

Iraq: EWARN & Disease Surveillance Bulletin

2015 Epidemiological Week: 51

Reporting Period: 14 - 20 December 2015

Highlights

- ◆ **Number of reporting sites:** Eighty-Six (86) reporting sites including Thirty-Nine (39) in Internally Displaced People's (IDP) camps, Six (6) in refugee camps and Forty-one (41) mobile clinics submitted their weekly reports timely and completely.
- ◆ **Total number of consultations:** 31,280 (Male=15,511 and Female=15,769) marking an increase of 2965 (9%) since last week .
- ◆ **Leading causes of morbidity in the camps:** Acute Respiratory Tract Infections (ARI) (n=12,812), Acute Diarrhea (AD) (n=1058) and skin diseases (n=911) remained the leading causes of morbidity in all camps during this reporting week.
- ◆ **Number of alerts:** Twelve (12) alerts were generated through EWARN following the defined thresholds, of which eight were from IDP camps, two from Refugee camps and two from referral Hospitals during this reporting week. All these alerts were investigated within 48 hours of which all of them 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).

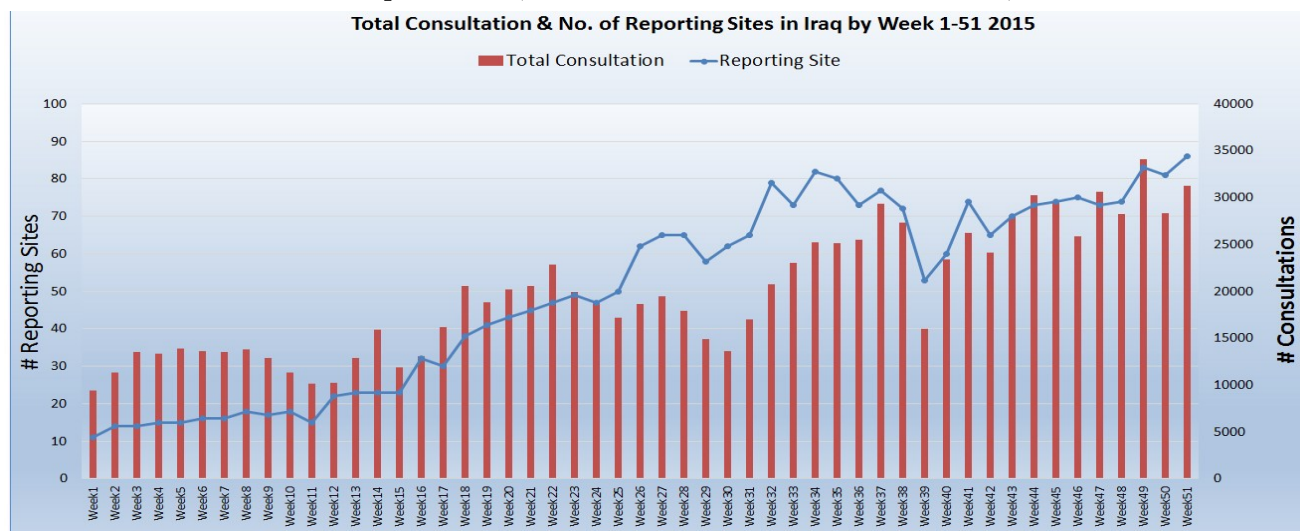
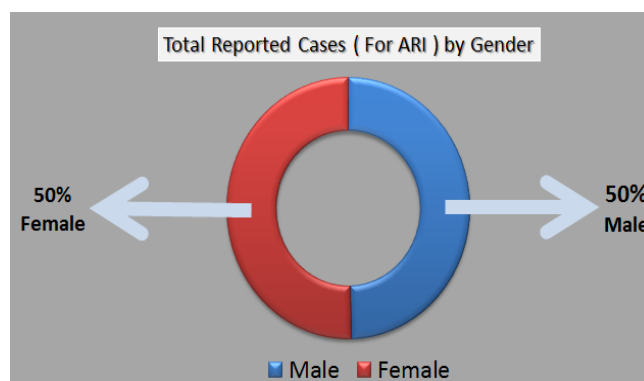
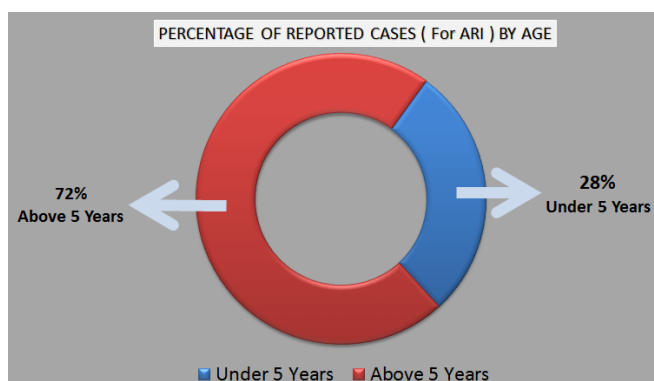


Figure I: Total consultations and proportion of reporting health facilities by week 1– week 51 2015
Consultations in the camps by age and gender in week 51 2015



Morbidity Patterns

IDP camps:

During week 51, the proportions of Acute Respiratory Tract Infections (ARI) are showing a slight increase from the previous week that is following the increase of the reporting sites at the same duration. During this winter and as from week 44 the trend of the reporting cases of ARI showed overall increase, which expected to increase during the coming weeks in particular during the weeks of January 2016. The proportions of Acute Diarrhea in IDP camps have sharply decreased comparing to week 26. The proportion of skin diseases including scabies has shown a steady trend since week 23 (6 per cent) due. (See graphs below).

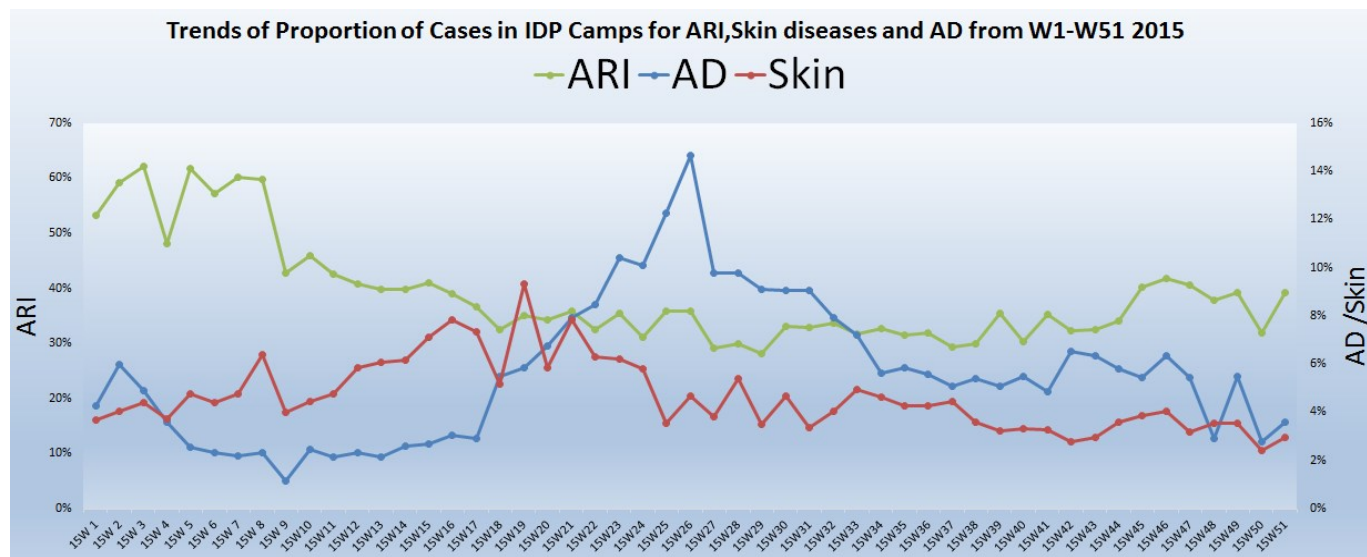


Figure II: Trend of proportion of cases of ARI, Scabies and AD in IDP camps (week 1 –51) 2015

Refugee camps:

During week 51, the proportion of Acute Respiratory Tract Infections (ARI) indicates a slight decrease from 62 per cent to 51 per cent. The proportions of Acute Diarrhea trend in refugee camps shows a steady decrease trend since week 43. Proportion of skin infestations including scabies have also increased from 2 per cent to 3 per cent and there is a need for extensive health promotion activities to be conducted in all camps. (See graphs below).

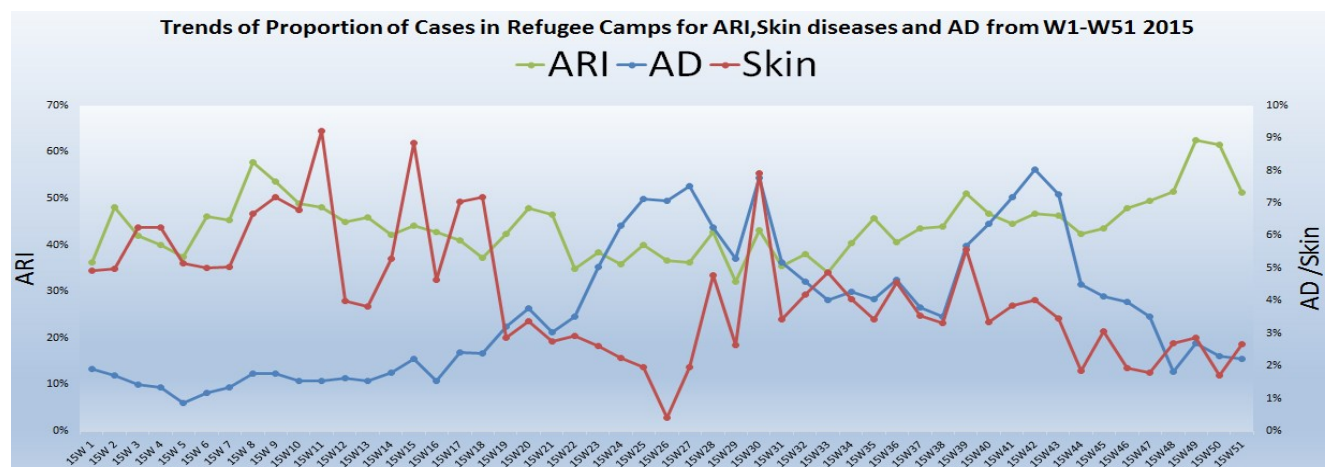


Figure III: Trend of proportion of cases of ARI, Scabies and AD in IDP camps (week 1 –51) 2015

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 causes of morbidity in IDP camps for week 51 2015.

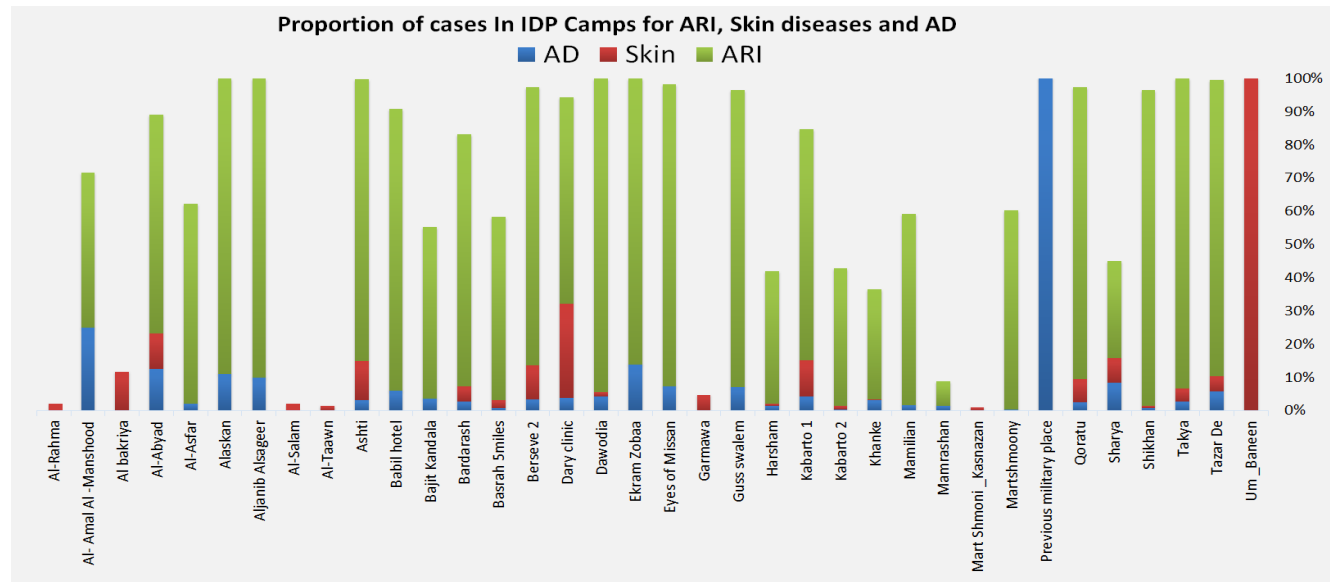


Figure IV: Proportion of cases of ARI, Scabies and AD in IDP camps for week 51 2015

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 causes of morbidity in Refugee camps for week 51, 2015.

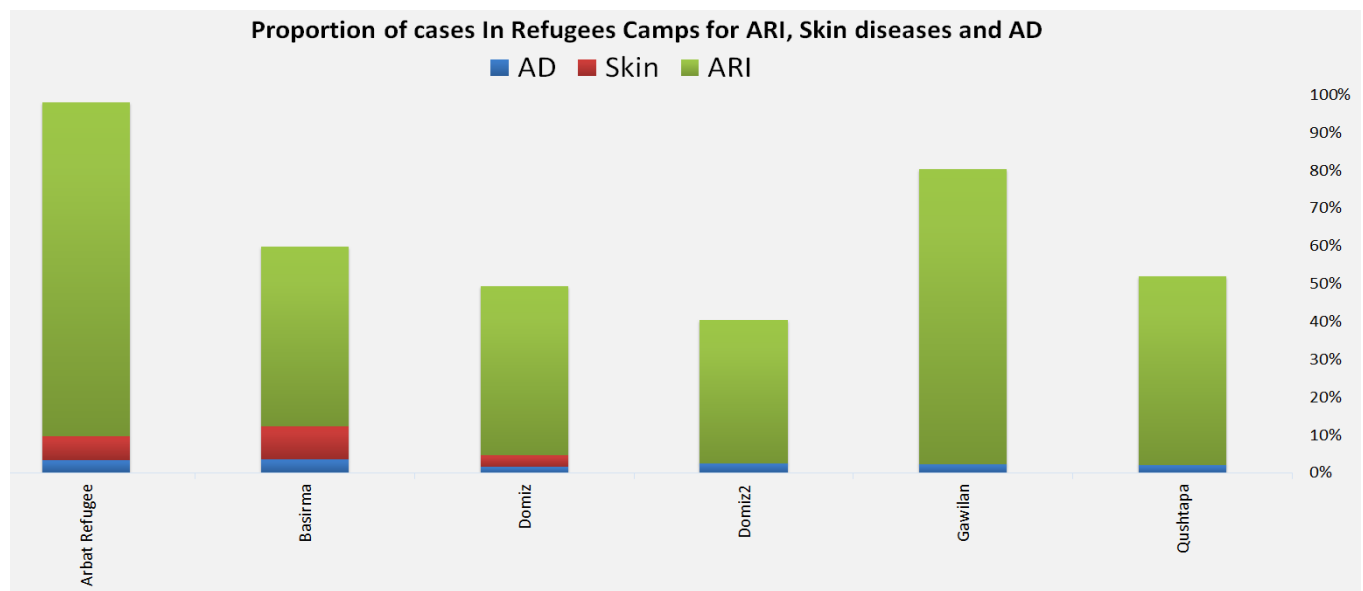


Figure V: Trend of proportions of cases of ARI, Scabies and AD in Refugee camps for week 51 2015

The below graph 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 off camp IDPs covered by mobile clinics for week 51, 2015.



Acute Respiratory Tract Infection (ARI) has been further divided into upper and lower respiratory tract infections. Compared to week 50, the proportion of upper ARI increased by 1% from 93% to 94% while the Lower ARI proportion decreased from 7% to 6% during the same time period. Furthermore, the below graph indicates the proportion of lower and upper ARI cases per each reporting site for week 51.



Trends of the main reported water borne diseases in IDP camps

The below graph shows the trends of waterborne diseases (Acute Diarrhea, Acute Bloody Diarrhea and Acute Jaundice Syndrome) reported from IDP camps and which indicated a decrease in waterborne diseases in week 51 in compare to week 49. (See below graph)

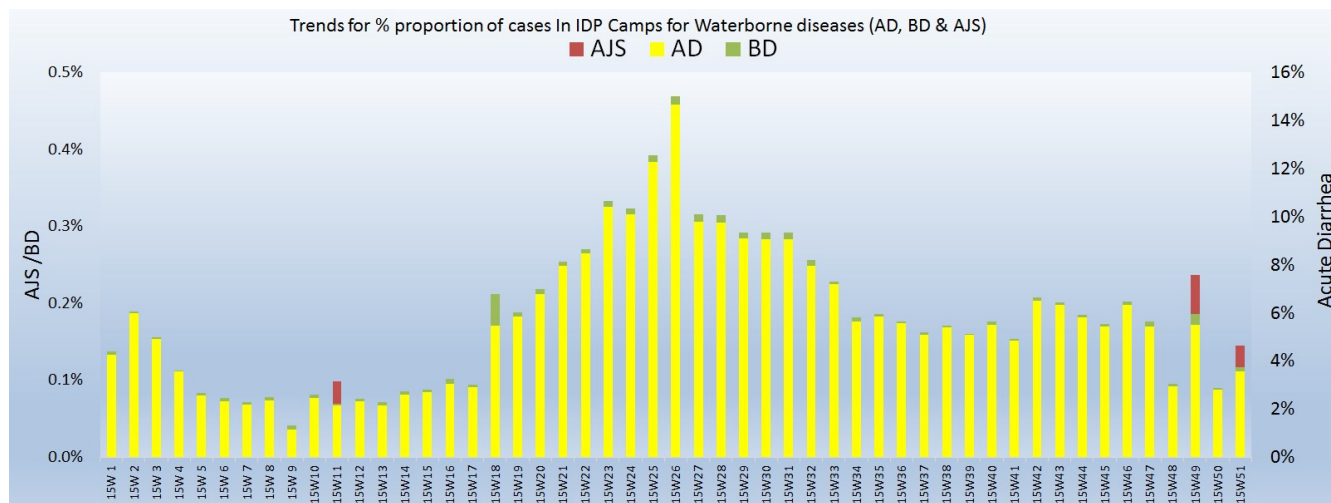


Figure VIII: Trend of Waterborne diseases from IDP camps, week 1 to 51—2015

Trends of the main reported 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 indicates a decrease of the trend since week 42. Furthermore, no clustering has been reported for acute jaundice syndrome cases during this period.

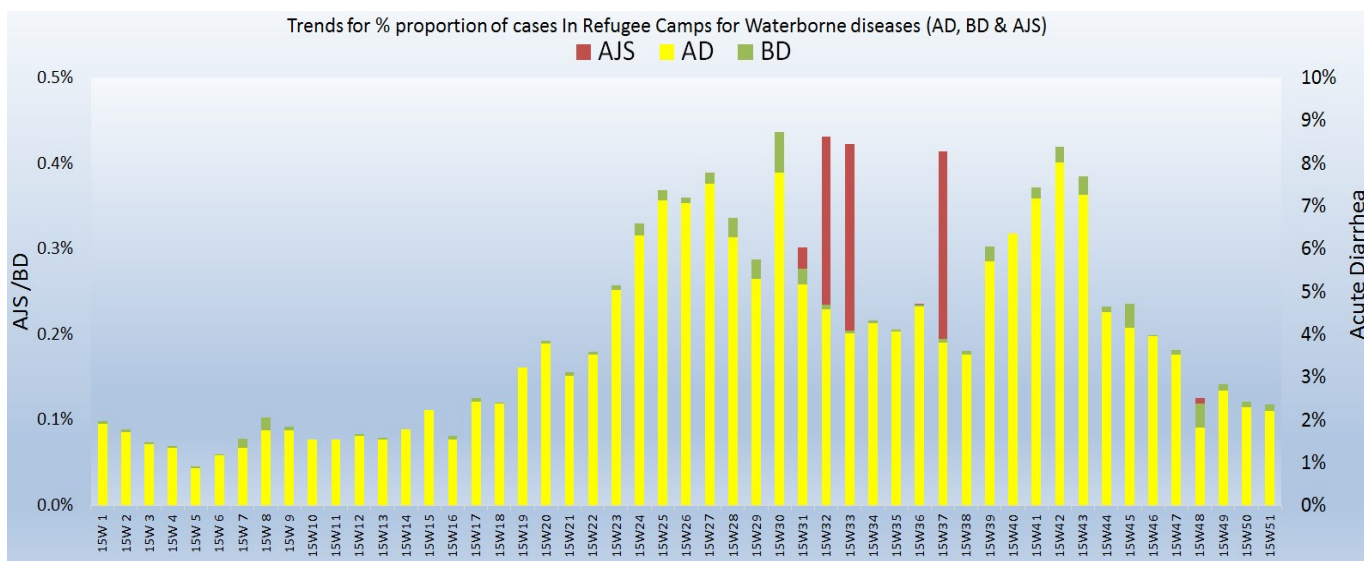


Figure IX: Trend of waterborne diseases from Refugee camps, week 1 to 51—2015

Twelve (12) Alerts were generated through EWARN following the case definition and defined thresholds, of which eight were from IDP camps, two from refugees camps and two from hospitals during this reporting week. All these four alerts were investigated within 48 hours of which all them verified as true for further investigation and appropriate response by the respective Governorate Department of Health, WHO and the relevant health cluster partners. Cerebro-Spinal Fluid sample has been taken from the suspected case of meningitis and waiting for the lab result. 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 C. Leishmaniasis	Chamishku	Dahuk	Amedi	IDPs	1	MDM	Yes	Yes	TRUE	Yes
2		Sunkur	Salah Al-Din	Tuz	IDPs	1	MSF	Yes	No	TRUE	Yes
3		Malh	Kirkuk	Debis	IDPs	1	MC-MSF	Yes	No	TRUE	Yes
4		Balkana	Salah Al-Din	Tuz	IDPs	3	MC-MSF	Yes	No	TRUE	Yes
5	Suspected V. leishmaniasis	Shoraw	Kirkuk	Daquq	IDPs	1	MC-MSF	Yes	Yes	TRUE	Yes
6	Suspected Measles	Arbat	Sulaymaniyah	Arbat	Refugees	3	EMERGENCY	Yes	Yes	TRUE	Yes
7		Domiz	Dahuk	Sumel	Refugees	1	DOH	Yes	Yes	TRUE	Yes
8	Suspected Meningitis	Hevi	Dahuk	Dahuk	Hospital	1	DOH	Yes	Yes	TRUE	Yes
9	Acute Flaccid Paralysis (AFP)	Hevi	Dahuk	Dahuk	Hospital	1	DOH	Yes	Yes	TRUE	Yes
10	Suspected Pertusis	Al-Abyad	anbar	iriyat Fallu	IDPs	3	DOH	Yes	Yes	TRUE	Yes
11		Guss swalem	Babylon	Babylon	IDPs	3	DOH	Yes	Yes	TRUE	Yes
12	Skin Diseases- (Scabies)	UM_Baneen	Kerbala	Kerbala	IDPs	33	DOH	Yes	Yes	TRUE	Yes

Trends of Alerts

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

In addition, Cholera outbreak has been declared on 15th September 2015, the index case was reported from Diwaniya Governorate. Iraq has been experiencing cholera outbreaks since early of September 2015, when the cases started to be reported in Diwaniya Region of Qadissiya Governorate and quickly spread to the West of Baghdad in Abu Ghraib district. Samples sent to the national central public health laboratory from these regions and confirmed positive for *Vibrio Cholerae* Inaba on 12 September 2015. Cholera Taskforce has been established and responded to this outbreak through Cholera Command and Control Centre (C4) under the leadership of MoH. No more cholera cases reported from Iraq since 6 December 2015 and the C4 declared containment of the outbreak.

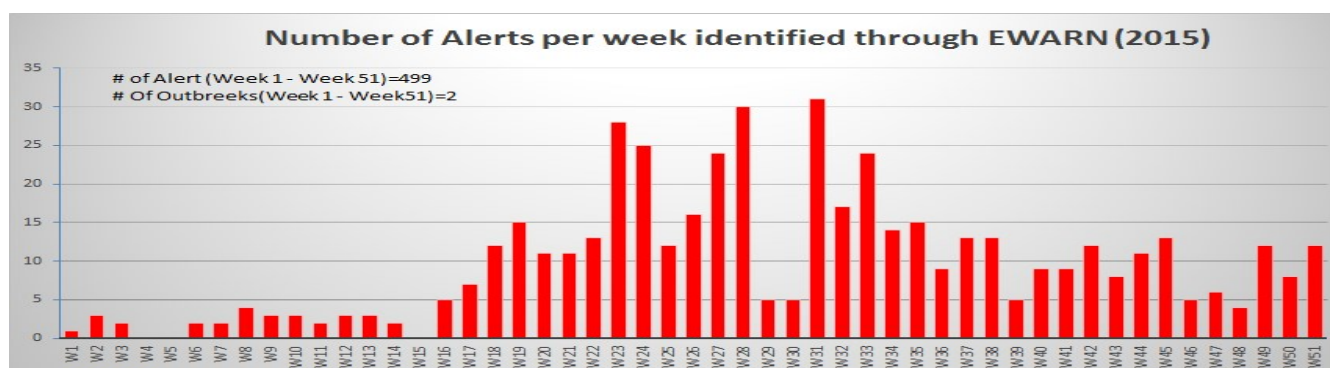


Figure X: Alerts generated through EWARN surveillance (week 1 to 51—2015)

For comments or questions, please contact

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