

IRAQ: Early Warning and Disease Surveillance Bulletin

Epidemiological Week 21:

Reporting Period: 18 May– 24 May: 2015

Overview

- During week 21, forty reporting sites including seven Refugee and twenty two Internally Displaced People's (IDP) camps, and eleven mobile clinics submitted their weekly reports timely and completely.
- The total number of consultations reported during the week was 19712 (male=8774 and female=11108) compared to 19548 (male=8781 and female=10767) consultations from the previous reporting week 21.
- During week 21, Acute respiratory tract infections (ARI) (n=7732), Acute Diarrhea (n=1354) and skin diseases (n=1333) were the leading cause of morbidity in all the camps.
- A total of eleven alerts were generated by EWARN in week 21; ten of these were verified as true for further investigation and appropriate response by Erbil DoH/WHO while the remaining one alert of unexplained fever were discarded as they did not fulfil the case definitions criteria, (more details is in Alert/outbreak section)
 - An alert for suspected severe Acute Diarrhea case was reported from Harsham IDP camp run by IMC.
 - An alert of suspected Acute Flaccid Paralysis (AFP) was reported from Zummer IDP camp run by a mobile clinic by MSF-France.
 - Two alerts for suspected Leishmaniasis were reported from Bardarash and Dawdia IDP camps run by PU-AMI and MDM mobile clinic respectively.
 - An alert for suspected meningitis was reported from Darashakran refugee camp run by IMC.
 - An alert for suspected measles was reported from Pirmagroon IDP camp run by World Vision.
 - An alert for acute Jaundice syndrome was reported from Zummer IDP camp run through mobile clinic of MSF-F.
 - One alert for bloody diarrhea was reported from Shariya run by Medair
 - One alert for suspected Diphtheria was reported from Gawilian IDP camp run by PU-AMI.
 - There was a report of animal bite from Bajet Kandala with an alert for unexplained fever from the same location of Wana and Garmawa IDP camps run by mobile clinic of Medair and IMC respectively.

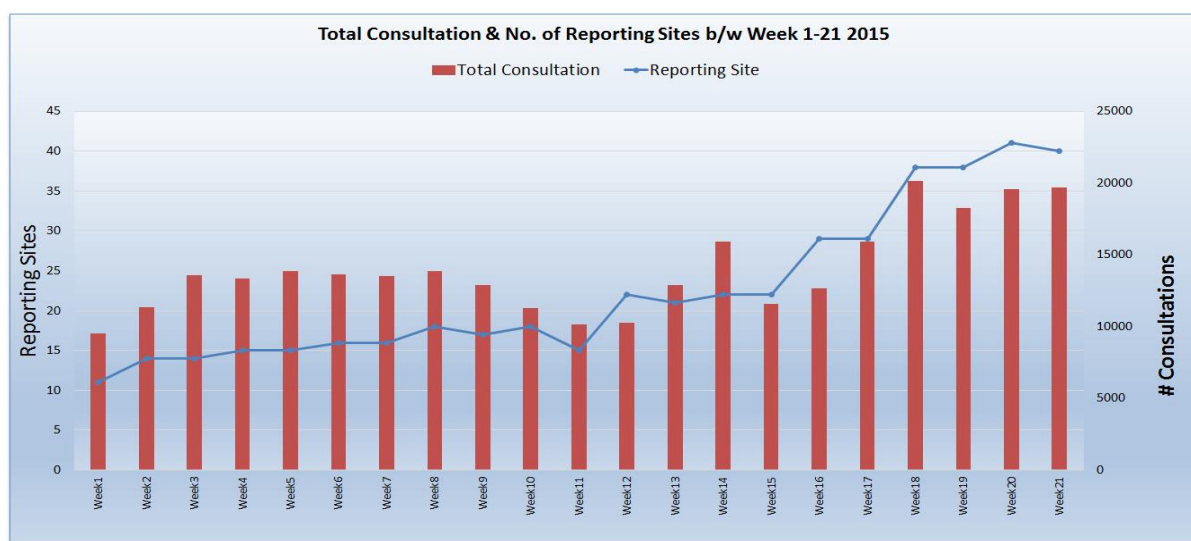
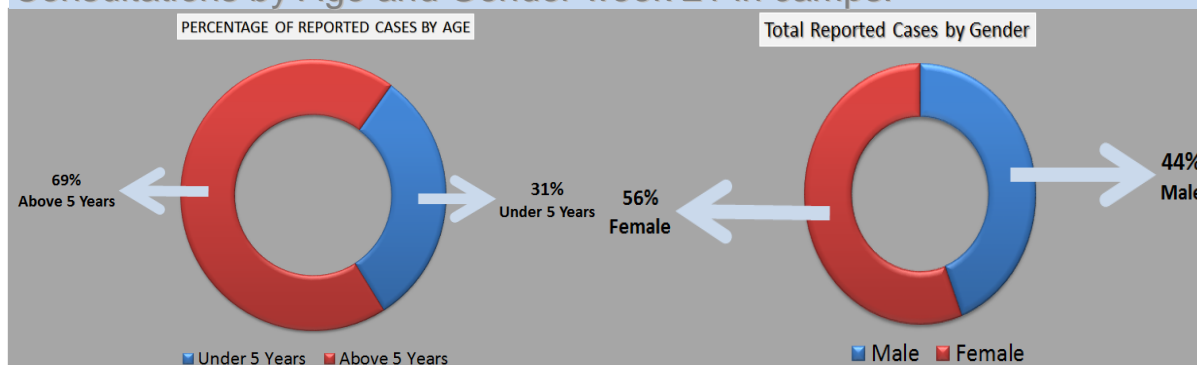


Figure 1: Total consultations and proportion of reporting health facilities b/w week 1-21

Consultations by Age and Gender week 21 in camps:



During week 21, 69% of the consultations was above 5 years while 31% was under 5 years, of which 56% was females and 44% males.

Morbidity patterns

- During week 21, 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=7732), Acute Diarrhoea (n=1354) and skin diseases (n=1333) cases reported from all camps reporting to EWARN.
- Overview for IDP camps in relation to proportions:** During week 21, proportions of Acute Diarrhea in IDP camps have increased gradually by one percent every week since week 18. (Week 21=8%) indicates a steady increase in trend as the summer season approaches. Skin infestations including scabies have increased from 6% in week 20 to 8% in week 21. Acute Respiratory Tract infections are showing a gradual steady decrease in trend since week 10, (see below graph)

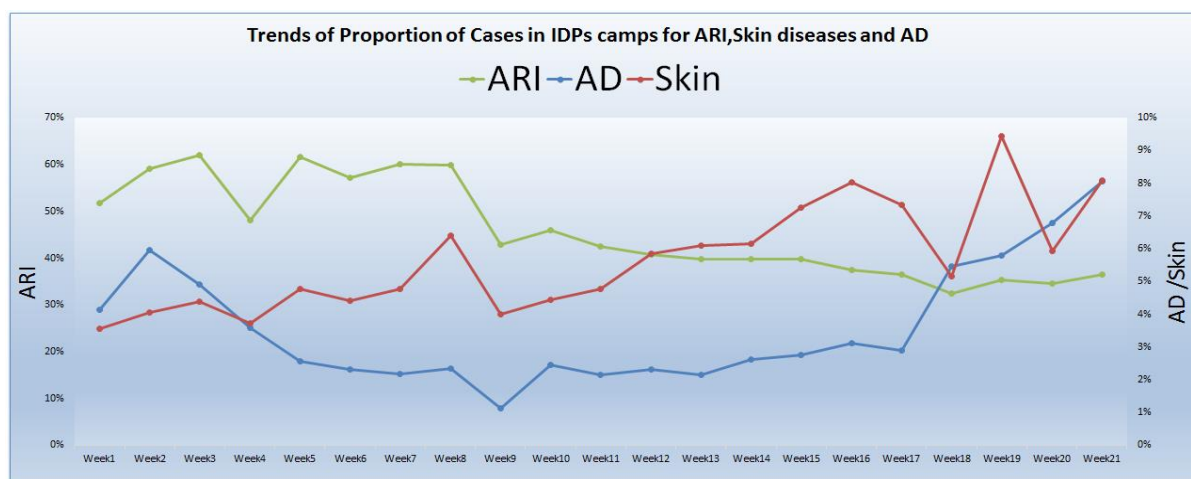


Figure II: Trend of proportion of cases of ARI, Scabies and AD in IDP camps (week 1 -21)

- Overview for Refugees camps in relation to proportions:** During week 21, proportions of Acute Diarrhea trend in refugee camps has decreased by one percentage since last week but the overall trend in the proportion of waterborne disease indicated a gradual increase from 2% in week 16 to 3% in week 21. ARI proposition indicated a steady trend since last week 20. 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 21=2.5%), (see below graph)

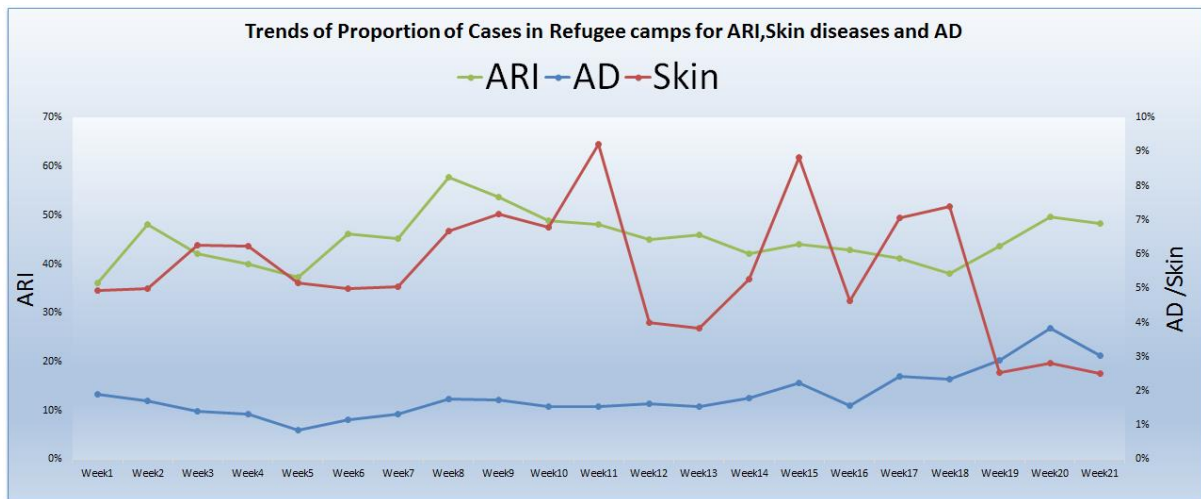


Figure III: Trend of proportion of cases of ARI, Scabies and AD in Refugee camps (week 1 -21)

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 in week 21, 2015.

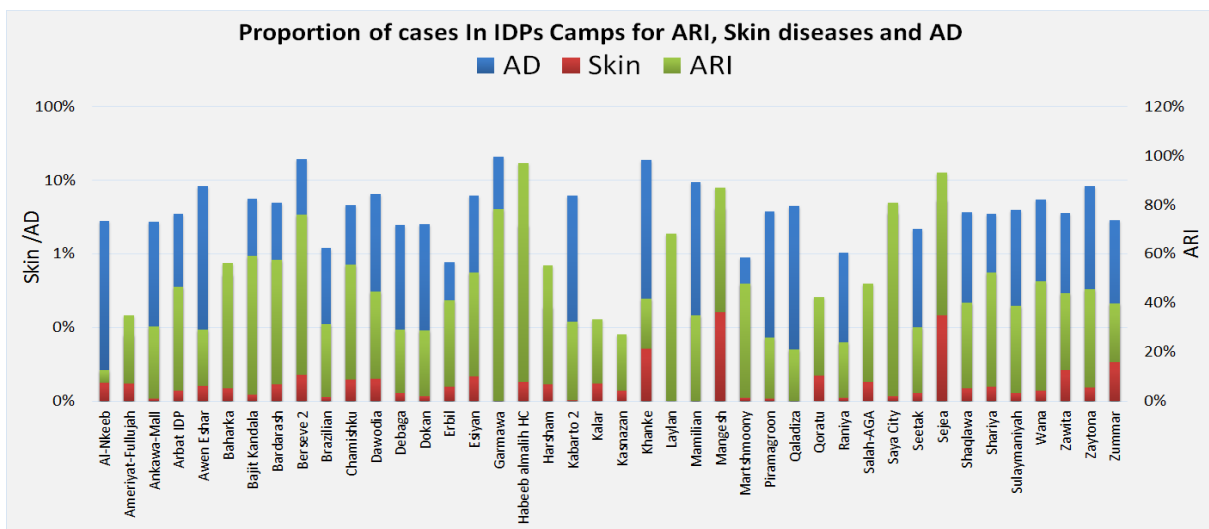


Figure IV: Proportion of cases of ARI, Scabies and AD in IDP camps (week 1 -21)

The below graph indicates the proportion of cases in refugees camps for ARI, Acute diarrhea and skin infestations including scabies for week 21, 2015. Domiz refugee camps 1 and 2 run by MSF-F indicate a high proportion of acute diarrhea cases during this week.

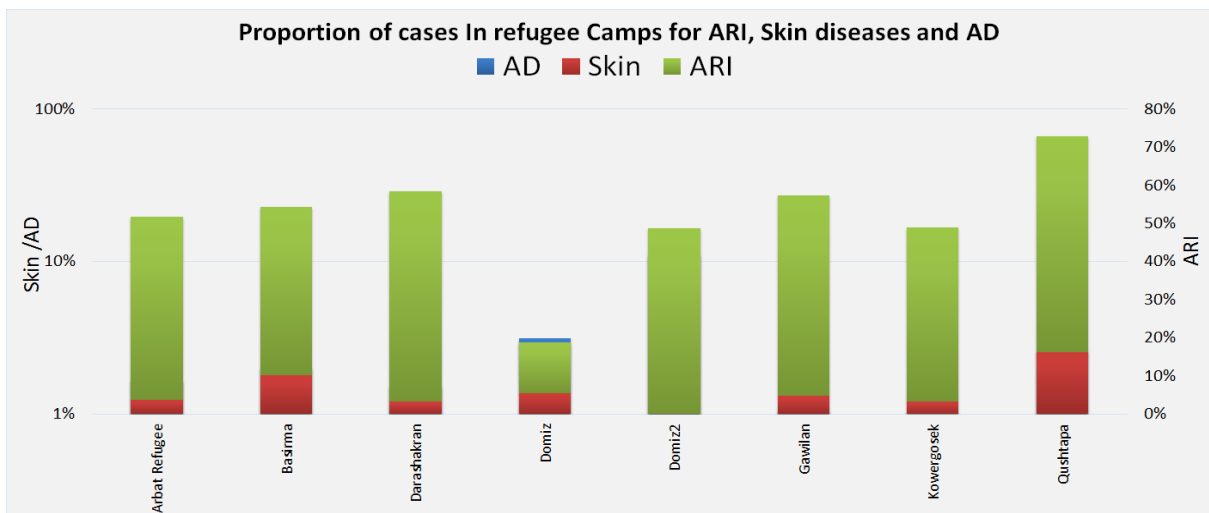
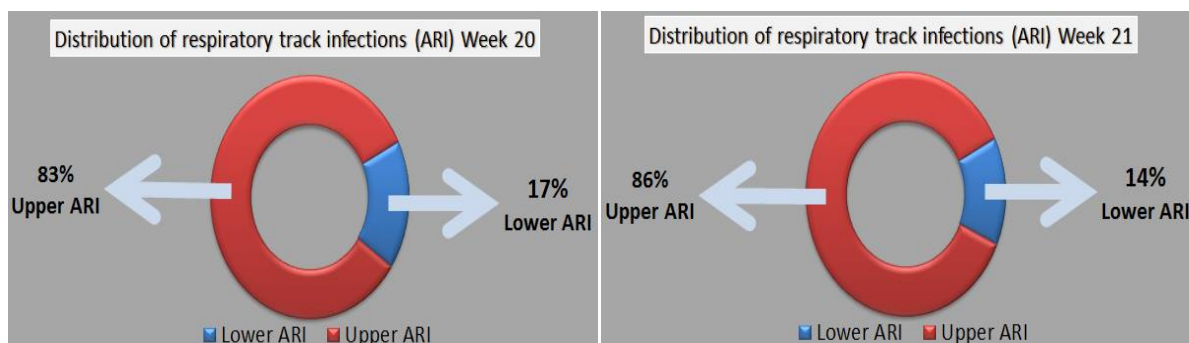


Figure V: Trend of proportions of cases of ARI, Scabies and AD in Refugee camps (week 1 – 21)

- 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 trend of upper and lower ARI is decreasing while that of the upper respiratory tract infections increased compared with week 20 (Week 21: Upper ARI=86% and Lower ARI=14%).
 - Overall, the ARI trend is slowly decreasing as summer season approaches.



- Furthermore, the below graph indicates the proportion of Lower and upper ARI cases per each reporting site from week 1 to 21.

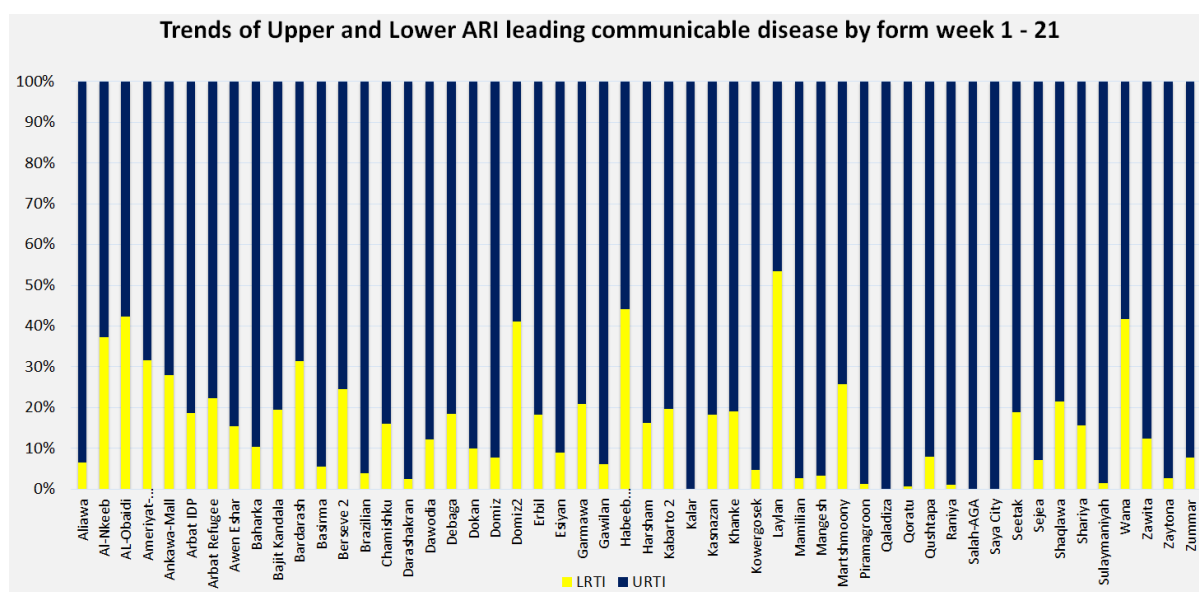


Figure VI: Trend of Upper and Lower ARI leading communicable disease, from week 1 to 21

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) from IDP reporting sites. These trends indicate an increase in the proportion of waterborne diseases since week 17, (see below graph)

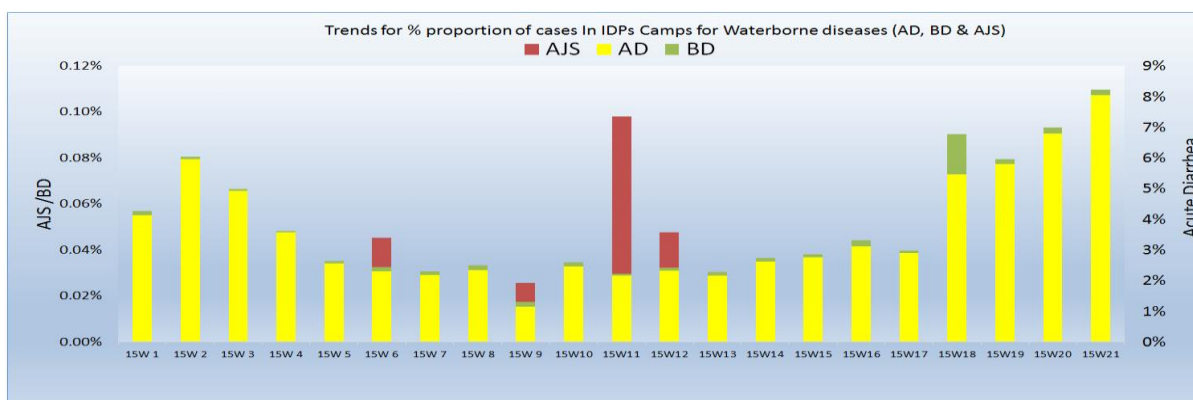


Figure VII: Trend of Waterborne diseases from IDP camps, from week 1 to 21

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 increase pattern ranging between 2% to 3%.

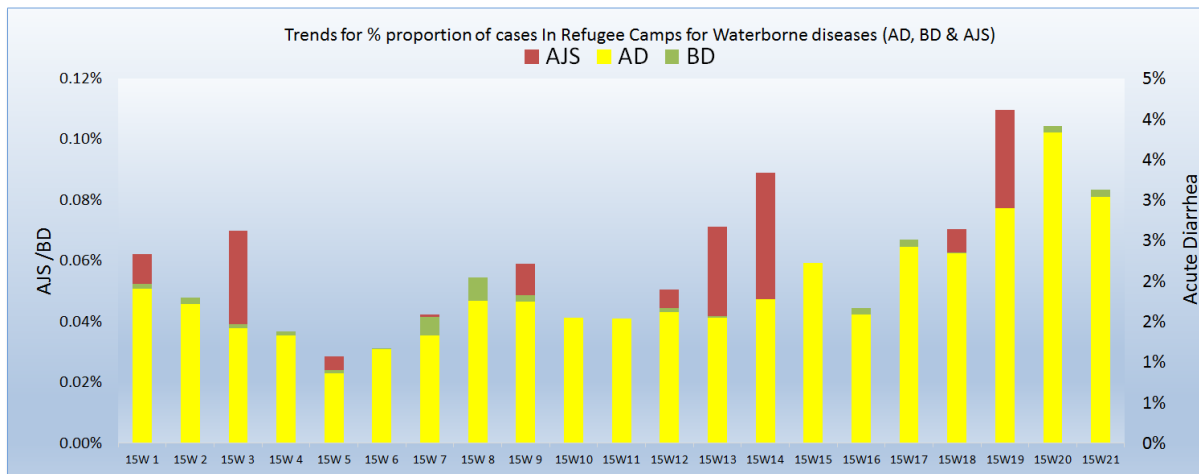


Figure VIII: Trend of Waterborne Diseases (Acute Diarrhea, Bloody Diarrhea and Acute Jaundice Syndrome) as one of the leading communicable disease from Refugee camps, from week 1 to 21;

Alerts and Outbreaks

- A total of eleven alerts were generated by EWARN in week 21; ten of these 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 is in Alert/outbreak section).
- One alert for suspected severe Acute Diarrhea case was reported from Harsham IDP camp run by IMC. Stool sample was collected and sent to the Baghdad Central Laboratory. The result was negative for Vibrio Cholera.
- One alert of suspected Acute Flaccid Paralysis (AFP) was reported from Zummar IDP camp run by a mobile clinic by MSF-F. Stool samples were collected and tested negative.
- Two alerts for suspected Leishmaniasis were reported from Bardarash and Dawdia IDP camps run by PU-AMI and MDM mobile clinic respectively. Cases were identified and given proper treatment. Vector control campaign is also in process by Erbil DoH in coordination with WHO to control and limit the spread of the sand fly.
- One alert for suspected meningitis was reported from Darashakran refugee camp run by IMC. Samples were collected by the investigation team and were found negative.
- One alert for suspected measles was reported from Piramagroon IDP camp run by World Vision. Blood samples were collected and transferred to Baghdad Central laboratory for confirmation.
- An alert for acute Jaundice Syndrome was reported from Zummar IDP camp run through one mobile medical clinic managed by MSF-F. The situation is monitored and response teams did an investigation to identify any clustering. All cases were sporadic and WASH cluster has been informed accordingly.
- One alert for bloody diarrhea was reported from Shariya camp run by Medair. The case was investigated and result found to be sporadic, no clustering was found. The situation is monitored through EWARN system.
- One 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.
- There was a report of animal bite from Baget Kandala with an alert for unexplained fever from the same location.

Comments and recommendations

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

For comments or questions, please contact

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