

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).

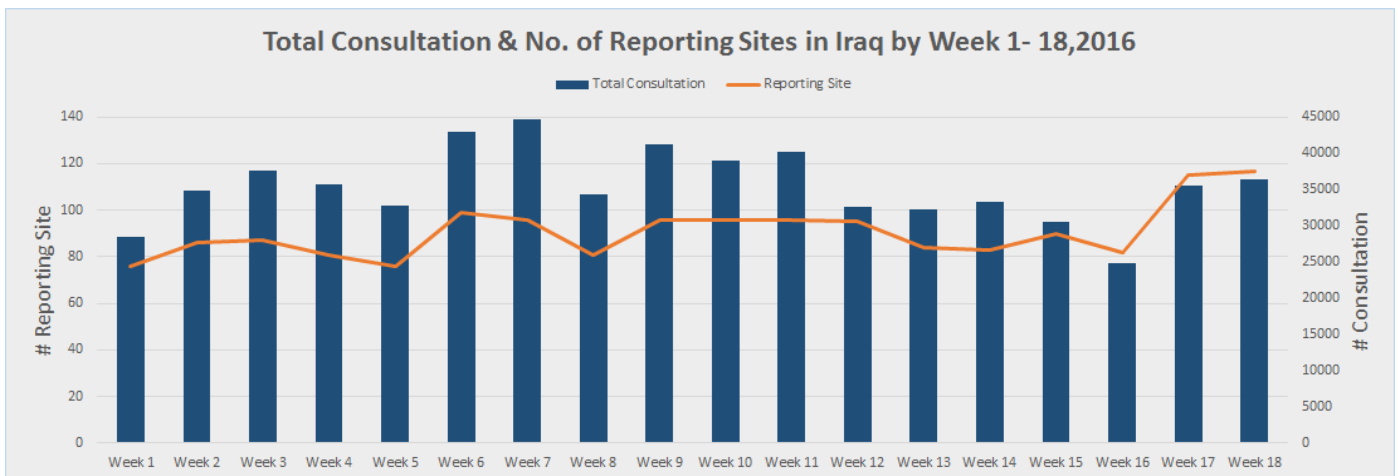
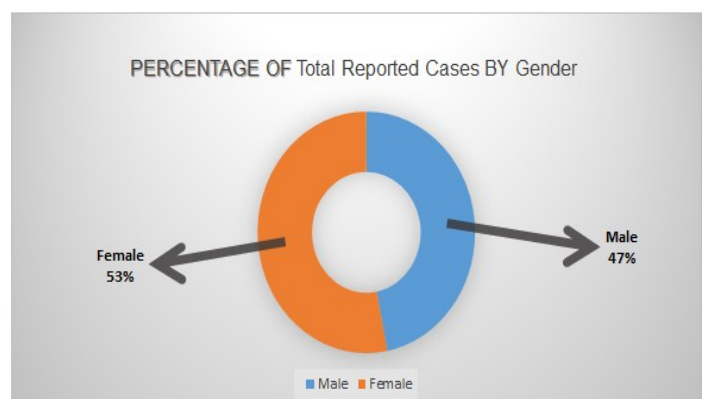
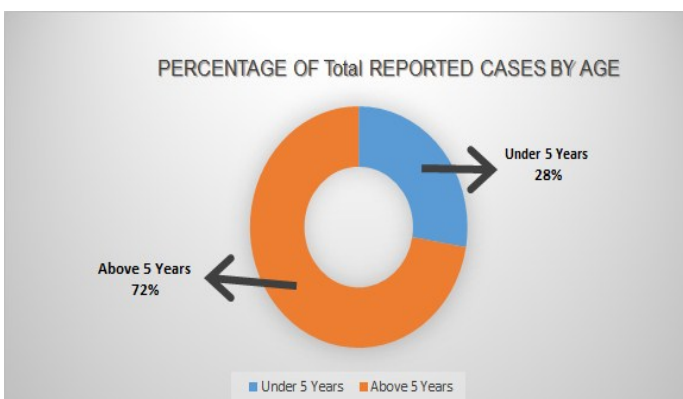


Figure I: Total consultations and proportion of reporting health facilities by Week 1 – 18, 2016

Consultations in the camps by age and gender (Week 18)



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).

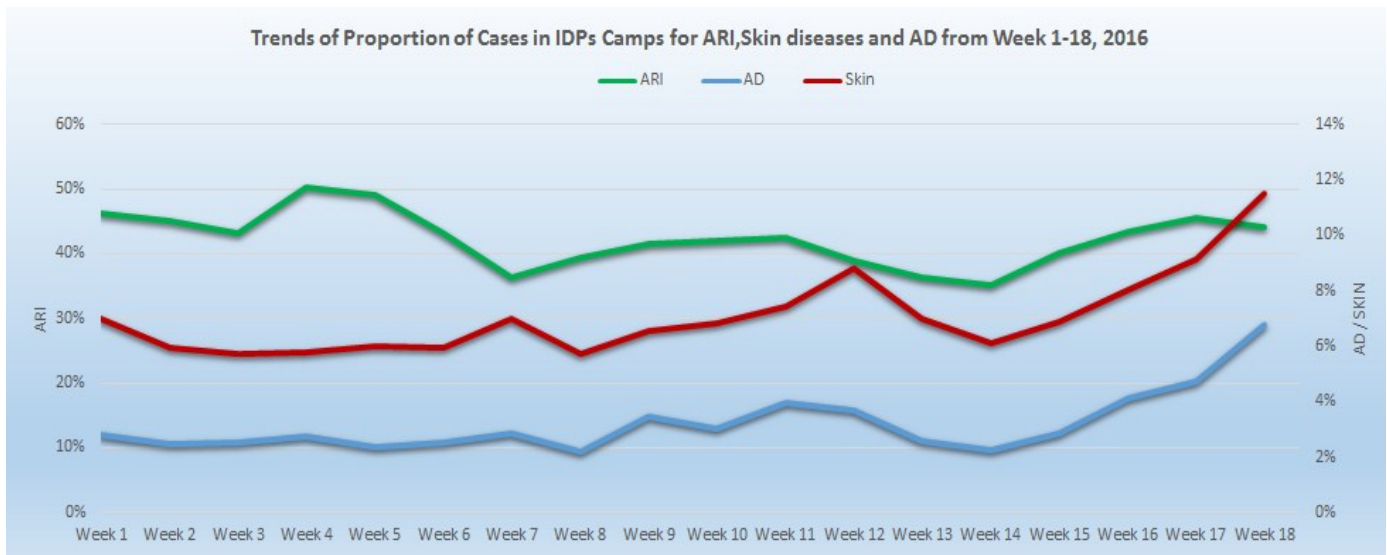


Figure II: Trend of proportion of cases of ARI, Scabies and AD in IDP camps Week 1 –18, 2016

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).

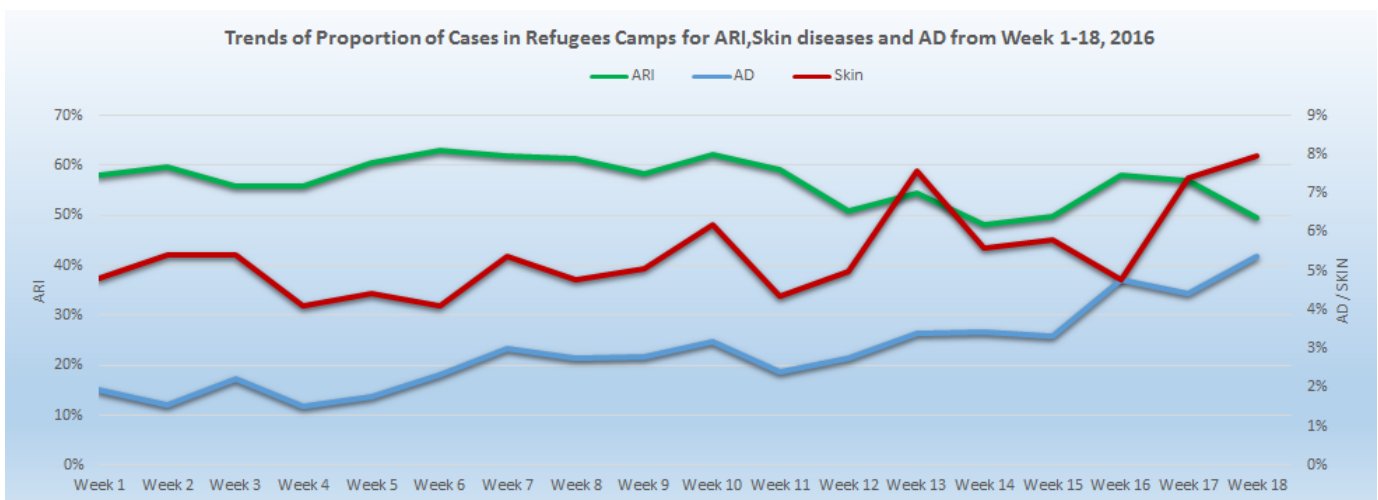


Figure III: Trend of proportion of cases of ARI, Scabies and AD in IDP camps Week 1– 18, 2016

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.

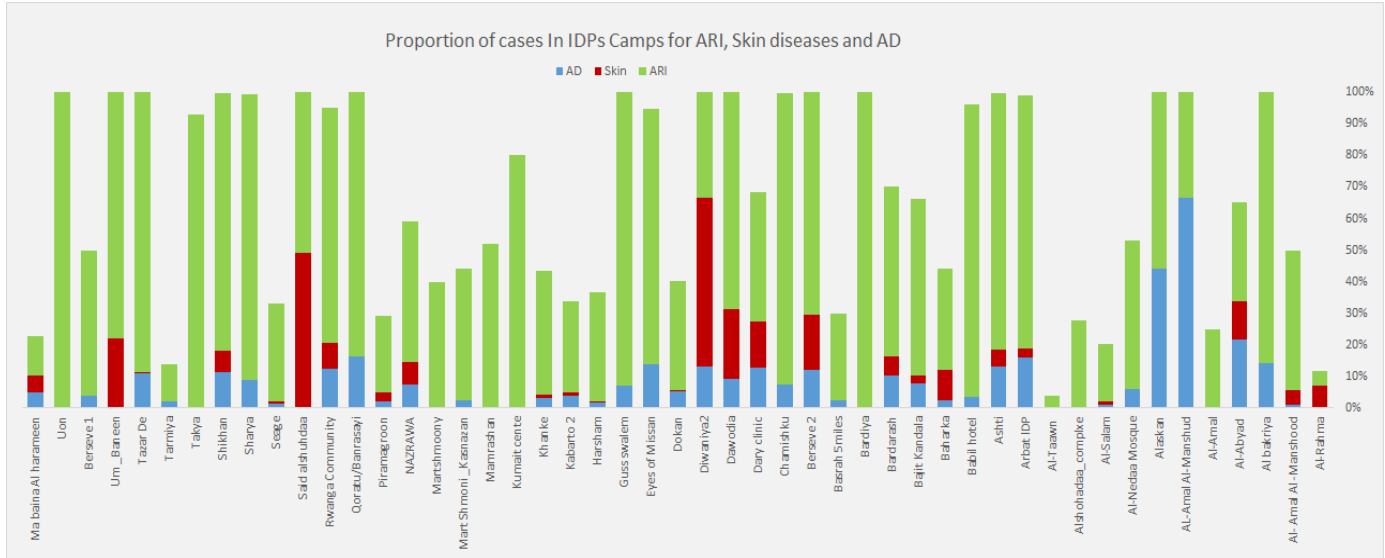


Figure IV: Proportion of cases of ARI, Scabies and AD in IDP camps for Week 18, 2016

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.

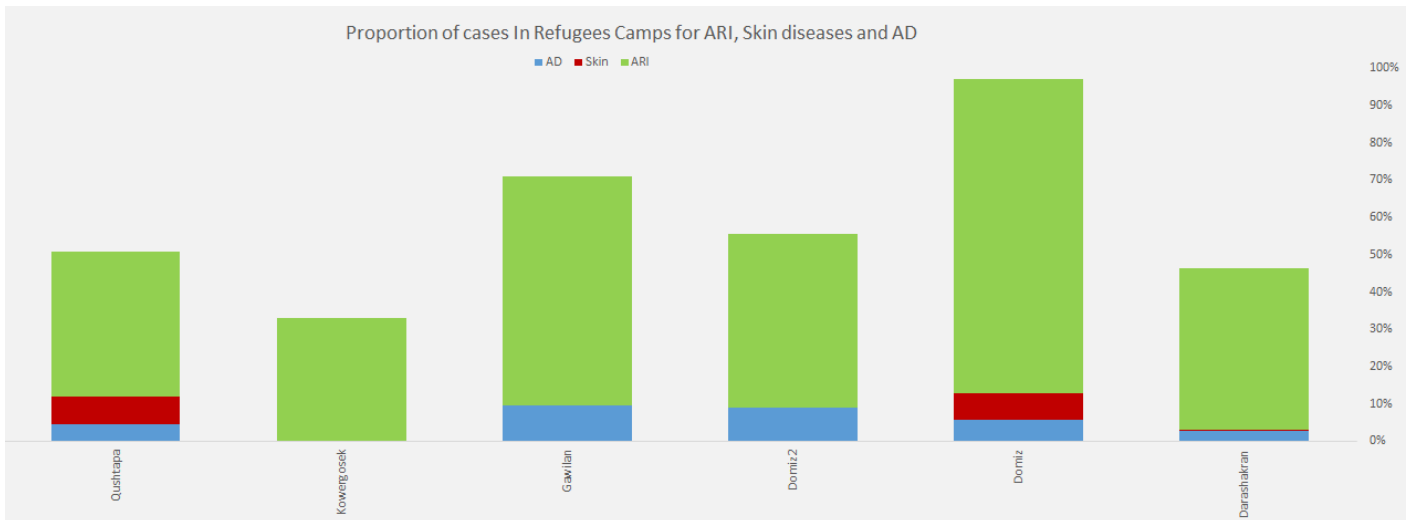


Figure V: Trend of proportions of cases of ARI, Scabies and AD in Refugee camps for Week 18, 2016

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.

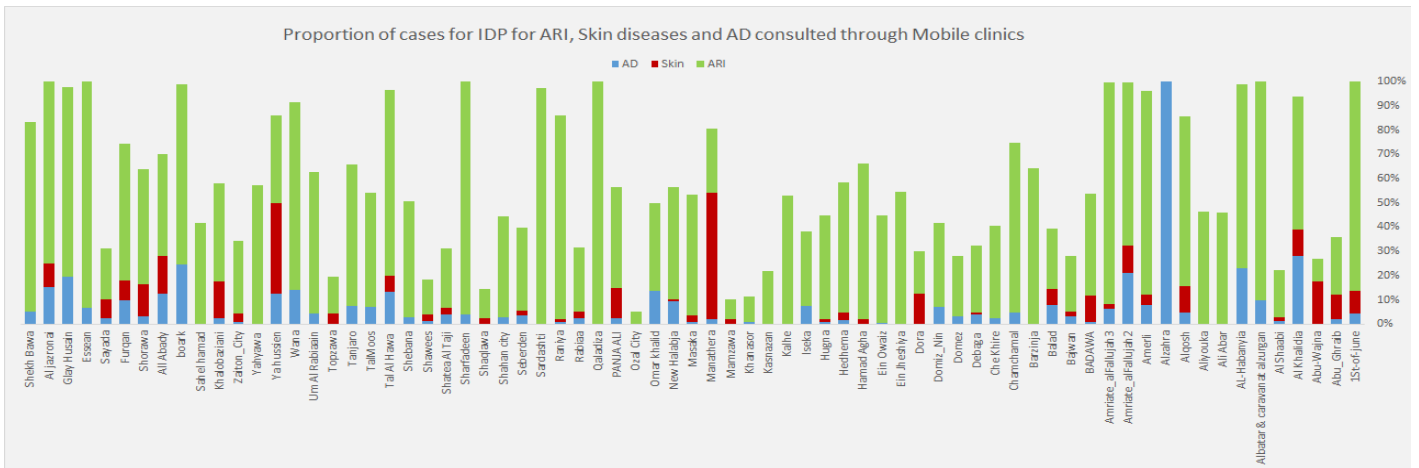


Figure VI: Trend of proportions of IDP cases for ARI, Scabies and AD covered by Mobile Clinics for Week 18, 2016

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.

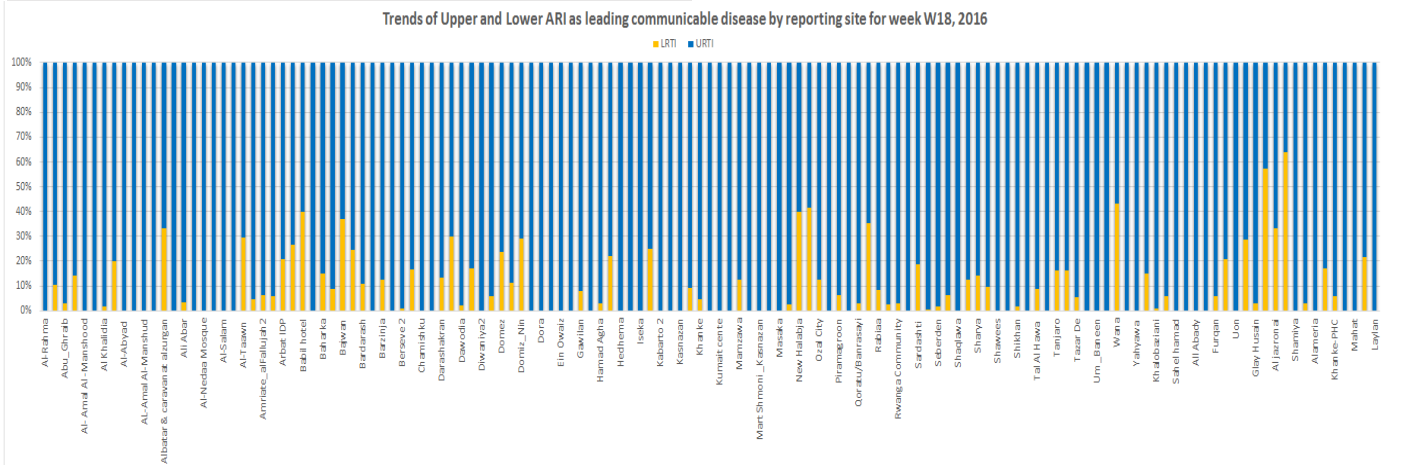
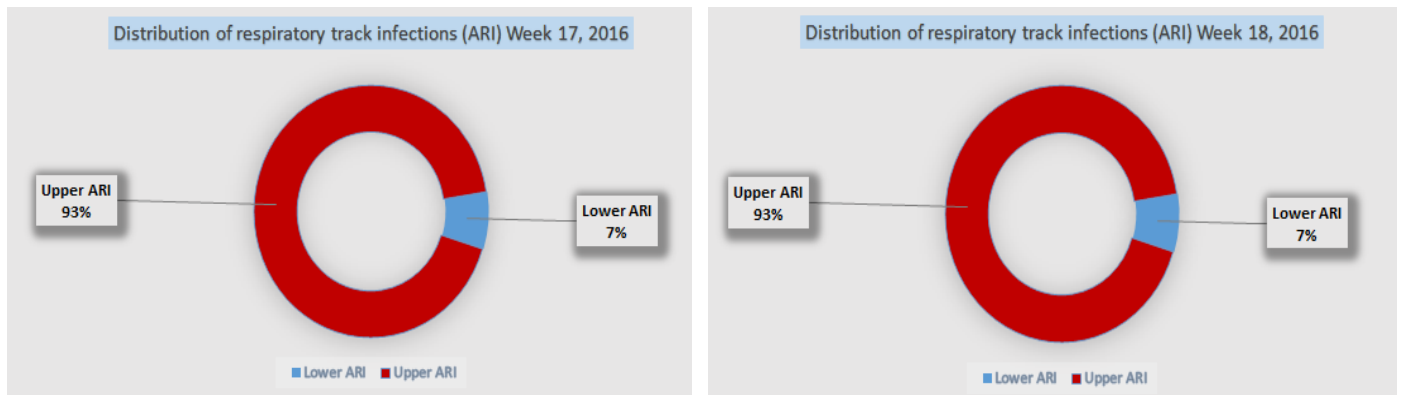


Figure VII: Trend of Upper and Lower ARI per reporting site for Week 18, 2016

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)

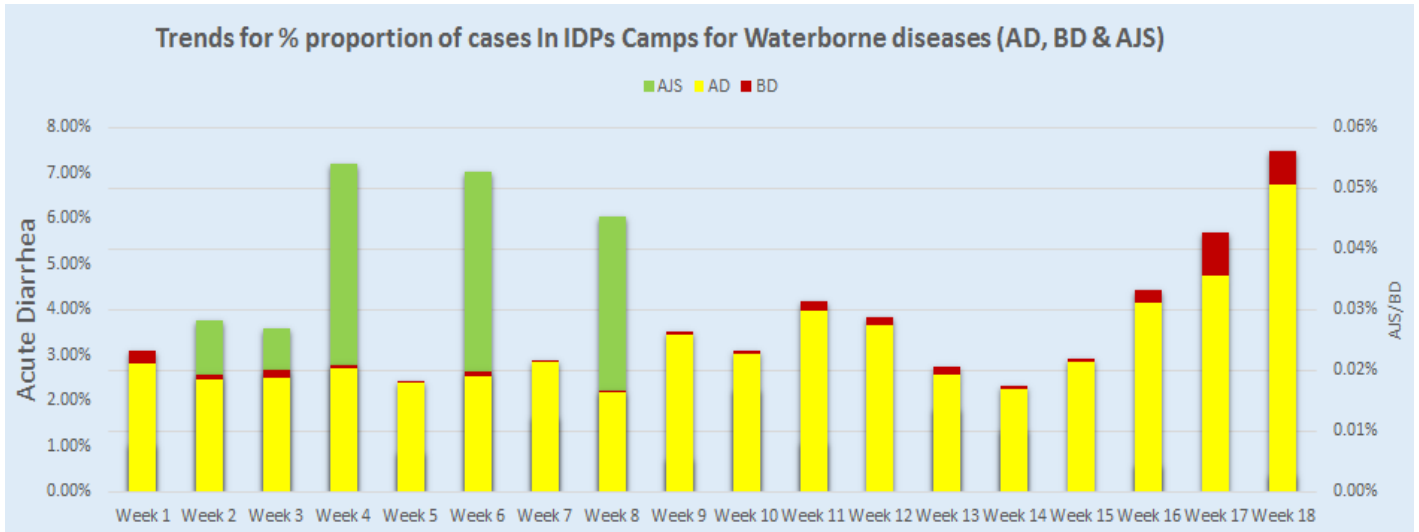


Figure VIII: Trend of Waterborne diseases from IDP camps, Week 1—18, 2016

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.

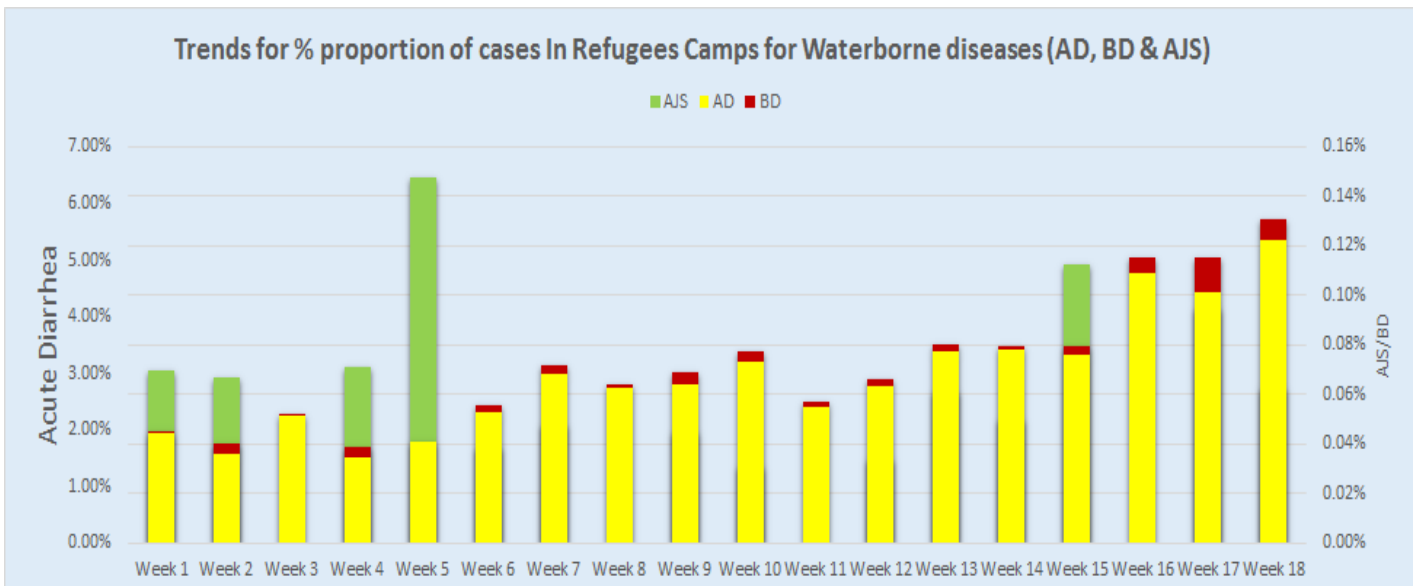


Figure IX: Trend of waterborne diseases from Refugee camps, Week 1—18, 2016

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).

Sn	Alert	Location	Governorate	District	IDP/Refugee Camp	# of cases	Run by	Investigation and Response within	Sample Taken Yes/No	Alerts Outcome True/False	Public Health Interventions Conducted
								48-72% DOH/WHO/NGO			
1	Suspected Measles	Arbat	Sulaymaniyah	Arbat	IDPs	1	EMERGENCY	Yes	Yes	TRUE	Yes
2		Al-Taawun	Salah-Al-Din	Al-Mutasem	IDPs	1	UIMS	Yes	No	FALSE	No
3		Ashti	Sulaymaniyah	Arbat	IDPs	1	EMERGENCY	Yes	Yes	TRUE	Yes
4		Al-Rahma	Salah-Al-Din	Dijlah	IDPs	2	UIMS	Yes	Yes	TRUE	No
5	Suspected Pertusis	Al-Salam	Anbar	Ameriyat Al-Fallujah	IDPs	1	UIMS	Yes	No	FALSE	No
6		Al-Taawun	Salah-Al-Din	Al-Mutasem	IDPs	1	UIMS	Yes	No	TRUE	Yes
7	Sus. Meningitis	Hevi	Dahuk	Dahuk	Hospital	1	DOH	Yes	Yes	TRUE	Yes
8	Suspected Leishmaniasis	Karababke	Dahuk	Dahuk	IDPs	1	MC-PU-AMI	Yes	No	TRUE	Yes
9	Suspected Cholera	Abu Greib	Baghdad	Karkh	IDPs	1	MC-IMC	Yes	No	FALSE	No

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.

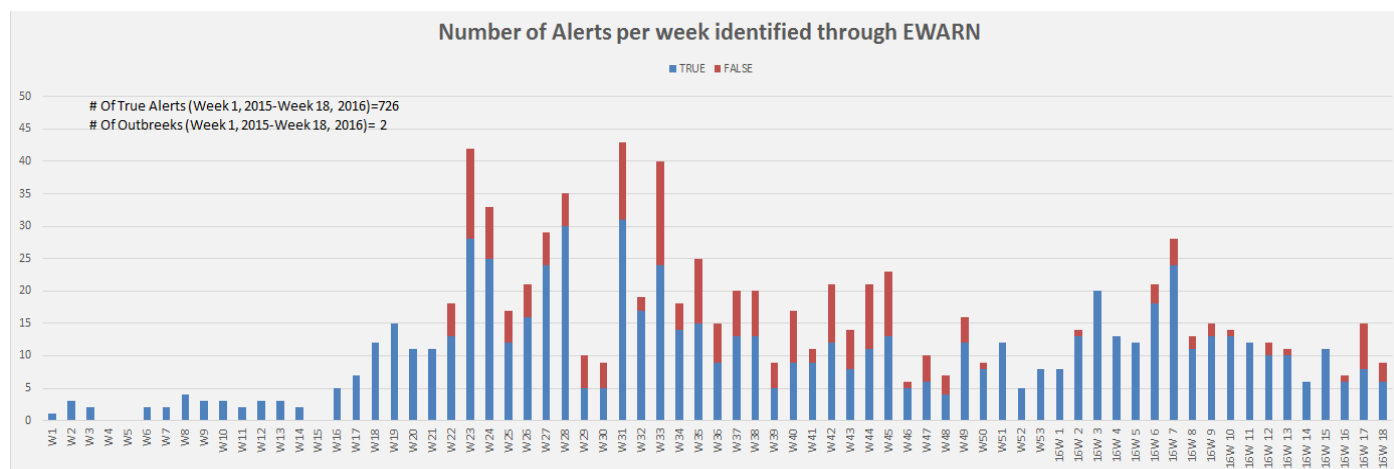


Figure X: Alerts generated through EWARN surveillance Week 1, 2015—Week 18, 2016

For comments or questions, please contact

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