

Iraq: Early Warning & Disease Surveillance Bulletin

2015 Epidemiological Week: 27

Reporting Period: June 29—5 July , 2015

Overview this week

- ◆ **Number of reporting sites:** Sixty (60) reporting sites includes forty one Internally Displaced People's (IDP) camps, eight refugee camps and ten mobile clinics submitted their weekly reports timely and completely.
- ◆ **Total number of consultations:** 16,730 (male=7,855 and female=8,873) marking an increase of 599 (2%) since last week.
- ◆ **Leading causes of morbidity in the camps:** Acute Respiratory tract Infections (ARI) (n=5,611), Acute Diarrhea (AD) (n=1,620) and skin diseases (n=574) remained the leading causes of morbidity in all camps this reporting week.
- ◆ **Number of alerts:** Twenty Four (24) alerts were generated, of which twenty one were from IDP camps and three from refugee camps. Ten of these alerts were verified as true for further investigation and appropriate response by the respective Governorate Department of Health, WHO and the relevant health cluster partner. Fourteen alerts did not follow the case definition thresholds. (Details: see Alert and Outbreak Section)

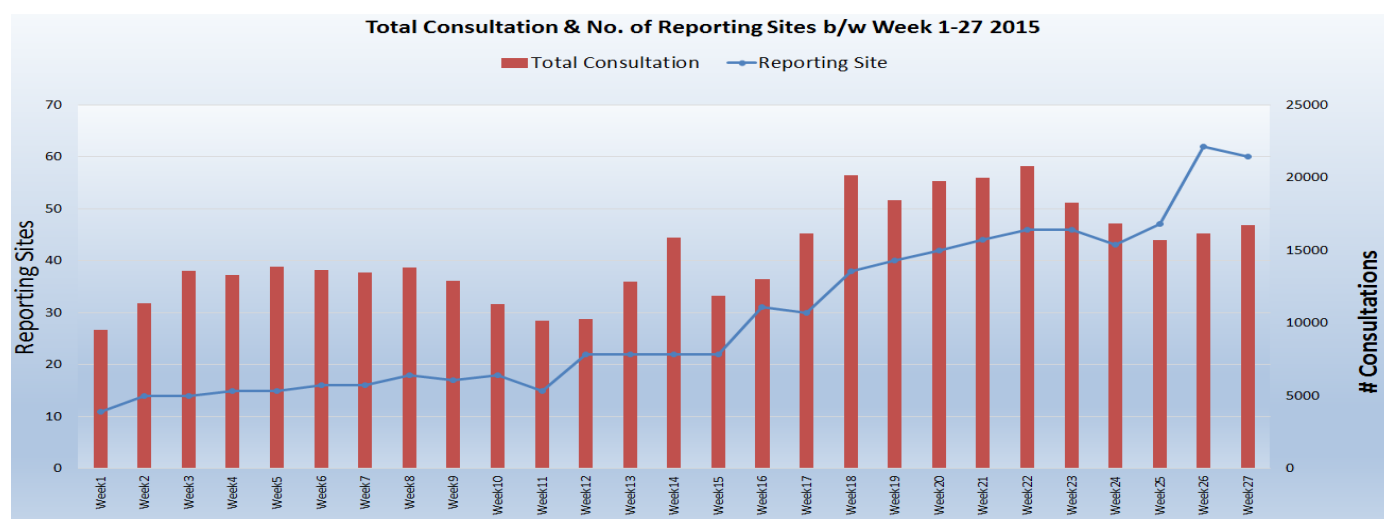
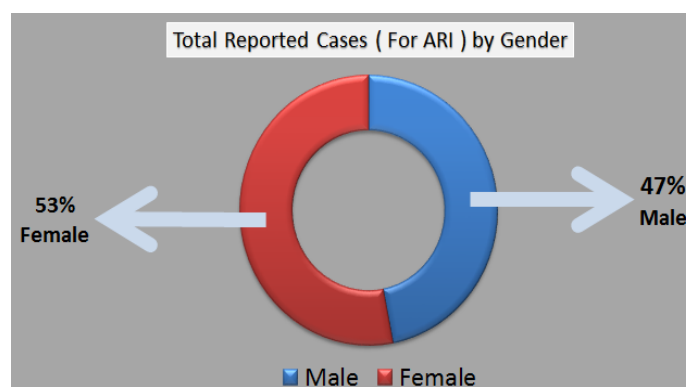
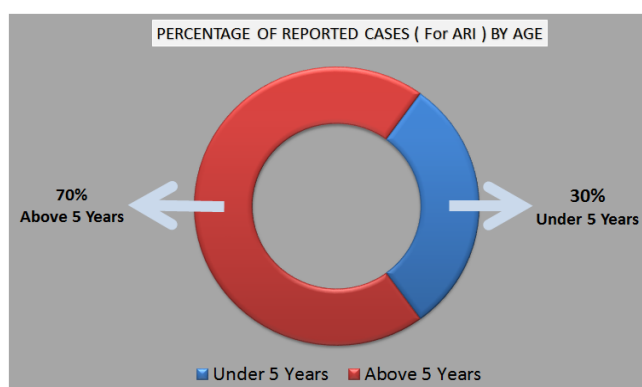


Figure I: Total consultations and proportion of reporting health facilities b/w week 1-27

Consultations in the camps by age and gender (week 27)



Morbidity Patterns

Overview for IDP camps in relation to proportions

During week 27, proportions of Acute Diarrhea in IDP camps has decreased by four percent since last week 26 (week 26=14% and week 27=10%). The proportion of acute diarrhea has tripled since week 17 indicating a steady increase in trend during the summer months. As a part of preparedness, Health and WASH cluster has started to formulate Cholera Task Force in the high risk governorates. Proportional of skin infestations including scabies have decreased dramatically from 7% in week 24 to 4% in week 27 due to the increase of health and hygiene sessions in camps by the health cluster partners and Departments of Health. Proportional of Acute Respiratory Tract Infections (ARI) are showing a gradual steady downward trend since week 10. (See below graph).

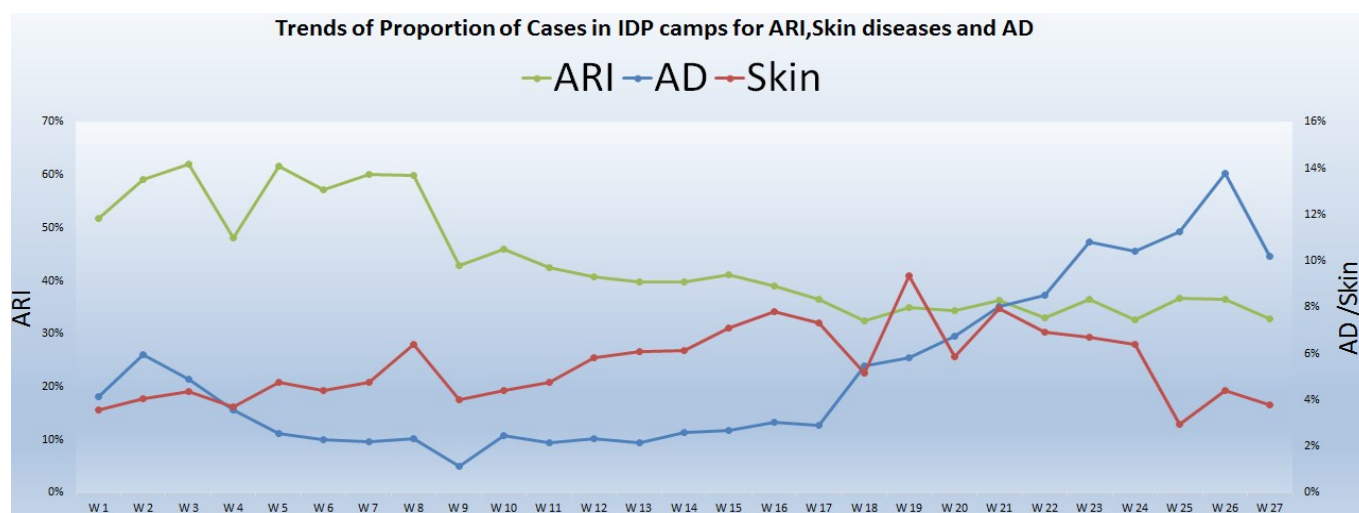


Figure II: Trend of proportion of cases of ARI, Scabies and AD in IDP camps (week 1 -27)

Overview for refugee camps in relation to proportions

During week 27, proportions of Acute Diarrhea trend in refugee camps has gradually increased since week 21 (week 21=3% and week 27=8%). Proportion of Acute Respiratory Tract Infections (ARI) indicates a slow drop-down trend since the beginning of summer season (week 27=35%). Proportion of skin infestations including scabies have also dropped from 7% in week 18 to 3% in week 19 showing a steady trend (week 27=2%) since then. (See below graph).

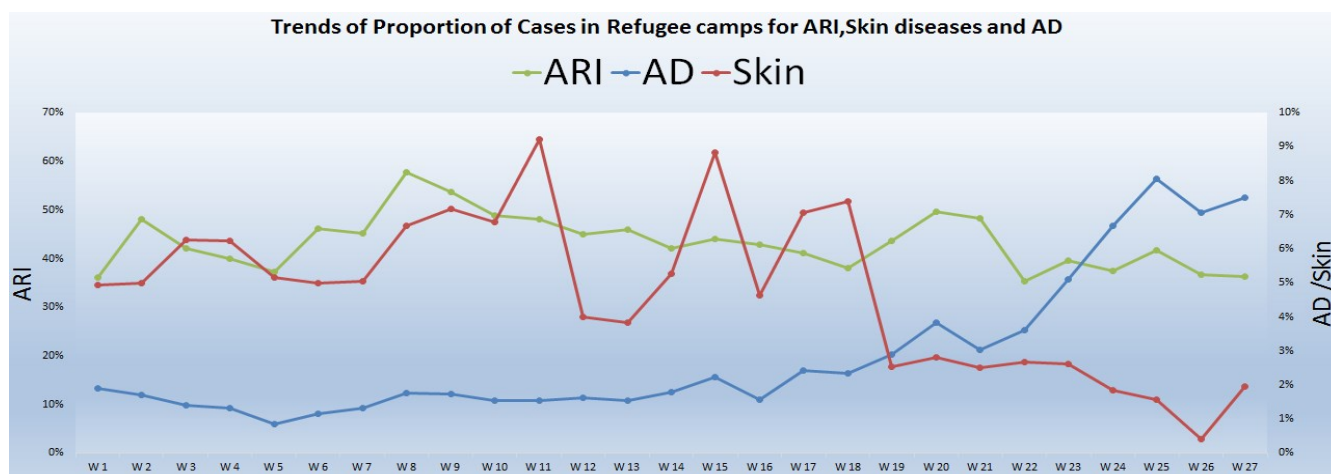


Figure III: Trend of proportion of cases of ARI, Scabies and AD in Refugee camps (week 1 -27)

Trends of Diseases by Proportion for IDP Camps by location

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 27, 2015.

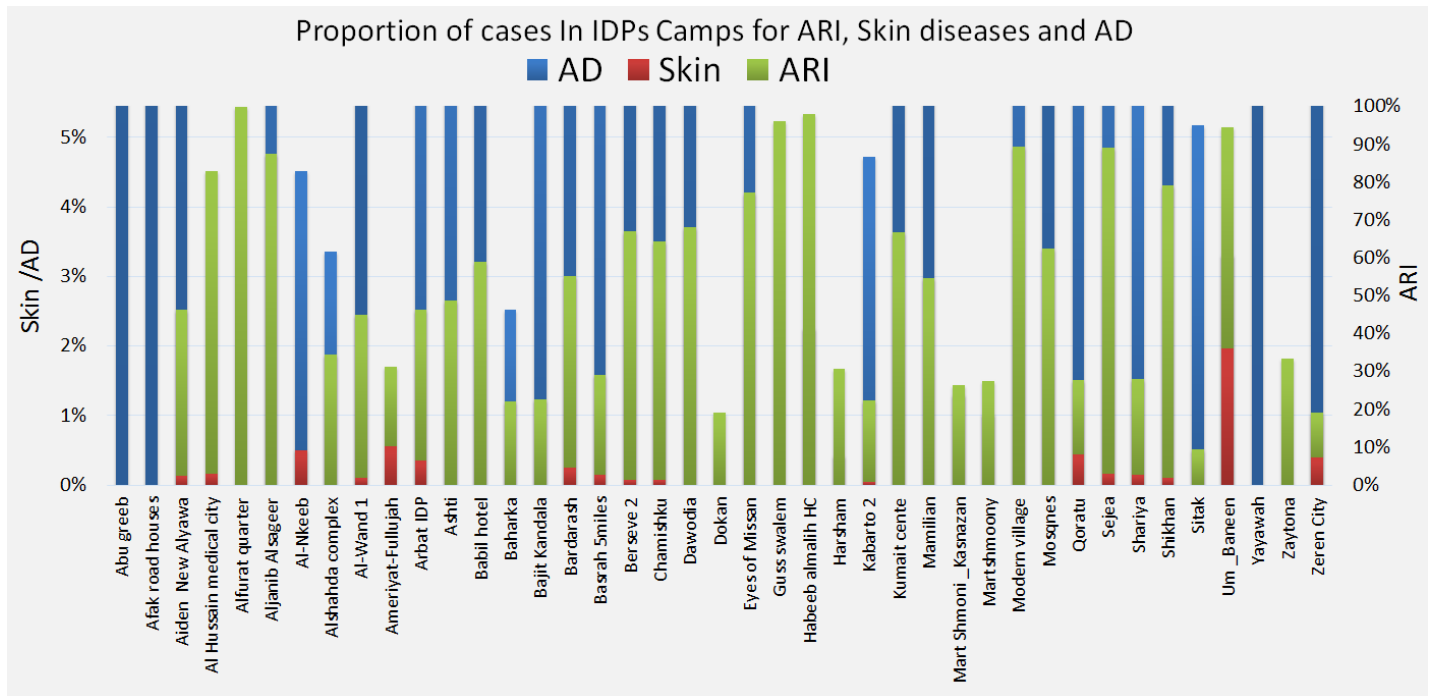


Figure IV: Proportion of cases of ARI, Scabies and AD in IDP camps for week 27

Trends of Diseases by Proportion for Refugee Camps by location

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 27, 2015.

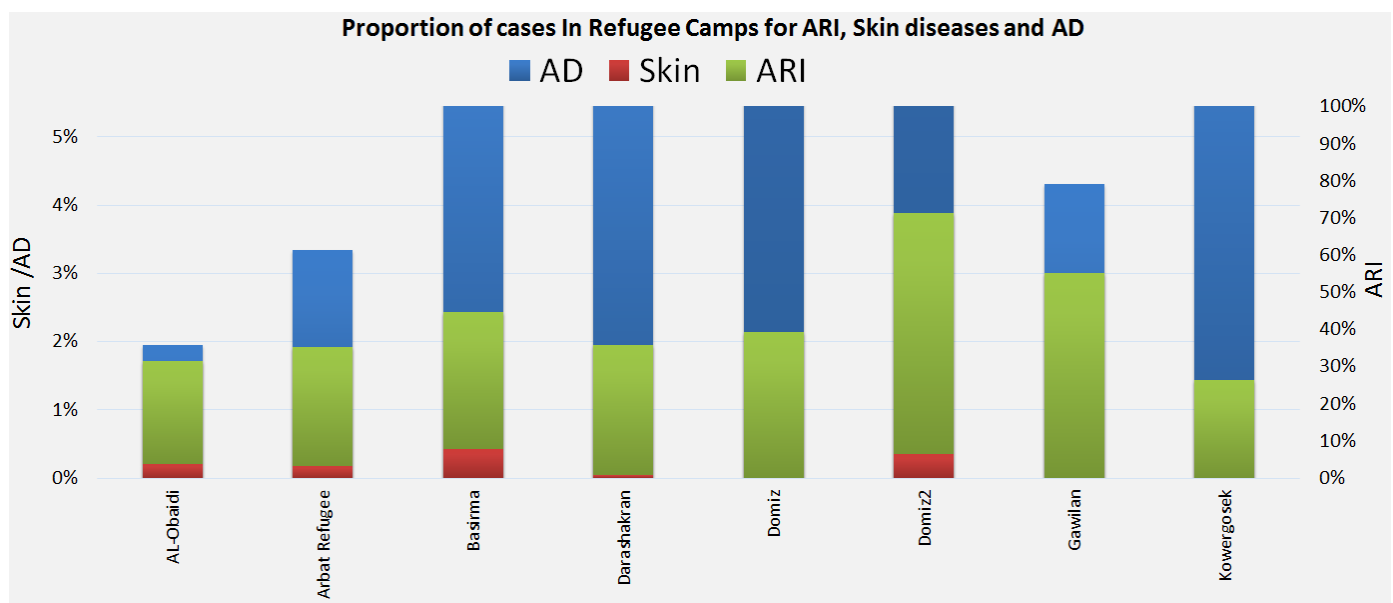


Figure V: Trend of proportions of cases of ARI, Scabies and AD in Refugee camps for week 27

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 27, 2015.

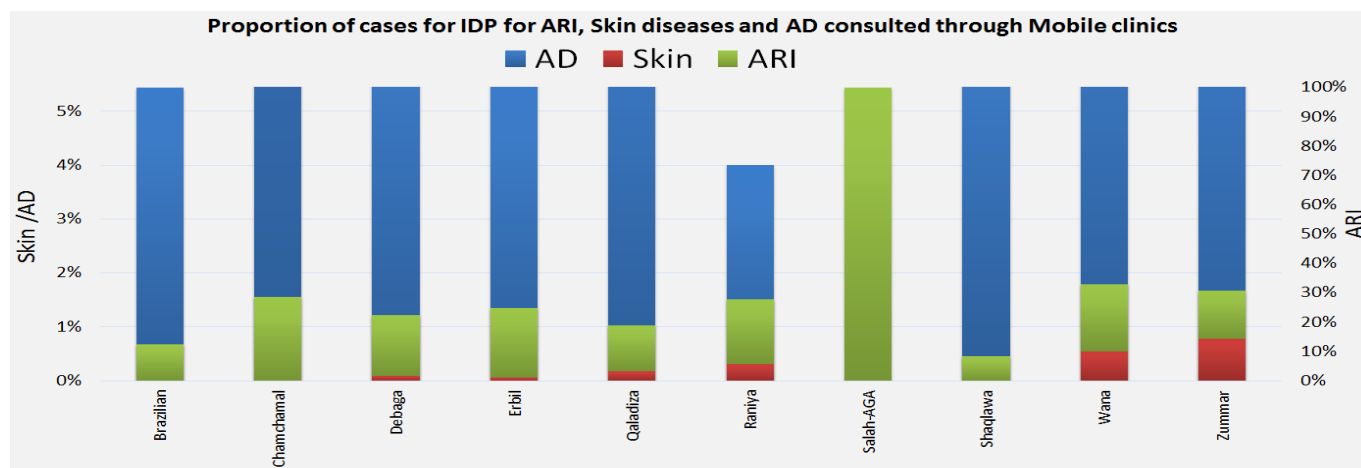


Figure VI: Trend of proportions of IDP cases for ARI, Scabies and AD covered by Mobile Clinics for week 27

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 there is an increase in the upper respiratory tract infections in summer. Compared to week 26, the proportion of upper ARI in week 27 has increased by 2% while that for lower ARI has decreased by 2%. 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 27.

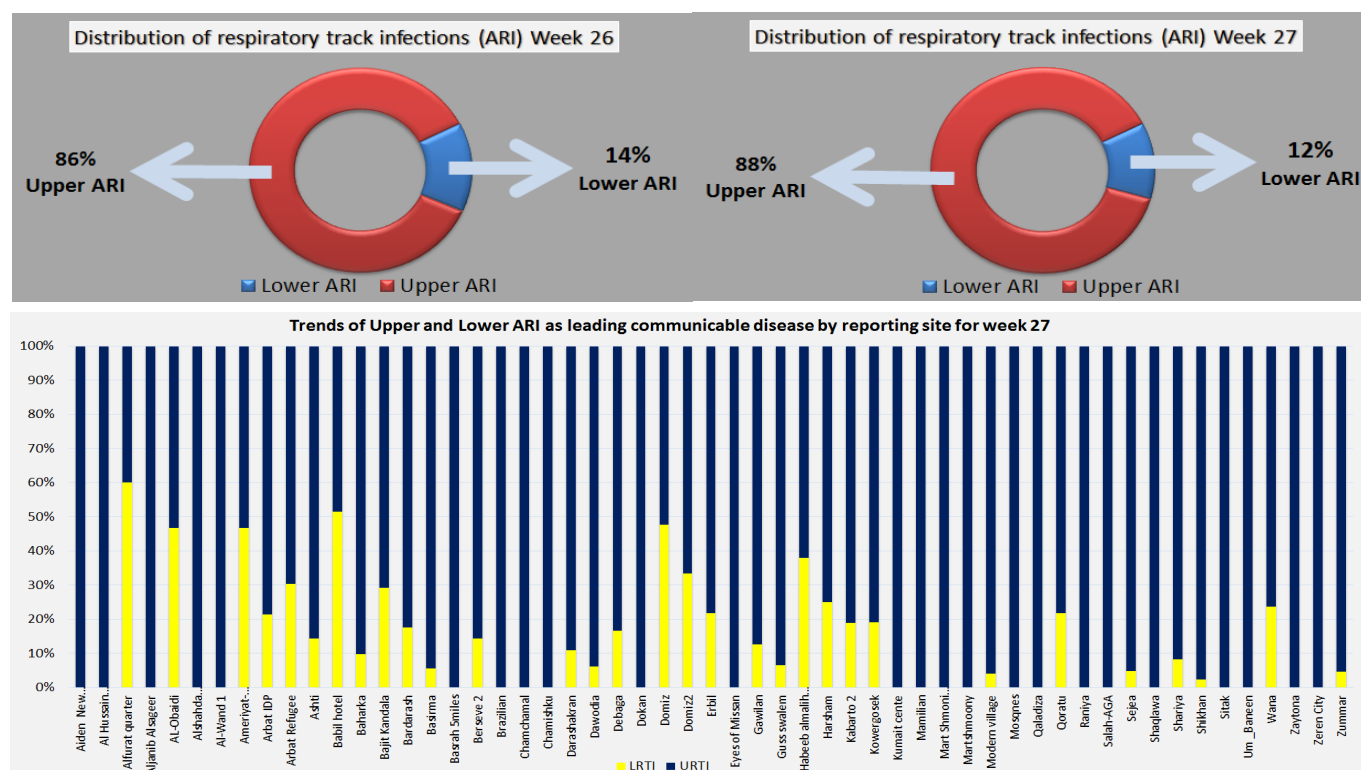


Figure VII: Trend of Upper and Lower ARI leading communicable disease per reporting site for week 27

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 increase in waterborne diseases. The trend indicates a gradual increase in the proportion of waterborne diseases in IDP camps since week 27. (See below graph)

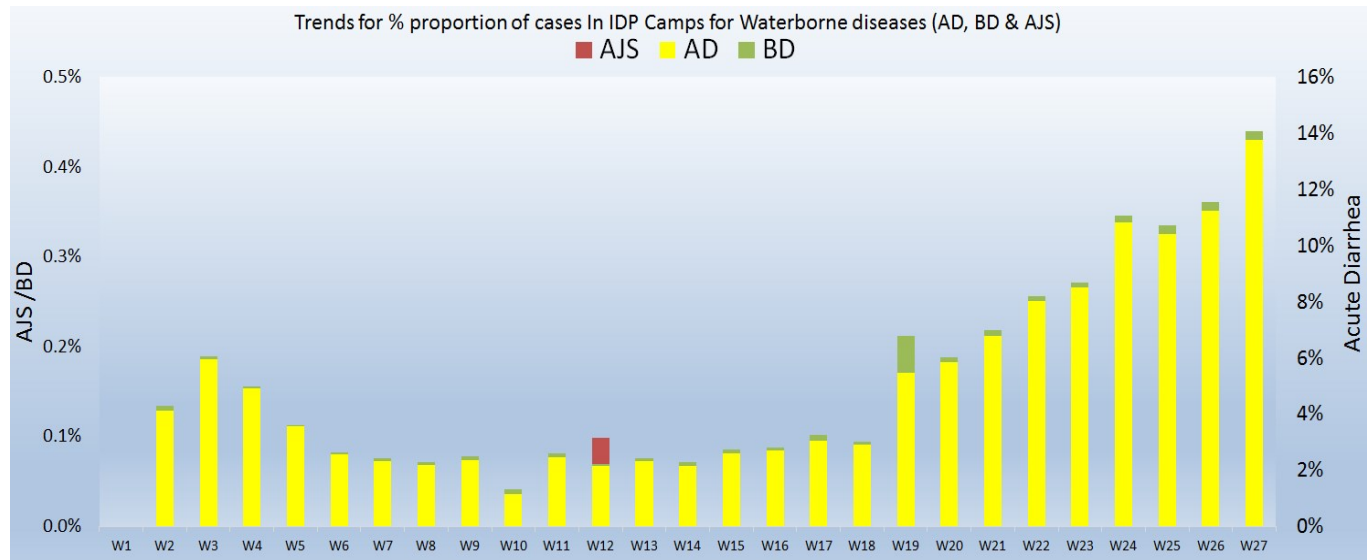


Figure VIII: Trend of Waterborne diseases from IDP camps, from week 1 to 27

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 steady increase of 1% per week since week 22.

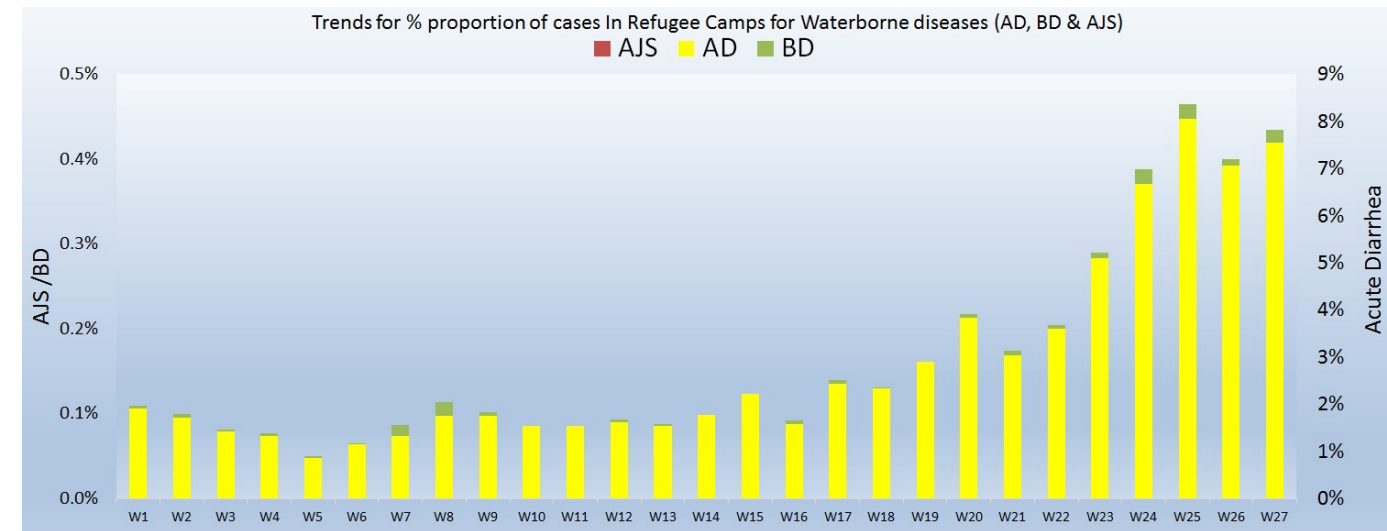


Figure IX: Trend of Waterborne diseases from Refugee camps, from week 1 to 27

Alerts & Outbreaks

Twenty one alerts were generated from IDP camps and three alerts from refugee camps this reporting week. Ten of these alerts were verified as true for further investigation and appropriate response by the respective Governorates' Departments of Health, WHO and the relevant health cluster partners. Fourteen alerts did not follow the case definition thresholds. 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	IDP/ Refugee Camp	# of cases	Run by	Investigation and Response within 48-72% DOH/WHO/ NGO	Sample Taken Yes/No	Alerts Out- come True/ False	Public Health Interventions Conducted
1	S. Acute Diarrhea	Zummer	IDPS	1	MC-MSF-F	No	No	False	No
2		Al-Wand 1	IDPS	59	DOH	Yes	Yes	True	Yes
3		Basirma	Refugees	14	DOH	Yes	Yes	True	Yes
4		Basrah 5miles	IDPS	8	DOH	Yes	No	True	Yes
5		Chamchamal	IDPS	45	MC-IOM	Yes	Yes	True	Yes
6		Dawodia	IDPS	82	MDM	Yes	Yes	True	Yes
7		Qaladiza	IDPS	5	WVI	No	No	False	No
8	Skin Infestation including Scabies	Al-Wand 1	IDPS	2	DOH	No	No	False	No
9	S. Measles	Ameriyat-Fullujah	IDPS	1	UIMS	Yes	Yes	True	Yes
10	S. Bloody Diarrhea	Ameriyat-Fullujah	IDPS	1	UIMS	No	No	False	No
11		Baharka	IDPS	1	IMC	No	No	False	No
12		Bajit Kandala	IDPS	1	PU-AMI	No	No	False	No
13		Berseve 2	IDPS	4	Malteser Inter- national	Yes	No	True	Yes
14		Chamishku	IDPS	2	MDM	No	No	False	No
15		Darashakran	Refugees	1	IMC	No	No	False	No
16		Domiz2	Refugees	2	IMC	No	No	False	No
17		Harsham	IDPS	1	IMC	No	No	False	No
18		Zummar	IDPS	3	MC-MSF-F	Yes	No	True	Yes
19	S. Acute Jaundice Syndrome	Dawodia	IDPS	1	MDM	No	No	False	No
20	Suspected Pertussis	Guss swalem	IDPS	1	DOH	Yes	No	True	Yes
21		Haji sami mosque	IDPS	3	DOH	Yes	No	True	Yes
22	Unexplained Fever	Basrah 5miles	IDPS	2	DOH	No	No	False	No
23		Eyes of Missan	IDPS	2	DOH	No	No	False	No
24		Qaladiza	IDPS	1	WVI	No	No	False	No

Comments & Recommendations

- Cholera Task Force has been reactivated_at Duhok, Erbil and Suleimaniya governorates.
- Due to the increase in trend for the waterborne diseases, WASH and health cluster has started working together for the implementation of the Cholera Contingency Plan.
- EWARN teams have started 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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