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

* draft—Work in progress

Trends of Alerts

The graph below 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 the Ministry of Health, World Health Organization (WHO) and various health cluster partners.

Measles outbreak was declared in Arbat camp in Sulaymaniyah in March 2015, which was responded and controlled. Cholera outbreak has been declared on September 15, 2015, and the index case was reported from the Governorate of Diwaniya. The Cholera Taskforce has been established and responded to this outbreak through the Cholera Command and Control Centre (C4) under the leadership of the MoH.

Iraq has been experiencing cholera outbreaks since September 7, 2015, which were declared on September 15, 2015, when the cases started to be reported in the Diwaniya Region of Qadissiya Governorate and quickly spread 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 *Vibro Cholera* Inaba on September 12, 2015.

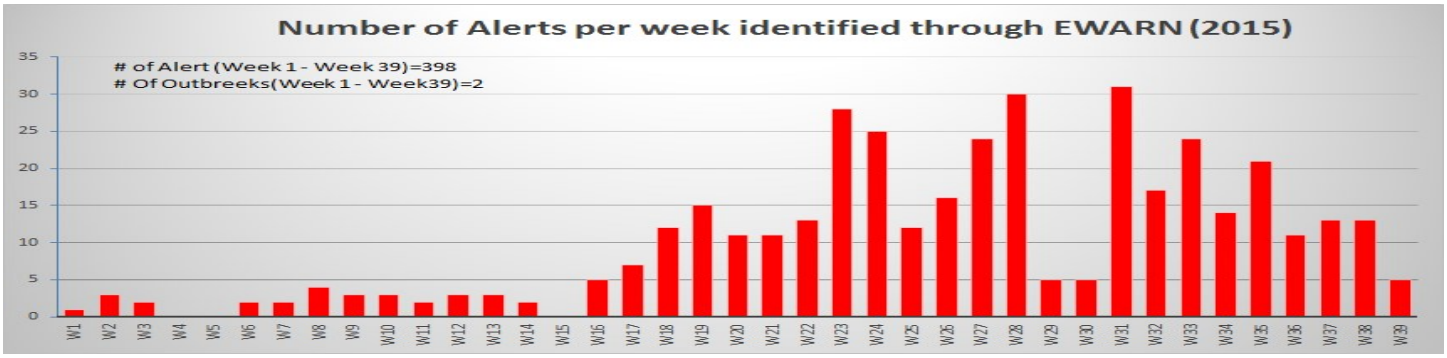


Figure X: Alerts generated through EWARN surveillance (week 1 to 39—2015)

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 intersectoral coordination mechanism established with WASH cluster, meeting daily except Thursdays.

There is a weekly teleconference 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.

For comments or questions, please contact

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