



World Health
Organization

EWARN: EARLY WARNING AND RESPONSE NETWORK

Iraq: EWARN & Disease Surveillance Bulletin

2016 Epidemiological Week: 3

Reporting Period: 18 — 24 January, 2016

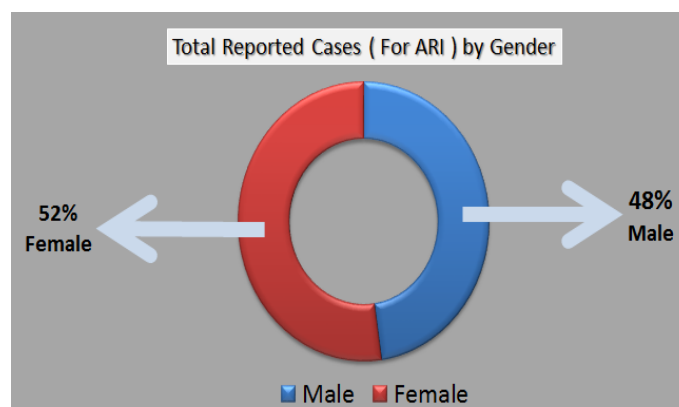
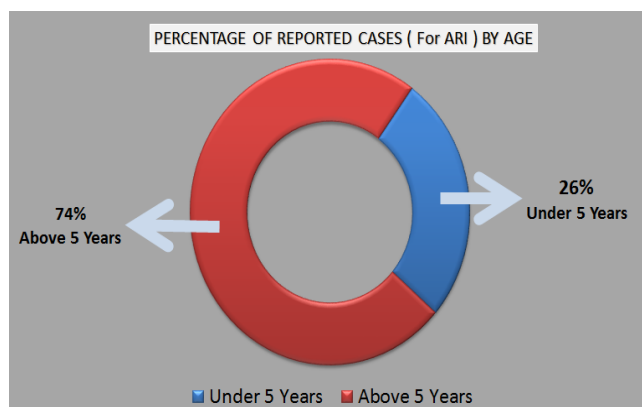
Highlights

- ◆ **Number of reporting sites:** Ninety-nine (99) reporting sites including forty-three (43) in Internally Displaced People's (IDP) camps, six (6) in refugee camps and fifty-one (51) mobile clinics submitted their weekly reports timely and completely.
- ◆ **Total number of consultations:** 37 123 (Male=17 720 and Female=19 403) marking an increase of 2 266 (6%) since last week.
- ◆ **Leading causes of morbidity in the camps:** Acute Respiratory Tract Infections (ARI) (n=16 530), skin diseases (n=1 196) and Acute Diarrhea (AD) (n=975) remained the leading causes of morbidity in all camps during this reporting week.
- ◆ **Number of alerts:** Twenty-one (21) alerts were generated through EWARN following the defined thresholds, of which twenty (20) were from IDP camps and one (1) from refugee camp during this reporting week. All these alerts were investigated within 48 hours and 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).
- ◆ **The incidence rate of the common diseases/syndromes** will be provided after completing the catchment population for every EWARN reporting site.



Figure I: Total consultations and proportion of reporting health facilities by week 42, 2015 – week 3, 2016

Consultations in the camps by age and gender (week 3)



Morbidity Patterns

IDP camps:

During Week 3, the proportions of Acute Respiratory Tract Infections (ARI) are showing a slight decrease from the previous 2 weeks. The proportions of Acute Diarrhea in IDP camps have started to increase slightly in comparison to last week (Week 3 = 2.67% and Week 2 = 2.45%). The proportion of skin diseases including scabies showed a decrease since Week 1 (4.0% and Week 3 = 3.23%) that may be due to the health and hygiene sessions in camps by the health cluster partners and Departments of Health in addition to the intervention measures for each case. (See graph below).

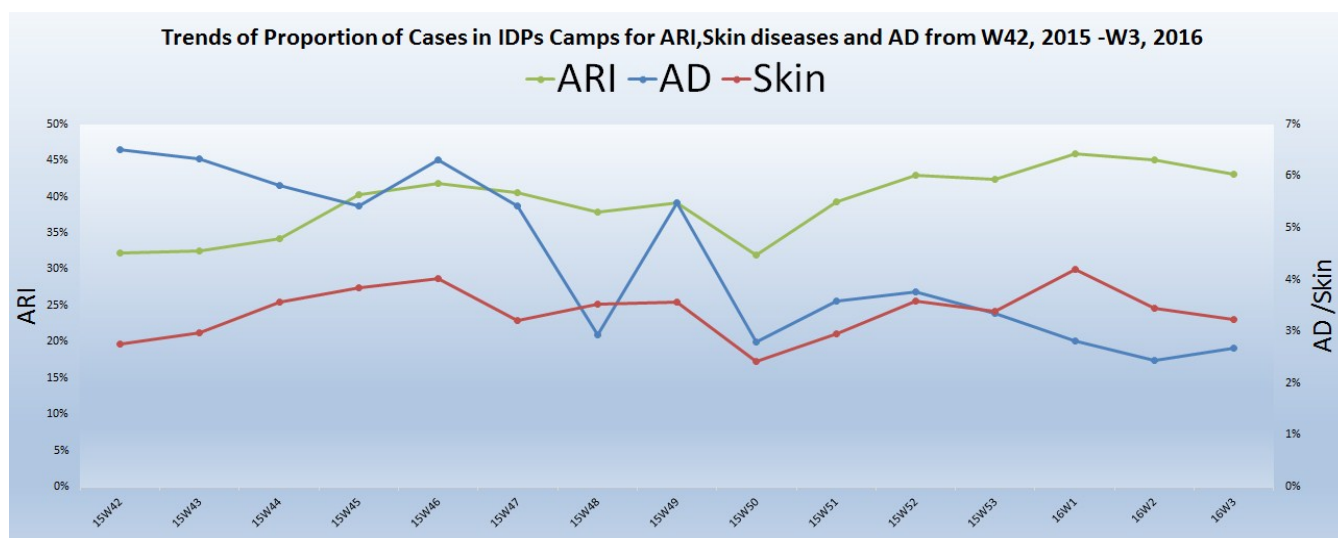


Figure II: Trend of proportion of cases of ARI, Scabies and AD in IDP camps week 42, 2015 –Week 3, 2016

Refugee camps:

During Week 3, the proportion of Acute Respiratory Tract Infections (ARI) indicates a slight decrease from 60% to 56%. The proportions of Acute Diarrhea trend in refugee camps show an increasing trend since last week, (Week 2 = 1.5% and Week 3 = 2.2%). Proportions of skin infestations including scabies have decreased from 4% to 3% as winters are approaching and there is a need for extensive health promotion activities to be conducted in all camps. (See graph below).

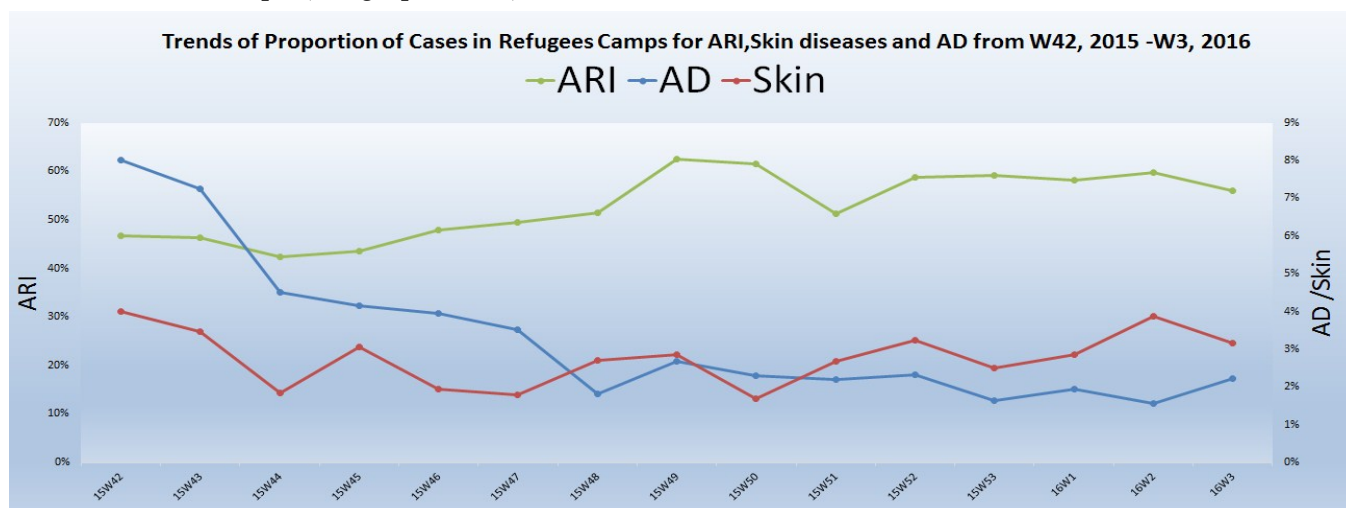


Figure III: Trend of proportion of cases of ARI, Scabies and AD in IDP camps Week 42, 2015—Week 3, 2016

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 3, 2016.

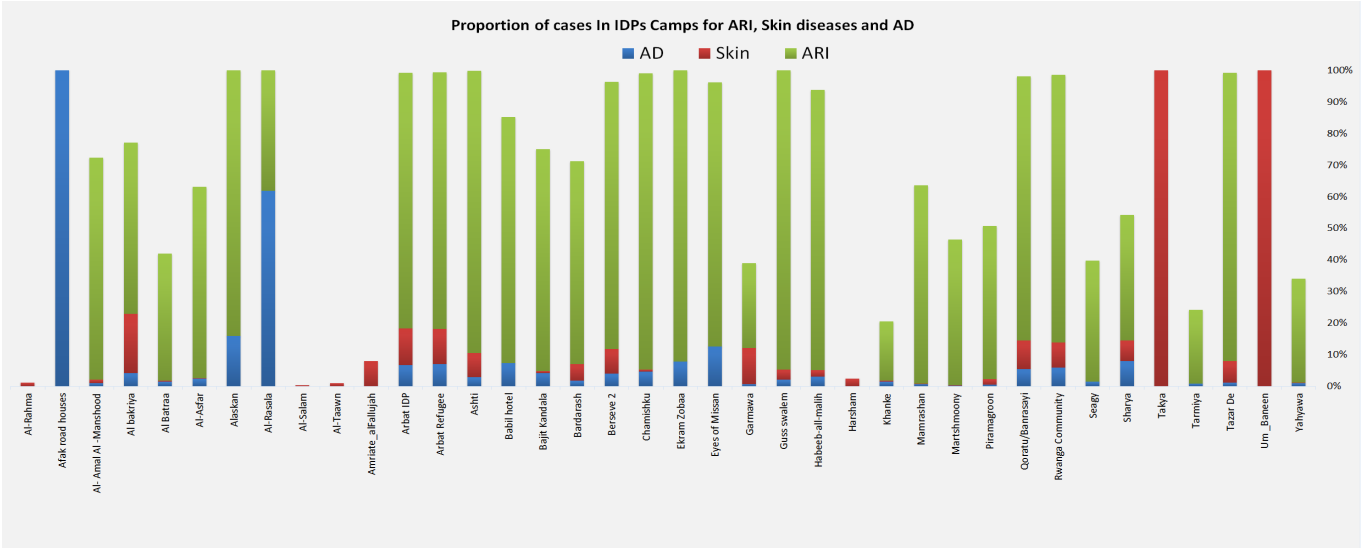


Figure IV: Proportion of cases of ARI, Scabies and AD in IDP camps for Week 3, 2016

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 3, 2016.

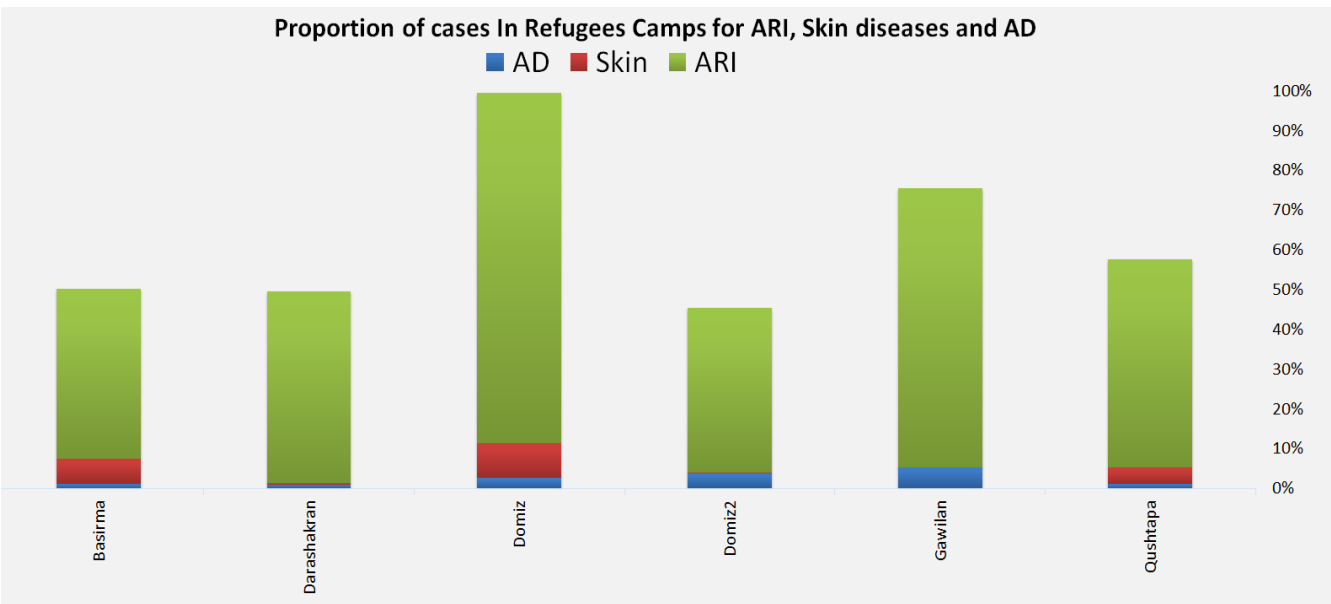


Figure V: Trend of proportions of cases of ARI, Scabies and AD in Refugee camps for Week 3, 2016

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 3, 2016.

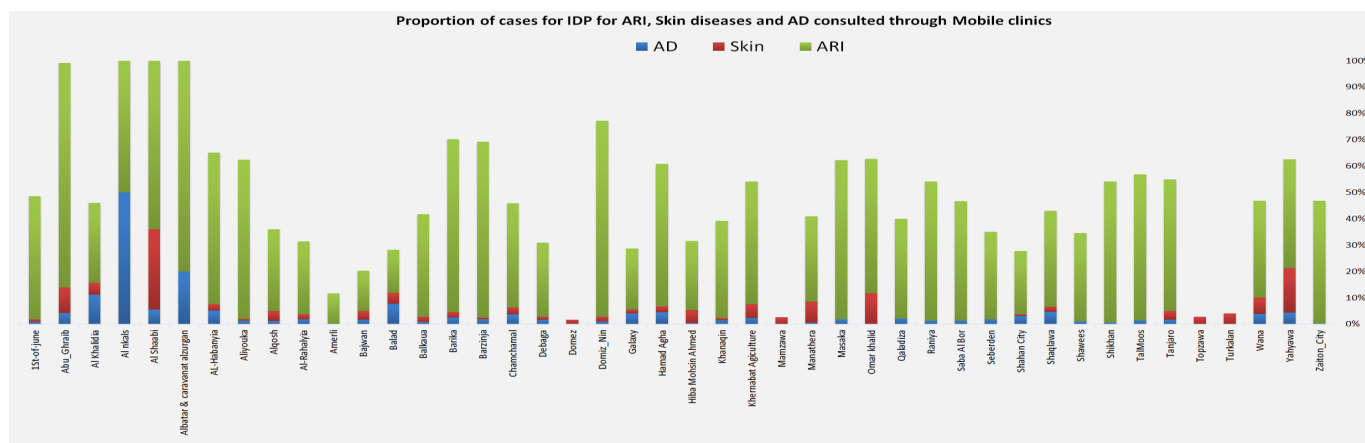


Figure VI: Trend of proportions of IDP cases for ARI, Scabies and AD covered by Mobile Clinics for Week 3 , 2016

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 2, the proportion of upper ARI in Week 3 has increased by 3% from 93% to 96% while the Lower ARI proportion has decreased from 7% to 4% during the same time period. Furthermore, the graph below indicates the proportion of lower and upper ARI cases by each reporting site for Week 3.

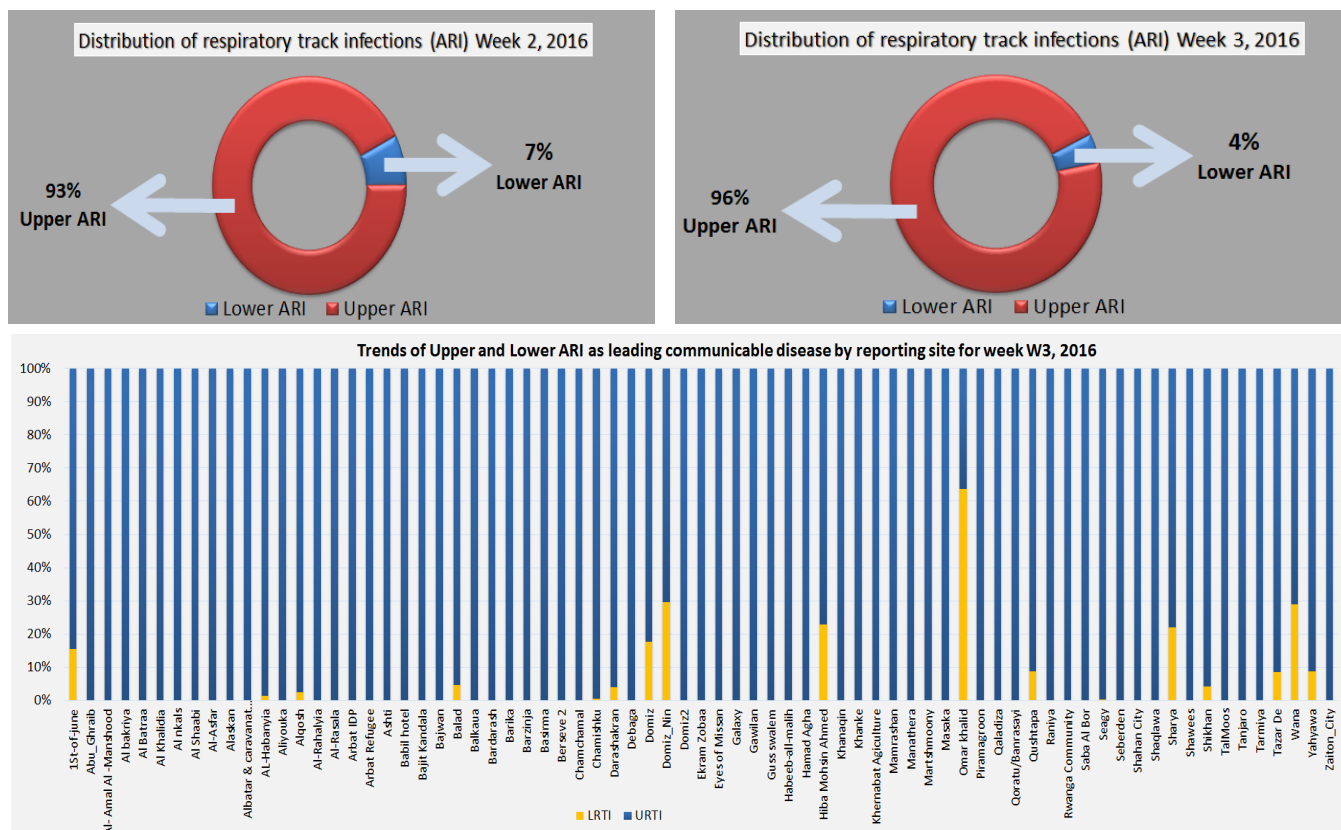


Figure VII: Trend of Upper and Lower ARI per reporting site for week 3 - 2016

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).

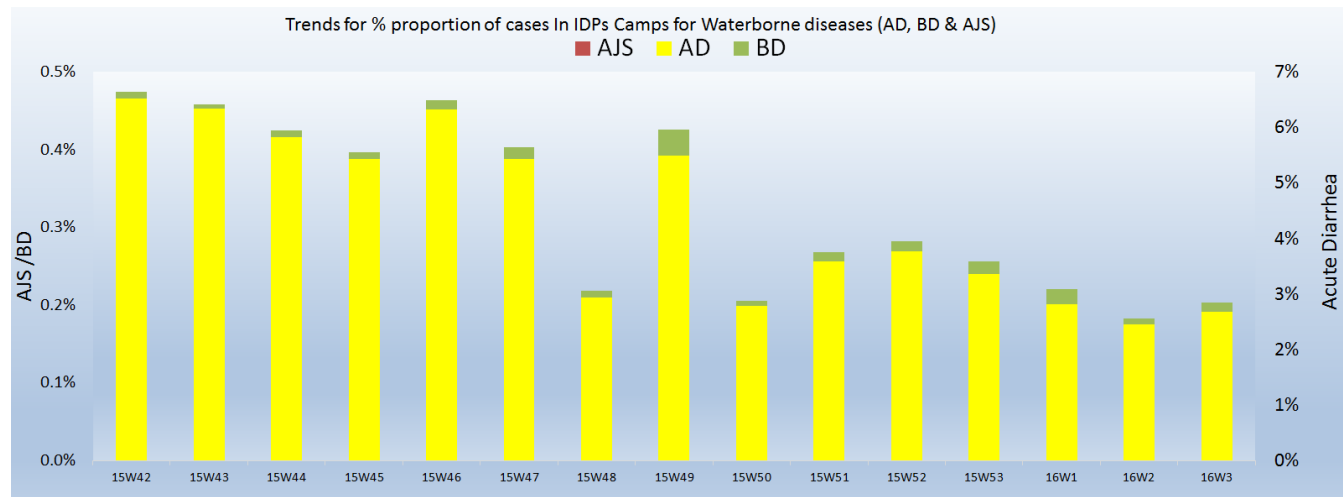


Figure VIII: Trend of Waterborne diseases from IDP camps, Week 42, 2015—Week 3, 2016

Trends of Waterborne diseases in Refugee camps

The graph below shows the trends of proportion of waterborne diseases (Acute Diarrhea, Bloody Diarrhea and Acute Jaundice Syndrome) from refugee camps indicates a decrease of the trend since Week 42 in 2015, with slight increase compared to last week. Furthermore, no clustering has been reported for acute jaundice syndrome cases during this period.

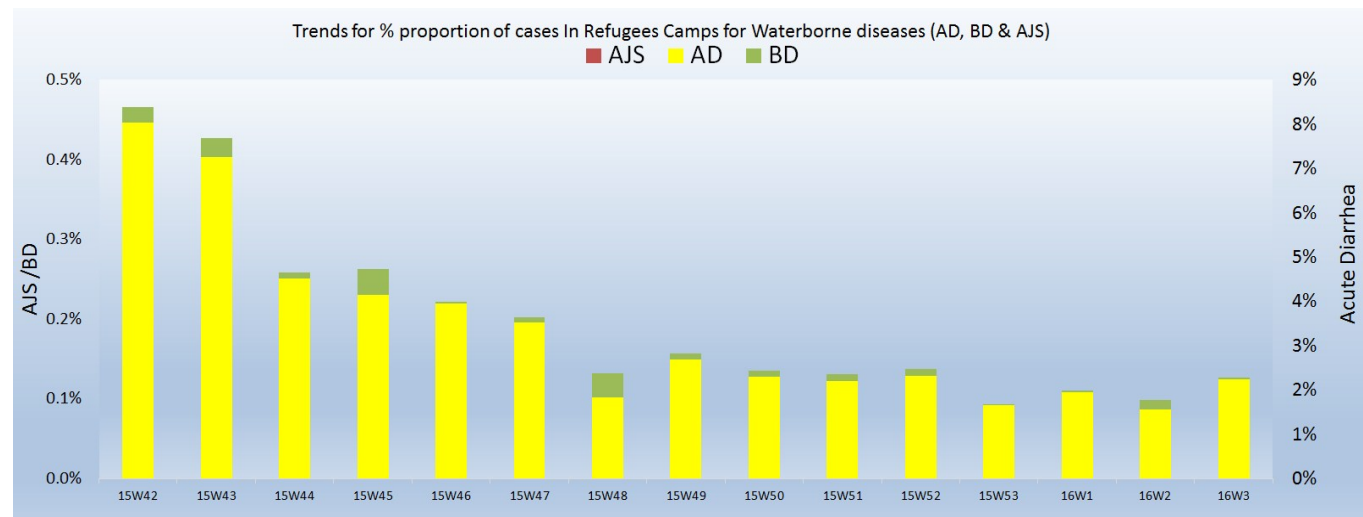


Figure IX: Trend of waterborne diseases from Refugee camps, Week 42, 2015—Week 3, 2016

Twenty-one alerts were generated through EWARN following the case definition thresholds, of which twenty were from IDP camps and one from Refugee camps during this reporting week. All these alerts were investigated within 48-72 hours and were all 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 department. (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	Al-Salam	Anbar	Ameriyat Al-Fallujah	IDPs	3	UIMS	Yes	NO	TRUE	Yes
2		Al shams	Baghdad	Karkh	IDPs	1	MC-IMC	Yes	No	TRUE	Yes
3		Alhaswa	Baghdad	Karkh	IDPs	1	MC-IMC	Yes	No	TRUE	Yes
4		Soryia Village	Dahuk	Dahuk	IDPs	2	MC-PU-AMI	Yes	No	TRUE	Yes
5		Sharia	Dahuk	Sumel	IDPs	1	MC-PU-AMI	Yes	NO	TRUE	Yes
6		Seagy	Dahuk	Sumel	IDPs	2	IMC	Yes	No	TRUE	Yes
7		Kalata Farhan	Dahuk	Dahuk	IDPs	1	MC-PU-AMI	Yes	No	TRUE	Yes
8		Harshm	Erbil	Bahrka	IDPs	1	IMC	Yes	No	TRUE	Yes
9		Balkana	Salah al-Din	Tuz	IDPs	2	MC-MSF	Yes	NO	TRUE	Yes
10		Bardarash	Dahuk	Akre	IDPs	2	PU-AMI	Yes	No	TRUE	Yes
11		Gana	Salah al-Din	Tuz	IDPs	1	MC-MSF	Yes	No	TRUE	Yes
12		Tazar De	Sulaymaniyah	Sulaymaniyah	IDPs	1	EMERGENCY	Yes	No	TRUE	Yes
13		Al-Rahma	Salah al-Din	Dijlah	IDPs	5	UIMS	Yes	No	TRUE	Yes
14		Al-Taawun	Salah al-Din	Al-Mutasem	IDPs	1	UIMS	Yes	No	TRUE	Yes
15	Suspected Meningitis	Domiz	Dahuk	Dahuk	Refugge	1	DOH	Yes	Yes	TRUE	Yes
16		Seagy	Dahuk	Sumel	IDPs	1	IMC	Yes	Yes	TRUE	Yes
17	Suspected Measles	Al Batraa	Anbar	Amiriyat Fallujah	IDPs	1	DOH	Yes	Yes	TRUE	Yes
18		Arbat	Sulaymaniyah	Arbat	IDPs	1	EMERGENCY	Yes	Yes	TRUE	Yes
20	Skin Diseases- (Scabies)	Garmawa	Ninewa	Tilkaif	IDPs	116	IMC	NO	NO	TRUE	Yes
21	Suspected Pertusis	Kabarto 1	Dahuk	Sumel	IDPs	1	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 Ministry of Health and health cluster partners.

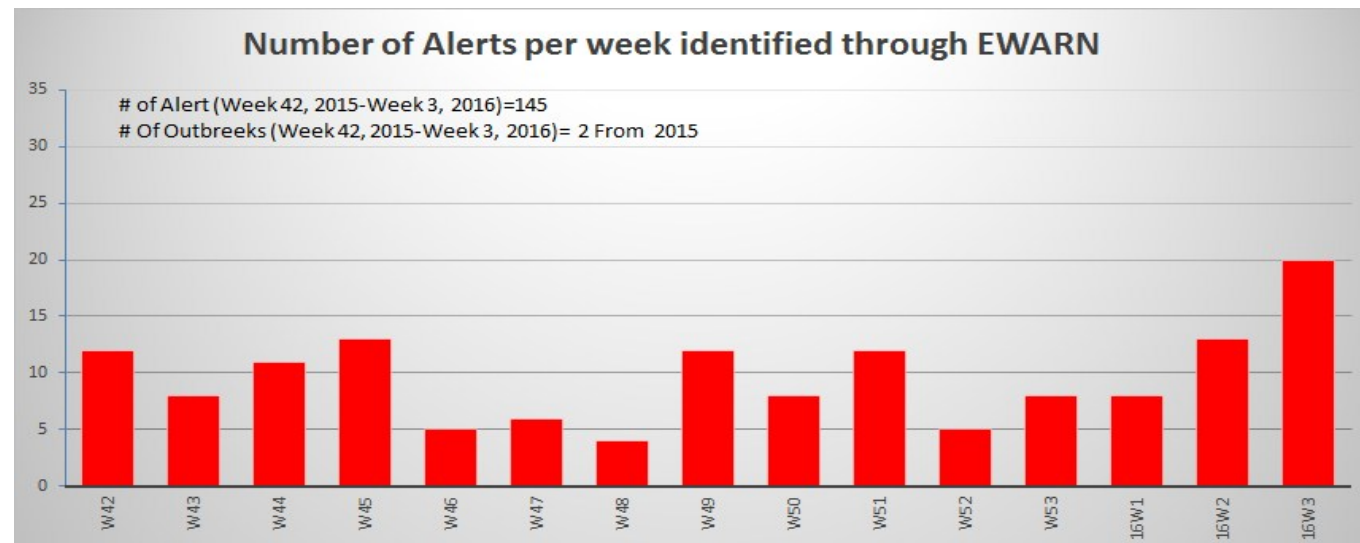


Figure X: Alerts generated through EWARN surveillance Week 42, 2015—Week 3, 2016

For comments or questions, please contact

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