



# Iraq: EWARN & Disease Surveillance Bulletin

2015 Epidemiological Week: 50

Reporting Period: 7 —13 December, 2015

## Highlights

- ◆ **Number of reporting sites:** Seventy-nine (79) reporting sites including thirty-two (32) in Internally Displaced People’s (IDP) camps, six (6) in refugee camps and forty-one (41) mobile clinics submitted their weekly reports timely and complete.
- ◆ **Total number of consultations:** 27,986 (Male=13,160 and Female=14,826) marking a decrease of 5,879 (21%) since last week.
- ◆ **Leading causes of morbidity in the camps:** Acute Respiratory Tract Infections (ARI) (n=10,341), Acute Diarrhea (AD) (n=768) and Skin Diseases (n=652) remained the leading causes of morbidity in all camps during this reporting week.
- ◆ **Number of alerts:** Eight (8) alerts were reported through the EWARN following the defined thresholds, all of them from IDP camps during the current reporting week. Seven out of eight alerts were investigated within 72 hours, of which all seven 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 Alerts and Outbreaks Section).

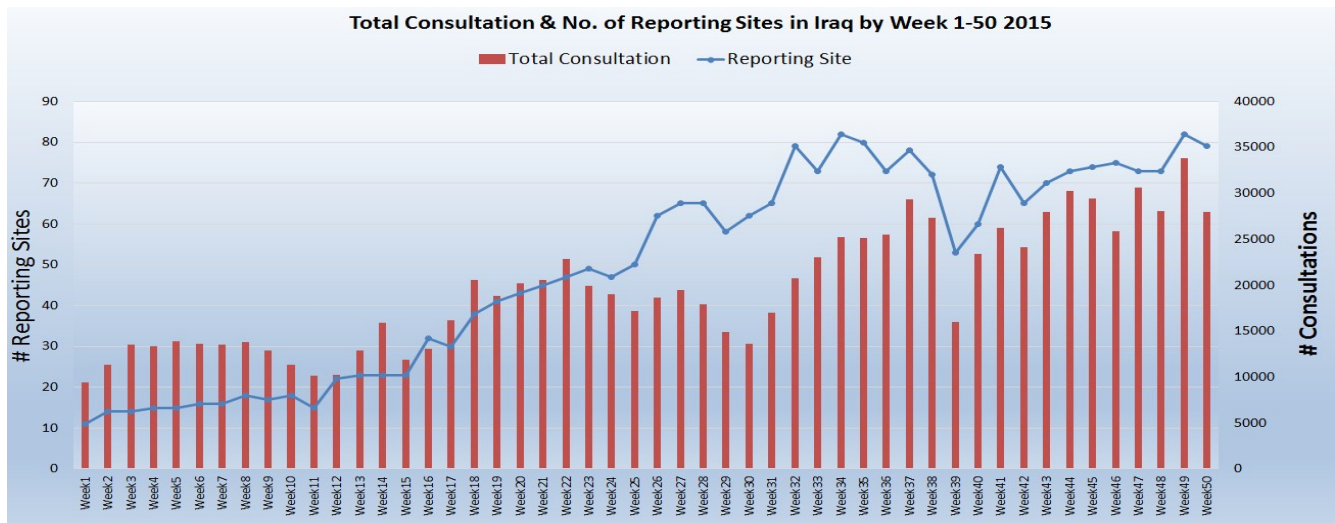
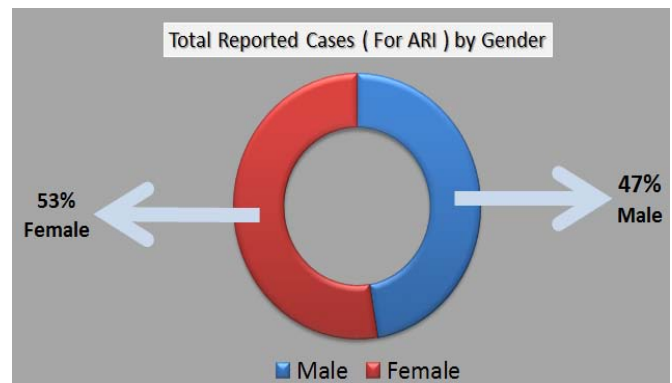
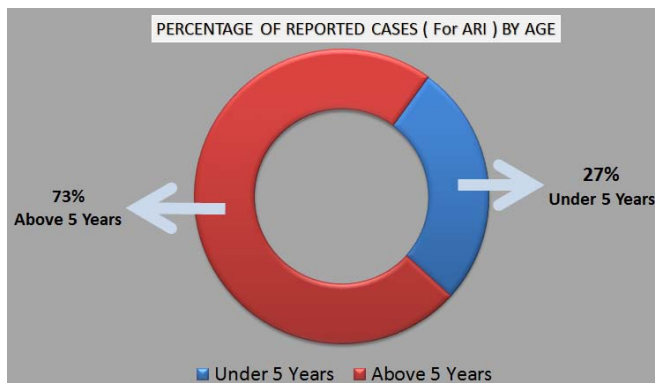


Figure I: Total consultations and proportion of reporting health facilities by week 1– week 50 2015  
Consultations in the camps by age and gender (week 50)



# Morbidity Patterns

## IDP camps:

During week 50, the proportions of Acute Respiratory Tract Infections (ARI) showed a slight decrease from the previous 2 weeks that followed the decrease of reporting sites for the same period of time. During this winter and as from week 44, the trend of ARI cases reporting showed overall slight increase, which is expected to increase during the coming weeks, in particular during the weeks of January 2016. The proportions of Acute Diarrhea in IDP camps decreased compared to last week (week 49=6% and week 50=3%). The proportion of skin diseases including scabies has shown a steady trend since week 23 (6%) due to the health and hygiene sessions in camps by the health cluster partners and Departments of Health. (See graph below).

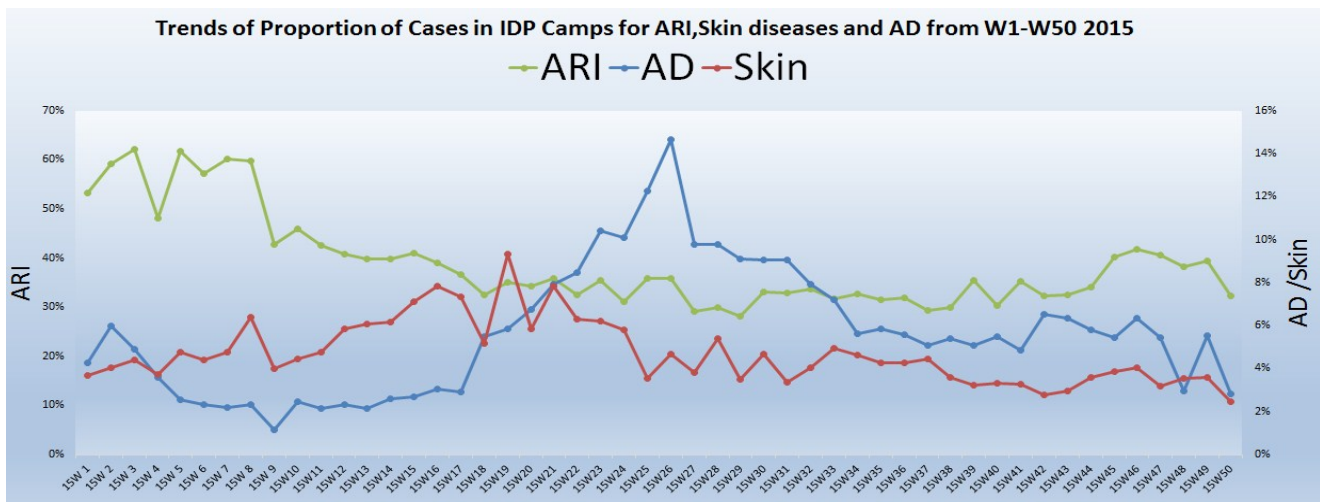


Figure II: Trend of proportion of cases of ARI, Scabies and AD in IDP camps (week 1 –50) 2015

## Refugee camps:

During week 50, the proportion of Acute Respiratory Tract Infections (ARI) indicates a slight decrease from 63% to 62%. The proportions of Acute Diarrhea trend in refugee camps has shown a slight decline since last week, (week 49=3% and week 50=2%). Proportion of skin infestations including scabies have also decreased from 3% in week 49 to 2% in the current week. (See graph below).

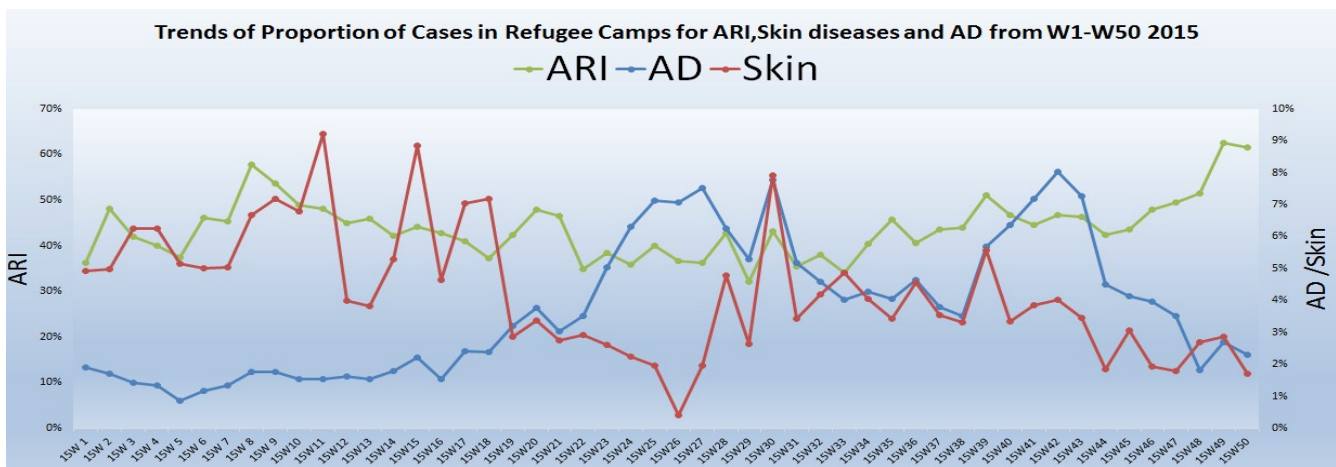


Figure III: Trend of proportion of cases of ARI, Scabies and AD in IDP camps (week 1 –50) 2015

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

The graph below indicates the proportion of cases of Acute Respiratory Tract Infections, Acute Diarrhea, and Skin Infestations, including scabies, which comprises the highest leading causes of morbidity in IDP camps for week 50, 2015.

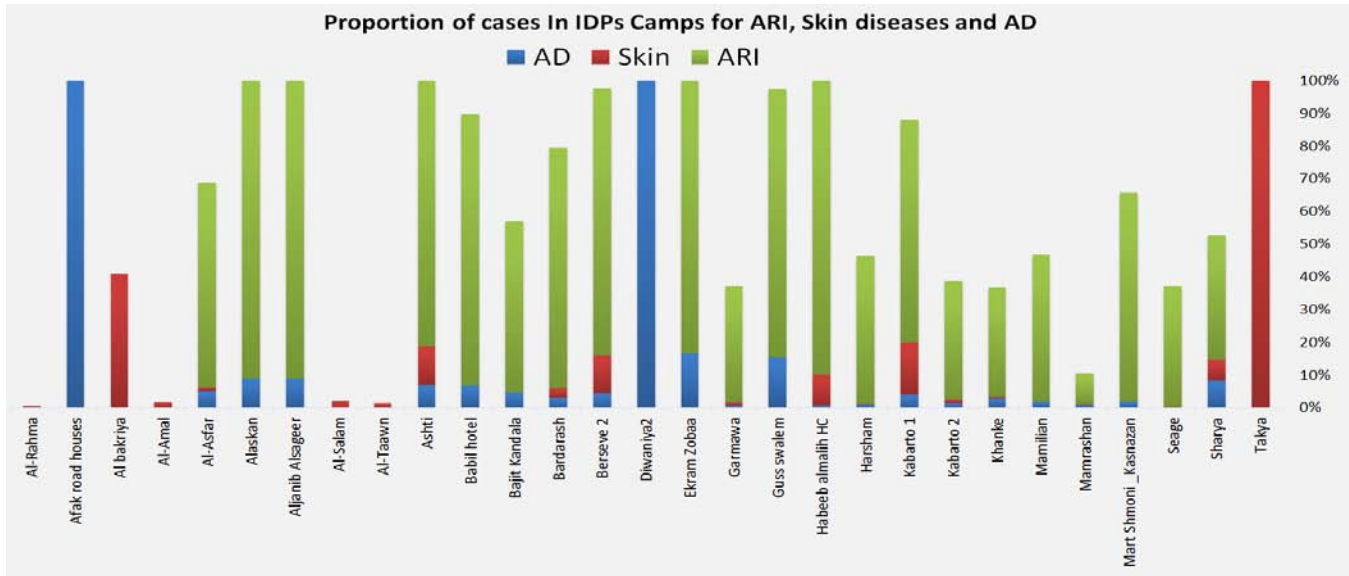


Figure IV: Proportion of cases of ARI, Scabies and AD in IDP camps for week 50 2015

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

The graph below indicates the proportion of Acute Respiratory Tract Infections cases, Acute Diarrhea, and Skin Infestations, including scabies, which comprises the highest leading causes of morbidity in Refugee camps for week 50, 2015.

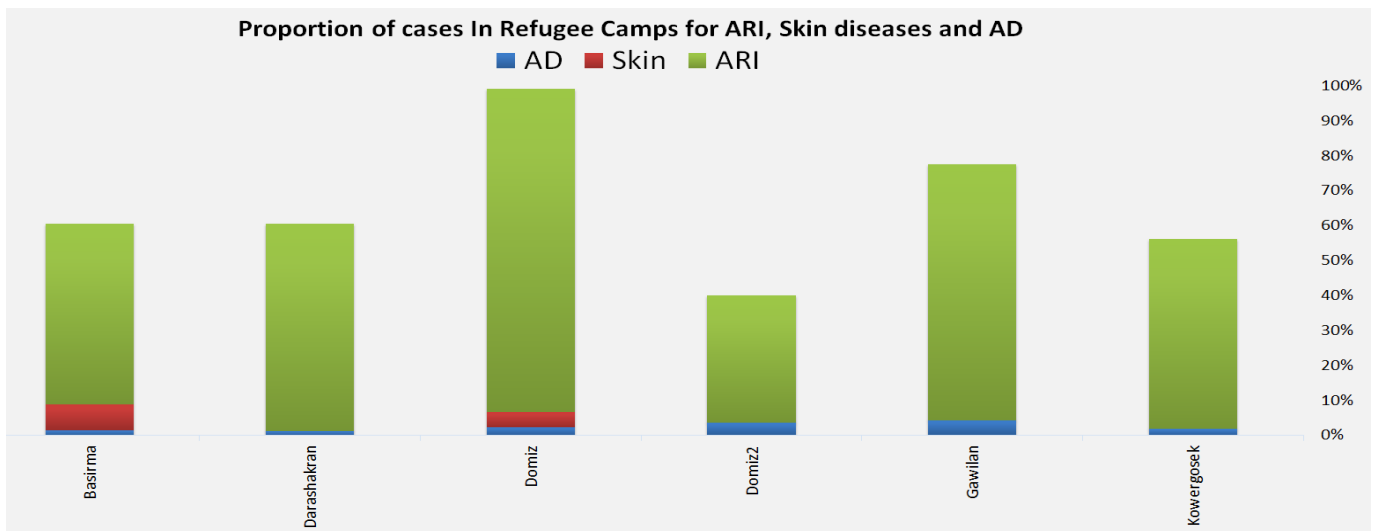


Figure V: Trend of proportions of cases of ARI, Scabies and AD in Refugee camps for week 50 2015

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

The graph below indicates the proportion of Acute Respiratory Tract Infections cases, Acute Diarrhea, and Skin Infestations, including scabies, which comprises the highest leading causes of morbidity in off camp IDPs covered by mobile clinics for week 50, 2015.

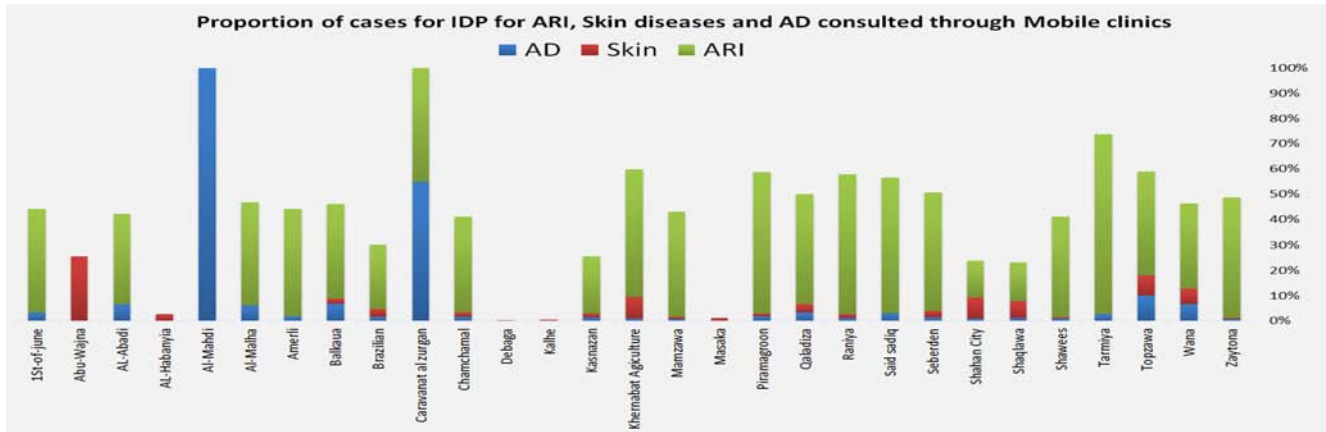


Figure VI: Trend of proportions of IDP cases for ARI, Scabies and AD covered by Mobile Clinics for week 50 - 2015

### Trends of Upper and Lower ARI the most reporting communicable diseases

Acute Respiratory Tract Infection (ARI) has been further divided into upper and lower respiratory tract infections since week 1, 2015. Compared to week 49, the proportion of upper ARI in week 50 has remained unchanged as of last week (Upper ARI=93% & Lower ARI=7%). Furthermore, the graph below indicates the proportion of lower and upper ARI cases per each reporting site for week 50.

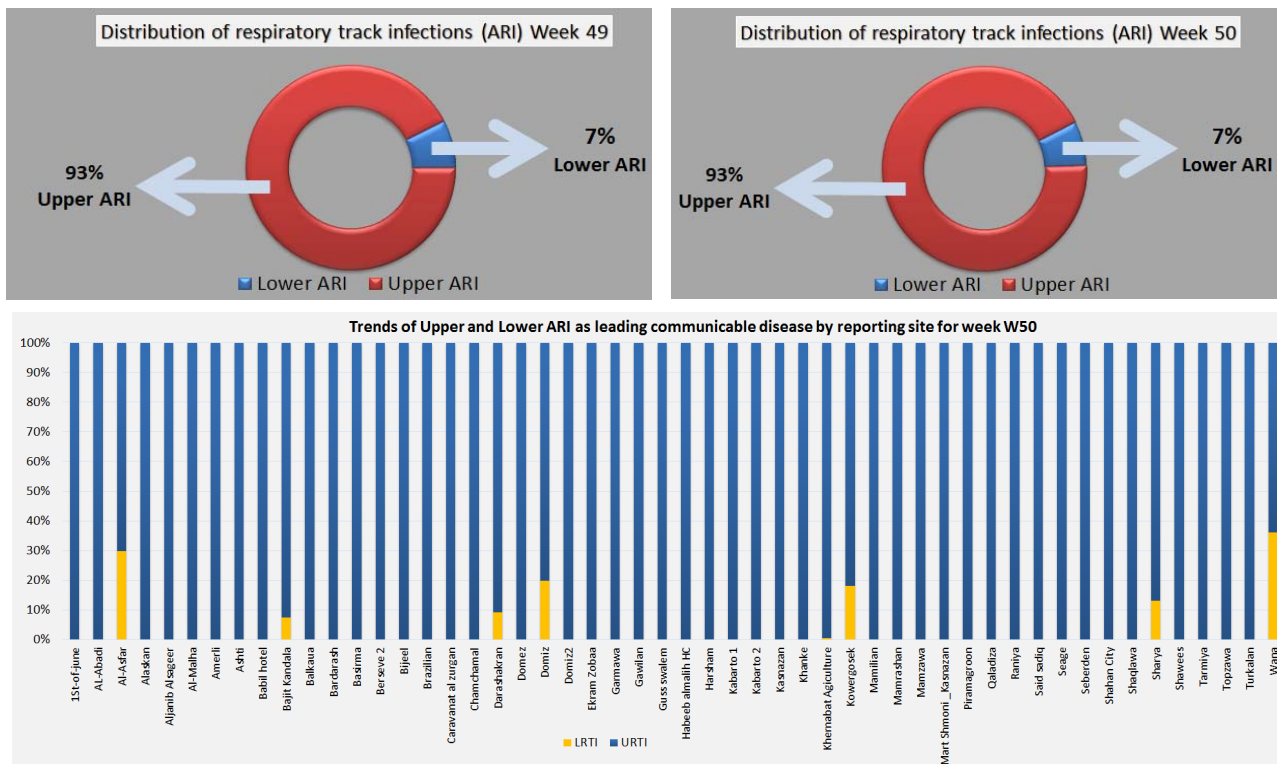


Figure VII: Trend of Upper and Lower ARI per reporting site for week 50 - 2015



### Trends of Waterborne Diseases in IDP camps

The graph below shows the trends of waterborne diseases (Acute Diarrhea, Bloody Diarrhea and Acute Jaundice Syndrome) reported from IDP camps and which indicated a sharply decrease in waterborne diseases from 6% in week 47 to 3% in week 50. (See graph below)

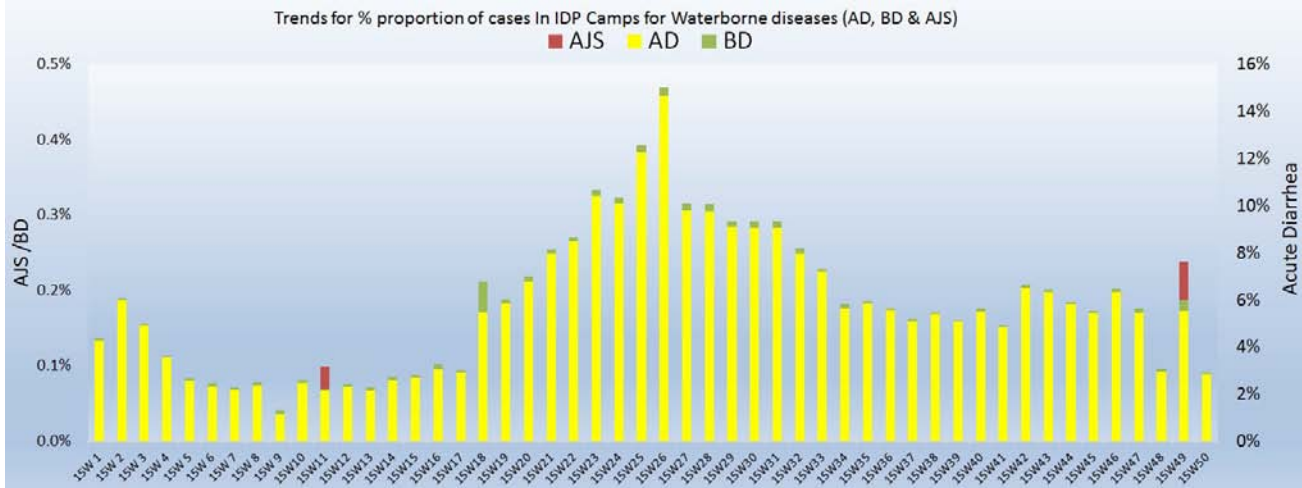


Figure VIII: Trend of Waterborne diseases from IDP camps, week 1 to 50—2015

### Trends of Waterborne diseases in Refugee camps

The graph below shows the trends of proportion of waterborne diseases (Acute Diarrhea, Bloody Diarrhea and Acute Jaundice Syndrome) from refugee camps indicates a decrease of the trend since week 43. Furthermore, no clustering has been reported for acute jaundice syndrome cases during this period.

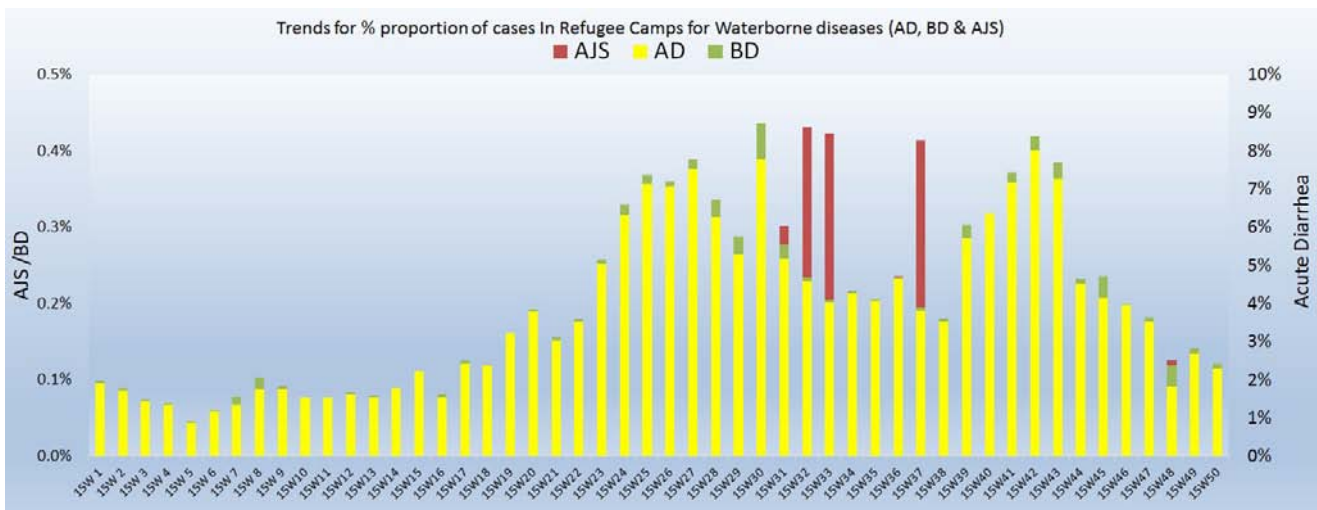


Figure IX: Trend of waterborne diseases from Refugee camps, week 1 to 50—2015

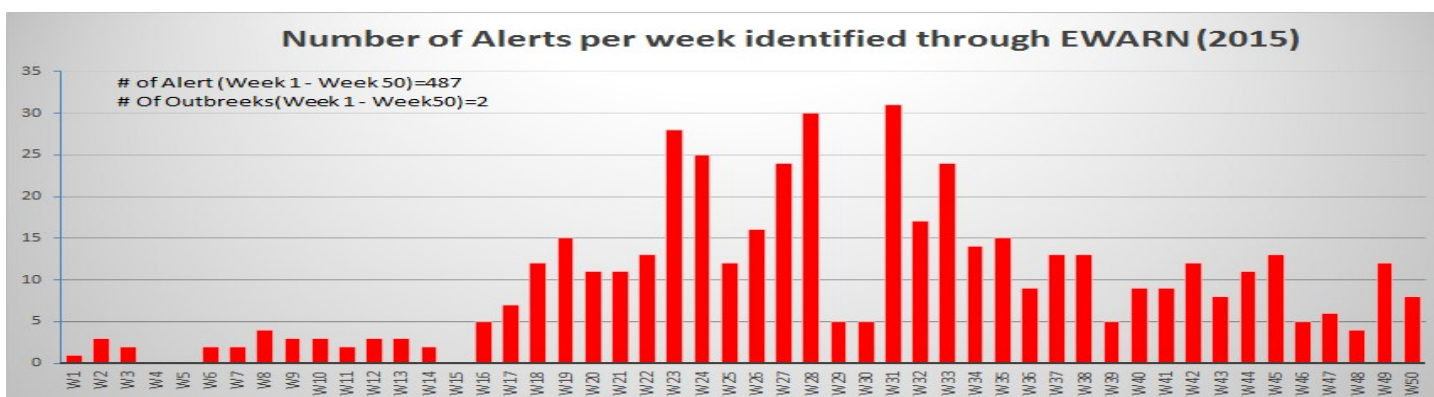
Eight alerts were reported through EWARN following the case definition and defined thresholds, and all of them from IDP camps during this reporting week. Seven alerts were investigated within 72 hours and all seven were verified as true for further investigation and appropriate response by the respective Governorate Department of Health, WHO and the relevant health cluster partners. Three of the alerts collected samples and are awaiting lab confirmation. 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 table below).

Sn	Alert	Location	Governorate	District	IDP/Refugee Camp	# of cases	Run by	Investigation and Response within	Sample Taken Yes/No	Alerts Outcome True/False	Public Health Interventions Conducted
								48-72% DOH/WHO/NGO			
1	Suspected Leishmaniasis	Al-Rahma	Salah Al-Din	Dijlah	IDPs	5	UIMS	Yes	No	TRUE	No
2		Seage	Dahuk	Sumel	IDPs	3	IMC	Yes	Yes	TRUE	Yes
3		Al-Amal	Anbar	Al-Nakheeb	IDPs	1	UIMS	Yes	No	TRUE	No
4		Al-Salam	Anbar	Ameriyat Al-Fallujah	IDPs	2	UIMS	Yes	No	TRUE	No
5		Harshm	Erbil	Erbil	IDPs	1	IMC	Yes	Yes	TRUE	Yes
6	Suspected Pertusis	Guss Swalem	Babylon	Babylon	IDPs	2	DOH	Yes	Yes	TRUE	Yes
7	Skin Diseases- (Scabies)	Habeeb almalih HC	Erbil	Erbil	IDPs	14	DOH	No	No	Pending	No
8		Al-Amal	Anbar	Al-Nakheeb	IDPs	10	UIMS	Yes	No	TRUE	No

## Trends of Alerts

Measles outbreak was declared in Arbat camp in Sulamaniya in March 2015, which was responded and controlled.

In addition, Cholera outbreak has been declared on September 15, 2015, the index case was reported from Diwaniya Governorate. Iraq has been experiencing cholera outbreaks since September 7, 2015 and was declared on September 15, 2015, when the cases reported in Diwaniya Region of Qadissiya Governorate were quickly spreading to the West of Baghdad in Abu Ghraib region. Samples were sent to the national central public health laboratory from these regions and six of the specimens tested positive for Vibrio Cholera Inaba on September 12, 2015. A Cholera Taskforce has been established and responded to this outbreak through Cholera Command and Control Centre (C4) under the leadership of MoH. No more cholera cases have been reported from Iraq since December 6, 2015 and the C4 declared the containment of the outbreak.



## For comments or questions, please contact

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