



World Health
Organization

EWARN: EARLY WARNING ALERTS AND RESPONSE NETWORK

Iraq: EWARN & Disease Surveillance Bulletin

2016 Epidemiological Week: 5

Reporting Period: 1 — 7 February , 2016

Highlights

- ◆ **Number of reporting sites:** Ninety-eight(98) reporting sites (77% of the total EWARN reporting sites) including thirty-eight (38) in Internally Displaced People's (IDP) camps, four (4) in Refugee camps and fifty-six (56) mobile clinics submitted their weekly reports timely and completely.
- ◆ **Total number of consultations:** 32 728 (Male=15 838 and Female=16 890) marking a decrease of 4% since last week.
- ◆ **Leading causes of morbidity in the camps:** Acute Respiratory Tract Infections (ARI) (n=16 289), Skin Diseases (n=1 169) and Acute Diarrhea (AD) (n=767) remained the leading causes of morbidity in all camps during this reporting week.
- ◆ **Number of alerts:** Twelve (12) alerts were generated through EWARN following the defined thresholds, of which eleven (11) were from IDP camps and one (1) from referral hospital during this reporting week. All these alerts were investigated within 72 hours and all were verified as true. They were 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).

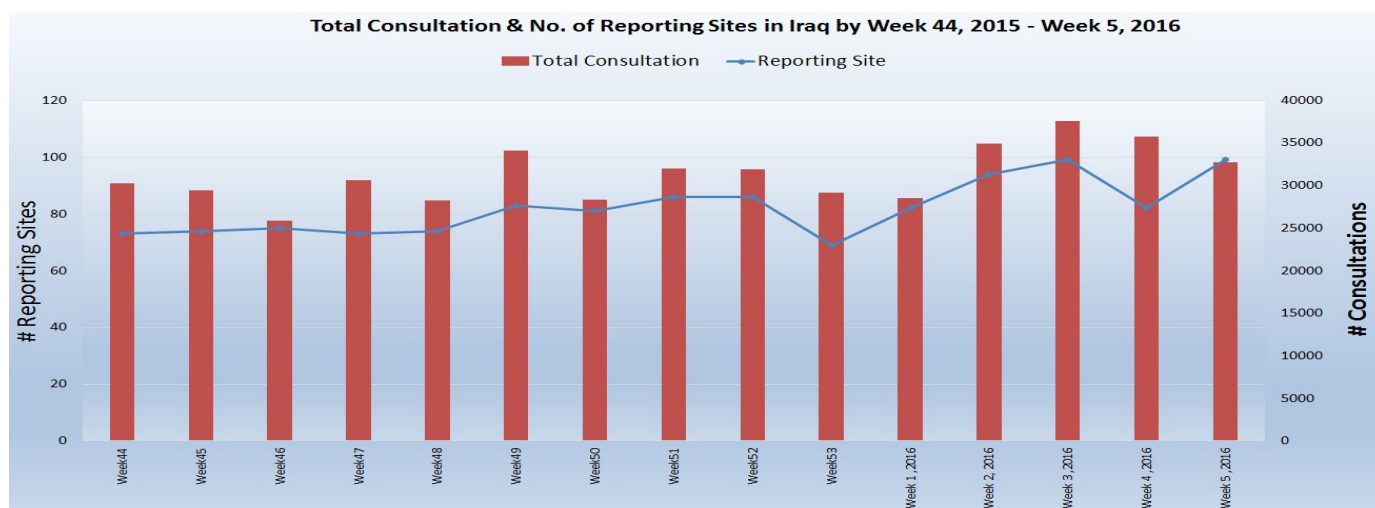
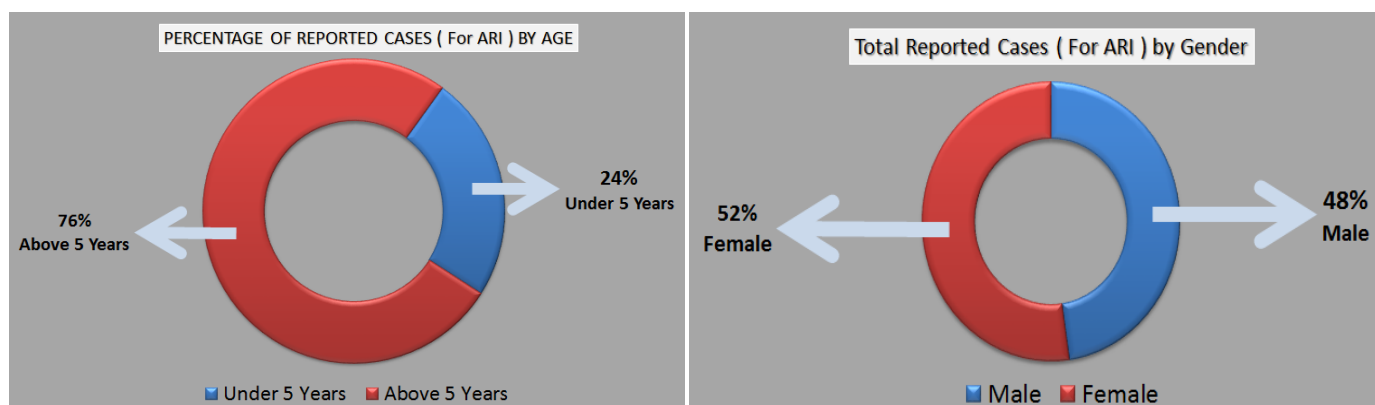


Figure I: Total consultations and proportion of reporting health facilities by Week 44, 2015 – Week 5, 2016
Consultations in the camps by age and gender (Week 5)



Morbidity Patterns

IDP camps:

During Week 5, the proportions of Acute Respiratory Tract Infections (ARI) are showing a slight decrease compared to the previous week. The proportions of Acute Diarrhea in IDP camps continued to decrease from Week 49, 2015. The proportion of Skin Diseases including Scabies showed an increase (see graph below).

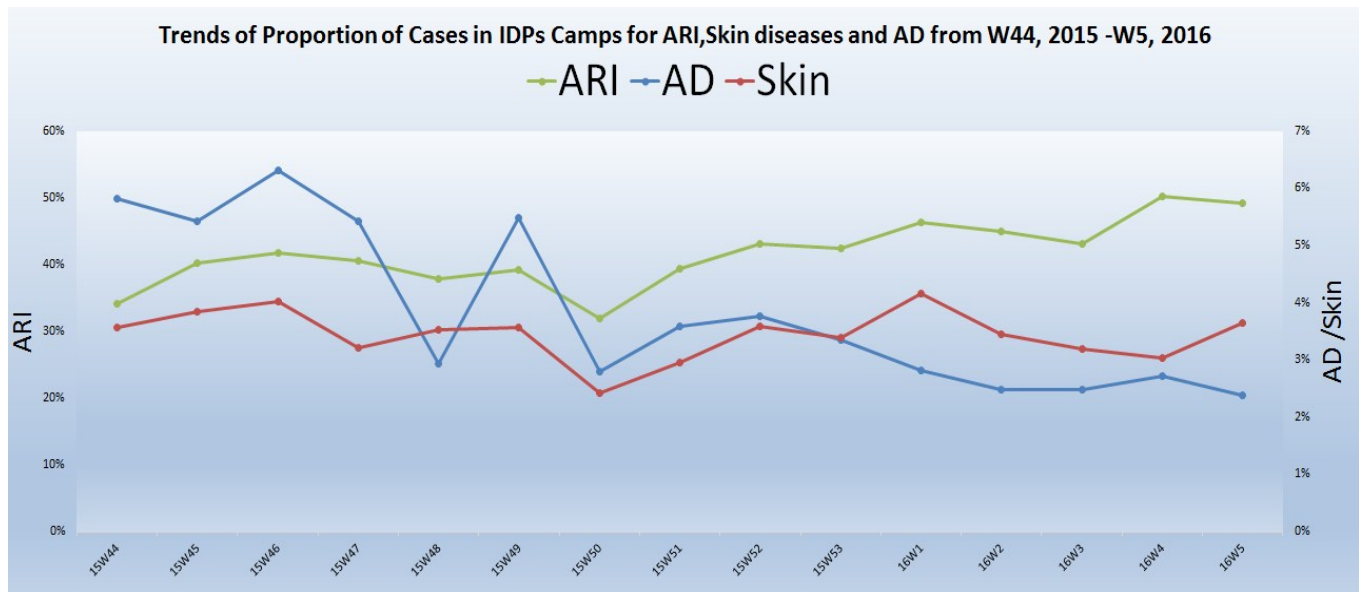


Figure II: Trend of proportion of cases of ARI, Scabies and AD in IDP camps Week 44, 2015 –Week 5, 2016

Refugee camps:

During Week 5, the proportion of Acute Respiratory Tract Infections (ARI) slightly increased from 55.74% to 60.41%. The proportions of Acute Diarrhea trend in refugee camps is still fluctuating, with a reported increase compared to last week, (week 4=1.51% and week 5=1.77%). Proportion of skin infestations including scabies have decreased (see graph below).

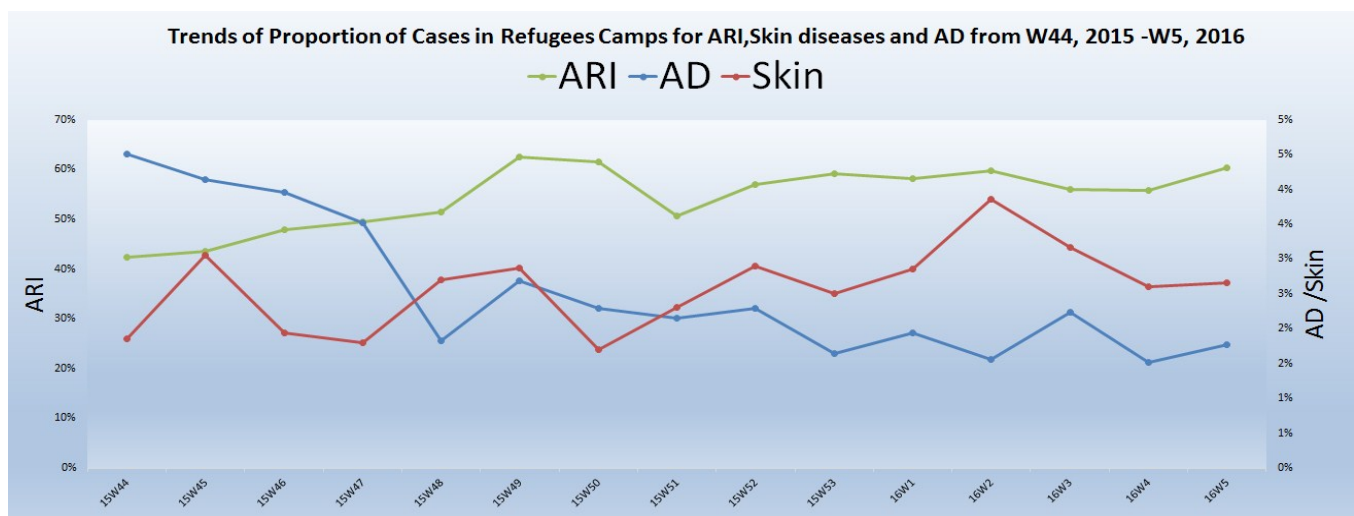


Figure III: Trend of proportion of cases of ARI, Scabies and AD in IDP camps Week 44, 2015—Week 5, 2016

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 5, 2016.

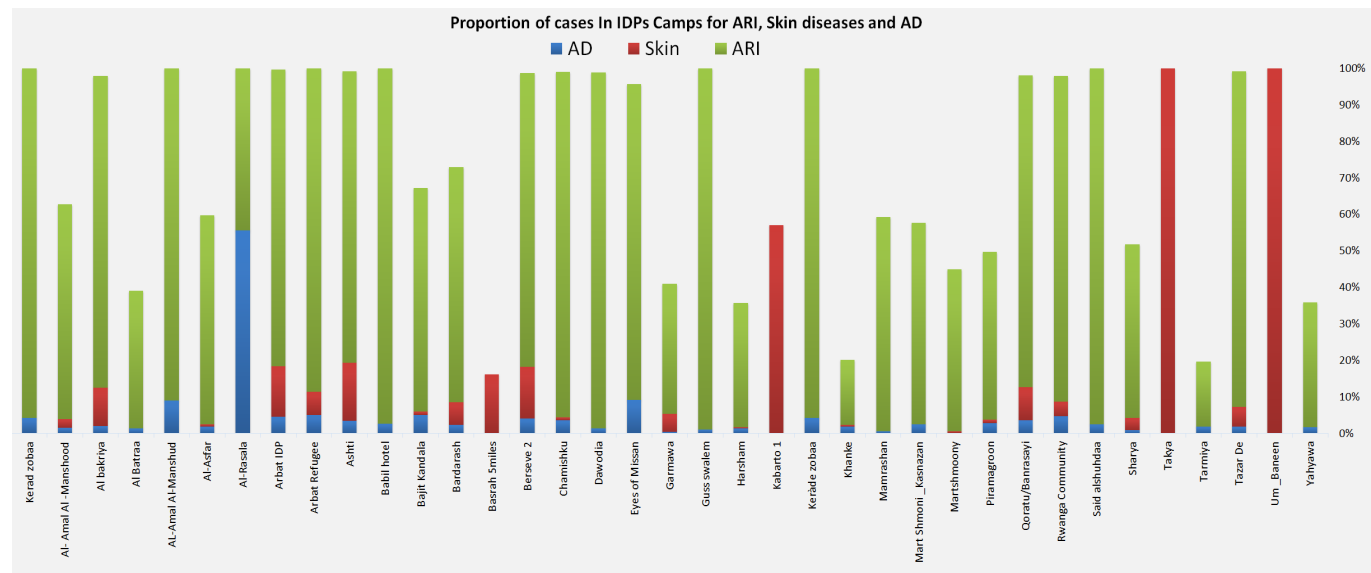


Figure IV: Proportion of cases of ARI, Scabies and AD in IDP camps for Week 5 2016

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 5, 2016.

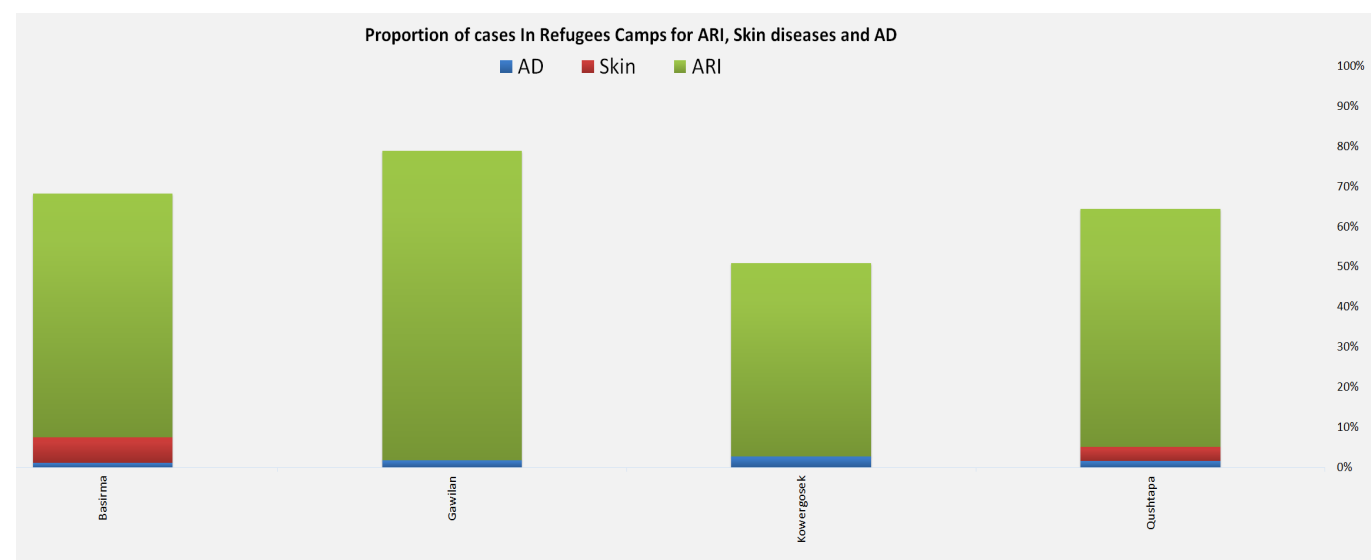


Figure V: Trend of proportions of cases of ARI, Scabies and AD in Refugee camps for Week 5, 2016

Trend of Diseases by proportions 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 5, 2016.

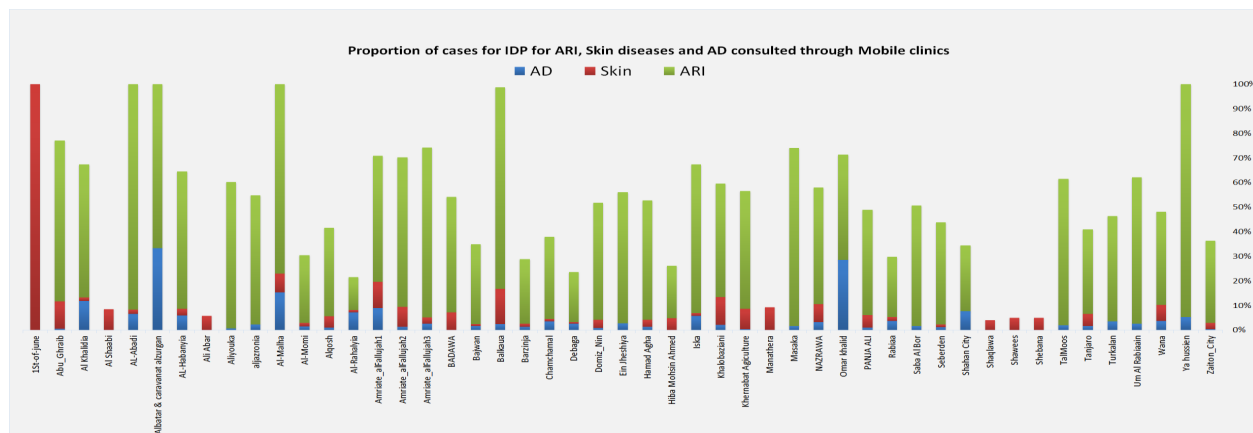


Figure VI: Trend of proportions of IDP cases for ARI, Scabies and AD covered by Mobile Clinics for Week 5 - 2016

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. The proportion of upper ARI remained the same compared to last week (Upper ARI=96% & Lower ARI=4%). Furthermore, the graph below indicates the proportion of lower and upper ARI cases per each reporting site for Week 5.

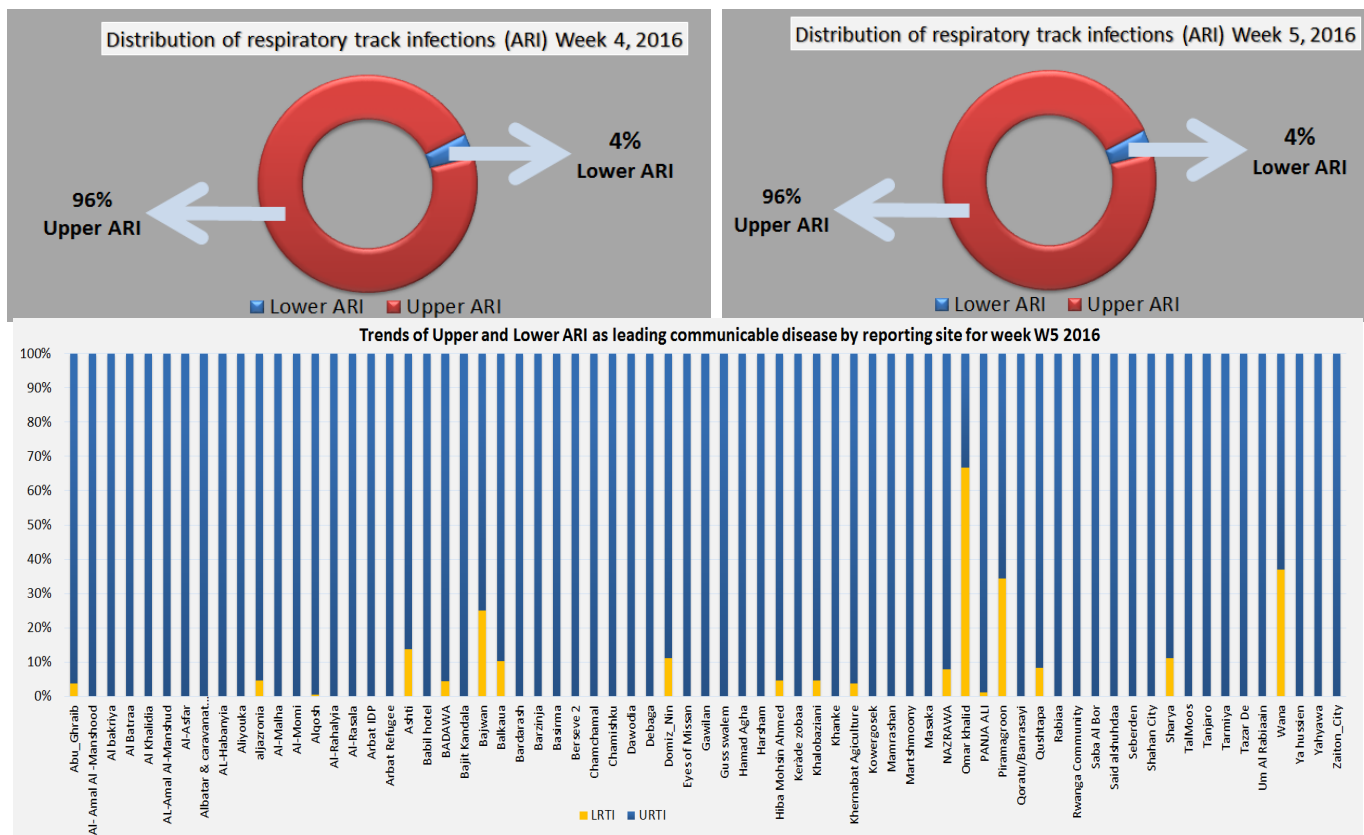


Figure VII: Trend of Upper and Lower ARI per reporting site for Week 5 - 2016

Trends of Waterborne Diseases in IDP camps

The graph below shows the proportion of waterborne diseases (Acute Diarrhea, Bloody Diarrhea and Acute Jaundice Syndrome) reported from IDP camps, which indicate a decrease. (See graph below)

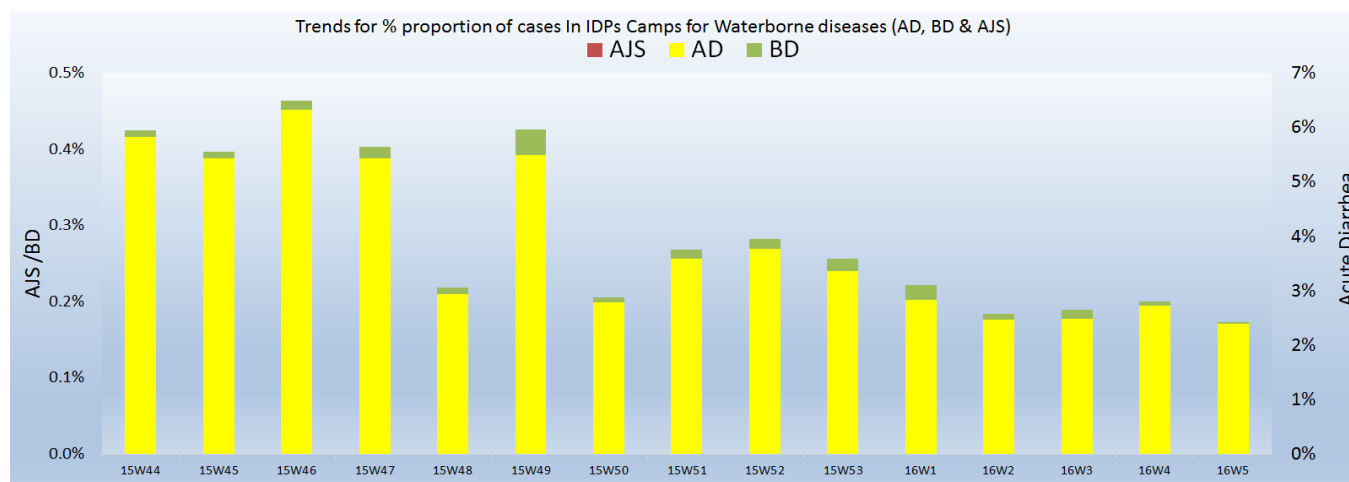


Figure VIII: Trend of Waterborne diseases from IDP camps, week 44, 2015—Week 5, 2016

Trends of Waterborne diseases in Refugee camps

The graph below shows the proportion of waterborne diseases (Acute Diarrhea, Bloody Diarrhea and Acute Jaundice Syndrome) from refugee camps that show a slight increase of the trend from Week 4, although fewer sites reported during Week 5 compared to Week 4. Furthermore, no clustering has been reported for any of the waterborne diseases during this period.

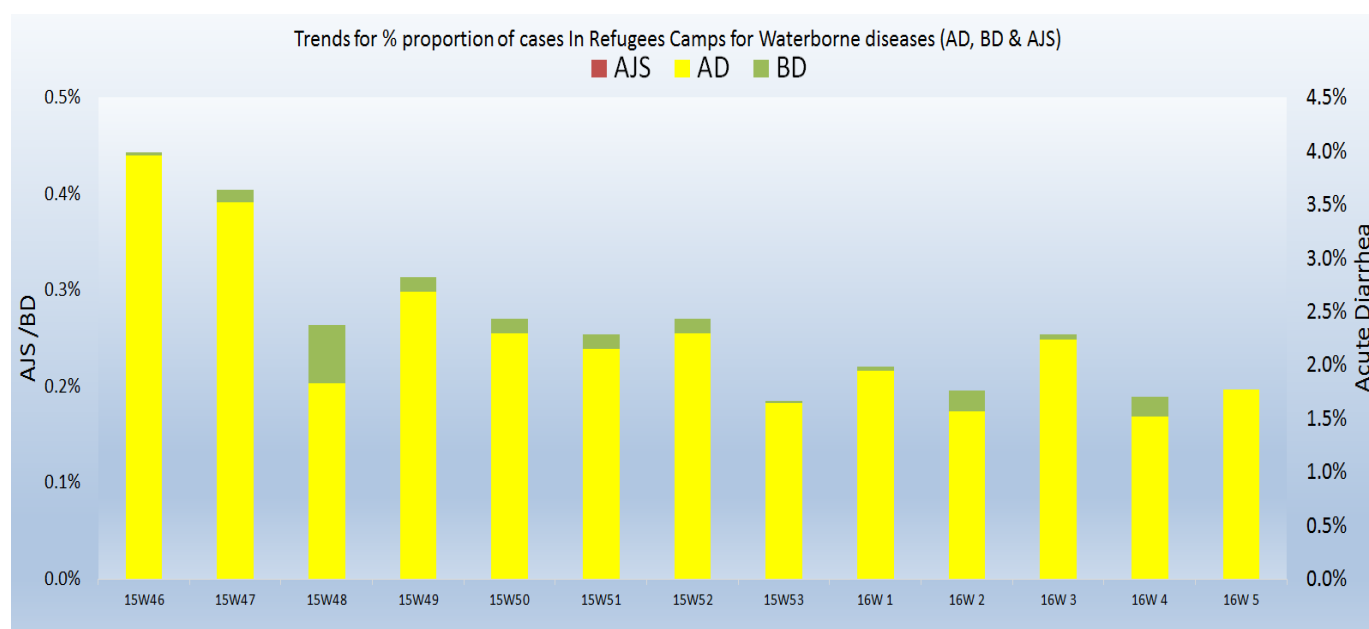


Figure IX: Trend of waterborne diseases from Refugee camps, Week 44, 2015 — Week 5, 2016

Twelve alerts were generated through EWARN following the case definition and alerts thresholds, of which eleven (11) were from IDP camps and one (1) from a hospital during this reporting week. All these alerts were investigated within 48-72 hours and all were verified as true. They were further investigated and appropriately responded by the respective Governorate Department of Health, WHO and the relevant health cluster partners. The trends of epidemic-prone diseases for each reporting site is being monitored through a detailed monitoring matrix maintained at WHO EWARN unit. (Details: see table below).

Sn	Alert	Location	Governorate	District	IDP/Refugee Camp	# of cases	Run by	Investigation and Response within 48-72% DOH/WHO/NGO	Sample Taken Yes/No	Alerts Outcome True/False	Public Health Interventions Conducted
1	Suspected Leishmaniasis	Zaiton city	Erbil	Erbil	IDPs	1	MC-IMC	Yes	No	TRUE	Yes
2		Al-Rahma	Salah al-Din	Dijlah	IDPs	12	UIMS	Yes	No	TRUE	Yes
3		Al-Taawun	Salah al-Din	Al-Mutasem	IDPs	3	UIMS	Yes	No	TRUE	Yes
4		Kabarto 2	Dahuk	Sumel	IDPs	5	IMC	Yes	No	TRUE	Yes
5		Seagy	Dahuk	Dahuk	IDPs	1	IMC	Yes	No	TRUE	Yes
6		Bardarash	Ninewa	Ninewa	IDPs	1	PU-AMI	Yes	No	TRUE	Yes
7		Al-Salam	Anbar	Ameriyat Al-Fallujah	IDPs	5	UIMS	Yes	No	TRUE	Yes
8	Suspected Measles	Chamchamal	Sulaymaniyah	Sulaymaniyah	IDPs	1	MC-WVI	Yes	Yes	TRUE	No
9	Suspected Meningitis	Hevi	Dahuk	Dahuk	Hospital	2	DOH	Yes	Yes	TRUE	No
10		Ashti IDP	Sulaymaniyah	Arbat	IDPs	1	EMERGENCY	Yes	Yes	TRUE	No
11	MUMPS	NAZRAWA	kirkuk	Daquq	IDPs	3	MC-MDM	Yes	No	TRUE	No
12		Arbat	Sulaymaniyah	Arbat	IDPs	1	EMERGENCY	Yes	No	TRUE	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 and health cluster partners.

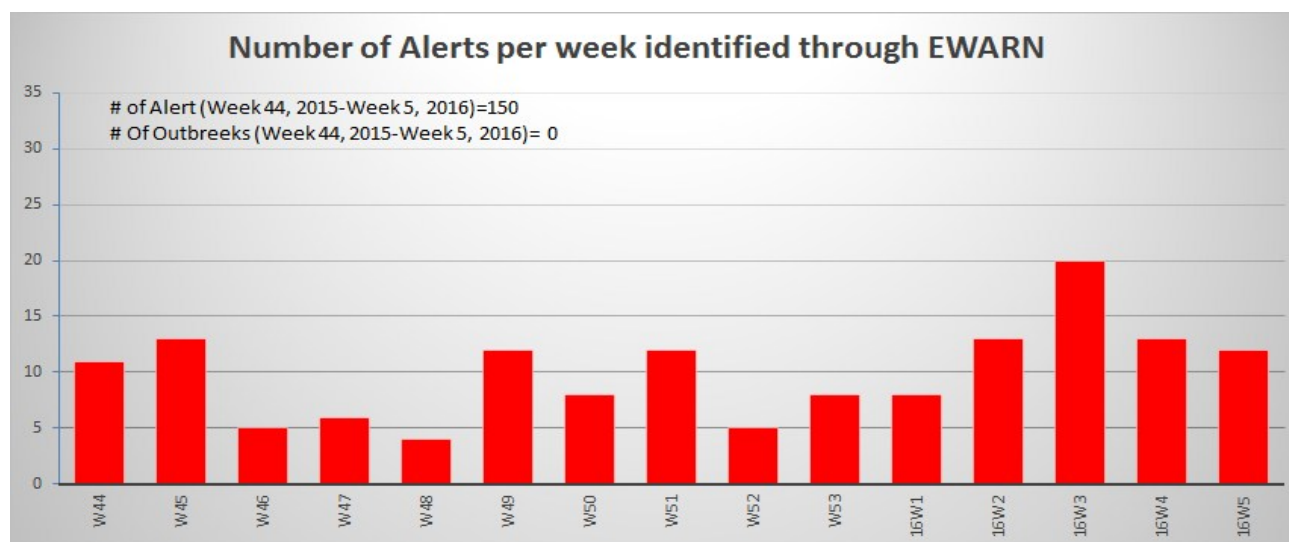


Figure X: Alerts generated through EWARN surveillance Week 44, 2015 — Week 5, 2016

For comments or questions, please contact

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