

IRAQ: Early Warning and Disease Surveillance Bulletin

Epidemiological Week 23:

Reporting Period: 1 June – 7 June: 2015

Overview

- During week 23, forty two reporting sites including seven refugees, twenty five Internally Displaced People's (IDP) camps and ten mobile clinics submitted their weekly reports timely and completely.
- The total number of consultations reported during the week was 17665 (male=7835 and female=9829) compared to 20559 (male=9172 and female=11385) consultations from the previous reporting week 22.
- During week 23, Acute respiratory tract infections (ARI) (n=6875), Acute Diarrhea (n=1533) and skin diseases (n=1259) were the leading cause of morbidity in all the camps.
- Proportions of Acute Diarrhea in IDP camps have increased gradually by two percent since week 22(8%) (week 23=10%) while the proportions of Acute Diarrhea trend in refugee camps has gradually increased by one percentage since last week (week 22=3.5% and week 23=4.5%).
- The trends of lower Acute Respiratory Tract Infection (ARI) is decreasing with the approach of summer months with an increase in the upper Acute Respiratory Tract Infection (ARI) when compared with week 22 (Upper ARI=85% & Lower ARI=15%) and week 23 (Upper ARI=86% & Lower ARI=14%).
- A total of twenty nine alerts were generated by EWARN in week 23; six alerts were generated from refugee camps and twenty three from IDP camps. Fifteen of these were verified as true for further investigation and appropriate response by respective Governorates DoH/WHO and fourteen alerts did not follow the case definitions thresholds. *(Details below in the Alert/Outbreak Section)*
 - Three alerts of unexplained fever were discarded as these were sporadic cases with no clustering; seven alerts of bloody diarrhea; one alert of suspected Leishmaniasis, two alerts of suspected Acute jaundice Syndrome, and one alert of suspected acute diarrhea did not fulfil the threshold but the situation is under monitoring.
 - Stool samples from suspected acute diarrhea cases, bloody diarrhea and measles were collected by the investigation and response teams and dispatched to the Central Laboratory for confirmation. None of the stool samples were found negative for Vibrio Cholera.

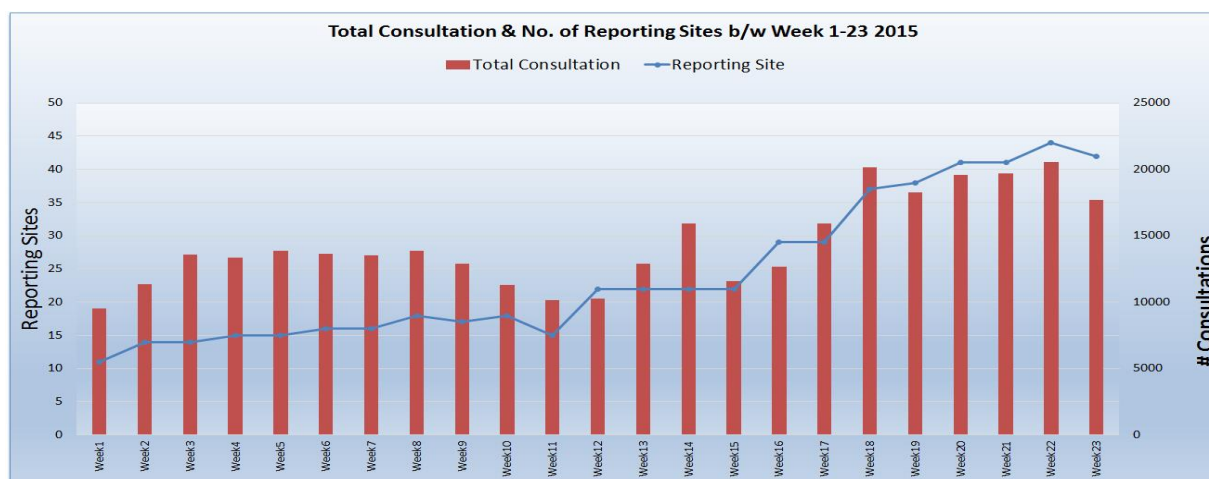
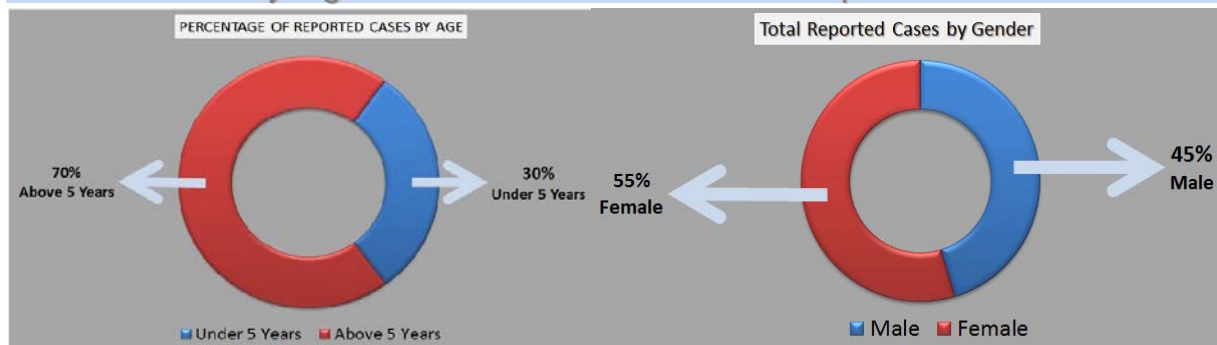


Figure 1: Total consultations and proportion of reporting health facilities b/w week 1-23

Consultations by Age and Gender week 23 in camps:



During week 23, 70% of the consultations were above 5 years while 30% were under 5 years, out of which 55% were females and 45% were males.

Morbidity patterns

- During week 23, 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=6570), Acute Diarrhoea (n=1560) and skin diseases including scabies (n=1049) cases reported from all camps reporting to EWARN.
- **Overview for IDP camps in relation to proportions:** During week 23, proportions of Acute Diarrhea in IDP camps has increased gradually by two percent since last week 22 (week 23=10%), indicating a steady increase in trend as the summer months are approaching. Skin infestations including scabies have decreased from 7% in week 22 to 6% in week 23. Acute Respiratory Tract infections are showing a gradual steady downward trend since week 10. (See below graph).

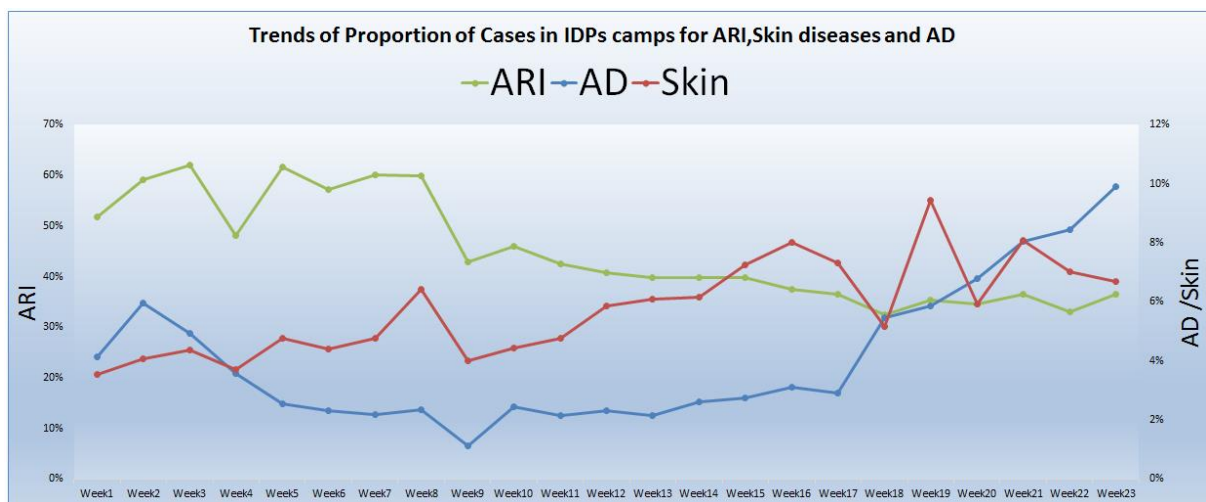


Figure II: Trend of proportion of cases of ARI, Scabies and AD in IDP camps (week 1 -23)

- **Overview for Refugees camps in relation to proportions:** During week 23; proportions of Acute Diarrhea trend in refugee camps has gradually increased by one percentage since last week (week 22=3.5% and week 23=4.5%). Acute Respiratory Tract Infections (ARI) proposition indicates an increase from 38% in week 22 to 42% in week 23. Skin infestations including scabies have dropped from 7% in week 18 to 3% in week 19 and since then it is showing a steady trend (week 23=3%). (See below graph).

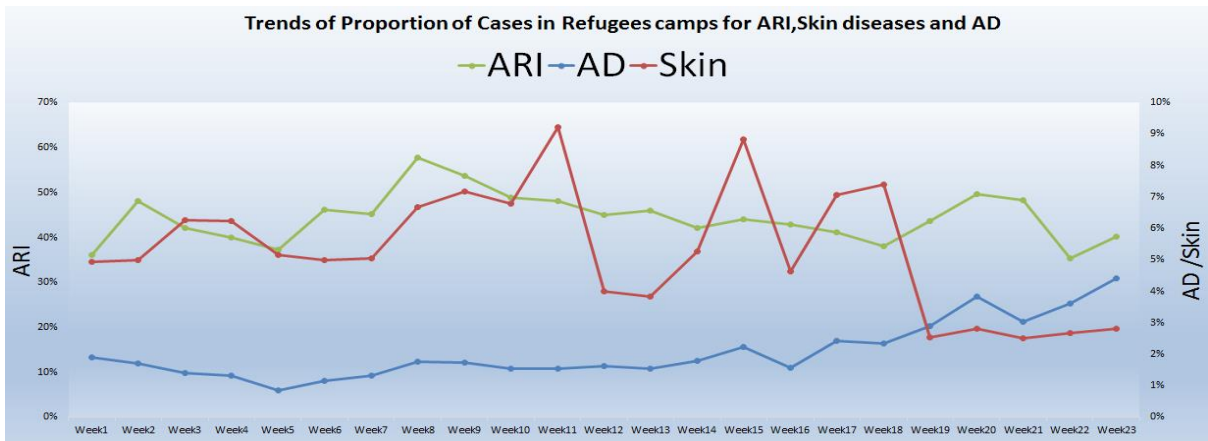


Figure III: Trend of proportion of cases of ARI, Scabies and AD in Refugee camps (week 1 -23)

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 23, 2015.

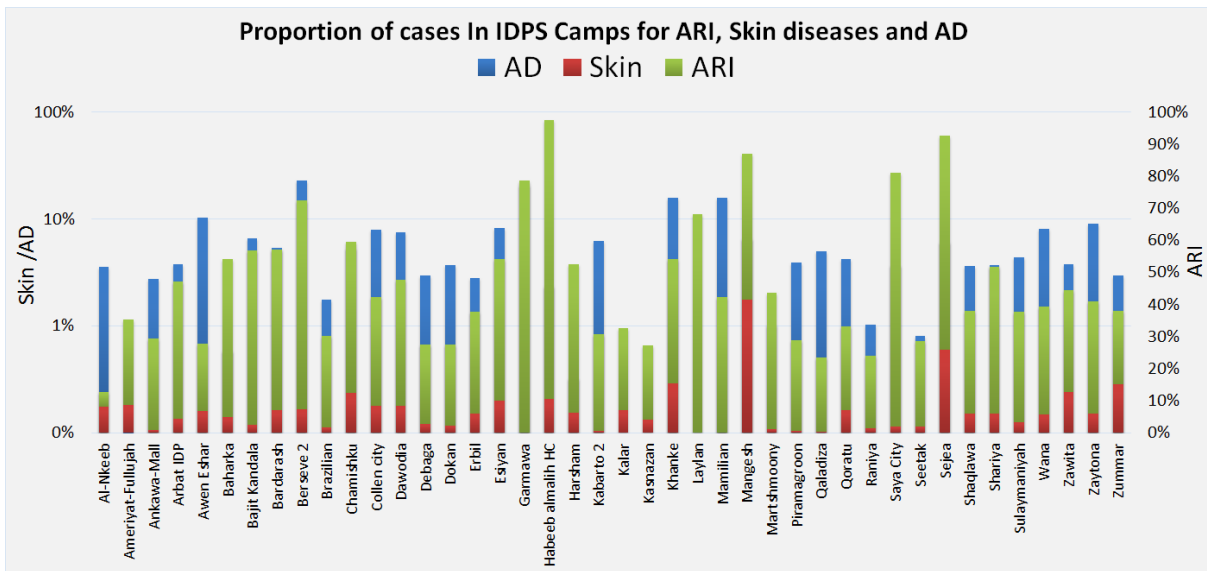


Figure IV: Proportion of cases of ARI, Scabies and AD in IDP camps (week 1 -23)

The below graph indicated the proportion of cases in refugees camps for ARI, Acute diarrhea, and skin infestations including scabies for week 23. During this week the incidence of acute diarrhea cases have further decreased after extensive WASH activities along with health promotion in the refugee camps in Kurdistan Region, Iraq.

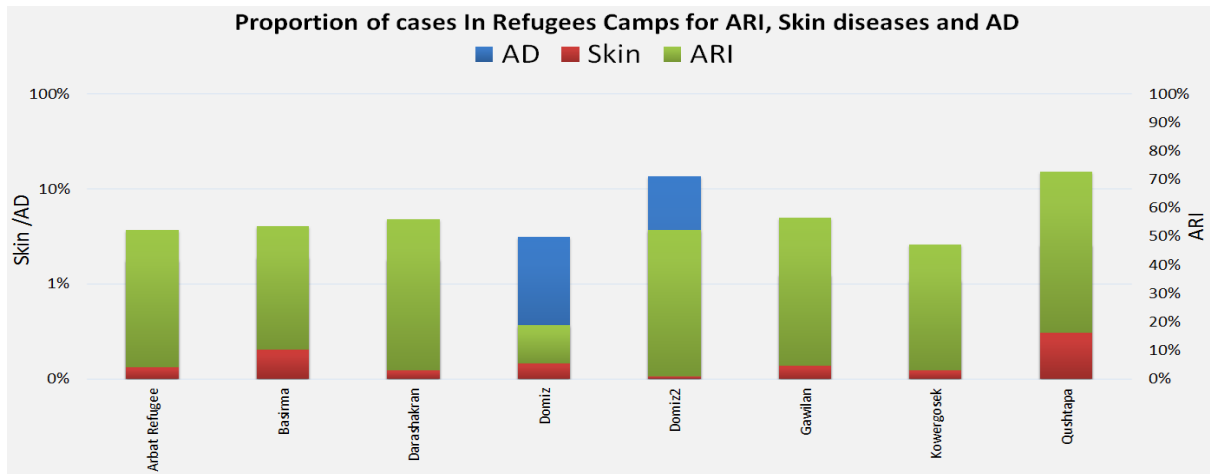
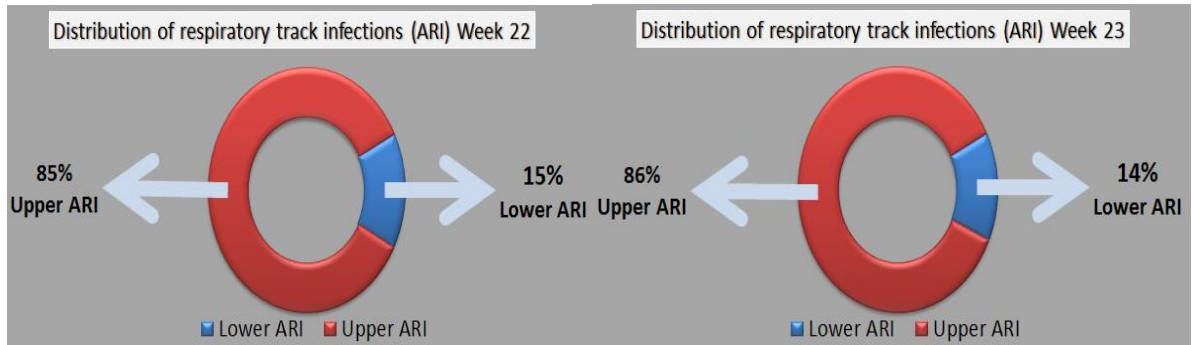


Figure V: Trend of proportions of cases of ARI, Scabies and AD in Refugee camps (week 1 – 23)

- 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 lower ARI is decreasing in summer with an increase in the upper respiratory tract infections when compared with week 22 (Week 23: Upper ARI=86% and Lower ARI=14%).
 - Overall, the ARI trend is slowly decreasing in both IDP and Refugee camps as summer approaches in.



Furthermore the below graph indicates the proportion of Lower and upper ARI cases per each reporting site from week 23.

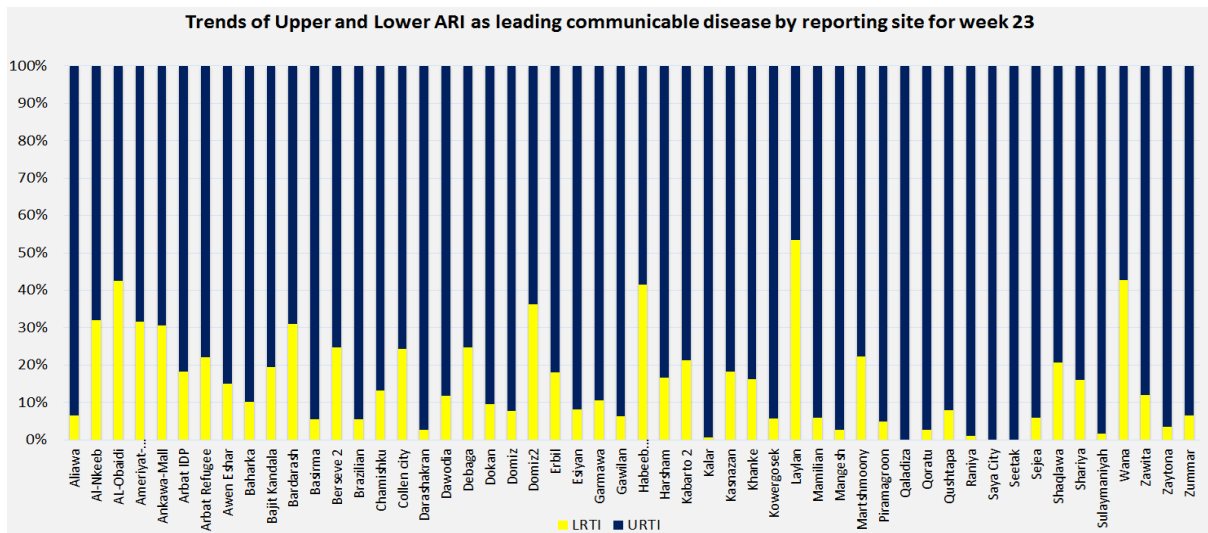


Figure VI: Trend of Upper and Lower ARI leading communicable disease per reporting site for week 23

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 camps, indicating a steady increase in waterborne diseases during summer . The trend indicates a gradual increase in the proportion of waterborne diseases in IDP camps since week 17. (See below graph)

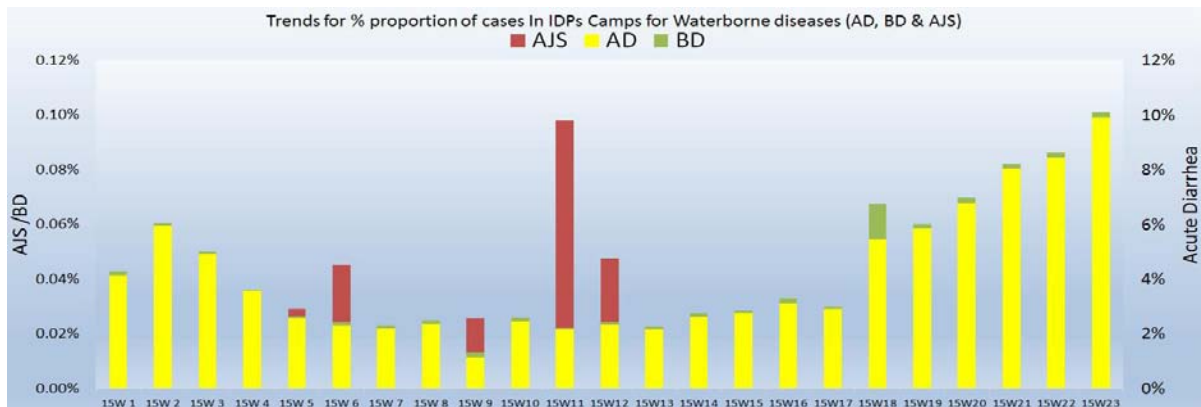


Figure VII: Trend of Waterborne diseases from IDP camps, from week 1 to 23

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%.

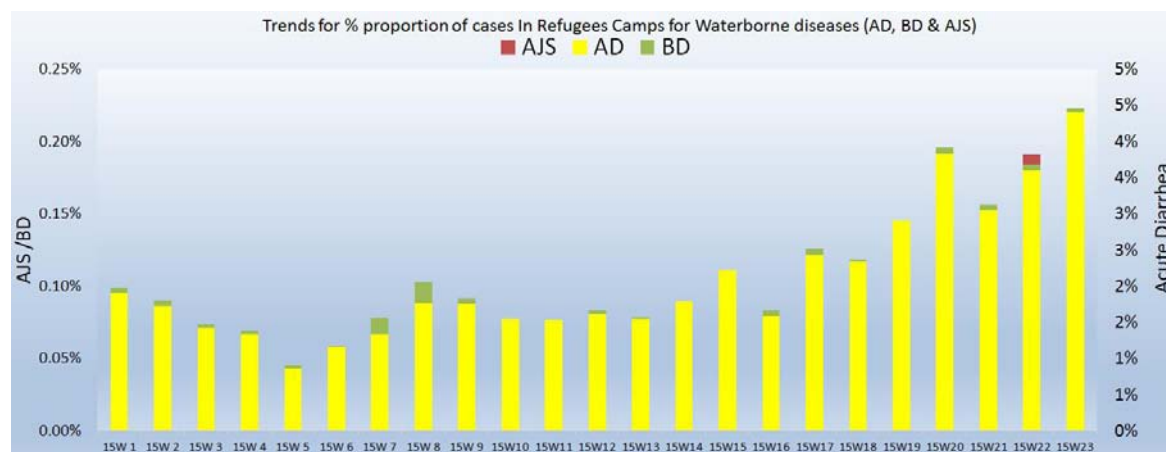


Figure VIII: Trend of Waterborne Diseases (Acute Diarrhea, Bloody Diarrhea and Acute Jaundice Syndrome) as one of the leading communicable diseases from Refugee camps, weeks 1 to 23;

Alerts and Outbreaks

- A total of twenty nine alerts were generated by EWARN in week 23; six alerts were generated from refugee camps and twenty three from IDP camps. Fifteen of these were verified as true for further investigation and appropriate response by Erbil DoH/WHO and fourteen alerts did not follow the case definitions thresholds.
- Three alerts of unexplained fever were discarded as these were sporadic cases with no clustering, seven alerts of bloody diarrhea, one alert of suspected Leishmaniasis, two alerts of suspected Acute jaundice Syndrome, and one alert of suspected acute diarrhea did not fulfil the threshold but the situation is under monitoring.
- Stool samples from suspected acute diarrhea cases, bloody diarrhea and measles were collected by the investigation and response teams and dispatched to the Central Laboratory for confirmation. None of the stool samples were found negative for Vibrio Cholera.

| Sn | Alert | Location IDP/Refugee Camp | # of cases | Run by | Investigation and Response within 48-72% DOH/WHO/NGO | Sample Taken Yes/No | Alerts Outcome True/False | Public Health Interventions Conducted |
|----|------------------------------------|---------------------------|------------|-------------|--|---------------------|---------------------------|---------------------------------------|
| 1 | S. Acute Diarrhea | Baharka IDP camp | 7 | IMC | Yes | Yes | TRUE | Yes |
| 2 | | Debaga IDP camp | 16 | MC-Malteser | Yes | Yes | TRUE | Yes |
| 3 | | Harsham IDP camp | 4 | IMC | Yes | No | FALSE | Yes |
| 4 | | Dawodia IDP camp | 53 | MC-MDM | Yes | Yes | TRUE | Yes |
| 5 | | Domiz 2 Refugee | 44 | IMC | Yes | Yes | TRUE | Yes |
| 6 | | Kabarto 2 IDP camp | 74 | IMC | Yes | Yes | TRUE | Yes |
| 7 | | Sejea IDP camp | 16 | IMC | Yes | Yes | TRUE | Yes |
| 8 | Skin Infestation including Scabies | Baharka IDP camp | 14 | IMC | Yes | No | FALSE | Yes |
| 9 | | Dokan IDP camp | 7 | WVI-HF | No | No | FALSE | Yes |
| 10 | | Esiyan IDP camp | 33 | HEEVIE | Yes | No | TRUE | Yes |
| 11 | | Qoratu IDP camp | 41 | EMERGENCY | No | No | TRUE | Yes |
| 12 | Domiz 2 Refugee | 10 | IMC | Yes | No | FALSE | Yes | |
| 13 | S. Measles | Ameriyat-Fullujah IDP | 6 | UIMS | Yes | Yes | TRUE | Yes |
| 14 | | Arbat IDP camp | 1 | EMERGENCY | Yes | No | TRUE | Yes |
| 15 | S. Bloody Diarrhea | Ameriyat-Fullujah IDP | 4 | UIMS | Yes | No | TRUE | Yes |
| 16 | | Arbat IDP camp | 7 | EMERGENCY | Yes | No | TRUE | Yes |
| 17 | | Wana IDP camp | 2 | MC-Medair | Yes | No | FALSE | Yes |

| | | | | | | | | |
|----|------------------------|---------------------|---|---------------|-----|-----|-------|-----|
| 18 | | Bajit Kandala IDP | 6 | DoH | Yes | Yes | TRUE | Yes |
| 19 | | Berseve IDP camp | 1 | Maltesar Intl | No | No | FALSE | Yes |
| 20 | | Chamishku IDP camp | 1 | MC-MDM | No | No | FALSE | Yes |
| 21 | | Darashakran Refugee | 2 | IMC | Yes | No | FALSE | Yes |
| 22 | | Kabarto 2 IDP camp | 2 | IMC | Yes | No | FASLE | Yes |
| 23 | | Shariya IDP camp | 3 | Medair | Yes | No | FALSE | Yes |
| 24 | | Zummar IDP camp | 4 | MC-MSF-F | Yes | No | FALSE | Yes |
| 25 | S. Leishmaniasis | Gawilan Refugee | 1 | PU-AMI | Yes | No | FALSE | Yes |
| 26 | S. Rabies | Domiz 2 Refugee | 1 | IMC | Yes | No | TRUE | Yes |
| 27 | | Gawilan Refugee | 1 | PU-AMI | Yes | No | TRUE | Yes |
| 28 | S. Acute Jaundice Synd | Bajit Kandala IDP | 1 | DoH | No | No | FALSE | Yes |
| 29 | | Zawita IDP camp | 1 | MC-ICRC | No | No | FALSE | Yes |

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 to procure its contingency cholera kits while the in-country Cholera kits have been pre-positioned to the high risk governorates across Iraq.
- Field monitoring for Electronic EWARNS is scheduled to start in June covering all Iraqi governorates.

For comments or questions, please contact

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