



# Iraq: EWARN & Disease Surveillance Bulletin

2016 Epidemiological Week: 29

Reporting Period: 18 – 24 July , 2016

## Highlights

- ◆ **Number of reporting sites:** One hundred and twenty-three (123) reporting sites (95% of the total EWARN reporting sites) including seventy-two (72) in internally displaced people’s (IDPs) camps, five (5) in refugee camps and forty-six (46) mobile clinics submitted their weekly reports timely and completely.
- ◆ **Total number of consultations:** 38 125 (male=17 870 and female=20 255) marking an increase of 5 650 since last week.
- ◆ **Leading causes of morbidity in the camps:** Acute respiratory tract infections (ARI) (n=13 790), acute diarrhea (AD) (n=2 844) and skin diseases (n=1 321) remained the leading causes of morbidity in all camps and displaced population areas served by mobile clinics during this reporting week.
- ◆ **Number of alerts: four (4)** alerts were generated through EWARN. All these alerts were from IDPs camps during this reporting week. Alerts were investigated within 72 hours, of which two were verified as true and further investigated and responded by the relevant health cluster partners. (Details: see Alerts and Outbreaks Section).

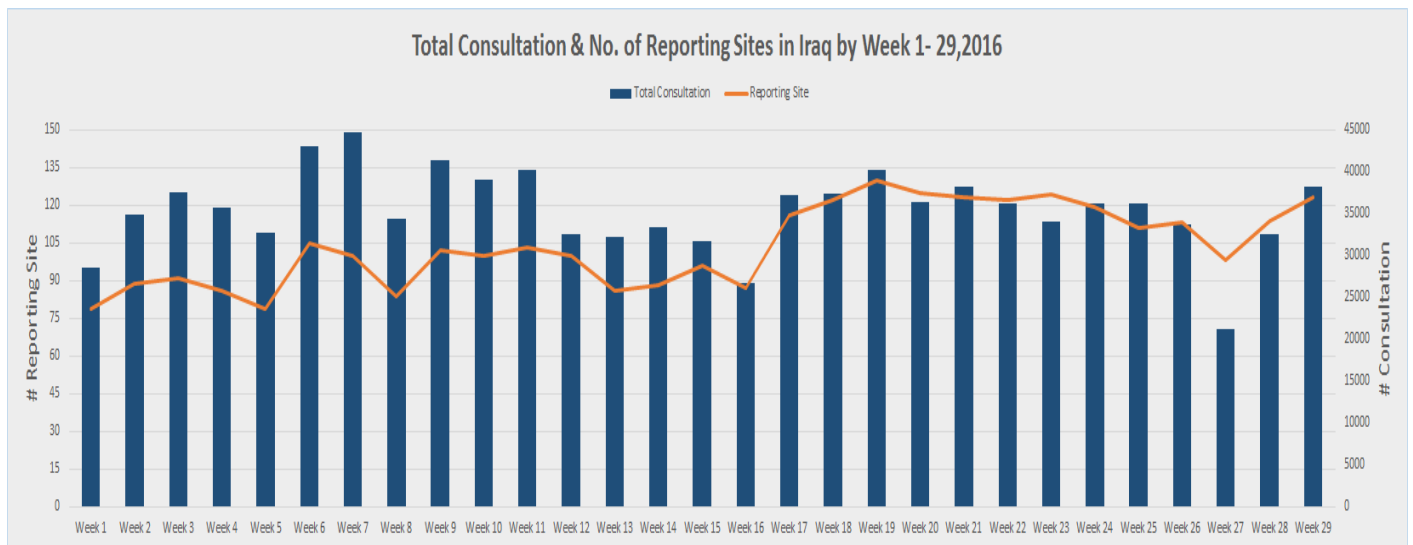
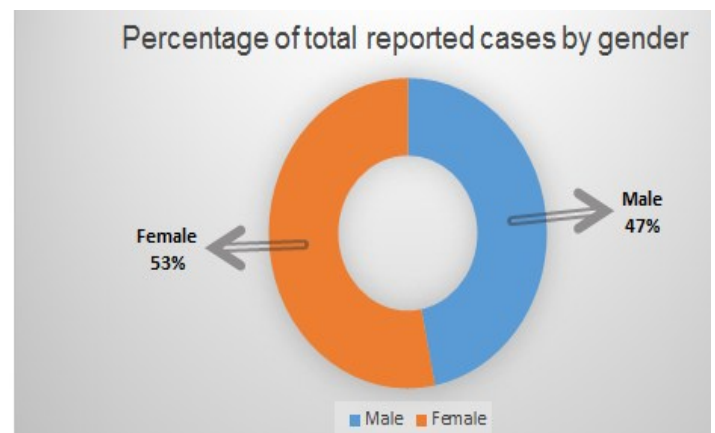
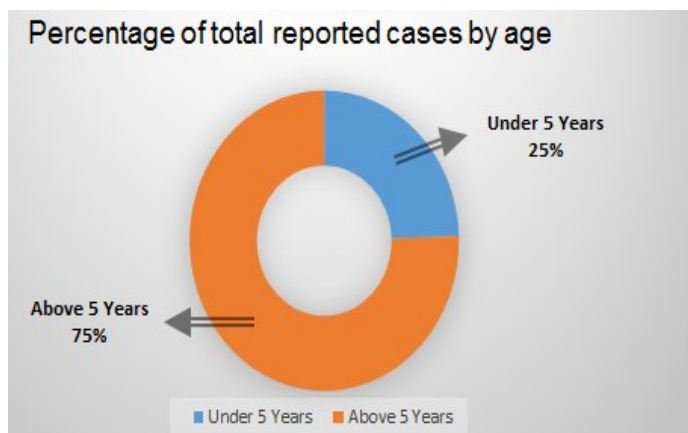


Figure I: Distribution of total consultations and number of reporting health facilities by week, Week 1 – 29, 2016

### Distribution of total consultations in the camps by age and gender (Week 29, 2016)



# Morbidity Patterns

## IDPs camps:

During Week 29, the proportions of acute respiratory tract infections (ARI), acute diarrhea and skin infestations including scabies in IDPs camps decreased (please see graph below).

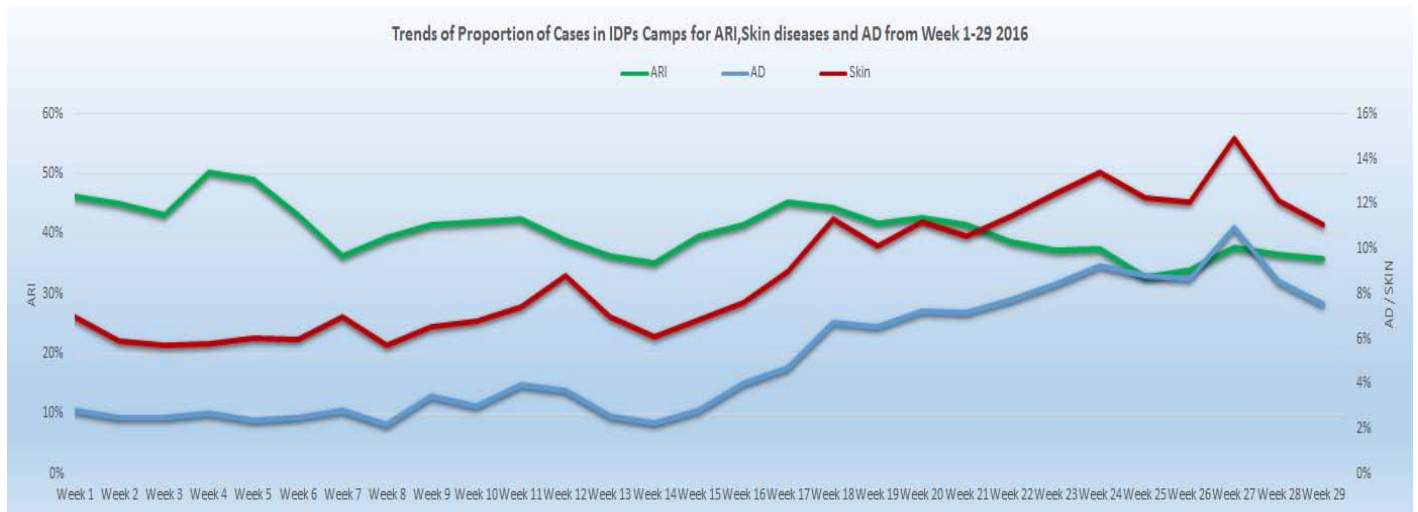


Figure II: Distribution of the acute respiratory infection, scabies and acute diarrhea in IDPs camps Week 1–29, 2016

## Refugee camps:

During Week 29, the proportion of acute respiratory tract infections (ARI) indicated a slight decrease from the previous 3 weeks. The proportions of acute diarrhea and skin infestations including scabies trends also decreased (please see graph below).

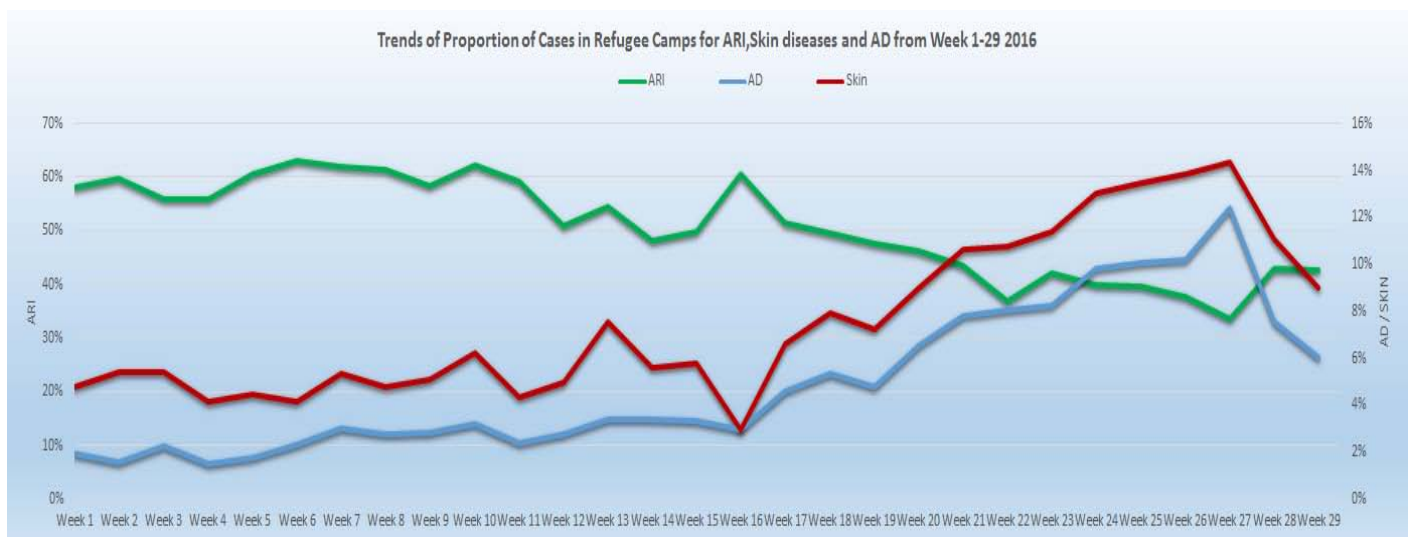


Figure III: Distribution of acute respiratory infection, scabies and acute diarrhea in refugee camps Week 1 –29, 2016

**Distribution of the common diseases by proportion and location for IDPs 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 IDPs camps for Week 29, 2016.

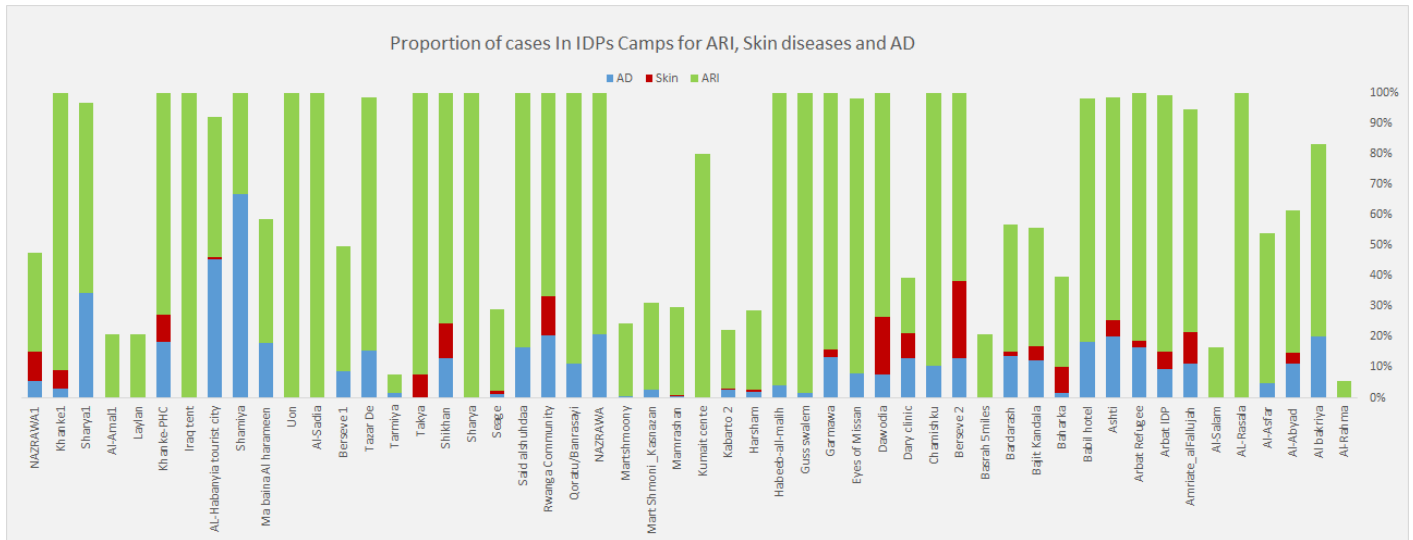


Figure IV: Proportion of cases of ARI, scabies and AD in IDPs camps for Week 29, 2016

**Trends of diseases by proportion and location for refugee 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 refugee camps for Week 29, 2016.

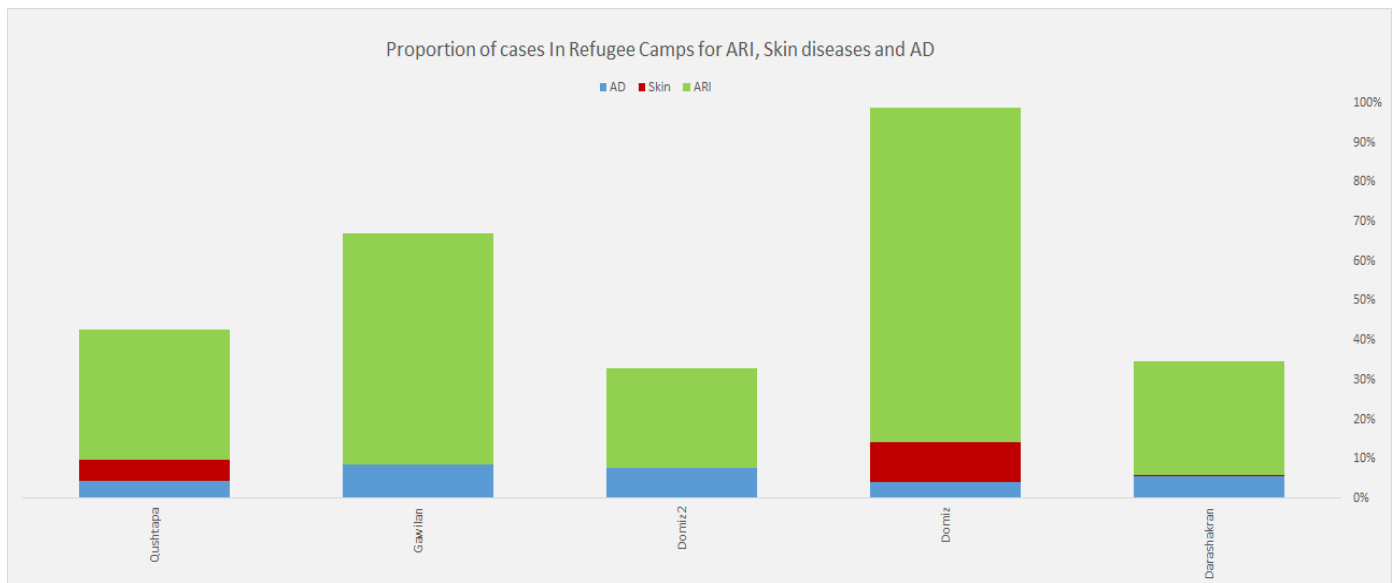


Figure V: Trend of proportions of cases of ARI, scabies and AD in refugee camps for Week 29, 2016

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

The graph below indicates the proportions of cases of acute respiratory tract infection, acute diarrhea and skin infestations including scabies which comprises the highest leading causes of morbidity of the IDPs covered by mobile clinics for Week 29, 2016.

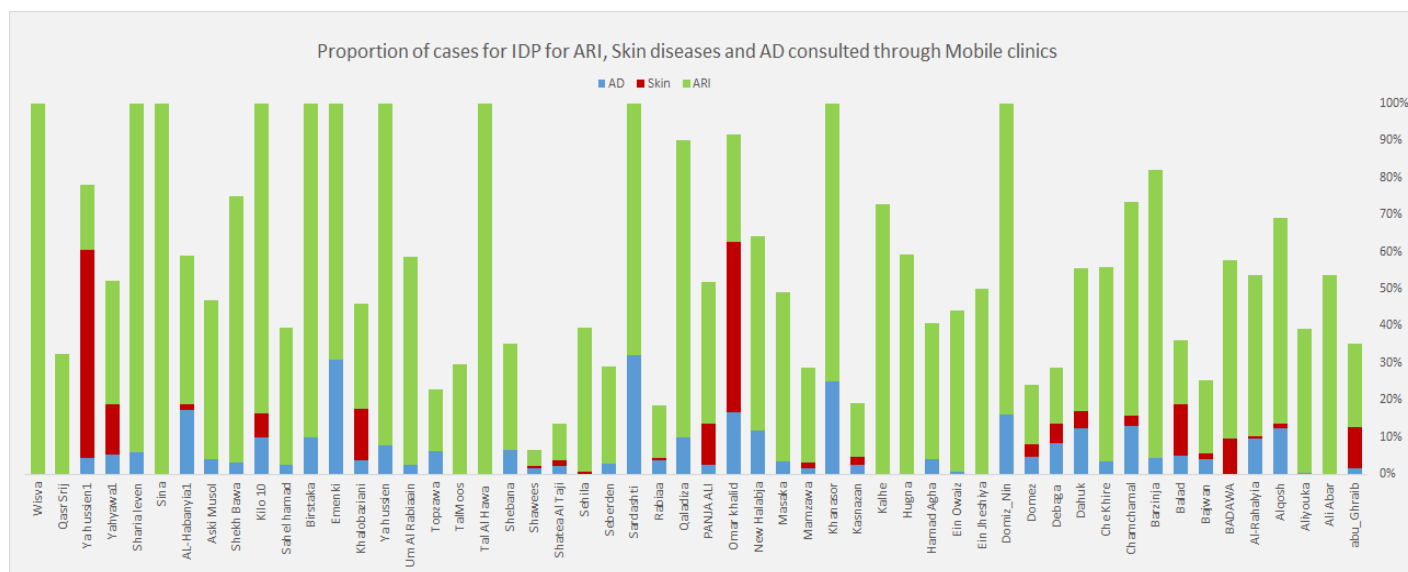


Figure VI: Trend of proportions of IDPs cases for ARI, Scabies and AD covered by mobile clinics for week 29, 2016

### Trends of suspected scabies

The graph below shows the trends of skin diseases (suspected scabies) reported in the period from Week 1 to Week 29 in 2015 and 2016 through the EWARN system. This week showed an increase in the trends of the diseases compared to the last two weeks. During 2016 and from Week 1 to Week 29, the reported cumulative incidence (CI) was 26 cases per 1 000 people. Basrah governorate reported a high CI of 112 cases per 1 000 people, followed by Sulaymaniyah, with 107 cases per 1 000 people, Kirkuk, with 103 cases per each 1 000 people, Najaf, with 75 cases per 1 000 people, while the remaining governorates reported less than 50 cases per 1 000 people in the same period.

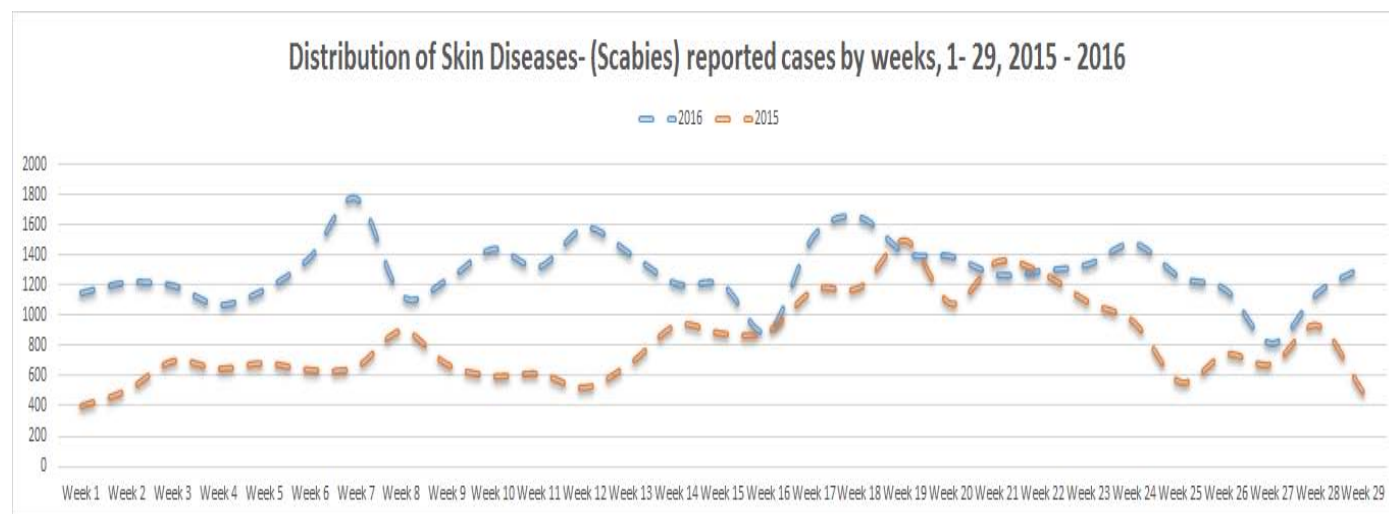


Figure VII: Distribution of skin diseases (scabies) reported cases by governorate, Week 1- 29, 2016

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

The graph below shows the trends of waterborne diseases (acute diarrhea, bloody diarrhea and acute jaundice syndrome) reported from IDPs and refugee camps and which indicated a slight increase in these diseases among IDPs while refugee camps trend remained unchanged. (see two graphs below)

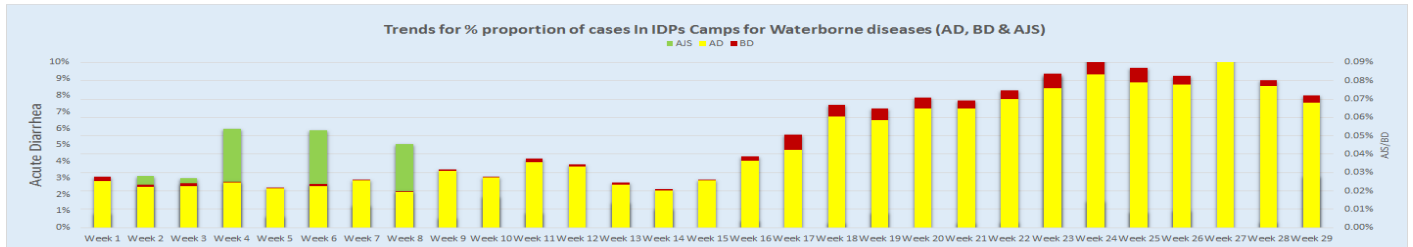


Figure VIII: Trend of waterborne diseases from IDPs camps, Week 1-29, 2016

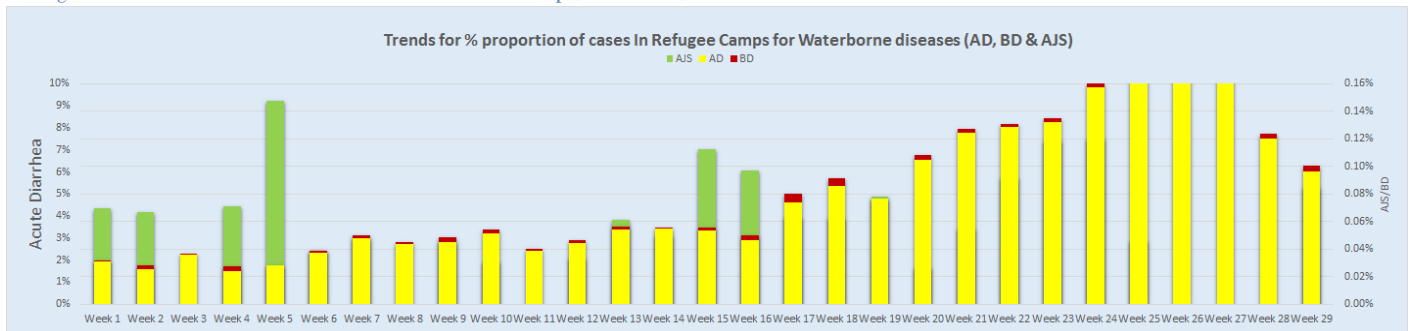


Figure IX: Trend of waterborne diseases from refugee camps, Week 1-29, 2016

### Trends of acute diarrhea

The graph below showed the trends of acute diarrhea reported in the period from Week 1 to Week 29 in 2015 and 2016 through the EWARN system. This week showed a slight decrease in the trends of the diseases compared to the last two weeks. During 2016, and from Week 1 to Week 29, Anbar reported 50% of total reported AD cases, followed by Dohuk, with 13%, Ninewa, with 10%, Sulaymaniyah, with 8%, and Erbil, with 8%.

AD cumulative incidence (CI) during week 29, 2016 in Anbar governorate is 8 patients per 1 000 at risk people, in Dohuk, 1 patient per 1 000 people, in Ninewa, 2 patients per 1 000 people and in Sulaymaniyah, 6 patients per 1 000 people.

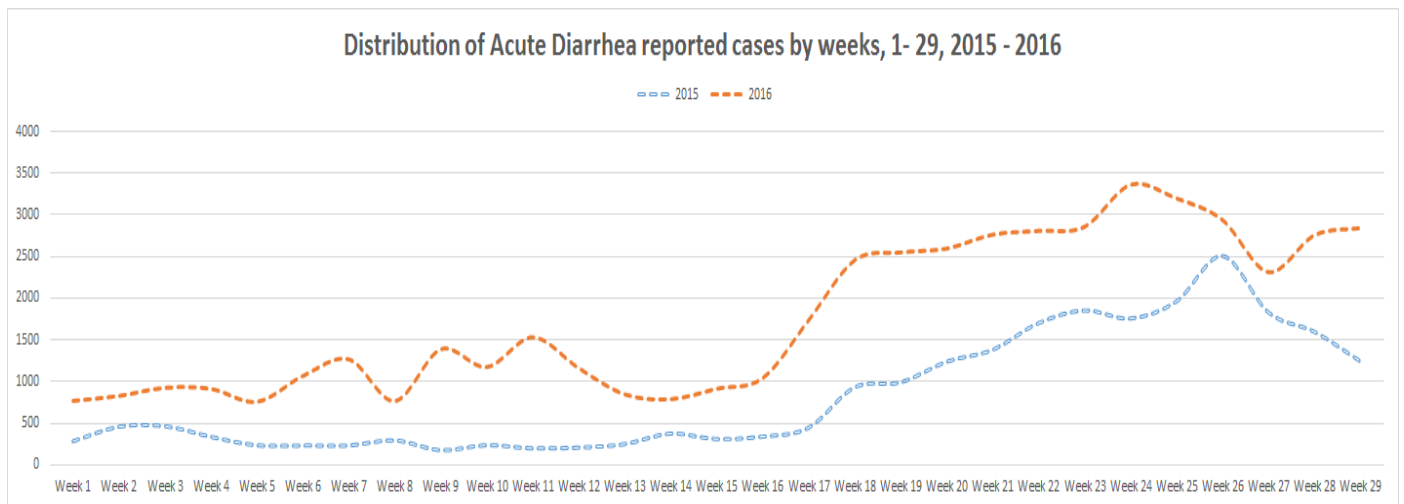


Figure X: Distribution of bloody diarrhea reported cases by week, Week 1-Week 29, 2015-2016

Four alerts were generated through EWARN following the defined thresholds. All of them were from IDPs camps during this reporting week. These alerts were investigated within 72 hours, of which two of them (50%) were verified as true and further investigated and responded by the respective Governorates Departments of Health, WHO and the relevant health cluster partners. (please see Alerts and Outbreaks table).

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	True/False	Yes
1	Suspected Pertusis	Al jamia	Salah-Al-Din	samarra	IDPs	1	DoH	Yes	No	FALSE	No
2	Suspected Cholera	Tazar De	Sulaymaniyah	Sulaymaniyah	IDPs	1	EMERGENCY	Yes	No	FALSE	No
3	Suspected Measles	Ashti IDP	Sulaymaniyah	Arbat	IDPs	1	EMERGENCY	Yes	Yes	TRUE	Yes
4	Suspected Leishmaniasis	Al-Salam	Anbar	Ameriyat Al-Fallujah	IDPs	1	UIMS	Yes	No	TRUE	No

## Trends of alerts

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

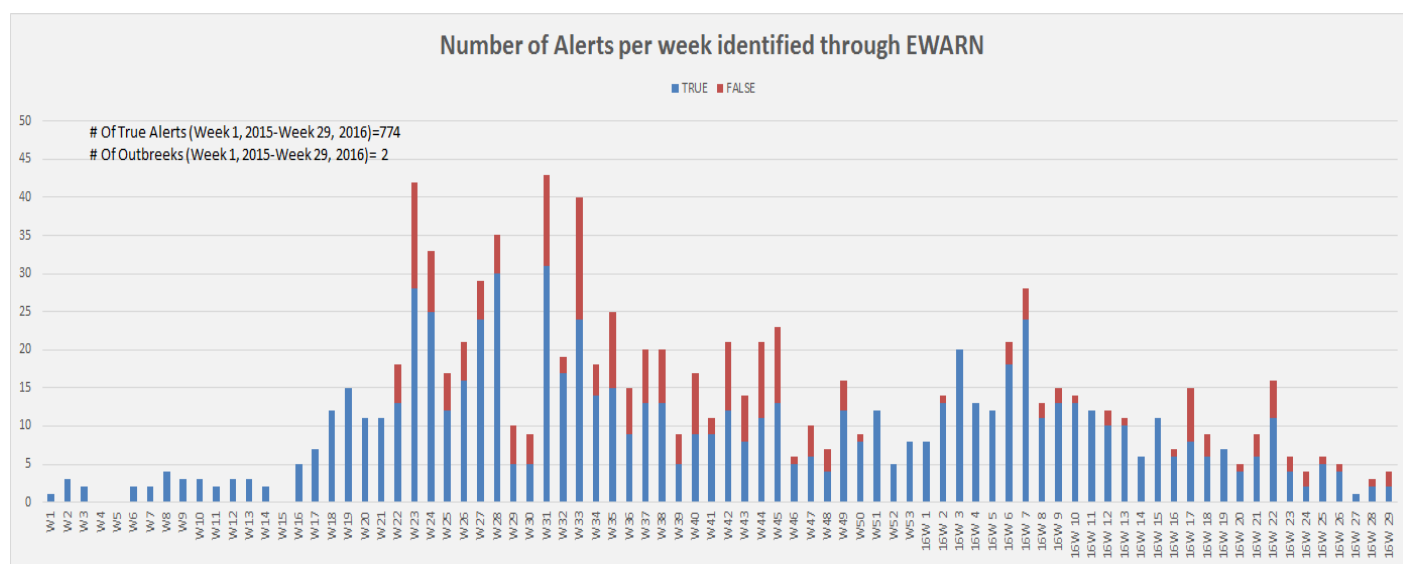


Figure X: Alerts generated through EWARN surveillance Week 1, 2015—Week 29, 2016

### For comments or questions, please contact

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