



IRAQ: Early Warning and Disease Surveillance Bulletin

Epidemiological Week 11:

Reporting Period: 09 – 15 March 2015

Overview

- During week 11, Fifteen (15) reporting sites (Six refugee and nine Internally Displaced People’s (IDP) camps) submitted timely weekly EWARN reports during this reporting period. Due to the introduction of the new EWARN form and training, there has been a delay in reporting timely. The reporting sites which will increase in the coming weeks.
- During week 11, the number of consultations decreased by 618 from 10751 in week-10 to 10133 (male=4777 and female=5353). The highest number of consultations this week (n=2864) were reported from Shariya IDP camp run by WHO partner Medair.
- An alert for six cases was reported for Acute jaundice Syndrome from Raniya IDP settlement by run by WVI. These cases were investigated and responded and was found negative.

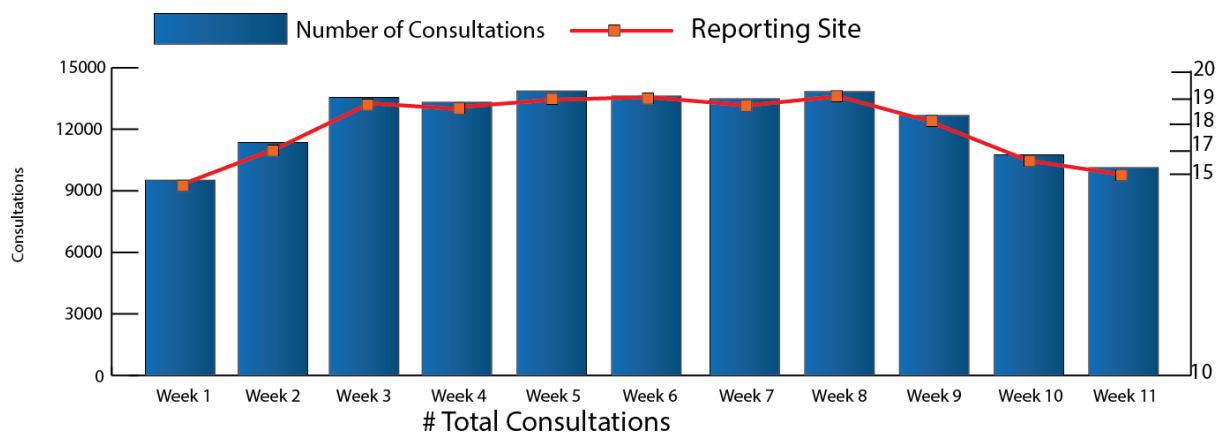
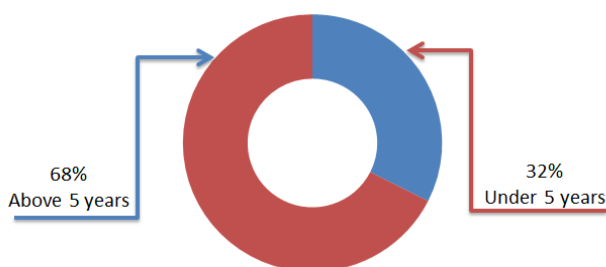


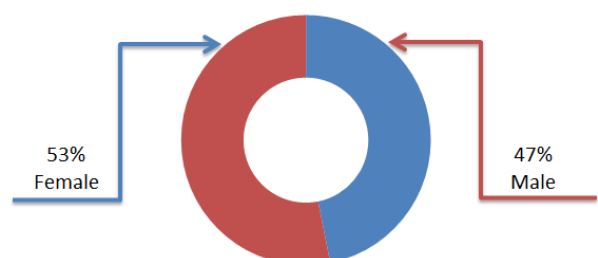
Figure 1: Total consultations and proportion of reporting health facilities b/w week 1-11

Consultations by Age and Gender week 1 – 11 in camps:

PERCENTAGE OF REPORTED CASES BY AGE



TOTAL REPORTED CASES BY GENDER



Morbidity patterns

- Acute Respiratory Infection (ARI), scabies (SCB) and Acute Diarrhea (AD) remains the leading causes of morbidity during this week with 4474 (44%), 616 (6%) and 200 (2%) cases respectively reported from all the camps reporting to EWARN.

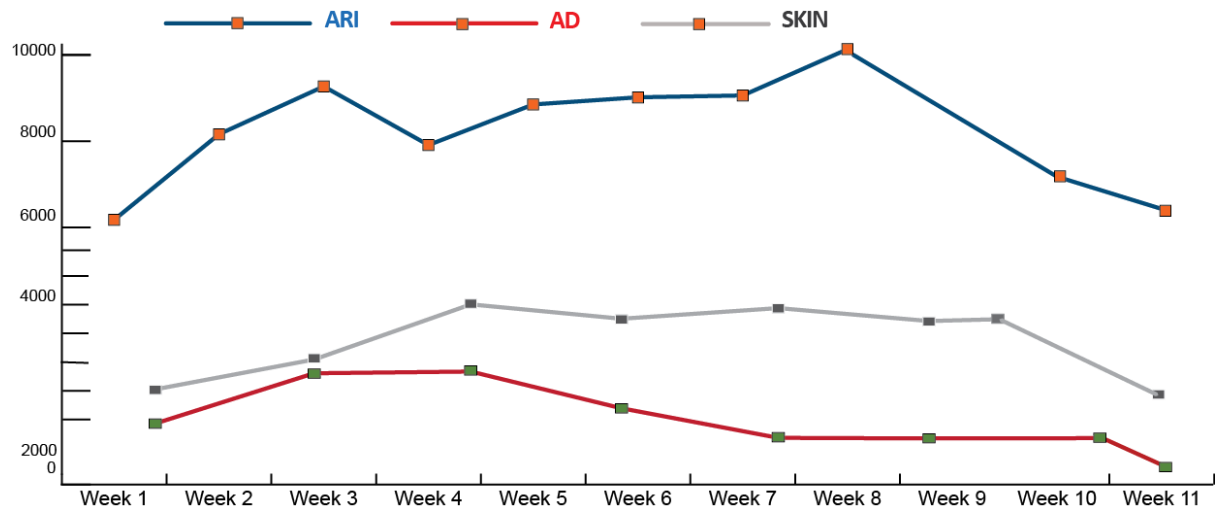


Figure II¹: Trend of # of cases of ARI, Scabies and AD from week 1 - 11

- The proportion of AD remains steady ranging between 1% to 4% (week 11=2%). Skin diseases trend remained constant from week 2-11 (week 11=6%). ARI proportion shows a step decrease of 3% in the caseload since week 10 (w10=48% and w11=44%).

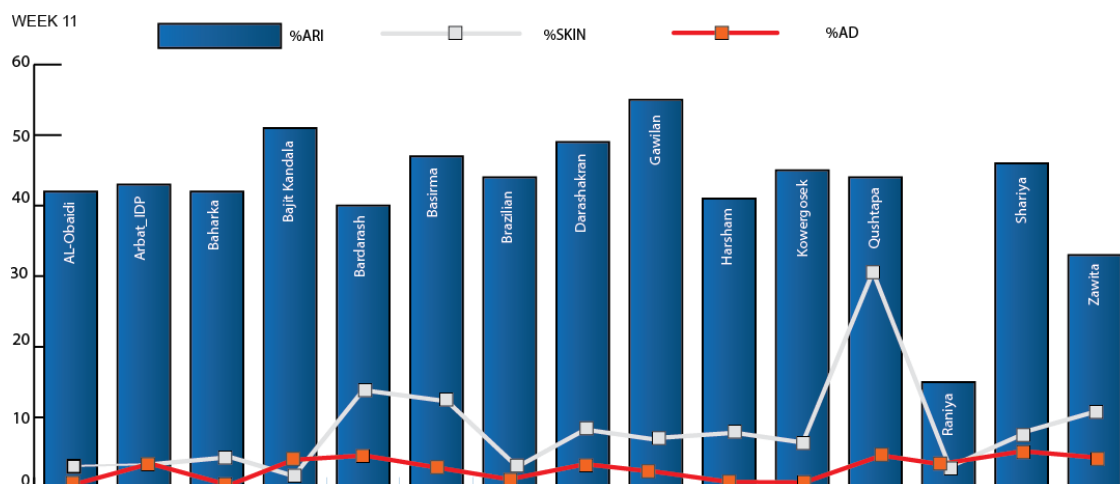
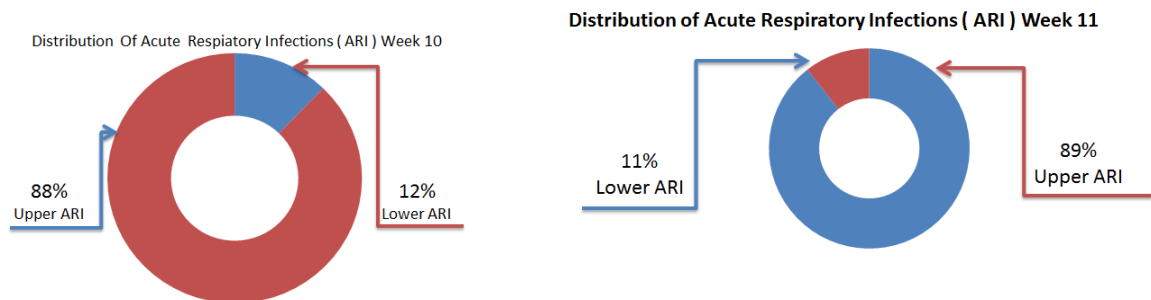


Figure III²: Trends of leading communicable diseases from major reporting sites

- Acute Respiratory Tract Infection (ARI) has been further divided into upper and lower respiratory tract infections from week 1, 2015.
 - The trends of upper and lower ARI remained the same when compared with week 10 (Upper ARI=89% and Lower ARI 11%).

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

- The ARI situation is being monitored accordingly and the underlying cause is currently due to the cold weather.



- Proportion of Lower ARI cases was the highest in Bajit Kandala IDP settlement (L-ARI=21%) when compared with the other reporting site in week 11 although there has been a steep decrease of (7%) in the proposition when compared with week 10 (L-ARI=14%).
- Refresher training on EWARN is underway to strengthen proper diagnosis and filling of EWARN forms. Therefore in the coming weeks the proportion of Lower – ARI will reduce due to the correct syndromic diagnosis of cases based of the EWARN case definitions.

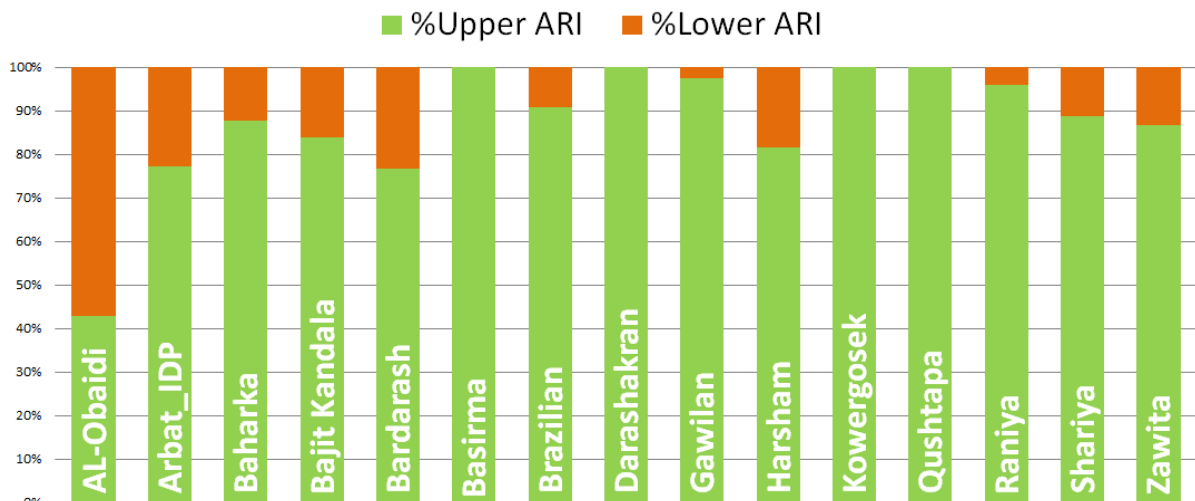


Figure IV: Trend of Upper and Lower ARI leading communicable disease, by weeks 11

- Skin infections are the second highest cause of consultation after ARI.
 - Gawilan Refugee camp reported the highest proportion of skin infection cases (55%) followed by Bajit Kandala IDP camp (51%) and Darashakran (49%) Refugee Camp.
 - The health, WASH clusters and WHO in coordination with the Department of Health are conducting hygiene and health education and promotion activities in all the camps.
- Acute Diarrhea (AD) cases trend has remained constant most of the camps and on-job training on EWARN has helped the healthcare providers to differentiate between Acute Diarrhea and Acute Watery Diarrhea.
- Fifteen new suspected measles cases have been reported from Arbat IDP camp in Sulamaniya where the outbreak of measles was first declared on 10 February 2015. *(see Alert & outbreak section)*
- An alert for six cases was reported for Acute jaundice Syndrome from Raniya IDP settlement by run by WVI. These cases were investigated and responded and was found negative.

Alerts and Outbreaks

- The measles campaign has been completed and the outbreak of measles in Arbat IDP camp in Sulamaniya run by Emergency NGO is gradually showing a steady decrease and in the coming weeks the cases will reduce gradually since 11th February, 2015.

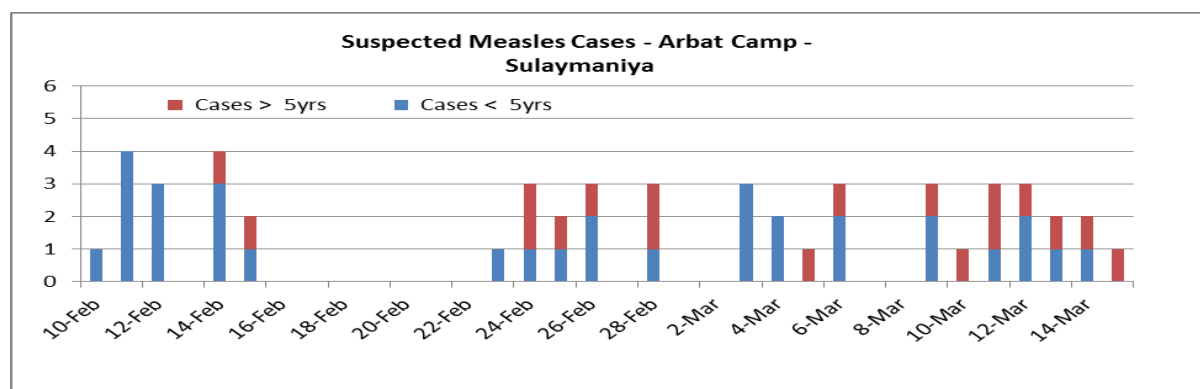


Table: Suspected cases of Measles from Arbat IDP camp from 10 Feb – 15th Mar, 2015

- Unexplained fever alert was reported from Raniya IDP camp in Sulamaniya run by WVI NGO, on further investigation by DoH/WHO it was noted that the threshold level was not crossed, however, the situation is being monitored and in case the threshold is crossed the investigation team will conduct the epidemiological investigation along with the response.

Comments and recommendations

- There is a need to do on-job refresher trainings on case definitions of the healthcare providers working in the camps to avoid false diagnosis of cases therefore training session is planned for of the displaced Governorates of KRG starting from next week.

Note of Health Cluster partners: Any **suspected case of measles, AFP, meningitis, suspected cholera**, neonatal tetanus 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

- **Dr. Abdulla Kareem** | 07703973937 | drabdullakareem@yahoo.com
Head of Surveillance Department, Federal MOH
- **Dr Saifadin Muhedin** | 07502303929 | saifadinmuhedin@yahoo.com
Head of Surveillance Department in MOH-KRG
- **Dr Fawad Khan** khanmu@who.int 07510101452; EWARN focal Point WHO Iraq
- **EWARN Unit WHO** | 07510101452|emacoirgewarn@who.int