





Iraq: **EWARN** & Disease Surveillance Bulletin

2016 Epidemiological Week: 16 Reporting Period: 18-24, April, 2016

Highlights

- ♦ Number of reporting sites: One Hundred (100) reporting sites (78% of the total EWARN reporting sites) including forty-two(42) in Internally Displaced People's (IDP) camps, two (2) in refugee camps and fifty-six (56) mobile clinics submitted their weekly reports timely and completely.
- ♦ Total number of consultations: 22 555 (Male=10 455 and Female=12 100) marking an decrease of 8 041 since last week due to the decrease of reporting sites.
- ◆ Leading causes of morbidity in the camps: Acute Respiratory Tract Infections (ARI) (n=10 012), Acute Diarrhea (AD) (n=886) and Skin Diseases (n=821) remained the leading causes of morbidity in all the camps during this reporting week.
- ♦ Number of alerts: Seven(7) alerts were generated through EWARN, of which five (5) were from IDP camps (one of them from mobile clinics), one from hospitals and one from Refugees Camp during this reporting week. All these alerts were investigated within 72 hours, of which six were verified as true and further investigated and appropriately responded by the respective Governorates Departments of Health, WHO and the relevant health cluster partners. (Details: see Alerts and Outbreaks Section).

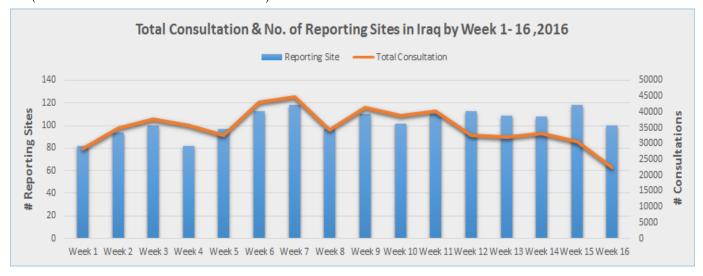
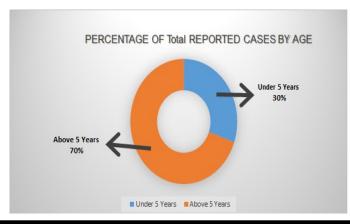
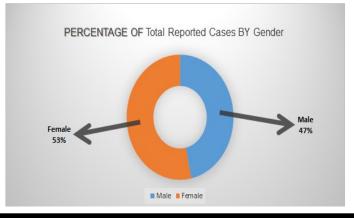


Figure I: Total consultations and proportion of reporting health facilities by Week 1-16, 2016

Percentage of the total reported cases in the camps by age and gender (Week 16)





Morbidity Patterns

IDP camps:

During Week 16, although there is a significant decrease in the reporting sites, the proportions of the common infectious diseases (Acute Respiratory Tract Infections (ARI), Acute Diarrhea and Skin infestations including scabies) in the IDPs camps showed an increase from the previous 2 weeks. (see graph below).

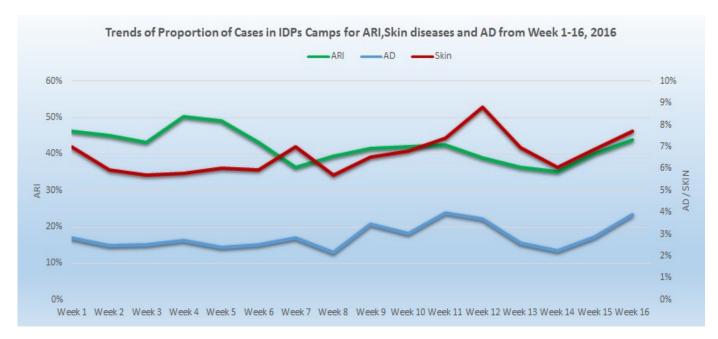


Figure II: Trend of proportion of cases of ARI, Scabies and AD in IDP camps Week 1-16, 2016

Refugee camps:

During Week 16, the proportion of Acute Respiratory Tract Infections (ARI) and Acute Diarrhea slightly increased. Proportion of skin infestations including scabies have decreased compared the previous week (see graph below).

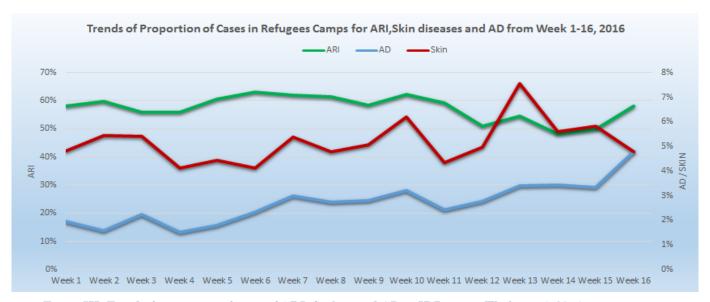


Figure III: Trend of proportion of cases of ARI, Scabies and AD in IDP camps Week 1-16, 2016

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 16, 2016.

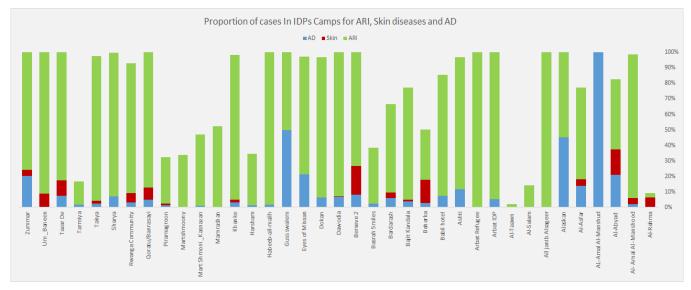


Figure IV: Proportion of cases of ARI, Scabies and AD in IDP camps for Week 16, 2016

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 the two Refugee camps that reported in Week 16, 2016.

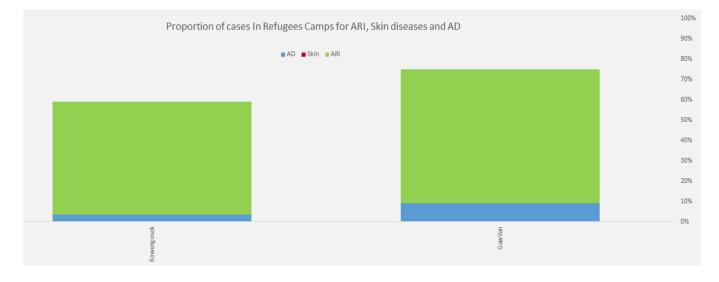


Figure V: Trend of proportions of cases of ARI, Scabies and AD in Refugee camps for Week 16, 2016

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 reported from the mobile clinics of the IDPs for Week 16, 2016.

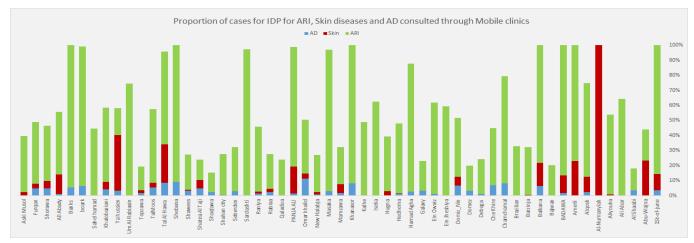


Figure VI: Trend of proportions of IDP cases for ARI, Scabies and AD covered by Mobile Clinics for Week 16, 2016

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 15, the proportion of upper ARI in Week 16 has increased by 2% from 91% to 93% while the Lower ARI proportion has decreased from 9% to 7% during the same time period. Furthermore, the other graph below indicates the proportion of lower and upper ARI cases by each reporting site for Week 16.

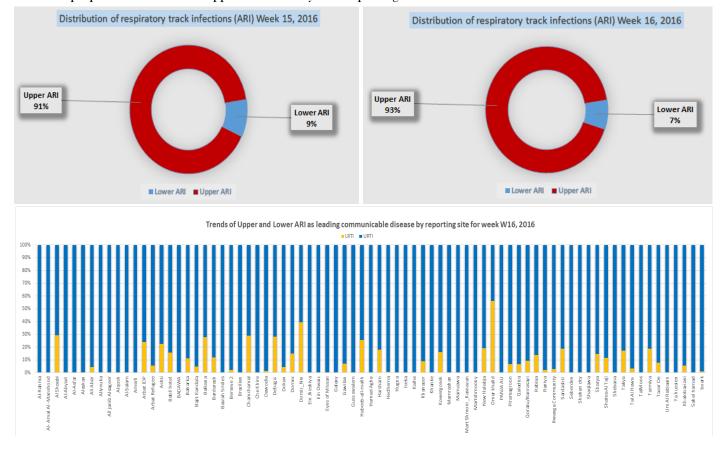


Figure VII: Trend of Upper and Lower ARI per reporting site for Week 16, 2016

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 a remarkable increase in these diseases. (See graph below)

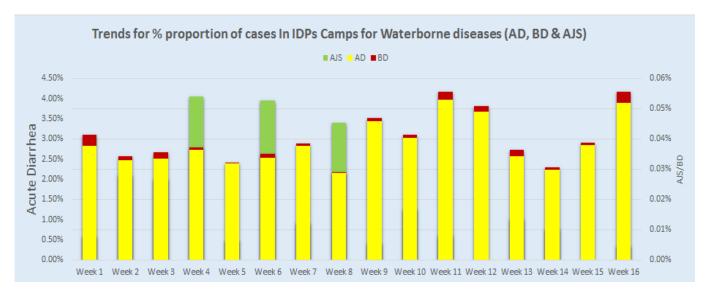


Figure VIII: Trend of Waterborne diseases from IDP camps, Week 1—16, 2016

Trends of Water borne diseases in Refugee camps

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

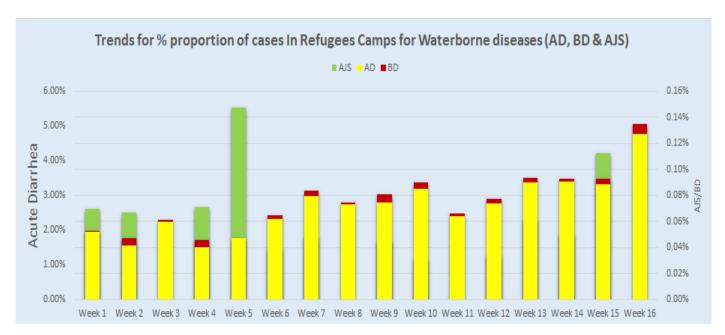


Figure IX: Trend of waterborne diseases from Refugee camps, Week 1—16, 2016

Seven alerts were generated through EWARN following the defined thresholds, of which five were from IDP camps (one of them from mobile clinic), one from Hospitals and one from Refugees Camp during this reporting week. All these alerts were investigated within 72 hours of which six were verified as true and further investigated and responded by the respective Governorates Departments of Health, WHO and the relevant health cluster partners, where the acute watery diarrhea case discarded by the DOH Kirkuk after investigation, (Details: see Alerts and Outbreaks Section). The acute diarrhea cases in all reporting sites started to increase and requires attention to the causative agents, specifically cholera during this summer season.

Sn	Alert	Location	Governorate	District	IDP/Refugee Camp	# of cases	Run by	Investigatio n and Response within 48-72% DOH/WHO/ NGO	Sample Taken Yes/No	Alerts Outcome True/False	Public Health Intervention s Conducted
2	Suspected Leishmaniasis	Al-Salam	Anbar	Ameriyat Al-Fallujah	IDPs	1	UIMS	Yes	No	TRUE	Yes
		Al-Rahma	Salah-Al-Din	Dijlah	IDPs	3	UIMS	Yes	No	TRUE	Yes
3	Suspected Measles	Arbat	Sulaymaniyah	Arbat	Refugees	1	EMERGENCY	Yes	Yes	TRUE	Yes
4		Ashti	Sulaymaniyah	Arbat	IDPs	1	EMERGENCY	Yes	Yes	TRUE	Yes
5	Suspected Meningitis	hevi	Dahuk	Dahuk	Hospital	2	DoH	Yes	Yes	TRUE	Yes
6	Suspected Pertusis	Al-Rahma	Salah-Al-Din	Dijlah	IDPs	4	UIMS	Yes	No	TRUE	Yes
7	Acute Watery Diarrhea- (Suspected Cholera)	All Abady	Kirkuk	Daquq	IDPs	1	MC-MDM	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.

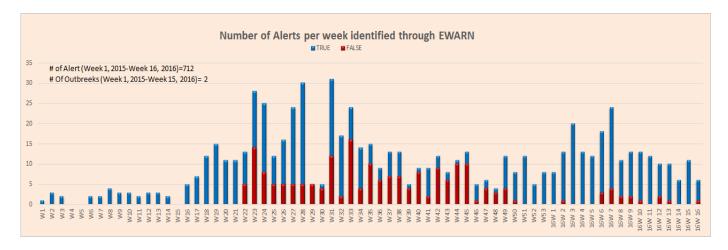


Figure X: Alerts generated through EWARN surveillance Week 1, 2015—Week 16, 2016

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