

IRAQ: Early Warning and Disease Surveillance Bulletin

Epidemiological Week 16:

Reporting Period: 13 April– 19 April 2015

Overview

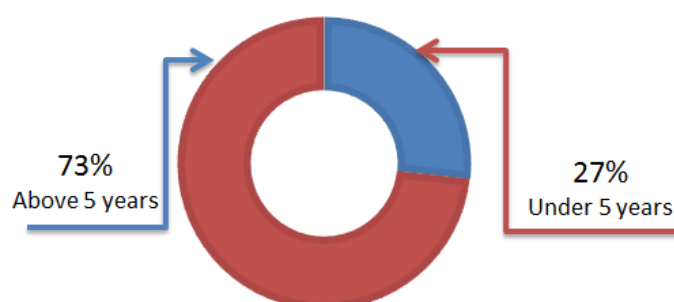
- During week 16, twenty eight reporting sites including six refugee and ten Internally Displaced People's (IDP) camps and nine mobile clinics submitted their reports timely and completely.
- The total number of consultations reported during this week was 12675 (males=5868 and females=6807) compared to 11586 (male=5510 and female=6086) consultations from the previous reporting week 15.
- A total of thirteen alerts were generated by EARN in week 16; twelve 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 in Alert/outbreak section).
 - An alert for suspected Acute Flaccid Paralysis (AFP) was reported from Awen –Eshar IDP camp run by IOM.
 - An alert for suspected meningitis was reported from Shariya IDP camp run by Medair NGO.
 - An alert for suspected measles was generated from Arbat IDP camp run by Emergency NGO.
 - An alert for bloody diarrhea was generated by EARN through Arbat IDP camp run by Emergency.
- WHO, in close collaboration with the Ministry of Health, has started a training course on case definition and use of electronic EARN tablets in Sulaymaniyah Governorate. All camps catering IDPs and Refugees in Iraq will be monitored by the EARN while the host community will be covered by the national surveillance program.



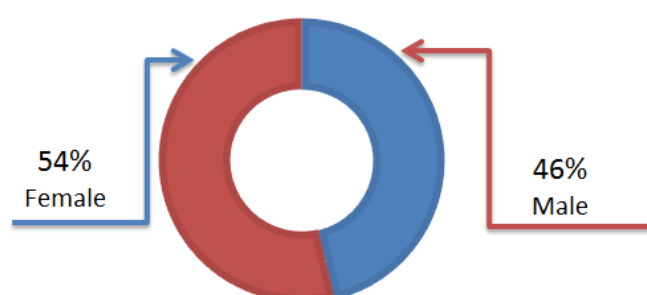
Figure 1: Total consultations and proportion of reporting health facilities b/w week 1-16

Consultations by Age and Gender week 1 – 16 in camps:

PERCENTAGE OF REPORTED CASES BY AGE



TOTAL REPORTED CASES BY GENDER



Morbidity patterns

- The proportion of AD remains steady ranging between 1% to 4% (week 16=3%). Skin diseases trend remained constant from week 2-13 (week 16=7%). ARI proposition shows a steep decrease of 2% in the caseload since week 16 (w15=41% and w16=39%).

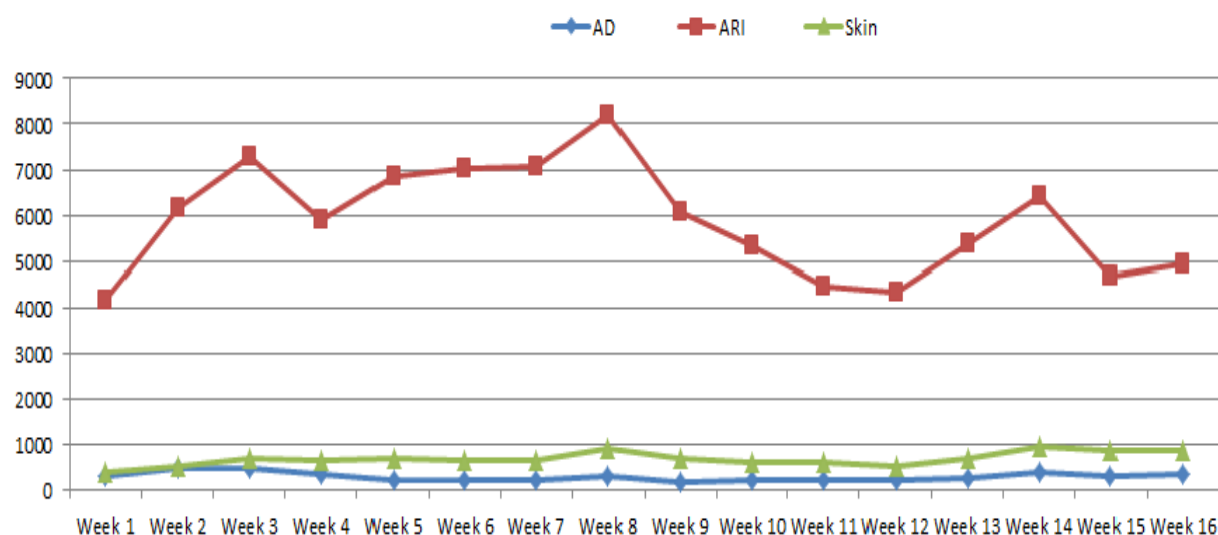


Figure II¹: Trend of # of cases of ARI, Scabies and AD from week 1 – 16

- Acute Respiratory Infection (ARI), scabies (SCB) and Acute Diarrhea (AD) remain the leading causes of morbidity during this week with 4945 (39%), 889 (7%) and 337 (3%) cases respectively reported from all the camps reporting to EWARN .

¹ The graphic axis is made on the basis of a logarithmic scale based on the orders of magnitude rather than the standard line scale. This enables illustration of data despite the large range of quantities.

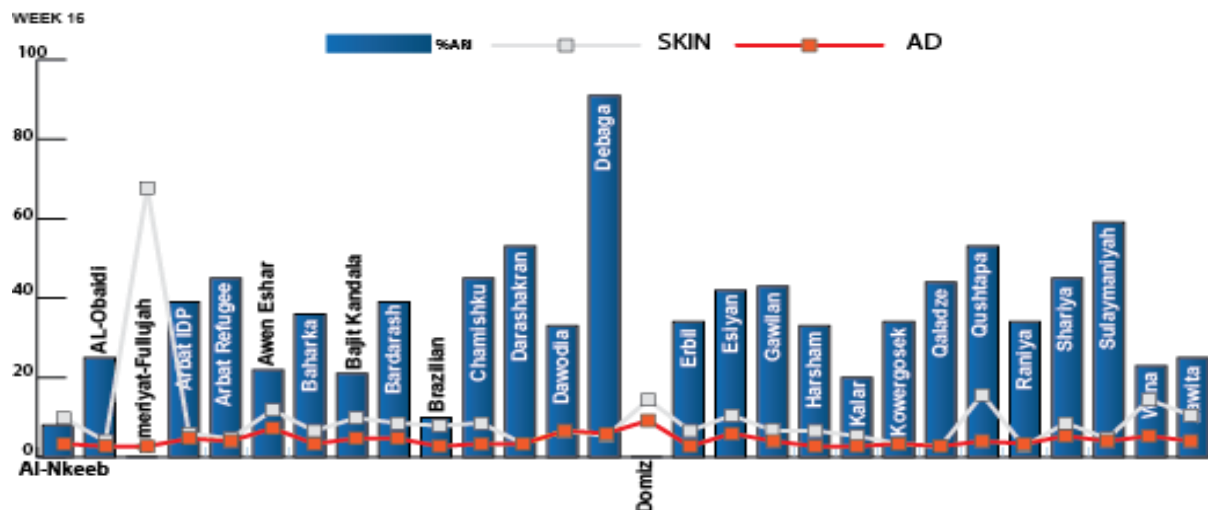
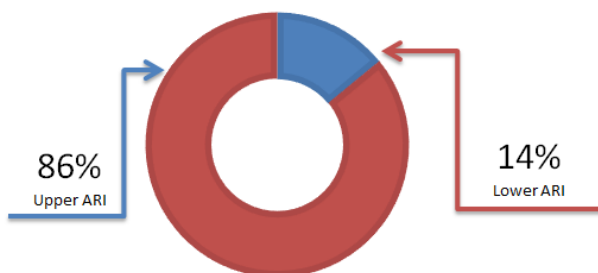


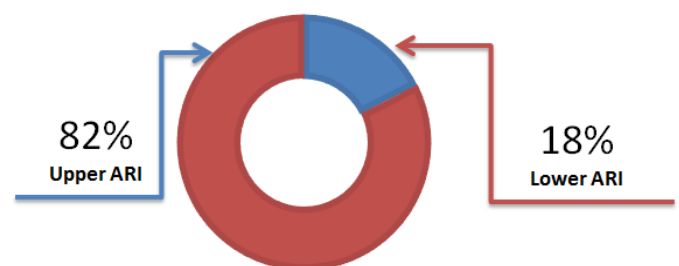
Figure III²: Trend of # of cases of ARI, Scabies and AD from week 1 - 16

- 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 remained the same when compared with week 15 (Upper ARI=82% and Lower ARI=18%).
 - The situation is being monitored accordingly and the underlying cause is currently the cold weather.

DISTRIBUTION OF RESPIRATORY TRACK INFECTIONS (ARI) WEEK 14



DISTRIBUTION OF RESPIRATORY TRACK INFECTIONS (ARI) WEEK 15



- Proportion of Lower ARI cases was the highest in Debagha IDPS settlement (L-ARI=18%) when compared with the other reporting site in week 16 although there has been a steep in the proposition when compared with week 15 (L-ARI=18%).
- Refresher training on EWARN is underway to strengthen proper diagnosis and filling of EWARN forms. Therefore in the coming weeks the proportion of Lower – ARI will reduce due to the correct syndromic diagnosis of cases based of the EWARN case definitions.

² 1 The graphic axis is made on the basis of a logarithmic scale based on the orders of magnitude rather than the standard line scale. This enables illustration of data despite the large range of quantities.

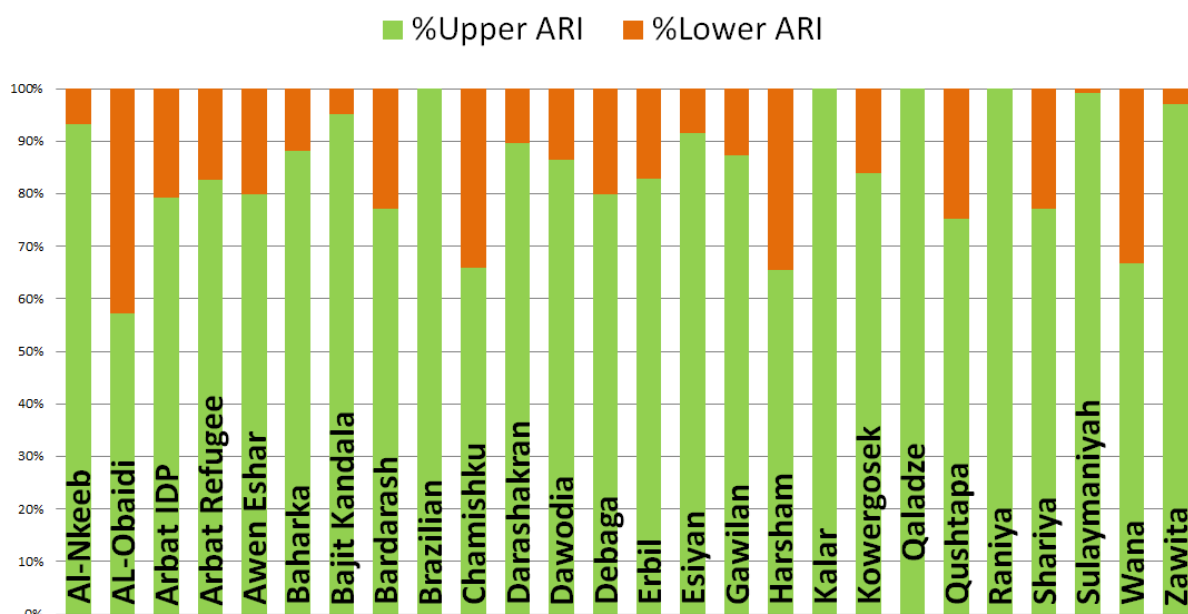
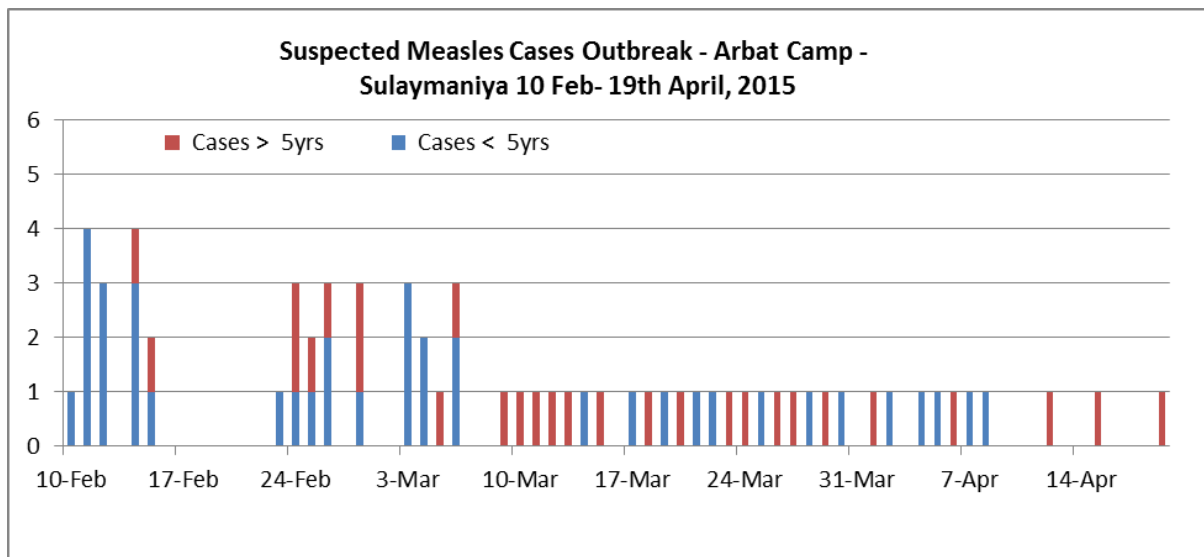


Figure IV: Trend of Upper and Lower ARI leading communicable disease, by weeks 16

- Skin infections are the second highest cause of consultation after ARI.
 - Ameriyat-Fullujah IDPS camp reported the highest proportion of skin infection cases (100%) followed by Qushtapa Refugees camp (18%) and Awen Eshar IDPS (14%) Camp.
 - The health, WASH clusters and WHO in coordination with the Department of Health are conducting hygiene and health education and promotion activities in all camps.
- Acute Diarrhea (AD) cases trend has remained constant in most of the camps and on-job training on EWARN has helped the healthcare providers to differentiate between Acute Diarrhea and Acute Watery Diarrhea

Alerts and Outbreaks

- A total of thirteen alerts were generated by EWARN in week 16; twelve 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.
- An alert for suspected Acute Flaccid Paralysis (AFP) was reported from Awen –Eshar IDP camp run by IOM. Stool samples were collected from the suspected case and sent to the laboratory and were found negative.
- An alert for suspected meningitis was reported from Shariya IDP camp run by Medair NGO. Samples were collected by the investigation team and were found negative.
 - An alert for suspected measles was generated from Arbat IDP camp run by Emergency NGO. This is from the on-going outbreak in the camp since 12th Feb, 2015. The measles vaccinations campaign has been completed and the trend indicates a downfall in number of cases.



- An alert for bloody diarrhea was generated by EWARN through Arbat IDP camp run by Emergency. The cases were investigated and were found to be sporadic, no clustering was found. The situation is monitored through EWARN system.

Comments and recommendations

- There is a need to do on-job refresher trainings on case definitions for the healthcare providers working in the camps to avoid false diagnosis of cases; therefore, a training session is planned for of the displaced Governorates of KRG starting from next week.

For comments or questions, please contact

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