



IRAQ: Early Warning and Disease Surveillance Bulletin

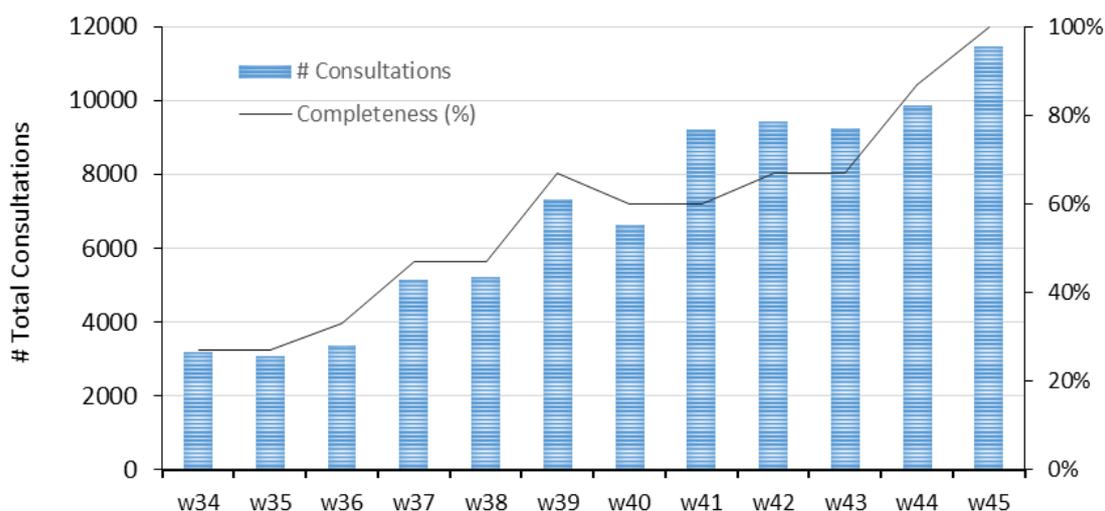
Epidemiological Week 45.

Reporting Period: 3 – 9 November 2014

Overview

- All health facilities from 15 camps (8 Refugee camps and 7 IDP camps) submitted their weekly reports on time in week 45.
- The number of consultations increased by 14 % from 9,863 in week 44 to 11,470 in week 45.
- Two new health facilities from two camps were added to the EWARN system this reporting period.
- The EWARN system is in the pilot phase. More reporting sites will be included in the coming weeks.

Fig 1. Total consultations and proportion of reporting health facilities since week 1



Morbidity patterns

- Acute Respiratory Infection (ARI) and Acute Diarrhea (AD) remained the leading causes of morbidity in week 45, with 2,372 and 654 cases respectively (Fig 2).
- There was a significant rise in trends of diseases from week 39; this is due to the increase in reporting sites (camps) included in the EWARN. The trend stabilised between week 41 and 43, and then a sharp decrease in the cases of ARI and AD were reported in week 44 due to late reporting from some major camps in Dohuk governorates (the decrease was not compensated despite the recruitment of 2 news sites in week 44).
- A steady decrease in the numbers of AD started after week 41, this can be associated to the end of summer which is the main period for diarrhoeal diseases, and the improvement of the water quality and WASH activities in camps.
- Bajit Kandala IDP camp accounts for the highest reported (56.6%) diarrhoea cases; in week 45 the camp reported 373 acute diarrhoea cases (57%). It also reported about 35% of the ARI cases during the current reporting week.

- Five sporadic cases of bloody diarrhoea were reported from three different camps.

Fig 2. Trend of leading communicable diseases

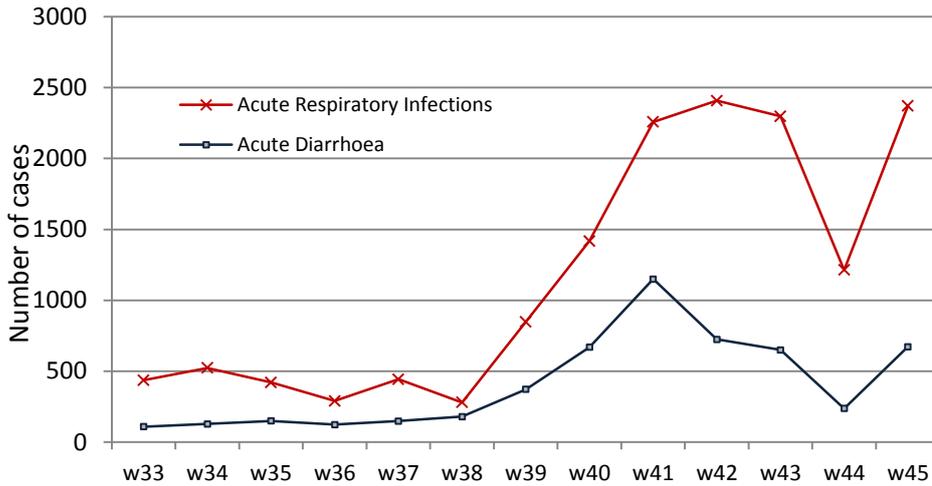
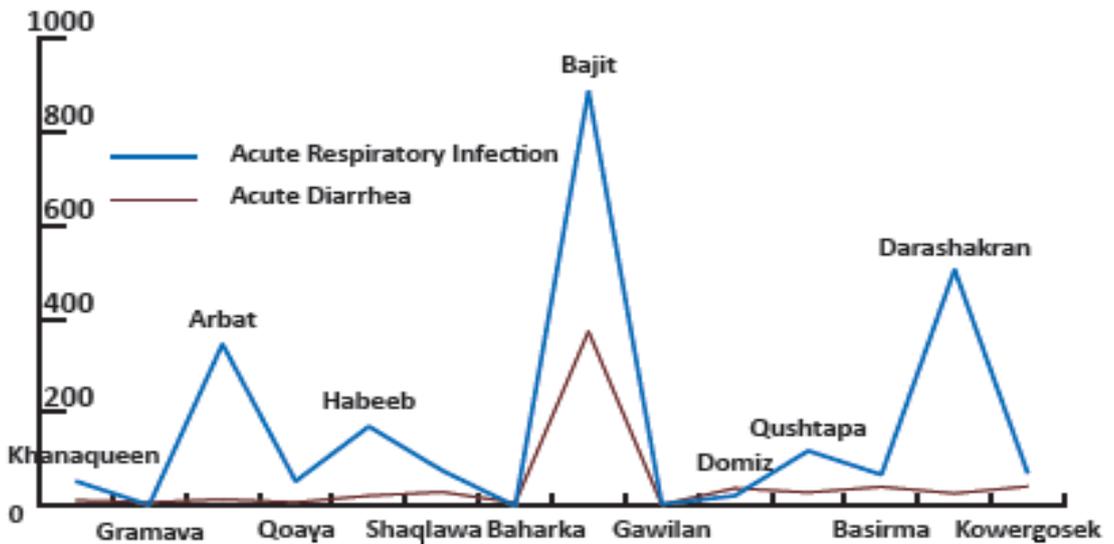


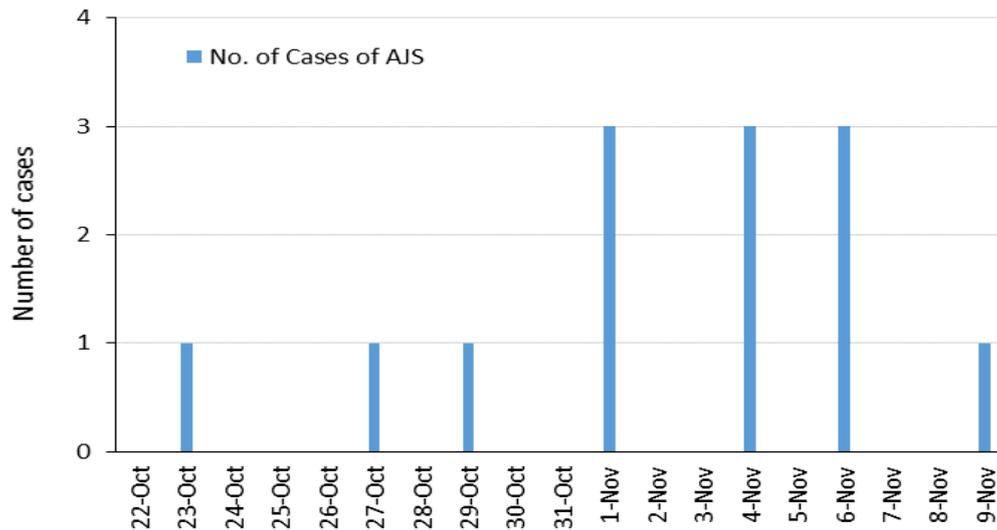
Fig 3. Trends of leading communicable diseases from major reporting sites



Alerts and outbreaks

- The first case of Acute Jaundice Syndrome was recorded on 23/10/2014 and additional cases recorded in an average of 1-3 cases per day as shown in the graph below (Fig 4). The outbreak was confirmed as a viral hepatitis A (HAV) outbreak. The outbreak is still on going in Baraka camp with seven cases of suspected acute viral hepatitis recorded in week 45.
- A field investigation was conducted by the EWAR team focusing on the following aspects:
 - a) Epidemiological component – identification of the index case, new cases and contact tracing
 - b) Laboratory component – clinical samples from seven out of nine samples tested positive for HAV
 - c) Water quality component – Biochemistry; chlorination levels at source, reservoir in camp, collection point in camp, and household level were found adequate, but no conclusion can be drawn as no water sampling was conducted during and before the incubation period.
 - d) Environmental and behavioural component – efforts are underway for a close collaboration between Water, Hygiene and Sanitation (WASH) and Health cluster partners to ensure adequate WASH conditions in the camp. Community health and hygiene education campaigns are being conducted in the camp.

Fig 4. Trend of acute jaundice syndrome cases in Baharka camp



- Routine screening was performed on 45 stool samples at Erbil Public Health Laboratory and all tested negative for vibrio cholera.
- No cases of measles or acute flaccid paralysis were reported this week

Comments

- A part from the Hepatitis A outbreak reported in Baharka camp, no other alerts were received from the reporting sites.
- WHO continues coordinating efforts with the Federal Ministry of Health and the Ministry of Health at the Central level and the Kurdistan Regional Government to expand the EWARN system which is currently in the piloting phase.
- In areas with limited accessibility, WHO is relying on a network of focal points to notify the agency of any changes in the health status of the populations in their areas of operations. No notifications of epidemic-prone diseases were received in week 45.

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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