Iraq: EWARN & Disease Surveillance Bulletin

2016 Epidemiological Week: 7 **Reporting Period: 15 - 21 February, 2016**

Highlights

- **Number of reporting sites:** One hundred and twenty (120) reporting sites including (94% of the total EWARN reporting sites) forty (40) in Internally Displaced People's (IDP) camps, six (6) in refugee camps and seventy-four (74) mobile clinics submitted their weekly reports timely and completely.
- **Total number of consultations:** 44 764 (Male= 20 957 and Female= 23 807) marking an increase of (3%) since last week due to increase of the reporting sites by 51%.
- **Leading causes of morbidity in the camps:** Acute Respiratory Tract Infections (ARI) (n=17 077), Skin Diseases (n=1 778) and Acute Diarrhea (AD) (n= 1 270) remained the leading causes of morbidity in all camps during this reporting week.
- **Number of alerts:** Twenty-four(24) alerts were generated through EWARN following the defined thresholds, of which twenty-one (21) were from IDP camps (Nine of them from mobile clinics), one (1) from Refugee camps and the remaining two (2) alerts from hospitals during this reporting week. All these alerts were investigated within 72 hours, of which twenty (20) were verified as true and were further investigated and responded by the respective Governorates Departments of Health, WHO and the relevant health cluster partners. (Details: see Alerts and Outbreaks Section).

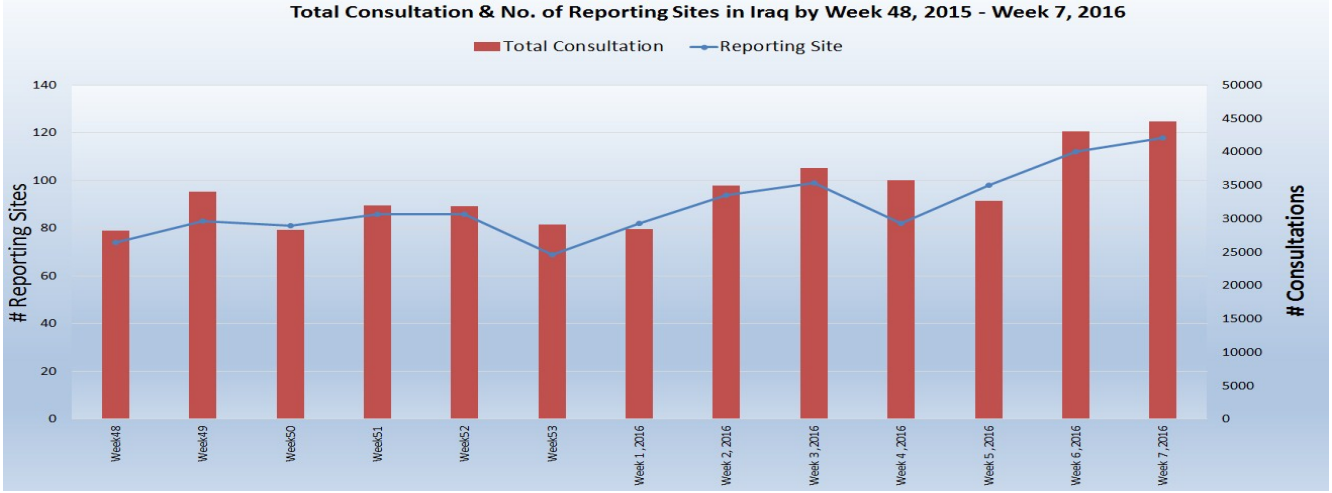
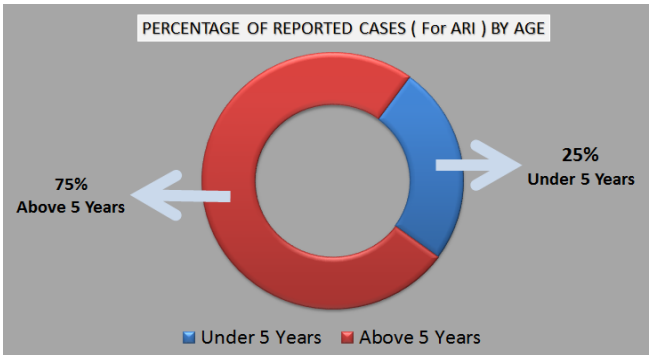
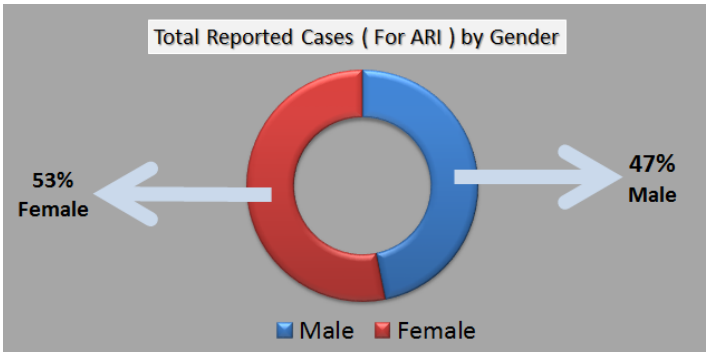


Figure I: Total consultations and proportion of reporting health facilities by Week 48, 2015 – Week 7, 2016

Consultations in the camps by age and gender (Week 7)





Morbidity Patterns

IDP camps:

During Week 7, although there was a significant increase in the reporting sites, the proportions of Acute Respiratory Tract Infections (ARI) showed a decrease compared to the previous 3 weeks. The proportions of Acute Diarrhea in IDP camps have started to increase compared to last week. The proportion of Skin Diseases including scabies showed an increase since last week (see graph below).

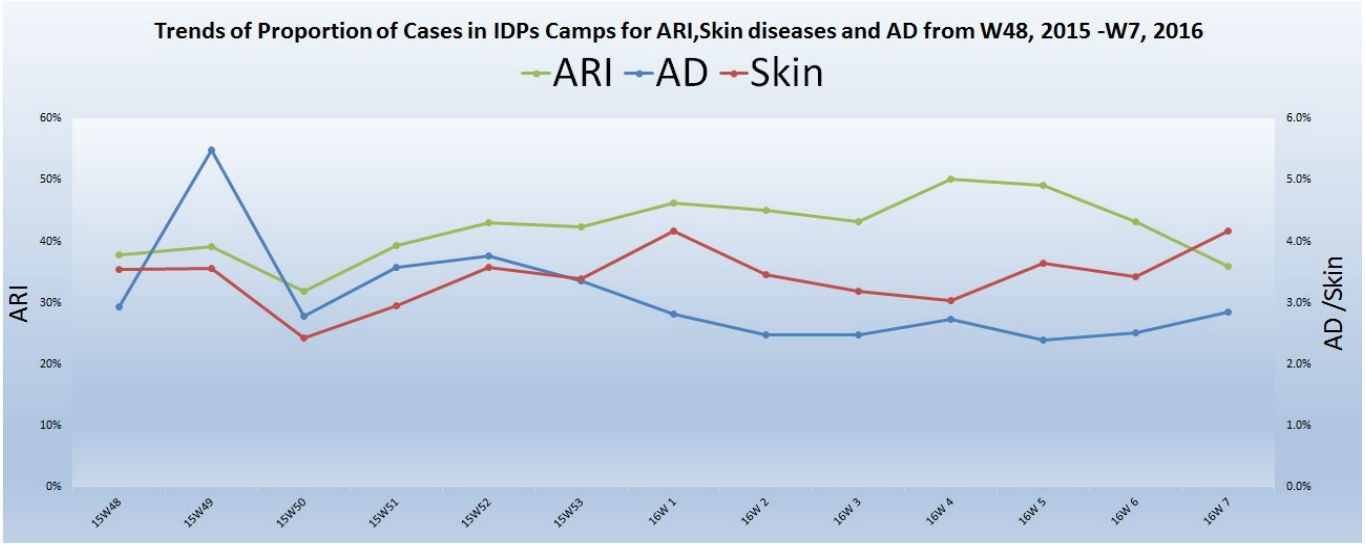


Figure II: Trend of proportion of cases of ARI, Scabies and AD in IDP camps Week 48, 2015 – Week 7, 2016

Refugee camps:

During week 7, the proportion of Acute Respiratory Tract Infections (ARI) indicated a slight decrease from 62% to 61%. An increase was reported in the proportions of Acute Diarrhea trend in Refugee camps for the last 3 weeks. Proportion of skin infestations including scabies have increased from 1.7% to 2.3% (see graph below).

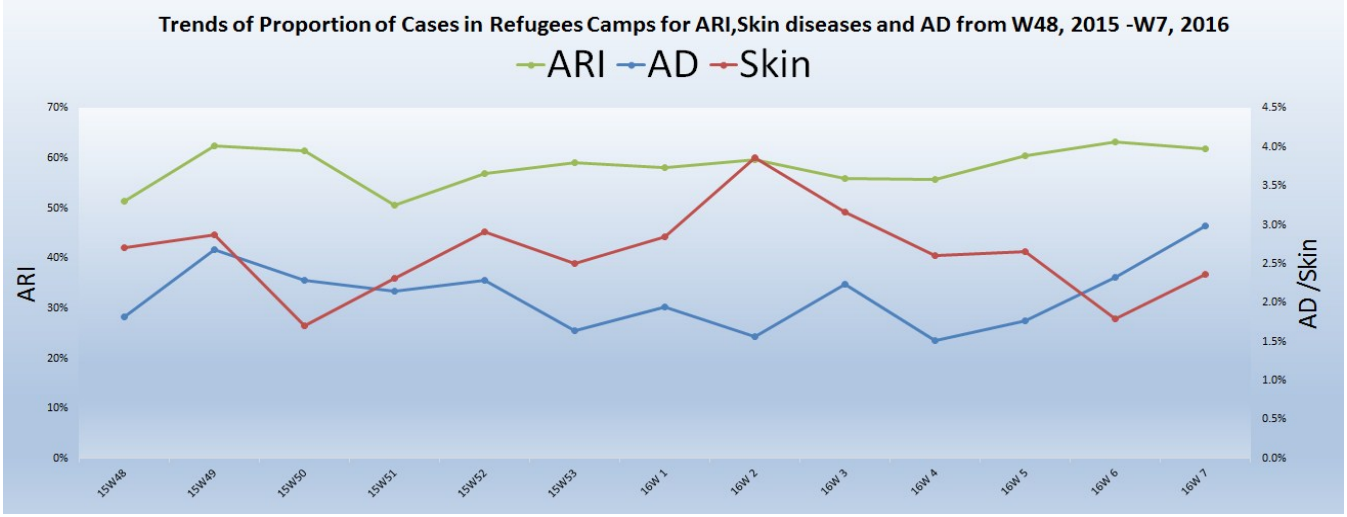


Figure III: Trend of proportion of cases of ARI, Scabies and AD in IDP camps Week 48, 2015 — Week 7, 2016

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 7, 2016.

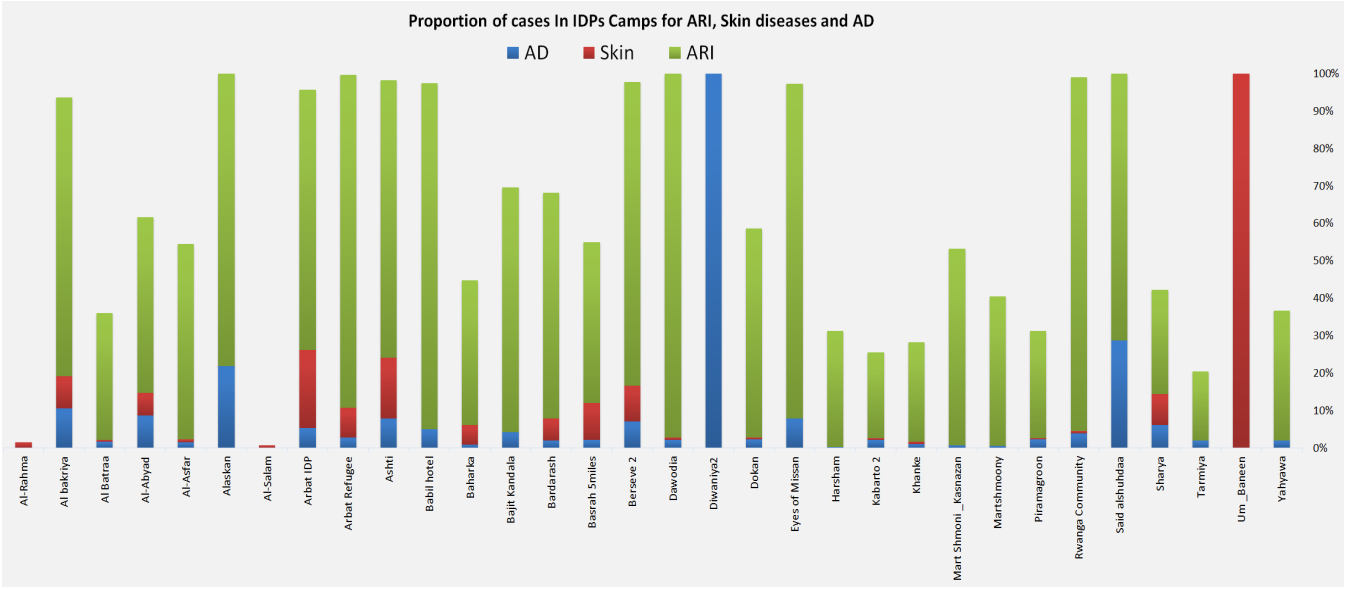


Figure IV: Proportion of cases of ARI, Scabies and AD in IDP camps for Week 7, 2016

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 7, 2016.

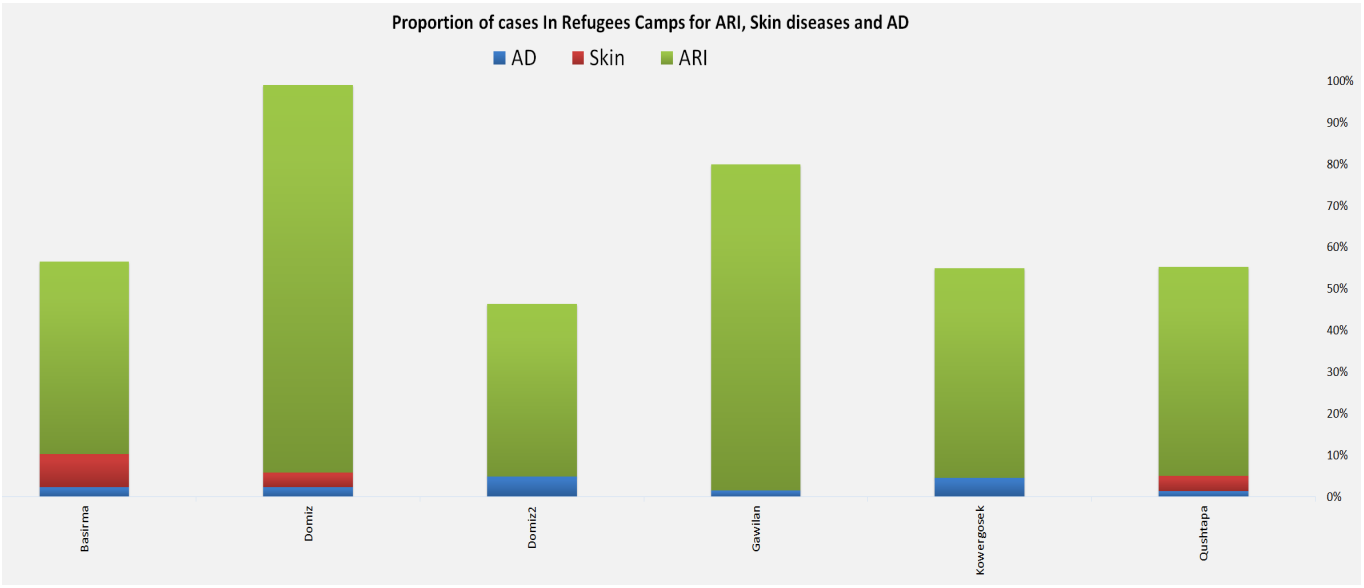


Figure V: Trend of proportions of cases of ARI, Scabies and AD in Refugee camps for Week 7, 2016

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 7, 2016.

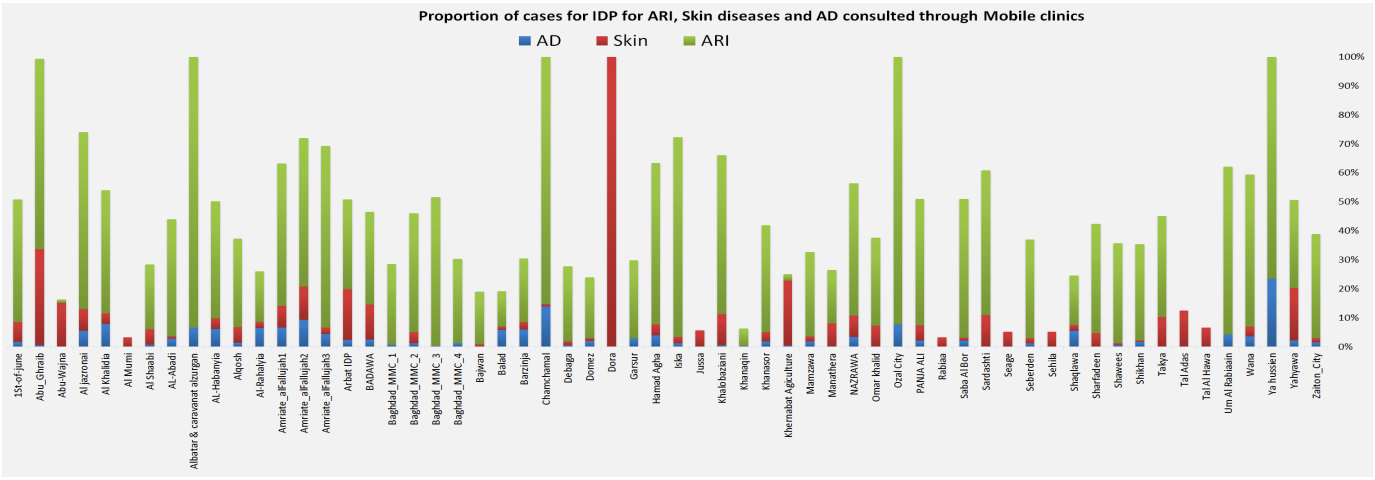
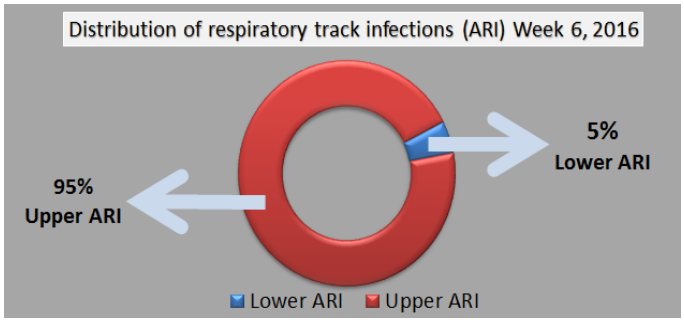
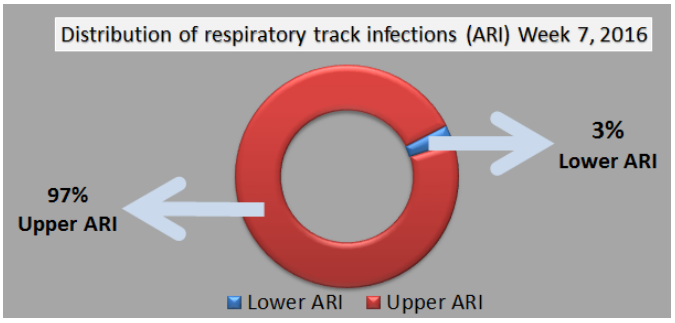


Figure VI: Trend of proportions of IDP cases for ARI, Scabies and AD covered by Mobile Clinics for Week 7, 2016

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 6, the proportion of upper ARI in Week 7 has increased by 2% from 95% to 97% while the Lower ARI proportion has decreased from 5% to 3% 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 7.





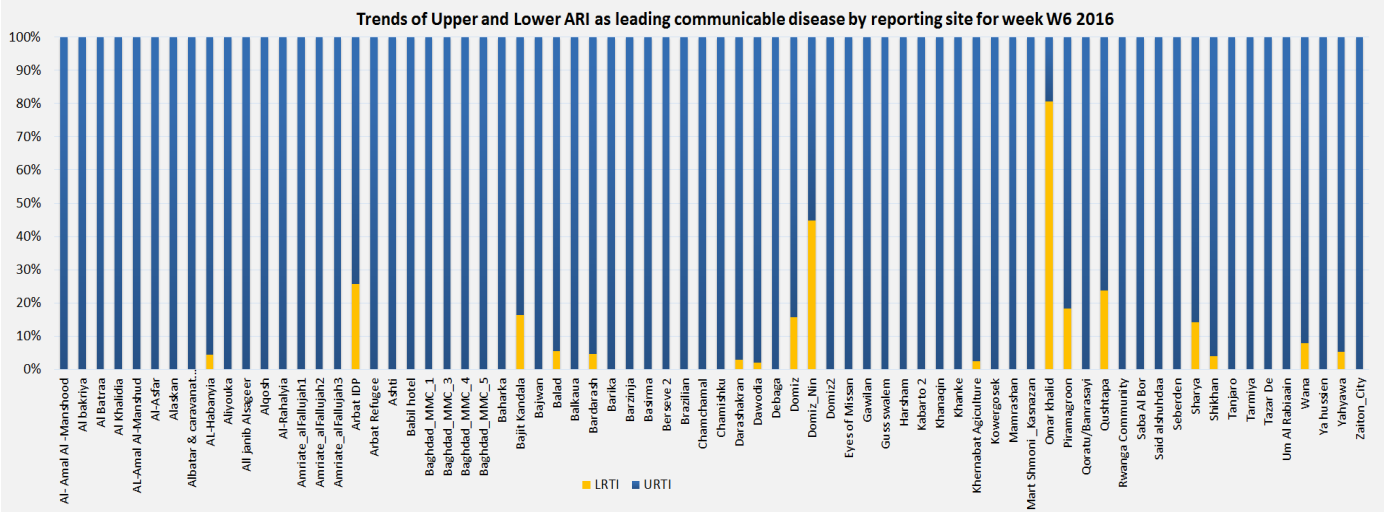


Figure VII: Trend of Upper and Lower ARI per reporting site for Week 6, 2016

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 slight increase in waterborne diseases. (See graph below)

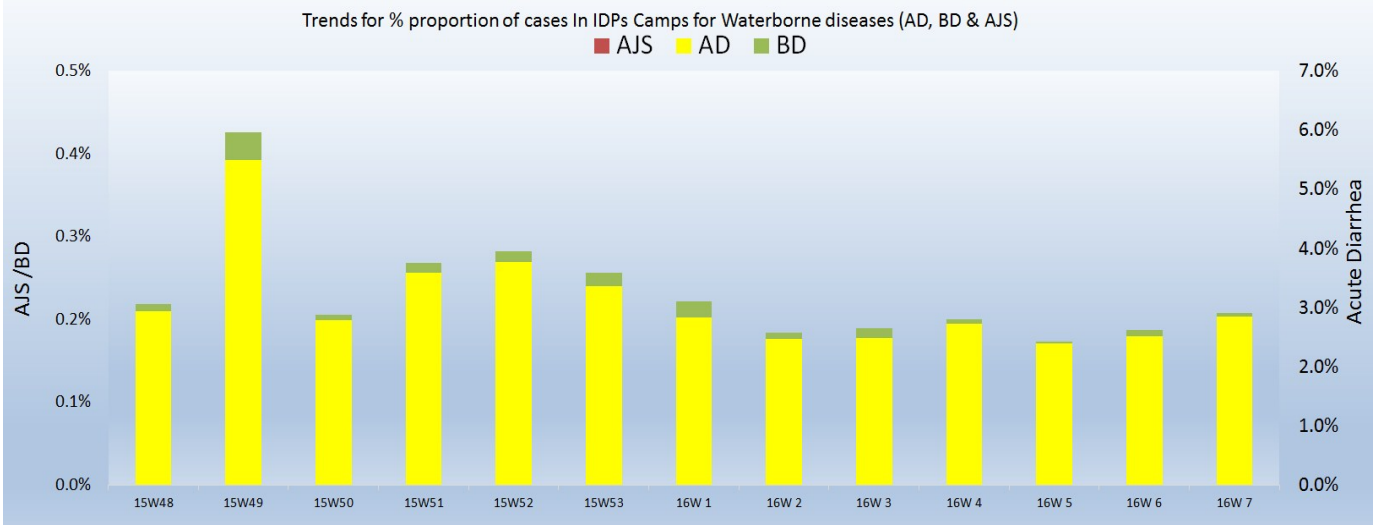


Figure VIII: Trend of Waterborne diseases from IDP camps, week 48, 2015 —Week 7, 2016

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 indicates an increase of the trend compared to the last 2 weeks. Furthermore, no clustering has been reported for any of the waterborne diseases during this period.

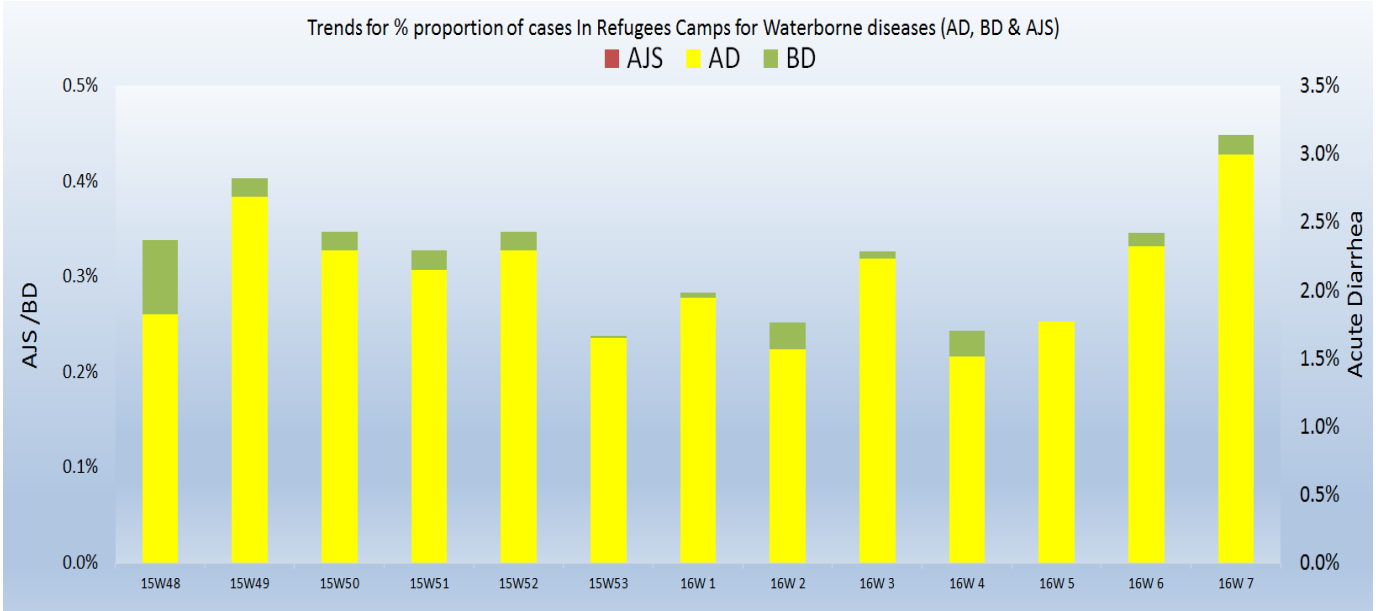


Figure IX: Trend of waterborne diseases from Refugee camps, Week 48, 2015 —Week 7, 2016

Alerts & Outbreaks

Twenty-four alerts were generated through EWARN following the defined thresholds, of which twenty-one (21) were from IDP camps (Nine of them from mobile clinics), one (1) from Refugee camps and the remaining two (2) alerts from hospitals during this reporting week. All these alerts were investigated within 72 hours, of which twenty (20) were verified as true and were further investigated and 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	52	UIMS	Yes	No	TRUE	Yes
2	Suspected Leishmaniasis	Haloom	Ninewa	Ninewa	IDPs	2	HEEVIE	Yes	No	TRUE	Yes
3	Suspected Leishmaniasis	Al-Taawun	Salah al-Din	Al-Mutasem	IDPs	2	UIMS	Yes	No	TRUE	Yes
4	Suspected Leishmaniasis	Al-Rahma	Salah al-Din	Dijlah	IDPs	2	UIMS	Yes	No	TRUE	Yes
5	Suspected Leishmaniasis	Kabarto 2	Dohuk	Sumel	IDPs	1	STEP-IN	Yes	No	TRUE	Yes
6	Suspected Leishmaniasis	Seage	Dohuk	Zakho	IDPs	4	IMC	Yes	No	TRUE	Yes
7	Suspected Leishmaniasis	Tel Sin village	Dohuk	Dohuk	IDPs	1	MC-PU-AMI	Yes	No	TRUE	Yes
8	Suspected Leishmaniasis	Zaiton city	Erbil	Erbil	IDPs	1	MC-IMC	Yes	No	TRUE	Yes
9	Suspected Leishmaniasis	Abu Greib agriculture college	Baghdad	karkh	IDPs	2	IMC	Yes	No	TRUE	Yes
10	Suspected Leishmaniasis	AL-Habanyia	Anbar	Ameriyat-Fullujah	IDPs	111	MC-RI\MC-IOM	Yes	No	TRUE	Yes
11	foodpoisoning	Arbat IDP	Sulaymaniyah	Arbat	IDPs	1	EMERGENCY	Yes	No	FALSE	Yes
12	Mumps	Zaiton city	Erbil	Erbil	IDPs	1	MC-IMC	Yes	No	TRUE	Yes
13	Acute Flaccid Paralysis (AFP)	Hevi	Dohuk	Dohuk	Hospital	1	DOH	Yes	No	TRUE	Yes
14	Suspected Meningitis	Hevi	Dohuk	Dohuk	Hospital	2	DOH	Yes	Yes	FALSE	No
15	Suspected Measles	Arbat	Sulaymaniyah	Arbat	IDPs	1	EMERGENCY	Yes	Yes	TRUE	No
16	Suspected Measles	Arbat	Sulaymaniyah	Arbat	Refugees	1	EMERGENCY	Yes	Yes	TRUE	No
17	Suspected Measles	Ashti	Sulaymaniyah	Arbat	IDPs	1	EMERGENCY	Yes	Yes	TRUE	No
18	Suspected Measles	Khalobaziani	Kirkuk	Daquq	IDPs	1	MC-MDM	Yes	Yes	TRUE	No
19	Suspected Measles	Al Batraa	Anbar	Ameriyat-Fullujah	IDPs	3	DOH	Yes	Yes	TRUE	No
20	Acute Diarrhea	Shaqlawa	Erbil	Shaqlawa	IDPs	56	MC-IOM	Yes	No	FALSE	No
21	Acute Diarrhea	AL-Habanyia	Anbar	Ameriyat-Fullujah	IDPs	163	MC-RI\MC-IOM	Yes	No	FALSE	No
22	Skin Diseases- (Scabies)	AL-Habanyia	Anbar	Ameriyat-Fullujah	IDPs	99	MC-RI\MC-IOM	Yes	No	TRUE	No
23	Skin Diseases- (Scabies)	Khernabat Agiculture	Baghdad	Abu Greib	IDPs	103	MC-IMC	Yes	No	TRUE	No
24	Skin Diseases- (Scabies)	Arbat	Sulaymaniyah	Arbat	IDPs	156	EMERGENCY	Yes	No	TRUE	Yes

The below graph 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.

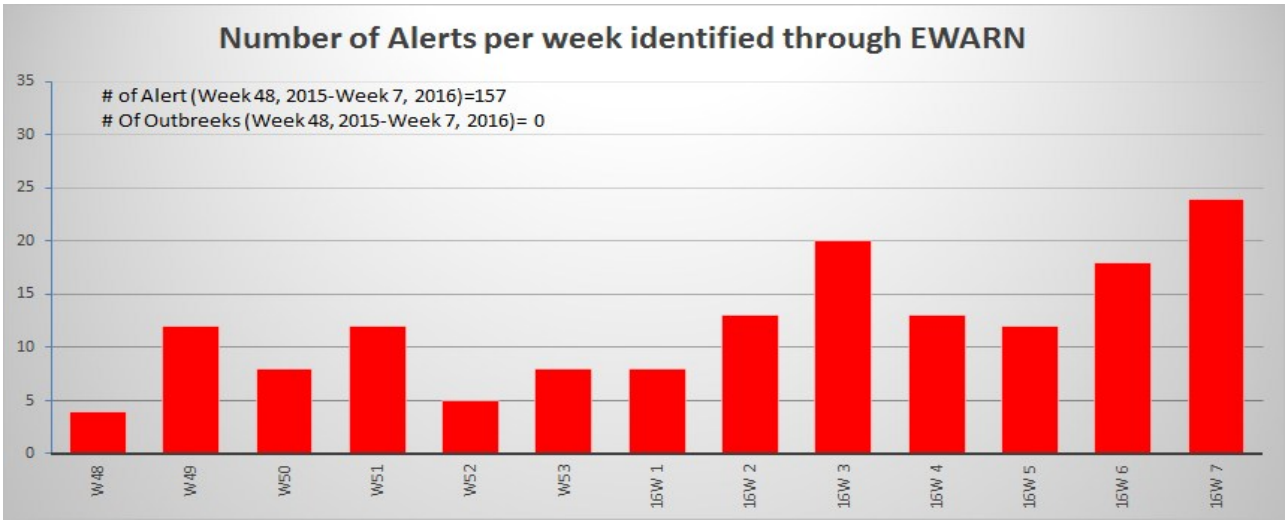


Figure X: Alerts generated through EWARN surveillance Week 48, 2015 — Week 7, 2016

For comments or questions, please contact

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