

Iraq: EWARN & Disease Surveillance Bulletin

2016 Epidemiological Week: 30

Reporting Period: 25 – 31 July, 2016

Highlights

- ◆ **Number of reporting sites:** Ninety-nine (99) reporting sites (76% of the total EWARN reporting sites) including fifty-six (56) in internally displaced peoples' (IDPs) camps, three (3) in refugee camps and forty (40) mobile clinics submitted their weekly reports timely and completely.
- ◆ **Total number of consultations:** 30 121 (Male=15 758 and Female=18 363) marking a decrease of 4 023 since last week.
- ◆ **Leading causes of morbidity in the camps:** Acute respiratory tract infections (ARI) (n=12 433), acute diarrhea (AD) (n=2 615) and skin diseases (n=1 075) remained the leading causes of morbidity in all camps and displaced population areas served by mobile clinics during this reporting week.
- ◆ **Number of alerts:** Two (2) alerts were generated through EWARN. One alert was from IDPs camps and the other from refugee camps during this reporting week. The alerts were investigated within 72 hours, and verified as true and further investigated and responded by the relevant health cluster partners. (Details: see Alerts and Outbreaks Section).

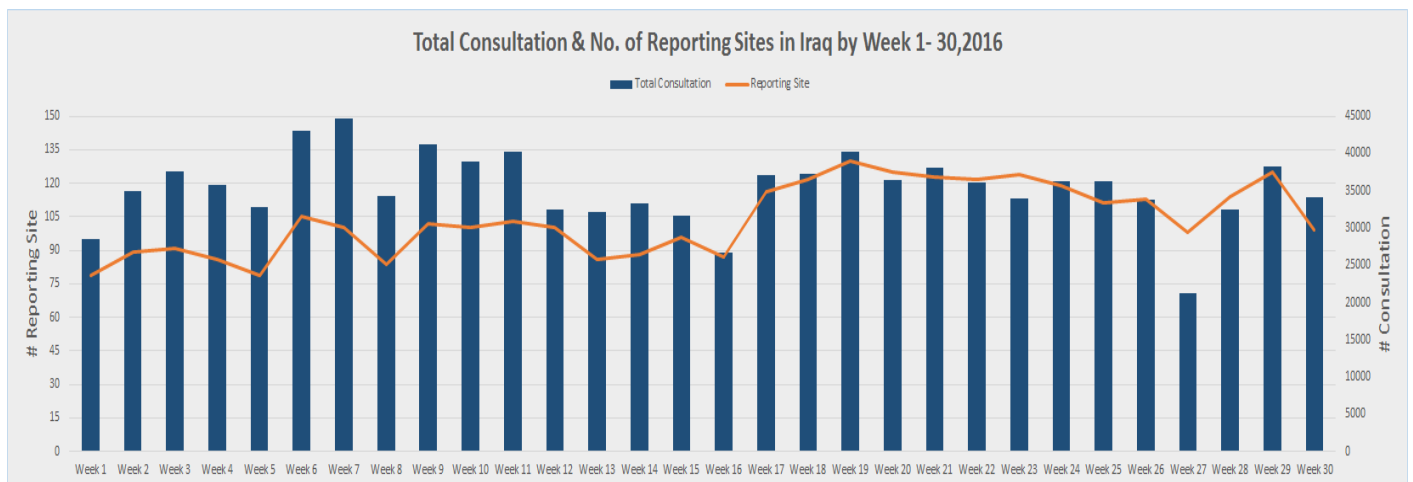
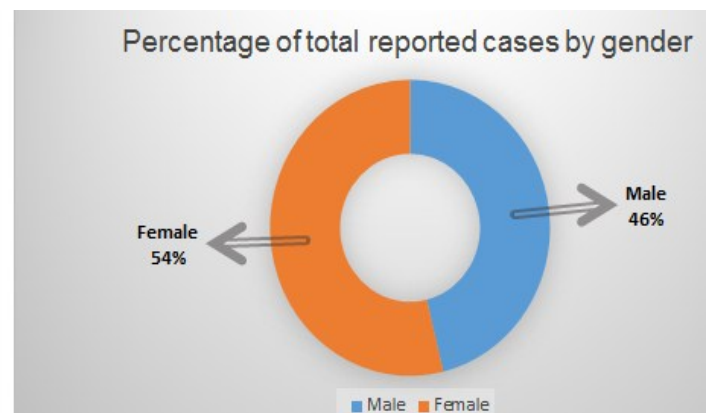
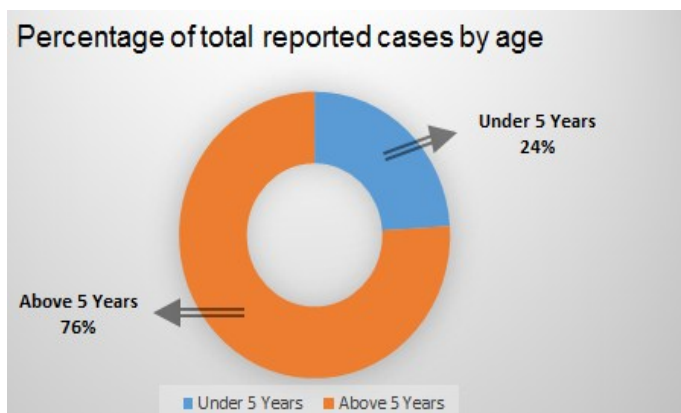


Figure I: Distribution of total consultations and number of reporting health facilities by week, Week 1 – 30, 2016

Distribution of total consultations in the camps by age and gender (Week 30, 2016)



Morbidity Patterns

IDP camps:

During Week 30, the proportions of acute respiratory tract infections (ARI), acute diarrhea and skin infestations including scabies in IDPs camps decreased (please see graph below).

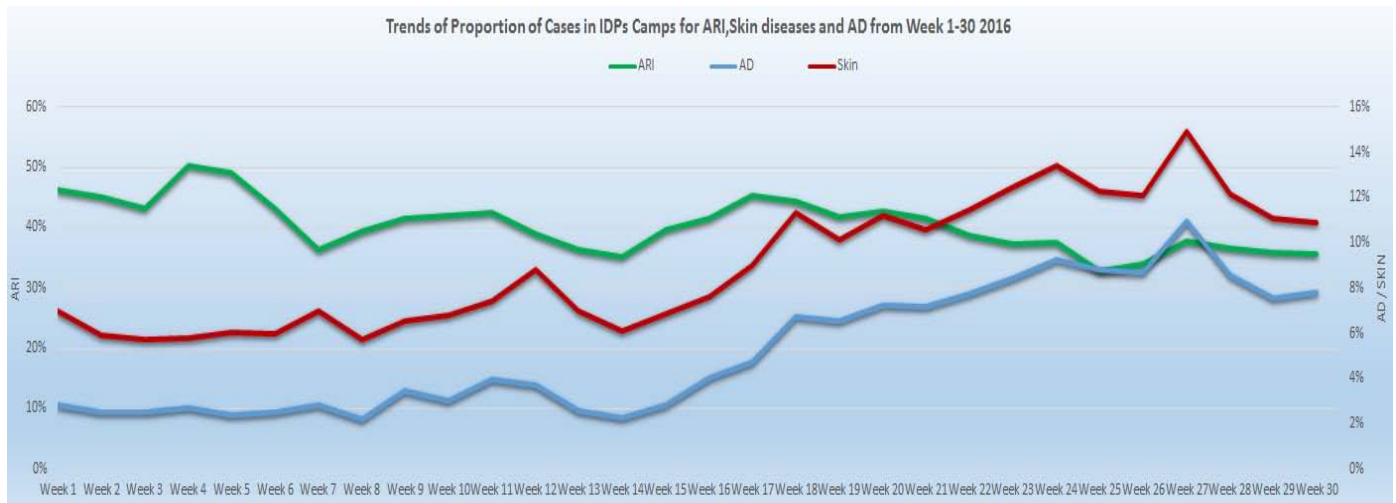


Figure II: Distribution of acute respiratory infection, scabies and acute diarrhea in IDPs camps Week 1 –30, 2016

Refugee camps:

During Week 30, the proportion of acute respiratory tract infections (ARI) and skin infestations including scabies indicated a slight increase from the previous week, while the proportions of acute diarrhea trends continued to decrease (see graph below).

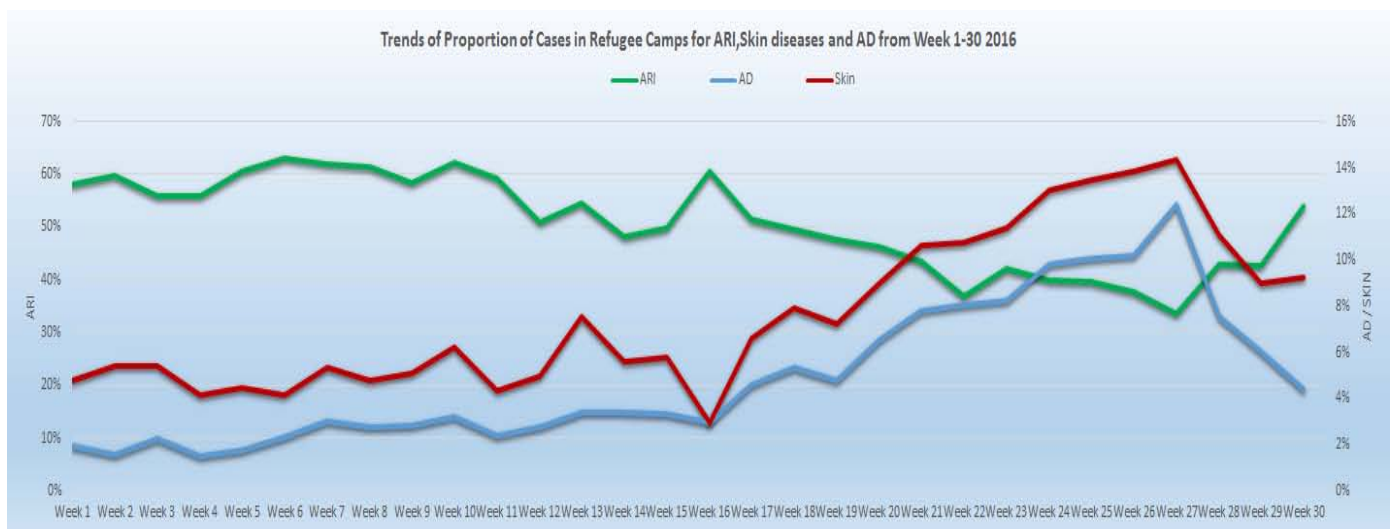


Figure III: Distribution of acute respiratory infection, scabies and acute diarrhea in refugee camps Week 1 –30, 2016

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 30, 2016.

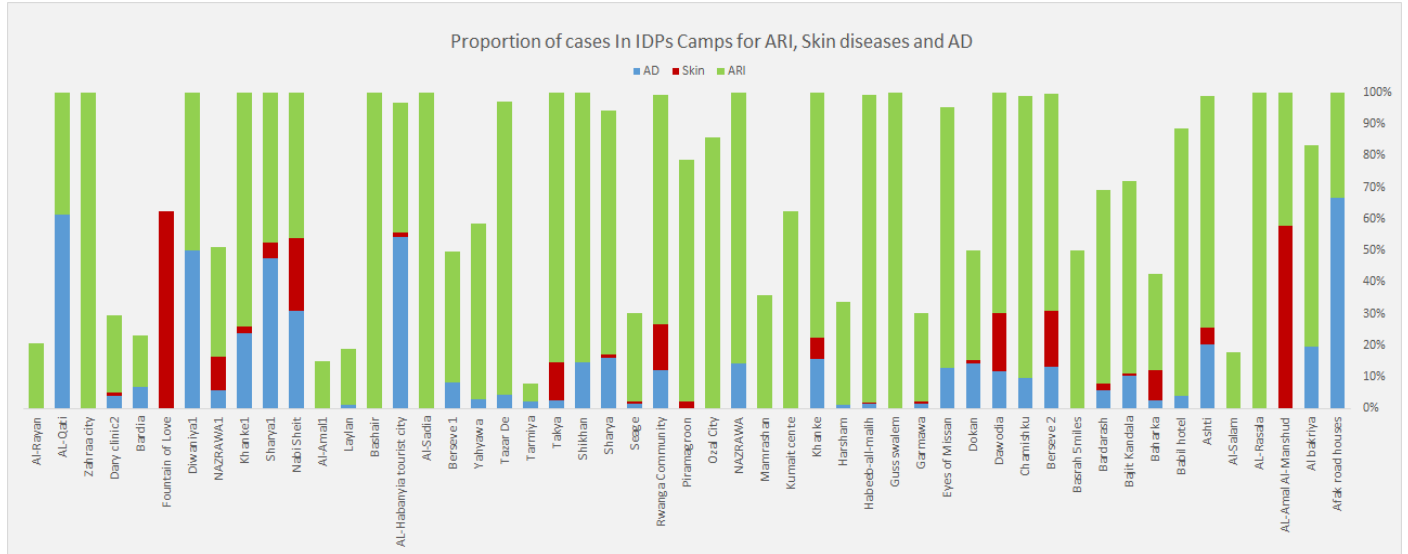


Figure IV: Proportion of cases of ARI, scabies and AD in IDPs camps for Week 30, 2016

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 30, 2016.

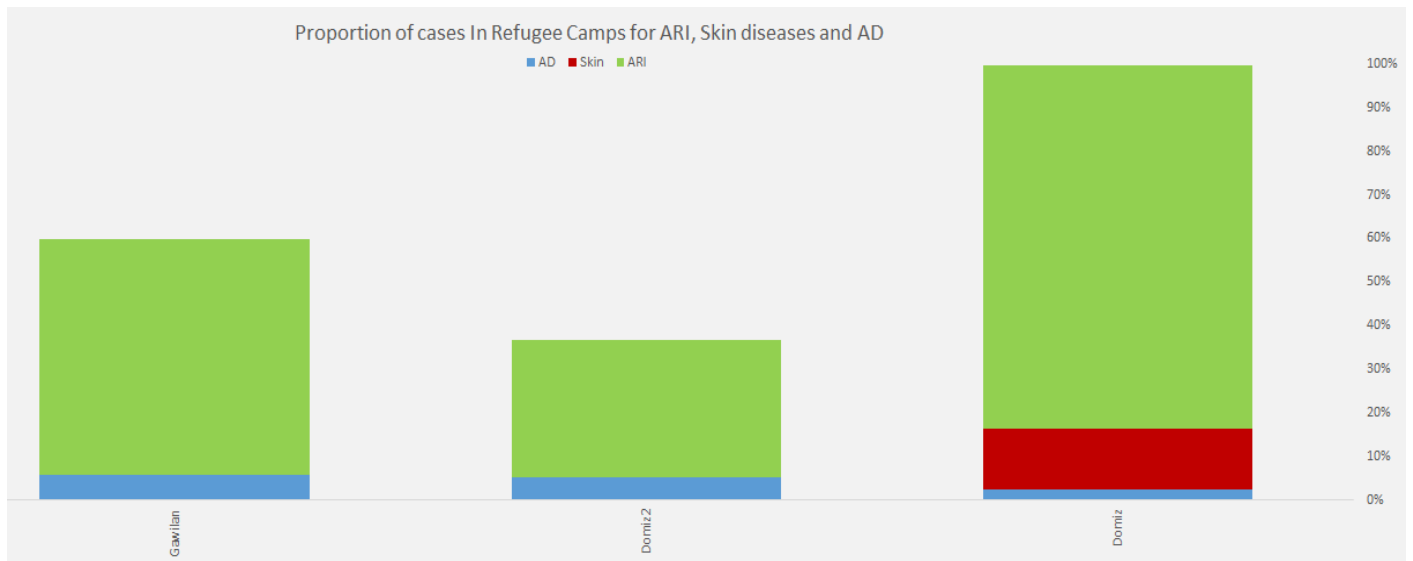


Figure V: Trend of proportions of cases of ARI, scabies and AD in refugee camps for Week 30, 2016

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

The graph below indicates the proportion of cases of acute respiratory tract infection cases, acute diarrhea and skin infestations including scabies which comprises the highest leading causes of morbidity of the IDPs covered by mobile clinics for Week 30, 2016.

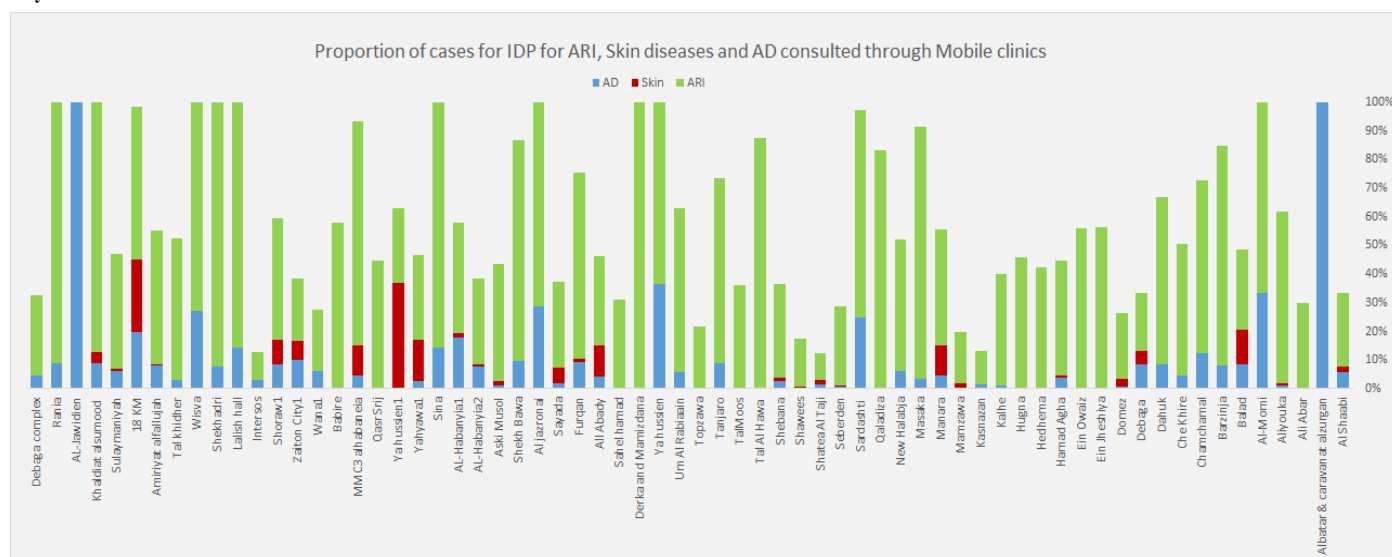


Figure VI: Trend of proportions of IDP cases for ARI, scabies and AD covered by mobile clinics for Week 30, 2016

Trends of measles disease

From Week 1 to Week 30 in 2016, there were 67 reported suspected measles cases from all the EWARN reporting sites. Disease trends' peaks were observed during Week 7 and Week 17. Almost 52% (35 cases) reported from Sulaymaniyah were sporadic throughout year 2016 weeks (please see graph below). Sulaymaniyah continued to report measles cases during recent weeks. Cases of measles in Sulaymaniyah governorates were reported in Ashti camp (16 cases, 46%), Arbat IDPs camp (5 cases, 14%), IDPs in Chamchamal (4 cases, 12%), Arbat refugee camp (5 cases, 14%), New Halabja IDPs (3 cases, 9%) and Piramigroon IDPs (2 cases, 6%).

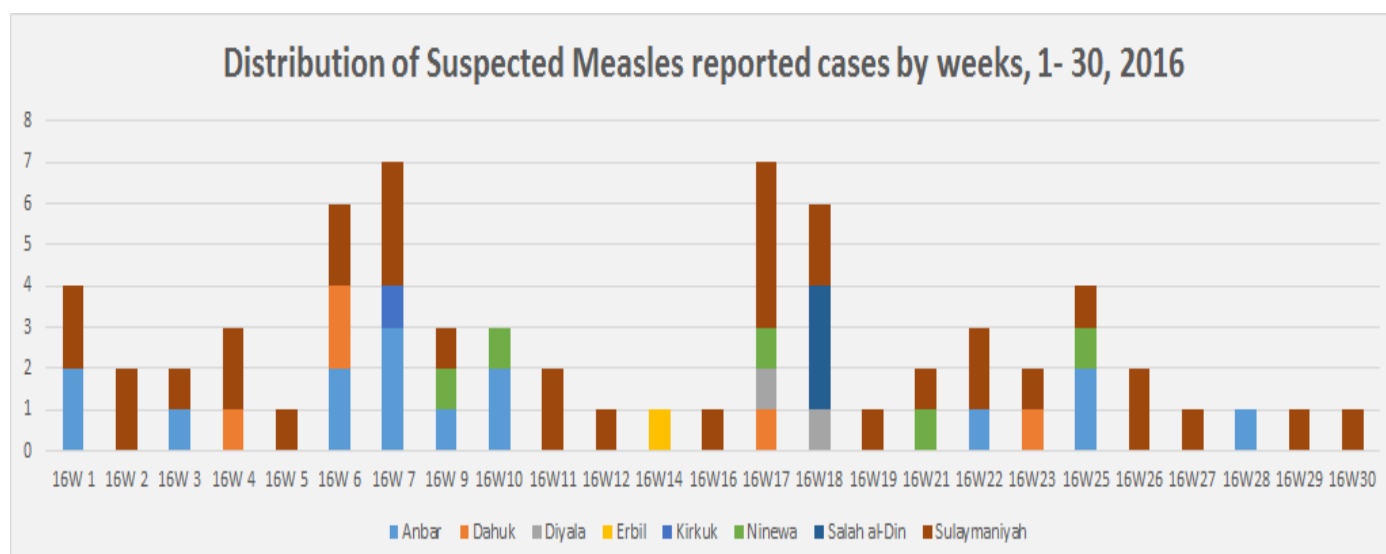


Figure VII: Distribution of suspected measles reported cases by governorate, Week 1– 30, 2016

Trends of water borne diseases in IDPs and refugee camps

The graph below shows the trends of waterborne diseases (acute diarrhoea, bloody diarrhoea and acute jaundice syndrome) reported from IDPs and refugee camps. Trends indicated a fluctuation among IDPs while they decreased in the refugee camps. (see graph below)

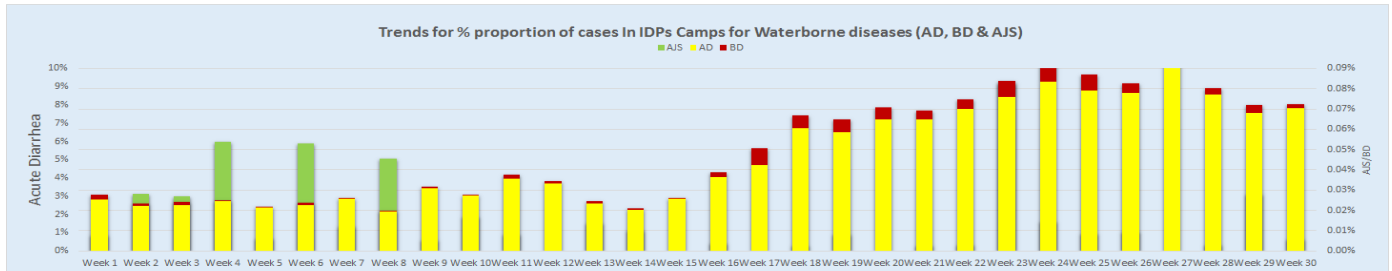


Figure VIII: Trend of waterborne diseases from IDPs camps, Week 1-30, 2016

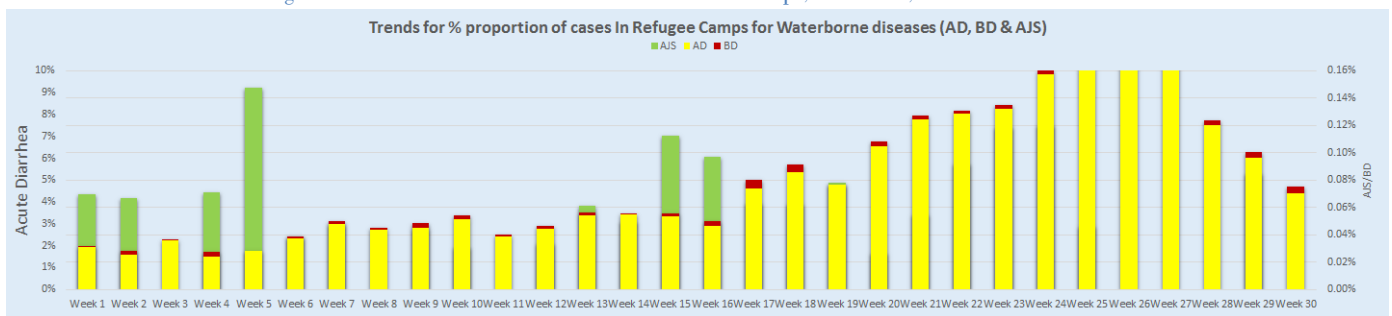


Figure IX: Trend of waterborne diseases from refugee camps, Week 1-30, 2016

Trends of acute diarrhoea

The graph below show trends of acute diarrhoea (AD) reported in the period from Week 1 to Week 30 in 2015 and 2016 through the EWARN system. This week showed a slight decreased trend of the disease in compared to the last two weeks. During Week 30, 2016, Anbar reported 49% of total reported AD cases, followed by Dohuk (16%), Erbil (10%), Ninewa (8%) and Sulaymaniyah (6%).

The cumulative incidence (CI) of AD cases during Week 30, 2016 in Anbar governorate is 6 cases per 1 000 people at risk, Erbil, 3 cases per 1 000 people, Kirkuk, 3 cases per 1 000 people, Dohuk, 2 cases per 1 000 people, Sulaymaniyah, 2 cases per 1 000 people and Ninewa, 1 case per 1 000 people.

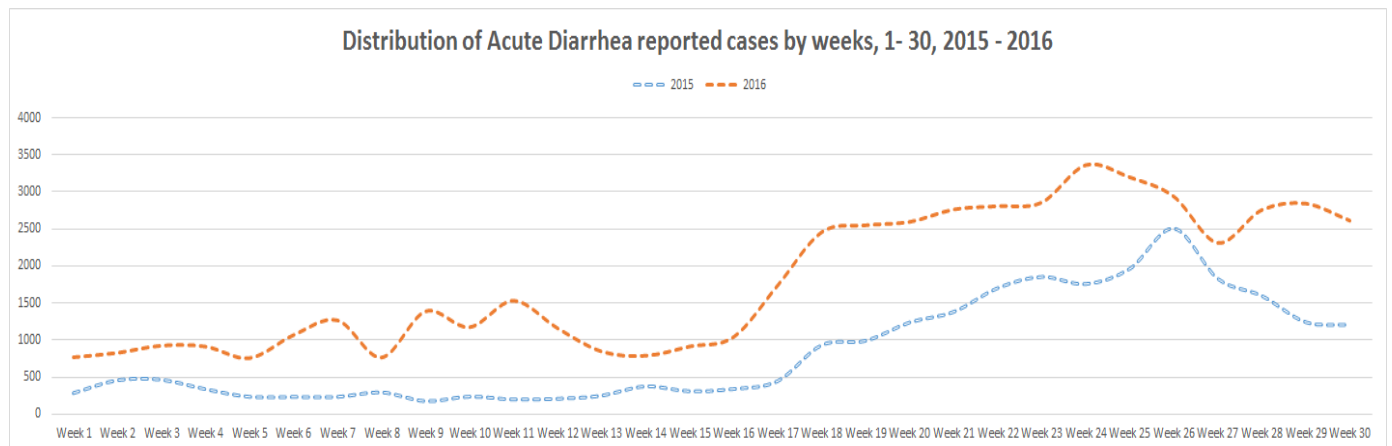


Figure X: Distribution of bloody diarrhoea reported cases by week, Week 1–30. 2015-2016

Two alerts were generated through EWARN following the defined thresholds. One alert was from IDPs camps and one from refugee camps during this reporting week. These alerts were investigated within 72 hours and were verified as true and were 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	Sample Taken Yes/No	Alerts Outcome True/False	Public Health Interventions Conducted
								48-72% DOH/WHO/NGO			
1	Food poisoning	Bajet Kandala	Dahuk	Zako	IDPs	4	PU-AMI	Yes	No	TRUE	Yes
2	Suspected Measles	Arbat Camp	Sulaymaniyah	Arbat	Refugee	1	EMERGENCY	Yes	Yes	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.

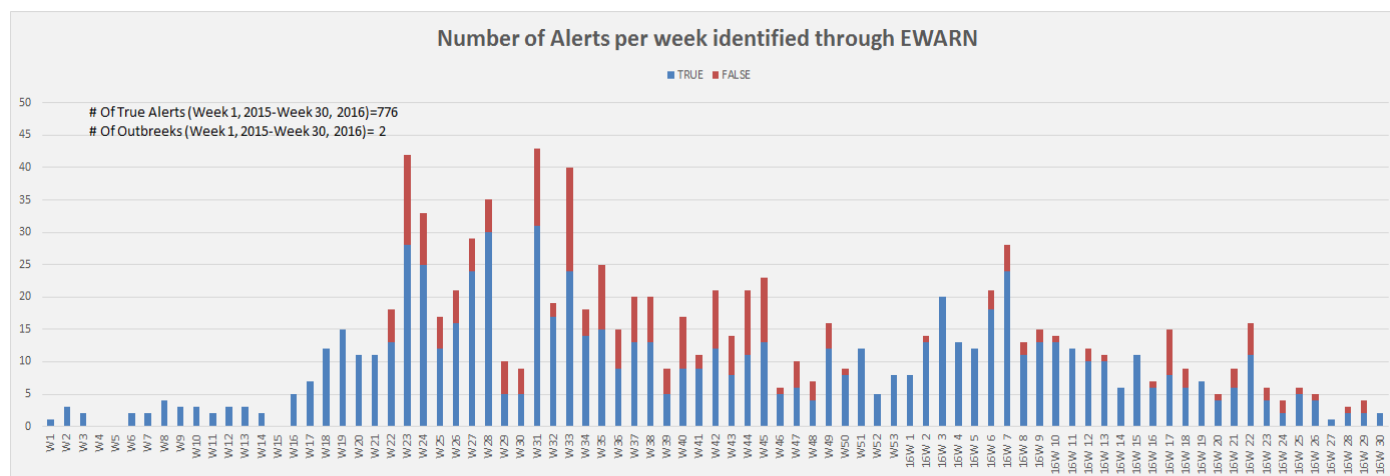


Figure X: Alerts generated through EWARN surveillance Week 1, 2015—Week 30, 2016

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** emacoirqwarn@who.int