



World Health  
Organization

EWARN: EARLY WARNING ALERTS AND RESPONSE NETWORK

# Iraq: EWARN & Disease Surveillance Bulletin

2016 Epidemiological Week: 11

Reporting Period: 14 – 20, March, 2016

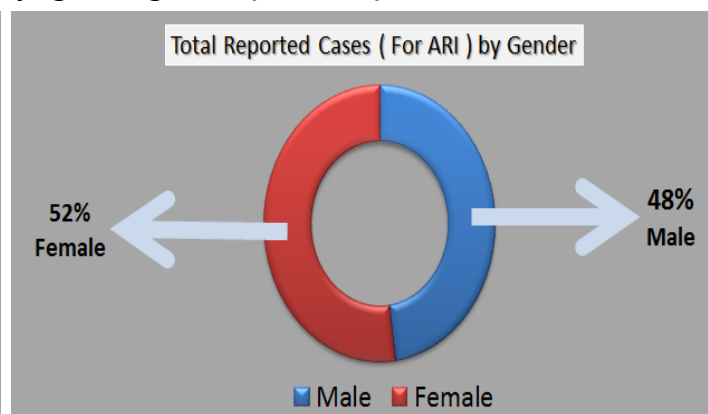
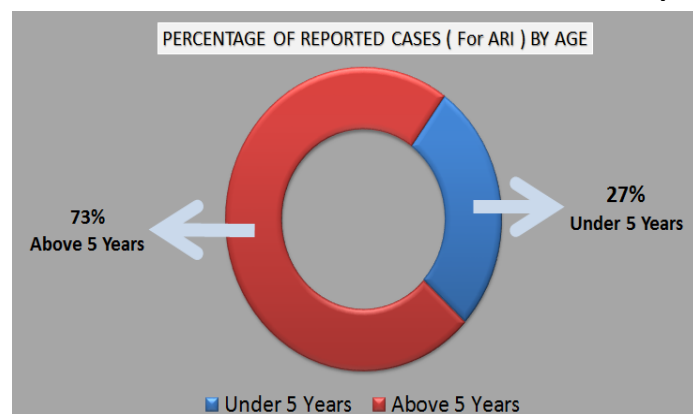
## Highlights

- ◆ **Number of reporting sites:** One hundred and ten (110) reporting sites including (86% of the total EWARN reporting sites) forty-three (43) in Internally Displaced People's (IDP) camps, seven (7) in refugee camps and Sixty (60) mobile clinics submitted their weekly reports timely and completely.
- ◆ **Total number of consultations:** 40 240 (Male = 19 260 and Female = 20 980) marking an increase of 1 356 (2%) since last week, which may be due to the increase in the reporting sites.
- ◆ **Leading causes of morbidity in the camps:** Acute Respiratory Tract Infections (ARI) (n = 17 448), Acute Diarrhea (AD) (n = 1 524) and Skin Diseases (n = 1 320) 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 ten (10) were from IDP camps (one of them from a mobile clinic) and the remaining two from hospitals during this reporting week. All the alerts were investigated within 72 hours and 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 1 – 11, 2016

## Consultations in the camps by age and gender (Week 11)



# Morbidity Patterns

## IDP camps:

During Week 11, although there is a significant increase in the reporting sites, the proportions of Acute Respiratory Tract Infections (ARI) remained unchanged compared to last week. The proportions of Acute Diarrhea in IDP camps have started to increase compared to last week (Week 11 =4% and Week 10 =3%). The proportion of Skin Diseases including scabies showed a decrease since last week (see graph below).

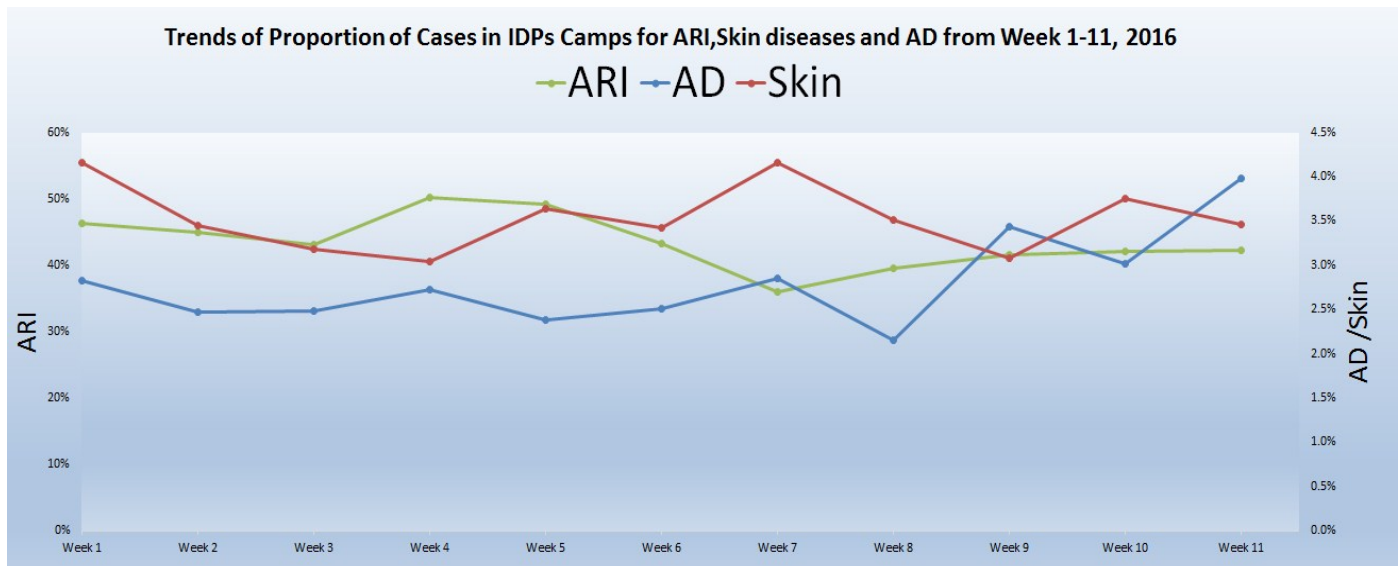


Figure II: Trend of proportion of cases of ARI, Scabies and AD in IDP camps Week 1–11, 2016

## Refugee camps:

During week 11, the proportion of Acute Respiratory Tract Infections (ARI) showed a decrease. There is decrease in the proportions of Acute Diarrhea trend in refugee camps since last week. Proportion of skin infestations including scabies have decreased in all camps (see graph below).

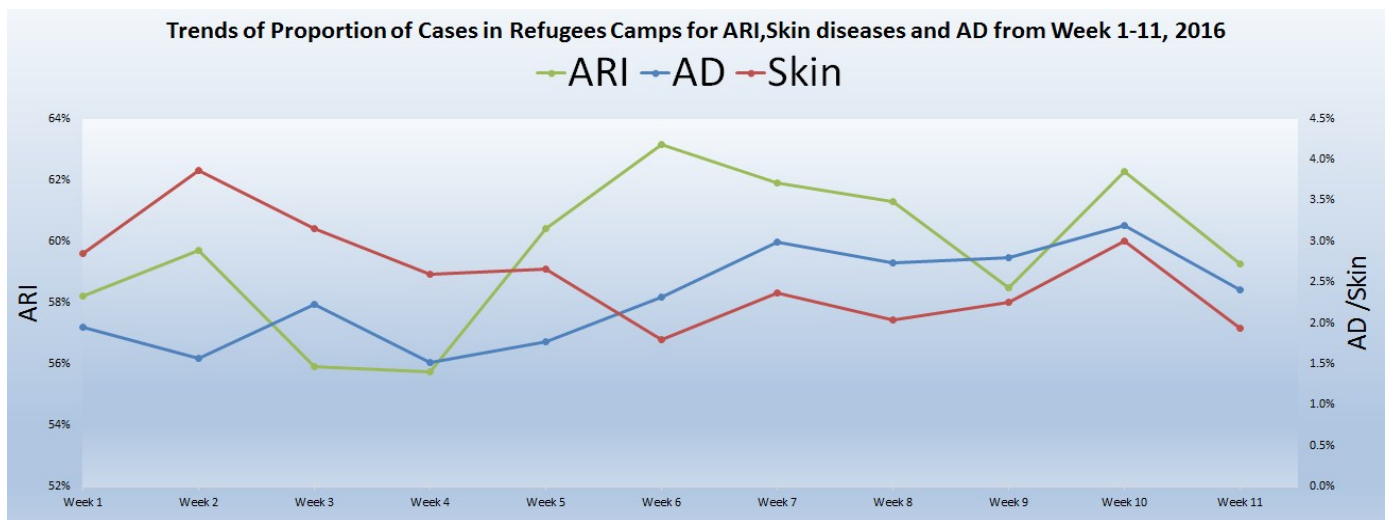


Figure III: Trend of proportion of cases of ARI, Scabies and AD in IDP camps Week 1– 11, 2016

### 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 11, 2016.

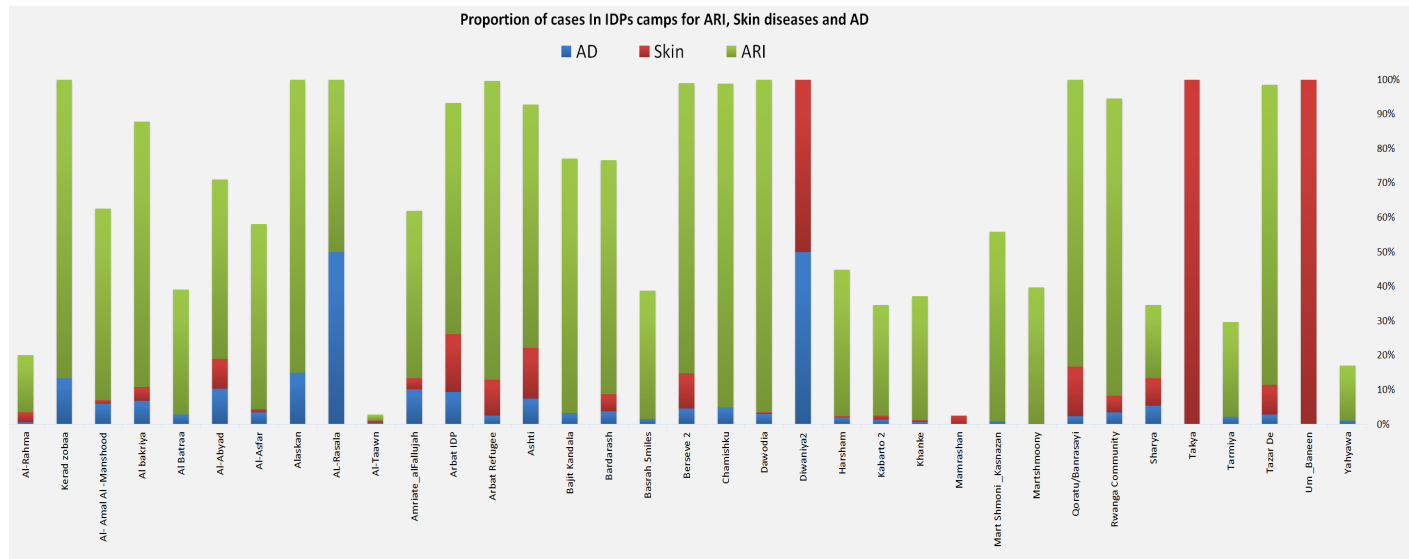


Figure IV: Proportion of cases of ARI, Scabies and AD in IDP camps for Week 11, 2016

### 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 11, 2016.

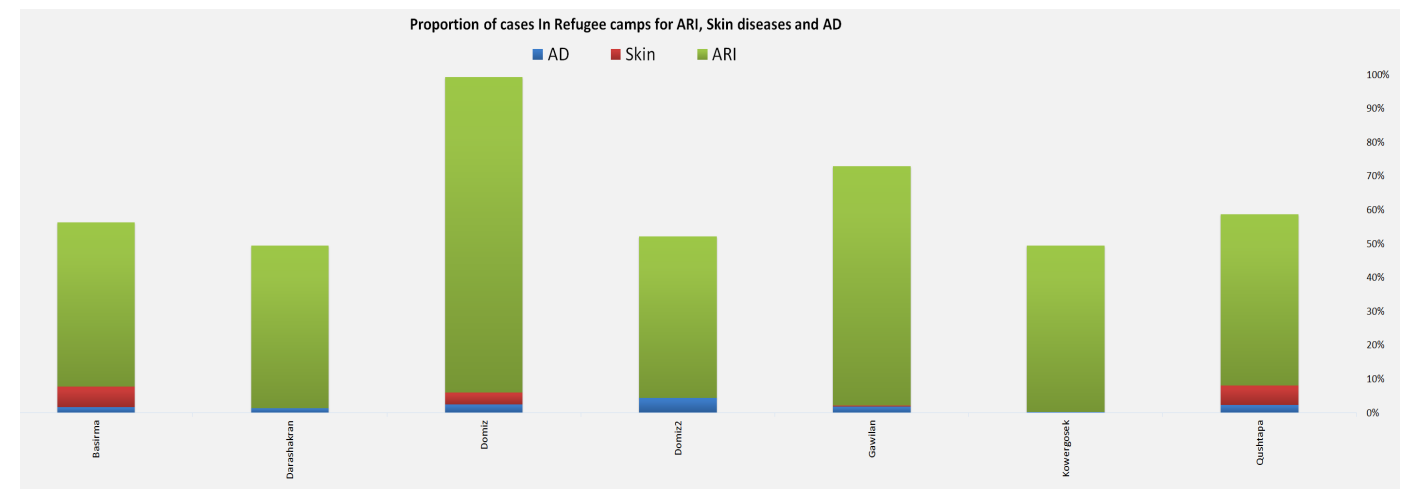


Figure V: Trend of proportions of cases of ARI, Scabies and AD in Refugee camps for Week 11, 2016

## Trend of Diseases by proportion and location for 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 11, 2016.

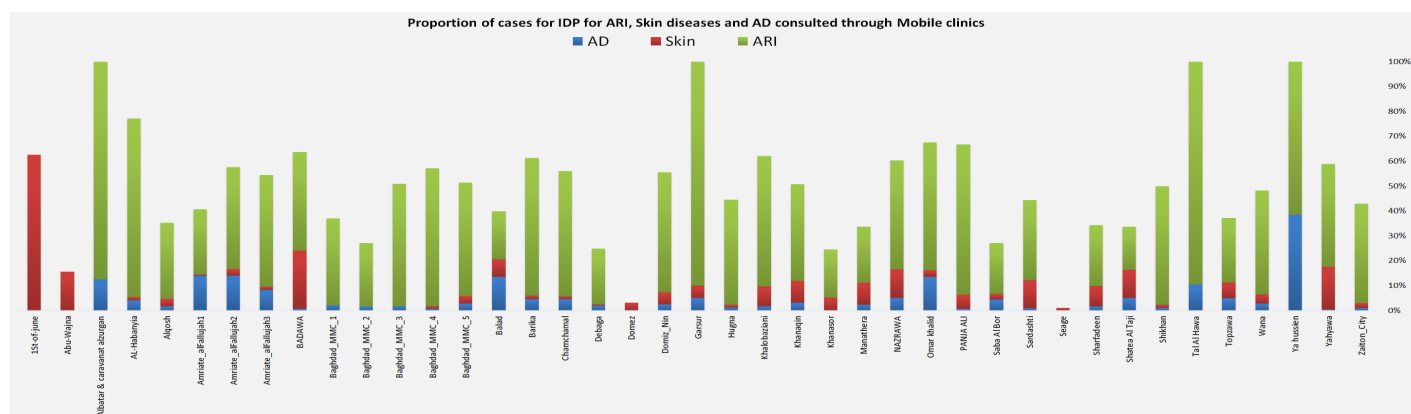


Figure VI: Trend of proportions of IDP cases for ARI, Scabies and AD covered by Mobile Clinics for Week 11, 2016

## 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 10, the proportion of upper ARI in Week 11 has increased by 2% from 95% to 97% while the Lower ARI proportion has decreased from 5% to 3% during the same period. Furthermore, the other graph below indicates the proportion of lower and upper ARI cases by each reporting site for Week 11.

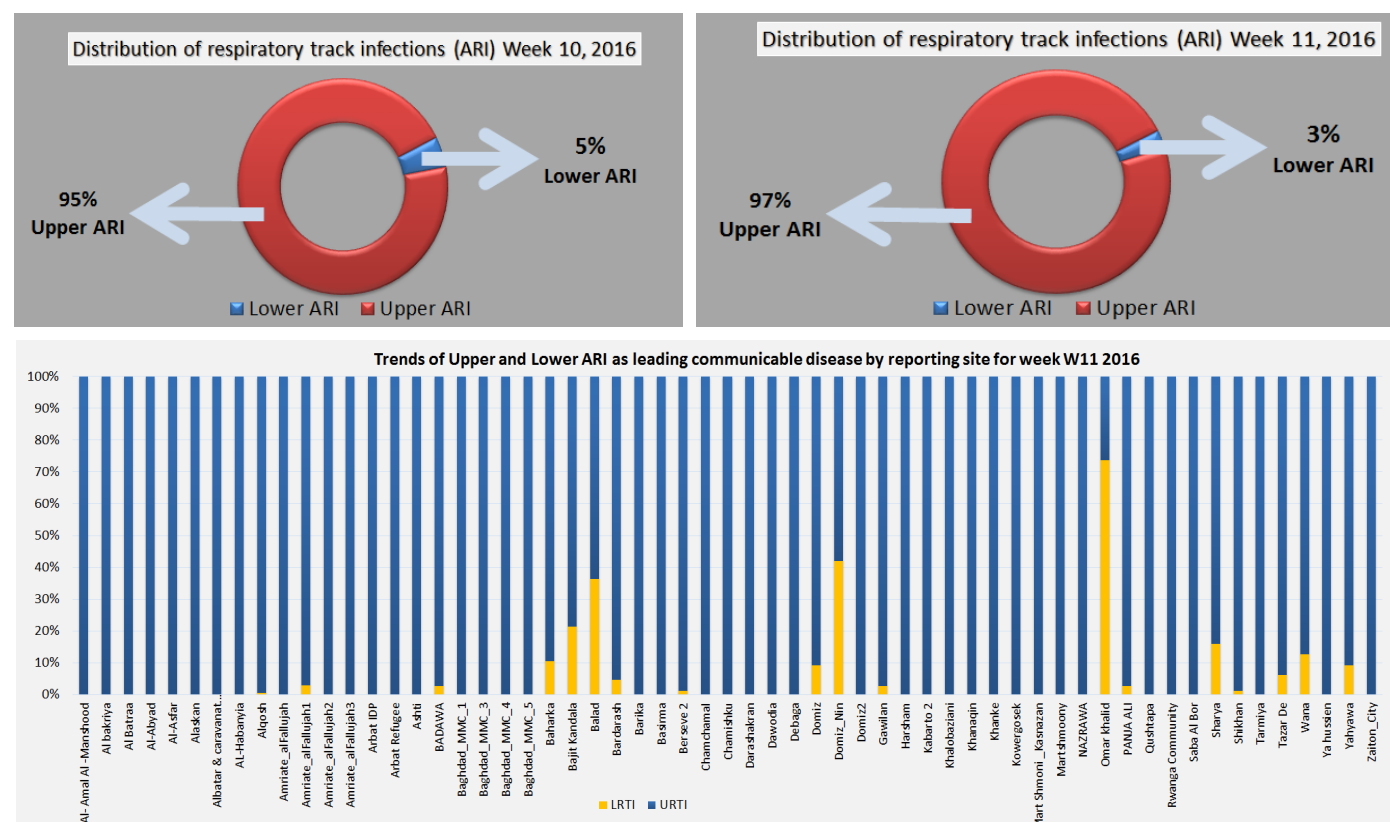


Figure VII: Trend of Upper and Lower ARI per reporting site for Week 11, 2016

### 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 an increase in waterborne diseases. (See graph below)

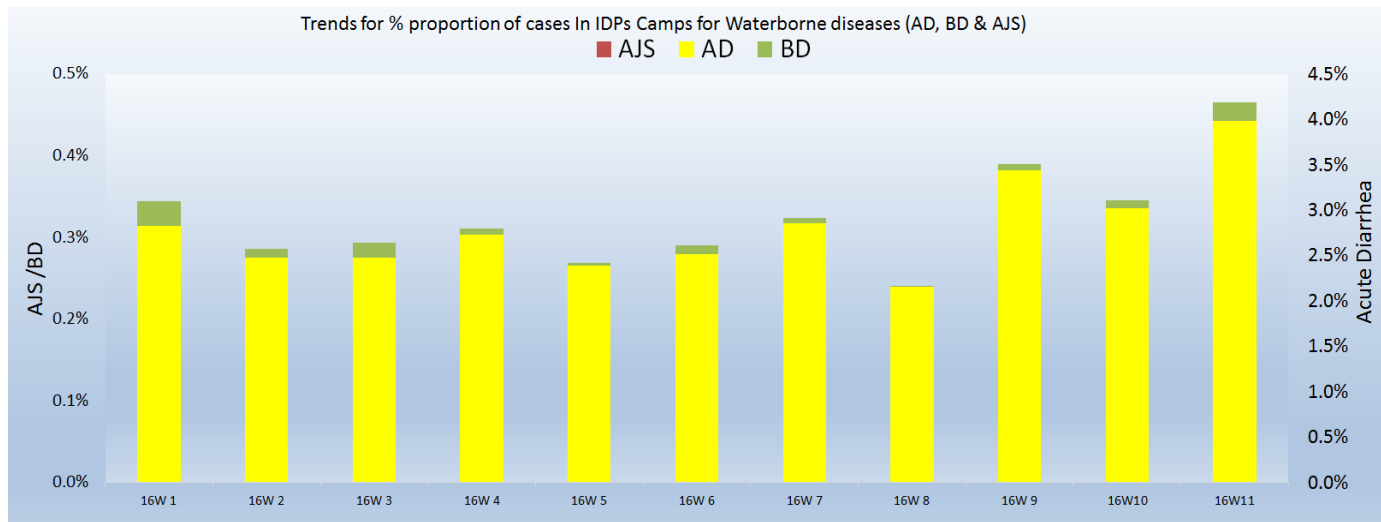


Figure VIII: Trend of Waterborne diseases from IDP camps, Week 1—11, 2016

### 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 and indicates a decrease of the trend compared to last week. Furthermore, no clustering has been reported for waterborne diseases cases during this period.

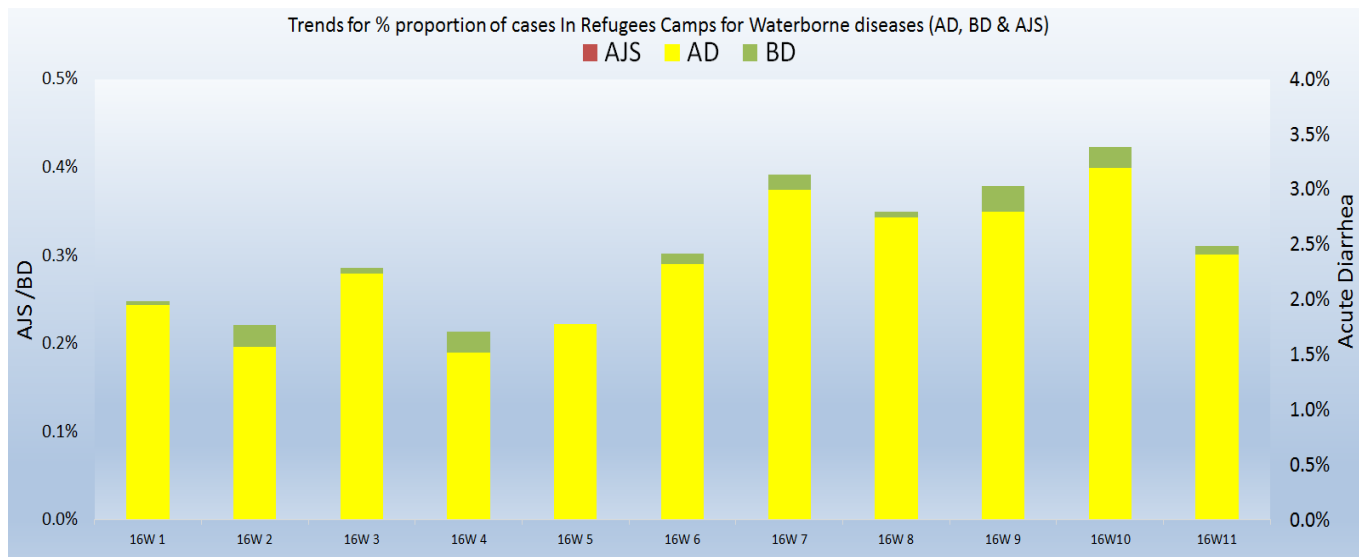


Figure IX: Trend of waterborne diseases from Refugee camps, Week 1—11, 2016

Twelve Alerts were generated through EWARN following the defined thresholds, of which ten were from IDP camps (one of them from mobile clinics) and the remaining two from hospitals, during this reporting week. All these alerts were investigated within 72 hours and 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).

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	Al-Salam	Anbar	Ameriyat Al-Fallujah	IDPs	2	UIMS	Yes	No	TRUE	Yes
2		Seage	Dahuk	Sumel	IDPs	2	MC-IMC	Yes	No	TRUE	Yes
3		Al-Rahma	Salah Al-Din	Dijlah	IDPs	4	UIMS	Yes	No	TRUE	Yes
4		Bajet Kandala	Dahuk	Zakho	IDPs	1	PU-AMI	Yes	No	TRUE	Yes
5		Al-Taawun	Salah al-Din	Al-Mutasem	IDPs	1	UIMS	Yes	No	TRUE	Yes
6	Suspected Meningitis	Hevi	Dahuk	Dahuk	Hospital	1	DOH	Yes	Yes	TRUE	Yes
7	Suspected Pertusis	Yayawah	Kirkuk	Kirkuk	IDPs	1	DoH	Yes	No	TRUE	Yes
8		Al-Rahma	Salah Al-Din	Dijlah	IDPs	2	UIMS	Yes	No	TRUE	Yes
9		Yayawah	Kirkuk	Kirkuk	IDPs	1	DOH	Yes	No	TRUE	Yes
10		Al-Taawun	Salah al-Din	Al-Mutasem	IDPs	1	UIMS	Yes	No	TRUE	No
11	Suspected Measles	Ashti IDP	Sulaymaniyah	Arbat	IDPs	2	EMERGENCY	Yes	Yes	TRUE	Yes
12	Acute Flaccid Paralysis (AFP)	Hevi	Dahuk	Dahuk	Hospital	2	DOH	Yes	Yes	TRUE	Yes

## 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.

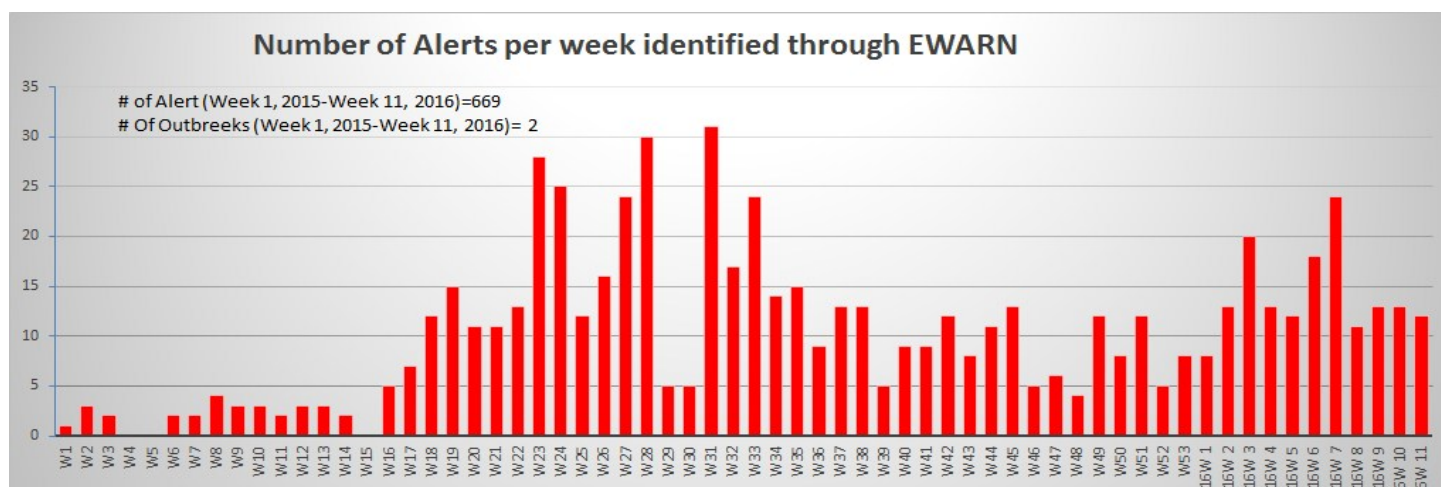


Figure X: Alerts generated through EWARN surveillance Week 1, 2015—Week 11, 2016

## For comments or questions, please contact

- **Dr. Adnan Nawar Khistawi** | 07901948067 | [adnannawar@gmail.com](mailto:adnannawar@gmail.com), Head of Surveillance Section, Federal MOH
- **Dr. Janin Sulaiman** | 07508678768 | [Janin\\_irq@yahoo.com](mailto:Janin_irq@yahoo.com), EWARN Focal point, MOH-KRG
- **Dr. Muntasir Elhassan** | 07809288616 | [elhassanm@who.int](mailto:elhassanm@who.int), EWARN Coordinator, WHO Iraq
- **WHO EWARN Unit** [emacoirgewarn@who.int](mailto:emacoirgewarn@who.int)