

IRAQ: Early Warning and Disease Surveillance Bulletin

Epidemiological Week 22:

Reporting Period: 25 May – 31 May: 2015

Overview

- During week 22, forty one reporting sites including seven refugee and twenty one Internally Displaced People's (IDP) camps, and thirteen mobile clinics submitted their weekly reports timely and completely.
- The total number of consultations reported during the week was 20130 (male=9182 and female=10948) compared to 19712 (male=8774 and female=11108) consultations from the previous reporting week 21.
- During week 22, Acute respiratory tract infections (ARI) (n=6691), Acute Diarrhea (n=1521) and skin diseases (n=1236) were the leading cause of morbidity in all the camps.
- A total of thirteen alerts were generated by EWARN in week 22; twelve of which were verified as true for further investigation and appropriate response by Erbil DoH/WHO while the remaining one alert of unexplained fever was discarded as it did not fulfil the case definitions criteria. (Details in Alert/outbreak section).
 - An alert for suspected severe Acute Diarrhea case was reported from Piramagroon IDP camp run by Heeve Hospital DoH.
 - An alert for suspected Leishmaniasis was reported from Bardarash run by PU-AMI NGO.
 - An alert for suspected meningitis was reported from Darashakran refugee camp run by IMC.
 - Three alerts for suspected measles was reported from Qoratu and Arbat IDP camps run by Emergency NGO and Darashakran run by IMC.
 - Three alerts for acute Jaundice Syndrome was reported from Arbat IDP camp run by Emergency NGO, Kowergosk and Domiz refugee camps run by IMC and MSF-F respectively.
 - Two alerts for bloody diarrhea were reported from Ameriyat Al-Falluja and Arbat IDP camps run by UIMS and Emergency NGOs.
 - An alert for suspected Diphtheria was reported from Gawilian IDP camp run by PU-AMI.

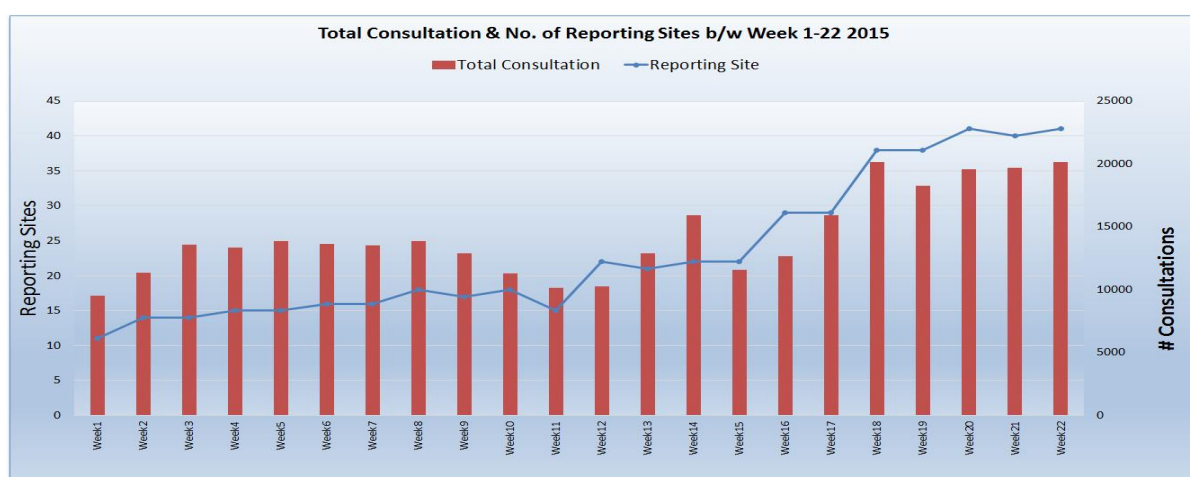
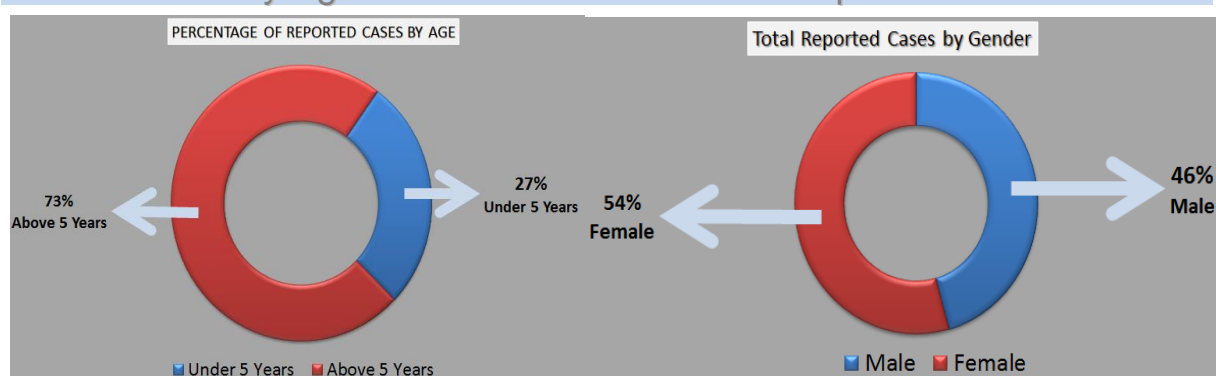


Figure 1: Total consultations and proportion of reporting health facilities b/w week 1-22

Consultations by Age and Gender week 22 in camps:



During week 22, 73% of the consultations were above 5 years while 27% were under 5 years, out of which 54% were females and 46% were males.

Morbidity patterns

- During week 22, Acute Respiratory Infection (ARI), skin infestations including scabies (Skin) and Acute Diarrhea (AD) remain the leading causes of morbidity with Acute respiratory tract infections (ARI) (n=66912), Acute Diarrhoea (n=1521) and skin diseases (n=1236) cases reported from all camps reporting to EWARN.
- Overview for IDP camps in relation to proportions:** During week 22, proportions of Acute Diarrhea in IDP camps have increased gradually by one percent every week since week 18. (week 22=9%) indicated a steady increase in trend as the summer season is approaching. Skin infestations including scabies have decreased from 8% in week 21 to 7% in week 22. Acute Respiratory Tract infections are showing a gradual steady decreasing in trend since week 10, (see below graph).

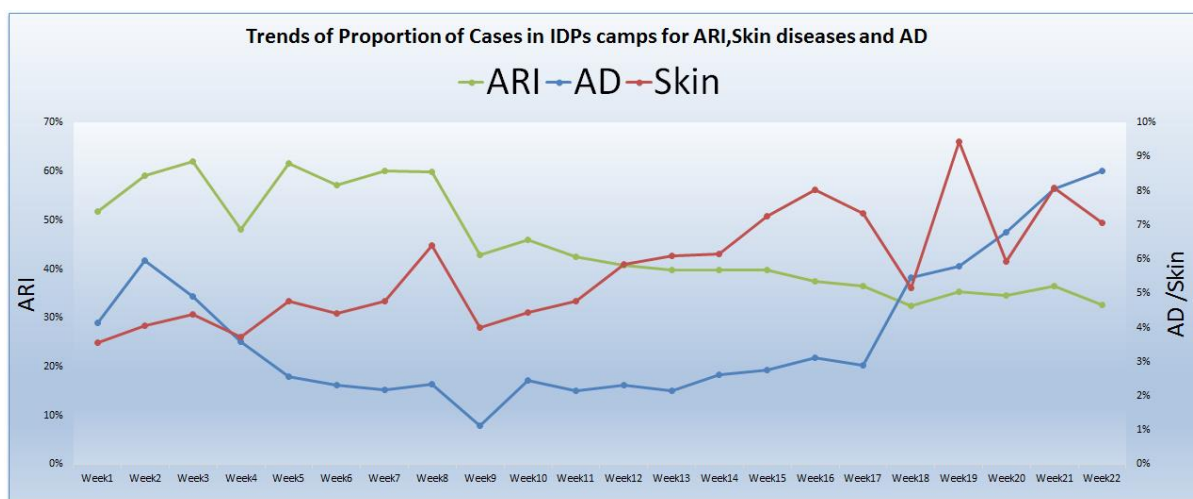


Figure II: Trend of proportion of cases of ARI, Scabies and AD in IDP camps (week 1 -22)

- Overview for Refugees camps in relation to proportions:** During week 22; proportions of Acute Diarrhea trend in refugee camps has gradually increased by one percentage since last week but the overall trend in the proportion of waterborne disease indicate an gradual increase as the summer are approaching since week 16 from 2% to 4% in week 22. ARI proposition indicates a steep decrease from 48% in week 20 to 35% week 22. Skin infestations including scabies have dropped from 7% in week 18 to 2% in week 19 and since week 20 it is showing a steady trend (week 22=3%). (see below graph)

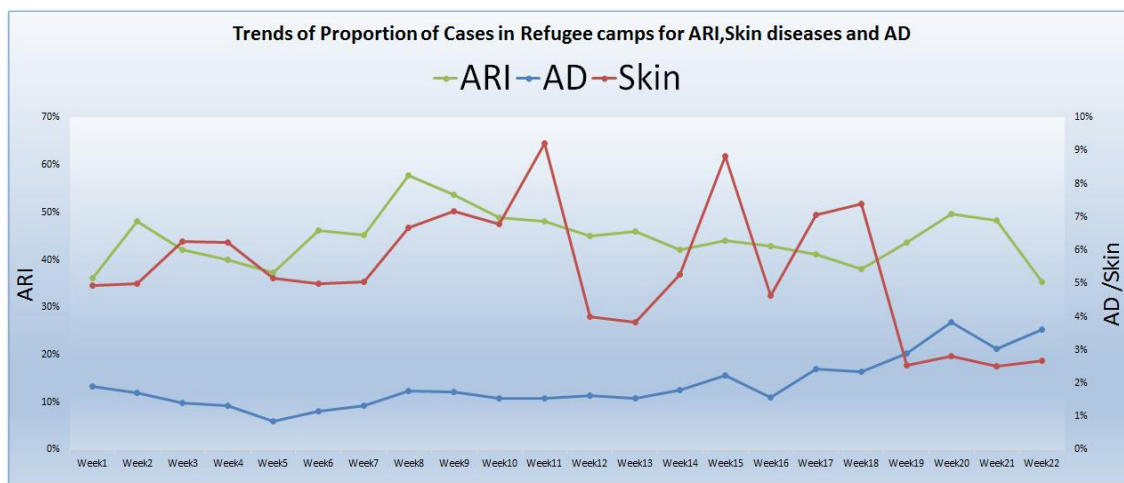


Figure III: Trend of proportion of cases of ARI, Scabies and AD in Refugee camps (week 1 -22)

Trend of Diseases by 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 22, 2015.

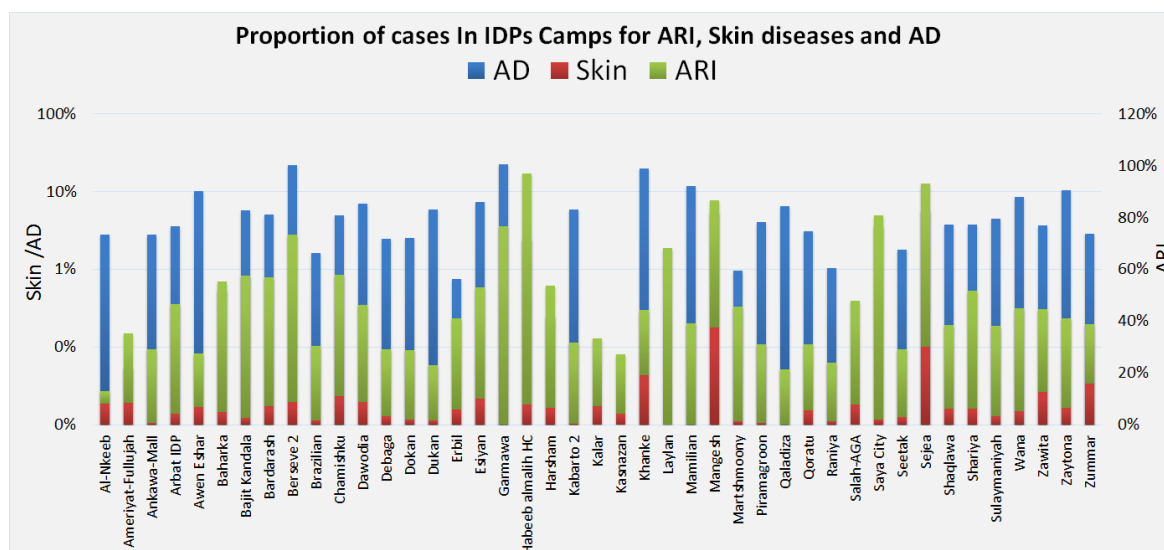


Figure IV: Proportion of cases of ARI, Scabies and AD in IDP camps (week 1 -22)

The below graph indicates the proportion of cases in refugees camps for ARI, Acute diarrhea and skin infestations including scabies for week 22, 2015. During this week, the incidence of acute diarrhea cases has reduced in Domiz refugee camps 1 and 2 run by MSF-France.

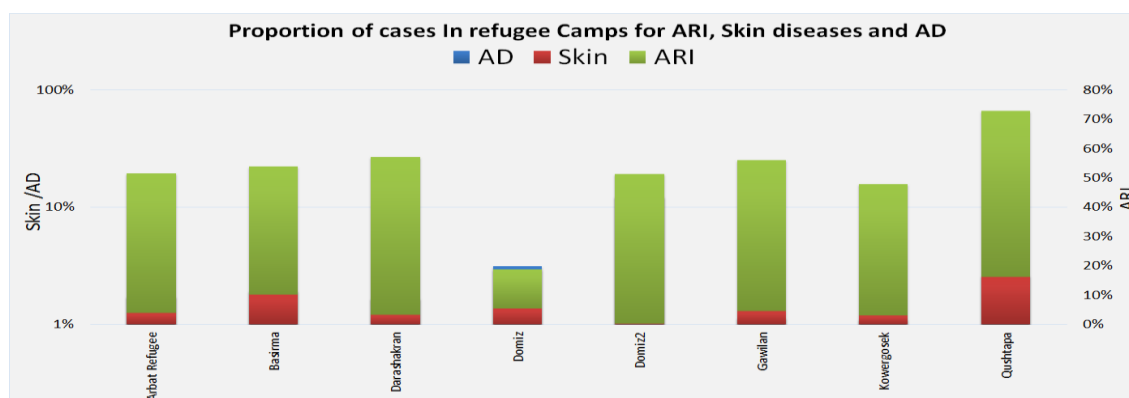
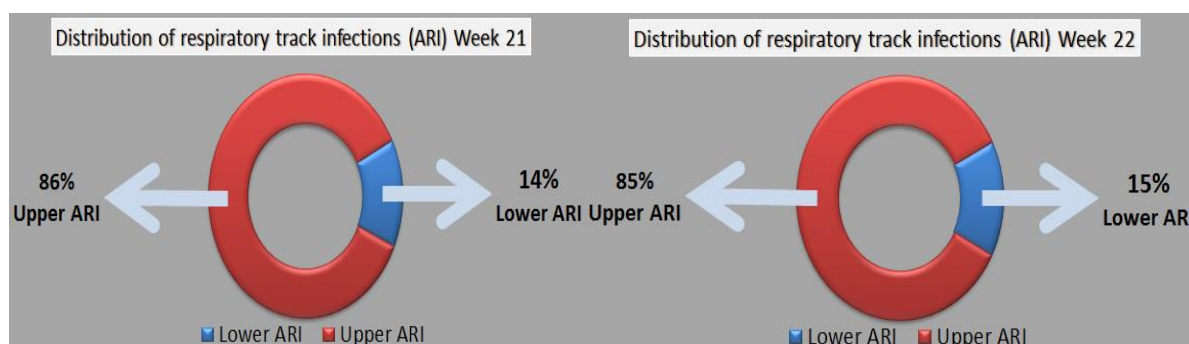


Figure V: Trend of proportions of cases of ARI, Scabies and AD in Refugee camps (week 1 – 22)

- Acute Respiratory Tract Infection (ARI) has been further divided into upper and lower respiratory tract infections from week 1, 2015.
 - According to EWARN data, the trends of upper and lower ARI are decreasing with the advent of summer while the upper respiratory tract infections increased when compared with week 21 (Week 22: Upper ARI=85% and Lower ARI=15%).
 - Overall, the ARI trend is slowly decreasing as summer is approaching.



- Furthermore, the below graph indicates the proportion of Lower and upper ARI cases per each reporting site from week 1 to 22.

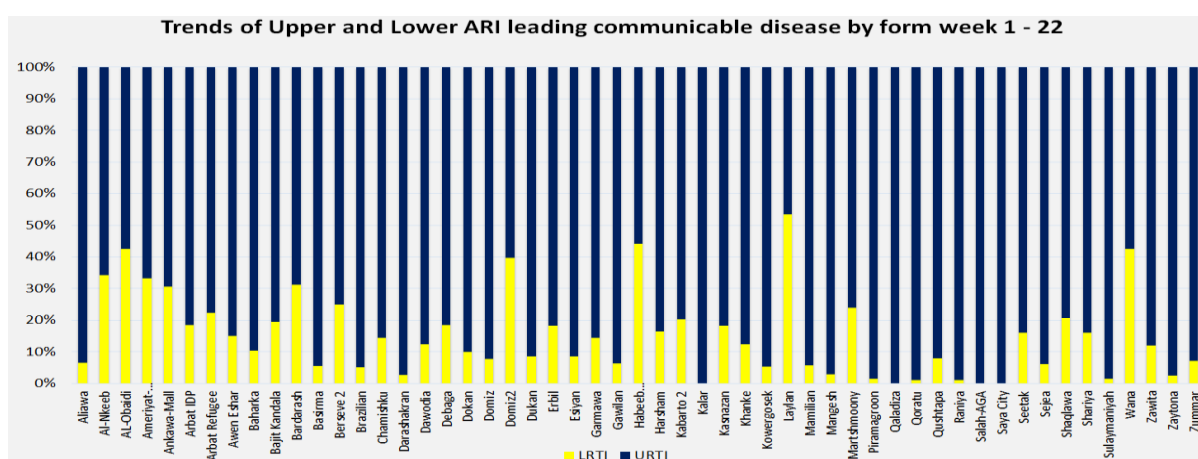


Figure VI: Trend of Upper and Lower ARI leading communicable disease, from week 1 to 22

Trends of Water borne Diseases in IDP camps: The below graph on the trends of waterborne diseases (Acute Diarrhea, Bloody Diarrhea and Acute Jaundice Syndrome) in IDP camps indicates a steady increase in waterborne diseases as summer sets in. The trends also indicate an increase in the proportion of waterborne diseases since week 17, (see below graph)

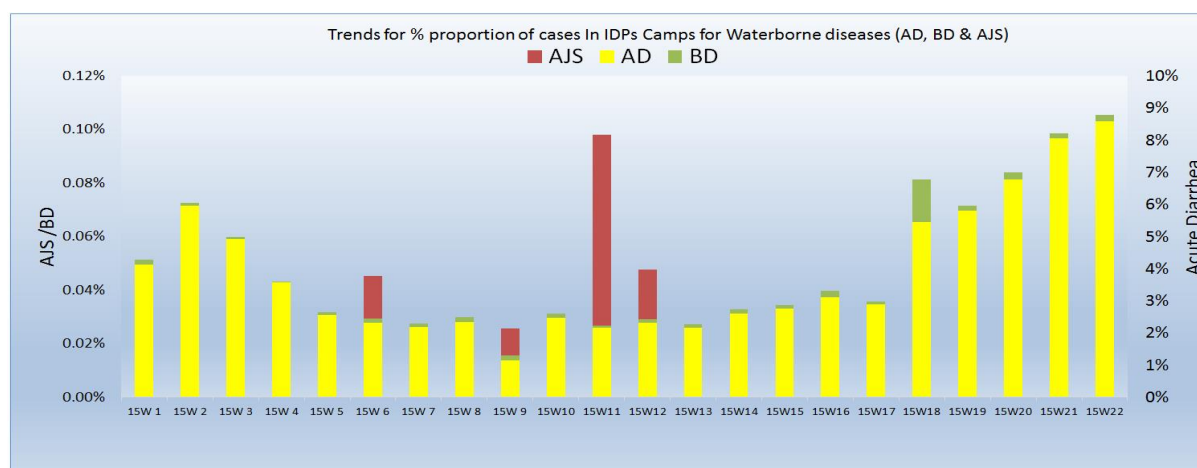


Figure VII: Trend of Waterborne diseases from IDP camps, from week 1 to 22

Trends of waterborne 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 pattern ranging between 3% to 4%.

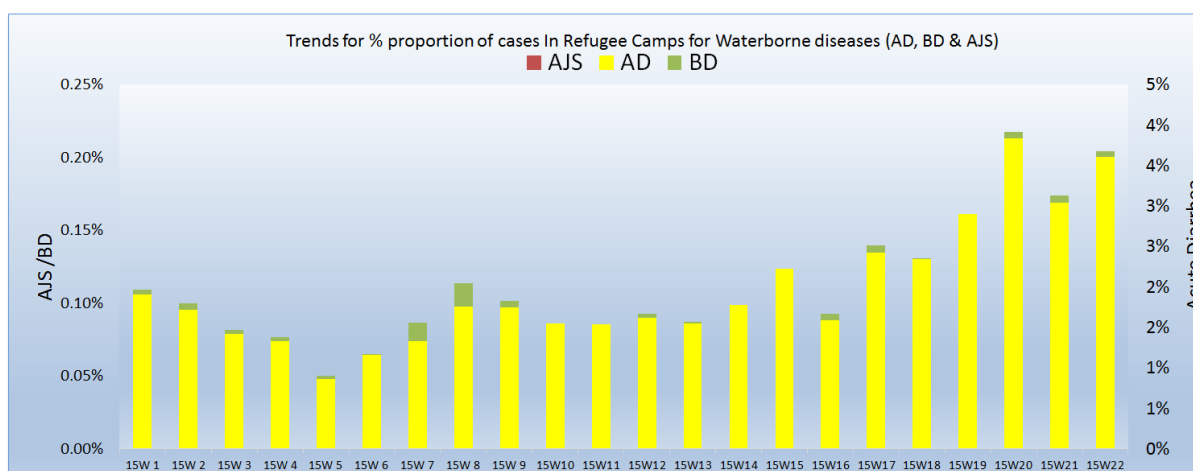


Figure VIII: Trend of Waterborne Diseases (Acute Diarrhea, Bloody Diarrhea and Acute Jaundice Syndrome) as one of the leading communicable disease from Refugee camps, from week 1 to 22;

Alerts and Outbreaks

- A total of thirteen alerts were generated by EWARN in week 22, twelve of these were verified as true for further investigation and appropriate response by DoH/WHO while the remaining one alert of unexplained fever were discarded as they did not fulfil the case definitions criteria. (Details in Alert/outbreak section).
- An alert for suspected severe Acute Diarrhea case was reported from Pirmagroon IDP camp run by Erbil DoH. The result was negative for Vibrio Cholera.
- An alert for suspected Leishmaniasis was reported from Bardarash run by PU-AMI NGO. Cases were identified and were given proper treatment. Vector control campaign through Erbil DoH in coordination with WHO is in process to control and limit the spread of the sand fly.
- An alert for suspected meningitis was reported from Darashakran refugee camp run by IMC. Samples were collected by the investigation team and result was found negative.
- Three alerts for suspected measles were reported from Qoratu and Arbat IDP camps run by Emergency NGO and Darashakran run by IMC. Blood samples were collected and sent to Baghdad Central laboratory.
- Three alerts for acute jaundice syndrome were reported from Arbat IDP camp run by Emergency NGO, Kowergosk and Domiz refugee camps run by IMC and MSF-F respectively. The situation is monitored and response teams did an investigation to identify any clustering; all cases were sporadic and WASH cluster has been informed.
- Two alerts for bloody diarrhea were reported from Ameriyat Al-Falluja and Arbat IDP camps run by UIMS and Emergency NGOs. The cases were investigated and were found to be sporadic, no clustering was found. The situation is monitored through EWARN system.
- An alert for suspected Diphtheria was reported from Gawilian IDP camp run by PU-AMI. The case was referred to the tertiary hospital for further investigations.

Comments and recommendations

- Due to the increase in trend for the waterborne diseases, it is recommended that WASH and health cluster work together to implement the Cholera Contingency Plan.
- WHO is in the process of procuring its contingency cholera kits while the in-country Cholera kits are in the process of being pre-positioned to the high risk governorates across Iraq.

- Field monitoring for Electronic EWAR is scheduled from the month of June.

For comments or questions, please contact

- **Dr. Abdulla Kareem** | 07703973937 | drabdullakareem@yahoo.com
Head of Surveillance Department, Federal MOH
- **Dr Saifadin Muhedin** | 07502303929 | saifadinmuhedin@yahoo.com
Head of Surveillance Department in MOH-KRG
- **Dr Fawad Khan** khanmu@who.int 07510101452; EWAR focal Point WHO Iraq
- **EWARN Unit WHO** emacoirgewarn@who.int