

Iraq: EWARN & Disease Surveillance Bulletin

2016 Epidemiological Week: 12

Reporting Period: 21 – 27, March, 2016

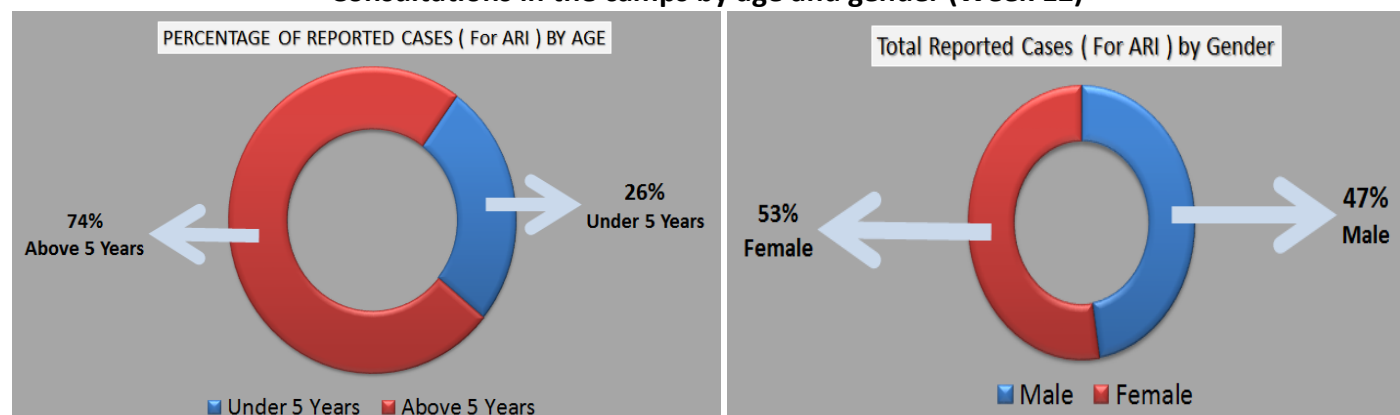
Highlights

- ◆ **Number of reporting sites:** One hundred and ten (110) reporting sites (86% of the total EWARN reporting sites) including forty-five (45) in Internally Displaced People's (IDP) camps, six (6) in refugee camps and fifty-nine (59) mobile clinics submitted their weekly reports timely and completely.
- ◆ **Total number of consultations:** 32 434 (Male=15 389 and Female=17 045) marking a decrease of 7 806 (45%) since last week.
- ◆ **Leading causes of morbidity in the camps:** Acute Respiratory Tract Infections (ARI) (n=12 983), Skin Diseases (n=1 597) and Acute Diarrhea (AD) (n=1 157) 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 mobile clinics), one from hospitals and the remaining one from Refugee camps during this reporting week. All these alerts were investigated within 72 hours, of which ten 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).
- ◆ During the previous week, EWARN refresher training was held in Erbil. Target participants were from Erbil and Kirkuk governorates. From each reporting site, two participated in addition to the surveillance officer at the DOH level. Almost 46 participants attended. This activity will continue to cover all the governorates and is fully supported by OFDA.



Figure I: Total consultations and proportion of reporting health facilities by Week 1 – 12, 2016

Consultations in the camps by age and gender (Week 12)



Morbidity Patterns

IDP camps:

During Week 12, the proportions of Acute Respiratory Tract Infections (ARI) showed a slight decrease from the previous week. The proportions of Acute Diarrhea in IDP camps decreased during the current week compared to last week (Week 12=3% and Week 11=4%). The proportion of skin diseases including scabies showed significant increase since last week (see graph below).

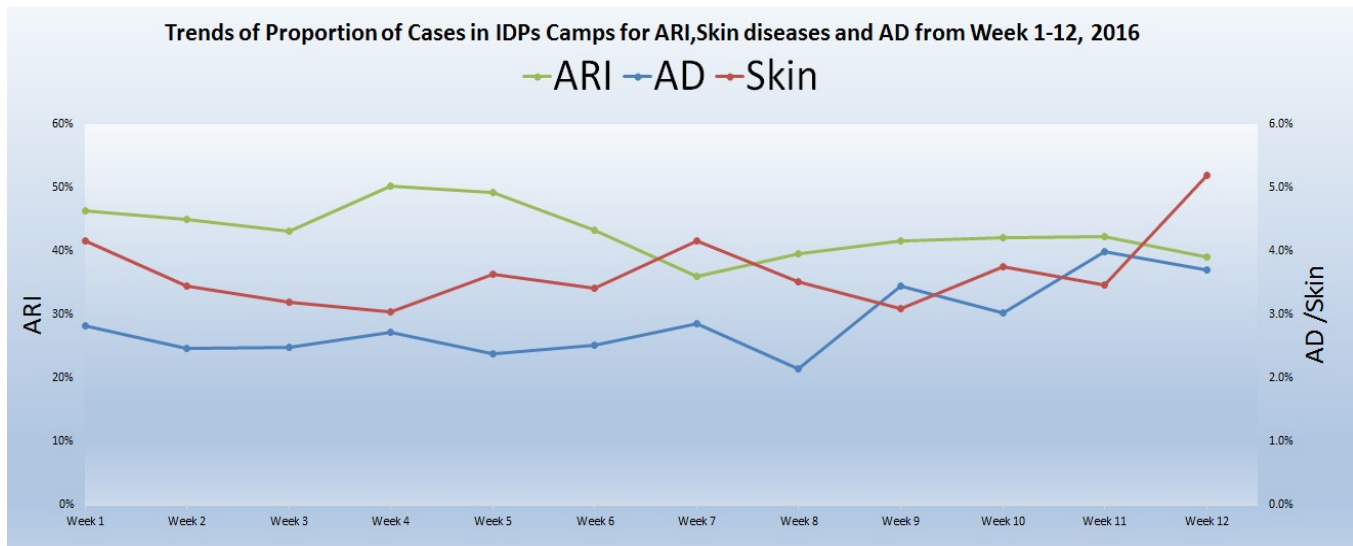


Figure II: Trend of proportion of cases of ARI, Scabies and AD in IDP camps Week 1–12, 2016

Refugee camps:

During Week 12, the proportion of Acute Respiratory Tract Infections (ARI) indicated a slight decrease from the previous 2 weeks. The proportions of Acute Diarrhea trend in refugee camps showed an increasing compared to last week. Proportion of skin infestations including scabies increased (see graph below).

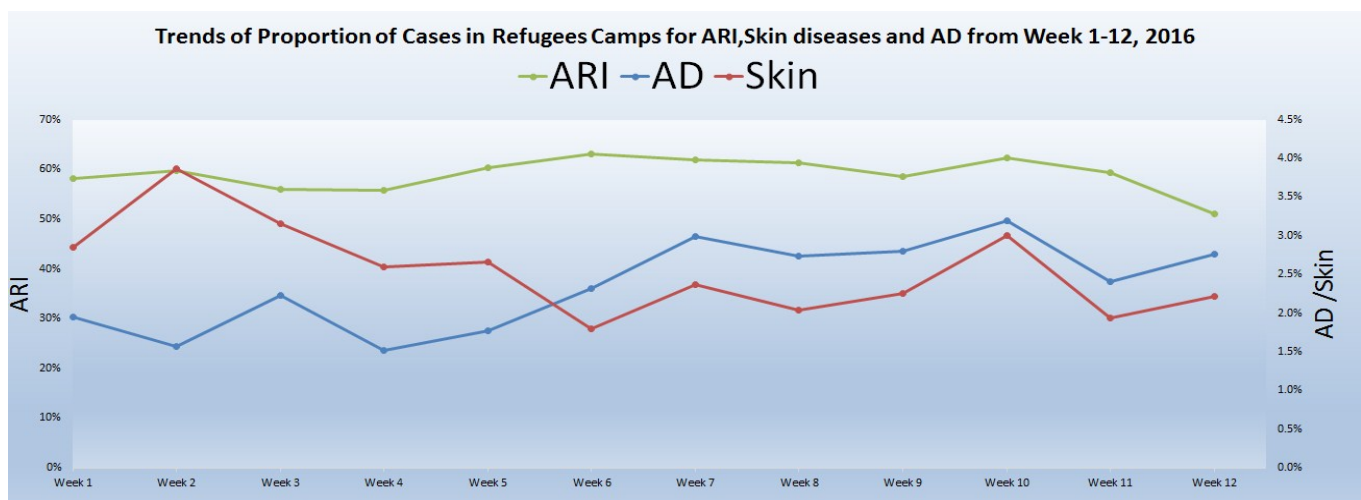


Figure III: Trend of proportion of cases of ARI, Scabies and AD in IDP camps Week 1–12, 2016

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 12, 2016.

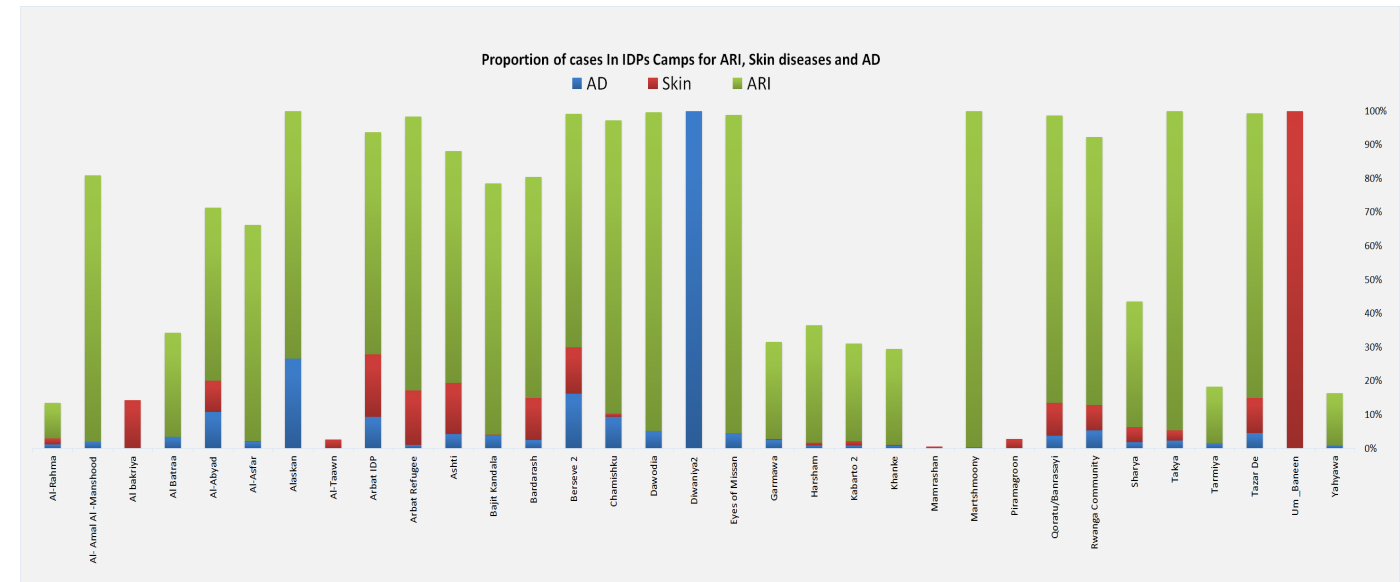


Figure IV: Proportion of cases of ARI, Scabies and AD in IDP camps for Week 12 2016

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 12, 2016.

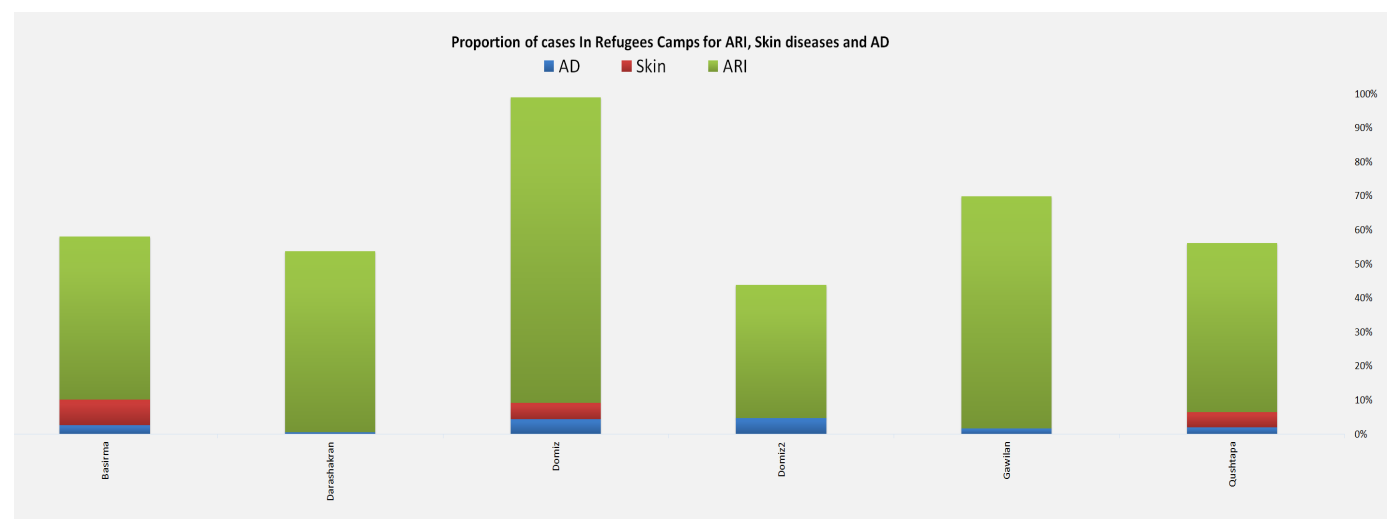


Figure V: Trend of proportions of cases of ARI, Scabies and AD in Refugee camps for Week 12, 2016

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 12, 2016.

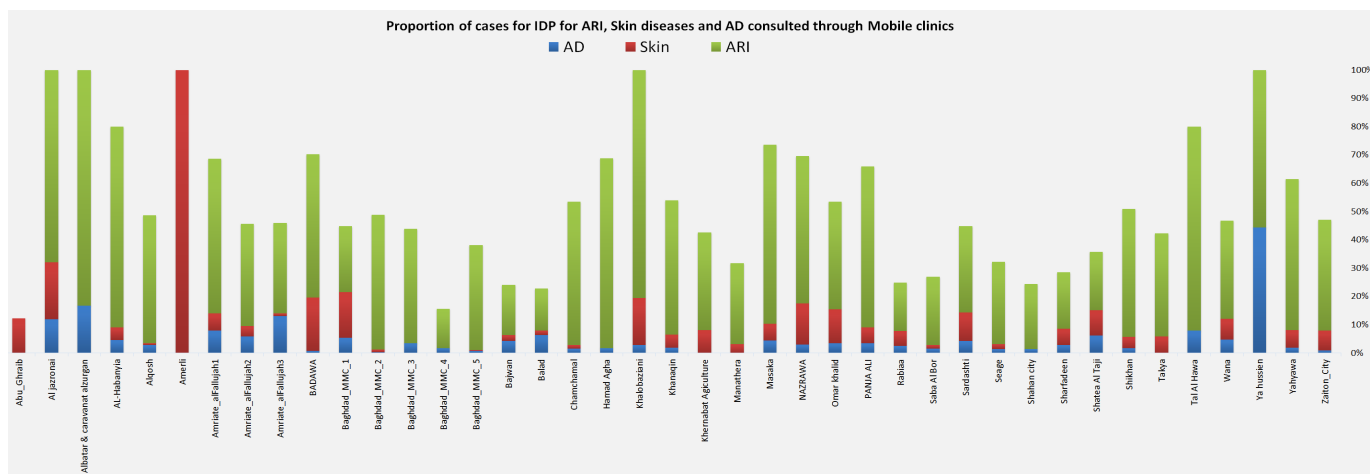


Figure VI: Trend of proportions of IDP cases for ARI, Scabies and AD covered by Mobile Clinics for Week 12, 2016

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 11, the proportion of upper ARI in Week 12 has decreased by 2% from 97% to 95% while the Lower ARI proportion has increased from 3% to 5% during the same period. Furthermore, the other graph below indicates the proportion of lower and upper ARI cases by each reporting site for Week 12.

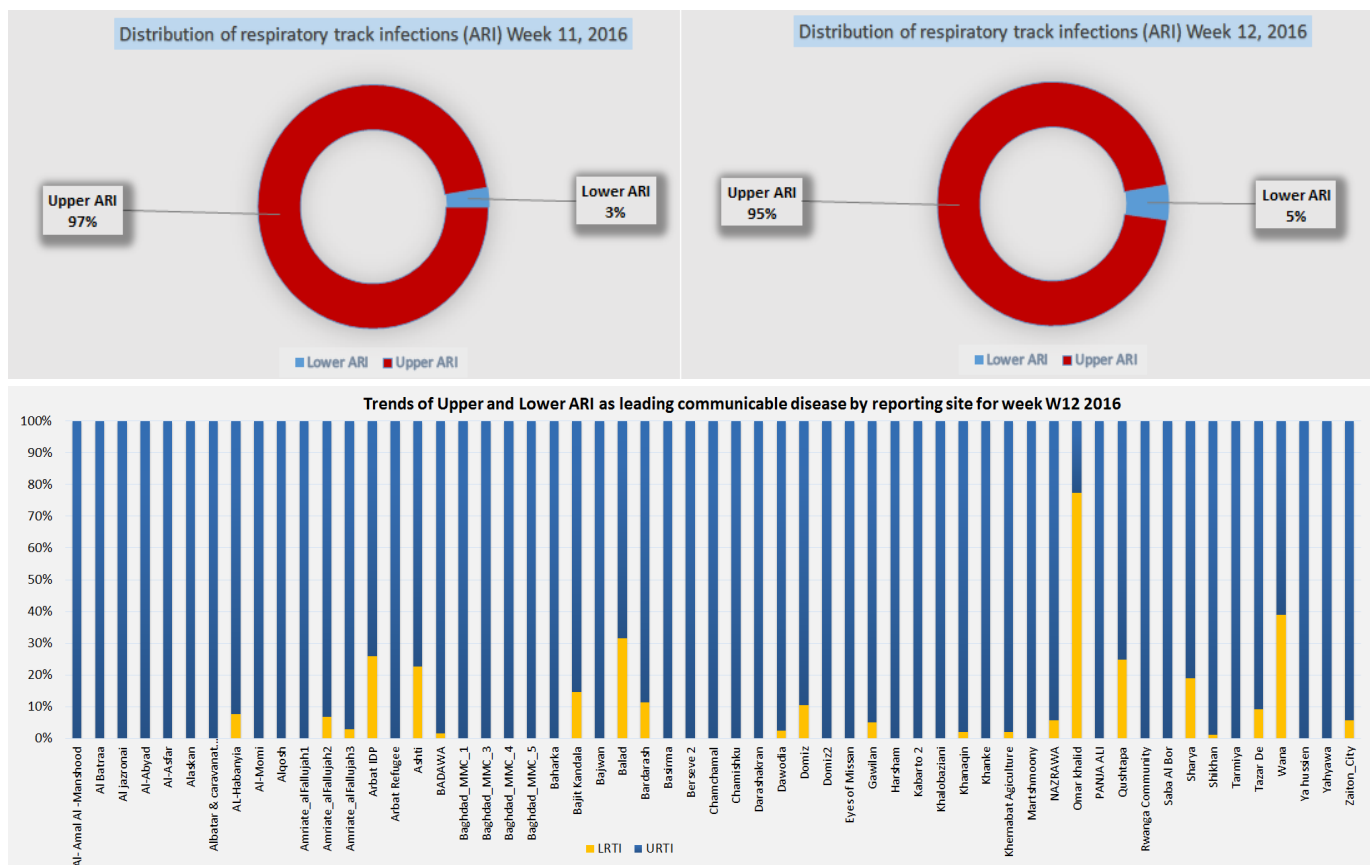


Figure VII: Trend of Upper and Lower ARI per reporting site for Week 12, 2016

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 decrease in waterborne diseases. (See graph below)

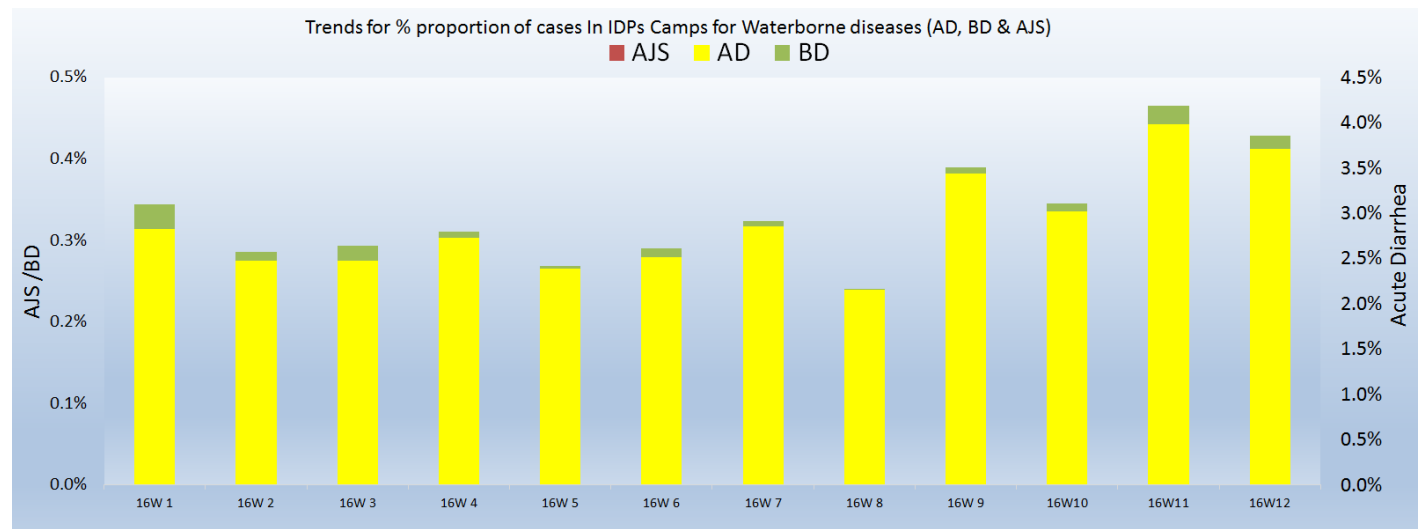


Figure VIII: Trend of Waterborne diseases from IDP camps, Week 1—12, 2016

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 last week.

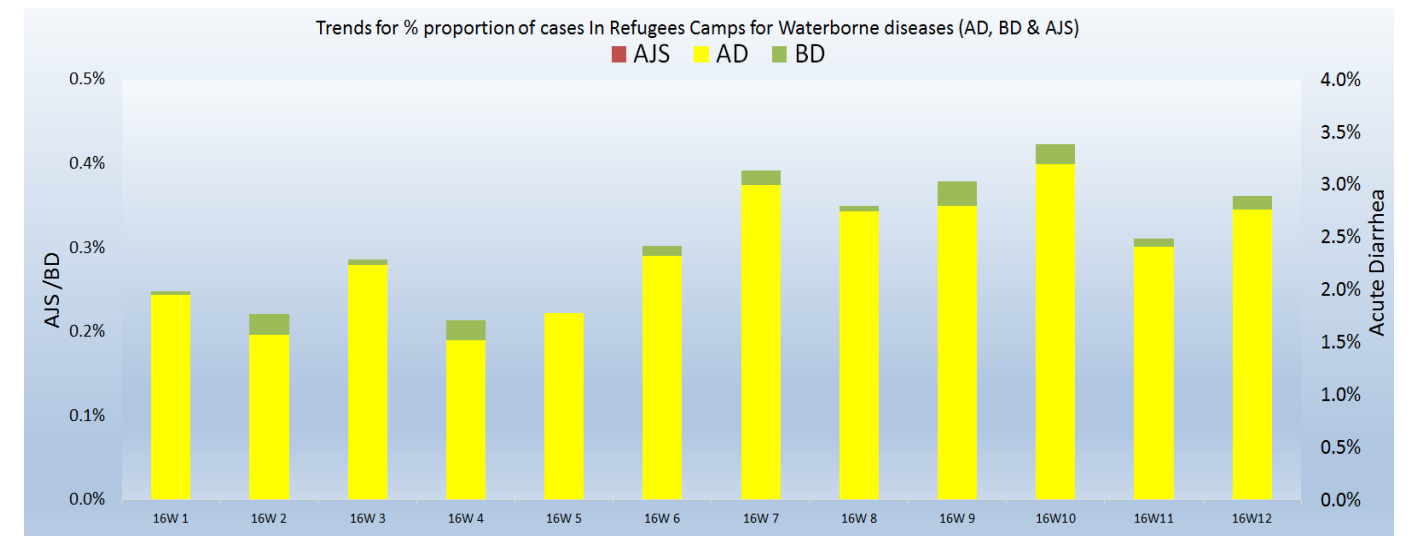


Figure IX: Trend of waterborne diseases from Refugee camps, Week 1—12, 2016

Twelve alerts were generated through EWARN following the defined thresholds, of which ten were from IDP camps (one of them from mobile clinics), one from Refugee Camps and the remaining One from the Hevi Hospital during this reporting week. All these alerts were investigated within 72 hours, of which ten were verified as true and further investigated and appropriately responded by the respective Governorates Departments of Health, WHO and the relevant health cluster partners. Two false were reported incorrectly and, after verification with the DOHs and the reporting sites, excluded (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	1	UIMS	Yes	No	TRUE	No
2		Qoratu/Banrasayi	Diyala	Kalar	IDPs	1	EMERGENCY	Yes	No	TRUE	No
3		Basirma	Erbil	Shaqlawah	Refugee	1	DoH	Yes	No	TRUE	No
4		Shaweess	Erbil	Erbil	IDPs	1	MC-IMC	Yes	No	TRUE	No
5	Suspected Pertusis	Al-Rahma	Salah-Al-Din	Dijlah	IDPs	4	UIMS	Yes	No	TRUE	No
6		Al-Taawun	Salah-Al-Din	Al-Mutasem	IDPs	1	UIMS	Yes	No	TRUE	No
7		Al-Salam	Anbar	Ameriyat Al-Fallujah	IDPs	1	UIMS	Yes	No	TRUE	No
8	Suspected Measles	Ashti	Sulaymaniyah	Arbat	IDPs	1	EMERGENCY	Yes	Yes	TRUE	No
9	Suspected Meningitis	Harshm	Erbil	Erbil	IDPs	1	IMC	Yes	Yes	TRUE	No
10		Hevi	Duhak	Duhak	Hospital	1	DoH	Yes	Yes	TRUE	Yes
11	Acute Watery Diarrhea- (Suspected Cholera)	Sid jaber	Muthanna	Muthanna	IDPs	1	DoH	Yes	Yes	FALSE	No
12	Suspected Hemorrhagic fever	Al- Amal Al -Manshood	Anbar	Fullujah	IDPs	1	DoH	Yes	No	FALSE	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, WHO and health cluster partners.

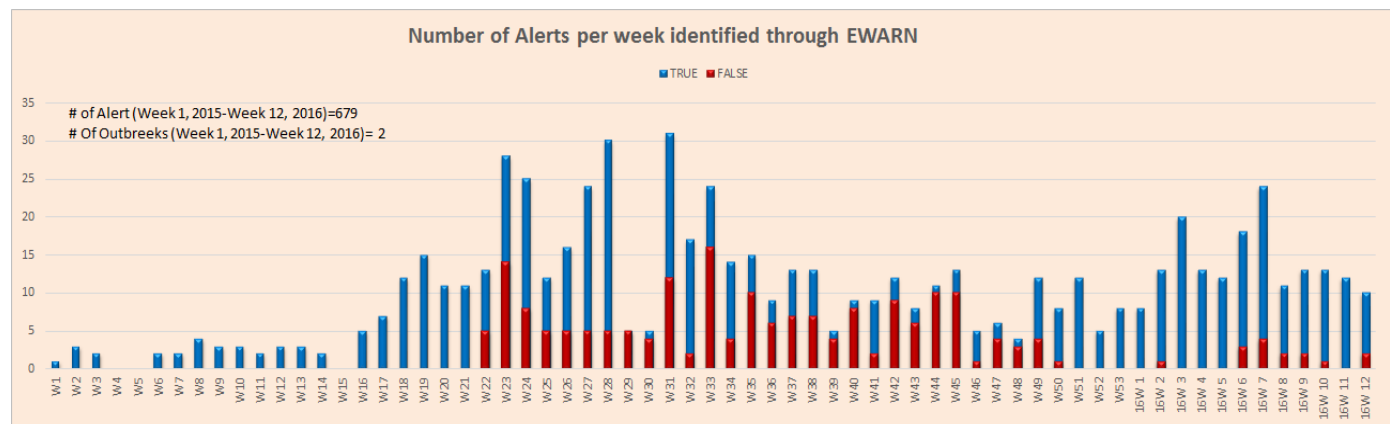


Figure X: Alerts generated through EWARN surveillance Week 1, 2015—Week 12, 2016

For comments or questions, please contact

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