

Iraq: EWARN & Disease Surveillance Bulletin

2016 Epidemiological Week: 17

Reporting Period: 25 April –1 May , 2016

Highlights

- ◆ **Number of reporting sites:** One hundred and fifteen (115) reporting sites (89% of the total EWARN reporting sites) including sixty-one (61) in Internally Displaced People’s (IDP) camps, four (4) in refugee camps and fifty (50) mobile clinics submitted their weekly reports timely and completely.
- ◆ **Total number of consultations:** 34 145 (Male=16 384 and Female=17 761) marking an increase of 11 227 since last week.
- ◆ **Leading causes of morbidity in the camps:** Acute Respiratory Tract Infections (ARI) (n=15 981), Skin Diseases (n=1 479) and Acute Diarrhea (AD) (n=1 624) remained the leading causes of morbidity in all camps during this reporting week.
- ◆ **Number of alerts:** Sixteen(16) alerts were generated through EWARN, of which thirteen (13) were from IDP camps (four of them from mobile clinics) and three from Refugees Camps during this reporting week. All these alerts were investigated within 72 hours, of which eight were verified as true and were further investigated and appropriately responded (please see Alerts and Outbreaks Section).

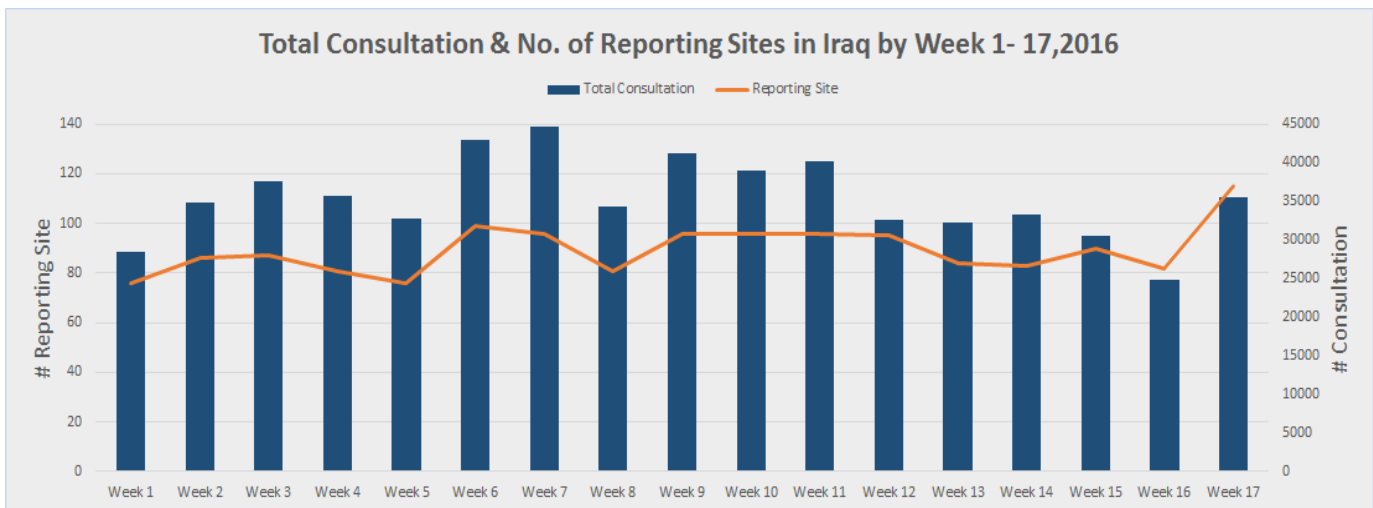
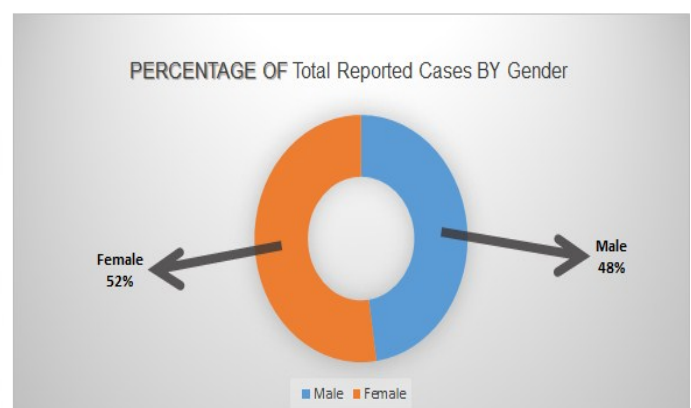
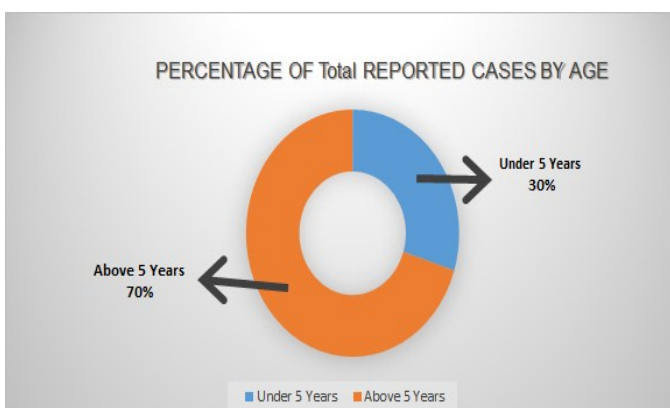


Figure I: Total consultations and proportion of reporting health facilities by Week 1 – 17, 2016

Consultations in the camps by age and gender (week 17)



Morbidity Patterns

IDP camps:

During Week 17, the proportions of all the common reported infectious diseases (Acute Respiratory Tract Infections (ARI), Acute Diarrhea, and skin infestations including scabies) continued to increase compared to the previous weeks. (Please see graph below).

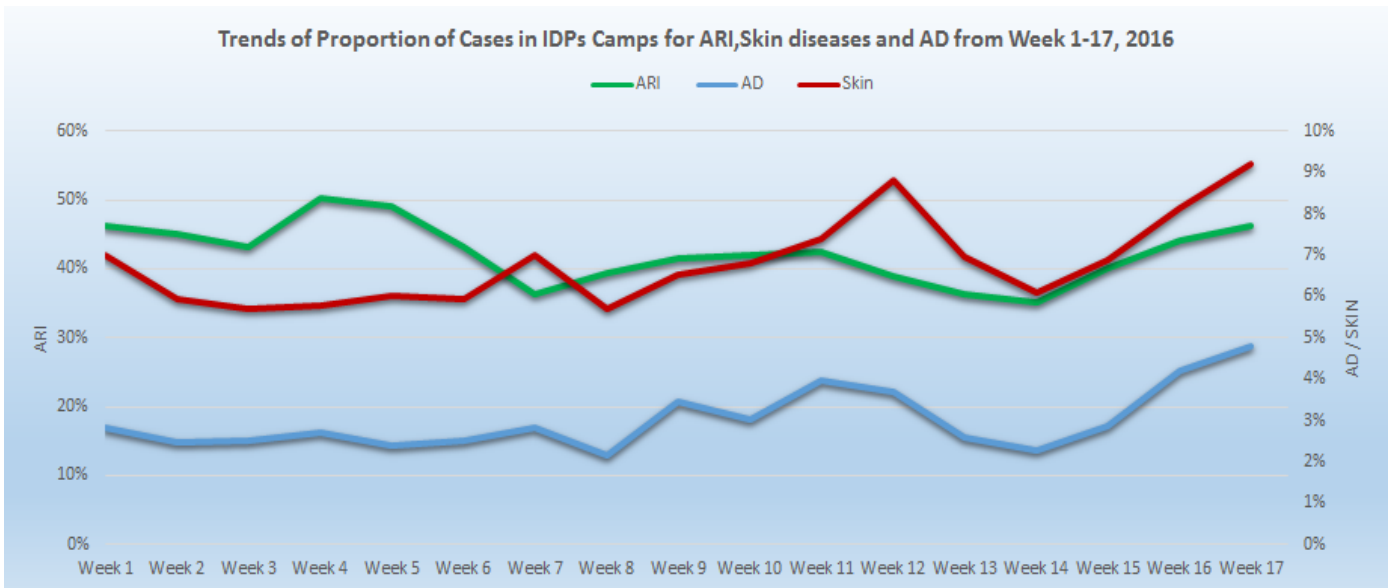


Figure II: Trend of proportion of cases of ARI, Scabies and AD in IDP camps Week 1–17, 2016

Refugee camps:

During Week 17, the proportion of Acute Respiratory Tract Infections (ARI) indicates a slight decrease from last week. There is a decrease in the proportions of the Acute Diarrhea trend in refugee camps this week compared to last week. Proportion of skin infestations including scabies increased this week from (Please see graph below).

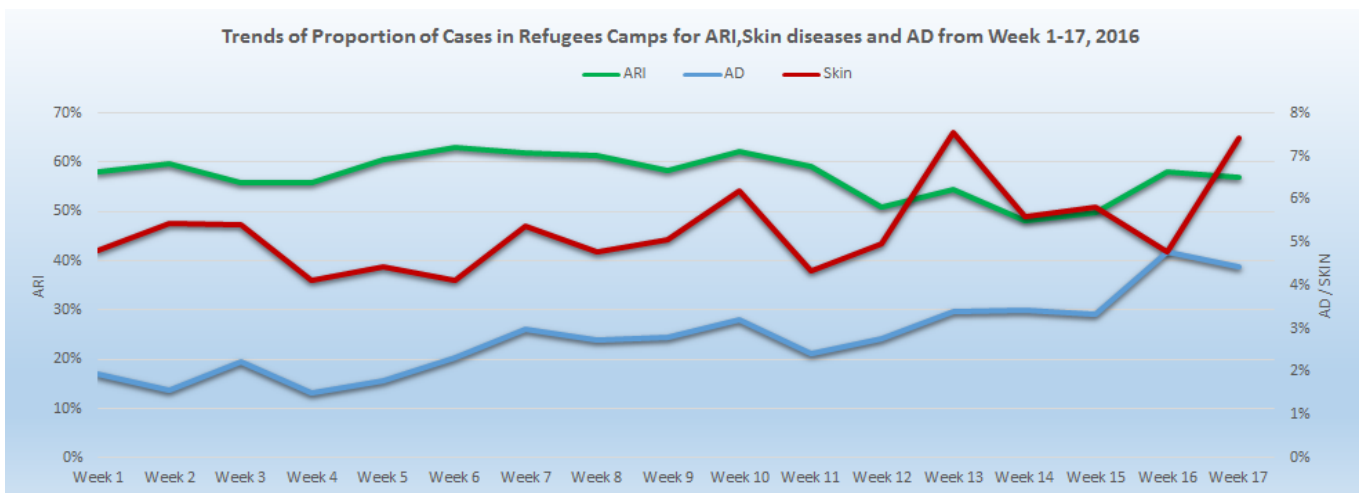


Figure III: Trend of proportion of cases of ARI, Scabies and AD in IDP camps Week 1–17, 2016

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 17, 2016.

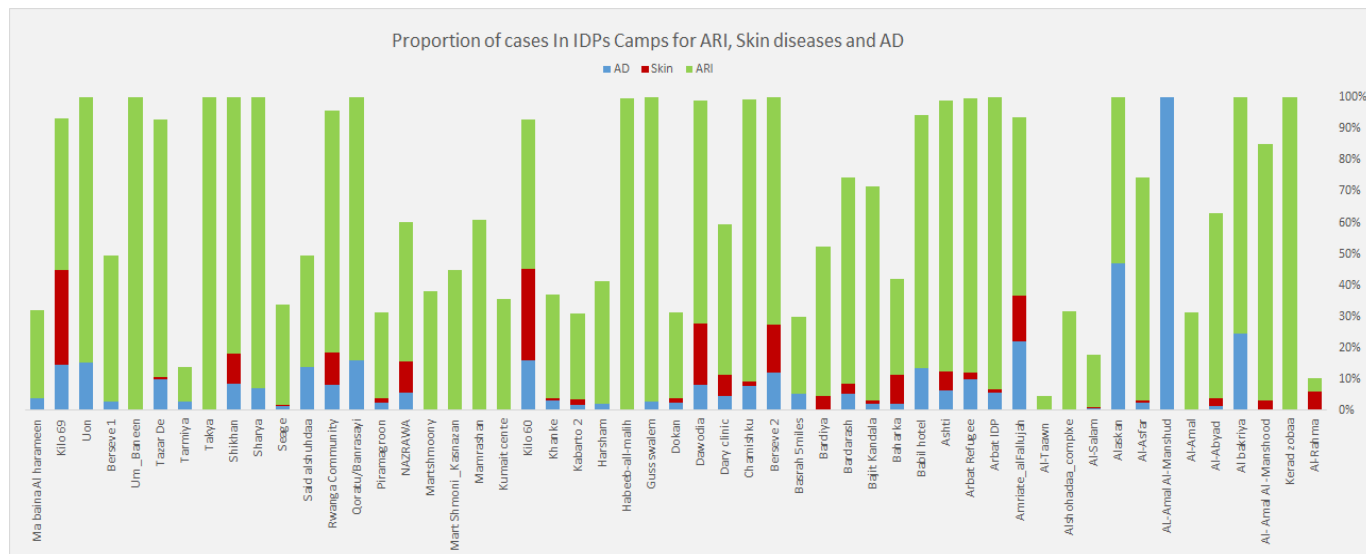


Figure IV: Proportion of cases of ARI, Scabies and AD in IDP camps for Week 17, 2016

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 17, 2016.

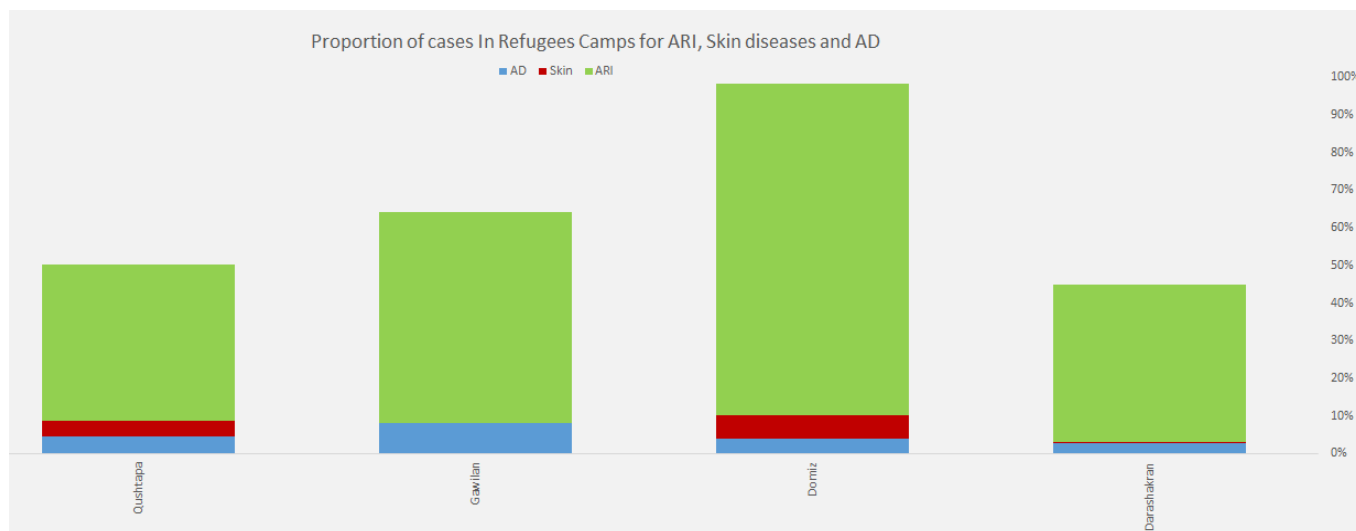


Figure V: Trend of proportions of cases of ARI, Scabies and AD in Refugee camps for Week 17, 2016

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 17, 2016.

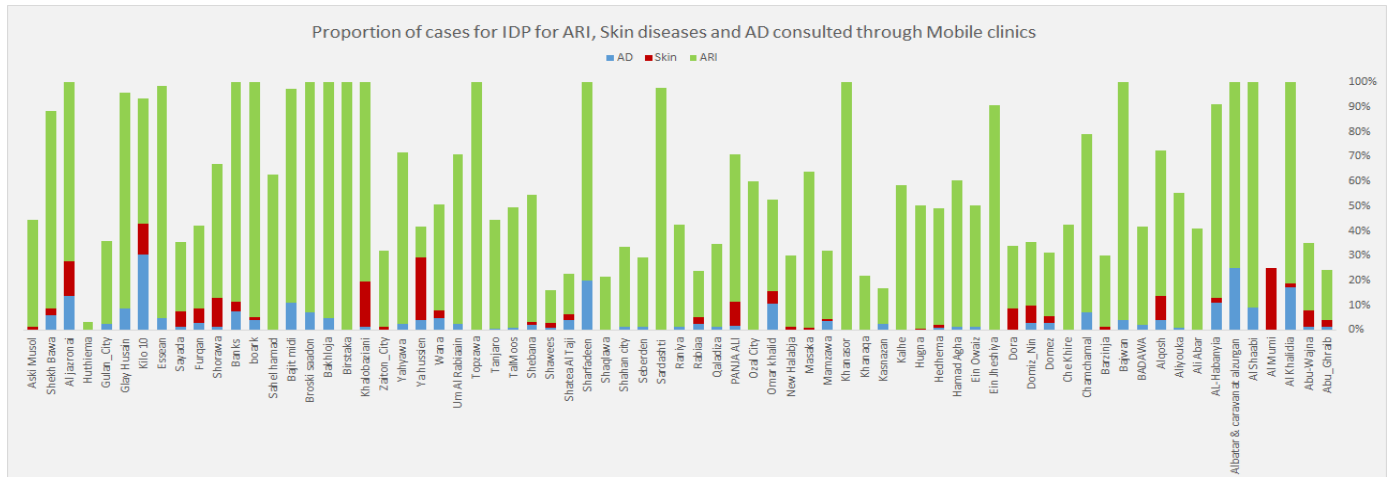


Figure VI: Trend of proportions of IDP cases for ARI, Scabies and AD covered by Mobile Clinics for Week 17, 2016

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 16, the proportion of upper ARI in Week 17 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 17.

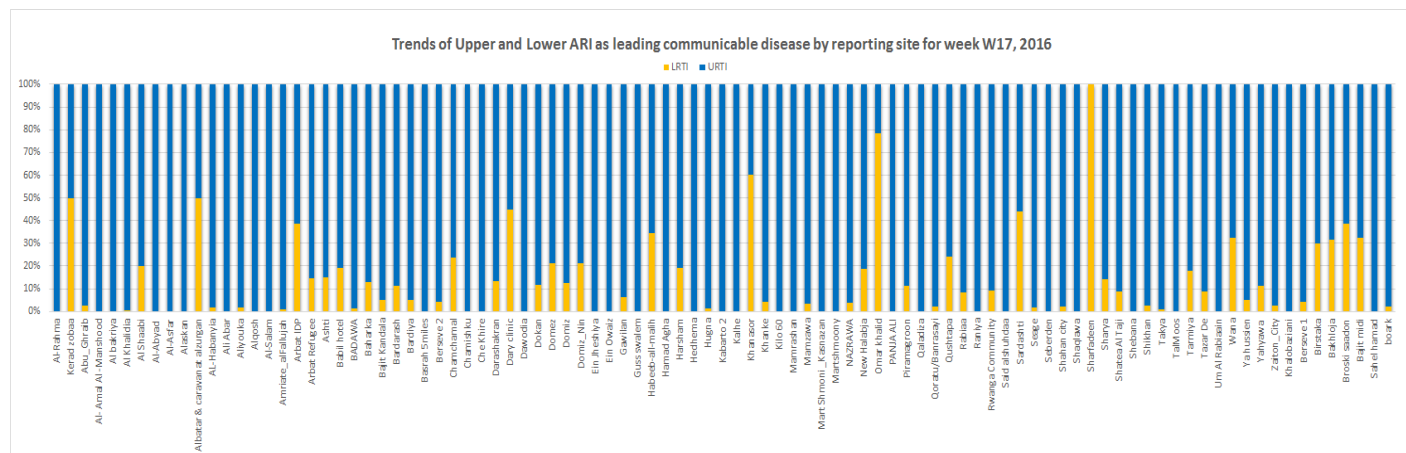
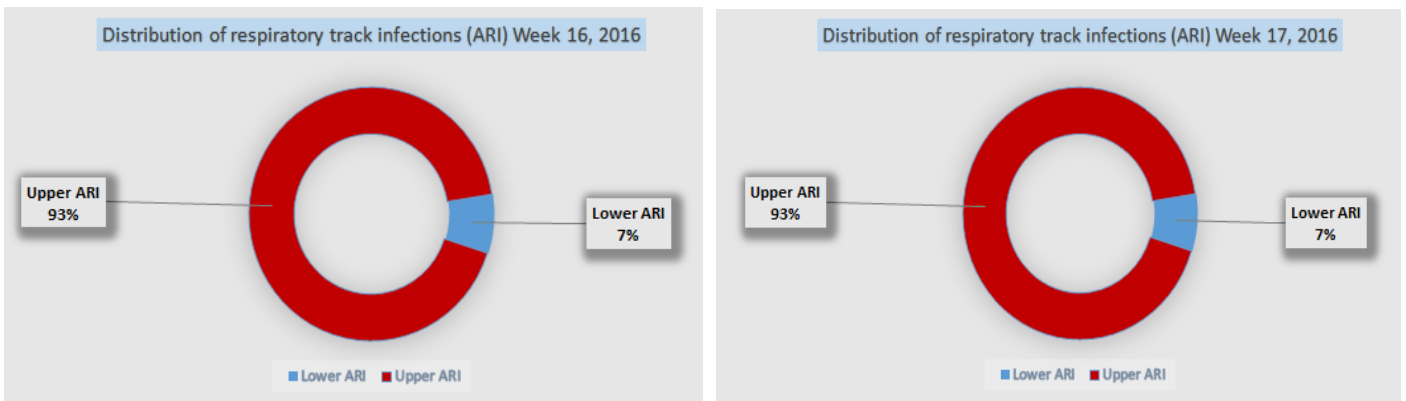


Figure VII: Trend of Upper and Lower ARI per reporting site for Week 17, 2016

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 continuous increase in this type of diseases. (See graph below)

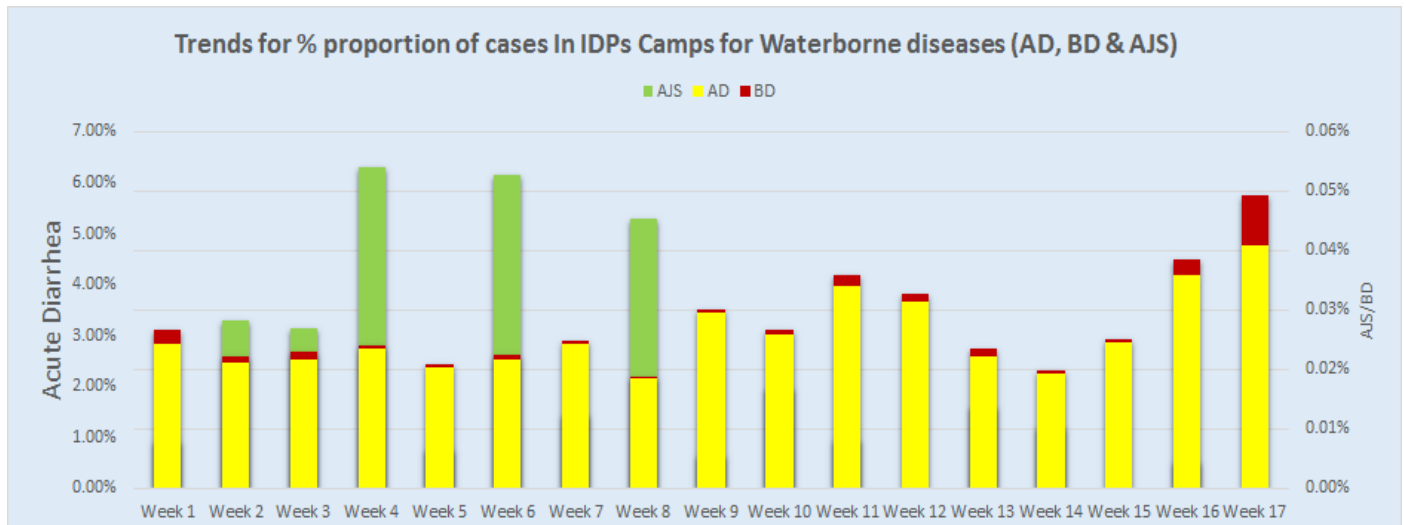


Figure VIII: Trend of Waterborne diseases from IDP camps, Week 1—17, 2016

Trends of Waterborne diseases in Refugee camps

The graph below shows the trends of reported waterborne diseases (Acute Diarrhea, Bloody Diarrhea and Acute Jaundice Syndrome) from refugee camps indicate static trend as per last week. Furthermore, no clustering has been reported for one of the waterborne cases during this period.

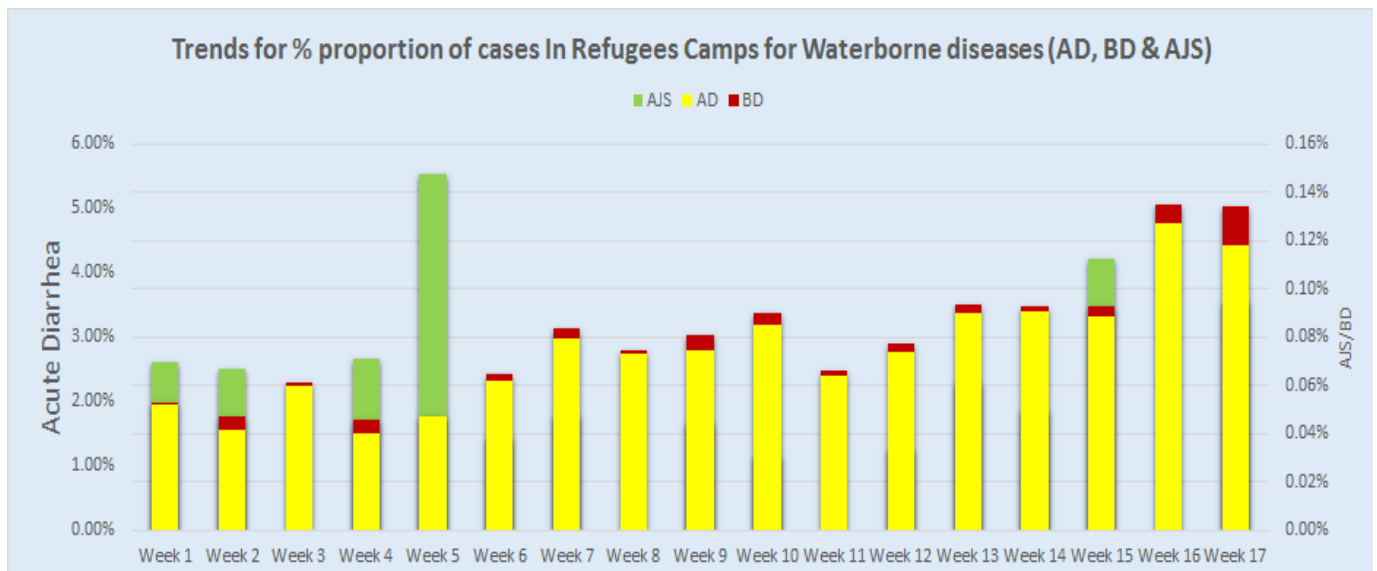


Figure IX: Trend of waterborne diseases from Refugee camps, Week 1—17, 2016

Sixteen alerts were generated through EWARN following the defined thresholds, of which thirteen were from IDP camps (four of them from mobile clinics), and three from Refugee Camps during this reporting week. All these alerts were investigated within 72 hours, of which eight (50%) 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 Alerts and Outbreaks table below).

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 Leishmaniasis	Al-Salam	Anbar	Ameriyat Al-Fallujah	IDPs	1	UIMS	Yes	No	TRUE	No
2		Al-Rahma	Salah-Al-Din	Dijlah	IDPs	2	UIMS	Yes	No	TRUE	No
3	Suspected Meningitis	Darashakran	Erbil	Erbil	Refugees	1	IMC	Yes	No	FALSE	No
4		Al-Amal	Anbar	Al-Nakheeb	IDPs	1	UIMS	Yes	No	FALSE	No
5		Domiz	Duhok	Sumel	Refugees	1	DOH	Yes	No	FALSE	No
6	Suspected Pertusis	Takia	Baghdad	Karkh	IDPs	1	DoH	No	No	FALSE	No
7		Al-Taawun	Salah-Al-Din	Al-Mutasem	IDPs	3	UIMS	Yes	No	TRUE	Yes
8		Al-Rahma	Salah-Al-Din	Dijlah	IDPs	1	UIMS	Yes	No	TRUE	Yes
9	Suspected Measles	Chamchamal	Sulaymaniyah	Sulaymaniyah	IDPs	1	MC-WVI	Yes	Yes	TRUE	No
10		Domiz	Duhok	Sumel	Refugees	1	DOH	Yes	No	FALSE	No
11		Glav Husain	Diyala	Khanagiqn	IDPs	1	MC-Archenova	Yes	No	FALSE	No
12		New Halabja	Sulaymaniyah	Sulaymaniyah	IDPs	3	MC-WVI	Yes	Yes	TRUE	No
13	Acute Flaccid Paralysis (AFP)	Domiz_Nin	Ninewa	Telafar	IDPs	3	MC-Medair	Yes	No	FALSE	No
14	Food poisoning	Ashti	Sulaymaniyah	Arbat	IDPs	14	EMERGENCY	Yes	Yes	TRUE	Yes
15	Mumps	Dary clinic	Baghdad	Karkh	IDPs	3	Dary clinic	Yes	No	TRUE	Yes
16	Acute Diarrhea	Shikhan	Ninewa	Shikhan	IDPs	43	IOM	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 by the Ministry of Health, WHO and health cluster partners.

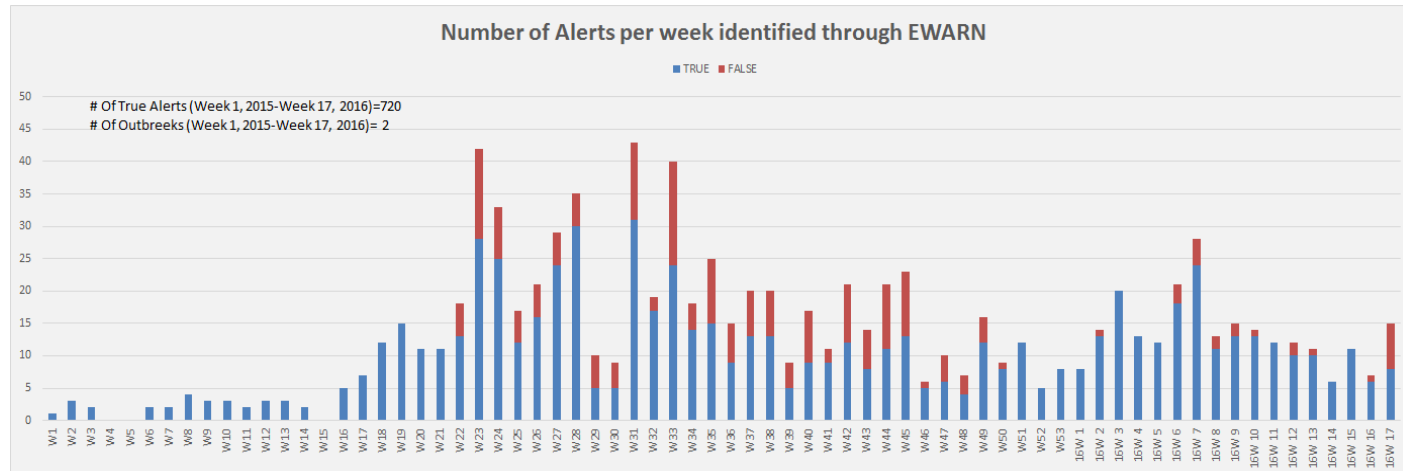


Figure X: Alerts generated through EWARN surveillance Week 1, 2015—Week 17, 2016

For comments or questions, please contact

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