



# Iraq: EWARN & Disease Surveillance Bulletin

2016 Epidemiological Week: 28

Reporting Period: 11 – 17 July , 2016

## Highlights

- ◆ **Number of reporting sites:** One hundred seventeen (117) reporting sites (87% of the total EWARN reporting sites) including sixty-five (65) in internally displaced people's (IDPs) camps, five (5) in refugee camps and forty-seven (47) mobile clinics submitted their weekly reports timely and completely.
- ◆ **Total number of consultations:** 32 262 (Male=15 049 and Female=17 213) marking an increase of 11 656 since last week, Week 27 (20 606) due to increase in the number of the reporting sites.
- ◆ **Leading causes of morbidity in the camps:** Acute respiratory tract infections (ARI) (n=11 999), acute diarrhea (AD) (n=2 753) and skin diseases (n=1 132) remained the leading causes of morbidity in all camps and displaced population areas served by mobile clinics during this reporting week.
- ◆ **Number of alerts:** Three (3) alerts were generated through EWARN, and all of them were from IDPs camps during this reporting week. The alerts were investigated within 72 hours, of which two were verified as true and were further investigated and responded by the relevant health cluster partners. (Details: see Alerts and Outbreaks Section).

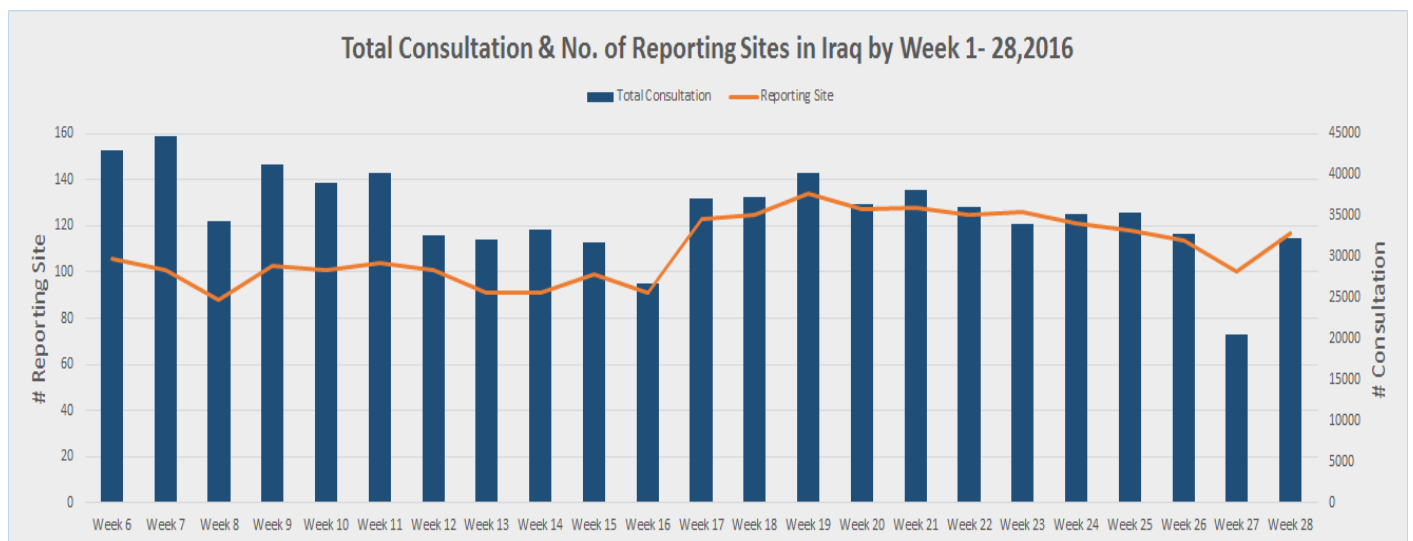
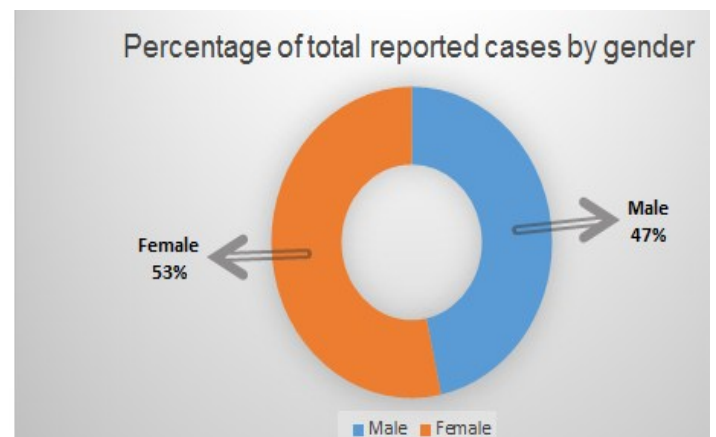
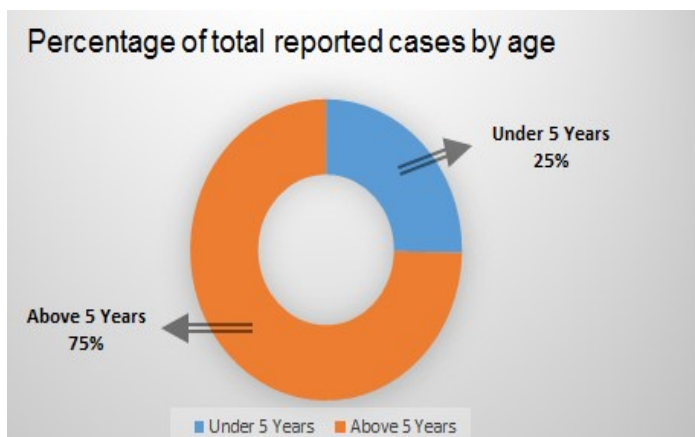


Figure I: Distribution of total consultations and number of reporting health facilities by week, Week 1 – 28, 2016

### Distribution of total consultations in the camps by age and gender (week 28/2016)



# Morbidity Patterns

## IDPs camps:

During Week 28, the proportions of acute respiratory tract infections (ARI), acute diarrhea and skin infestations including scabies in IDPs camps showed a slight decrease from the previous week (see graph below).

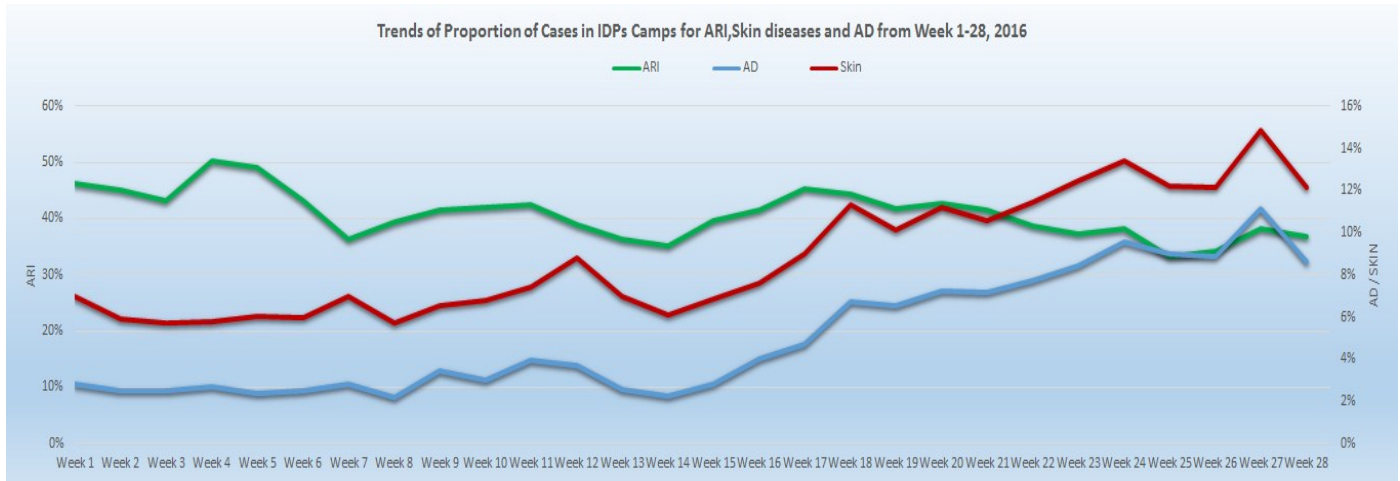


Figure II: Distribution of acute respiratory infection, scabies and acute diarrhea in IDPs camps Week 1 –28, 2016

## Refugee camps:

During Week 28, the proportion of acute respiratory tract infections (ARI) indicated a slight increase from the previous week. The proportions of acute diarrhea and skin infestations including scabies trends in the refugee camps decreased compared to last week (see graph below).

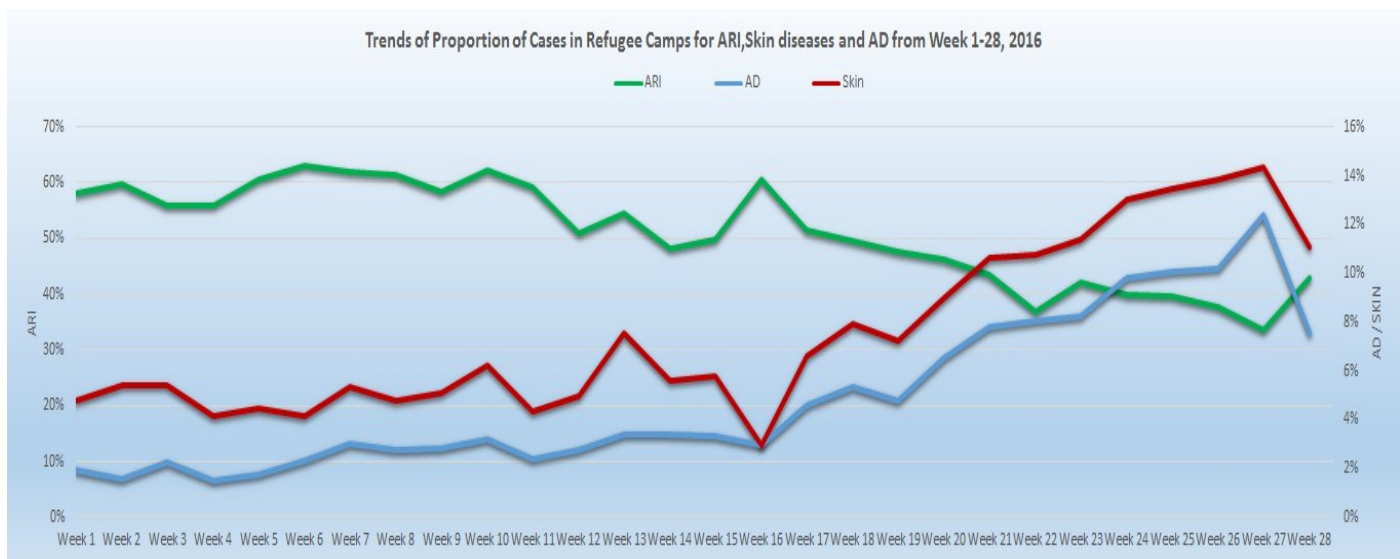


Figure III: Distribution of acute respiratory infection, scabies and acute diarrhea in refugee camps Week 1 –28, 2016

**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 28, 2016.

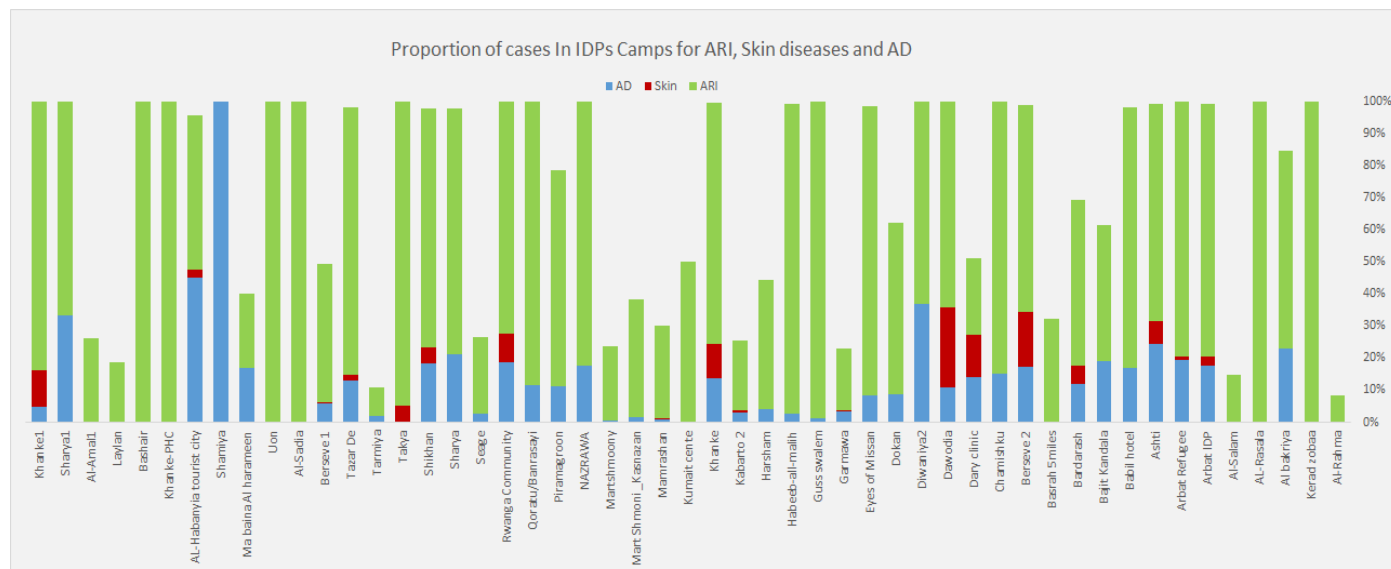


Figure IV: Proportion of cases of ARI, scabies and AD in IDPs camps for Week 28, 2016

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

The graph below indicates the proportion of case 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 28, 2016.

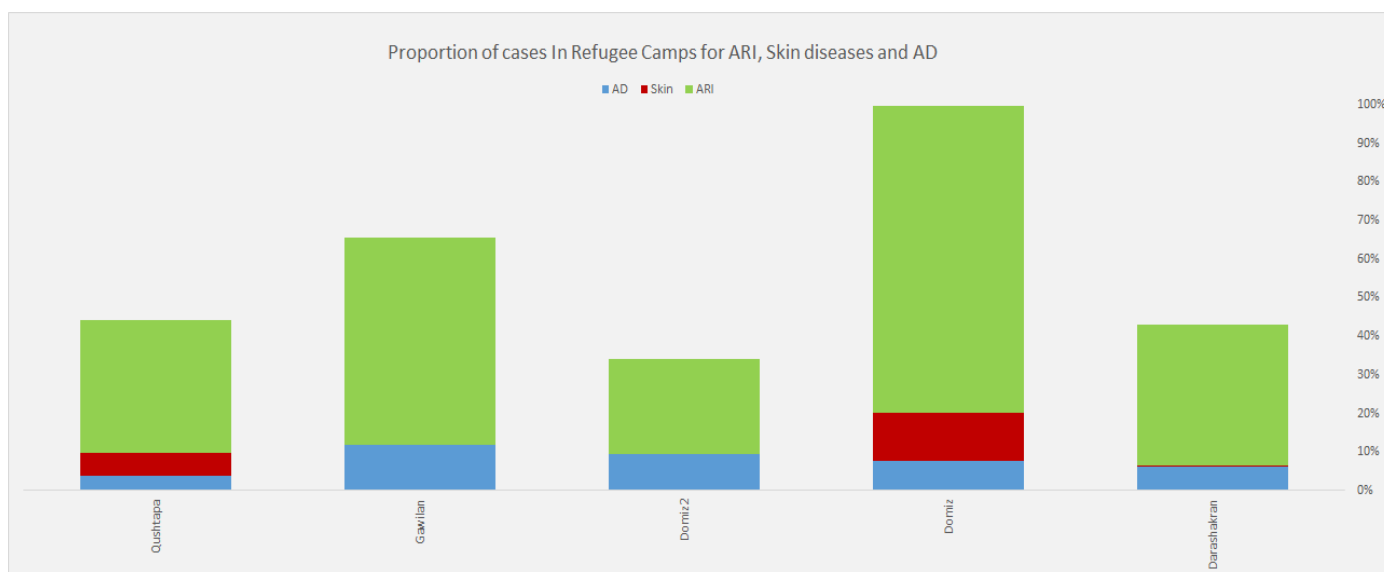


Figure V: Trend of proportions of cases of ARI, scabies and AD in refugee camps for Week 28, 2016

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

The below graph indicates the proportion of case of acute respiratory tract infection, 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 28, 2016.

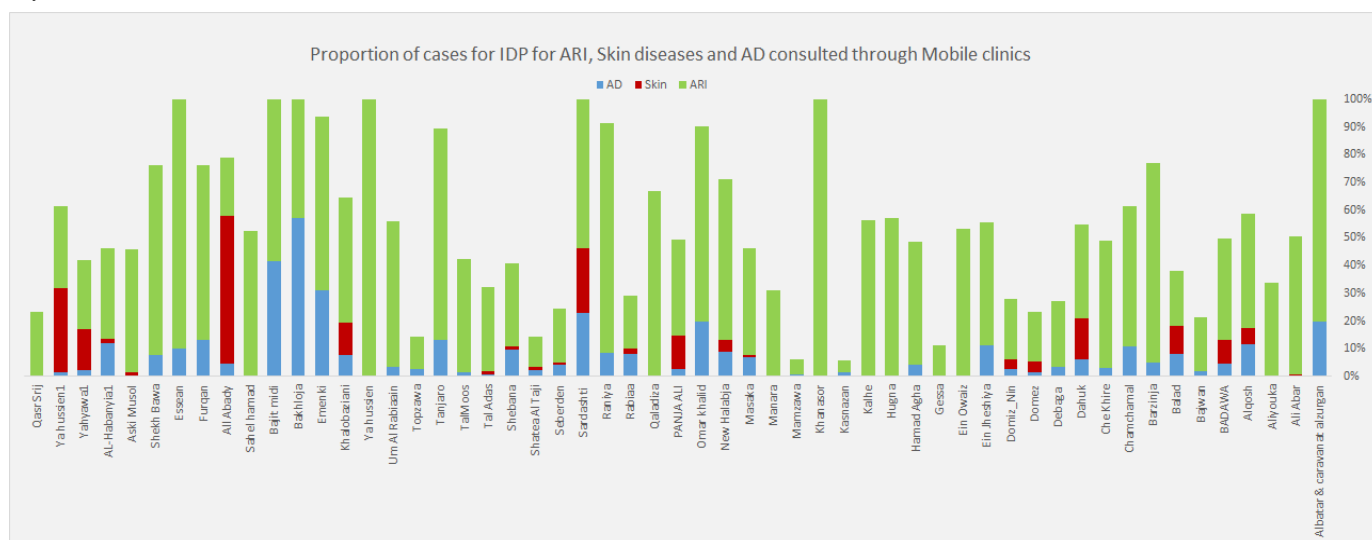


Figure VI: Trend of proportions of IDPs cases for ARI, scabies and AD covered by mobile clinics for Week 28, 2016

**Trends of cutaneous leishmaniasis disease**

The cumulative suspected cutaneous leishmaniasis cases reported from Week 1 to Week 28 in 2016 were 2 430. Sixty-five cases have been reported through EWARN reporting sites for year 2016 until Week 28. Anbar governorate reported 48% of the cases, with incidence of 7.5 cases per 1 000 people, followed by Ninewa, 19% of the total reported cases, with 3 cases per 1 000 people, Salahuddin, 16% of the cases, with 2 cases per 1 000 people, Dohuk, 8% of the cases, with 1 case per 1000 people - and all the cases were imported, Erbil reported 4% of the cases, Kirkuk, 2% of the cases and Baghdad, 1% of the cases. The remaining governorates reported sporadic cases during the 28-week period (<10 cases).

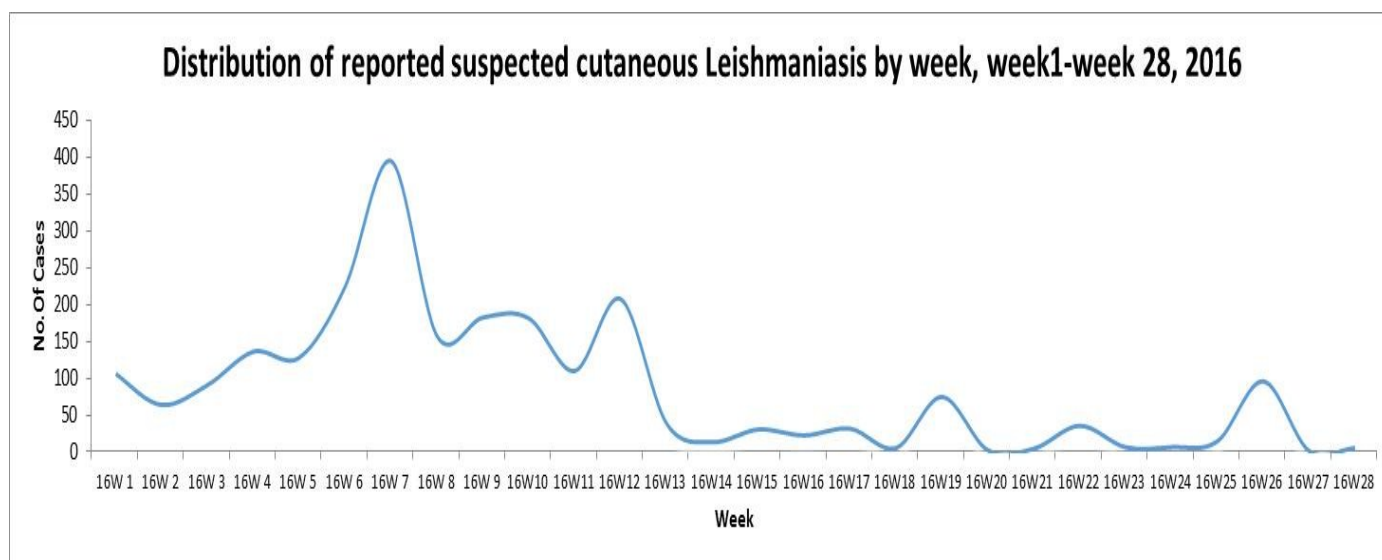


Figure VII: Distribution of suspected cutaneous leishmaniasis reported cases by week, Week 1- 28, 2016

### 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 camps and which indicated a decrease during this week compared to last week in both IDPs and refugee camps (please see two graphs below)

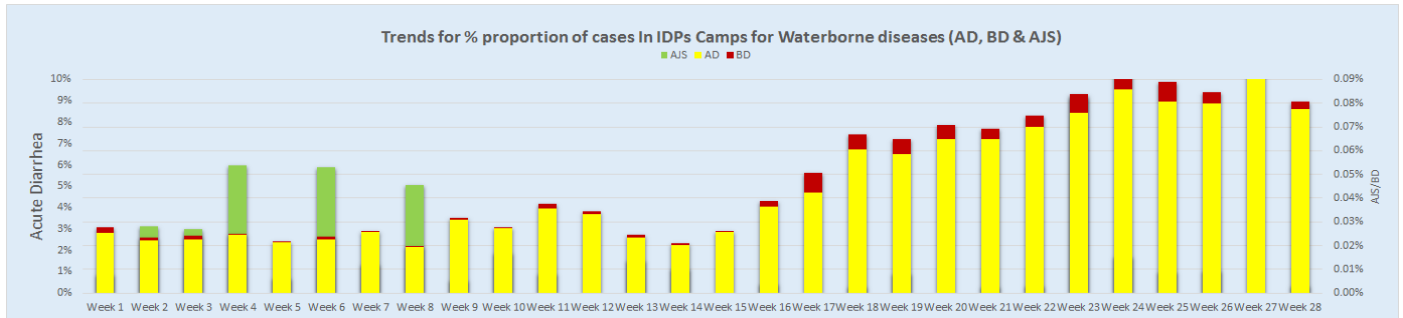


Figure VIII: Trend of waterborne diseases from IDPs camps, Week 1-28, 2016

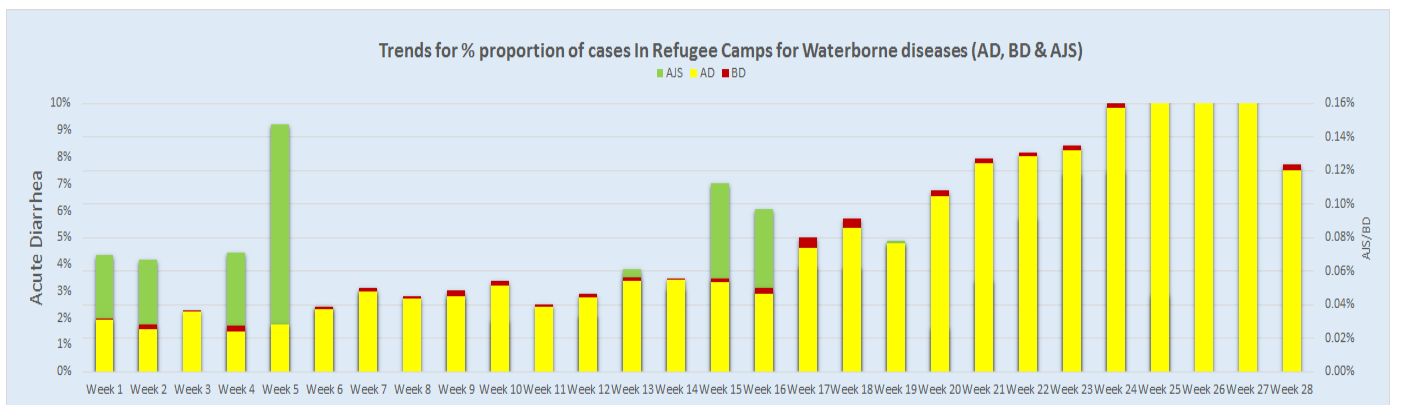


Figure IX: Trend of waterborne diseases from refugee camps, Week 1-28, 2016

### Trends of acute diarrhea

The graph below graph shows the trends of acute diarrhea cases reported from Week 1 to Week 28 in 2015 and 2016 by EWARN. This week showed an increased trend of the disease compared to last week. In Week 28, 2016, Anbar reported 42% of total reported AD cases, with incidence density (ID) of 7 cases per 1 000 people, Dohuk reported 22%, with ID of 2 cases per each 1 000 people, Sulaymaniyah reported 12 %, with ID of 8 cases per 1 000 people and Ninewa reported 10%, with ID of 2 cases per 1 000 people.

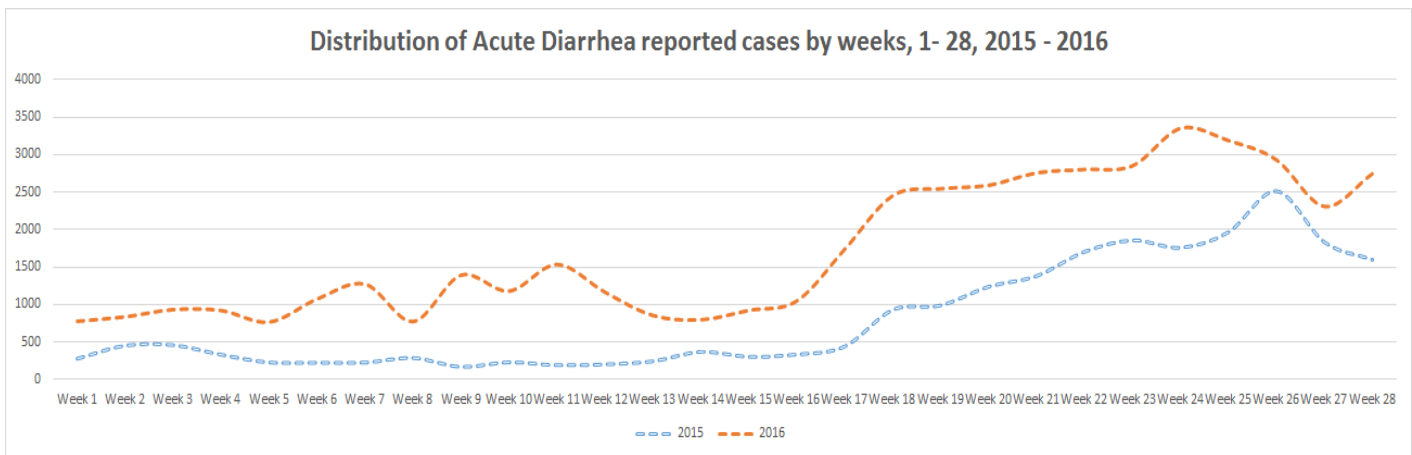


Figure X: Distribution of acute diarrhea reported cases by weeks, Week 1 - Week 28. 2015-2016

Three alerts were generated through EWARN following the defined thresholds, all of which were from IDPs camps during this reporting week. All three alerts were investigated within 72 hours, of which two 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 the below alert and outbreak table).

| Sn | Alert                         | Location      | Governorate | District             | IDP/Refugee Camp | # of cases | Run by    | Investigation and Response within | Sample Taken | Alerts Outcome | Public Health Interventions Conducted |
|----|-------------------------------|---------------|-------------|----------------------|------------------|------------|-----------|-----------------------------------|--------------|----------------|---------------------------------------|
|    |                               |               |             |                      |                  |            |           | 48-72% DOH/WHO/NGO                | Yes/No       | True/False     |                                       |
| 1  | Suspected Leishmaniasis       | Kalata Farhan | Dahuk       | Dahuk                | IDPs             | 1          | MC-PU-AMI | Yes                               | No           | TRUE           | Yes                                   |
| 2  | Acute Flaccid Paralysis (AFP) | Al-Sumoad     | Anbar       | Ameriyat Al-Fallujah | IDPs             | 1          | DoH       | Yes                               | Yes          | TRUE           | Yes                                   |
| 3  | Suspected Leishmaniasis       | Al-Salam      | Anbar       | Ameriyat Al-Fallujah | IDPs             | 1          | UIMS      | Yes                               | No           | FALSE          | Yes                                   |

## 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.

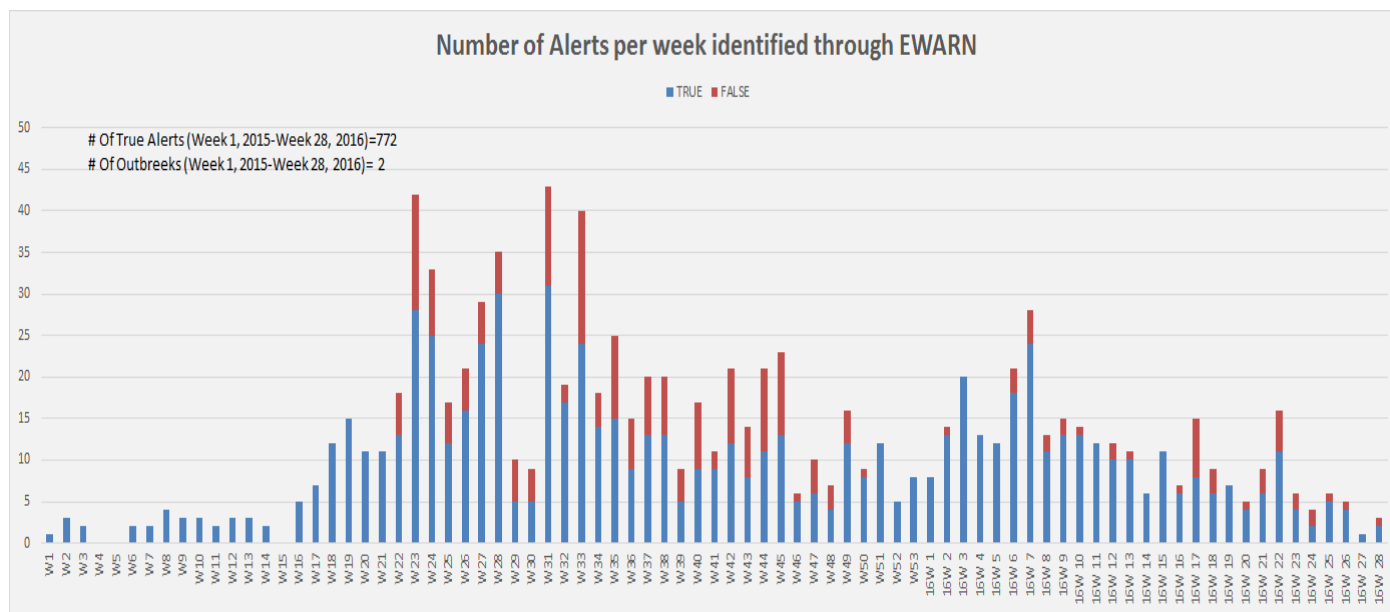


Figure XI: Alerts generated through EWARN surveillance Week 1, 2015—Week 28, 2016

### For comments or questions, please contact

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