



Iraq: EWARN & Disease Surveillance Bulletin

2016 Epidemiological Week: 33

Reporting Period: 15 – 21 August , 2016

Highlights

- ◆ **Number of reporting sites:** One hundred and ten (110) reporting sites (85% of the total EWARN reporting sites) including fifty-nine (59) in internally displaced people’s (IDPs) camps, four (4) in refugee camps and forty-seven(47) mobile clinics submitted their weekly reports timely and completely.
- ◆ **Total number of consultations:** 39 603 (Male=17 258 and Female=23 345) marking an decrease of 1 458 since last week. Total consultations in Week 32 were 41 061.
- ◆ **Leading causes of morbidity in the camps:** Acute respiratory tract infections (ARI) (n=14 537), acute diarrhea (AD) (n=2 644) and skin diseases (n=1 432) remained the leading causes of morbidity in all camps and displaced population areas served by mobile clinics during this reporting week.
- ◆ **Number of alerts:** seven (7) alerts were generated through EWARN. These alerts were from IDPs camp during this reporting week. They were verified and investigated within 72 hours, of which three were verified as true and one still pending; they were responded by the relevant health cluster partners. (Details: see Alerts and Outbreaks Section).

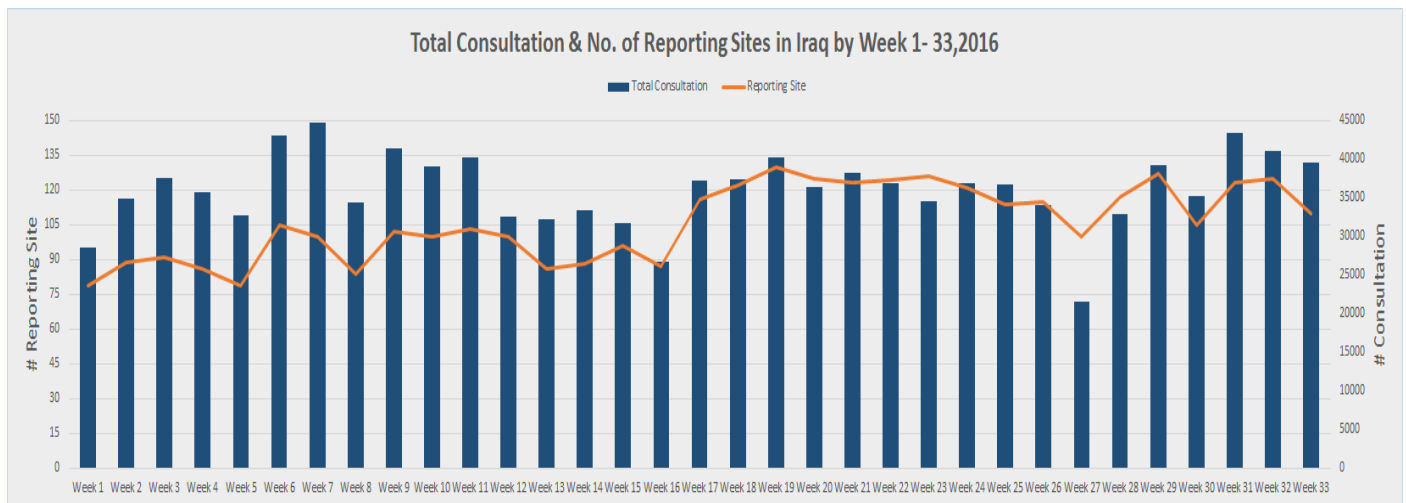
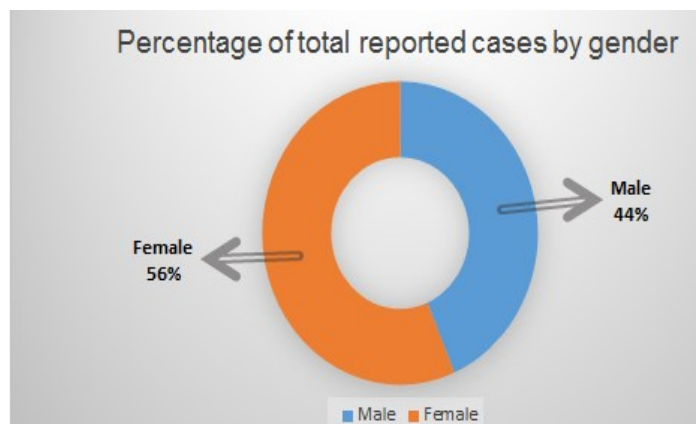
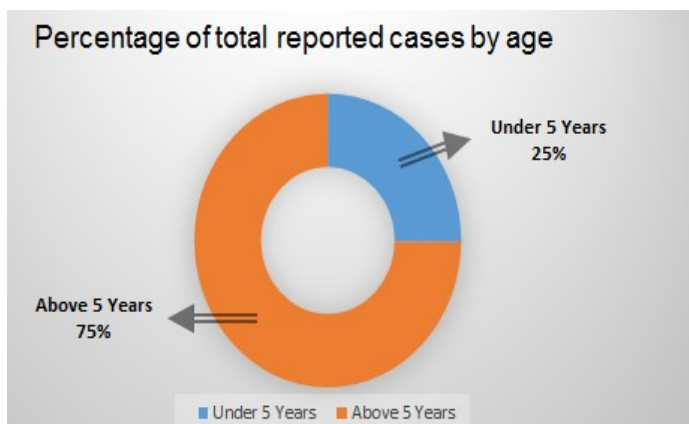


Figure I: Distribution of total consultations and number of reporting health facilities by week, Week 1 – 33, 2016

Distribution of total consultations by age and gender (Week 33/2016)



Morbidity Patterns

IDPs camps:

During Week 33, the proportions of acute respiratory tract infections (ARI), acute diarrhea and skin infestations including scabies in IDPs camps increased compared to last week (please see graph below).

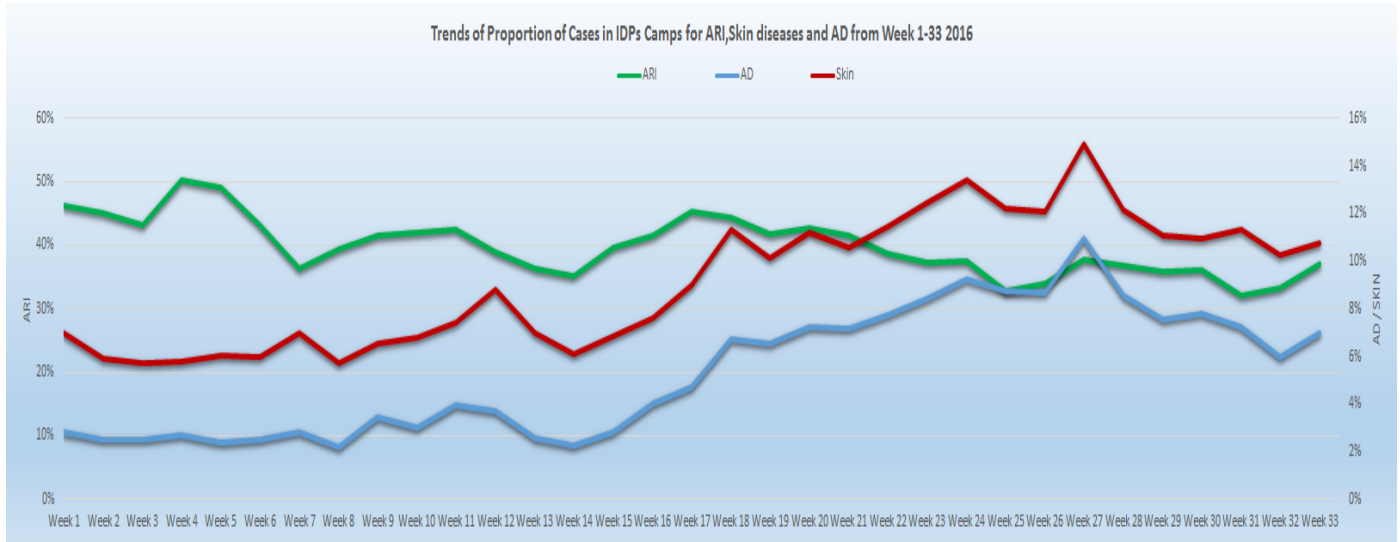


Figure II: Distribution of the acute respiratory infection, scabies and acute diarrhea in IDPs camps Week 1 –33, 2016

Refugee camps:

During week 33, the proportions of acute respiratory tract infections (ARI), acute diarrhea and skin infestations including scabies indicated a decrease from the previous week (please see graph below).

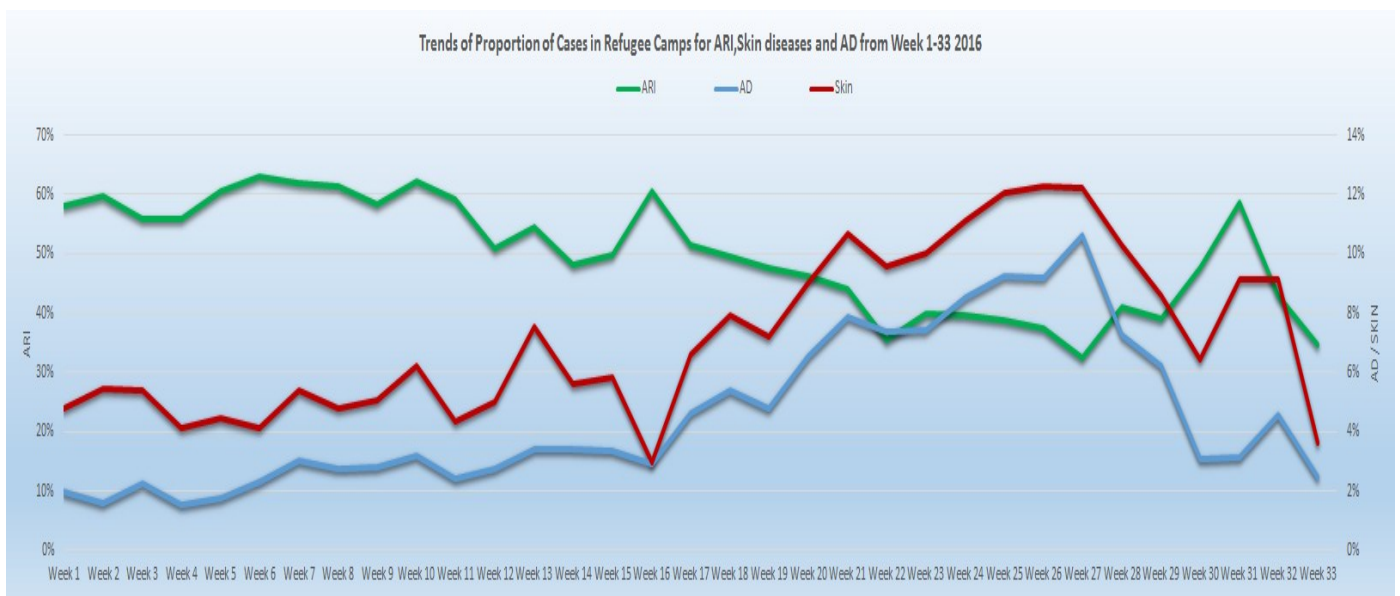


Figure III: Distribution of the acute respiratory infection, scabies and acute diarrhea in refugee camps Week 1–33, 2016

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 33, 2016.

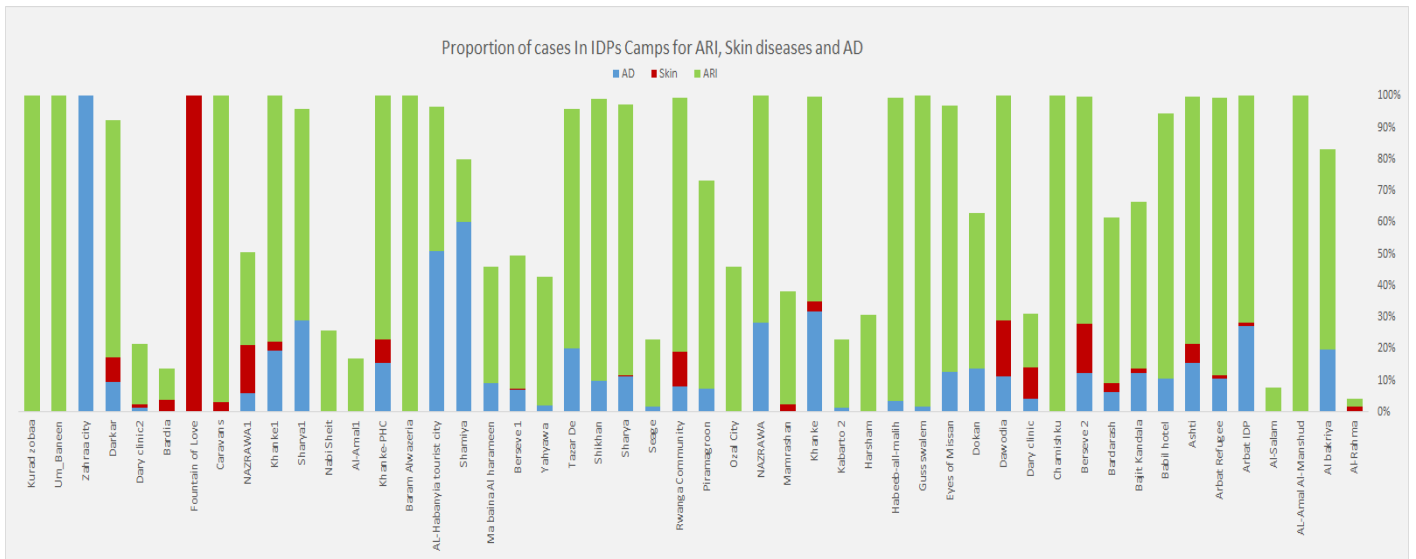


Figure IV: Proportion of cases of ARI, scabies and AD in IDPs camps for Week 33, 2016

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 33, 2016.

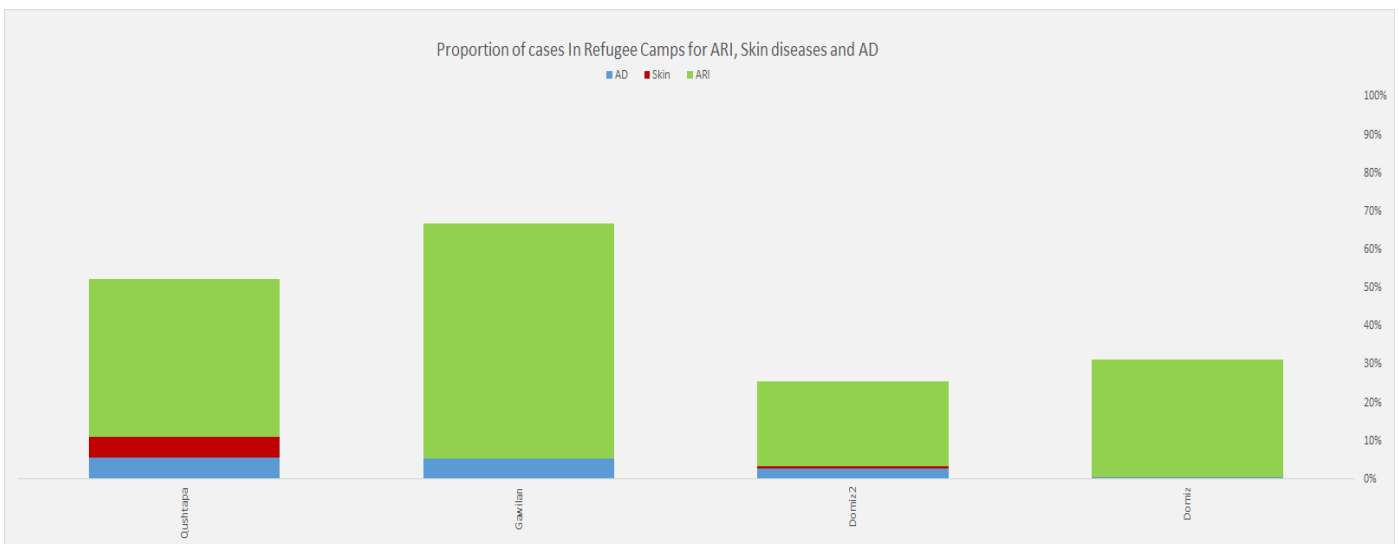


Figure V: Trend of proportions of cases of ARI, scabies and AD in refugee camps for Week 33, 2016

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

The graph below indicates the proportion 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 33, 2016.

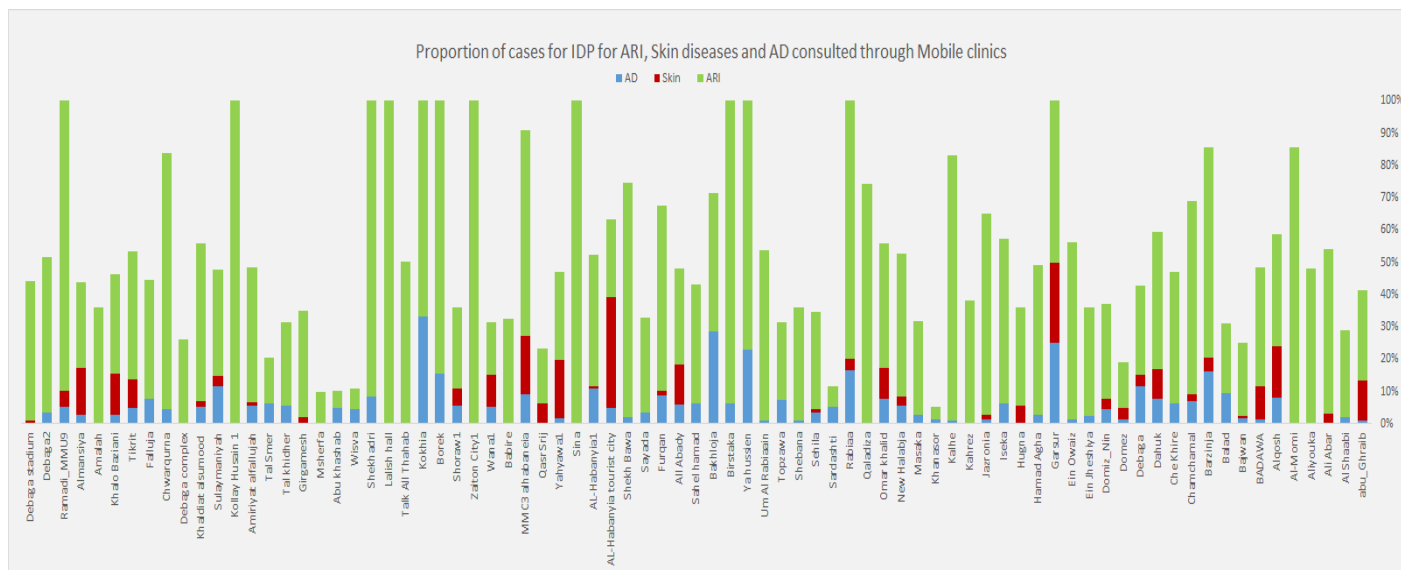


Figure VI: Trend of proportions of IDP cases for ARI, scabies and AD covered by mobile clinics for Week 33, 2016

Trends of unexplained fever

There were 3 108 reported unexplained fever cases from all the EWARN reporting sites during 2016. From Week 1 to Week 33, 36% of the cases were reported from Ninewa (1 113), 28% from Anbar (871 cases), 12% from Baghdad (366 cases), 8% from Erbil (236 cases), 5% from Kirkuk (153 cases) and 3% from Missan (93 cases), Sulaymaniyah (85 cases), 2% from Diyala (67 cases) and Salah al-Din (75 cases), 1% from Dohuk (30 cases) and Qadissiya (18 cases).

During this week, 218 cases were reported from all types of reporting health facilities. Anbar governorate reported 34% of the cases, followed by Erbil (25%), Baghdad (18%), Ninewa (11%), Salahuddin (4%), Sulaymaniyah and Diyala (3% each) and Dohuk (1%).

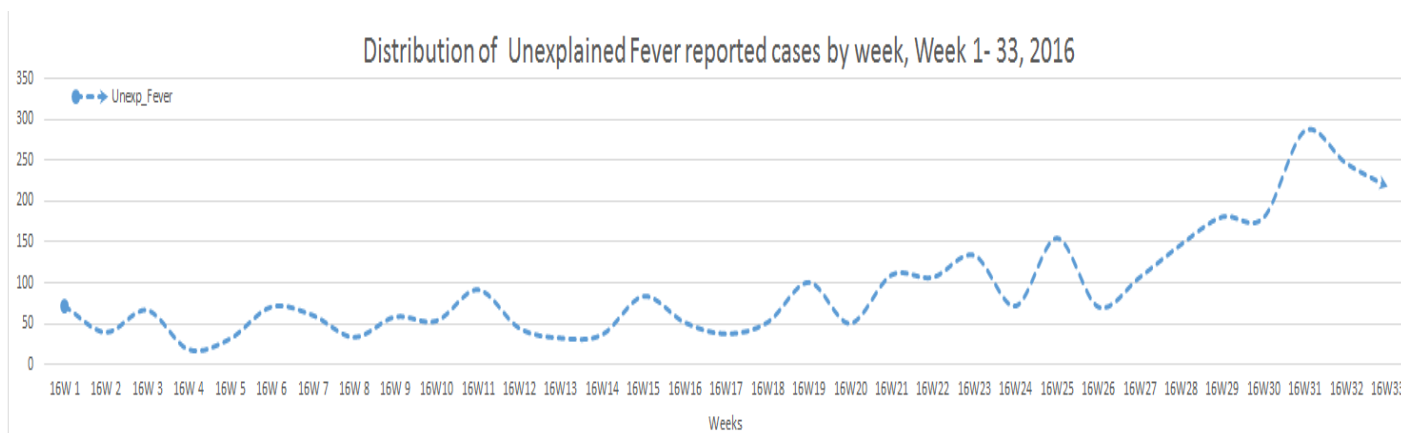


Figure VII: Distribution of unexplained fever reported cases by week, Week 1– 33, 2016

Trends of waterborne diseases in IDPs and refugee camps

The graph below shows the trends of waterborne diseases (acute diarrrhea , bloody diarrrhea and acute jaundice syndrome) reported from IDP and refugee camps and which indicate a slight increase in these types of diseases among IDPs, while remaining unchanged in refugee camps. (see graph below)

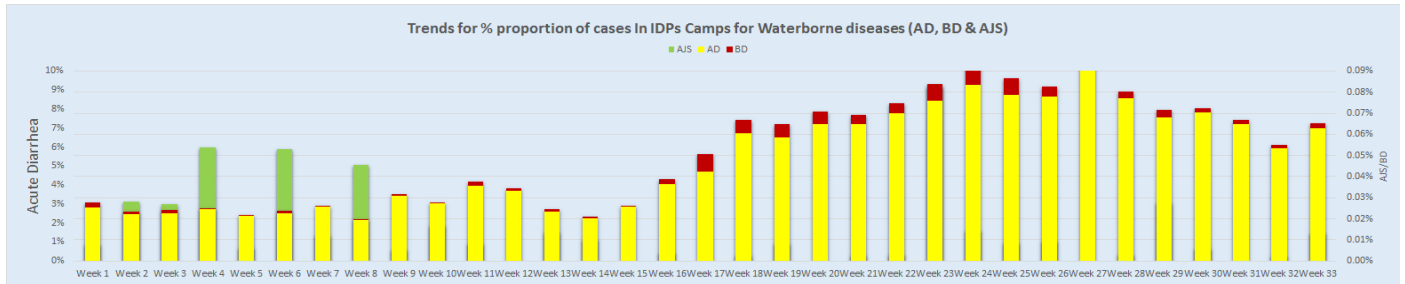


Figure VIII: Trend of waterborne diseases from IDPs camps, Week 1-33, 2016

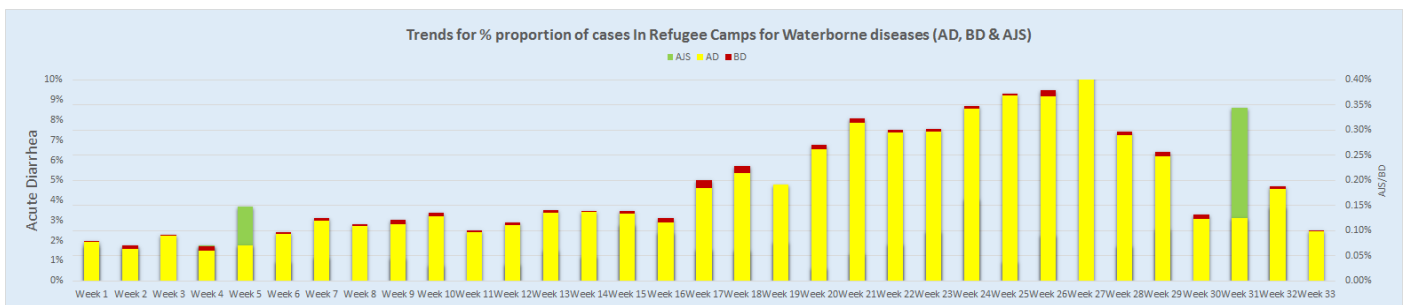


Figure IX: Trend of waterborne diseases from refugee camps, Week 1-33, 2016

Trends of acute diarrrhea

The graph below shows the trends of acute diarrrhea reported in the period from Week 1 to Week 33 in 2015 and 2016 through the EWARN system. This week showed a slight increase in the trends of the diseases compared to the last three weeks. During 2016 and from Week 1 to Week 33, Anbar reported 36% of total reported AD cases, followed by Dohuk, with 22%, Ninewa, with 12% and Sulaymaniyah, with 9%.

The incidence density of the AD during Week 25, 2016 in Anbar’s governorate is 7 patients per 1 000 at risk population, in Dohuk, 3 patients per 1 000 population, in Ninewa, 1 patient per 1 000 population and in 5 patients per 1 000 population in Sulaymaniyah.

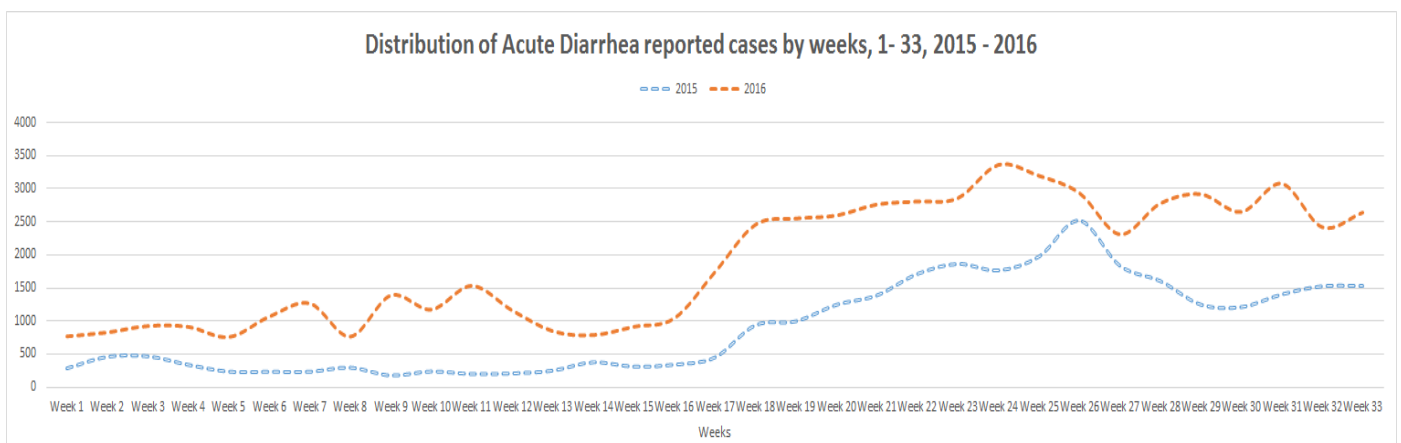


Figure X: Distribution of acute diarrrhea reported cases by week, Week 1-Week 33. 2015-2016

Seven alerts were generated through EWARN following the defined thresholds, and all of these alerts were from IDP camps during this reporting week. All alerts were verified and investigated within 72 hours, of which three of were verified as true and were responded by the respective Governorates Departments of Health, WHO and the relevant health cluster partners. (please see the below 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	No	TRUE	NO
1	Suspected Measles	Debaga	Erbil		IDPs	2	DoH	Yes	No	FALSE	No
2	Suspected Leishmaniasis	Sheikhan	Dahuk		IDPs	1	IOM	Yes	No	FALSE	No
3	Suspected Leishmaniasis	Bardarash	Dahuk		IDPs	1	PU-AMI	Yes	No	Pending	Pending
4	Suspected Leishmaniasis	Al-Salam	Anbar	riyat Al-Fa	IDPs	1	UIMS	Yes	No	TRUE	No
5	Suspected Leishmaniasis	Kala Spi	Dahuk		IDPs	1	MC-PU-AMI	Yes	No	TRUE	Yes
6	Suspected Leishmaniasis	Al-Salam	Anbar		IDPs	1	UIMS	Yes	No	TRUE	NO
7	Suspected. Meningitis	AL-Habanyia tourist city	Anbar	Falluja	IDPs	1	MC-IMC	Yes	No	FALSE	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.

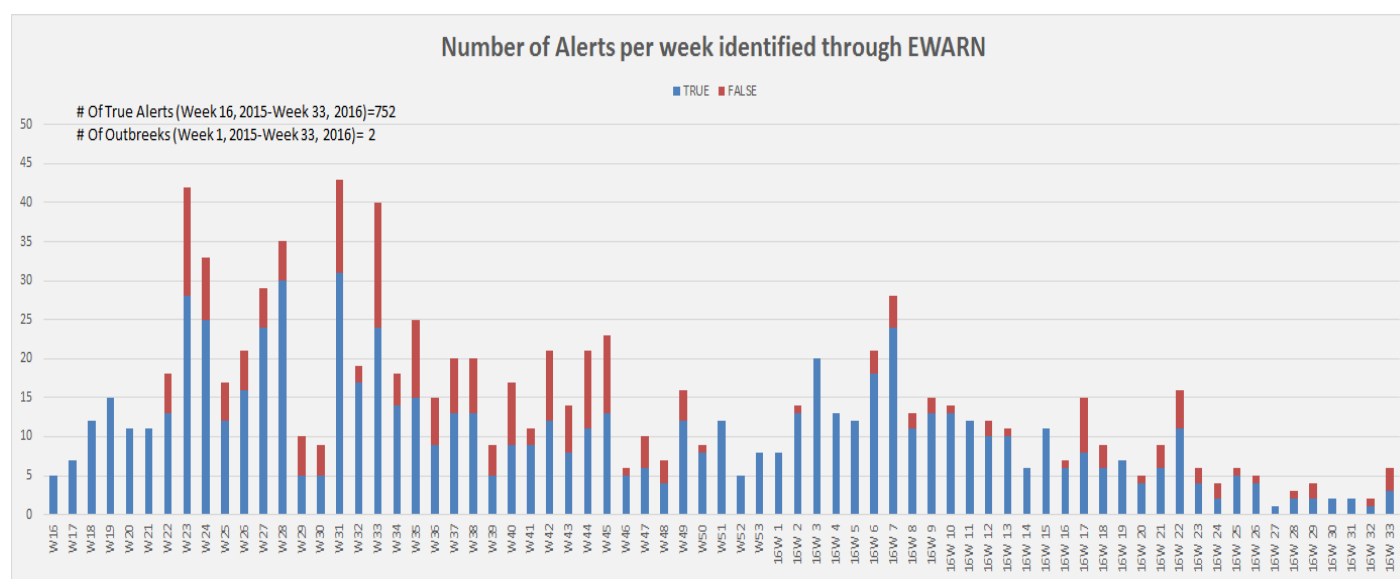


Figure X: Alerts generated through EWARN surveillance Week 16, 2015—Week 33, 2016

For comments or questions, please contact

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