



# Iraq: EWARN & Disease Surveillance Bulletin

2016 Epidemiological Week: 48

Reporting Period: 28 Nov – 04 Dec , 2016

## Highlights

- ◆ **Number of reporting sites:** One hundred and seventy nine (179) reporting sites (98% of the total EWARN reporting sites) including a hundred (100) in internally displaced persons (IDP) camps, eight (8) in refugee camps and sixty seven (67) mobile clinics submitted complete and timely epi weekly reports.
- ◆ In epi week 47 and 48, more health facilities were included in the EWARN reporting, increasing the number of health facilities to 182 from 149.
- ◆ **Total number of consultations:** 57,002 (male=28,060 and female=28,942) were recorded this period marking an increase of 5,369 since epi week 47, (Total consultations in Week 47: 51,633).
- ◆ **Leading causes of morbidity in the camps:** Acute respiratory tract infections (ARI) (n=29,331), acute diarrhea (AD) (n=2,021) and skin diseases (n=1,441) remained the leading causes of morbidity in all camps and among displaced population served by mobile clinics.
- ◆ **Number of alerts:** three (3) alerts were generated through EWARN, two of these were reported from internally displaced persons camps while one was from a hospital . The alerts were investigated within 72 hours, and all were verified as true. They were responded to the relevant health cluster partners. (Details: see Alerts and Outbreaks Section).

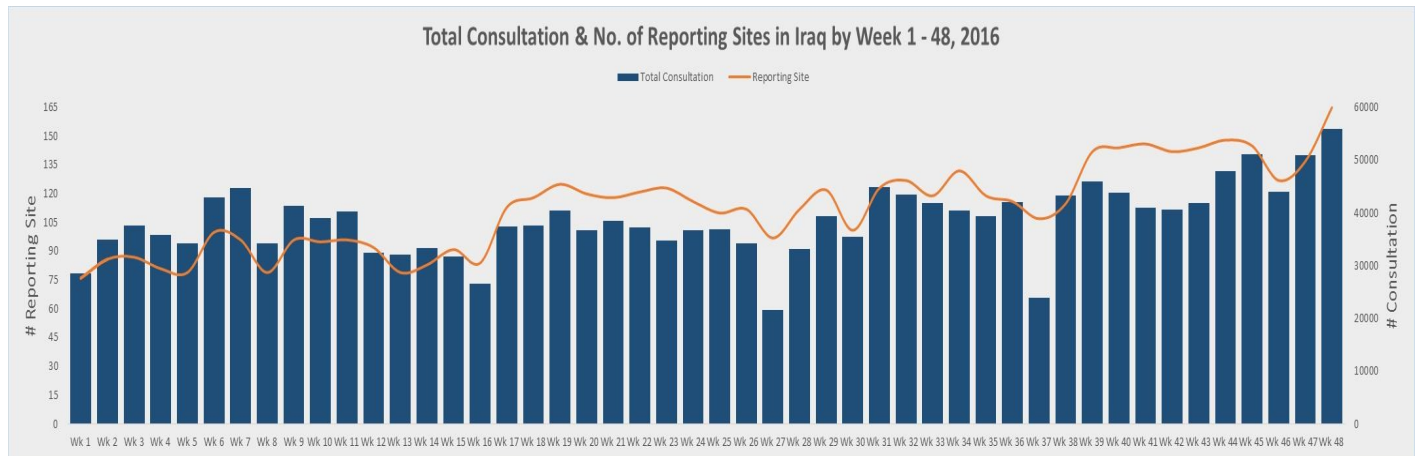
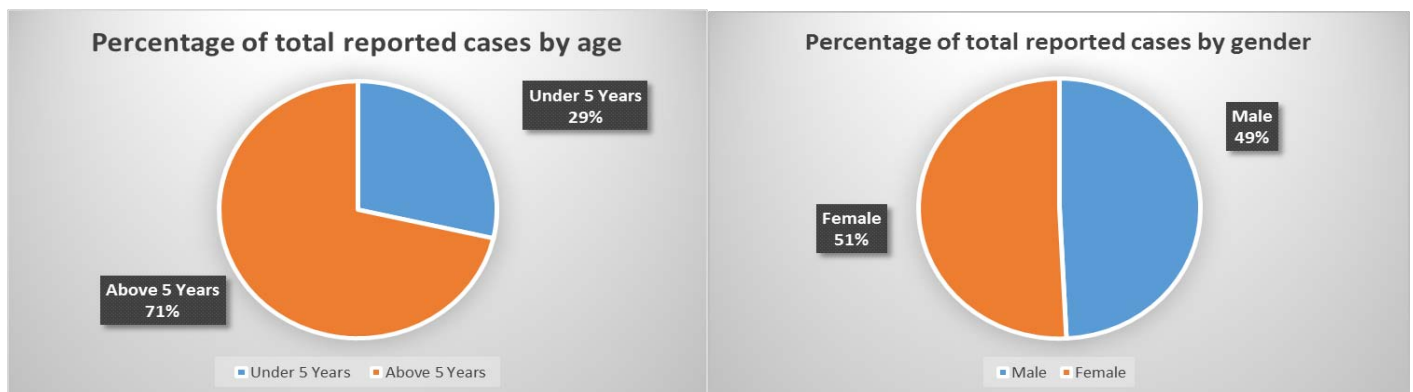


Figure I: Distribution of total consultations and number of reporting health facilities by week, Week 01–48, 2016

## Distribution of total consultations in the camps by age and gender (Week 48, 2016)

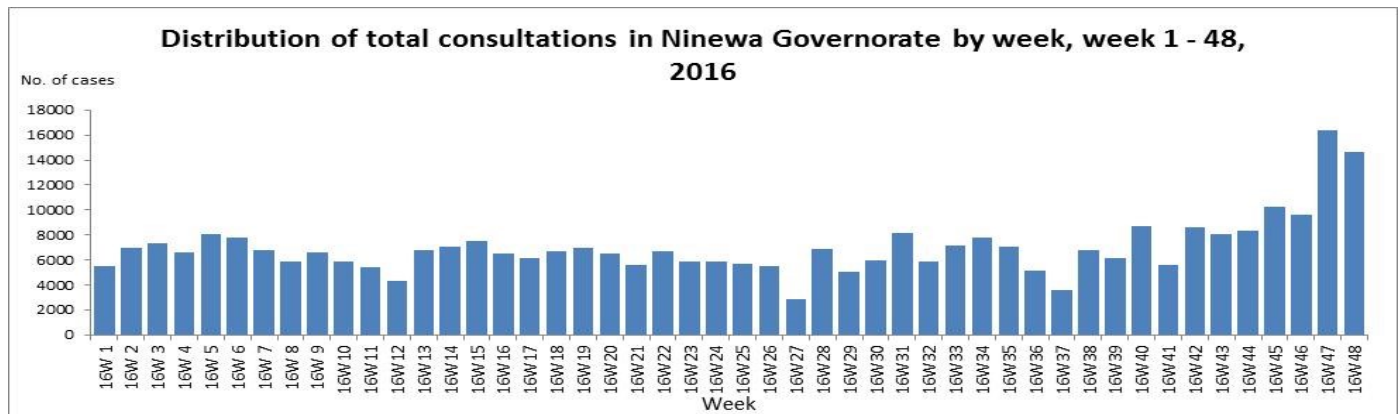


# Ninewa Governorate

## Highlights:

- In epi week 48, Gadaa clinic run by IMC reported for the first time.
- A total of 14,612 consultations were reported in Ninewa Governorate in week 48 (please see Figure II)
- Thirty eight (38) reporting health facilities including 13 mobile medical clinics and 25 static clinics from 11 agencies (DOH, DAMA, DORCAS, HEEVIE, IMC, IOM, MEDAIR, MSF, PU-AMI, QRCS and WAHA) submitted their weekly reports timely. The mobile medical clinics visited 23 villages during this week.
- No alert was reported from Ninewa DOH in week 48.

Figure II: Distribution of the total consultations in Ninewa Governorate by week, week 1—week 48, 2016



## Common reported events:

- ♦ The most common reported disease events/ syndrome during week 48 in Ninewa department of health were acute respiratory infections (59%), acute diarrhea (2%) and suspected scabies (2%). Please see the below table

Table I: Distribution of the common reported disease events in Ninewa Governorate in week 48, 2016

District	Acute Respiratory Infections	Acute Diarrhoea	Suspected Scabies	Cutaneous Leishmaniasis	Other diseases
Akre	700	44	14	0	207
Al-Hamdar	1685	98	74	0	790
Mosul	1121	85	80	4	424
Shikhan	925	28	8	2	340
Sinjar	190	6	0	15	84
Telafar	2720	68	84	79	2095
Tilkaif	1336	10	8	2	1142
<b>Grand Total</b>	<b>8677</b>	<b>339</b>	<b>268</b>	<b>102</b>	<b>5082</b>

# Morbidity Patterns

## IDP camps:

In epi week 48, the proportions of acute respiratory tract infections (ARI) in internally displaced persons camps increased by 3 % while the trends of the acute diarrhea and skin infestations including scabies decreased by 0.4% and 0.5% respectively. As compared to the previous week (please see Figure III below).

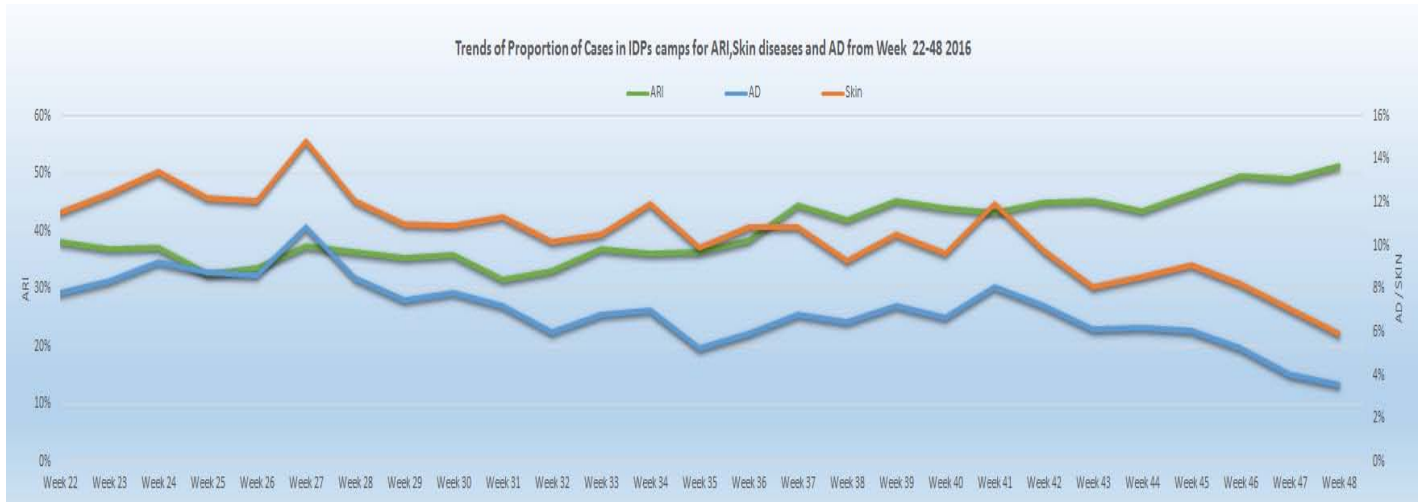


Figure III: Distribution of the acute respiratory infection, scabies and acute diarrhea in IDP camps, Week 22–48, 2016

## Refugee camps:

During Week 48, the proportions of acute respiratory tract infections (ARI) and acute diarrhea decreased by 6% and 1.2% respectively, while the proportion of skin infestations including scabies increased by 1.7% from the previous week (please see Figure IV below).

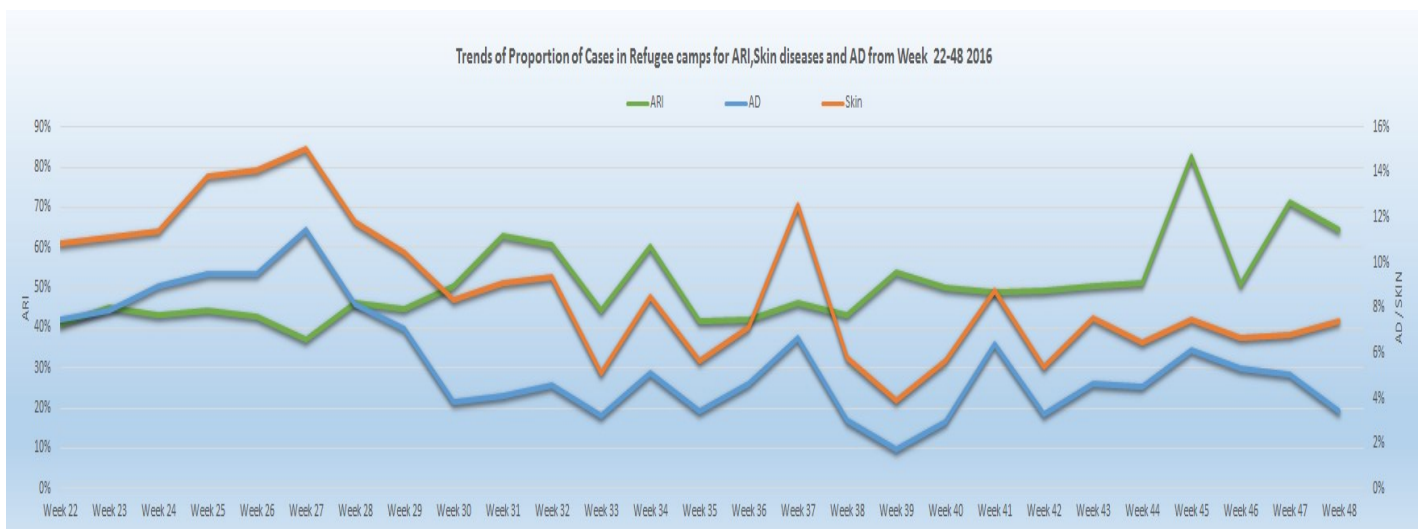


Figure III: Distribution of the acute respiratory infection, scabies and acute diarrhoea in refugee camps, Week 22–48, 2016

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

Figure V below shows the leading causes of morbidity in IDP camps in epi week 48, 2016 as acute respiratory tract infections, acute diarrhea and skin infestations including scabies.

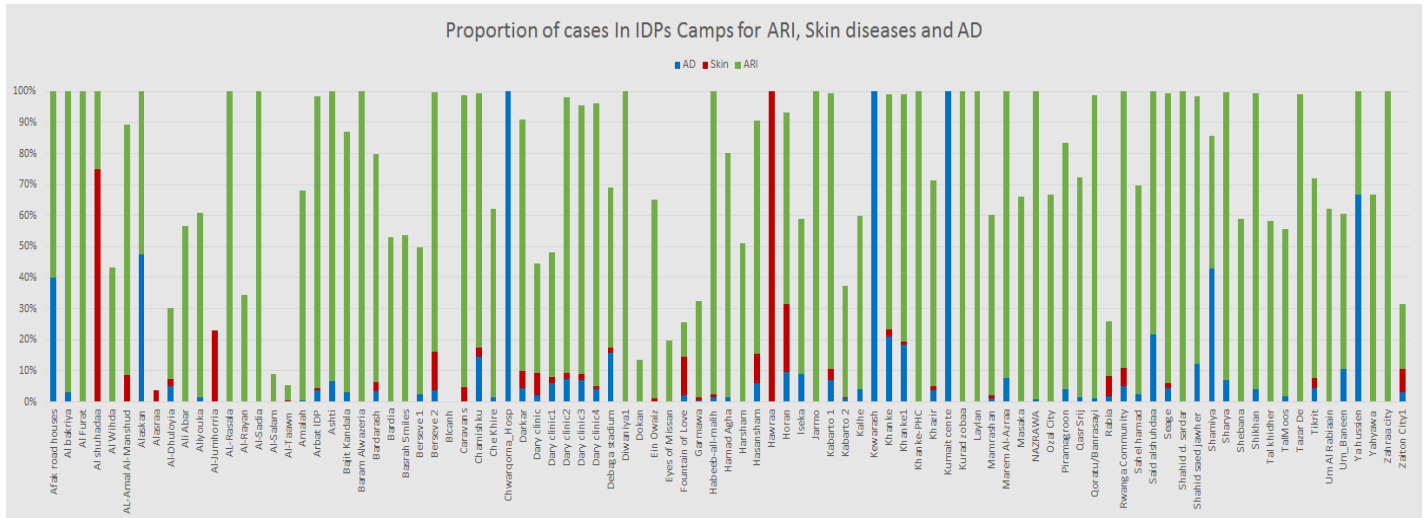


Figure V: Proportion of cases of ARI, scabies and AD in IDP camps for Week 48, 2016

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

Figure VI below shows the leading causes of morbidity in refugee camps in epi week 48, 2016 as acute respiratory tract infections, acute diarrhea and skin infestations including scabies.

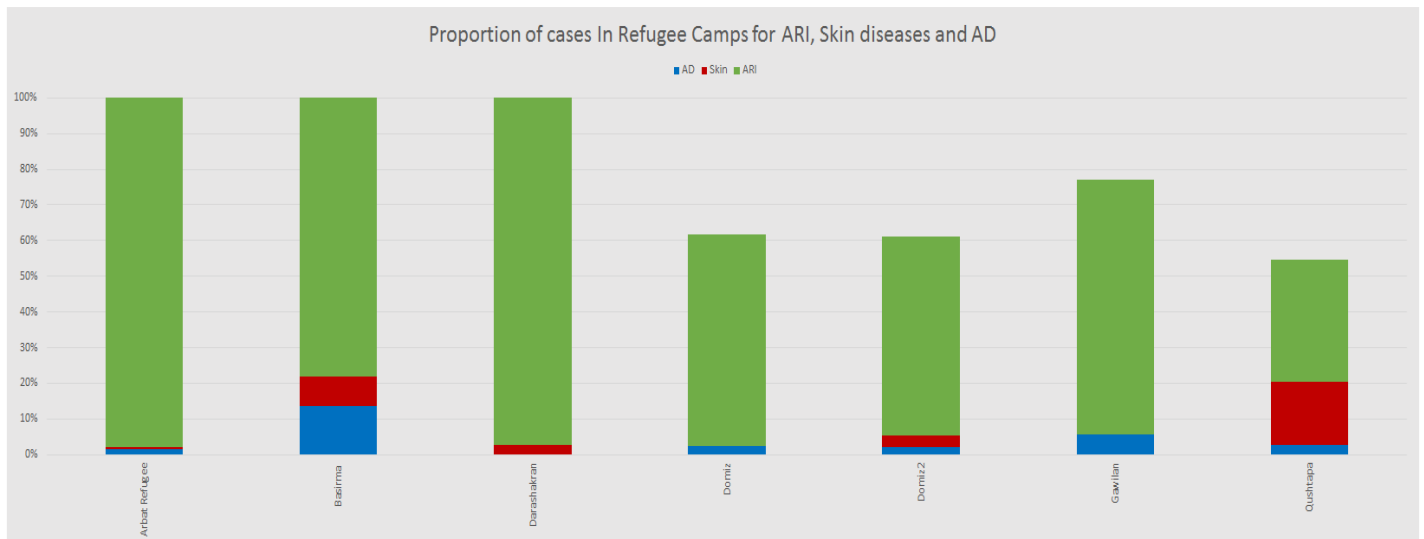
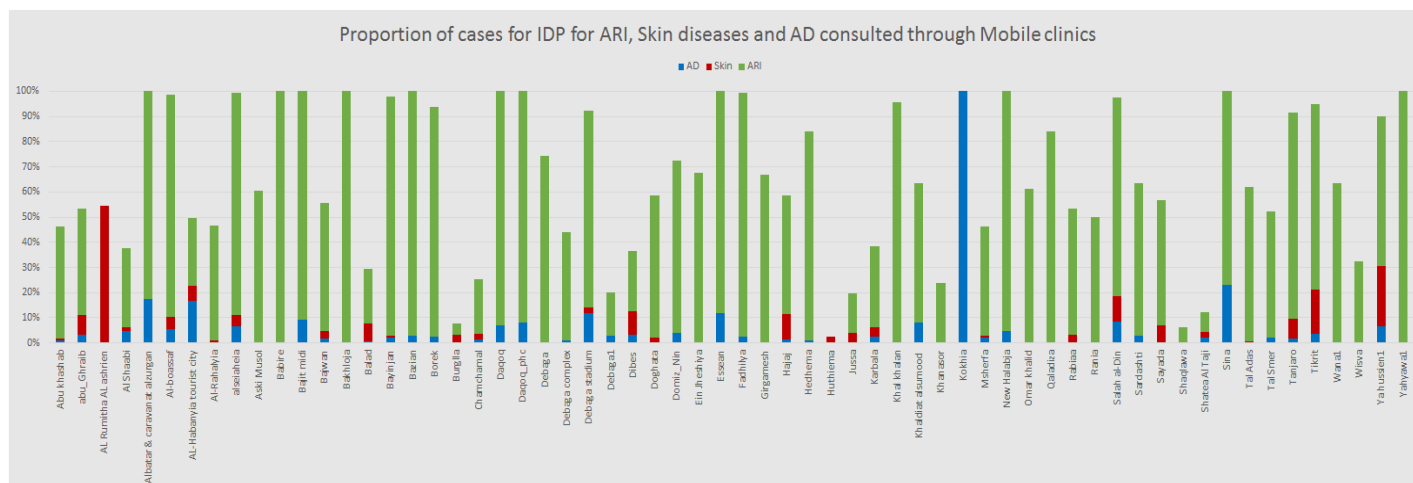


Figure VI: Trend of proportions of cases of ARI, scabies and AD in Refugee camps for Week 48, 2016

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

Figure VII shows the leading causes of morbidity among displaced populations served by DP camps in epi week 48, 2016 as acute respiratory tract infection, acute diarrhea and skin infestations including scabies.

Figure VII: Distribution of ARI, scabies and AD covered by mobile clinics for the IDPs, Week 48, 2016

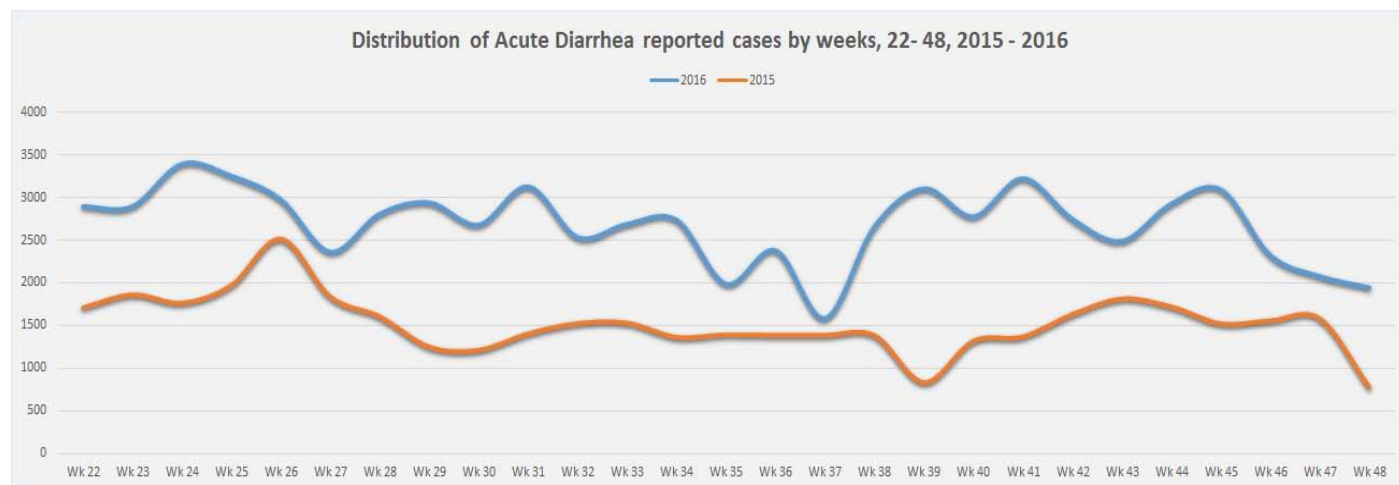


Trends of Acute Diarrhea:

Figure VIII shows trends of acute diarrhea reported since epi week 22 to epi week 48 in 2015 and 2016 through the EWARN system. There was a decline reported this week as compared to the last weeks. From epi week 6 to epi week 40, Anbar reported 36% of total reported AD cases, followed by Duhok with 21%, Ninewa 11%, Sulaymaniyah 9%, Erbil 8%, Kirkuk 5%, Baghdad 4%, and Salah Al din 3%.

The disease trends showed a peak in epi week 24 (3 387 cases) and again in epi week 31 (3 079 cases). From epi week 31 there was a decrease in the reporting of AD through all the governorates.

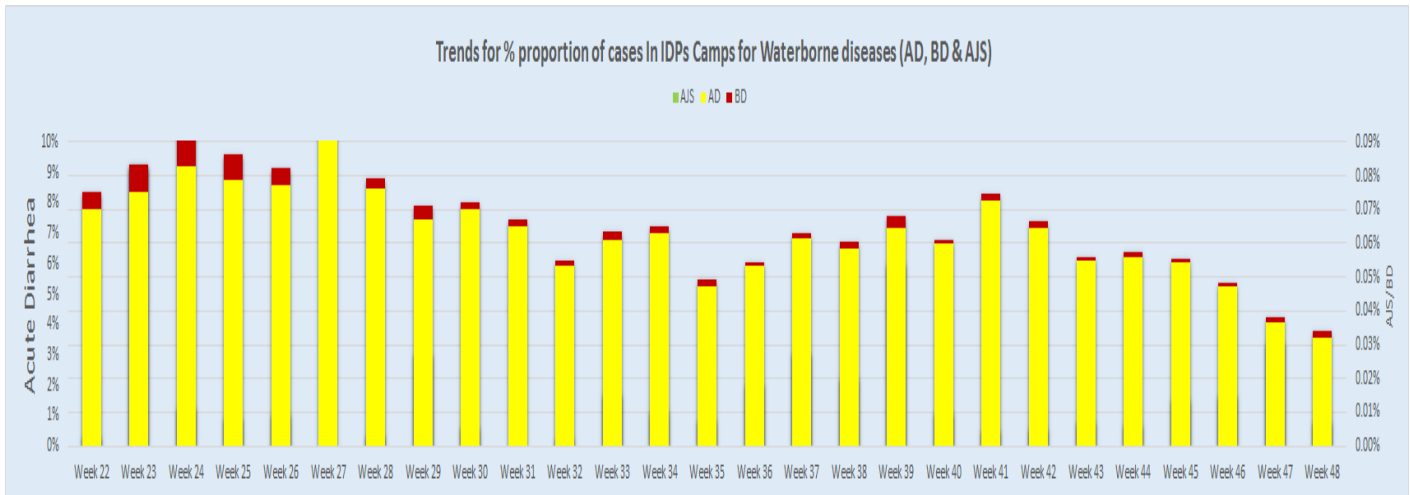
Figure VIII: Distribution of acute diarrhea reported cases by week, Week 22–Week 48, 2015-2016



### Trends of waterborne diseases in IDP camps:

Figure IX shows a decrease in waterborne diseases trends (acute diarrhea, acute bloody diarrhea and acute jaundice syndrome) reported from internally displaced persons camps. There was also a decrease in waterborne diseases in refugee camps (please see graph below)

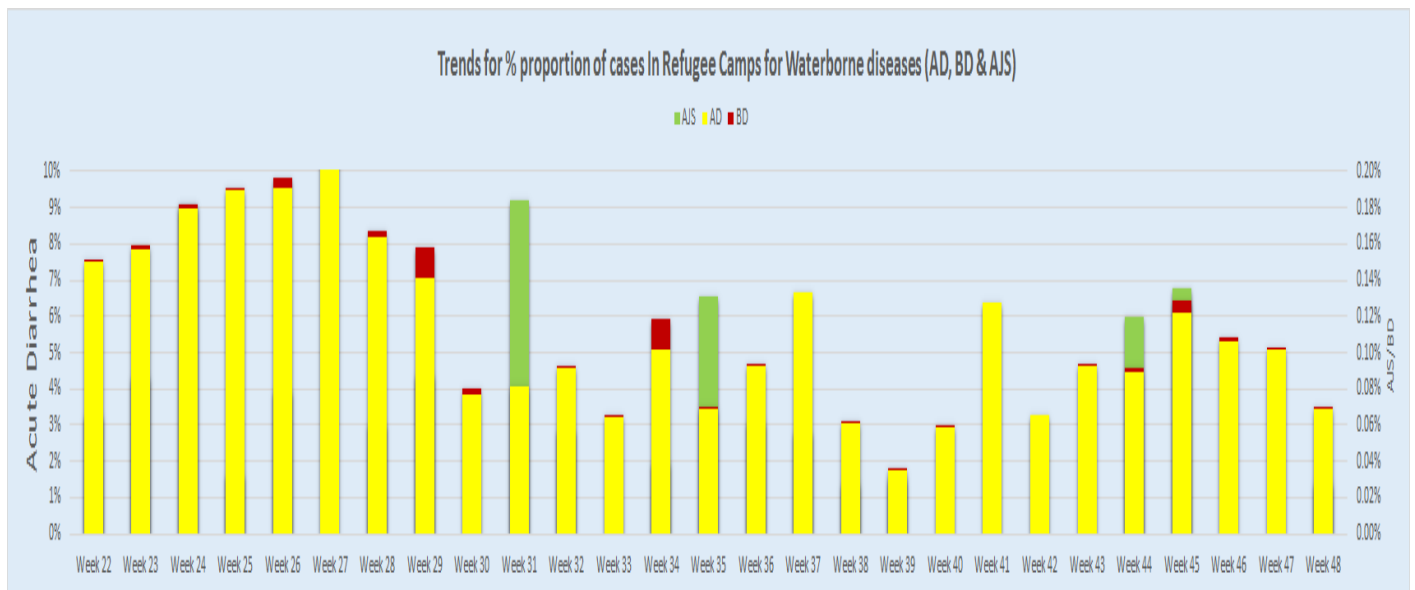
Figure IX: Trend of waterborne diseases from IDPs camps, Week 22-48, 2016



### Trends of waterborne diseases in refugee camps

Figure X shows a decrease in waterborne diseases trends (acute diarrhea, acute bloody diarrhea and acute jaundice syndrome) reported from refugee camps.

Figure X: Trends of waterborne diseases from refugee camps, Week 22-48, 2016



Three alerts were generated through EWARN following the defined thresholds, of these two were from internally displaced persons camps and one from hospital. All the alerts were investigated within 72 hours and were verified as true. Respective Governorate Departments of Health, WHO and the relevant health cluster partners. (please see Alert and Outbreaks table below) responded to the alerts.

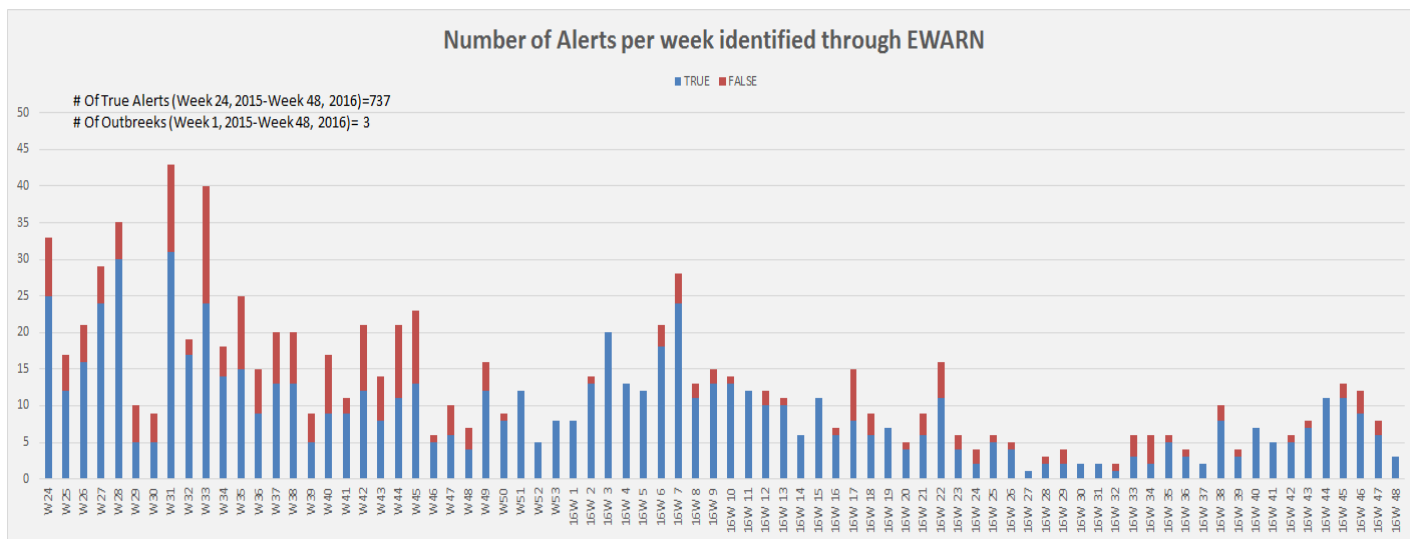
Table II: Distribution of the reported alerts in Ninewa Governorate in week 48, 2016

Sn	Alert	Location	Governorate	District	IDP/Refugee Camp	# of cases	Run by	Investigation and Response within/48-72Hrs DOH/WHO/NGO	Sample Taken Yes/No	Alerts Outcome True/False	Public Health Interventions Conducted
1	Suspected Measles	Al-Salam	Anbar	Fallujah	IDPs	1	UIMS	Yes	Yes	TRUE	Yes
2	Acute Flaccid Paralysis (AFP)	Ameriyat Al-Fallujah	Anbar	Fallujah	hospital	1	DoH	Yes	Yes	TRUE	Yes
3	Suspected Measles	Tazar De	Sulaymaniyah	Kalar	IDPs	1	EMERGENCY	Yes	Yes	TRUE	Yes

## Trends of alerts

Figure X shows the number of alerts (True & False) generated through EWARNs, investigated and responded to by Ministry of Health, WHO and health cluster partners.

Figure X: Alerts generated through EWARN surveillance Week 24, 2015—Week 48, 2016



### For comments or questions, please contact

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

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