



# Iraq: EWARN & Disease Surveillance Bulletin

2016 Epidemiological Week: 41

Reporting Period: 10 – 16 Oct , 2016

## Highlights

- ◆ **Number of reporting sites in Week 41:** One hundred and forty two(142) reporting sites (85% of the total EWARN reporting sites) including eighty nine (89) in internally displaced people’s (IDPs) camps, Six(6) in refugee camps and forty seven (47) mobile clinics submitted their weekly reports completely and in a timely manner.
- ◆ **Total number of consultations in Week 41:** 39,087 (Male=17,638 and Female=21,449) marking a decrease of 4045 since last week, (Total consultations in Week 40: 39,087).
- ◆ **Leading causes of morbidity in the camps in Week 41:** Acute respiratory tract infections (ARI) (n=17,260), acute diarrhoea (AD) (n=3,164) and skin diseases (n=1,473) remained the leading causes of morbidity in all camps and displaced population areas served by mobile clinics during the reporting week.
- ◆ **Number of alerts in Week 41:** Five (5) alerts were generated through EWARN and all were reported from IDP camps during this week. The alerts were investigated within 72 hours, verified and responded to by relevant health cluster partners. (Details: see Alerts and Outbreaks Section).

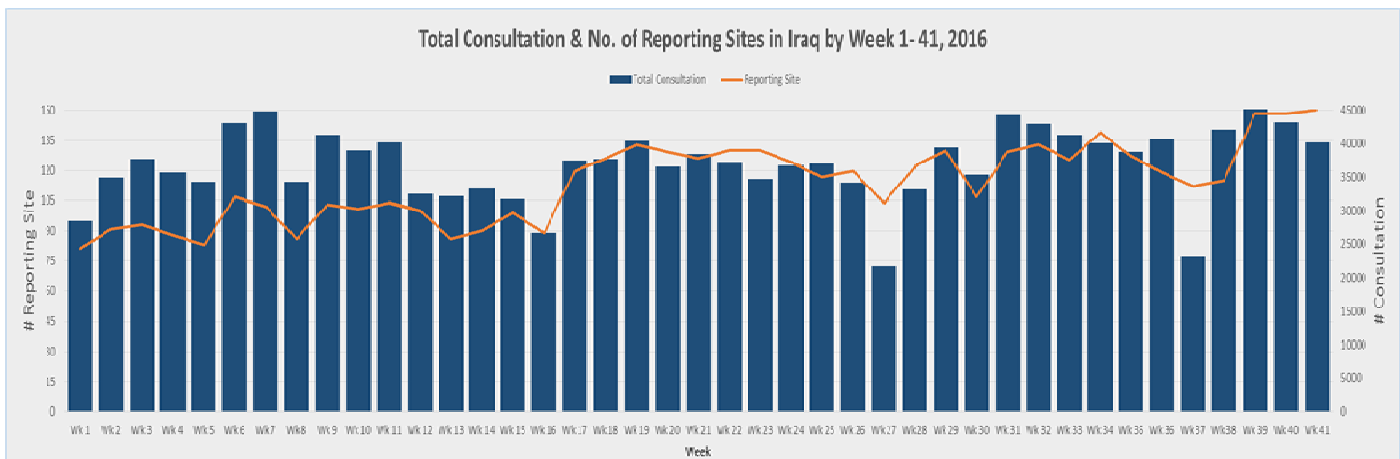
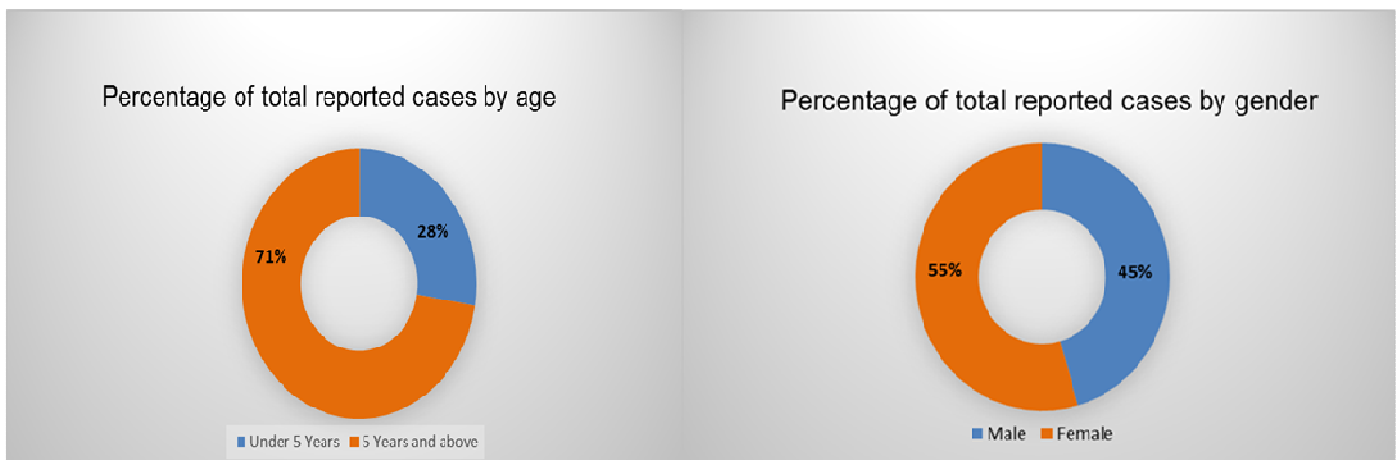


Figure I: Distribution of total consultations and number of reporting health facilities by week, Week 1–41, 2016

### Distribution of total consultations in the camps by age and gender (Week 41, 2016)



# Morbidity Patterns

## IDPs camps:

During Week 41, the proportion of acute respiratory tract infections (ARI) in camps for internally displaced persons decreased, while the trends of acute diarrheal and skin infestations including scabies increased compared to the previous week (see Figure II).

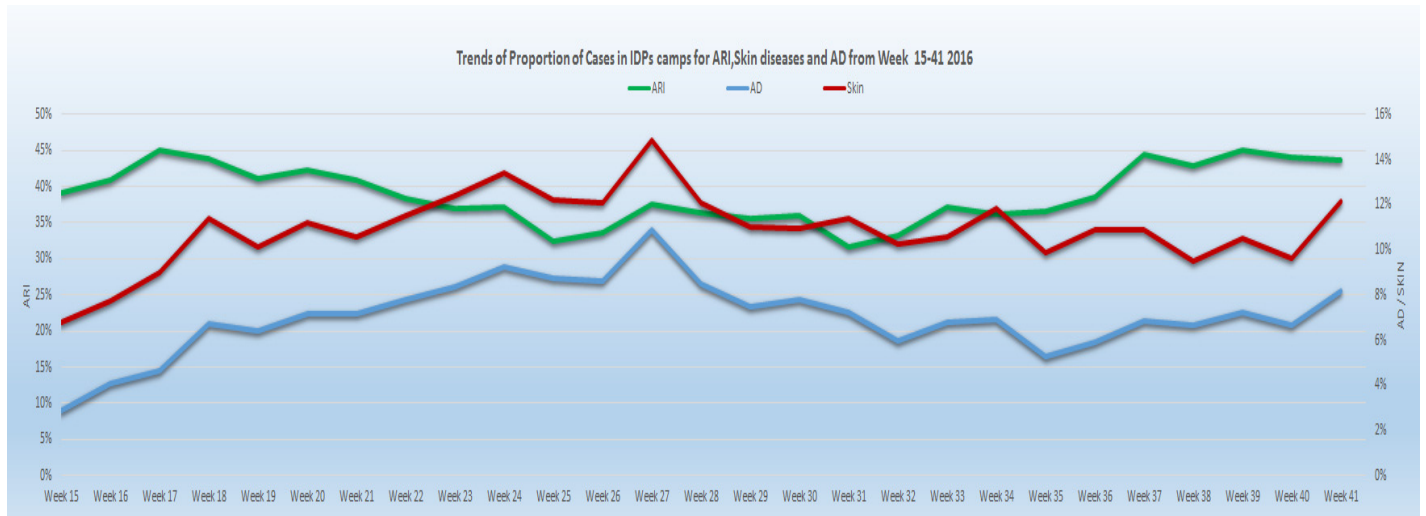


Figure II: Distribution of the acute respiratory infection, scabies and acute diarrhoea in IDP camps, Week 15–41, 2016

## Refugee camps:

During Week 41, the proportion of acute respiratory tract infections (ARI) decreased, while acute diarrheal and skin infestations including scabies increased from the previous weeks (see Figure III).

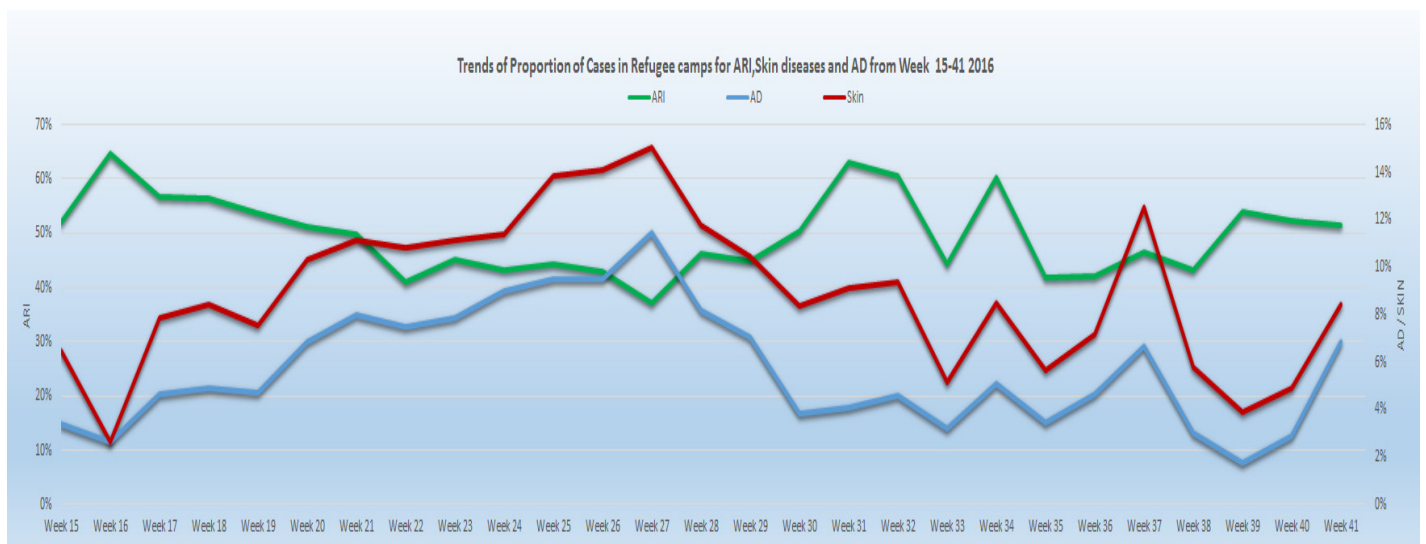


Figure III: Distribution of the acute respiratory infection, scabies and acute diarrhoea in refugee camps, Week 15–41, 2016

**Distribution of the common diseases by proportion and location for IDPs camps**

Figure IV below indicates the proportion of acute respiratory tract infections, acute diarrheal and skin infestations including scabies which comprises the highest leading causes of morbidity in IDP camps for Week 41, 2016.

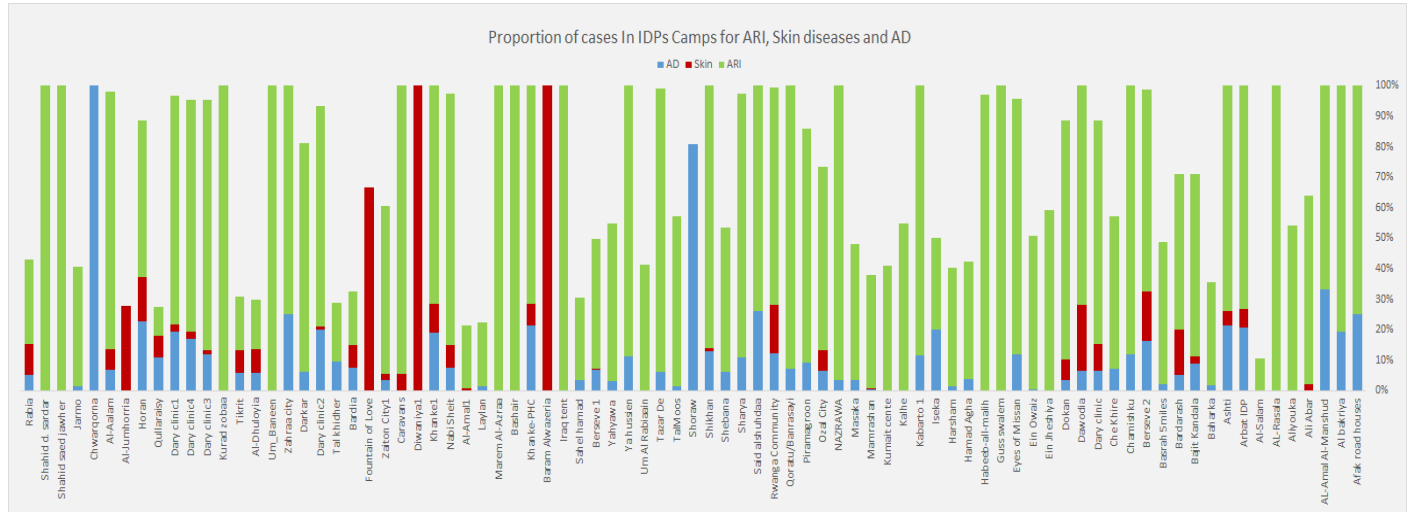


Figure IV: Proportion of cases of ARI, scabies and AD in IDP camps for Week 41, 2016

**Distribution of the common diseases by proportion and location for refugee camps**

Figure V below indicates the proportions of acute respiratory tract infections, acute diarrheal and skin infestations including scabies which comprise the highest leading causes of morbidity in the refugee camps for Week 41, 2016.

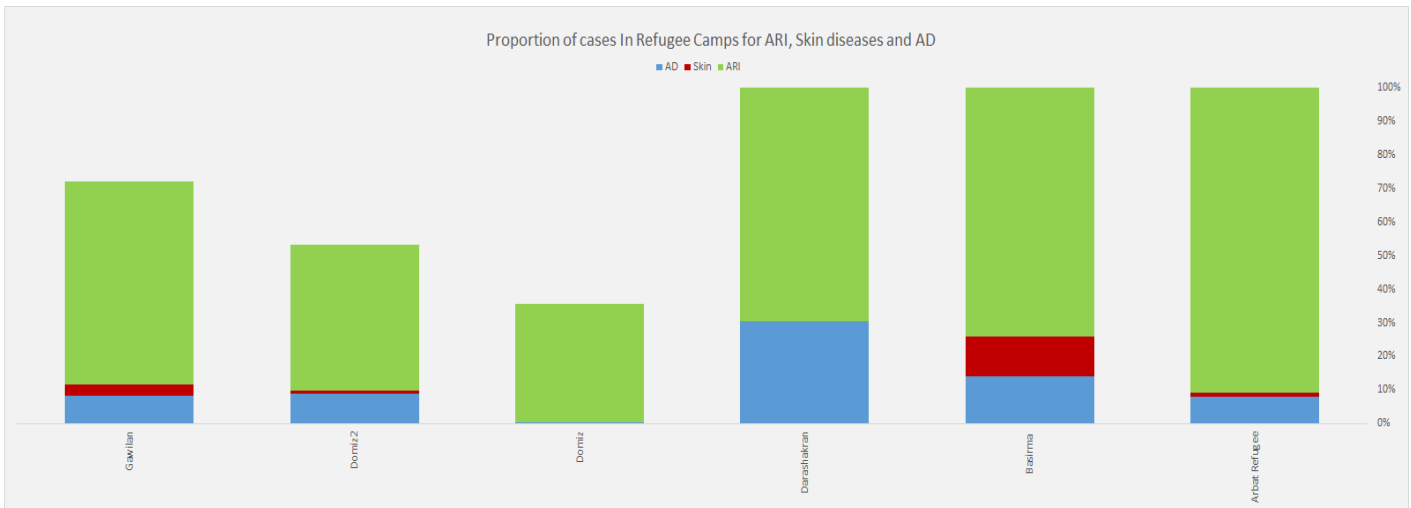


Figure V: Trend of proportions of cases of ARI, scabies and AD in Refugee camps for Week 41, 2016

**Distribution of the common diseases by proportion and location for IDPs covered by mobile clinics**

The graph below indicates the proportions of acute respiratory tract infection, acute diarrheal and skin infestations including scabies which comprise the highest leading causes of morbidity of the IDPs covered by mobile clinics for Week 41, 2016.

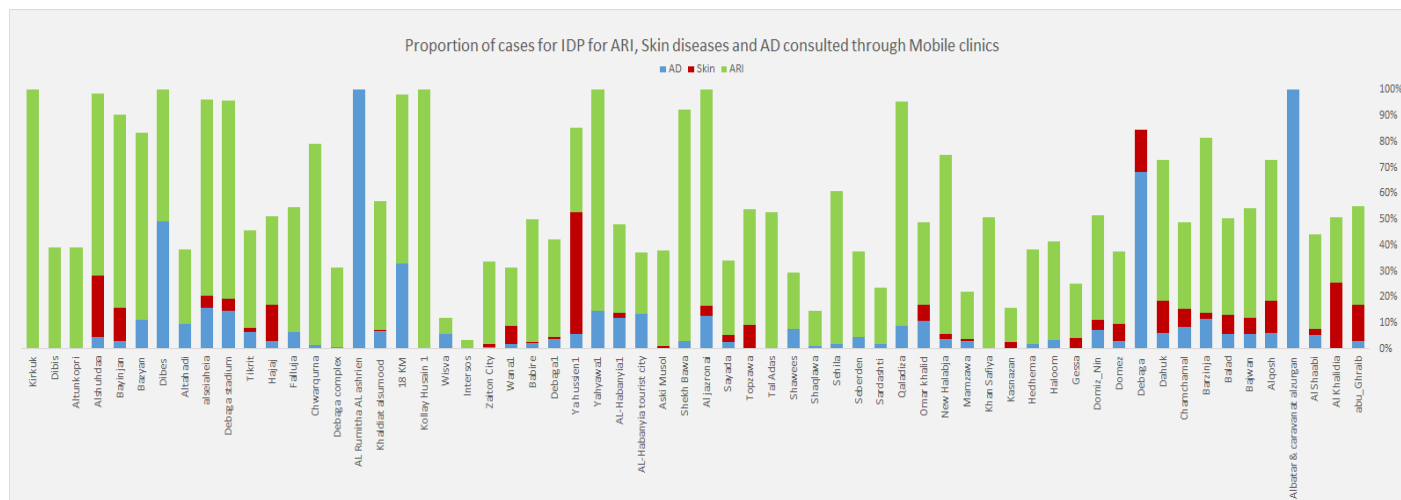


Figure VI: Distribution of ARI, scabies and AD covered by mobile clinics for the IDPs, Week 41, 2016

**Trends of Measles**

There were 82 reported suspected measles cases from all the EWARN reporting sites during 2016. From week one to week 36, almost 50- (62%) of the cases- were reported from Sulaymaniya. The peaks of the disease trend were observed during week 7 and 17.

This week, one measles case was reported from STEP-IN Zakho clinic serving IDPs from Duhok. During 2016, Duhok reported 6 measles cases. From Sumel district, 4 cases were reported this year between week 4 and week 23 whereas 3 cases were reported from Domiz DOH clinic serving refugees and one case from Samaritan’s Purse clinic in Khanke serving IDPs. The remaining 2 cases were reported from Zakho district by IMC Seage mobile clinic. (see Figure VII).

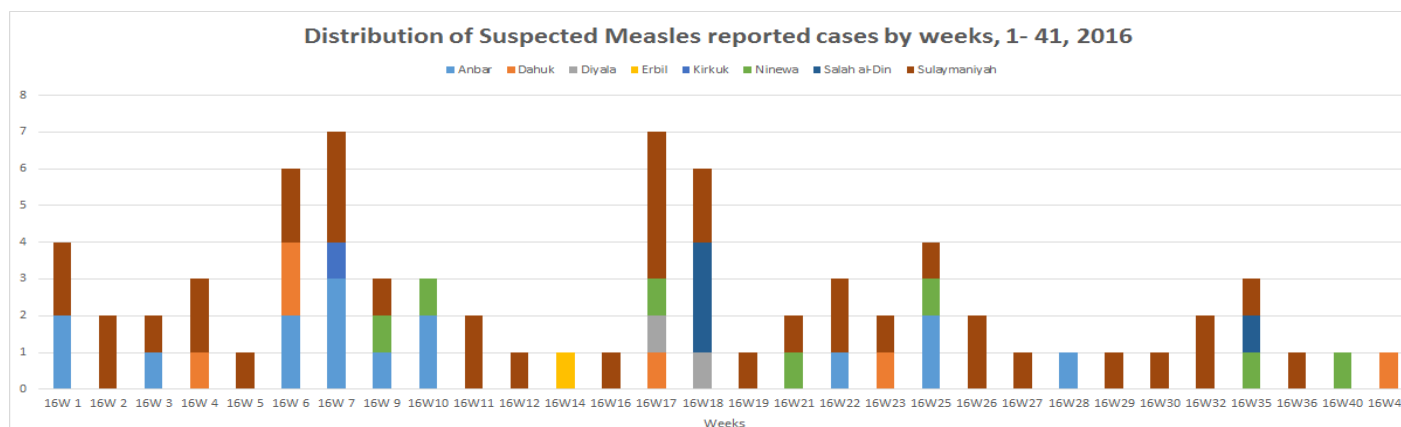


Figure VII: Distribution of suspected measles reported cases by governorate, Week 1– 41, 2016

### Trends of waterborne diseases in IDPs and refugee camps

Figures VIII and IX below show increasing trends of waterborne diseases (acute diarrhoea, acute bloody diarrhoea and acute jaundice syndrome) reported from camps for internally displaced and from refugee camps.

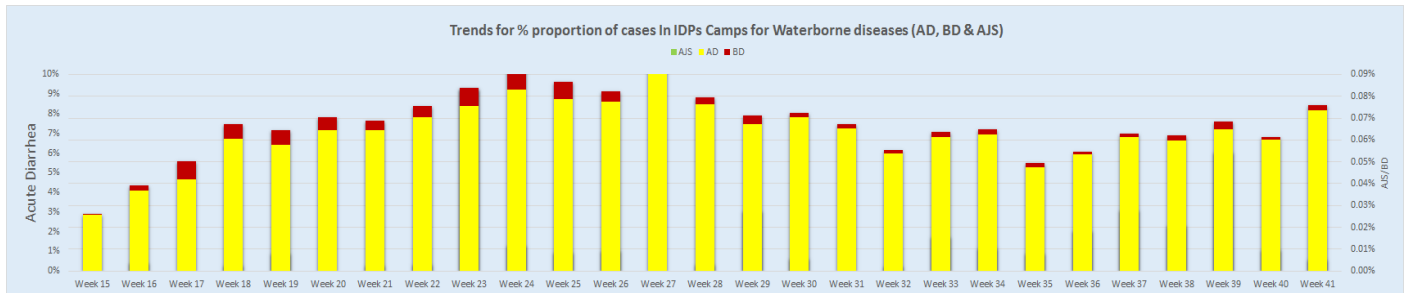


Figure VIII: Trend of waterborne diseases from IDP camps, Week 15-41, 2016

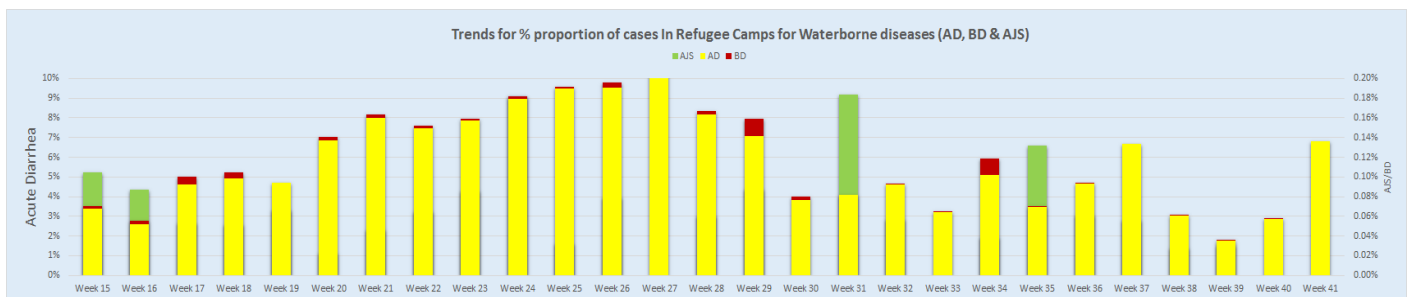


Figure IX: Trends of waterborne diseases from refugee camp, Week 15-41, 2016

### Trends of Acute Diarrhoea

Figure X below shows the trends of acute diarrhoea reported in the period from Week 1 to Week 41 in 2015 and 2016 through the EWARN system. This week showed an increase in the trend of the acute diarrhoea cases compared to previous weeks. In 2016, 37% of the total acute diarrhoeal cases reported from Anbar, followed by Dohuk with 19% of all cases, Ninewa with 10%, Suleimaniya and Erbil with 9% each, Kirkuk 5%, Baghdad 4%, and Salah Aldin 3%.

In week 41, 3204 cases of acute diarrhoea were reported. Anbar reported the highest number with 1512 cases (47%), Erbil reported 434 cases (14%), Duhok reported 343 cases (11%), Suleimaniya reported 229 cases (7%), Ninewa reported 208 cases (6.5%), Salah Addin reported 206 cases (6.4%) and Kirkuk reported 118 cases (4%),

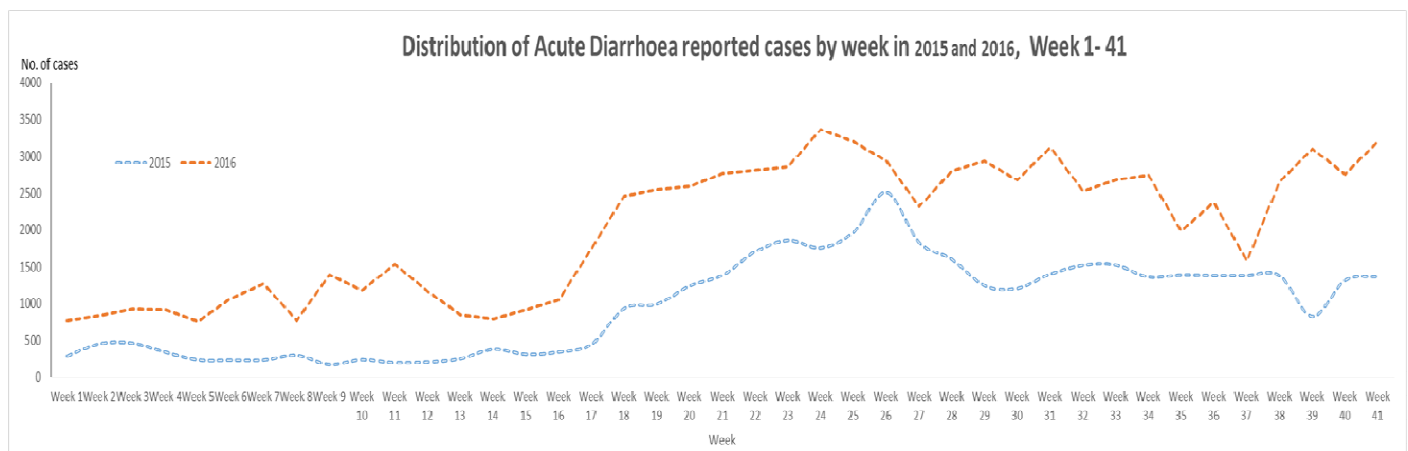


Figure X: Distribution of acute diarrhoea reported cases by weeks, Week 1–Week 41. 2015-2016

and

Five alerts were generated through EWARN according to the defined thresholds from IDP camps during this reporting week. All alerts were investigated within 72 hours, verified as true and responded to by Departments of Health of the respective governorates, WHO and the relevant health cluster partners (please see the table below).

Sn	Alert	Location	Governorate	District	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 Leishmaniasis	Al-Salam	Anbar	Ameriyat Al-Fallujah	IDPs	2	UIMS	Yes	No	TRUE	No
2	Suspected Leishmaniasis	Al Hardania	Salah-Al-Din	Salah-Al-Din	IDPs	1	DoH	Yes	No	TRUE	No
3	Suspected Leishmaniasis	Horan	Salah-Al-Din	Salah-Al-Din	IDPs	3	DoH	Yes	No	TRUE	No
4	Suspected Measles	Darkar	Dahuk	Sumal	IDPs	1	STEP-IN	Yes	Yes	TRUE	Yes
5	Suspected Leishmaniasis	Bajet Kandala	Dahuk	Zako	IDPs	1	PU-AMI	Yes	No	TRUE	Yes

## Trends of alerts

Figure XI below shows the number of alerts (true & false) generated through EWARNs per week which were investigated and responded to accordingly by the Ministry of Health, WHO and health cluster partners.

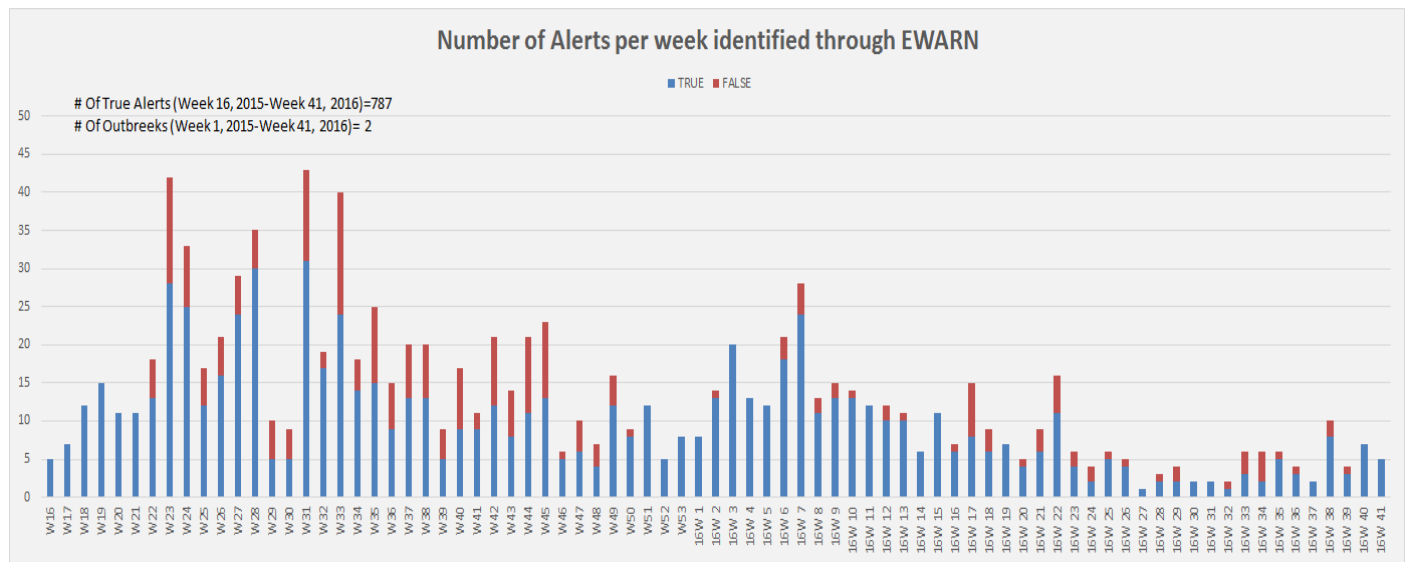


Figure X: Alerts generated through EWARN surveillance Week 16, 2015—Week 41, 2016

### For comments or questions, please contact

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EWARN Dashboard link: <http://irq-data.emro.who.int/ewarn/>

EWARN reporting health facilities: [http link: http://irq-data.emro.who.int/ewarn/reporting\\_sites](http://irq-data.emro.who.int/ewarn/reporting_sites)