Iraq: EWARN & Disease Surveillance Bulletin

2016 Epidemiological Week: 18  Reporting Period: 2 – 8 May, 2016

Highlights

♦ **Number of reporting sites:** One hundred and seventeen (117) reporting sites (91% of the total EWARN reporting health facilities) including sixty-four (64) in Internally Displaced People’s (IDP) camps, six (6) in refugee camps and forty-seven (47) mobile clinics submitted their weekly reports timely and completely.

♦ **Total number of consultations:** 36,367 (Male=17,059 and Female=19,308) marking an increase of 856 since last week due to increase of the reporting sites by 2%.

♦ **Leading causes of morbidity in the camps:** Acute Respiratory Tract Infections (ARI) (n=16,166), Skin Diseases (n=1,645) and Acute Diarrhea (AD) (n=2,411) remained the leading causes of morbidity in all camps during this reporting week.

♦ **Number of alerts:** Nine (9) alerts were generated through EWARN, of which eight (8) were from IDP camps (two of them from mobile clinics) and one from Hospitals during this reporting week. All these alerts were investigated within 72 hours, of which six were verified as true and were further investigated and responded. (please refer to Alerts and Outbreaks Section).

![Total Consultation & No. of Reporting Sites in Iraq by Week 1-18, 2016](image1)

Figure I: Total consultations and proportion of reporting health facilities by Week 1 – 18, 2016

![Consultations in the camps by age and gender (Week 18)](image2)
Morbidity Patterns

IDP camps:
During Week 18, while there is a significant increase in the reporting sites, the proportions of Acute Respiratory Tract Infections (ARI) showed a decreasing trend from the previous week. The proportions of Acute Diarrhea and Skin Infestations including scabies in IDP camps have started to increase compared to last week (please see graph below).

![Graph showing trends of proportion of cases of ARI, Scabies and AD in IDP camps Week 1-18, 2016](image)

Figure II: Trend of proportion of cases of ARI, Scabies and AD in IDP camps Week 1–18, 2016

Refugee camps:
During Week 18, the proportion of Acute Respiratory Tract Infections (ARI) indicated a slight decrease from the previous week. There is a trend increase in the proportions of Acute Diarrhea in refugee camps since last week, (Week 18=5% and Week 17=4 %). Proportion of skin infestations including scabies also increased from 2.6% to 3% (please see graph below).

![Graph showing trends of proportion of cases of ARI, Scabies and AD in IDP camps Week 1-18, 2016](image)

Figure III: Trend of proportion of cases of ARI, Scabies and AD in IDP camps Week 1–18, 2016
**Trends of Diseases by Proportion and location for IDP 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 IDP camps for Week 18, 2016.

![Proportion of cases in IDP camps for ARI, Skin diseases and AD](image)

**Figure IV: Proportion of cases of ARI, Scabies and AD in IDP camps for Week 18, 2016**

**Trends of Diseases by Proportion and location for Refugee Camps**

The graph below indicates the proportion of Acute Respiratory Tract Infections cases, Acute Diarrhea and Skin Infestations including scabies which comprises the highest leading causes of morbidity in Refugee camps for Week 18, 2016.

![Proportion of cases in Refugee camps for ARI, Skin diseases and AD](image)

**Figure V: Trend of proportions of cases of ARI, Scabies and AD in Refugee camps for Week 18, 2016**
Trend of Diseases by proportion and location for off camp IDPs covered by Mobile Clinics

The graph below indicates the proportion of Acute Respiratory Tract Infection cases, 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 18, 2016.

Figure VI: Trend of proportions of IDP cases for ARI, Scabies and AD covered by Mobile Clinics for Week 18, 2016

Trends of Upper and Lower ARI as leading communicable disease

Acute Respiratory Tract Infection (ARI) has been further divided into upper and lower respiratory tract infections. Compared to Week 17, the proportion of upper ARI in Week 18 has remained unchanged compared to last week (Upper ARI=93% & Lower ARI=7%). Furthermore, the graph below indicates the proportion of lower and upper ARI cases per each reporting site for Week 18.

Figure VII: Trend of Upper and Lower ARI per reporting site for Week 18, 2016
**Trends of Waterborne Diseases in IDP camps**

The graph below shows the trends of waterborne diseases (Acute Diarrhea, Bloody Diarrhea and Acute Jaundice Syndrome) reported from IDP camps and which indicated significant increase in this type of diseases. (See graph below)

![Graph showing trends of waterborne diseases in IDP camps](image)

**Figure VIII: Trend of Waterborne diseases from IDP camps, Week 1—18, 2016**

**Trends of Waterborne diseases in Refugee camps**

The graph below shows the trends of waterborne diseases (Acute Diarrhea, Bloody Diarrhea and Acute Jaundice Syndrome) from refugee camps indicates an increase of the trend compared to last week.

![Graph showing trends of waterborne diseases in refugee camps](image)

**Figure IX: Trend of waterborne diseases from Refugee camps, Week 1—18, 2016**
Nine alerts were generated through EWARN following the defined thresholds, of which eight were from IDP camps (two of them from mobile clinics) and one from hospitals during this reporting week. All these alerts were investigated within 72 hours, of which six were verified as true and were further investigated and appropriately responded by the respective Governorates Departments of Health, WHO and the relevant health cluster partners. (please see the below table of the distribution of the alerts and actions implemented).

<table>
<thead>
<tr>
<th>No</th>
<th>Alert</th>
<th>Location</th>
<th>Governorate</th>
<th>District</th>
<th>IDP/Refugee Camp</th>
<th>no. of cases</th>
<th>Run by</th>
<th>Investigatio n and Response within 48-72% DDI/WHO/NGO</th>
<th>Sample Taken Yes/No</th>
<th>Alerts Outcome True/False</th>
<th>Public Health Intervention Conducted</th>
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<tr>
<td>1</td>
<td>Suspected Measles</td>
<td>Arbat</td>
<td>Sulaymaniyah</td>
<td>Arbat</td>
<td>IDPs</td>
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<td>EMERGENCY</td>
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<td>Yes</td>
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<td>Yes</td>
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<tr>
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<td>Al-Taawun</td>
<td>Salah-Al-Din</td>
<td>Al-Mutasem</td>
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<tr>
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<td>Sulaymaniyah</td>
<td>Arbat</td>
<td>IDPs</td>
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<td>Salah-Al-Din</td>
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<td>Salah-Al-Din</td>
<td>Al-Mutasem</td>
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<td>UIMS</td>
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<td>NO</td>
</tr>
<tr>
<td>6</td>
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<td>Dahuk</td>
<td>Dahuk</td>
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<td>Dahuk</td>
<td>Dahuk</td>
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<td>Baghdad</td>
<td>Karakh</td>
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<td>FALSE</td>
<td>NO</td>
</tr>
</tbody>
</table>

**Trends of Alerts**

The graph below shows the numbers of alerts generated through EWARNs per week, which have been investigated and responded accordingly by the Ministry of Health, WHO and health cluster partners.

![Number of Alerts per week identified through EWARN](image)

*Figure X: Alerts generated through EWARN surveillance Week 1, 2015—Week 18, 2016*

**For comments or questions, please contact**

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EWARN Dashboard link: http://who-iraq-ewarn.github.io/