



Iraq: EWARN & Disease Surveillance Bulletin

2016 Epidemiological Week: 21

Reporting Period: 23 –29 May , 2016

Highlights

- ◆ **Number of reporting sites:** One hundred and twenty-two (122) reporting sites including (97% of the total EWARN reporting sites) sixty-five (65) in Internally Displaced People’s (IDP) camps, six (6) in refugee camps and fifty-one (51) mobile clinics submitted their weekly reports timely and completely.
- ◆ **Total number of consultations:** 38 041 (Male = 17 565 and Female = 20 467) marking an increase of 1 657 consultations since last week due to a 5.1% increase of reporting sites.
- ◆ **Leading causes of morbidity in the camps:** Acute respiratory tract infections (ARI) (n = 15 814), skin diseases (n = 1 264) and acute diarrhea (AD) (n = 2 759) remained the leading causes of morbidity in all camps during this reporting week.
- ◆ **Number of alerts:** Nine (9) alerts were generated through EWARN following the defined thresholds, of which six (6) were from IDP camps and three (3) from refugees camp during this reporting week. All these alerts were investigated within 72 hours, of which six were verified as true and were further investigated and appropriately responded by the respective Governorates Departments of Health, WHO and the relevant health cluster partners. (Details: see Alerts and Outbreaks Section).

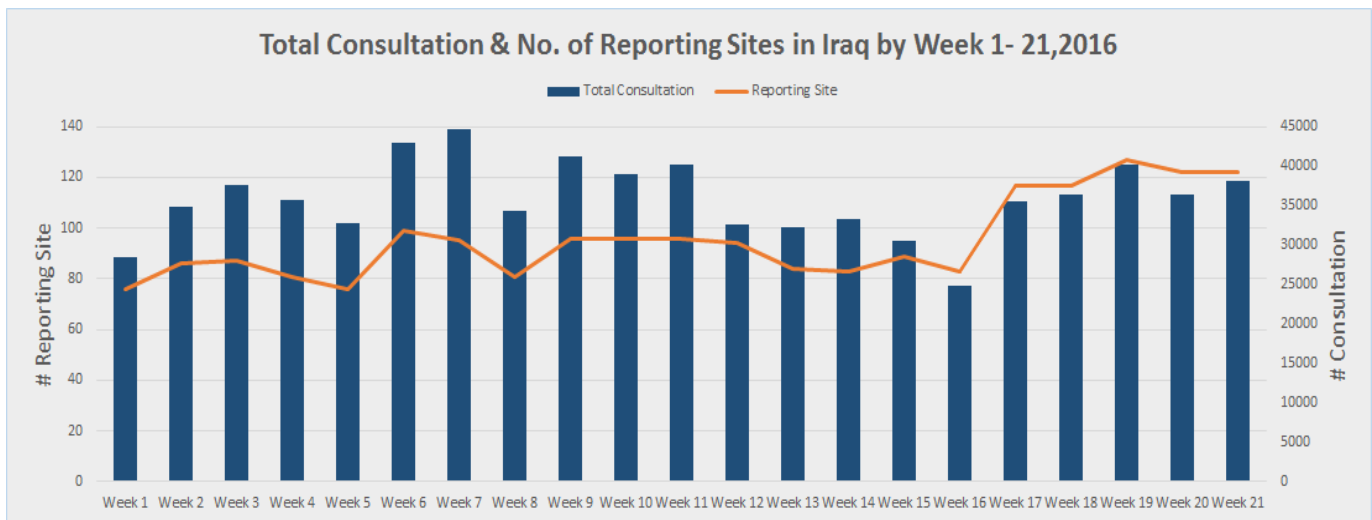
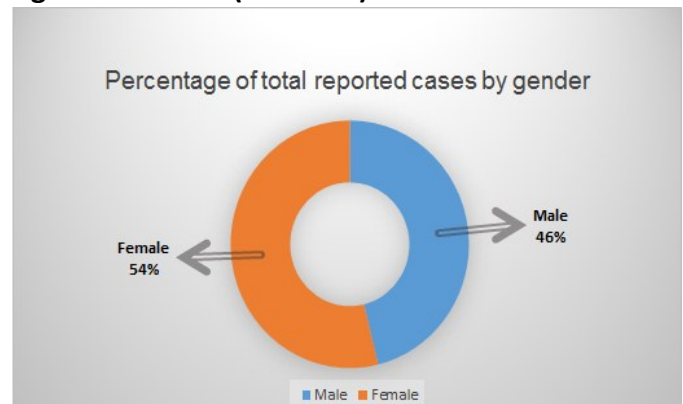
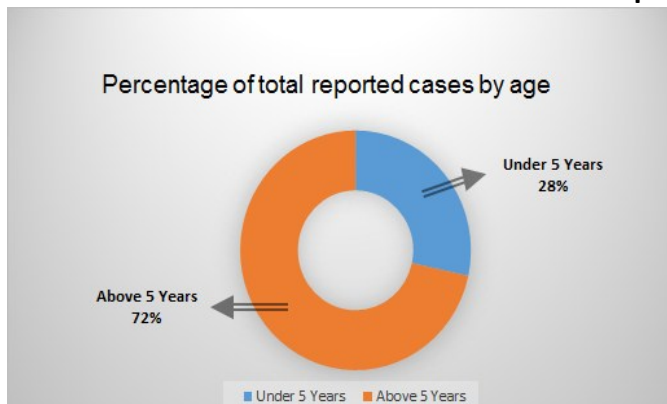


Figure I: Total consultations and proportion of reporting health facilities by Week 1 – 21, 2016

Consultations in the camps by Age and Gender (Week 21)



Morbidity patterns

IDP camps:

During Week 21, despite a significant increase in reporting sites, the proportions of acute respiratory tract infections (ARI) show a slight decrease compared to the previous 2 weeks. The proportions of acute diarrhea in IDP camps have started to slightly increase compared to the last 2 weeks (Week 21 = 7.2% and Week 18 = 6.5%). The proportion of skin diseases including scabies showed a decrease since last week (see graph below).

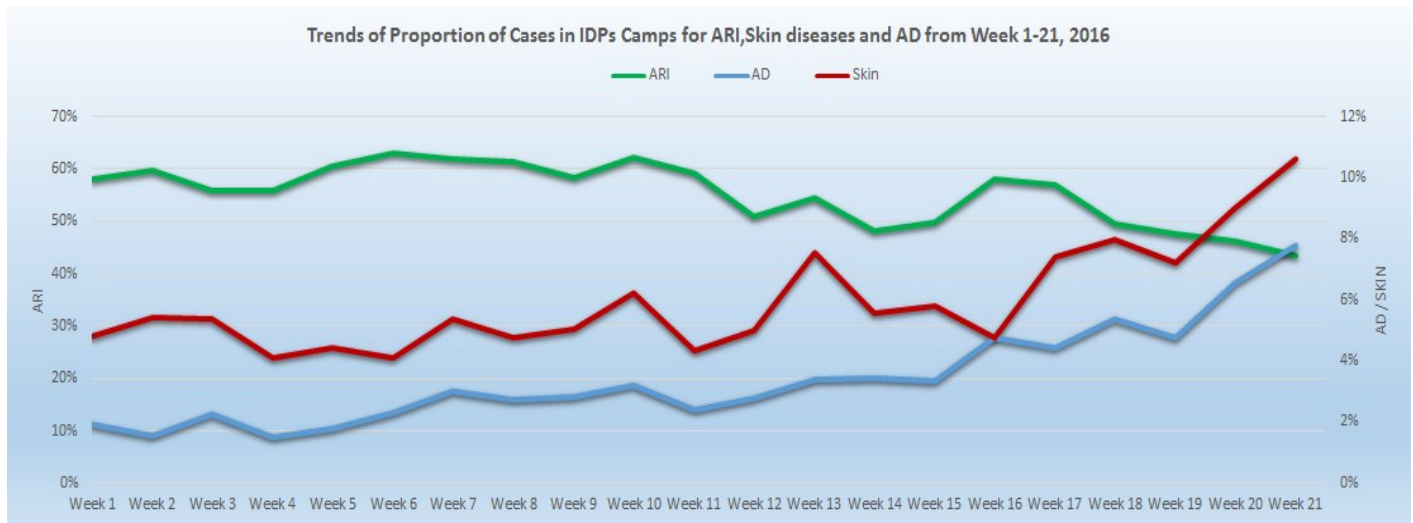


Figure II: Trend of proportion of cases of ARI, scabies and AD in IDP camps Week 1–21, 2016

Refugee camps:

During Week 21, the proportion of acute respiratory tract infections (ARI) indicates a slight decrease from 43% to 46%. An increase in the proportions of acute diarrhea trend has been reported in refugee camps since last week, (Week 21 = 7.8 % and Week 20 = 6.6 %). The proportion of skin infestations including scabies have increased and there is a need for extensive health promotion activities to be conducted in all camps (see graph below).

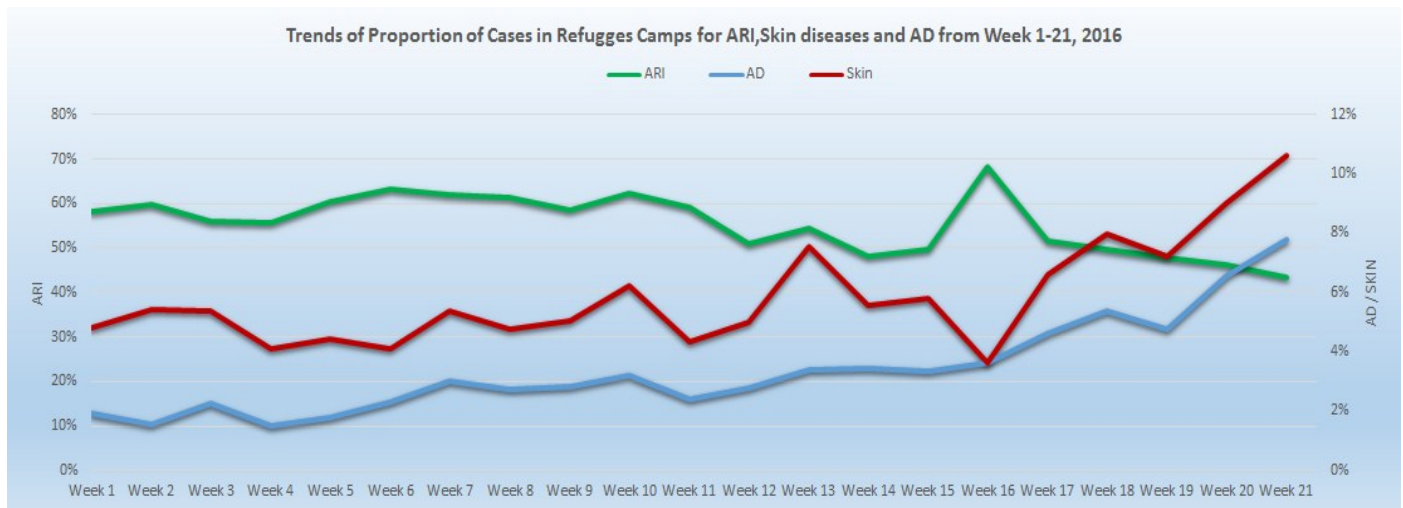


Figure III: Trend of proportion of cases of ARI, scabies and AD in IDP camps Week 1– 21, 2016

Trends of diseases by proportion and location for IDP Camps

The graph below indicates the proportion of cases of acute respiratory tract infections, acute diarrhea and skin infestations including scabies which comprises the highest leading causes of morbidity in IDP camps for Week 21, 2016.

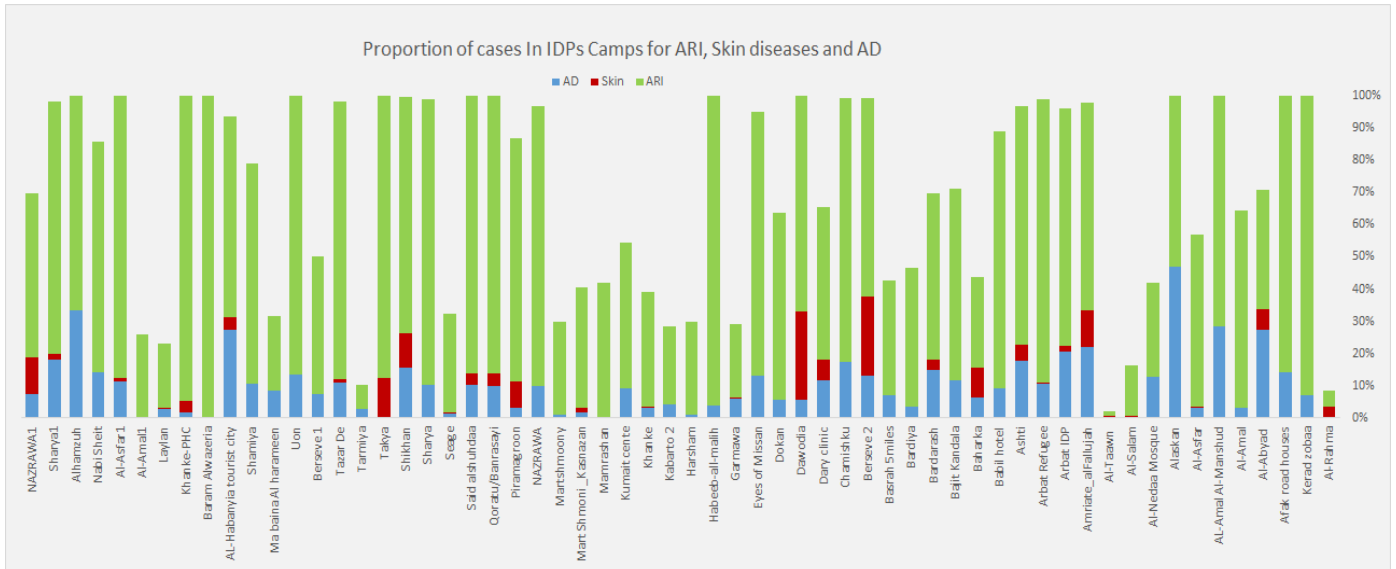


Figure IV: Proportion of cases of ARI, scabies and AD in IDP camps for Week 21, 2016

Trends of diseases by proportion and location for refugee camps

The graph below indicates the proportion of acute respiratory tract infections cases, acute diarrhea and skin infestations including scabies which comprises the highest leading causes of morbidity in refugee camps for Week 21, 2016.

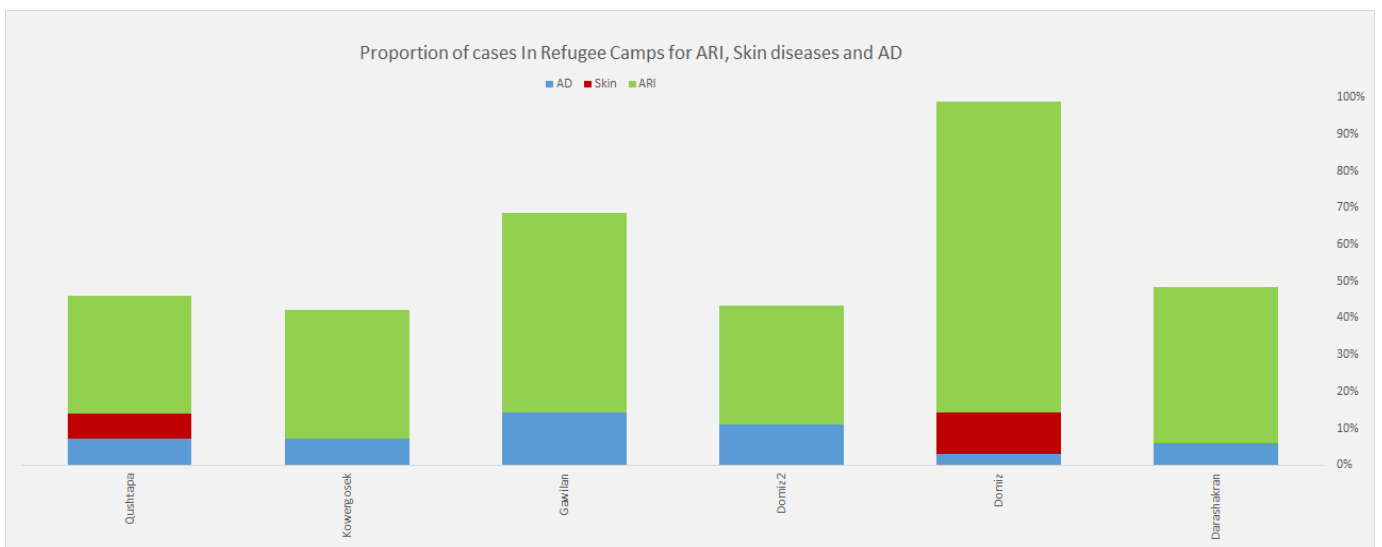


Figure V: Trend of proportions of cases of ARI, scabies and AD in refugee camps for Week 21, 2016

Trend of diseases by proportion and location for off camp IDPs covered by mobile clinics

The graph below indicates the proportion of acute respiratory tract infection cases, acute diarrhea and skin infestations including scabies which comprises the highest leading causes of morbidity in off camp IDPs covered by mobile clinics for Week 21, 2016.

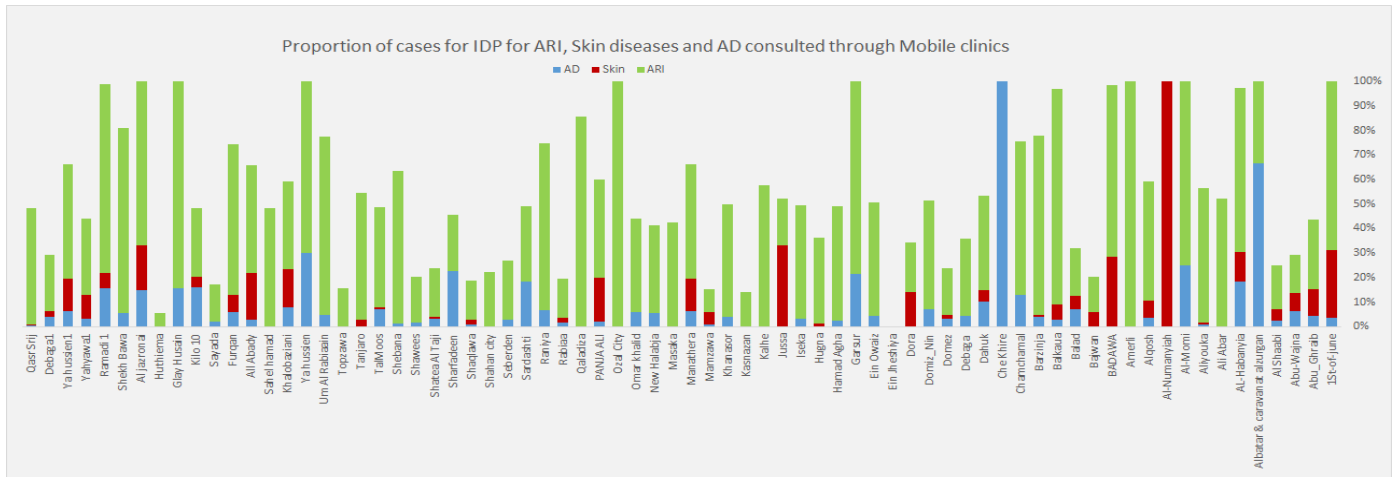


Figure VI: Trend of proportions of IDP cases for ARI, scabies and AD covered by mobile clinics for Week 21, 2016

Trends of Upper and Lower ARI as leading communicable disease

Acute respiratory tract infection (ARI) has been further divided into upper and lower respiratory tract infections. Compared to Week 20, the proportions of upper ARI and lower ARI in Week 21 have remained unchanged at 91% and 9%, respectively. Furthermore, the other graph below indicates the proportion of lower and upper ARI cases by each reporting site for Week 21.

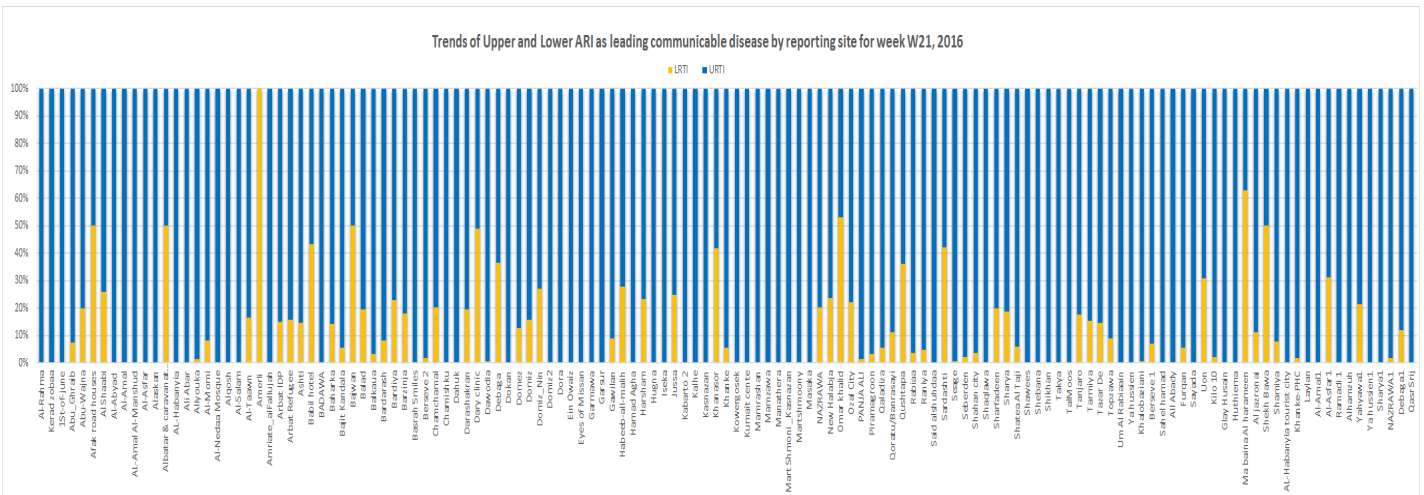
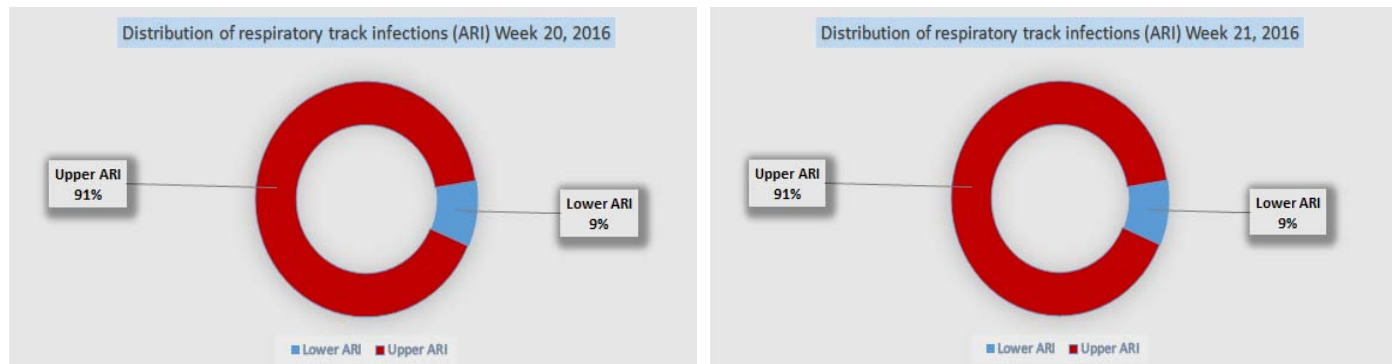


Figure VII: Trend of upper and lower ARI per reporting site for Week 21, 2016

Trends of waterborne diseases in IDP camps

The graph below shows the trends of waterborne diseases (Acute diarrrhea, bloody diarrrhea and acute jaundice syndrome) reported from IDP camps and which indicated a slight increase in waterborne diseases. (See below graph)

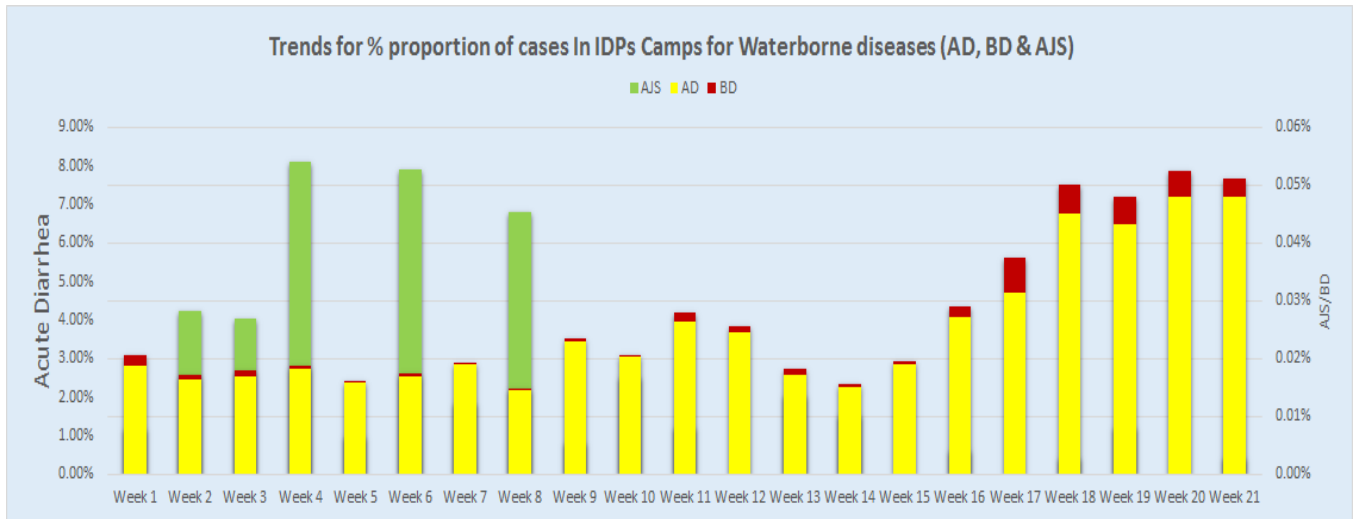


Figure VIII: Trend of waterborne diseases from IDP camps, Week 1—21, 2016

Trends of waterborne diseases in refugee camps

The graph below shows the trends of waterborne diseases (Acute diarrrhea, bloody diarrrhea and acute jaundice syndrome) from refugee camps indicates an increase of the trend compared to last week. Furthermore, no clustering has been reported for acute jaundice syndrome cases during this period.

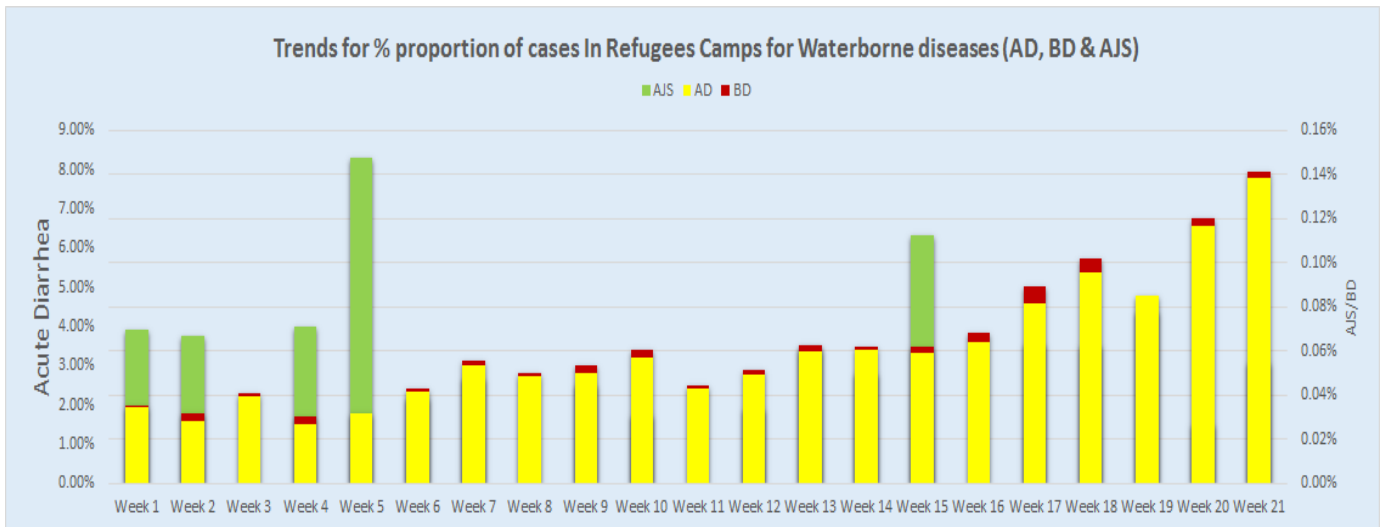


Figure IX: Trend of waterborne diseases from refugee camps, Week 1—21, 2016

Nine alerts were generated through EWARN following the defined thresholds, of which six were from IDP camps during this reporting week. All these alerts were investigated within 72 hours, of which six were verified as true and were further investigated and appropriately responded by the respective Governorates Departments of Health, WHO and the relevant health cluster partners. (Details: see Alerts and Outbreaks Section).

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
								Yes	Yes/No	Yes/No	Yes/No
1	Suspected Leishmaniasis	Al-Salam	Anbar	Ameriyat Al-Fallujah	IDPs	2	UIMS	Yes	No	TRUE	No
2	Mumps	Rwanga Community	Dahuk	Dahuk	IDPs	4	Malteser	Yes	No	TRUE	Yes
3	Suspected. Meningitis	Darashakran	Erbil	Erbil	Refugees	1	IMC	Yes	Yes	FALSE	Yes
4	Suspected Measles	Piramagrun	Sulaymaniyah	Sulaymaniyah	IDPs	1	MC-WVI	Yes	Yes	FALSE	Yes
5		Bardarash	Ninewa	Bardarash	IDPs	1	PU-AMI	Yes	No	FALSE	No
6		Ashti	Sulaymaniyah	Arbat	IDPs	2	EMERGENCY	Yes	Yes	TRUE	Yes
7	Suspected Pertusis	Abtal Al oroba school	Salah-Al-Din	Salah-Al-Din	Refugees	2	DoH	Yes	No	TRUE	Yes
8		Al-Rahma	Salah-Al-Din	Dijlah	IDPs	1	UIMS	Yes	No	TRUE	Yes
9		Al Hadidia school	Salah-Al-Din	Salah-Al-Din	Refugees	3	DoH	Yes	No	TRUE	Yes

Trends of alerts

The graph below shows the numbers of alerts generated through EWARNs per week, which have been investigated and responded accordingly by the Ministry of Health, WHO and health cluster partners.

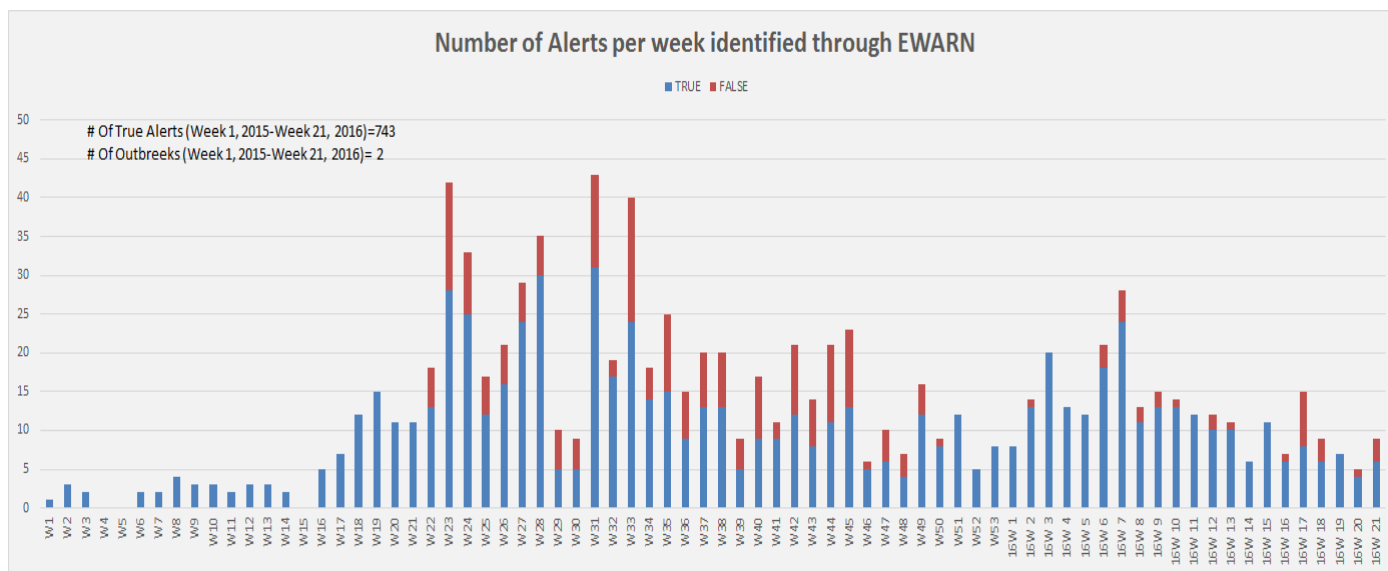


Figure X: Alerts generated through EWARN surveillance Week 1, 2015—Week 21, 2016

For comments or questions, please contact

- **Dr. Adnan Nawar Khistawi** | 07901948067 | adnannawar@gmail.com, Head of Surveillance Section, Federal MOH
- **Dr. Janin Sulaiman** | 07508678768 | Janin_irq@yahoo.com, EWARN Focal Point. MOH-KRG
- **Dr. Muntasir Elhassan** | 07809288616 | elhassanm@who.int, EWARN Coordinator, WHO Iraq
- **WHO EWARN Unit** emacoirqewarn@who.int