



# Iraq: EWARN & Disease Surveillance Bulletin

2015 Epidemiological Week: 43

Reporting Period: 19 —25 Oct, 2015

## Highlights

- ◆ **Number of reporting sites:** Sixty-nine (69) reporting sites including forty-two (42) Internally Displaced People's (IDP) camps, seven (7) refugee camps and twenty (20) mobile clinics submitted their weekly reports timely and completely.
- ◆ **Total number of consultations:** 24,605 (male=10,936 and female=13,669) marking an increase of 3,719 (15%) since last week.
- ◆ **Leading causes of morbidity in the camps:** Acute Respiratory Tract Infections (ARI) (n=8,698), Acute Diarrhea (AD) (n=1,542) and skin diseases (n=754) remained the leading causes of morbidity in all camps during this reporting week.
- ◆ **Number of alerts:** Eight (8) alerts were generated through EWARN following the case definition thresholds, of which Seven (7) were from IDP camps and one (1) from refugees camp during this reporting week. All these alerts were investigated within 48 hours, of which only two were verified as true for further investigation and appropriate response by the respective Governorates Departments of Health, WHO and the relevant health cluster partners. (Details: see Alert and Outbreak Section).

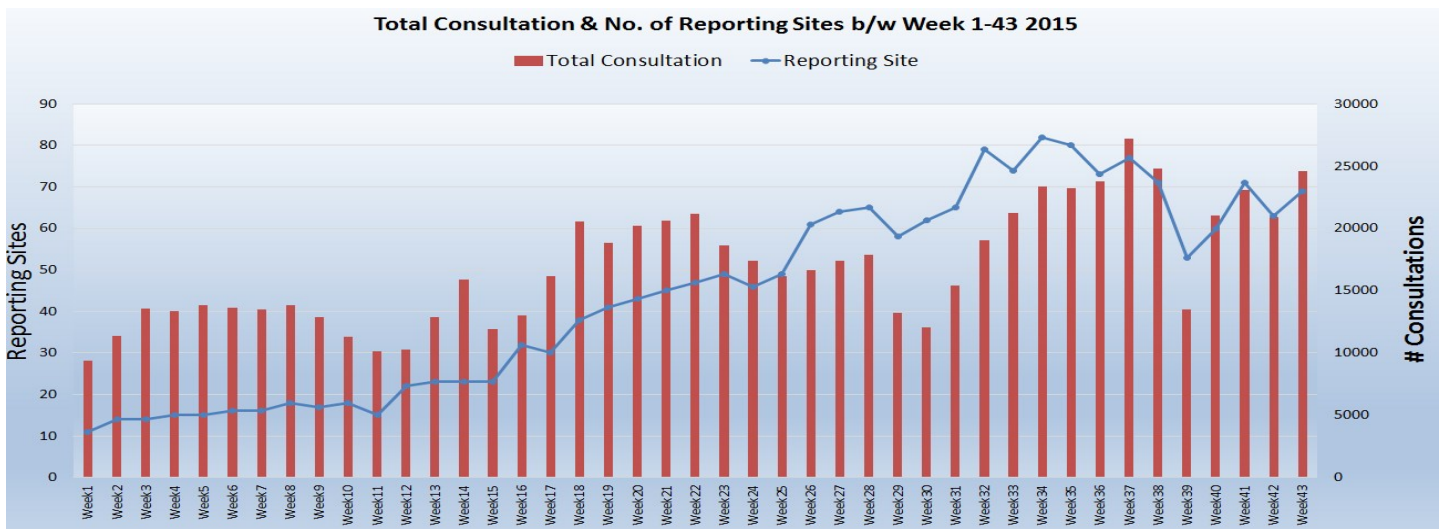


Figure I: Total consultations and proportion of reporting health facilities b/w week 1-43 and gender

## Consultations in the camps by age and gender (week 43)



# Morbidity Patterns

## IDP camps:

During week 43, proportions of Acute Diarrhea (AD) in IDP camps have slightly increased since week 41 (week 42=6.46% and week 43=6.20%). Cholera outbreak had been declared by Ministry of Health on 15th September, 2015, vigilant surveillance is ongoing in all the camps through Health and WASH cluster. The proportion of skin infestations including scabies has shown a steady decrease trend since week 23 (6%) due to extensive health and hygiene sessions in camps by health cluster partners and Departments of Health. Proportion of Acute Respiratory Tract Infections (ARI) is showing a gradual steady downward trend, staying between 35% - 40% since week 28. (See below graph).

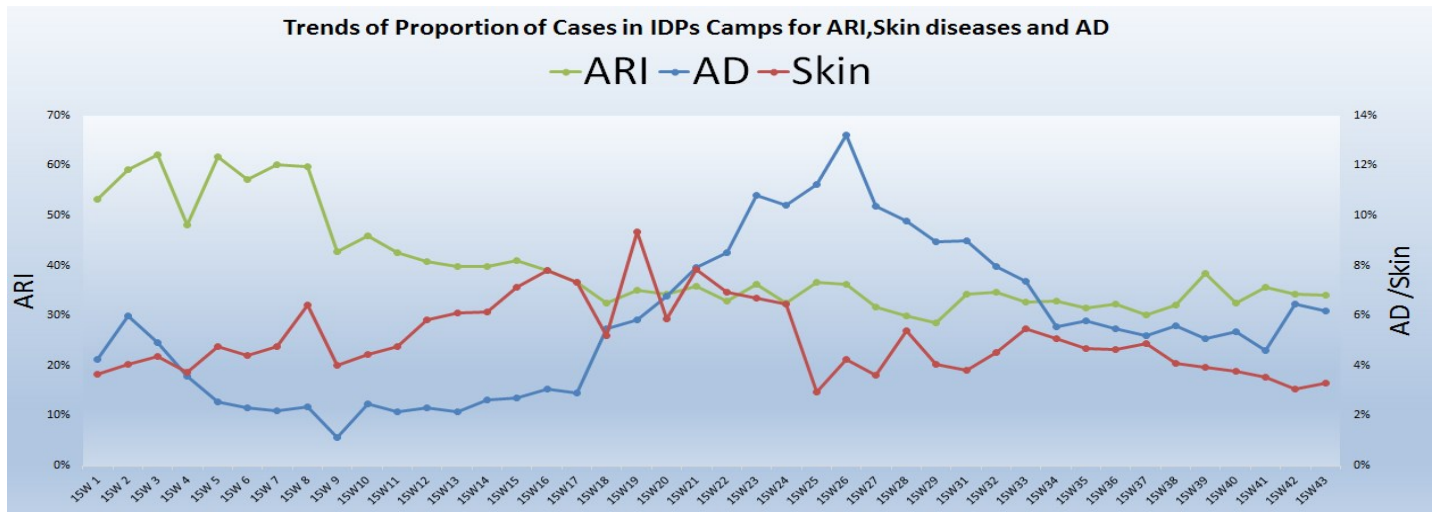


Figure II: Trend of proportion of cases of ARI, Scabies and AD in IDP camps (week 1 –43)

## Refugee camps:

During week 43, proportions of Acute Diarrhea (AD) in refugee camps showed a gradual increase in trends since week 39. Cholera outbreak had been declared in the country but no cases has occurred in the camps. Vigilant surveillance is ongoing in all the camps through Health and WASH cluster. Proportion of Acute Respiratory Tract Infections (ARI) is showing a gradual steady downward trend, staying between 35% - 40% since week 28. Proportion of skin infestations including scabies have also dropped from 6% in week 39 to 2% in week 43 due to extensive health promotion activities conducted in all camps. (See below graph).

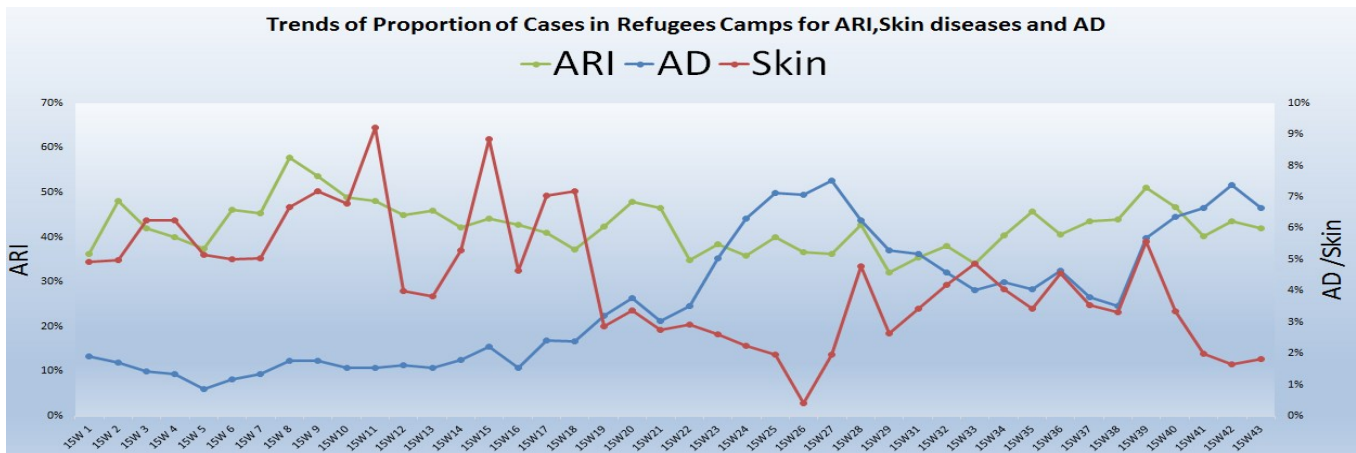


Figure III: Trend of proportion of cases of ARI, Scabies and AD in IDP camps (week 1 –43)

### Trends of Diseases by Proportion and location for 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 43, 2015.

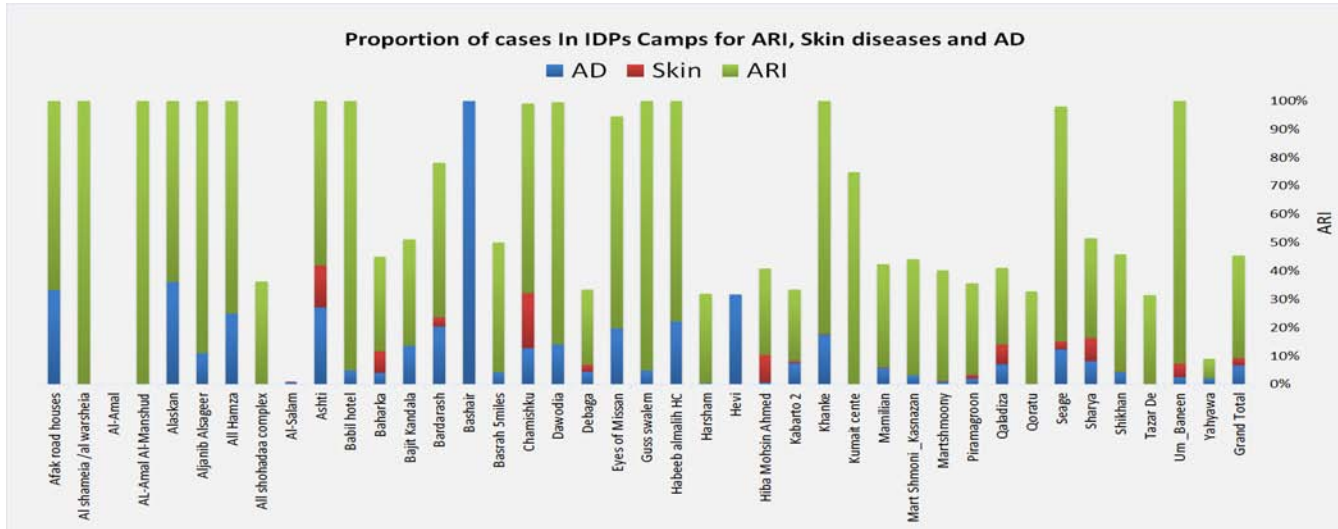


Figure IV: Proportion of cases of ARI, Scabies and AD in IDP camps for week 43

### Trends of Diseases by Proportion and location for Refugee Camps

The below graph indicates the proportion of Acute Respiratory Tract Infections cases, Acute Diarrhea, and Skin Infestations including scabies which comprises the highest leading cause of morbidity in Refugee camps for week 43, 2015.

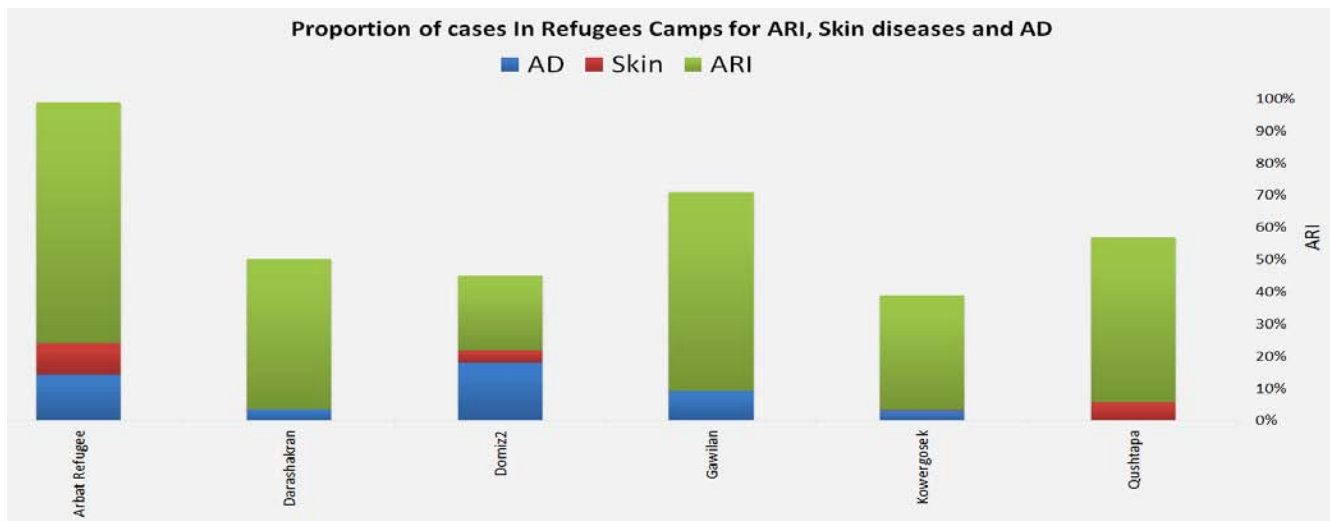


Figure V: Trend of proportions of cases of ARI, Scabies and AD in Refugee camps for week 43

### Trend of Diseases by proportions for off camp IDPs covered by Mobile Clinics

The below graph indicates the proportion of Acute Respiratory Tract Infections cases, Acute Diarrhea, and Skin Infestations including scabies which comprises the highest leading cause of morbidity in off camp IDPs covered by mobile clinics for week 43, 2015.

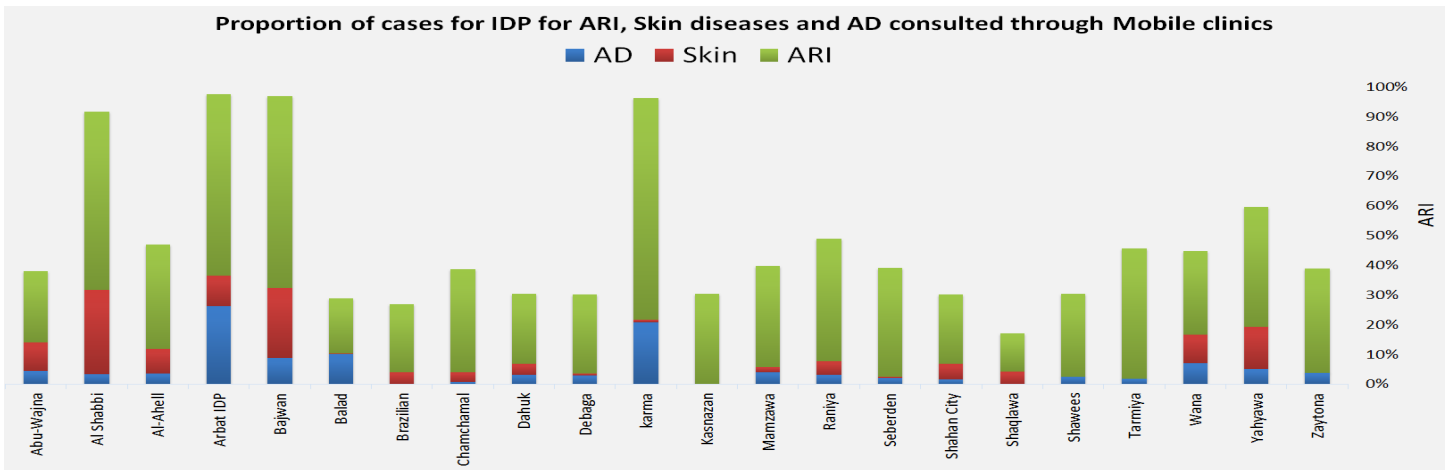


Figure VI: Trend of proportions of IDP cases for ARI, Scabies and AD covered by Mobile Clinics for week 43

### Trends of Upper and Lower ARI as leading communicable disease

Acute Respiratory Tract Infection (ARI) has been further divided into upper and lower respiratory tract infections since week 1, 2015. Compared to week 42, the proportion of upper ARI has increases by 2% from 90% to 92% while the Lower ARI proportion has decreased from 10% to 8% during the same time period. Furthermore, the below graph indicates the proportion of lower and upper ARI cases per each reporting site for week 42.

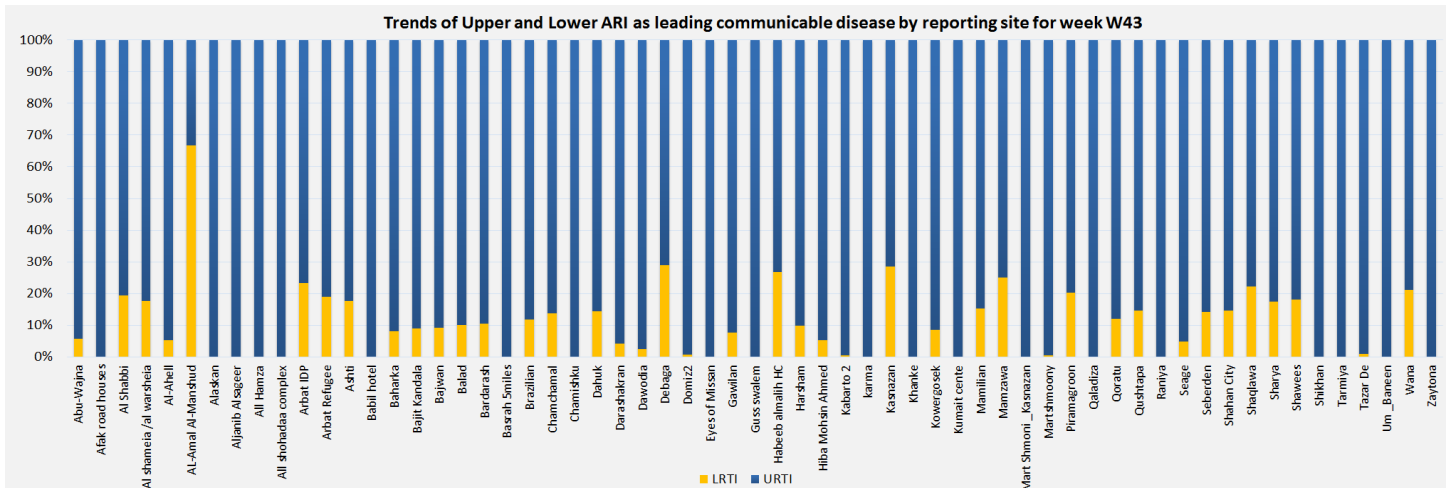
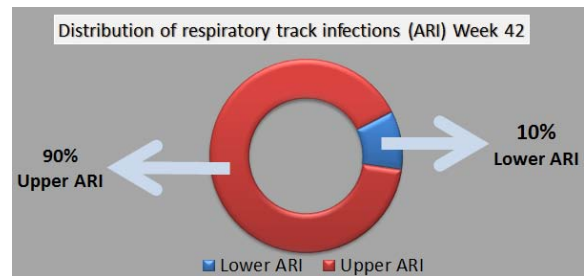
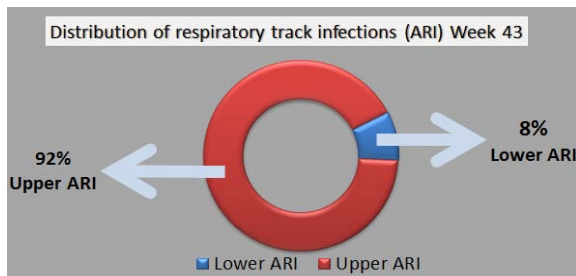


Figure VII: Trend of Upper and Lower ARI per reporting site for week 43

### 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) reported from IDP camps and which indicated a steady decrease in waterborne diseases from 14% in week 26 to 6.2% in week 43. (See below graph)

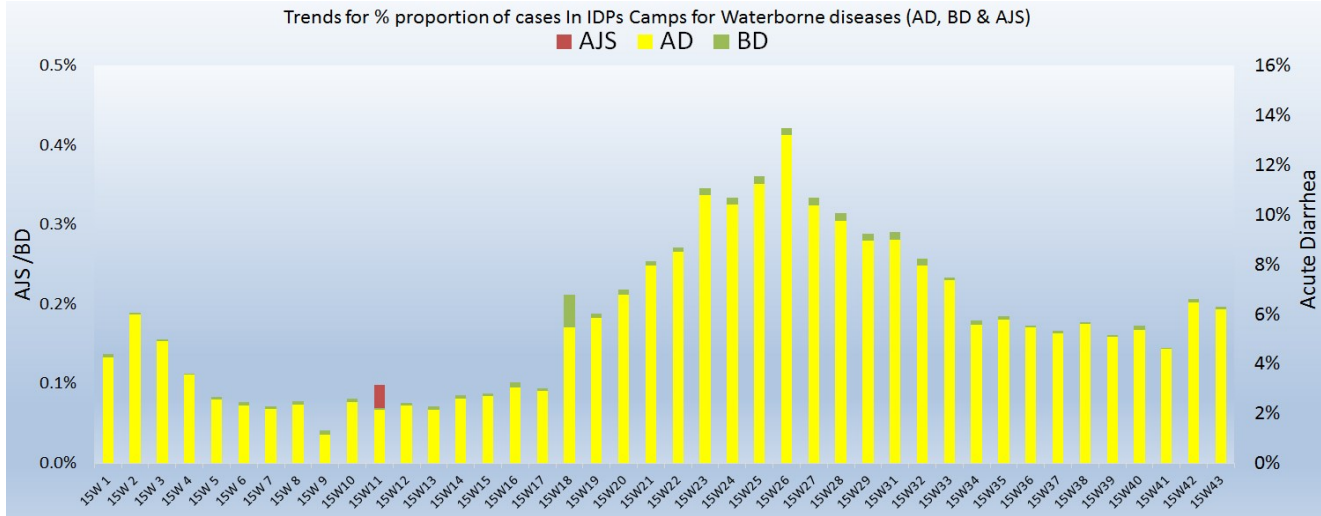


Figure VIII: Trend of Waterborne diseases from IDP camps, week 1 to 43—2015

### Trends of Water borne 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 decrease of the trend since week 30. Furthermore, no clustering has been reported for acute jaundice syndrome cases reported during the period.

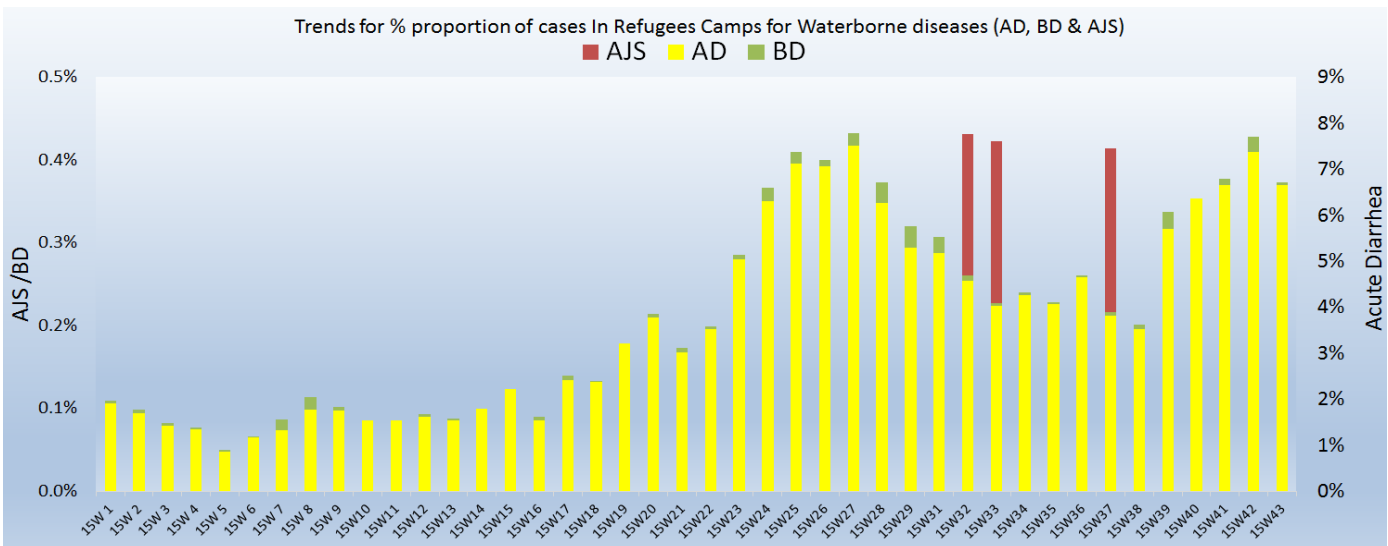


Figure IX: Trend of waterborne diseases from Refugee camps, week 1 to 43—2015



Eight (8) alerts were generated through EWARN following the case definition thresholds, of which Seven (7) were from IDP camps and one (1) from refugees camp during this reporting week. All these alerts were investigated within 48 hours of which only two were verified as true for further investigation and appropriate response by the respective Governorates Departments of Health, WHO and the relevant health cluster partners.

Blood and stool samples were collected from all of these alerts. Public health interventions were conducted effectively for all the true alert i.e. Suspected Cholera. The trends of epidemic prone diseases for each reporting site is being monitored through a detailed monitoring matrix maintained at WHO EWARN department. (Details: see below table).

Sn	Alert	Location	Governorate	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	Suspected Meningitis	Hevi	Dahuk	Hospital	3	DOH	Yes	Yes	FALSE	No
2	Acute Watery Diarrhea- (Suspected Cholera)	Al bakriya	Baghdad	IDPs	1	DOH	Yes	Yes	TRUE	Yes
3		Al-Ahell	Baghdad	IDPs	1	MC-IMC	Yes	Yes	FALSE	Yes
4		Yahyawa	Kirkuk	IDPs	1	MC-IOM	Yes	Yes	FALSE	Yes
5	Suspected Measles	Balad	Salahaddin	IDPs	1	MC-IOM	Yes	Yes	TRUE	Yes
6		Zaytona	Erbil	IDPs	1	MC-IOM	Yes	Yes	FALSE	No
7	Acute (Lower) Respiratory infections – (Suspected Pneumonia)	Yahyawa	Kirkuk	IDPs	60	MC-IOM	Yes	No	FALSE	No
8		Abu-Wajna	Dahuk	IDPs	5	MC-MSF	Yes	No	FALSE	No

## Online EWARN Dashboard\*

Surveillance of infectious diseases during emergencies is recognized as the cornerstone of public health decision making and practice. Surveillance data are crucial for monitoring the health status of the population, detecting diseases and triggering action to prevent further illness, and to contain public health problems. Therefore; WHO -Iraq in coordination with Ministry of Health, is in process of developing a real-time online interactive interface for EWARNs showing trends of the leading communicable diseases monitored by location along with a bi-monthly EWARN snapshot.

Online EWARN Dashboard: <https://who-iraq-ewarn.github.io>

The below graph shows the number of alerts generated through EWARN system on weekly basis. All alerts are investigated and responded to in a timely and coordinated manner through Ministry of Health, World Health Organization (WHO) and various health cluster partners.

Measles outbreak was declared in Arbat camp in Sulaymaniyah in March 2015, which was responded to and successfully controlled. Cholera outbreak has been declared on 15 September, 2015, the index case was reported from Diwaniya Governorate. Cholera Taskforce has been established and responded to this outbreak through Cholera Command and Control Centre (C4) under the leadership of MOH.

During the current cholera outbreak, Iraq reported 1,942 confirmed cases including 2 reported deaths (CFR 0.1%) from the 1st September to 22nd October 2015. This current cholera outbreak has been officially declared on 15 September 2015 by the Ministry of Health. The cases were first reported from Diwaniya governorate on 1st September, followed by Najaf and Baghdad governorates.

All samples from suspected cases are confirmed at the Central Public Health Laboratory (CPHL). Confirmed cases are reported from 15 out of 18 governorates. To-date, the most affected governorate is Babylon, where almost 40% of the confirmed cases are reported. All the samples which have been confirmed at the CPHL are sero-group 01 biotype Eltor and serotype Inaba. The samples were sensitive to all the tested antibiotics including tetracycline, doxycycline, ciprofloxacin and erythromycin.

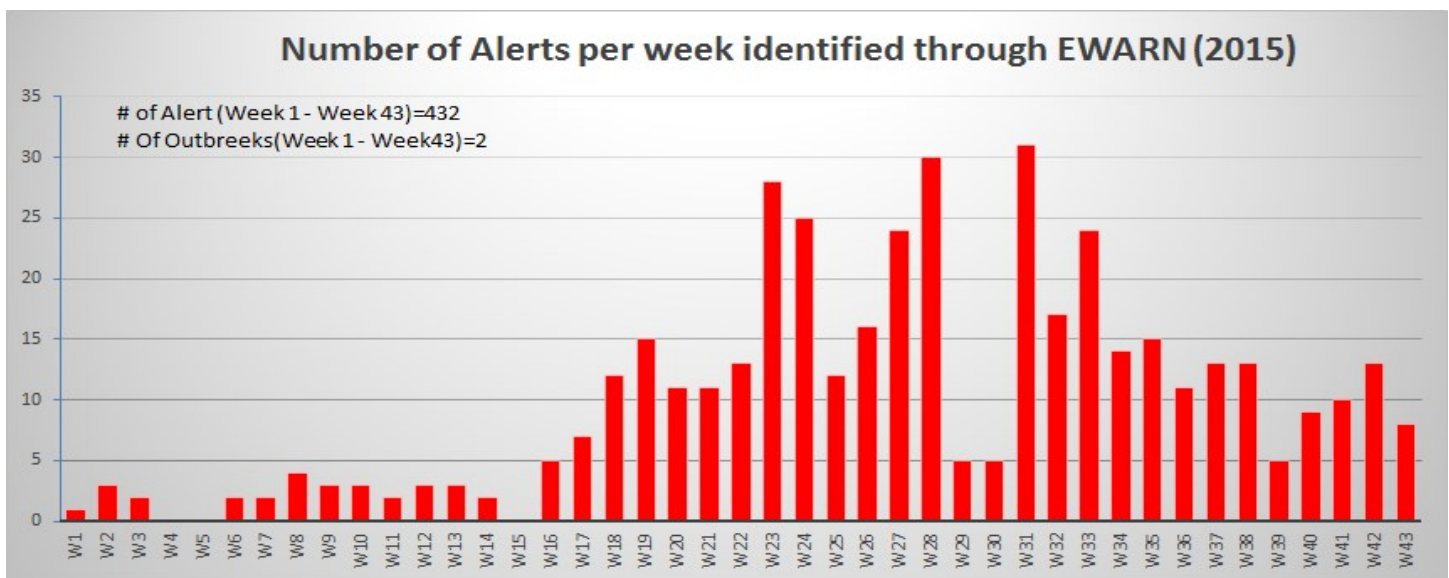


Figure X: Alerts generated through EWARN surveillance (week 1 to 43—2015)

**Preparation activities for upcoming Ashura** have been conducted; this event will involve thousands of people mainly from Iraq travelling to Kerbala next Saturday, 24th October. The Government of Iraq is preparing preventive measures to mitigate any possibility of spread of cholera among visitors during this time, and is working to avail safe water, safe food and sanitation resources.

In addition, the Kerbala DOH and the Municipality deployed health auditors to monitor the quality of water, food and sanitation. Medical teams will be deployed to assist the health facilities within Kerbala to obtain the medical services. The surveillance system has been sensitized at all the health facilities in Kerbala to immediately report any suspected cholera case.

## Comments & Recommendations

The MOH is leading the response with the technical support of WHO (co-chair of the Task Force). The response is based on the following seven strategic directions which are closely coordinated through the Cholera Command and Control Centre (C4) established at MOH premises with an effective inter sectoral coordination mechanism established with WASH cluster, meeting daily except on Thursdays.

Ministry of Health, with WHO support, will conduct a targeted **Oral Cholera Vaccine (OCV)** mass preventive immunization campaign for vulnerable populations in refugee and internally displaced person (IDP) camps throughout the country. This is the first time Iraq will introduce the OCV Shanchol vaccine.

It is also the first time since more than 2 decades to apply a fixed center vaccination strategy and not the house to house strategy. The target population (249,319 persons) will include the people above 1 year old in selected IDP and refugee camps. The vaccine has been shipped to Baghdad (first batch arrived Friday 23 October and the second batch will arrive Saturday, the 24th). There will be two rounds of OCV vaccination campaigns. The first round is planned for 31st October – 1st November (2 day period). The second round is currently tentatively scheduled for 7th – 8th December.

### Recommendations from the C4 meeting of 22nd October 2015

- EPI/MOH to provide during the next C4 meeting an update on the detailed operational plan for the upcoming OCV campaign;
- CDC/MOH to share all suspect cholera cases data for current cholera outbreak by Monday next week, including all samples tested (positive and negative laboratory results) by district and governorate from 1st September to current date;
- CPHL to present the water quality data from the MOH to C4 in the next meeting;
- Invitation will be sent to representatives from the Ministry of Municipalities and Directorates of Water to the next meeting.

### For comments or questions, please contact

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