





Iraq: EWARN & Disease Surveillance Bulletin

2016 Epidemiological Week: 34 Reporting Period: 22 - 28 August , 2016

Highlights

- ♦ Number of reporting sites: One hundred and twenty-seven (127) reporting sites (98% of the total EWARN reporting sites) including seventy-one (71) in internally displaced people's (IDPs) camps, four (4) in refugee camps and fifty-two (52) mobile clinics submitted their weekly reports timely and completely.
- ◆ Total number of consultations: 36 086 (Male=16 537 and Female=19 549), showing a decrease of 4 152 in compared to last week.
- ♦ Leading causes of morbidity in the camps: Acute respiratory tract infections (ARI) (n=13 410), acute diarrhea (AD) (n=2 469) and skin diseases (n=1 539) remained the leading causes of morbidity in all camps and displaced population areas served by mobile clinics during this reporting week.
- ♦ Number of alerts: Six (6) alerts were generated through EWARN, and all of them were from IDPs camps during this reporting week. Alerts were verified and investigated within 72 hours, of which two were verified as true and were responded by the relevant health cluster partners. (Details: see Alerts and Outbreaks Section).

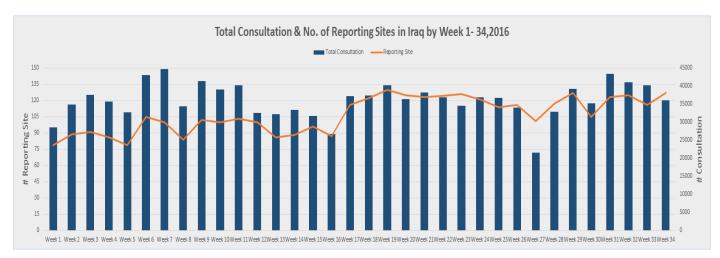
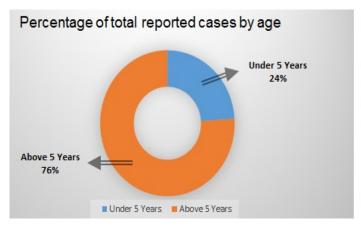
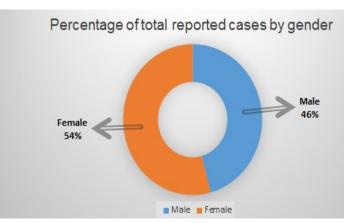


Figure I: Distribution of total consultations and number of reporting health facilities by week, Week 1-34, 2016

Distribution of total consultations in the camps by age and gender (Week 34/2016)





Morbidity Patterns

IDPs camps:

During Week 34, the proportions of acute respiratory tract infections (ARI) in IDPs camps increased, while the proportions of acute diarrhea and skin infestations including scabies decreased 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 -34, 2016

Refugee camps:

During Week 34, the proportions of acute respiratory tract infections (ARI), acute diarrhea and skin infestations including scabies trends indicated a slight increase from the previous week (please see graph below).



Figure III: Distribution of the acute respiratory infection, scabies and acute diarrhea in refugee camps Week 1-34, 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 34, 2016.

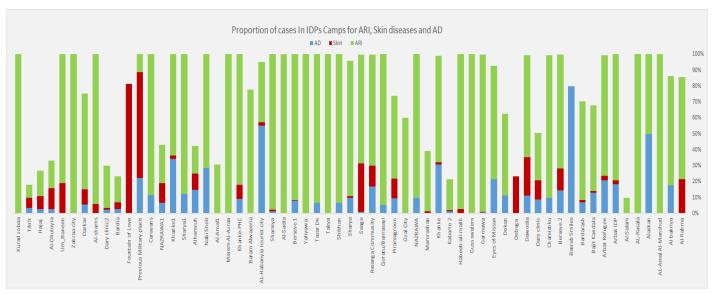


Figure IV: Proportion of cases of ARI, scabies and AD in IDPs camps for Week 34, 2016

Trends of diseases by proportion and location for refugee camps

The graph below indicates the proportions 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 34, 2016.

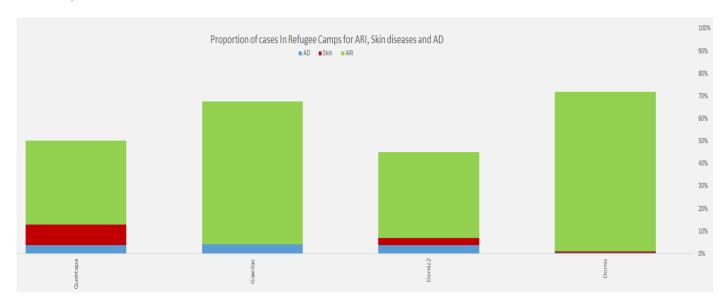


Figure V: Trend of proportions of cases of ARI, scabies and AD in refugee camps for Week 34, 2016

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

The graph below 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 of the IDPs covered by mobile clinics for Week 34, 2016.

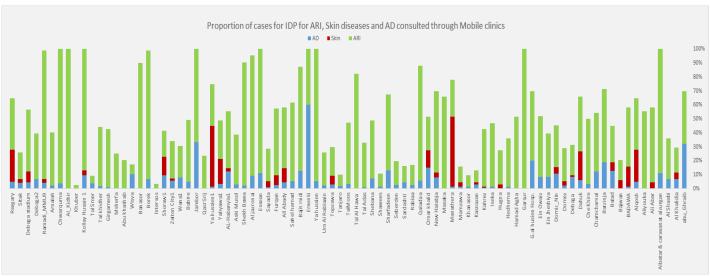


Figure VI: Trend of proportions of IDPs cases for ARI, scabies and AD covered by mobile clinics for Week 34, 2016

Trends of skin diseases (suspected scabies)

There were 45 038 reported skin diseases (suspected scabies) cases from all the EWARN reporting sites during the period Week 1-Week 34, 2016. In Week 34, 2016, 24% of the cases were reported from Dohuk (423), 23.6% from Salah Al-Din (408 cases), 14% from Kirkuk (246 cases), 10% from Anbar (175 cases), 8% from Najaf (132 cases), 7% from Ninewa (122 cases), 6.8% from Erbil (118 cases), 3% from Sulaymaniyah (49 cases), 2% from Baghdad (28 cases) and 1% from Karbala (14 cases) and Qadissiya (11 cases).

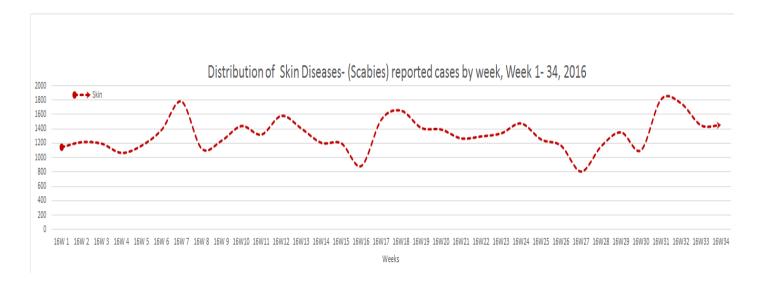


Figure VII: Distribution of skin diseases (suspected scabies) reported cases by week, Week 1-34, 2016

Trends of waterborne diseases in IDP and refugee camps

The graph below shows the trends of waterborne diseases (acute diarrhea, acute bloody diarrhea and acute jaundice syndrome) reported from IDPs and refugee camps and which indicated a slight increase in waterborne diseases among IDPs and refugee camps compared to last week. (see graph below)

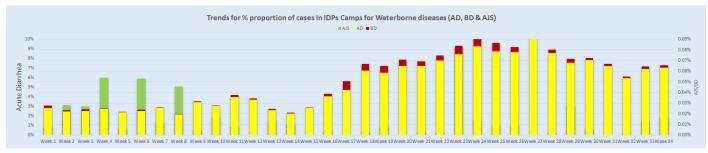


Figure VIII: Trend of waterborne diseases from IDPs camps, Week 1-34, 2016

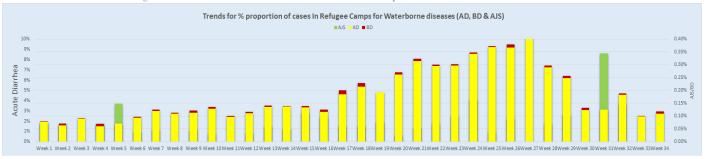


Figure IX: Trend of waterborne diseases from refugee camps, Week 1-34, 2016

Trends of acute diarrhea

The graph below shows the trends of acute diarrhea reported in the period Week 1-Week 34 in 2015 and 2016 through the EWARN system. This week showed a slight increase in the trends of the disease compared to last week. During 2016, and from Week 1 to Week 34, Anbar reported 34% of the total reported AD cases, followed by Dohuk, with 19%, Ninewa, with 11% and Sulaymaniyah and Erbil, with 9% each.

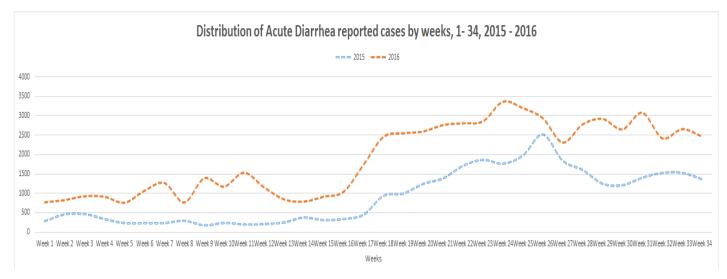


Figure X: Distribution of acute ${f d}$ iarrhea reported cases by week, Week 1-Week 34. 2015-2016

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

5	Sn	Alert	Location	Governorate	District	IDP/Refugee Camp	# of cases	Run by	Investigation and Response within/48-72% DOH/WHO/NGO	Sample Taken	Alerts Outcome True/False	Public Health Interventi ons
	1	Suspected Leishmaniasis	Al-Rahma	Salah-Al-Din	Dijlah	IDPs	1	UIMS	Yes	No	TRUE	Yes
	2	Suspected Measles	Debaga	Erbil	Makhmur	IDPs	1	DoH	Yes	No	FALSE	No
	3	Suspected Meningitis	Ashti IDP	Sulaymaniyah	Arbat	IDPs	1	EMERGENCY	Yes	Yes	FALSE	Yes
	4	Suspected Leishmaniasis	Dijlaalrahma	Salah-Al-Din	Salah-Al-Din	IDPs	1	UIMS	Yes	No	TRUE	Yes
	5	Food poisoning	Tazar De	Sulaymaniyah	Kalar	IDPs	1	EMERGENCY	Yes	Yes	FALSE	Yes
	6	Suspected Pertusis	Tikrit	Salah al-Din	Tikrit	IDPs	2	MC-IMC	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.

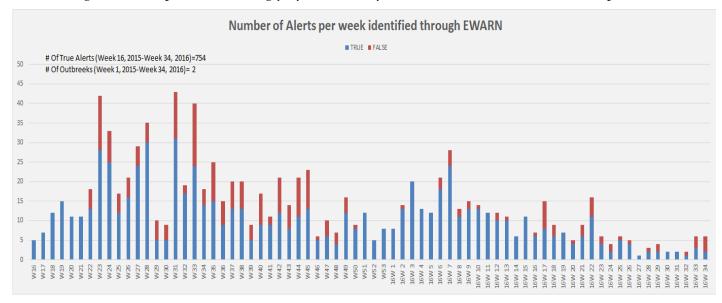


Figure X: Alerts generated through EWARN surveillance Week 16, 2015—Week 34, 2016

For comments or questions, please contact

- Dr. Adnan Nawar Khistawi | 07901948067 | adnannawar@gmail.com, Head of Surveillance Section, Federal MOH
- Dr. Janin Sulaiman | 07508678768 | <u>Janin irq@yahoo.com</u>, EWARN Focal Point, MOH-KRG
- Dr. Muntasir Elhassan | 07809288616 | elhassanm@who.int, EWARN Coordinator, WHO Iraq
- WHO EWARN Unit emacoirgewarn@who.int