

IRAQ: Early Warning and Disease Surveillance Bulletin

Epidemiological Week 8:

Reporting Period: 16-22 February 2015

Overview

- During week 8, nineteen (19) reporting sites including eight Refugee, nine Internally Displaced People's (IDP) camps and two mobile clinics submitted timely weekly reports; a gradual increase from 16 reporting units since week 6 (n=16).
- The number of consultations increased by a fraction (n=342) during the reporting period from 13,492 (male=6476 and female=7016) in week 7 to 13,834 (male=6501 and female=7332) in week 8. The highest number of consultations (n=3290) recorded in week 8 were reported in Shariya camp run by Medair.
- Emergency (International Non-Government Organization) alerted Directorate of Health (DoH) and WHO of a suspected measles case from Arbat camp in Sulaymaniyah in week 7. This was investigated and responded to in coordination of WHO, DoH and other health cluster partners. The combined national measles and Oral Polio Vaccine (OPV) campaign started from 22nd February targeting children 9 month to 5 years (measles) and 0 month to 5 years (OPV). As of 22 February 2015, measles outbreak was reported to be on-going.
- WHO in close collaboration with the Ministry of Health is in the process of upgrading the EWARN system to an electronic format and is due to be launched in March 2015. The upgrade will be an opportunity to expand the electronic network to camps to serve internally displaced people (IDPs) and refugees.

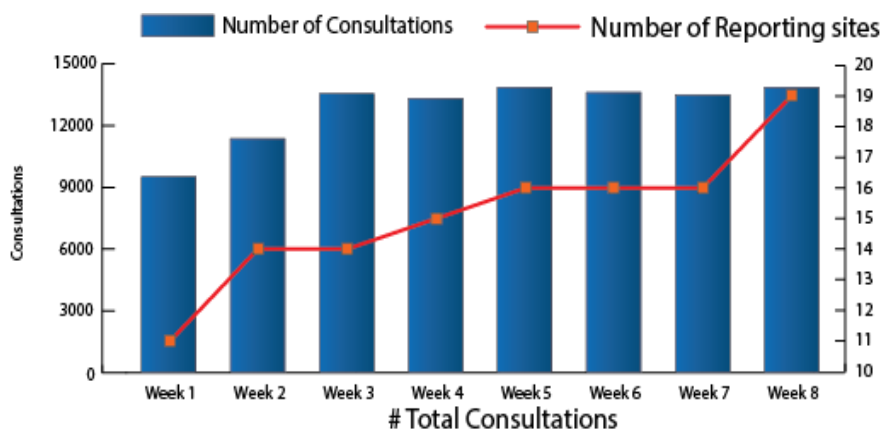
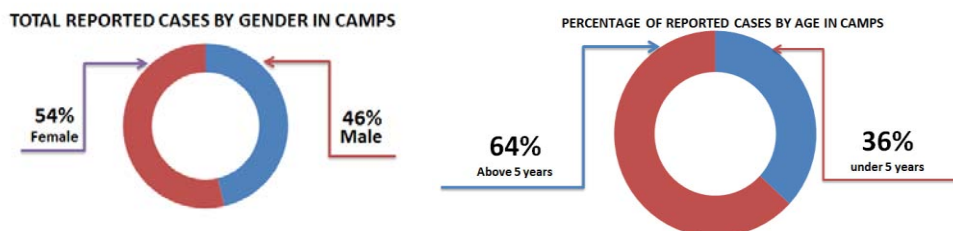


Figure 1: Total consultations and proportion of reporting health facilities b/w week 1-8

Consultations by Age and Gender week 1 – 8 in camps:



Morbidity patterns

- From week 1 to week 8, 2015; the proportion of Acute Diarrhoea (AD) remained steady ranging between 2% to 3%, skin diseases remained the same since week 2 to 6 but increased by 2% in week 8. Acute Respiratory Infections (ARI) proposition shows a gradual increase in the caseload since week 7 (w7=52% and w8=59%).

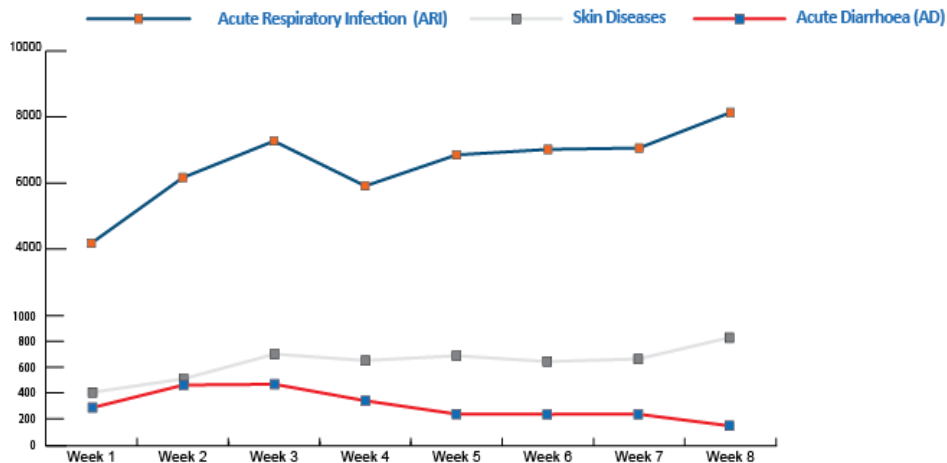


Figure I¹: Trend of # of cases of ARI, SCB and AD from week 1 to 8

- Acute Respiratory Infection, Skin diseases and Acute Diarrhoea remained the leading causes of morbidity in the majority of the camps during this period with 8,180 (48%), 900 (4%) and 168 (3%) cases respectively.

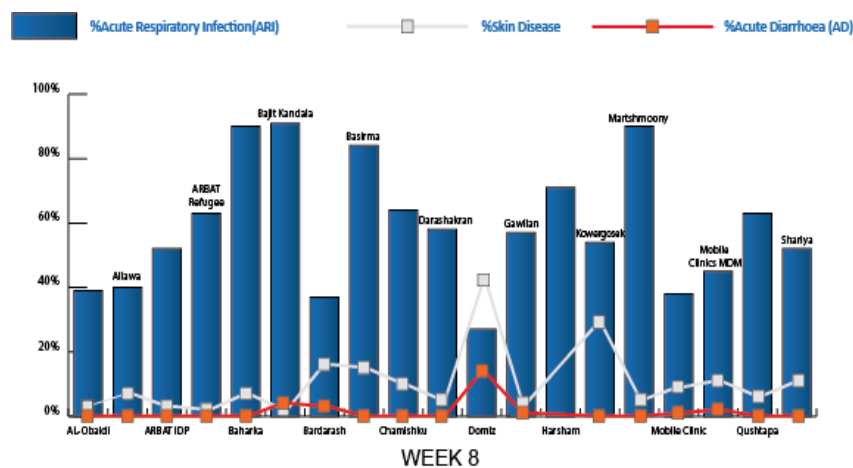
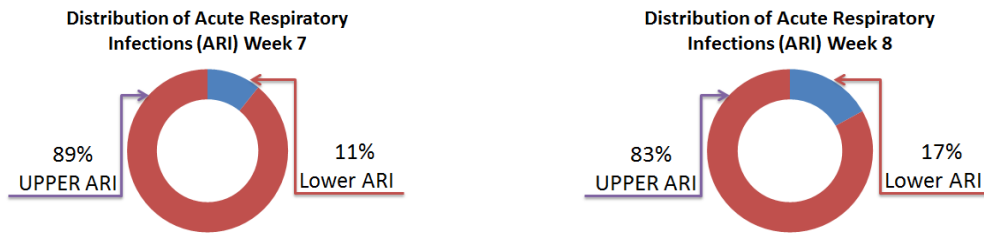


Figure III²: Trends of leading communicable diseases from major reporting sites

- Acute Respiratory Tract Infection has been divided into upper and lower respiratory tract infections since week 1, 2015.
 - According to EWARN data, in week 8, the distribution of lower ARI increased by 5% (from 11% to 17%) while upper ARI has decreased by 6% (from 89% to 83%).
 - The increased in Upper RTI is being monitored, and currently is being associated to the cold weather.

^{1 2} 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.



- Kowergosk, Qushtapa, Barisma, Domez-1 and Darashakran camps recorded the highest proportion of upper ARI cases while Martshmoony and Chamishku recorded the highest number of Lower ARI (55%) and (36%) respectively. Due to the high proportion of Lower ARI, on investigation it was noted that there is a need for refresher training on the case definition in these camps.

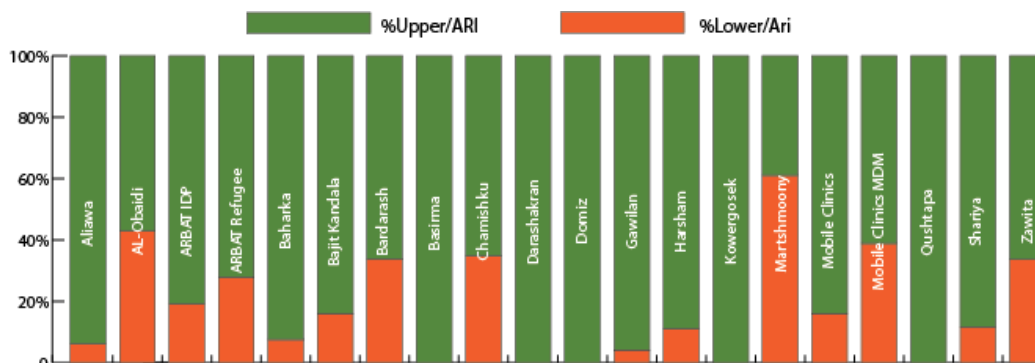
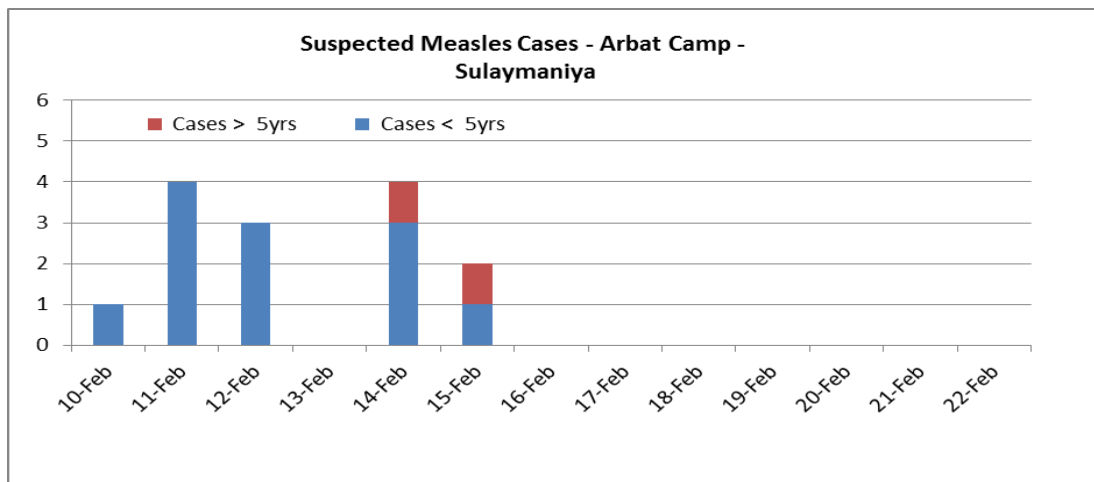


Figure IV: Trend of Upper and Lower ARI leading communicable disease, by weeks 8

- Skin infections are the second highest cause of consultation after ARI. Al-Obaidi refugee camp recorded the highest proportion of skin infection cases (18%) followed by Harsham DP camp and Domez-1 Refugee Camp (8% each).
 - WHO, Health and Water, Hygiene and Sanitation (WASH) clusters in coordination with the Department of Health are conducting hygiene and health education and promotion activities in all the camps.
- The Acute Diarrhea (AD) cases has decreased further as compared to week 7 (w7=235 and w8=169). Generally epidemiological evidence indicates the trends of Acute Diarrhea (AD) cases decreases during winters.
- Twenty seven sporadic cases suspected to be bloody diarrhea were reported in week 8, the suspected cases are reported from Domiz Refugee camp (n=3), Arbat refugee camp (n=8), Arbat IDP camp (n=9), Aliawa IDP camp (n=4), Kowergosk Refugee and Shariya IDP camp (n=3 each) and one case from Chimiskhu IDP camp.
 - When compared to week 7, all cases reported in week 8 were sporadic with no clustering; the cases are within the alert threshold. The DoH and WHO are monitoring the trends for any unusual increase.
- Two sporadic cases of Acute Jaundice Syndrome (AJS) have been reported from Domiz refugee camp (Domiz n=2), as compared to week 7 when one case of AJS was reported in Kowergosk Refugee camp only. No cases of AJS were reported in Kowergosk Refugee camp.
 - The cases of AJS have gradually decreased in all the camps indicating the end of the outbreak which started in the first week of December, 2015.

Alerts and Outbreaks

- Following the detection of measles cases in Arbat camp over the past few weeks in which 12 suspected cases were recorded, the Early Warning and Alert Network (EWARN) system has continued monitoring the trends of the diseases in addition to conducting vaccination campaign in Arbat camp. Samples were collected and sent to the National laboratory in Baghdad. Results were positive for IgM. The combined national measles and Oral Polio Vaccine (OPV) campaign has started from 22nd February including the camps.



- One hundred and twenty seven (127) suspected WD cases were reported in week 8. Thirty three suspected cases were recorded from Arbat refugee camp, the team investigated these cases and a refresher on case definitions was provided.
 - The investigations outcome indicates that none of the cases filled the criteria of the case definition however the situation is being monitored and incase the threshold is crossed the investigation team will conduct further epidemiological investigations along with a response. Camp managers from both Arbat IDP and Arbat refugee camps have been notified.

Comments and recommendations

- **National Immunization Days:** A 5-day country wide polio vaccination campaign started on 22nd February 2015. In Central and southern governorates, children aged 0 month to 5 years will receive tri-valent oral polio vaccine irrespective of their previous vaccination status. In the Kurdistan Region, a combined measles and polio vaccination campaign will be conducted for 12 days in Erbil and Sulayimaniyah and 17 days in Duhok targeting children aged 9 months to 5 years for measles and 0 month to 5 years for tri-valent OPV irrespective of their previous vaccination status.
 - A special focus will be put on the vulnerable populations including; IDPs, Refugees, host communities, populations living in slums and seasonal nomads.
 - Polio eradication is a programmatic emergency for global public health and Iraq has been declared as lying in the highest risk zone in the Middle East due to the volatile security situation and multiple governorates having aforementioned vulnerable populations.
- There is a need to do on-job refresher trainings for staff working in the camps to avoid false diagnosis of cases.

- The WHO team in coordination with the Ministry of Health, Kurdistan Region, investigated the reasons behind the consistently high reports of ARI and skin infections from the camps. The increase in the proportions of ARI and skin infections has been associated to the winter season; this is likely to increase in the coming month posing public health risks on children and other vulnerable groups. There is a need for close coordination with the shelter cluster to scale up support to IDPs affected by winter. Clothes and fuel are also needed for winterization. All health partners have been sensitized for the winterization contingency plan while ARI kits have been pre-positioned accordingly.
- In spite of the hard work of WASH cluster partners in Sharia IDP camp, shortage of Alum and chlorine for water treatment of water projects is a challenge. This is public health threat to the population who may be at risk of contracting water borne diseases. Health cluster partners are working closely with the WASH cluster to improve sanitation facilities and water treatment in the camp.
- WHO and other health cluster partners continued supporting the Ministry of Health and DOHs with emergency medical supplies including trauma kits.

Note of Health Cluster partners: Any suspected case of measles, AFP, meningitis, suspected cholera, neonatal tetanus or unusual cluster of health events should be immediately notified to relevant health authorities in your district or to the contacts provided below in order to facilitate further investigation.

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
- **EWARN Unit WHO** | 07510101452 | emacoirqewarn@who.int
- **Dr Fawad Khan** khanmu@who.int EWARN focal Point WHO Iraq