



World Health
Organization

EWARN: EARLY WARNING ALERTS AND RESPONSE NETWORK

Iraq: EWARN & Disease Surveillance Bulletin

2016 Epidemiological Week: 9

Reporting Period: 29, February - 6, March, 2016

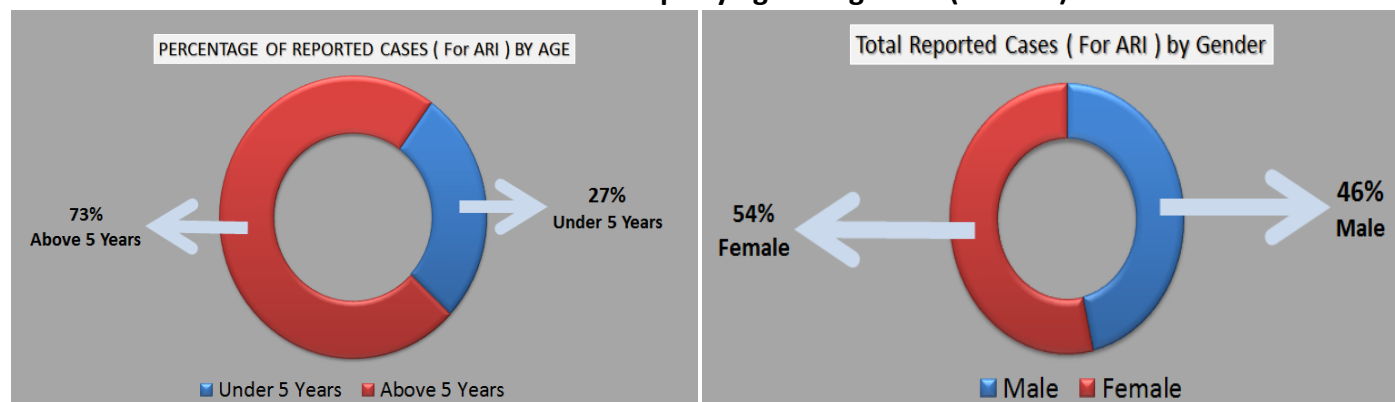
Highlights

- ◆ **Number of reporting sites:** One hundred and eleven (111) reporting sites including (87% of the total EWARN reporting sites) forty-seven (47) in Internally Displaced People's (IDP) camps, seven (7) in refugee camps and fifty-seven (57) mobile clinics submitted their weekly reports timely and completely.
- ◆ **Total number of consultations:** 41 294 (Male = 19 095 and Female = 22 199) marking an increase of 7 059 (9%) since last week due to the increase of reporting sites.
- ◆ **Leading causes of morbidity in the camps:** Acute Respiratory Tract Infections (ARI) (n=17,925), Skin Diseases (n = 1 239) and Acute Diarrhea (AD) (n = 1 391) remained the leading causes of morbidity in all camps during this reporting week.
- ◆ **Number of alerts:** Fifteen (15) alerts were generated through EWARN following the defined thresholds, all fifteen (15) alerts were from IDP camps (five of them from mobile clinics) during this reporting week. All these alerts were investigated within 72 hours and thirteen were verified as true and further investigated and 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 – 9, 2016

Consultations in the camps by age and gender (Week 9)



Morbidity Patterns

IDP camps:

During Week 9, there is a slight increase in the proportions of Acute Respiratory Tract Infections (ARI) compared to the previous 2 weeks. The proportions of Acute Diarrhea in IDP camps have started to slightly increase compared to the last 2 weeks. The proportion of Skin Diseases including scabies showed a decrease since the last 2 weeks (see graph below).

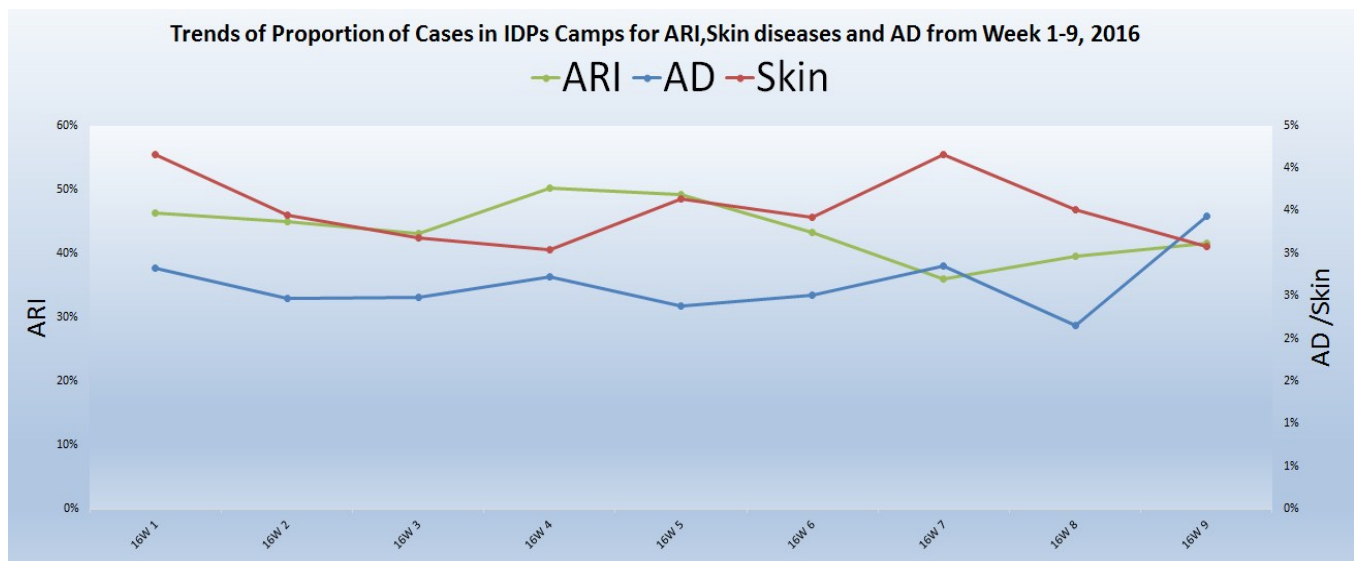


Figure II: Trend of proportion of cases of ARI, Scabies and AD in IDP camps Week 1–9, 2016

Refugee camps:

During Week 9, the proportion of Acute Respiratory Tract Infections (ARI) indicates a decrease compared to the last 3 weeks. There is a slight increase in the proportions of Acute Diarrhea trend in refugee camps since last week, (Week 8 = 2.74% and Week 9 = 2.80%). Proportion of skin infestations including scabies increased from 2.03% to 2.26% in all camps (see graph below).

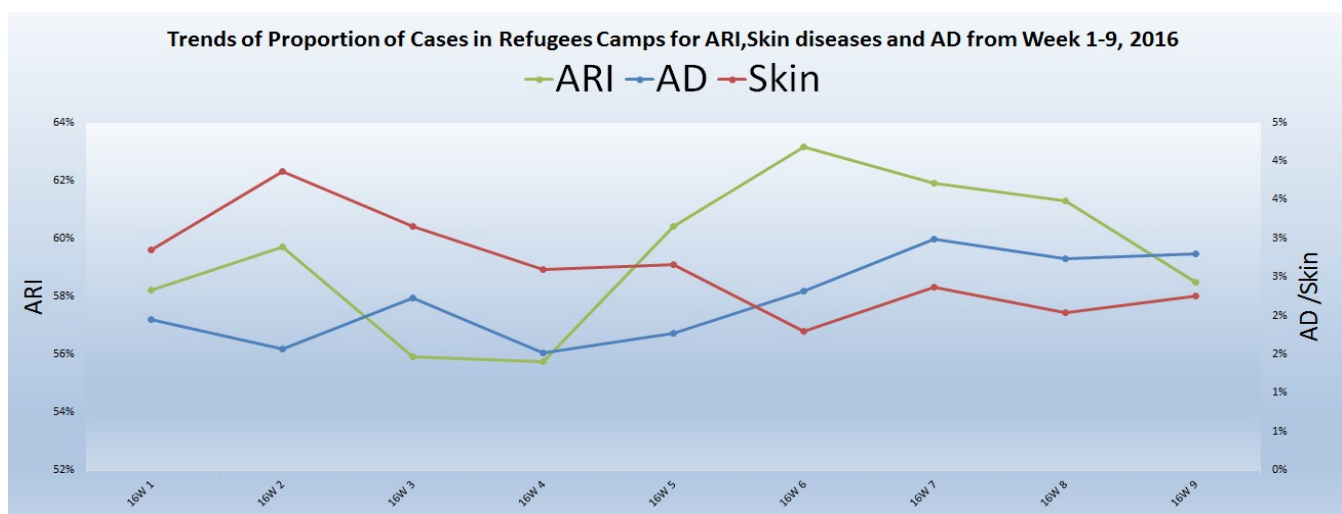


Figure III: Trend of proportion of cases of ARI, Scabies and AD in IDP camps Week 1–9, 2016

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 9, 2016.

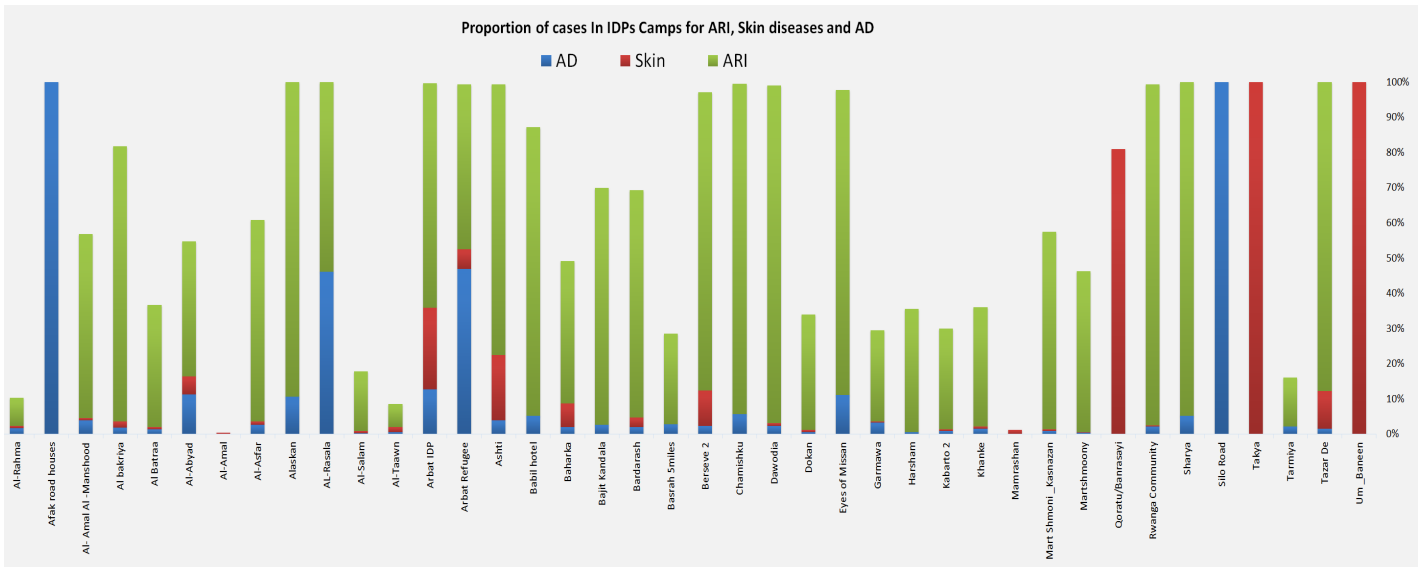


Figure IV: Proportion of cases of ARI, Scabies and AD in IDP camps for Week 9, 2016

Trends of Diseases by Proportion and location for Refugee 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 Refugee camps for Week 9, 2016.

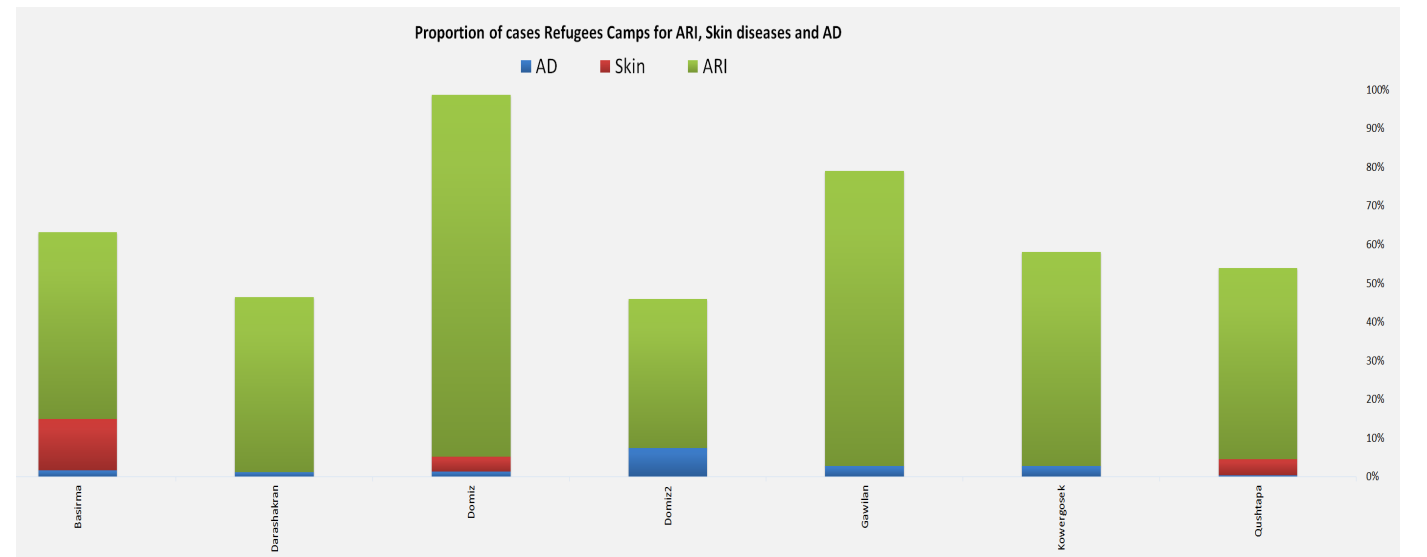


Figure V: Trend of proportions of cases of ARI, Scabies and AD in Refugee camps for Week 9, 2016

Figure VII: Trend of Upper and Lower ARI per reporting site for Week 9, 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 the waterborne diseases. (See graph below)

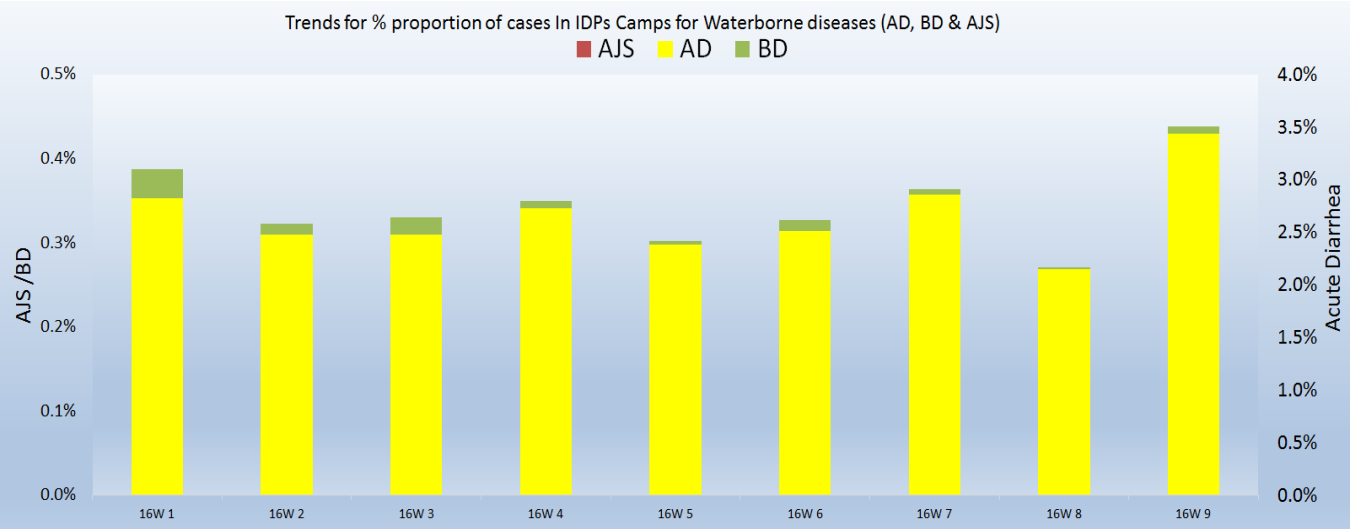


Figure VIII: Trend of Waterborne diseases from IDP camps, Week 1—9, 2016

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 an increase of the trend compared to last week. Furthermore, no clustering has been reported for waterborne diseases cases during this period.

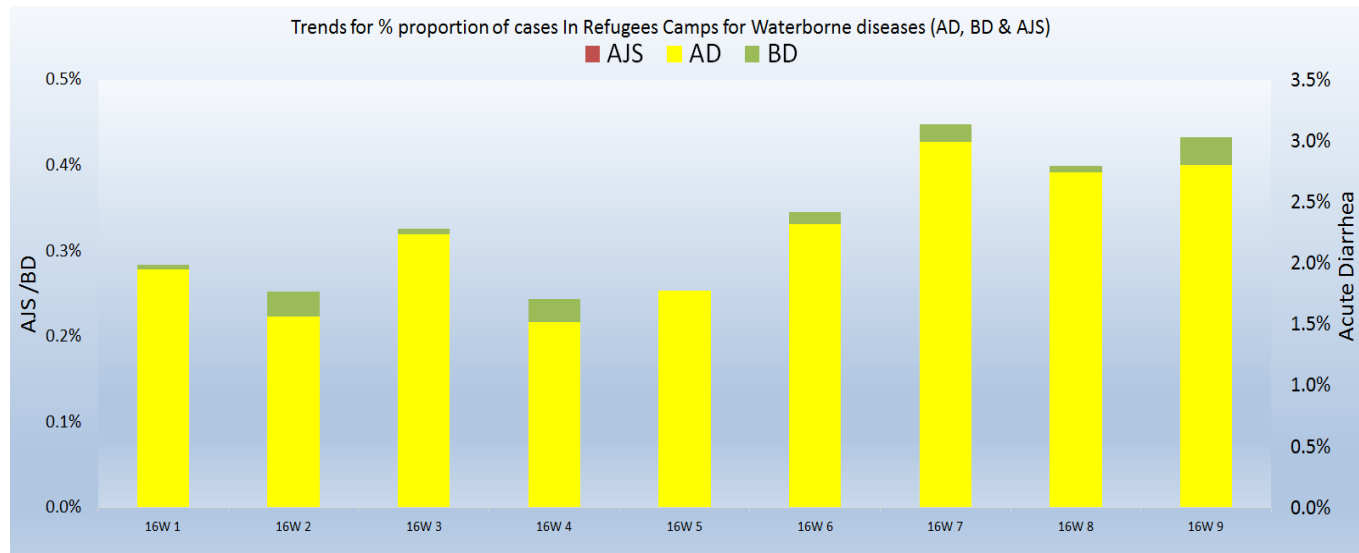


Figure IX: Trend of waterborne diseases from Refugee camps, Week 1—9, 2016

Fifteen alerts were generated through EWARN following the defined thresholds, all of which were from IDP camps (five of them from mobile clinics) during this reporting week. All these alerts were investigated within 72 hours, of which thirteen 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).

Sn	Alert	Location	Governorate	District	IDP/Refugee Camp	# of cases	Run by	Investigation and Response within 48-72h DOH/WHO/NGO	Sample Taken Yes/No	Alerts Outcome True/False	Public Health Interventions Conducted
1	Suspected Meningitis	Bajet Barava	Dohak	Dohak	IDPs	1	MC-PU-AMI	Yes	Yes	FALSE	No
2		Seage	Dohak	Dohak	IDPs	1	MC-IMC	Yes	Yes	FALSE	No
3		Zaiton city	Erbil	Erbil	IDPs	1	MC-IMC	Yes	No	TRUE	Yes
4	Suspected Leishmaniasis	Al-Rahma	Salah al-Din	Dijlah	IDPs	3	UIMS	Yes	No	TRUE	Yes
5		Qoratu/Banrasayi	Diyala	Khanaqin	IDPs	1	EMERGENCY	Yes	No	TRUE	Yes
6		Al-Salam	Anbar	Ameriyat Al-Fallujah	IDPs	26	UIMS	Yes	No	TRUE	Yes
7		Zaiton city	Erbil	Erbil	IDPs	1	MC-IMC	Yes	No	TRUE	Yes
8		Al-Amal	Anbar	Al-Nakheeb	IDPs	2	UIMS	Yes	No	TRUE	Yes
9		Al-Taawun	Salah al-Din	Al-Mutasem	IDPs	3	UIMS	Yes	No	TRUE	Yes
10		Seage	Dohak	Dohak	IDPs	2	MC-IMC	Yes	No	TRUE	Yes
11	Suspected Measles	Bardarash	Ninewa	Akre	IDPs	1	PU-AMI	Yes	Yes	TRUE	Yes
12		Ashti IDP	Sulaymaniyah	Arbat	IDPs	1	EMERGENCY	Yes	Yes	TRUE	Yes
13	Suspected Pertusis	Qalat Salah	Missan	Missan	IDPs	1	DOH	Yes	No	TRUE	Yes
14	Visceral-Leishmaniasis	Bajet Kandala	Dohak	Zakho	IDPs	1	PU-AMI	Yes	Yes	TRUE	Yes
15	Foodpoisoning	Garmawa	Dohak	Dohak	IDPs	5	IMC	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.

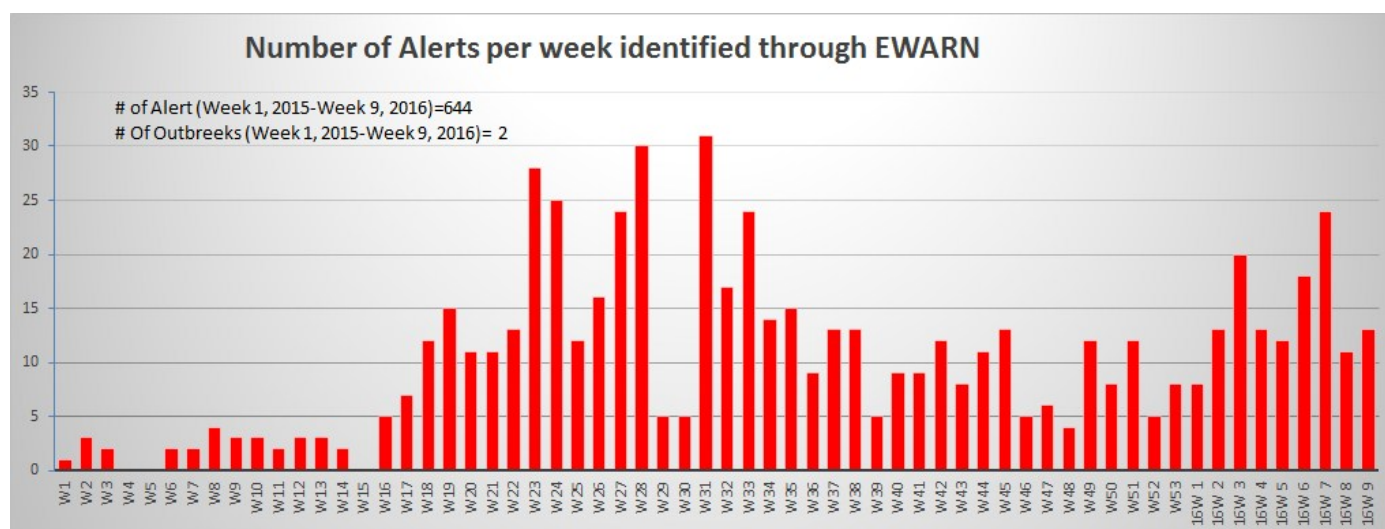


Figure X: Alerts generated through EWARN surveillance Week 1, 2015—Week 9, 2016

For comments or questions, please contact

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