

IRAQ: Early Warning and Disease Surveillance Bulletin

Epidemiological Week 24:

Reporting Period: 8 June – 14 June: 2015

Overview

- During week 24, thirty seven reporting sites including six refugees, twenty two Internally Displaced People's (IDP) camps and nine mobile clinics submitted their weekly reports timely and completely. The drop in reporting sites was due to the technical issues with the mobile network.
- The total number of consultations reported during this week was 15705 (male=6967 and female=8603) compared to 17664 (male=6835 and female=9829) from the previous reporting week.
- During week 24, Acute respiratory tract infections (ARI) (n=5475), Acute Diarrhea (n=1314) and skin diseases (n=917) were the leading cause of morbidity in all the camps.
- Proportions of Acute Diarrhea in IDP camps have decreased by one percent since week 23- (10%) to (9%) in week 24- while the proportions of Acute Diarrhea trend in refugee camps have increased by two percentage since last week (week 23=4% and week 24=6%).
- The trends of lower Acute Respiratory Tract Infection (ARI) are generally decreasing with the approach of summer months although the proportion of upper ARI and lower ARI remained the same since last week,(week 23- Upper ARI=86% & Lower ARI=14% and week 24- Upper ARI=86% & Lower ARI=14%).
- A total of twenty five alerts were generated by EWARN in week 24, of which seven were generated from refugee camps and eighteen from IDP camps. Fourteen of total alerts were verified as true for further investigation and appropriate response by WHO and different Departments of Health in EWARN covered governorates while the remaining eleven did not follow the case definitions thresholds. *(Details below in the Alert/Outbreak Section).*
 - Six alerts of sporadic bloody diarrhea cases with no clustering were discarded and one alert of suspected Acute jaundice Syndrome did not fulfil the threshold; the situation is under monitoring.
 - Stool samples from suspected acute diarrhea, bloody diarrhea, and measles cases 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 Vibro Cholera.

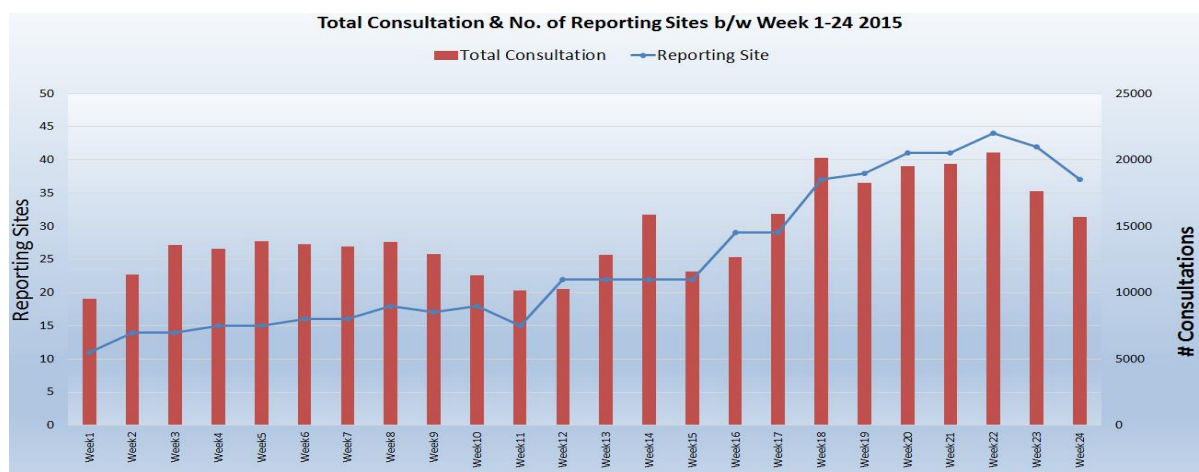
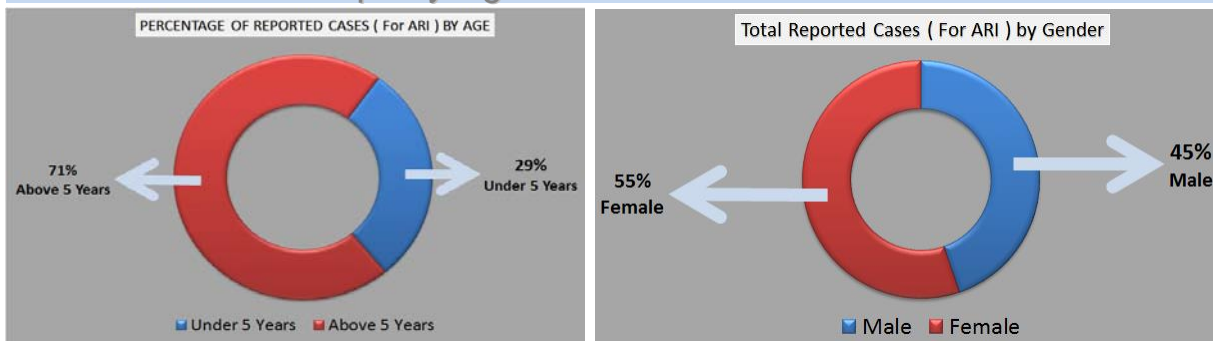


Figure 1: Total consultations and proportion of reporting health facilities b/w week 1-23

Consultations in camps by Age and Gender for week 24:



During week 24, 71% of the consultations were above 5 years while 29% were under 5 years, out of which 55% were females and 45% males.

Morbidity patterns

- During week 24, Acute Respiratory Infections (ARI), skin infestations including scabies, and Acute Diarrhea (AD) cases reported from all camps linked to EWARN remain the leading causes of morbidity with (ARI=5475), (AD=1314) and skin diseases including scabies (n=917).
- **Overview for IDP camps in relation to proportions:** During week 24, proportions of AD in IDP camps has decreased by one percent since week 23 (week 24=9% and week 23=10%). Skin infestations including scabies show a steady trend since week 22 (week 22, 23 & 24=7%). Acute Respiratory Tract infections are also showing a gradual decrease since week 10. (See below graph).

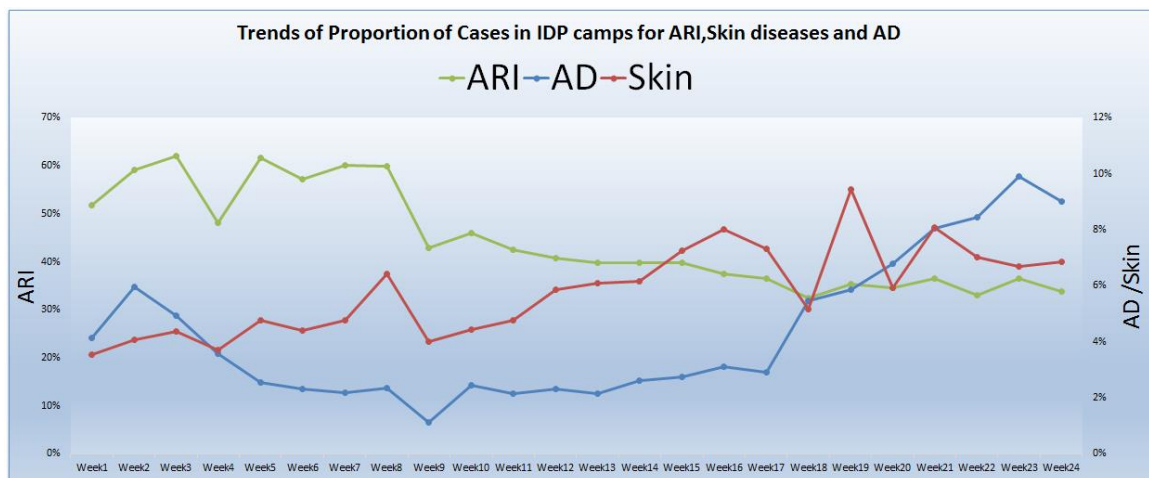


Figure II: Trend of proportion of cases of ARI, Scabies and AD in IDP camps (week 1 -24)

- **Overview for Refugees camps in relation to proportions:** During week 24; proportions of Acute Diarrhea trend in refugee camps has increased by two percent since last week (week 23=4% and week 24=6%). Acute Respiratory Tract Infections (ARI) proportion indicates a steady decrease from 42% in week 23 to 40% in week 24. Skin infestations including scabies have dropped from 7% in week 18 to 3% in week 19 and went steadily down to (2% in week 22) due to the extensive health and hygiene campaign conducted by WASH and health cluster partners on Skin infestations including scabies. (See below graph).

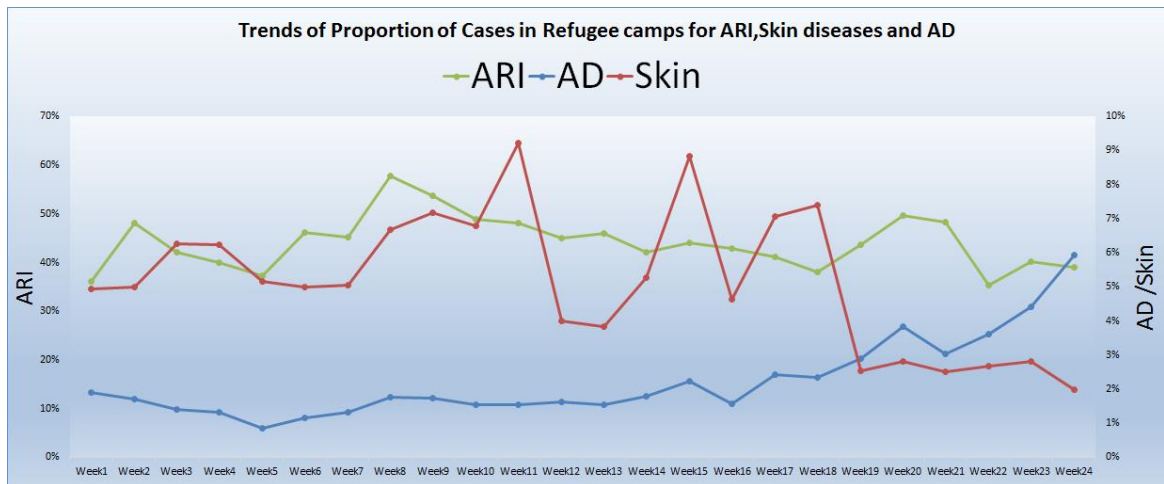


Figure III: Trend of proportion of cases of ARI, Scabies and AD in Refugee camps (week 1 -24)

Trend of Diseases by proportions for IDP Camps: The below graph indicates the proportion of cases of ARI, AD, and skin infestations including scabies which comprises the highest leading cause of morbidity in IDP camps for week 24.

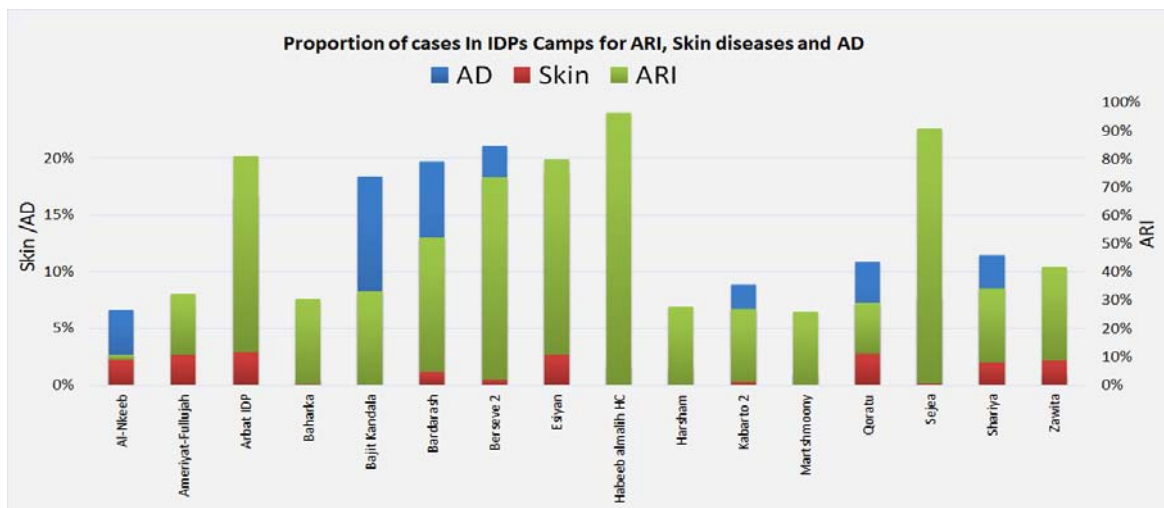


Figure IV: Proportion of cases of ARI, Scabies and AD in IDP camps for week 24

Trend of Diseases by proportions for Refugee Camps: The below graph indicates the proportion of cases in refugee camps for ARI, AD, and skin infestations including scabies for week 24. During this week, the incidence of acute diarrhea cases have increased in Domiz-2 refugee camp although there is a great focus on the WASH and health promotion activities in all refugee camps in Kurdistan Region, Iraq.

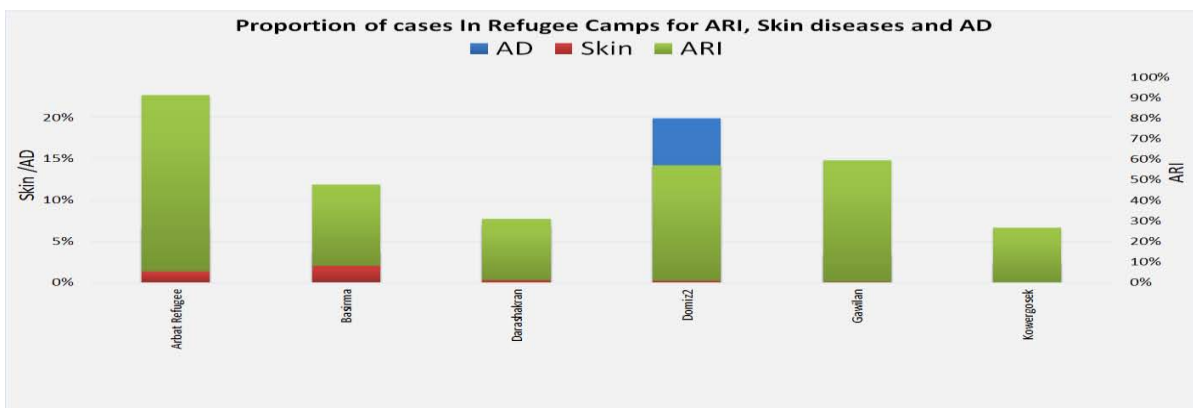


Figure V: Trend of proportions of cases of ARI, Scabies and AD in Refugee camps for week 24

Trend of Diseases by proportions for IDPs camps served by Mobile clinics: The below graph indicates the proportion of ARI cases, AD, and skin infestations including scabies which comprises the highest leading cause of morbidity in IDP camps for week 24.

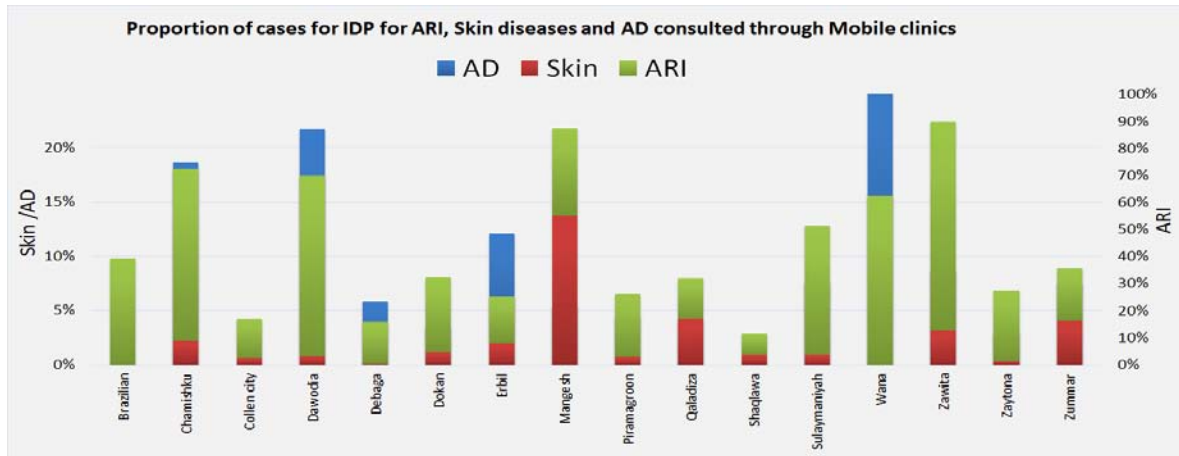
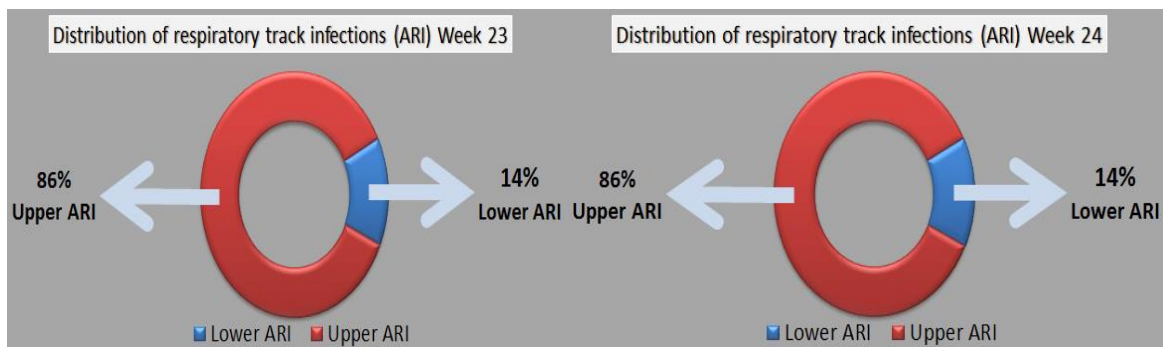


Figure VI: Trend of ARI, AD, & scabies proportions reported from IDP camps covered by Mobile Clinics for week 24

- 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. The proportion of upper ARI and lower ARI remained the same since last week, (Week 23 -Upper ARI=86% & Lower ARI=14% and week 24-Upper ARI=86% & Lower ARI=14%).
 - The ARI trend is slowly decreasing in both IDP and Refugee camps in summer.



Furthermore the below graph indicates the proportion of Lower and upper ARI cases per each reporting site in week 24.

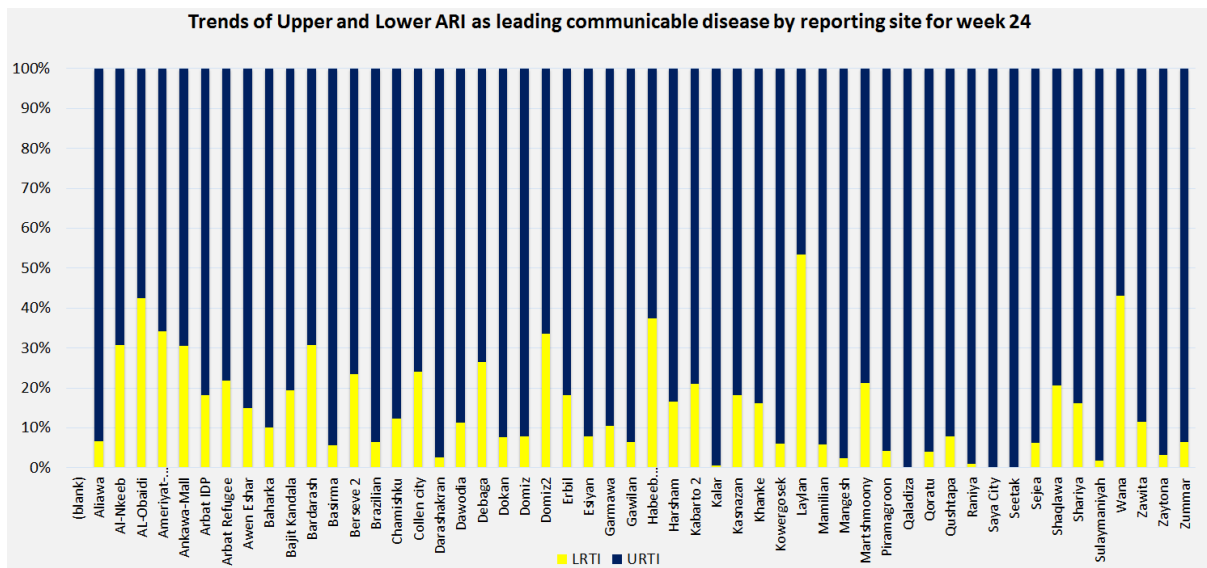


Figure VII: Trend of Upper and Lower ARI per reporting site for week 24

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 and indicates a steady increase in waterborne diseases during summer since week 17. (See below graph)

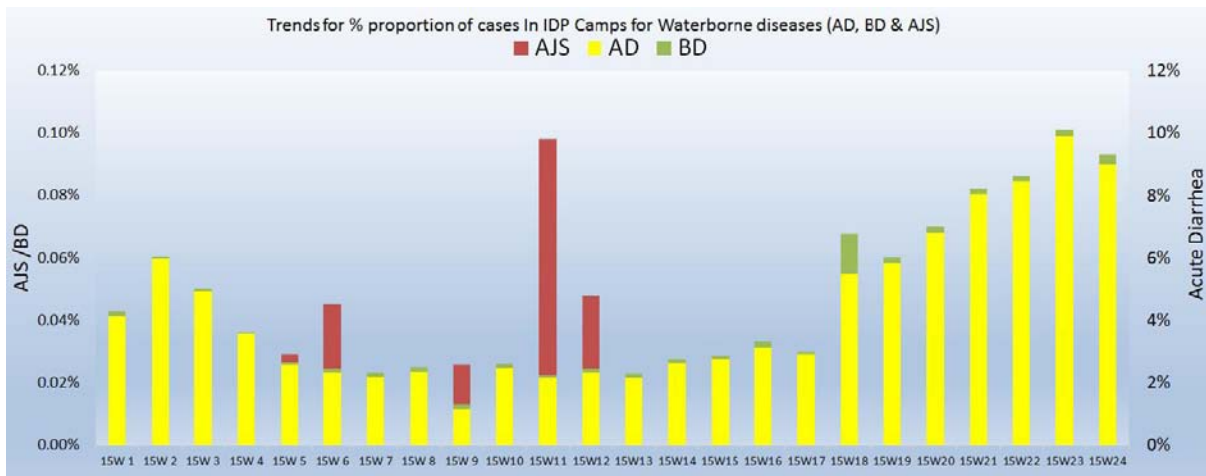


Figure VIII: Trend of Waterborne diseases from IDP camps, from week 1 to 24

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 sudden increase from 4% in week 23 to 6% in week 24.

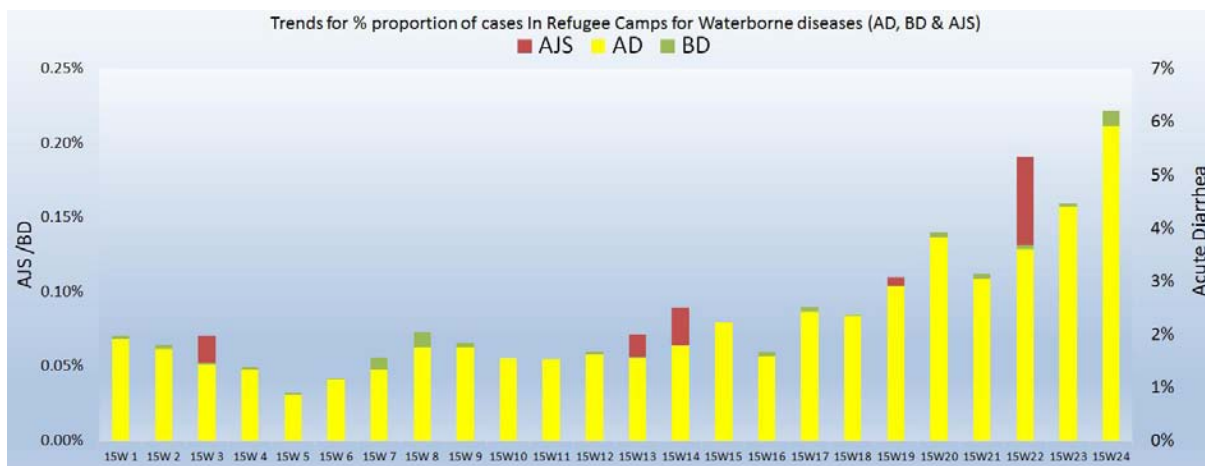


Figure IX: Trend of Waterborne Diseases (AD, BD and AJS) as one of the leading communicable diseases from Refugee camps, weeks 1 to 24

Alerts and Outbreaks

Sn	Alert	Location	IDP/Refugee Camp	# of cases	Run by	Investigation and Response within 48-72hrs DOH/WHO/NGO	Sample Taken Yes/No	Alerts Outcome True/False	Public Health Interventions Conducted

1	S. Measles	Arbat	Refugee	2	EMERGENCY	Yes	Yes	TRUE	Yes
2		Bajit Kandala	IDPS	1	PU-AMI	Yes	Yes	TRUE	Yes
3		Darashakran	Refugee	1	IMC	Yes	Yes	TRUE	Yes
4		Ameriyat-Fullujah	IDPS	2	UIMS	Yes	Yes	TRUE	Yes
5		Arbat	IDPS	1	EMERGENCY	Yes	Yes	TRUE	Yes
6	S. Bloody Diarrhea	Ameriyat-Fullujah	IDPS	3	UIMS	Yes	No	TRUE	Yes
7		Arbat	IDPS	5	EMERGENCY	Yes	No	TRUE	Yes
8		Arbat	Refugee	2	EMERGENCY	No	No	FALSE	Yes
9		Bajit Kandala IDP	IDPS	6	PU-AMI	Yes	Yes	TRUE	Yes
10		Berseve 2	IDPS	3	Malteser International	No	No	FALSE	Yes
11		Basirma	Refugee	6	DOH	Yes	Yes	TRUE	Yes
12		Chamishku	IDPS	2	MC-MDM	No	No	FALSE	Yes
13		Kowergosek	Refugee	1	IMC	No	No	FALSE	Yes
14		Zawita	IDPS	1	PU-AMI	No	No	FALSE	Yes
15		Zaytona	IDPS	1	IOM	No	No	FALSE	Yes
16		Zummar	IDPS	4	MC-MSF-F	Yes	No	TRUE	Yes
17		Sejea	IDPS	3	IMC	Yes	No	FALSE	Yes
18		Shariya	IDPS	9	Medair	Yes	Yes	TRUE	Yes
19	S. Leishmaniasis	Zaytona	IDPS	1	IOM	Yes	No	FALSE	Yes
20	S. Rabies	Bardarash	IDPS	1	MC-PU-AMI	Yes	No	TRUE	Yes
21		Zummar	IDPS	2	MC-MSF-F	Yes	No	TRUE	Yes
22		Gawilan	Refugee	2	PU-AMI	Yes	No	TRUE	Yes
23	S. Acute Jaundice Synd	Berseve 2	IDPS	1	Malteser International	No	No	FALSE	Yes
24	Suspected Meningitis	Bajit Kandala	IDPS	1	PU-AMI	Yes	Yes	FALSE	Yes
25		Darashakran	Refugee	1	IMC	Yes	Yes	FALSE	Yes

Comments and recommendations

- Due to the increase in the waterborne diseases trend, it is recommended that WASH and health cluster work together to implement the Cholera Contingency Plan.
- WHO in-country Cholera kits have been pre-positioned to the high risk governorates across Iraq and is in the process to procure the contingency cholera kits. while the WHO.
- Field monitoring for Electronic EWARN is scheduled to start in July covering all Iraqi governorates.

For comments or questions, please contact

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