



IRAQ: Early Warning and Disease Surveillance Bulletin

Epidemiological Week 49

Reporting Period: 1 - 7 December 2014

Overview

- The number of reporting sites that submitted timely weekly reports remained the same in week 49 (13 sites including 7 Refugee and 6 IDP camps), refer to figure I for details.
- The number of consultations increased by 6.5% from 10,747 in week 48 to 11,492 in Week 49. This brings the number of consultations recorded in the reporting sites since the EWARN system was initiated to 110,123.
- The EWARN system is still in its piloting phase, with more reporting sites expected to be added soon.

Figure 1

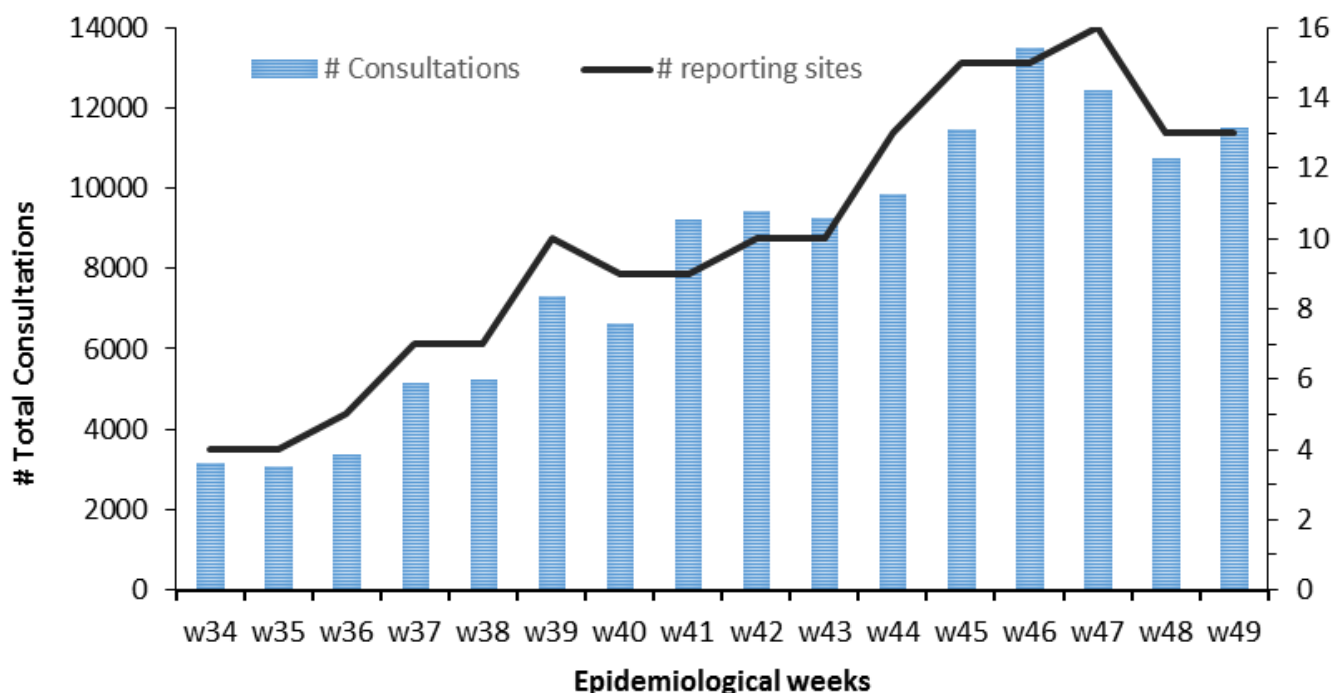


Figure 1: Total consultations and proportion of reporting health facilities since week 34

Morbidity patterns

- Acute Respiratory Infection (ARI) and Acute Diarrhoea (AD) remained the leading causes of morbidity in week 49 with 3,354 and 351 cases respectively, 16.1% increase in ARI cases and 10.51% decrease in AD cases (Figure II).
- Bajit Kandala IDP camp accounted for the highest number of diarrhoea and ARI cases; in week 49 the camp reported 203 AD and 919 ARI cases (57.8%) and 27.7% respectively.
- Eleven sporadic cases of bloody diarrhoea were reported; Seven cases from Refugee camps (Arbat, Domiz, Darashakran and kawergosek) and and four from IDPs camps (khaneqin and Arbat 1 &2).

Figure II

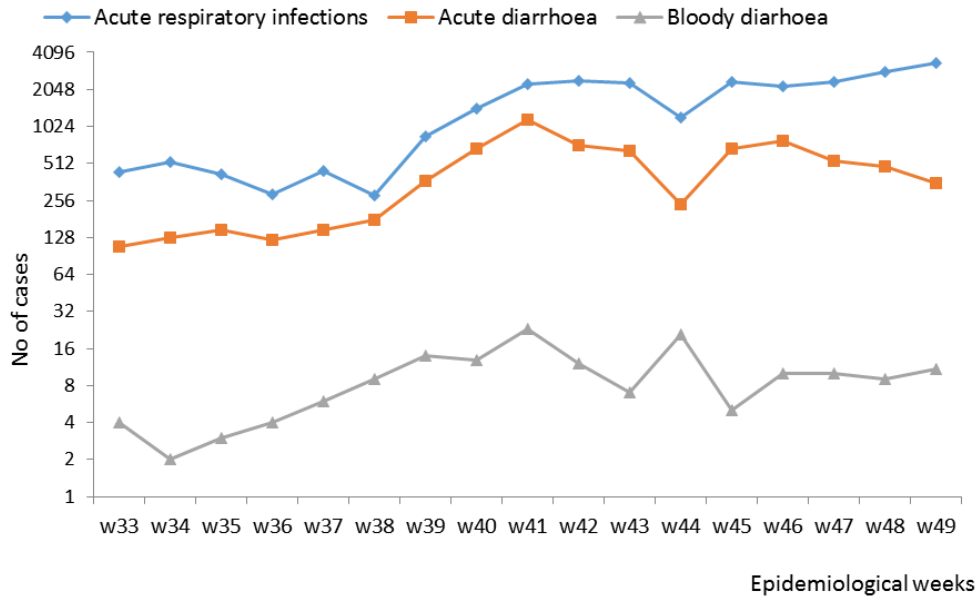


Figure II: Trend of leading communicable diseases, by weeks1

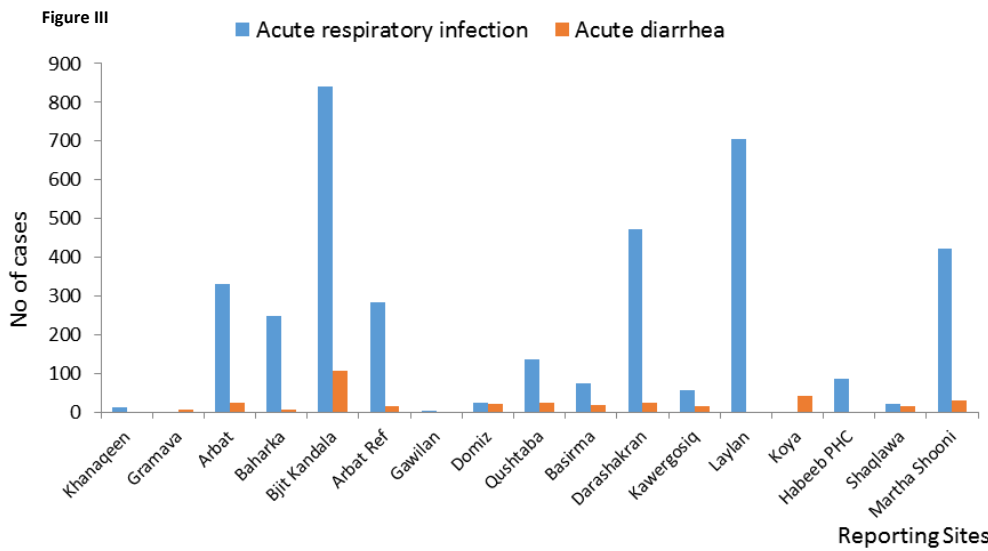


Figure III: Trends of leading communicable diseases from major reporting sites week 49

Alerts and outbreaks

- The outbreak of Acute Jaundice Syndrome (AJS) that was reported from Baharka IDPs camp started on 23/10/2014 and was confirmed as a viral hepatitis A (HAV). In this reporting week, one more case was recorded (Figure IV). The case under five years from Darashakran camp was a refugee.

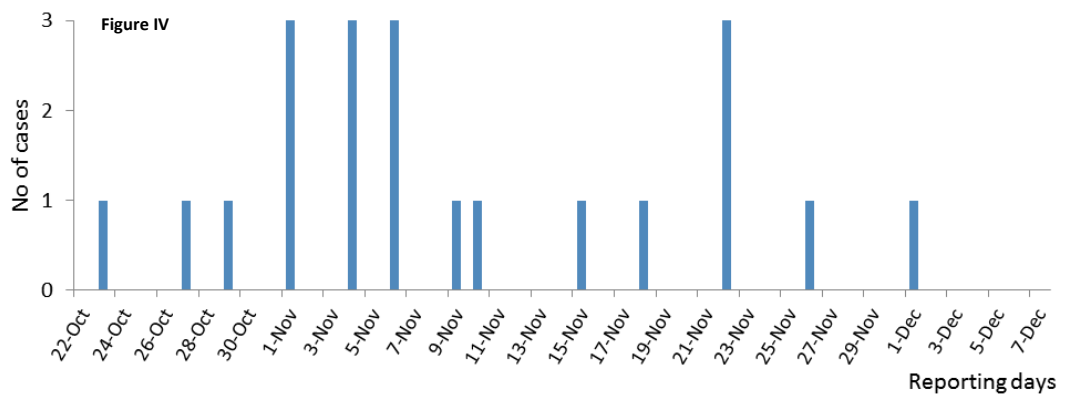


Figure IV: Trend of acute jaundice syndrome cases in Baharka camp from 23/10- 7/12/14

¹ The graphic axis is made on the basis of a logarithmic scale based on the orders of magnitude rather than the standard linear scale. This enables illustration of data despite the large range of quantities.

- Thirty eight (38) Stool specimens were collected from Domiz, Basirma, Darashakran, Qushtaba and Kawergosiq and routine screening performed at the Erbil Public Health Laboratory. All tested negative for vibrio cholera.

Comments

- Cases of Hepatitis A have decreased in the last 3 weeks with only one case recorded in this reporting.
- There was an increase in ARI cases in all camps however more cases were recorded in Bajit kandala camp in Dahuk and Laylan in Kirkuk Governorates. There is need for drugs to support IDPs affected by winter. Clothes and fuel are also needed for protection from cold.
- In areas with limited accessibility, WHO is relying on a network of focal points to notify the Organization of any changes in the health status of the populations in their areas of operations. This week the network did not notify WHO of any epidemic-prone diseases.
- WHO is working with the Federal Ministry of Health and the Ministry of Health in Kurdistan Regional Government to upgrade the EWARN system into an electronic system, and expand the reporting sites to include all primary healthcare centers serving IDPs, refugees and affected host communities, as well as mobile clinics/teams serving populations in informal settlement and hard to reach areas. This is in addition to the existing reporting sites.

NB: Any suspected disease outbreak, or any **suspected case of measles, AFP, meningitis, suspected cholera, 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

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