World Health Organization

EWARN: EARLY WARNING AND RESPONSE NETWORK

Iraq: EWARN & Disease Surveillance Bulletin

2015 Epidemiological Week: 52 **Reporting Period: 21 —27 December, 2015**

Highlights

- **Number of reporting sites:** Eighty (80) reporting sites including thirty-eight (38) in Internally Displaced People's (IDP) camps, Six (6) in refugee camps and thirty-six (36) mobile clinics submitted their weekly reports timely and completely.
- **Total number of consultations:** 30 269 (Male=14 543 and Female=15 726) marking a increase of 1 011 (3%) since last week.
- **Leading causes of morbidity in the camps:** Acute Respiratory Tract Infections (ARI) (n=13 597), skin diseases (n=1085) and Acute Diarrhea (AD) (n=1 096) 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 defined thresholds, of which three were from IDP camps, One from refugee camp and one from hospital during this reporting week. All these alerts were investigated within 72 hours and all 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 Alerts and Outbreaks Section).

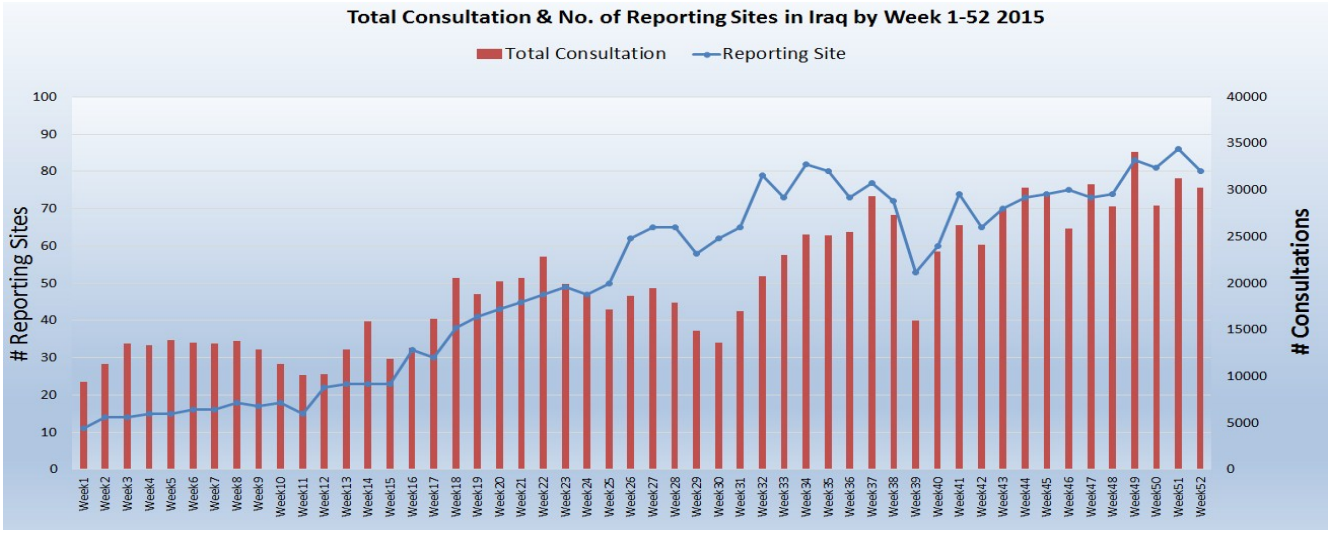
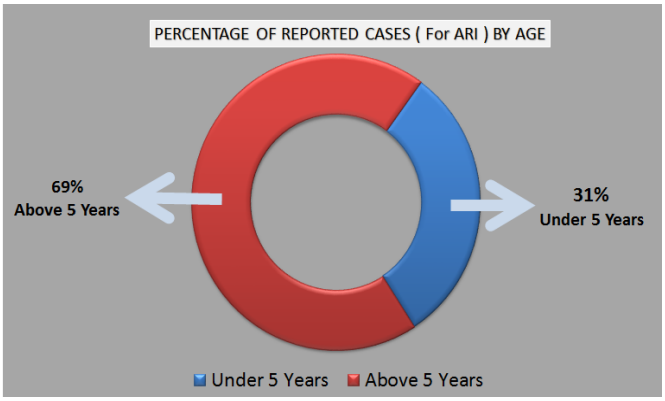
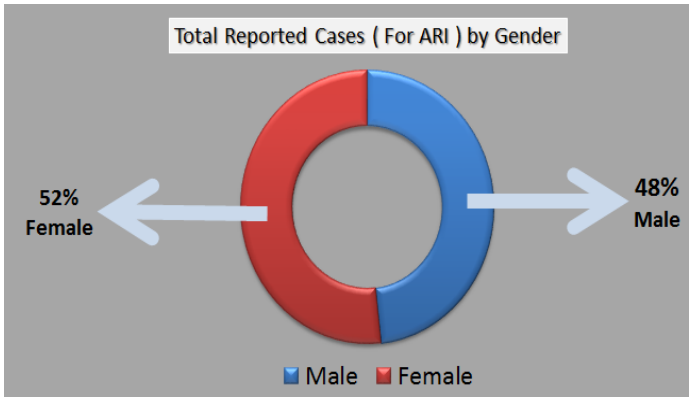


Figure I: Total consultations and proportion of reporting health facilities by week 1– week 52 2015

Consultations in the camps by age and gender (week 52)





Morbidity Patterns

IDP camps:

During week 52, the proportions of Acute Respiratory Tract Infections (ARI) are showing a slightly increased from the previous 2 weeks. During this winter and as from week 52 the trend of the reporting cases of ARI showed overall slight increase, which is expected to increase during the coming weeks in particular during the weeks of January 2016. The proportions of Acute Diarrhea in IDP camps is static same as last week. The proportion of skin diseases including scabies has shown a steady trend since week 23 (6%) due to the health and hygiene sessions in camps by the health cluster partners and Departments of Health. (See graph below).

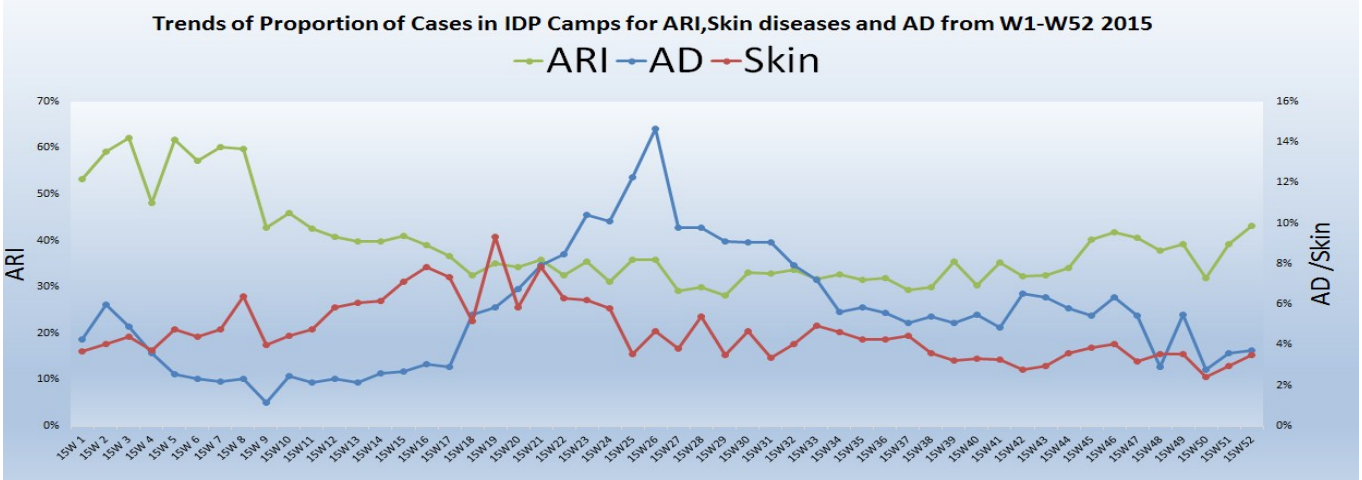


Figure II: Trend of proportion of cases of ARI, Scabies and AD in IDP camps (week 1–52) 2015

Refugee camps:

During week 52, the proportion of Acute Respiratory Tract Infections (ARI) indicates a slight increase from 51% in week 51 to 61% this week, as expected during winter season. The proportions of Acute Diarrhea trend in refugee camps shows a slight increase trend since last week, (week 51=2% and week 52=3%). Proportions of skin infestations including scabies have also increased from 3% to 4% as winters are approaching and there is a need for extensive health promotion activities to be conducted in all camps. (See graph below).

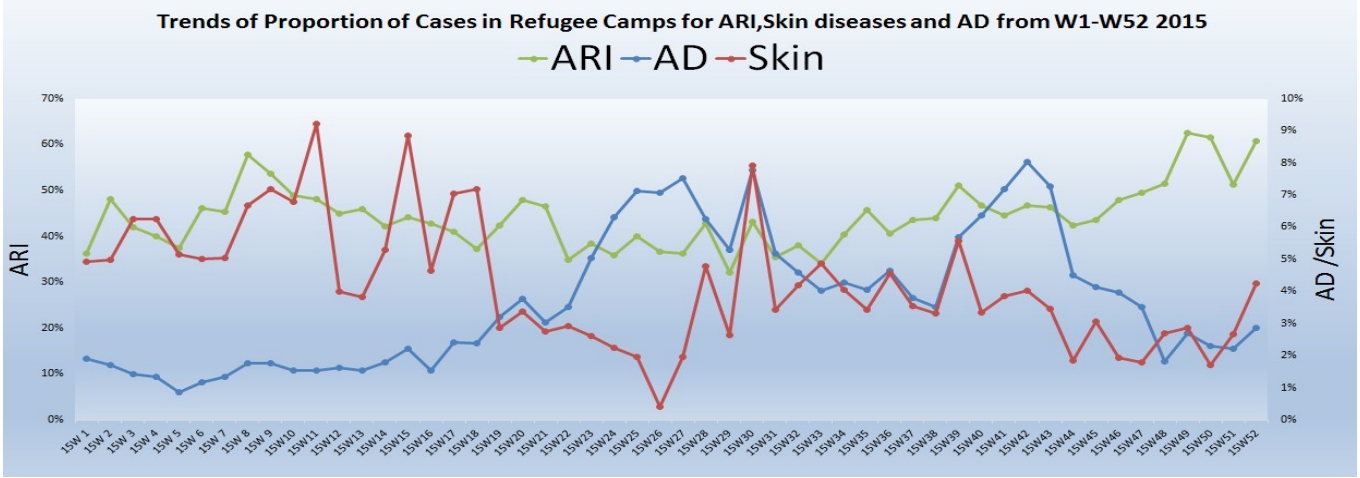


Figure III: Trend of proportion of cases of ARI, Scabies and AD in IDP camps (week 1–52) 2015

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 causes of morbidity in IDP camps for week 52, 2015.

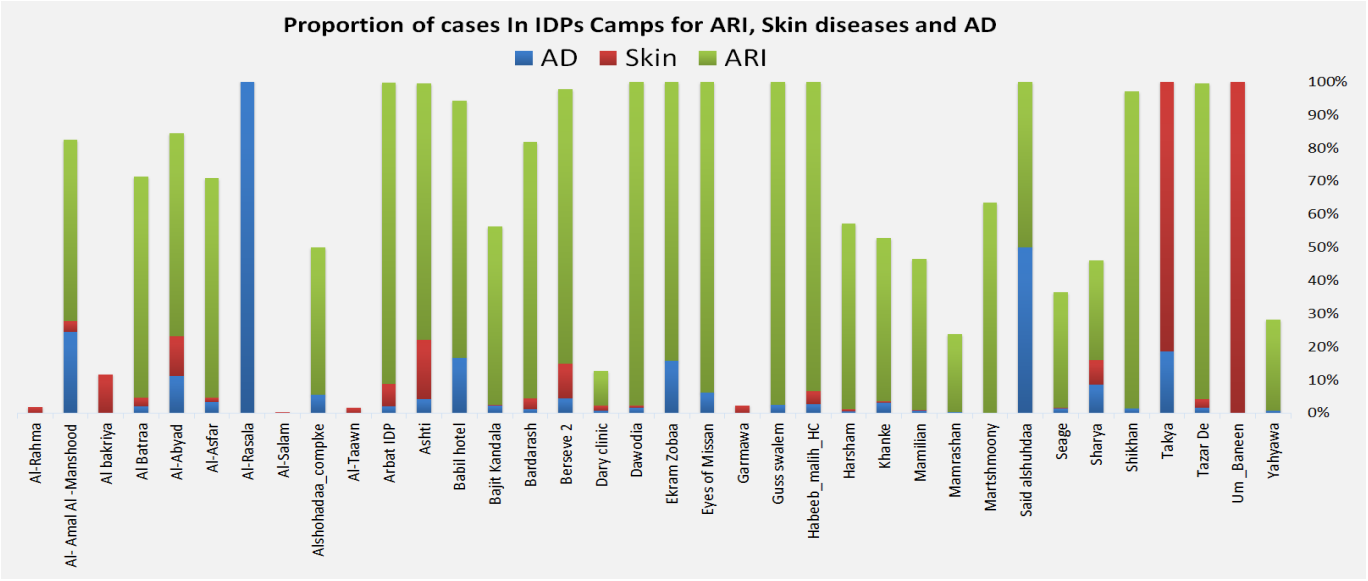


Figure IV: Proportion of cases of ARI, Scabies and AD in IDP camps for week 52 2015

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 causes of morbidity in Refugee camps for week 52, 2015.

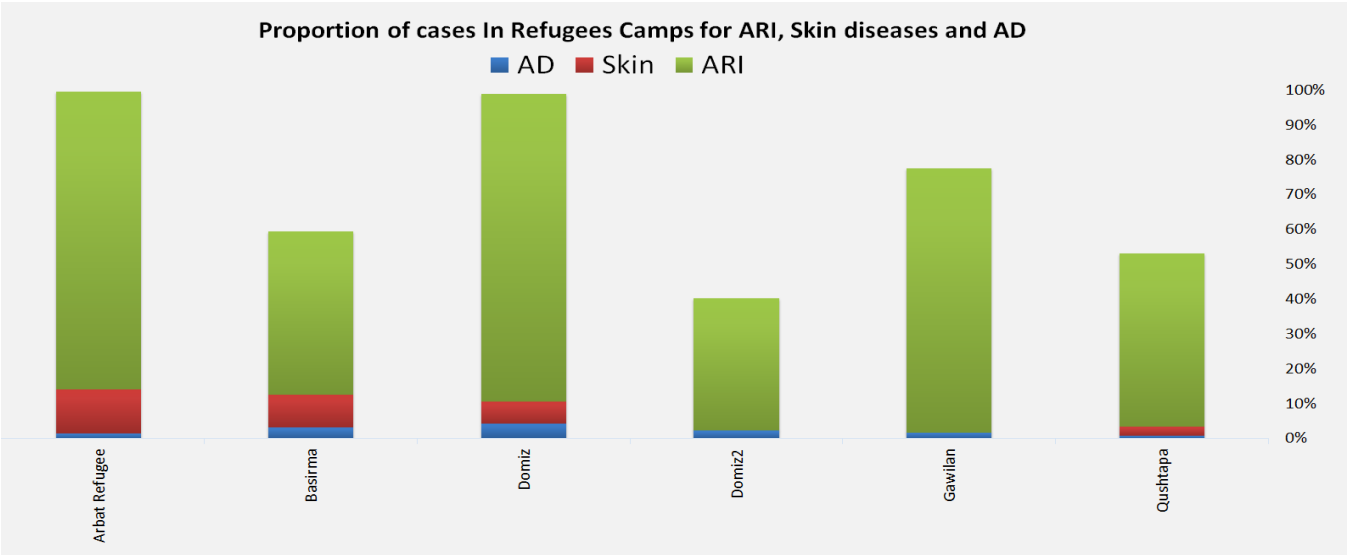


Figure V: Trend of proportion of cases of ARI, Scabies and AD in Refugee camps for week 52 2015

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 causes of morbidity in off camp IDPs covered by mobile clinics for week 52, 2015.

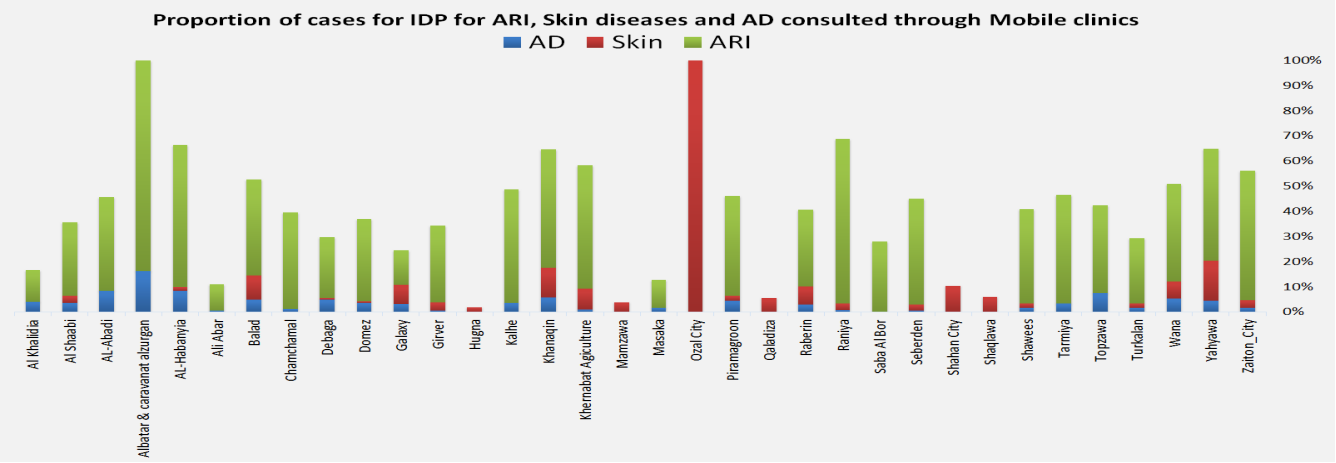
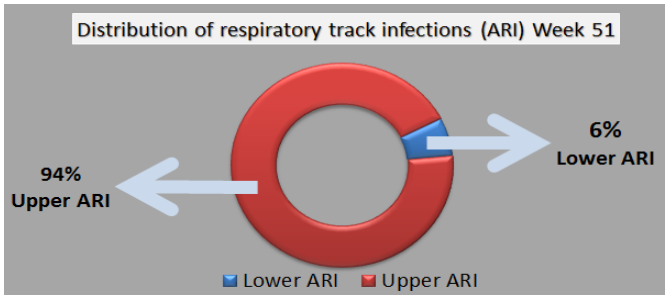
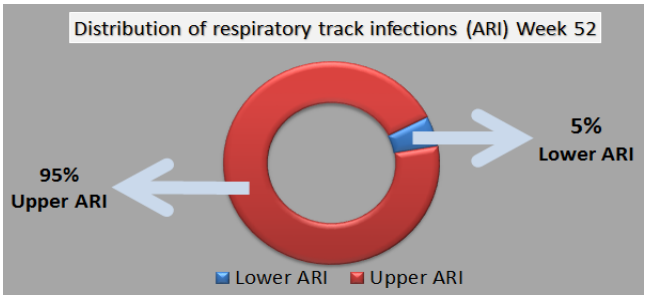


Figure VI: Trend of proportions of IDP cases for ARI, Scabies and AD covered by Mobile Clinics for week 52 - 2015

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 51, the proportion of upper ARI has increased by 1% from 94% to 95%, while the Lower ARI proportion has decreased from 6% to 5% during the same time period. Furthermore, the graph below indicates the proportion of lower and upper ARI cases per each reporting site for week 52.





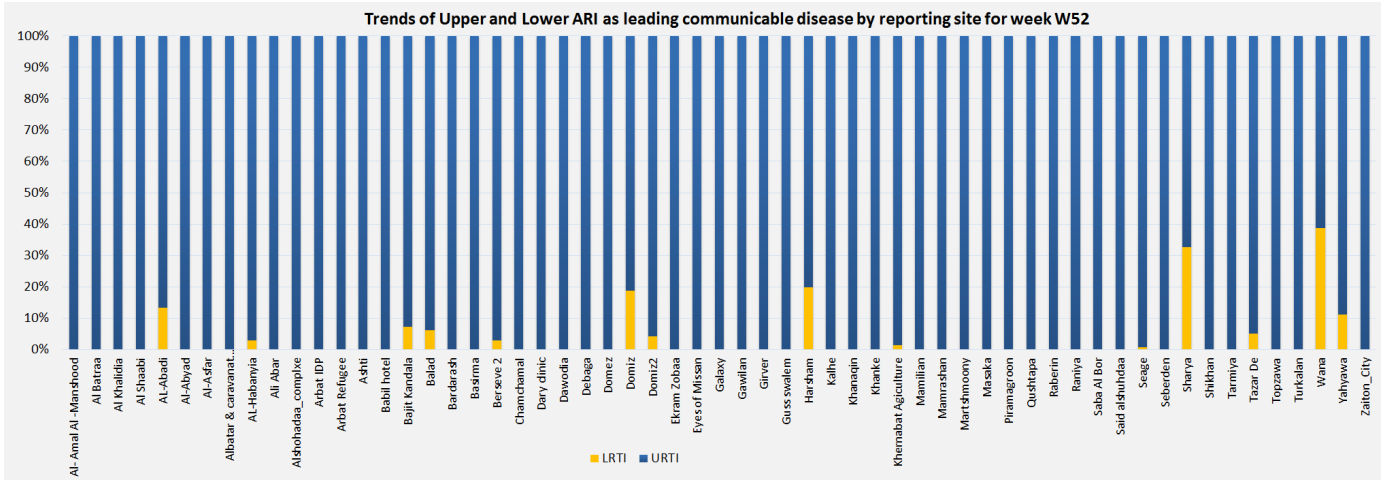


Figure VII: Trend of Upper and Lower ARI per reporting site for week 52 - 2015

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 sharp decrease in waterborne diseases from 6% in week 47 to 4% in week 52. (See graph below)

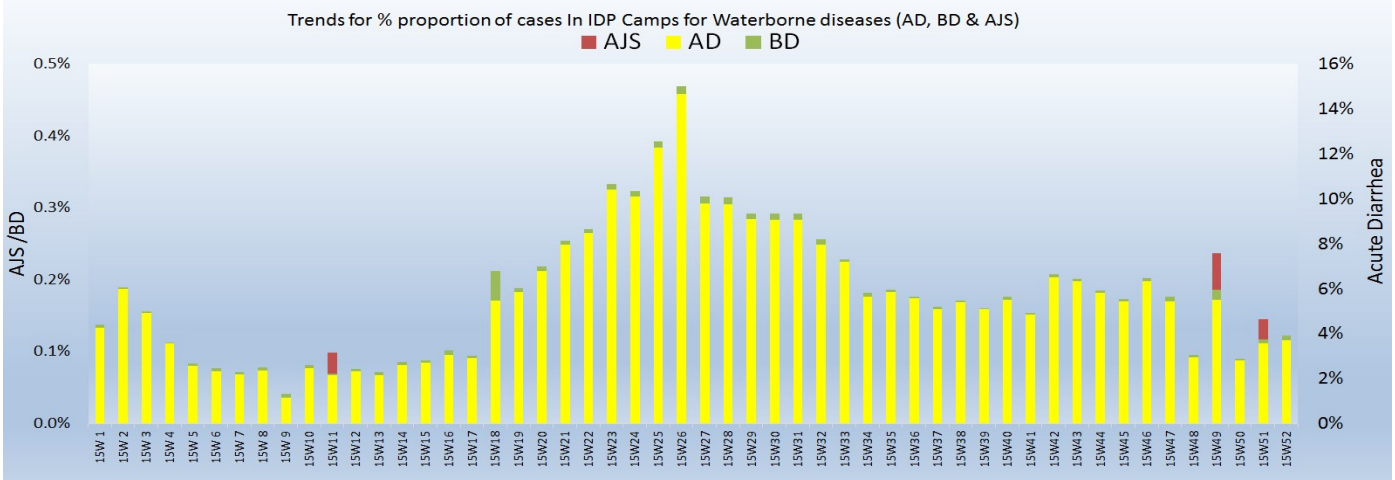


Figure VIII: Trend of Waterborne diseases from IDP camps, week 1 to 52—2015

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

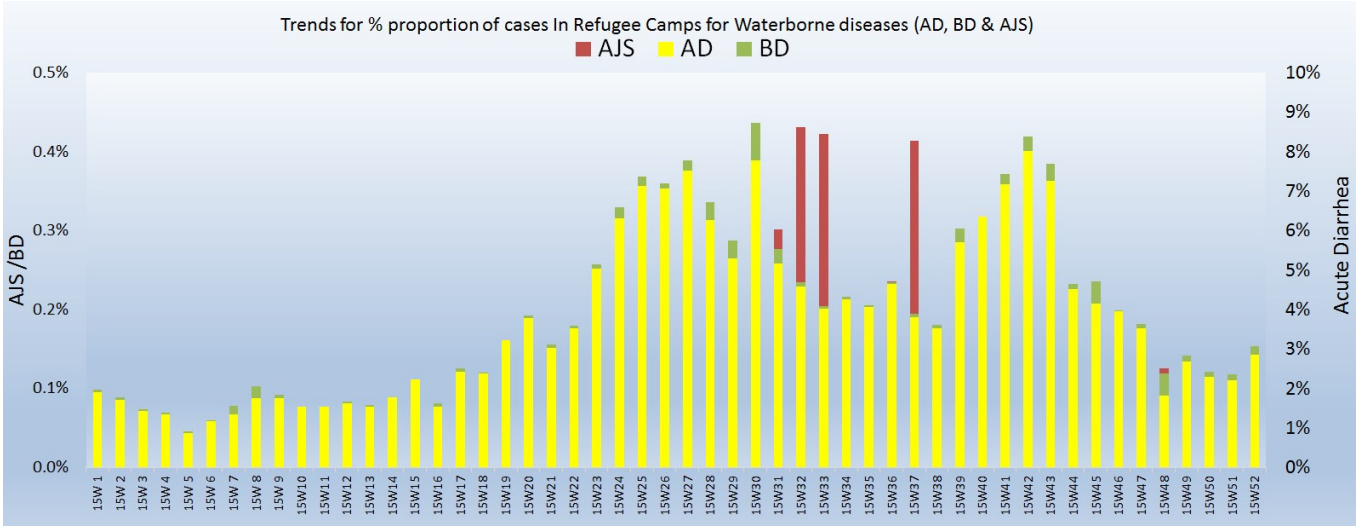


Figure IX: Trend of waterborne diseases from Refugee camps, week 1 to 52—2015

Alerts & Outbreaks

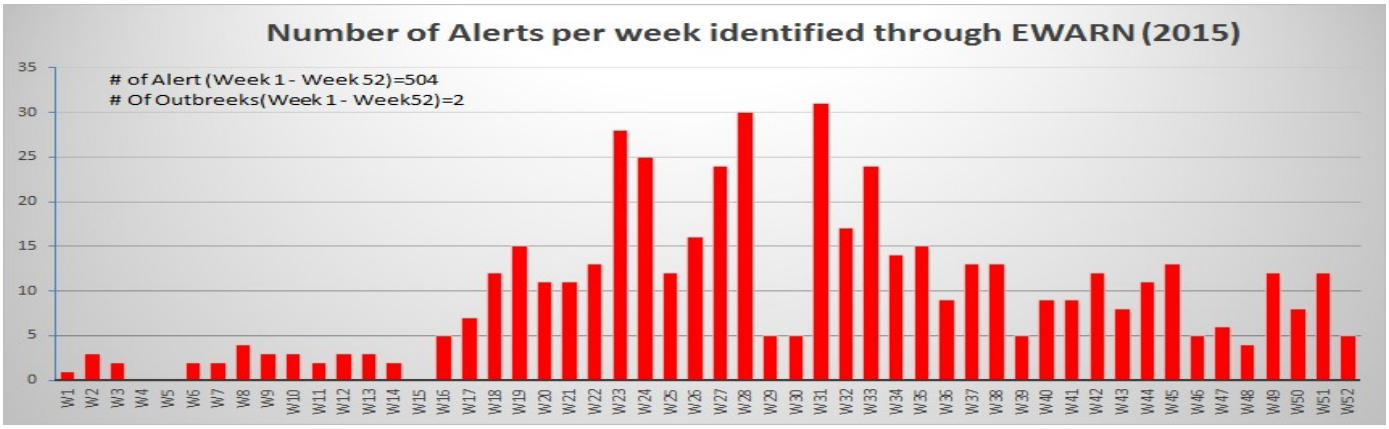
Five alerts were generated through EWARN following the case definition and alerts thresholds, of which three were from IDP camps and one from Refugee camps and One Hospital during this reporting week. All these 5 alerts were investigated within 72 hours, and all of them verified as true for further investigation and appropriate response by the respective Governorate Department of Health, WHO and the relevant health cluster partners. Stool sample has been collected from the suspected case of acute flaccid paralysis 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 table below.)

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	Acute Flaccid Paralysis (AFP)	Hevi	Duhak	Duhak	Hospital	1	DOH	Yes	Yes	TRUE	Yes
2	Suspected Leishmaniasis	Qoratu/Banrasayi	Diyala	Khanaqin	IDPs	1	EMERGENCY	Yes	No	TRUE	No
3		Ashti	Sulaymaniyah	Sulaymaniyah	IDPs	1	EMERGENCY	Yes	No	TRUE	No
4	Suspected Measles	Arbat	Sulaymaniyah	Arbat	IDPs	1	EMERGENCY	Yes	Yes	TRUE	Yes
5		Arbat	Sulaymaniyah	Arbat	Refugee	1	EMERGENCY	Yes	Yes	TRUE	Yes

Trends of Alerts

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

In addition, Cholera outbreak has been declared on September 15, 2015, the index case was reported from Diwaniya Governorate. Iraq has been experiencing cholera outbreaks since September 7, 2015 and was declared on September 15, 2015, when the cases started to be reported in Diwaniya Region of Qadissiya Governorate and were quickly spreading 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. The Cholera Taskforce has been established and responded to this outbreak through the Cholera Command and Control Centre (C4) under the leadership of the Ministry of Health. No more cholera cases reported from Iraq since December 6, 2015 and the C4 declared containment of the outbreak.



For comments or questions, please contact

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