

Iraq: EWARN & Disease Surveillance Bulletin

2016 Epidemiological Week: 36

Reporting Period: 5 – 11 September, 2016

Highlights

- ◆ **Number of reporting sites:** Ninety-nine (99) reporting sites (76% of the total EWARN reporting sites) including fifty-five (55) in internally displaced people's (IDPs) camps, four (4) in refugee camps and forty (40) mobile clinics submitted their weekly reports timely and completely. The coverage of the reporting sites in this week decreased due to Eid Al-Adha holiday.
- ◆ **Total number of consultations:** 38 594 (male=17 329 and female=21 265) marking an increase of 545 since last week, (total consultation in Week 35: 38 049).
- ◆ **Leading causes of morbidity in the camps:** Acute respiratory tract infections (ARI) (n=14 756), acute diarrhea (AD) (n=2 242) and skin diseases (n=1 743) 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 and all were reported from IDPs camps during this week. They were investigated within 72 hours, of which three were verified as true and one false. They were responded by the relevant health cluster partners. (Details: see Alerts and Outbreaks Section).
- ◆ For further information, please refer to the links below (page 1 and page 6).

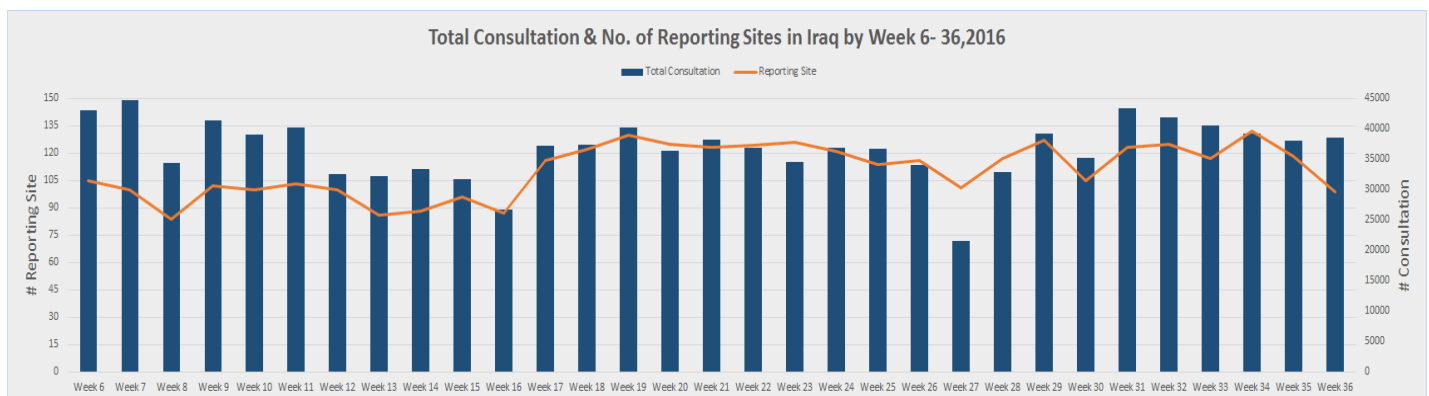
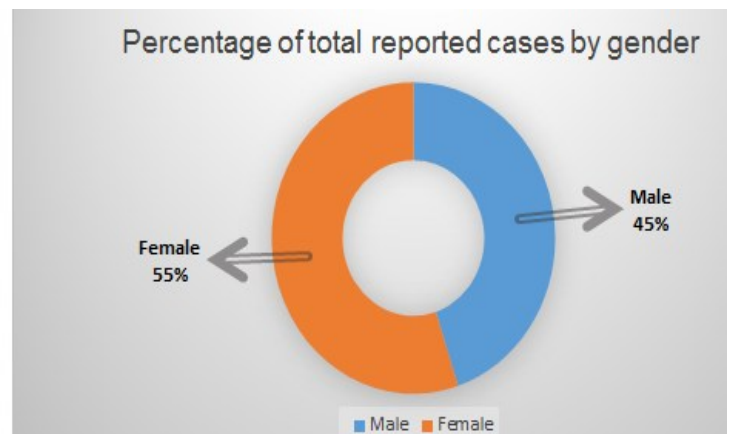
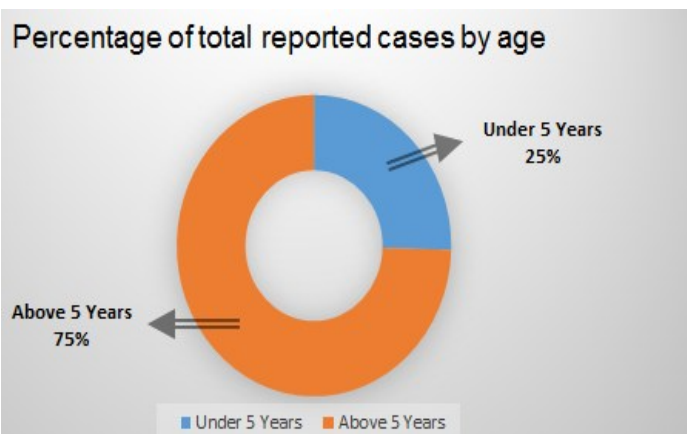


Figure I: Distribution of total consultations and number of reporting health facilities by week, Week 6 – 36, 2016

Distribution of total consultations in the camps by age and gender (Week 36, 2016)



Morbidity Patterns

IDPs camps:

During Week 36, the proportions of acute respiratory tract infections (ARI), acute diarrhea and skin infestations including scabies in IDPs camps increased as per the previous week (please see graph below).



Figure II: Distribution of acute respiratory infection, scabies and acute diarrhea in IDPs camps Week 1 –36, 2016

Refugee camps:

During Week 36, the proportions of acute respiratory tract infections (ARI) indicated a slight decrease compared to last week, while trends of acute diarrhea and skin infestations including scabies increased from the previous week (please see graph below).

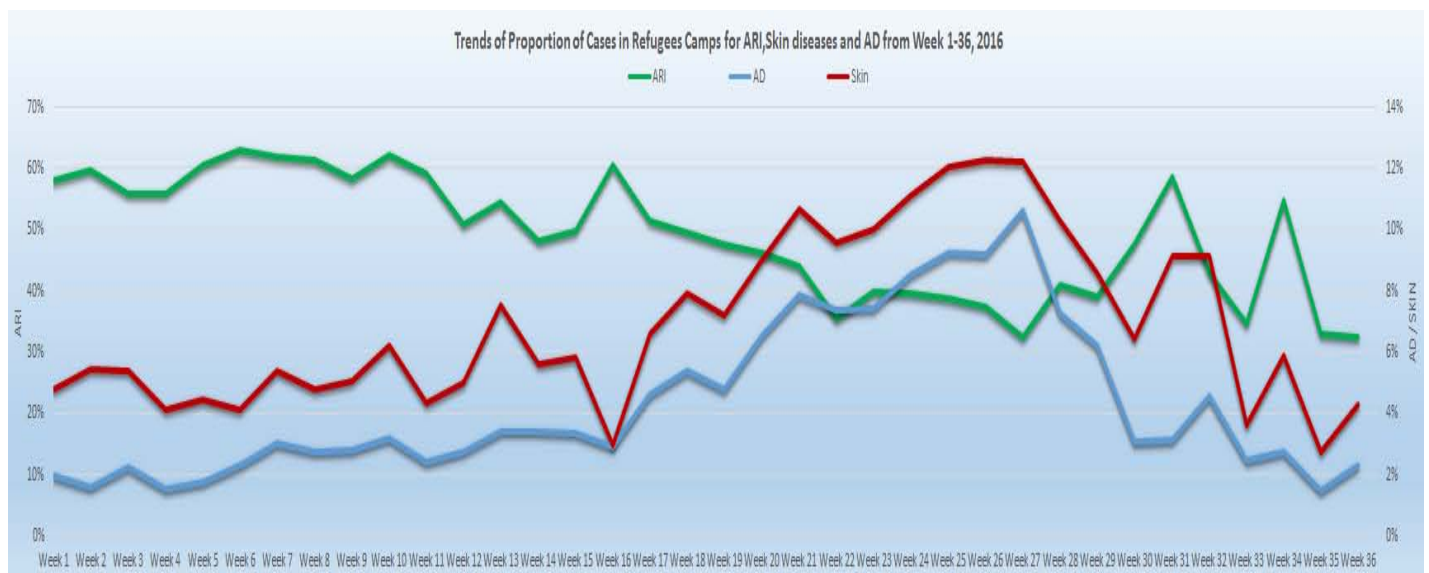


Figure III: Distribution of acute respiratory infection, scabies and acute diarrhea in refugee camps Week 1 –36, 2016

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

The below graph indicates the proportions 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 36,

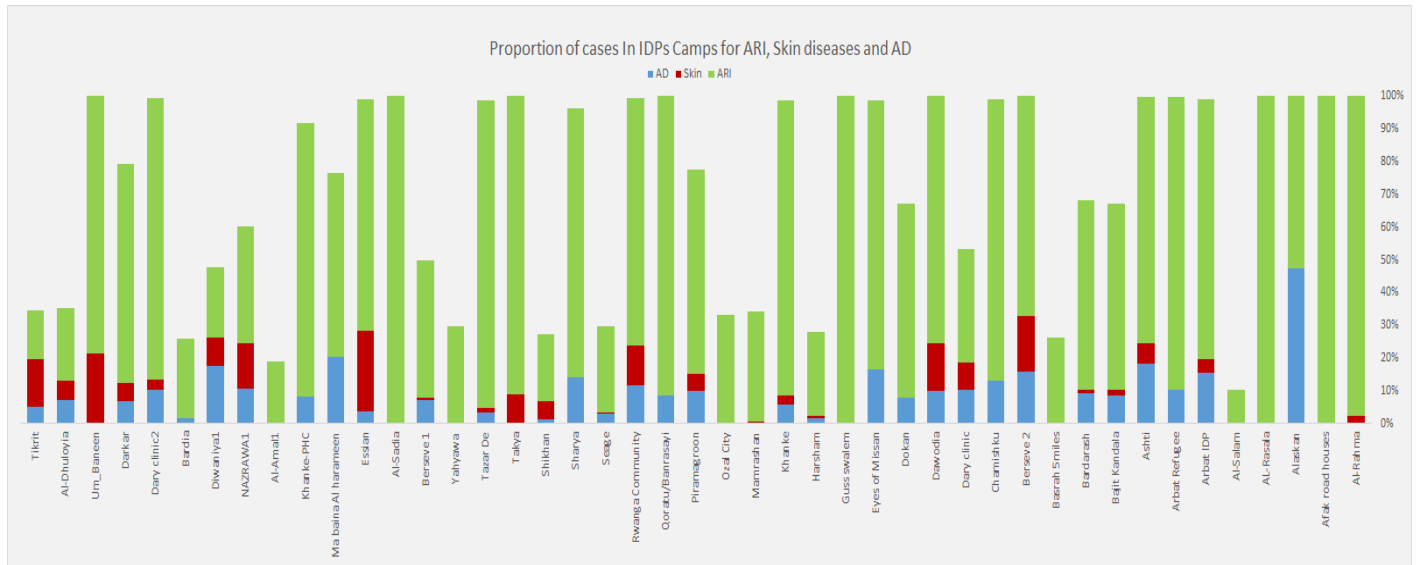


Figure IV: Proportion of cases of ARI, scabies and AD in IDPs camps for Week 36, 2016

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

The below graph indicates the proportions of acute respiratory tract infections, acute diarrhea and skin infestations including scabies which comprises the highest leading causes of morbidity in the refugee camps for Week 36, 2016.

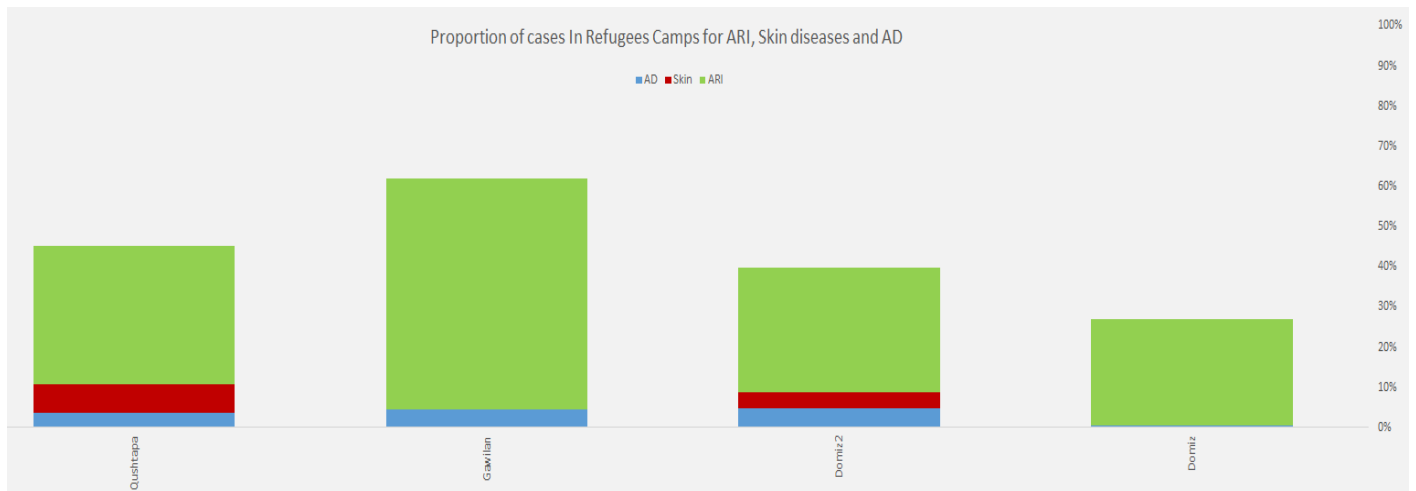


Figure V: Trend of proportions of cases of ARI, scabies and AD in refugee camps for Week 36, 2016

Distribution of the common 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 36, 2016.

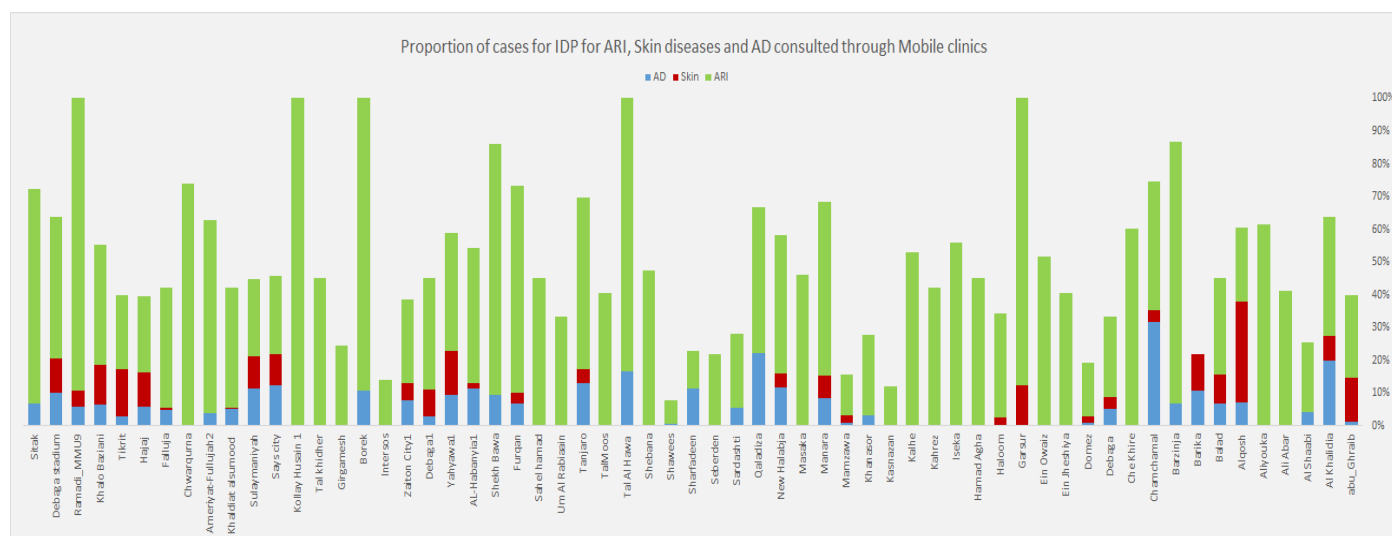


Figure VI: Distribution of ARI, scabies and AD covered by mobile clinics for the IDPs, Week 36, 2016

Trends of measles

There were 81 reported suspected measles cases from all the EWARN reporting sites during 2016. From Week 1 to Week 36, some 50 cases (62%) were reported from Sulaymaniyah. The peaks of the disease trend was observed during Week 7 and Week 17. This week, Sulaymaniyah reported 2 suspected measles cases, one from Ashti IDPs camp and the second case from Qoratu area in the Kalar district. Kalar district reported two measles suspected cases during 2016, the first one reported during Week 10. Arbat district reported 37 cases from the beginning of this year. Confirmation of the cases by the central public health laboratory is required urgently, especially for the new reported cases from Arbat District that reported most of the cases in Suli during this year.

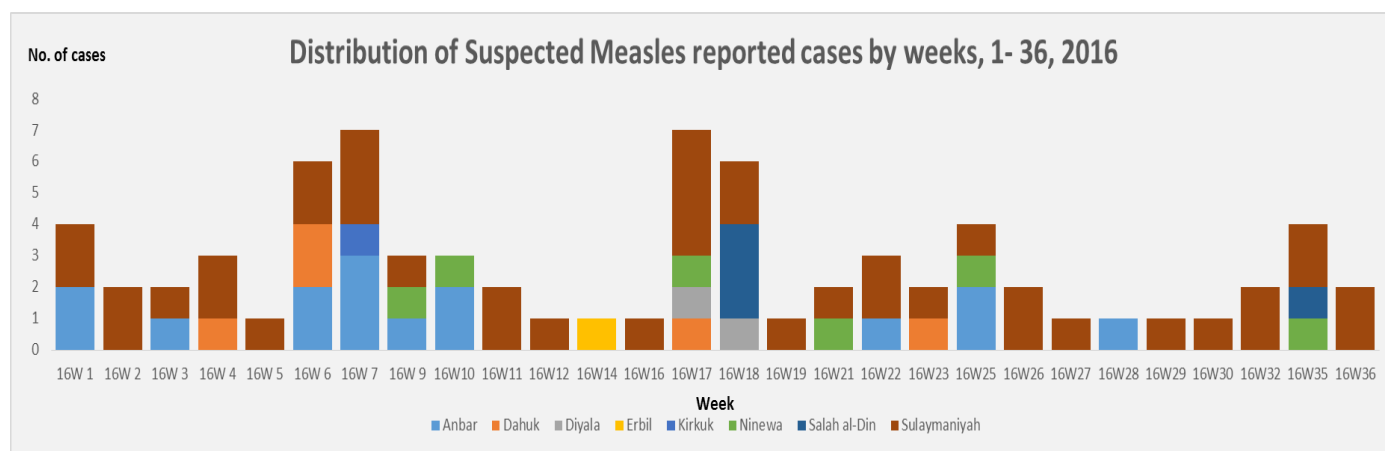


Figure VII: Distribution of suspected measles reported cases by governorate, Week 1– 36, 2016

Trends of waterborne diseases in IDPs and refugee camps

The graph below shows the trends of waterborne diseases (acute diarrhea, acute bloody diarrhea and acute jaundice syndrome) reported from IDPs camps indicated an increase in the trends, while showing a decrease in the refugee camps in these types of diseases (please see the two graphs below).

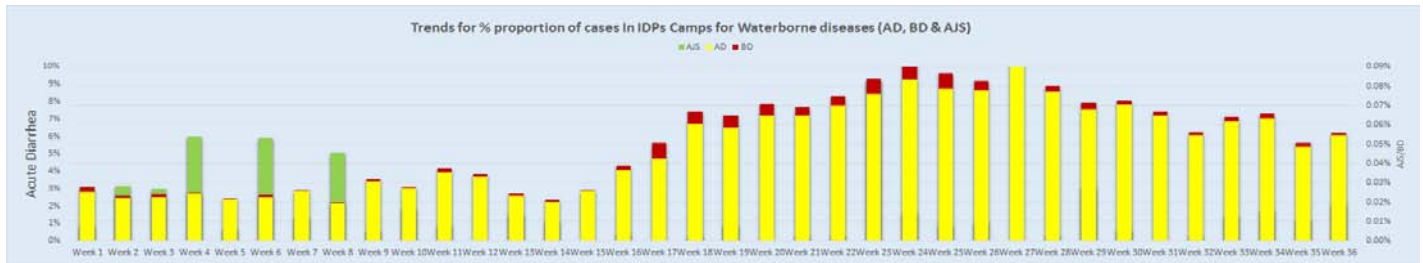


Figure VIII: Trend of waterborne diseases from IDPs camps, Week 1-36, 2016

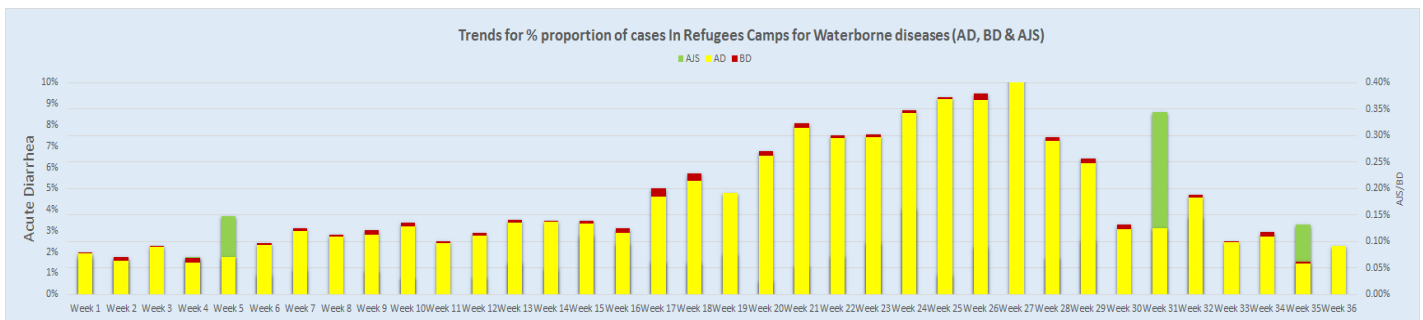


Figure IX: Trends of waterborne diseases from refugee camps, Week 1-36, 2016

Trends of acute diarrhea

The graph below shows the trends of acute diarrhea reported in the period from Week 1 to Week 36 in 2015 and 2016 through the EWARN system. Although there is general decrease in the AD reporting since week 31, this week showed an increase. During 2016, and from Week 1 to Week 36, Anbar reported 36% of total reported AD cases, followed by Dohuk with 21%, Ninewa 11%, Sulaymaniyah 9%, Erbil 8%, Kirkuk 5%, Baghdad 4% and Salahuddin 3%. The increase trends of the AD cases this week were from Anbar, Kirkuk, Salahuddin and Sulaymaniyah.

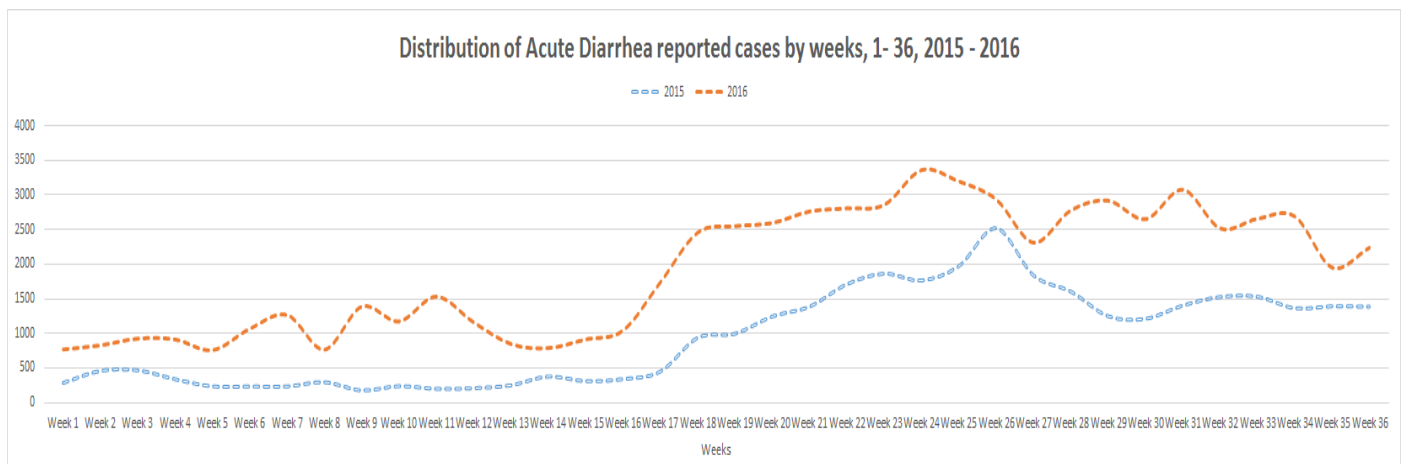


Figure X: Distribution of acute diarrhea reported cases by week, Week 1– Week 36, 2015-2016

Four alerts were generated through EWARN following the defined thresholds, and all of them from IDPs camps during this reporting week. These alerts were investigated within 72 hours and three of them were verified as true and were responded by the respective Governorates Departments of Health, WHO and the relevant health cluster partners, while, one alert was false (please see Alert and Outbreak 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 Meningitis	Kabarto 2	Dahuk	Sumel	IDPs	1	IMC	Yes	Yes	TRUE	Yes
2	Suspected Leishmaniasis	Al- Taawun	Salah-Al-Din	Al Mutasem	IDPs	1	UIMS	Yes	No	FALSE	No
3	Suspected Measles	Qoratu/Banrasayi	Sulaymaniyah	Kalar	IDPs	1	EMERGENCY	Yes	Yes	TRUE	Pending
4	Suspected Measles	Ashti IDP	Sulaymaniyah	Arbat	IDPs	1	EMERGENCY	Yes	Yes	TRUE	Pending

Trends of Alerts

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

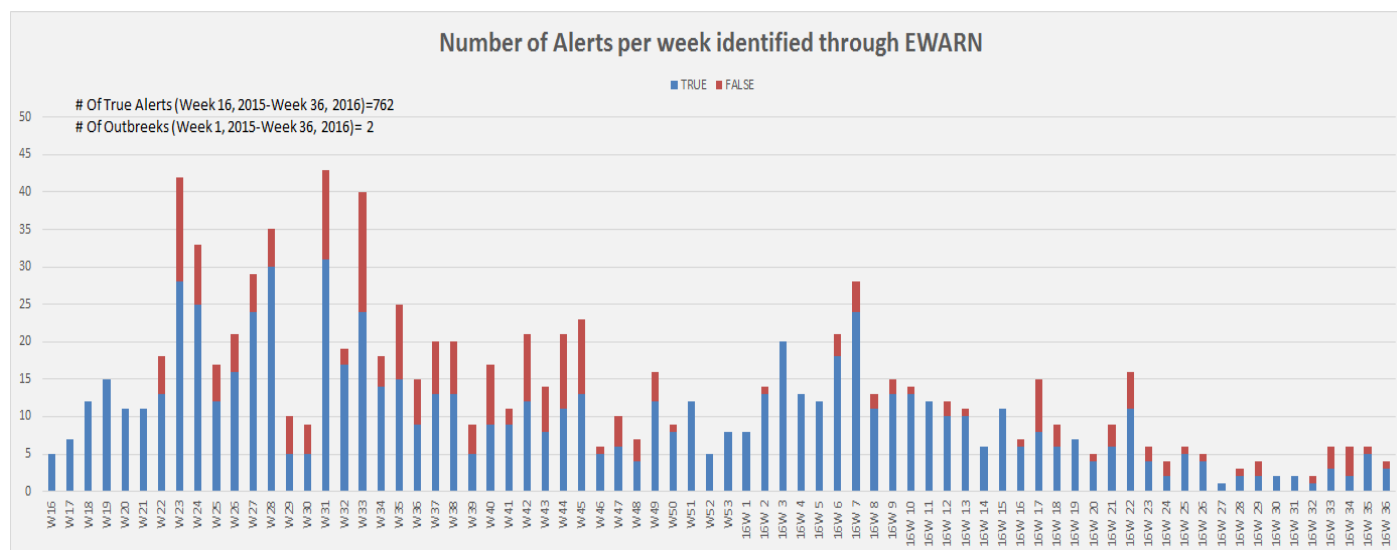


Figure X: Alerts generated through EWARN surveillance Week 16, 2015—Week 36, 2016

For comments or questions, please contact

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