World Health Organization

EWARN: EARLY WARNING AND RESPONSE NETWORK

Iraq: EWARN & Disease Surveillance Bulletin

2015 Epidemiological Week: 35 **Reporting Period: 24 —30 August, 2015**

Highlights

- **Number of reporting sites:** Eighty (80) reporting sites including fifty-five (55) Internally Displaced People's (IDP) camps, nine (9) refugee camps and eighteen (16) mobile clinics submitted their weekly reports timely and completely.
- **Total number of consultations:** 23,260 (male=10,541 and female=12,719) marking a decrease of 85 (0.9 per cent) since last week.
- **Leading causes of morbidity in the camps:** Acute Respiratory Tract Infections (ARI) (n=7,922), Acute Diarrhea (AD) (n=1,271) and skin diseases (n=1,039) remained the leading causes of morbidity in all camps during this reporting week.
- **Number of alerts:** Fifteen (15) alerts were generated, of which thirteen (13) were from IDP camps and two from hospitals during this reporting week. All these fifteen alerts were investigated within 48 hours, of which five (5) 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: Alert and Outbreak Section)

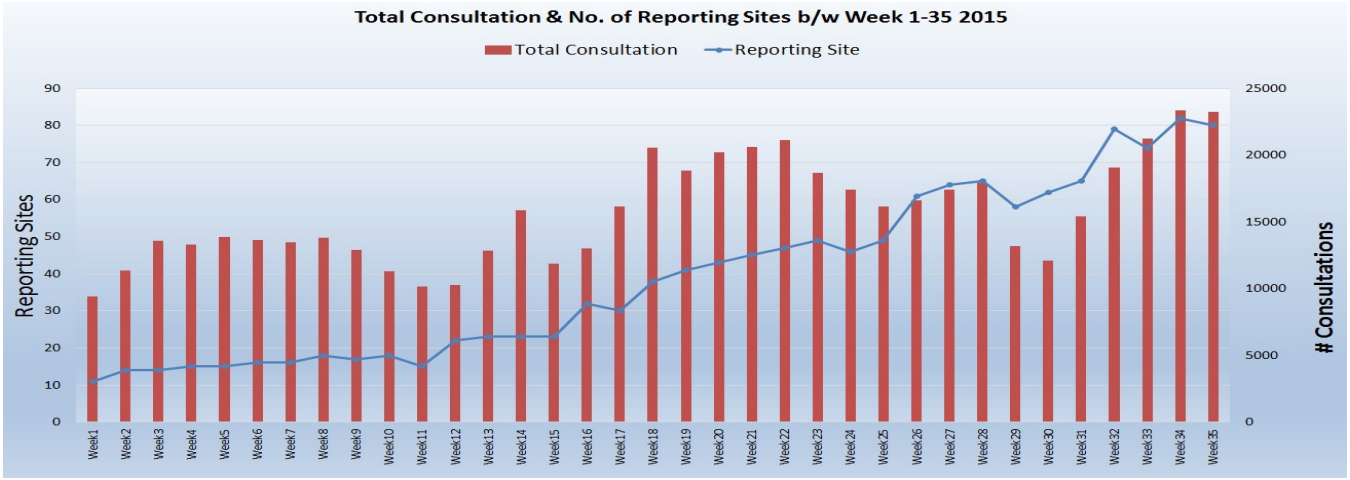
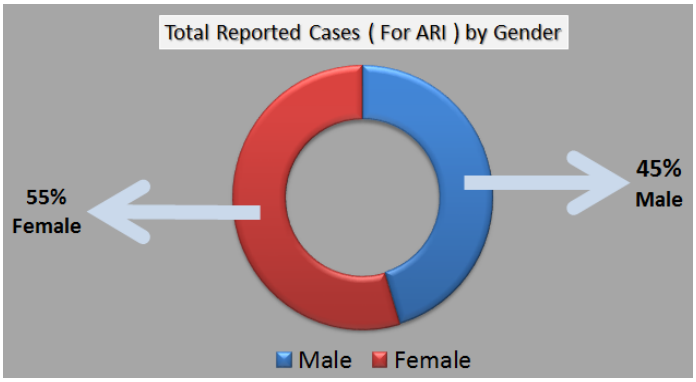
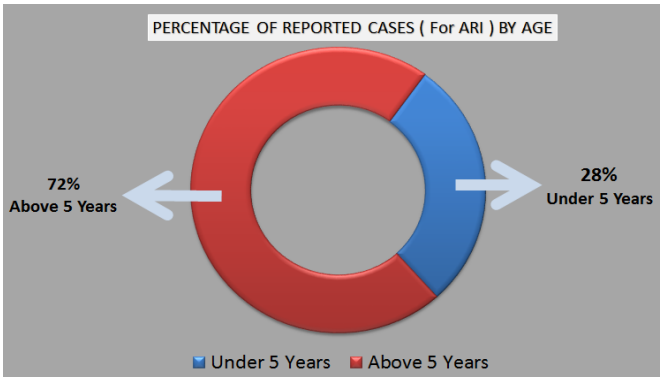


Figure I: Total consultations and proportion of reporting health facilities b/w week 1-35

Consultations in the camps by age and gender (week 35)





Morbidity Patterns

IDP camps:

During week 35, proportions of Acute Diarrhea in IDP camps has slightly increased since last week (week 34=5.55 per cent and week 35=5.77 per cent). The proportion of acute diarrhea has increased from 1.81 per cent in week 18 to 14 per cent in week 26 due to the hot summers season, but as a part of preparedness, Health and WASH clusters together continued the cholera prevention activities in the high risk governorates, due to which the trends of Acute Diarrhea has gradually decreased to 6 per cent in week 35. The proportion of skin infestations including scabies has shown a steady trend since week 23 (6 per cent) due to health and hygiene sessions in camps by the health cluster partners and Departments of Health. Proportion of Acute Respiratory Tract Infections (ARI) are showing a gradual steady downward trend between 6 per cent - 8 per cent since

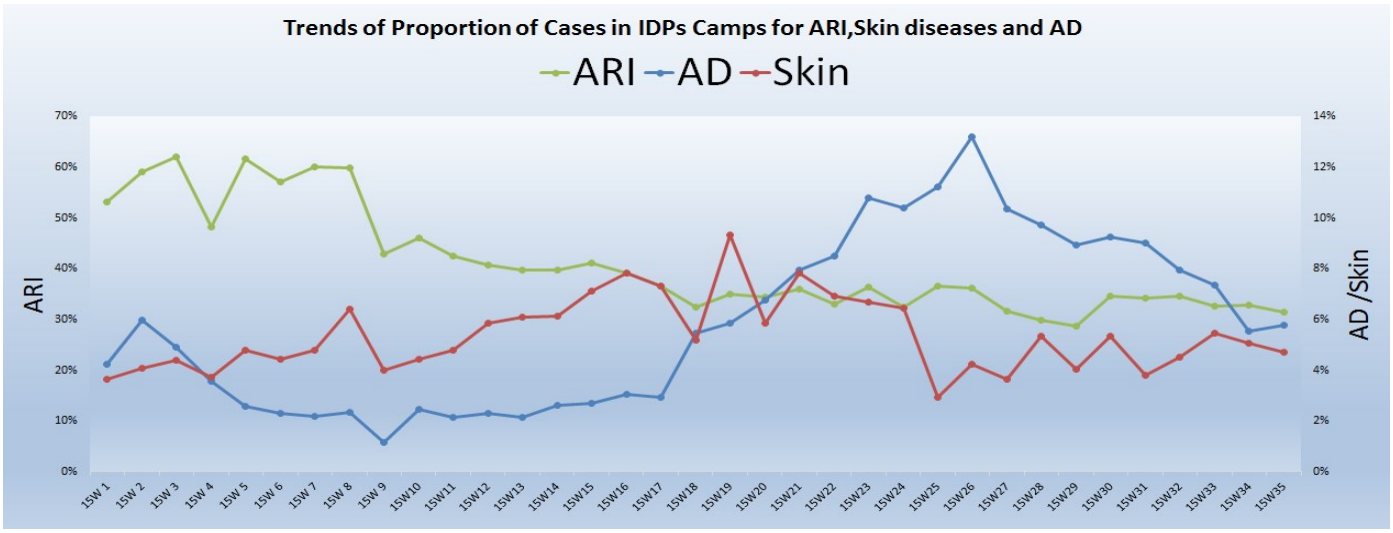


Figure II: Trend of proportion of cases of ARI, Scabies and AD in IDP camps (week 1 –35)

Refugee camps:

During week 35, proportions of Acute Diarrhea trend in refugee camps has gradually decreased since week 31 (week 31=5.18 per cent and week 35=4.06 per cent). Proportion of Acute Respiratory Tract Infections (ARI) indicates a slow drop-down trend since the beginning of summer season (week 35=45 per cent). Proportion of skin infestations including scabies have also dropped from 7.41 per cent in week 18 to 2.55 per cent in week 19, and then increased in week 35 (week 35=3.43 per cent) . (See below graph).

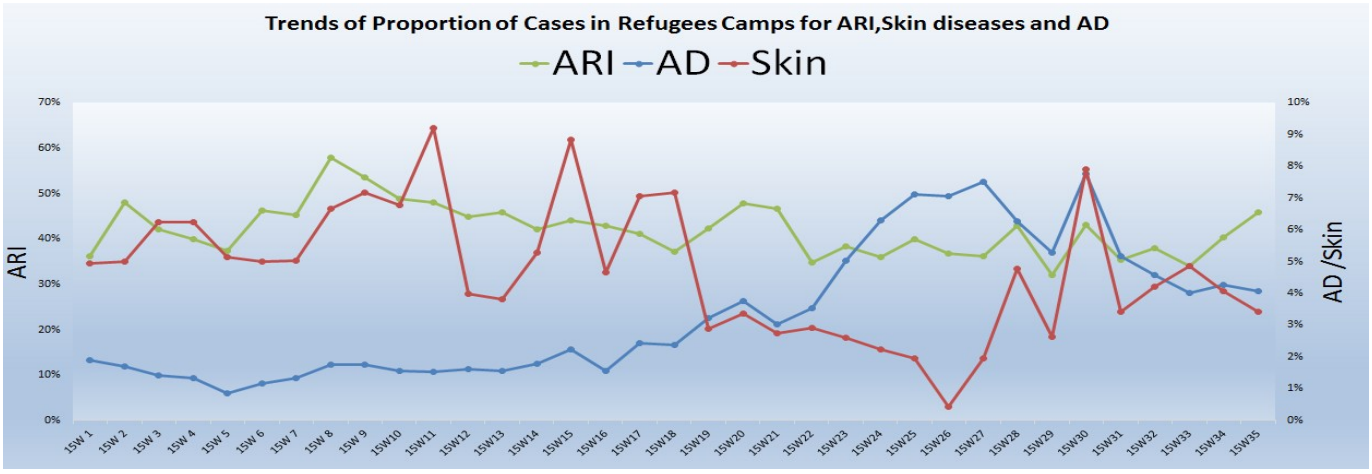


Figure III: Trend of proportion of cases of ARI, Scabies and AD in IDP camps (week 1 –35)

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 35, 2015.

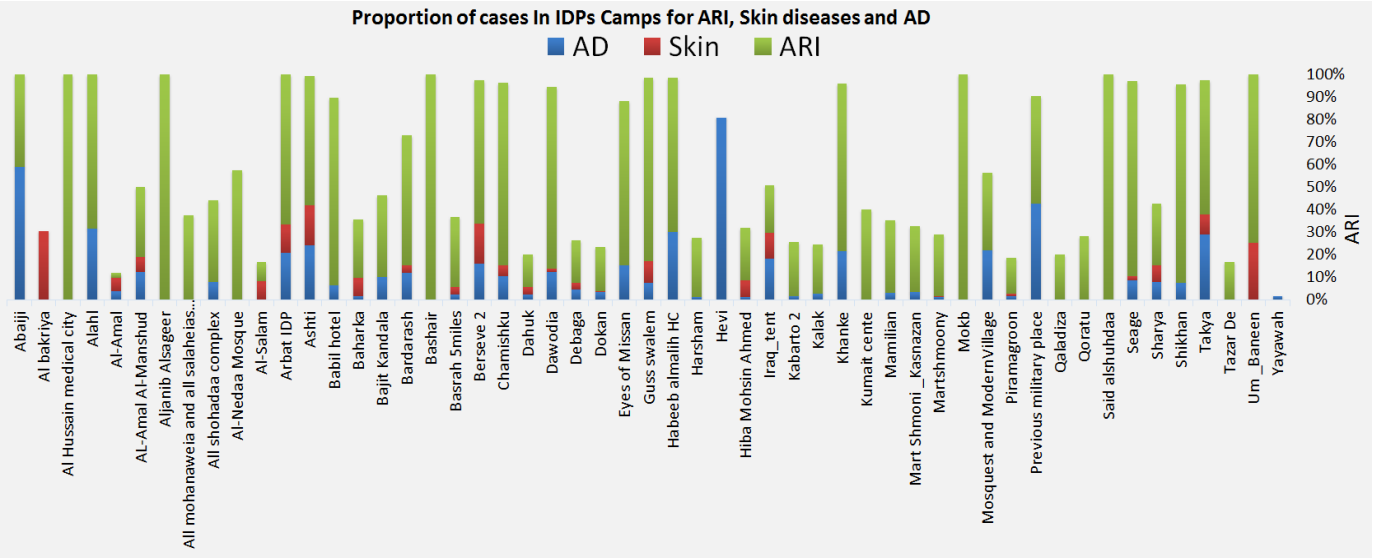


Figure IV: Proportion of cases of ARI, Scabies and AD in IDP camps for week 35

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 35, 2015.

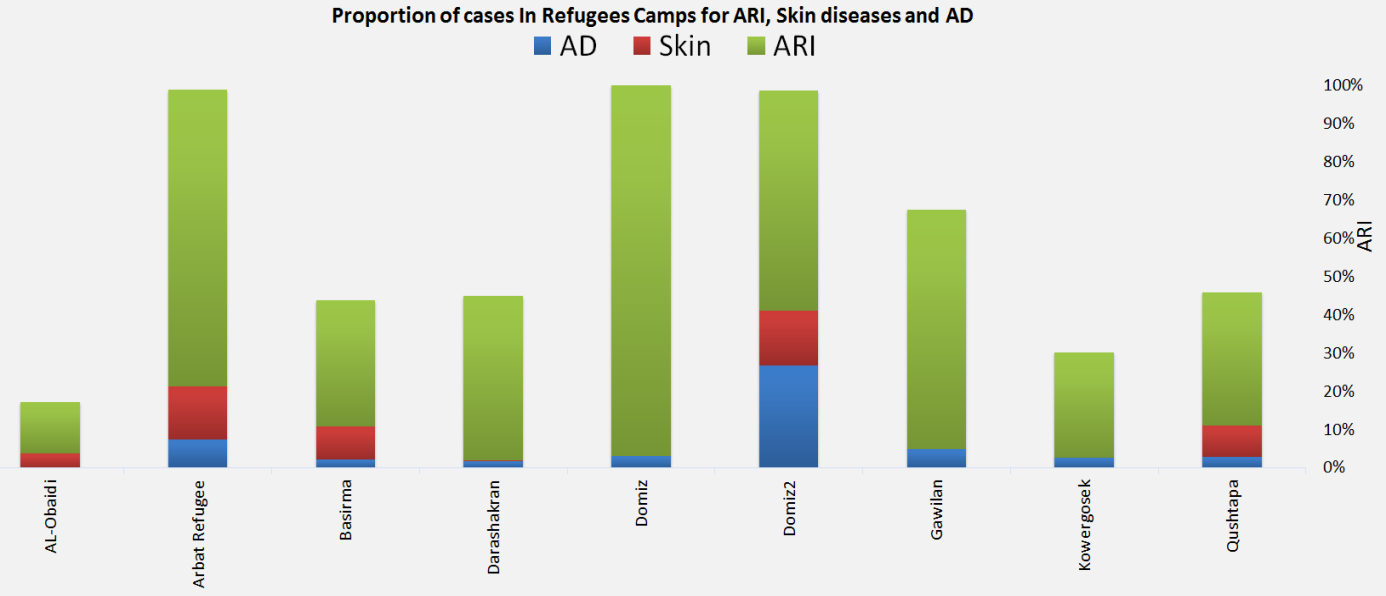


Figure V: Trend of proportions of cases of ARI, Scabies and AD in Refugee camps for week 35

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 35, 2015.

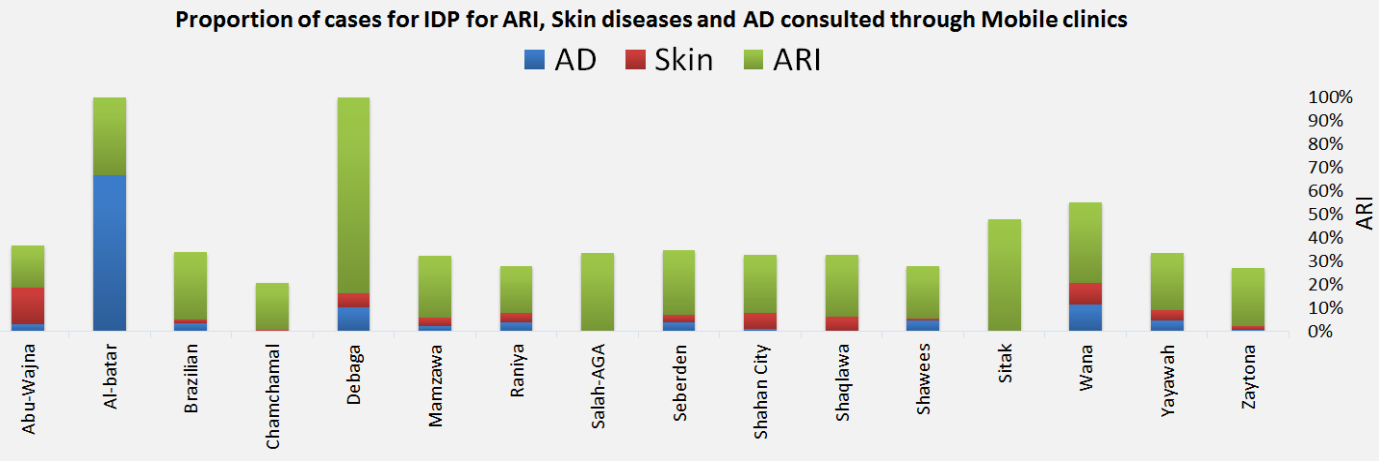
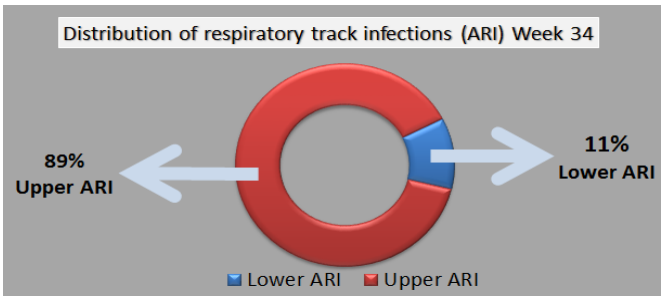
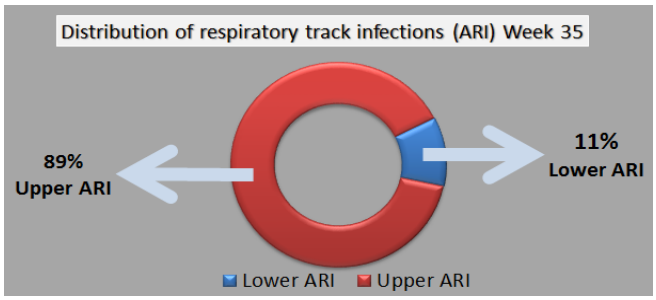


Figure VI: Trend of proportions of IDP cases for ARI, Scabies and AD covered by Mobile Clinics for week 35

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 34, the proportion of upper ARI in week 35 was the same as that for lower ARI. Overall, the ARI trend is slowly decreasing in both IDP and Refugee camps as we go further into the summer months. Furthermore, the below graph indicates the proportion of lower and upper ARI cases per each reporting site for week 35.





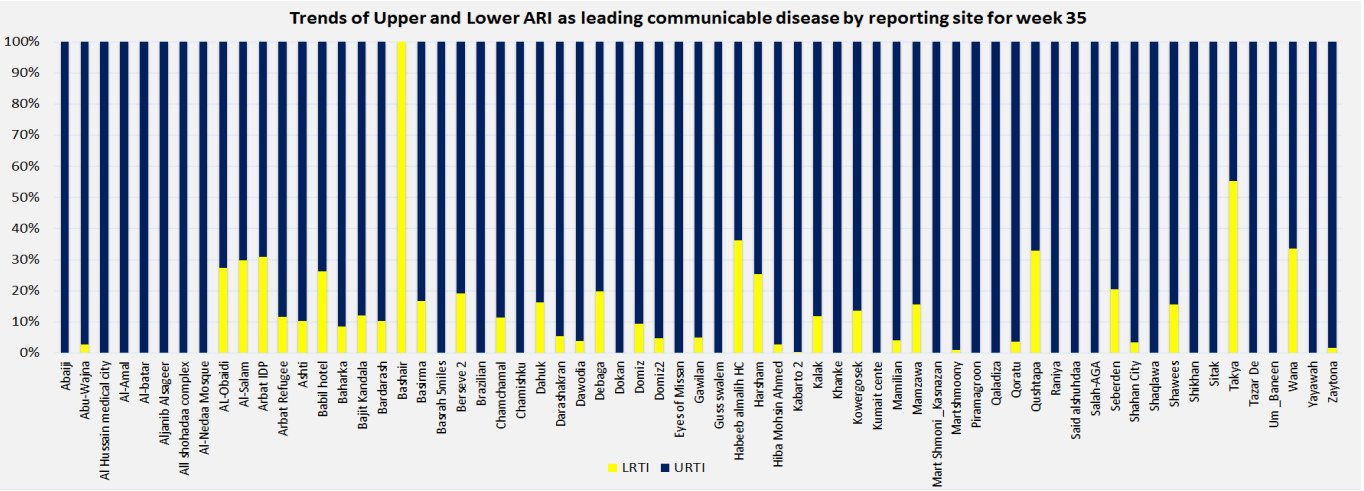


Figure VII: Trend of Upper and Lower ARI per reporting site for week 35

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 and which indicated a steady decrease in waterborne diseases from 14 per cent in week 26 to 6 per cent in week 35. (See below graph)

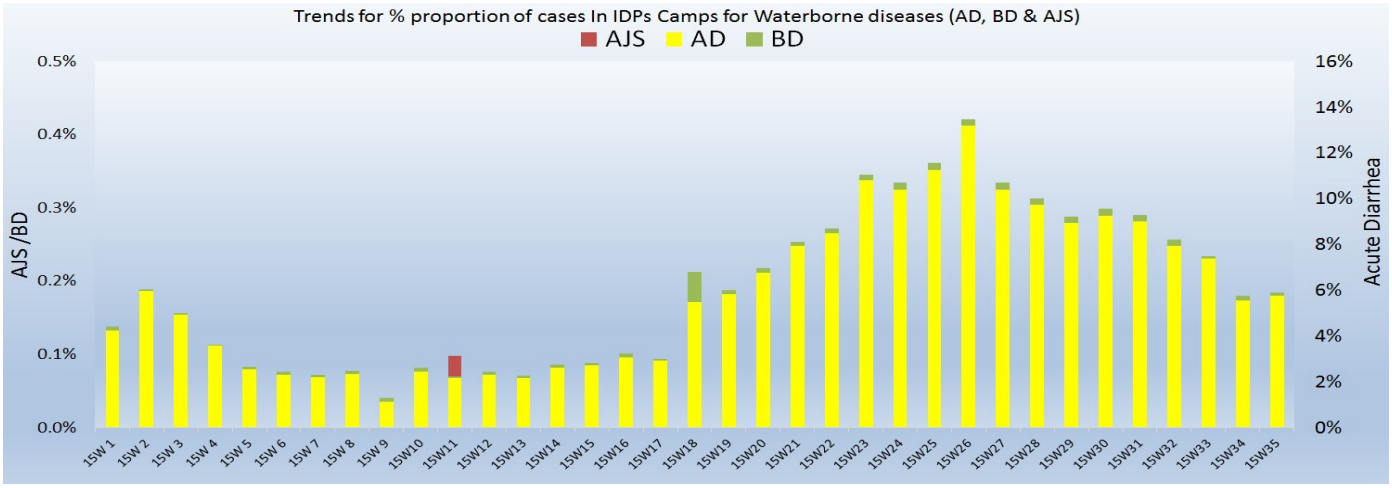


Figure VIII: Trend of Waterborne diseases from IDP camps, week 1 to 35—2015

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

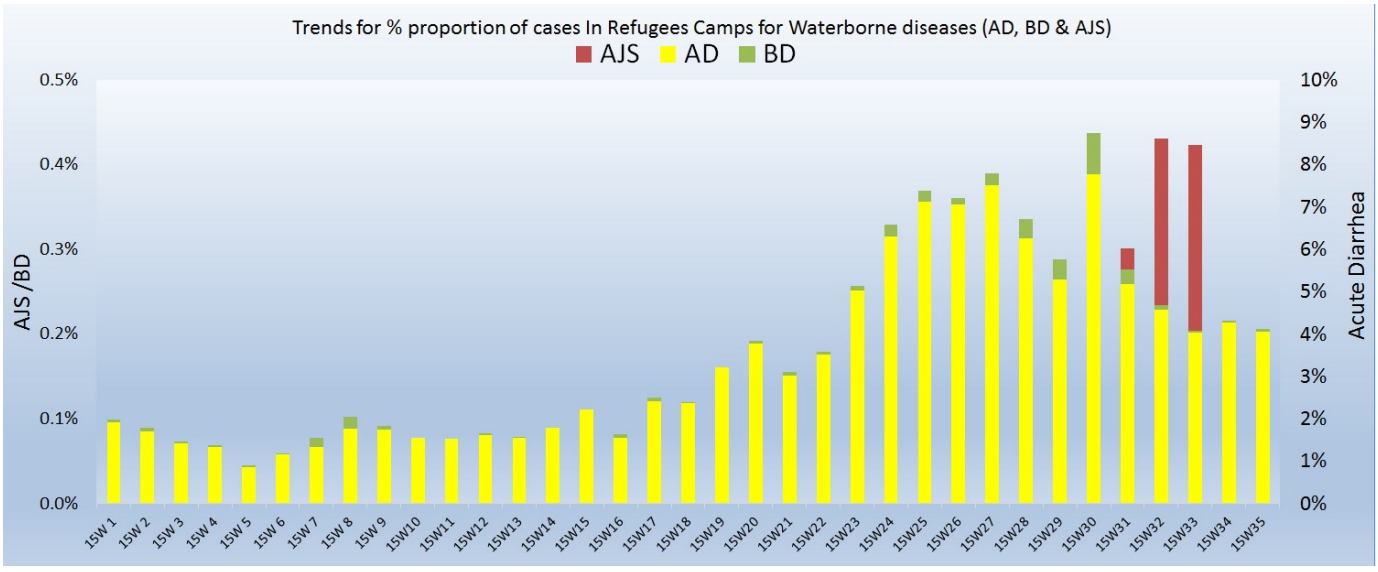


Figure IX: Trend of waterborne diseases from Refugee camps, week 1 to 35—2015

Alerts & Outbreaks

Fifteen (15) alerts were generated, of which thirteen (13) were from IDP camps and two from hospitals during this reporting week. All these fifteen alerts were investigated within 48 hours, of which five (5) were verified as true for further investigation and appropriate response by the respective Governorates Departments of Health, WHO and the relevant health cluster partners.

Sn	Alert	Location	Governorate	IDP/Refuge e 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 Leishmaniasis	Piramagroon	Suly	IDPs	1	WVI	Yes	No	TRUE	YES
2		Zaytona	Erbil	IDPs	1	MC-IMC	Yes	No	TRUE	YES
3	Suspected Meningitis	Hevi	Dahok	Hospital	2	DOH	Yes	Yes	FALSE	NO
4	Suspected Hemorrhagic fever	Dahuk	Dahok	IDPs	1	PU-AMI	Yes	Yes	FALSE	NO
5		Kumait cente	Missan	IDPs	3	DOH	Yes	Yes	FALSE	NO
6	Suspected Measles	Al-Nabi Younis	Baghdad	IDPs	2	DOH	Yes	Yes	TRUE	YES
7		Al-Salam	Anbar	IDPs	1	UIMS	Yes	Yes	TRUE	YES
8	Suspected Pertusis	Guss swalem	Babylon	IDPs	1	DOH	Yes	No	FALSE	NO
9		Qalat salih	Missan	IDPs	1	DOH	Yes	No	FALSE	NO
10	Acute Watery Diarrhea- (Suspected Cholera)	Shaqlawa	Erbil	IDPs	13	MC-IOM	Yes	Yes	FALSE	NO
11		Dahuk	Dahuk	IDPs	1	PU-AMI	Yes	Yes	FALSE	NO
12	Acute Diarrhea	AL-Amal Al-Manshud	Anbar	IDPs	44	UIMS	Yes	Yes	FALSE	YES
13		Habeeb almalih HC	Erbil	Hospital	46	DOH	Yes	Yes	FALSE	YES
14		Previous military place	Diwaniya	IDPs	9	DOH	Yes	Yes	TRUE	YES
15		Shawees	Erbil	IDPs	7	MC-IMC	Yes	Yes	FALSE	YES

Online EWARN Dashboard*

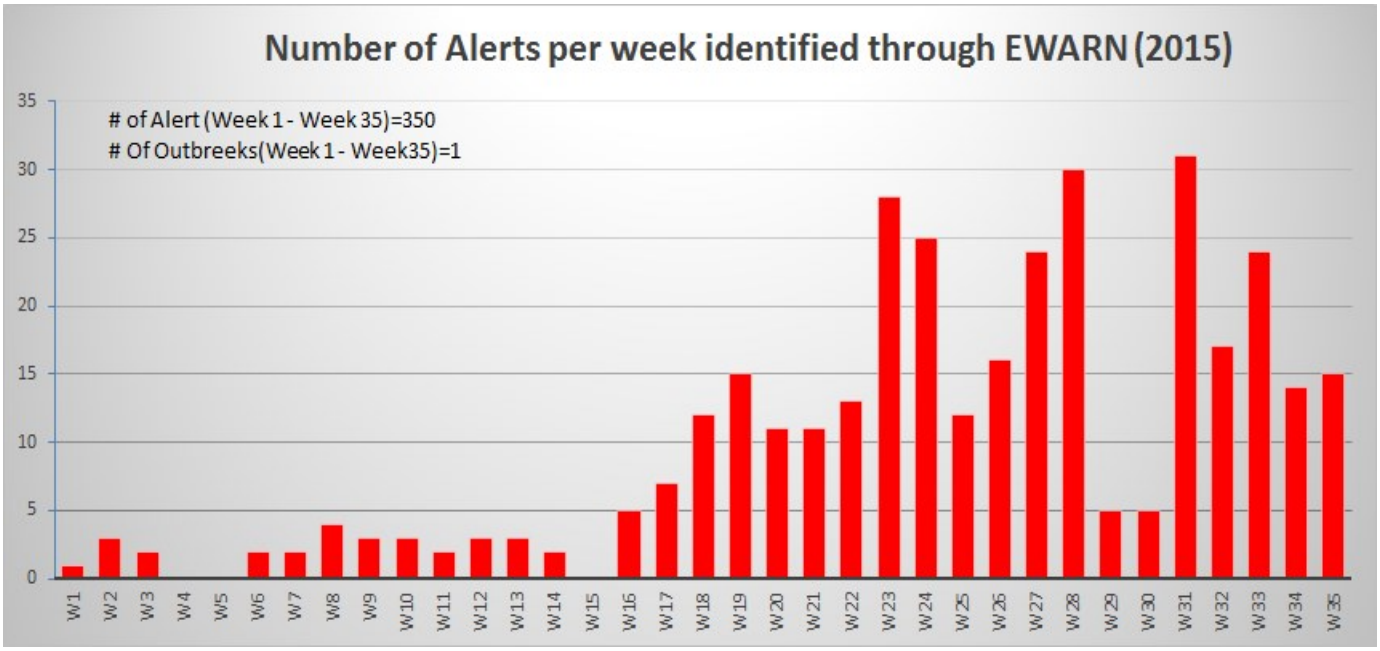
Surveillance of infectious diseases during emergencies is recognized as the cornerstone of public health decision-making and practice. Surveillance data are crucial for monitoring the health status of the population, detecting diseases and triggering action to prevent further illness, and to contain public health problems. Therefore, WHO-Iraq, in coordination with the Ministry of Health, is in the process of developing a real-time online interactive interface for EWARNs, showing trends of the main leading communicable diseases monitored by location along with bi-monthly EWARN snapshots. (For more details, please click on the link below)

EWARN Dashboard link: 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 a 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.



Comments & Recommendations

- The Cholera Task Force has continued its activities at Dohuk, Erbil and Sulaymaniyah governorates.
- As per the previous history of cholera outbreak in Iraq, WASH and health clusters have started working together for the implementation of the Cholera Contingency Plan.
- EWARN teams continued monitoring and evaluating missions of various health cluster partners across Kurdistan to strengthen the reporting mechanism.

For comments or questions, please contact

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