



World Health
Organization

EWARN: EARLY WARNING ALERTS AND RESPONSE NETWORK

Iraq: EWARN & Disease Surveillance Bulletin

2016 Epidemiological Week: 15

Reporting Period: 11–17, April, 2016

Highlights

- ◆ **Number of reporting sites:** One hundred and sixteen (116) reporting sites (91% of the total EWARN reporting sites) including forty-six(46) in Internally Displaced People's (IDP) camps, seven (7) in refugee camps and sixty-three (63) mobile clinics submitted their weekly reports on time.
- ◆ **Total number of consultations:** 30 452 (Male=14 101 and Female= 16 351), marking a decrease of 2 771 since last week.
- ◆ **Leading causes of morbidity in the camps:** Acute Respiratory Tract Infections (ARI) (n=12 680), Skin Diseases (n=1 136) and Acute Diarrhea (AD) (n=892) remained the leading causes of morbidity in all camps during this reporting week.
- ◆ **Number of alerts:** Eleven (11) alerts were generated through EWARN following the defined thresholds, of which eight (8) were from IDP camps (three of them from mobile clinics), two from hospitals and one from Refugees Camp during this reporting week. All these alerts were investigated within 72 hours, of which nine were verified as true, one false and one is pending the result of the investigation; they were further investigated and appropriately responded by the respective Governorate Departments of Health, WHO and the relevant health cluster partners. (Details: see Alerts and Outbreaks Section).

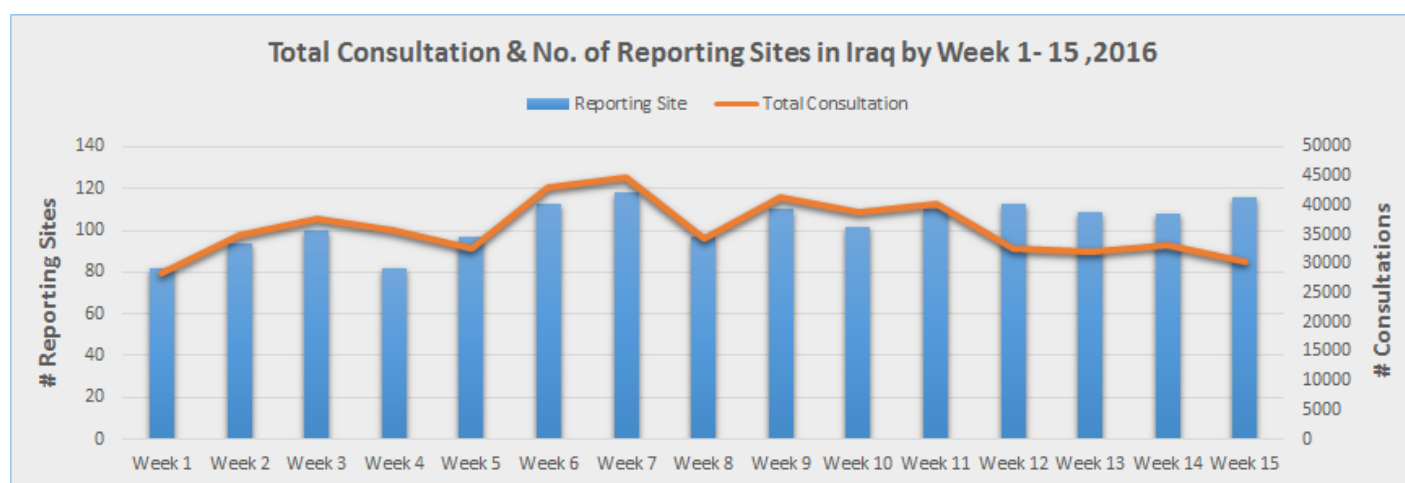
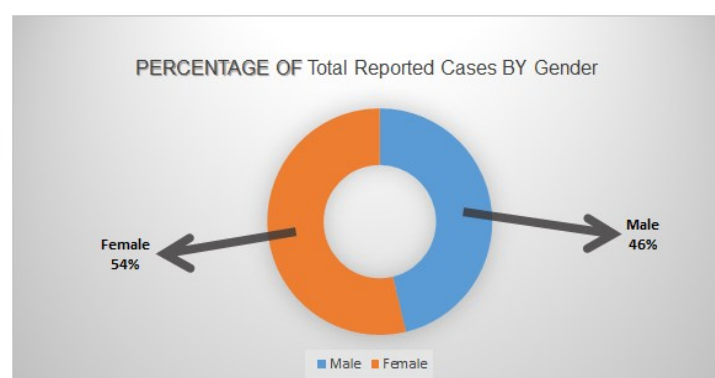
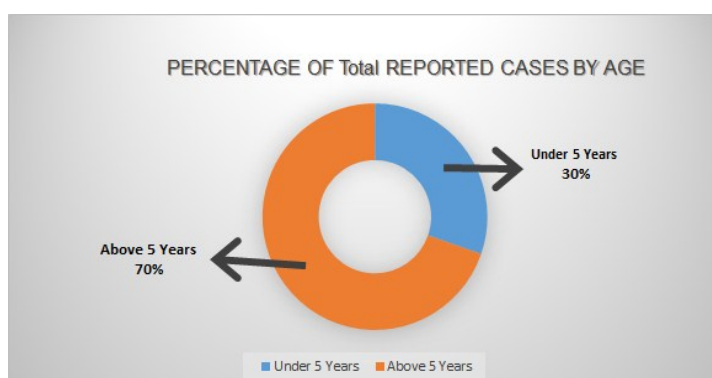


Figure I: Total consultations and proportion of reporting health facilities by Week 1 – 15, 2016

Percentage of the total reported cases in the camps by age and gender (week 15)



Morbidity Patterns

IDP camps:

During Week 15, the proportion of Acute Respiratory Tract Infections (ARI) showed an increase from the previous week. The proportions of Acute Diarrhea in IDP camps have started to increase compared to last week (Week 15 = 3% and Week 14 = 2.2%). In the same manner, the proportion of skin diseases including scabies showed an increase since last week (see graph below).

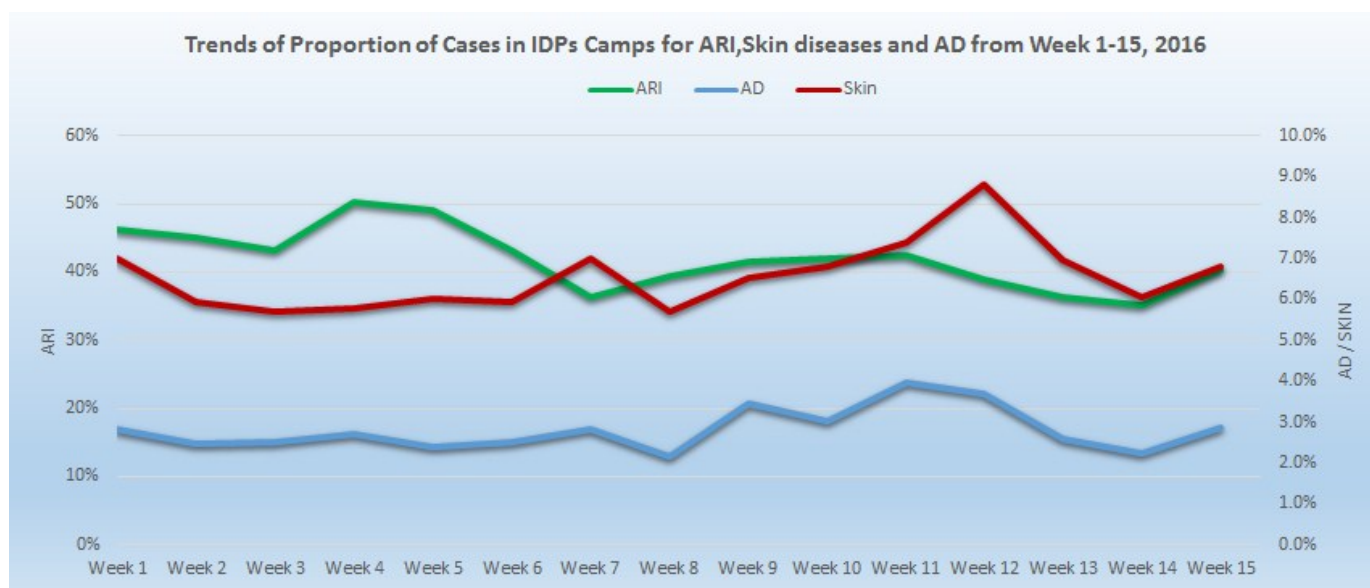


Figure II: Trend of proportion of cases of ARI, Scabies and AD in IDP camps Week 1–15, 2016

Refugee camps:

During Week 15, the proportion of Acute Respiratory Tract Infections (ARI) indicated a slight increase from 48% to 50% compared to last week. A decrease in the proportions of Acute Diarrhea trend in refugee camps was noted compared to last week, (Week 15=3.3% and Week 14=3.4%). Proportion of skin infestations including scabies have increased compared to last week (see graph below).

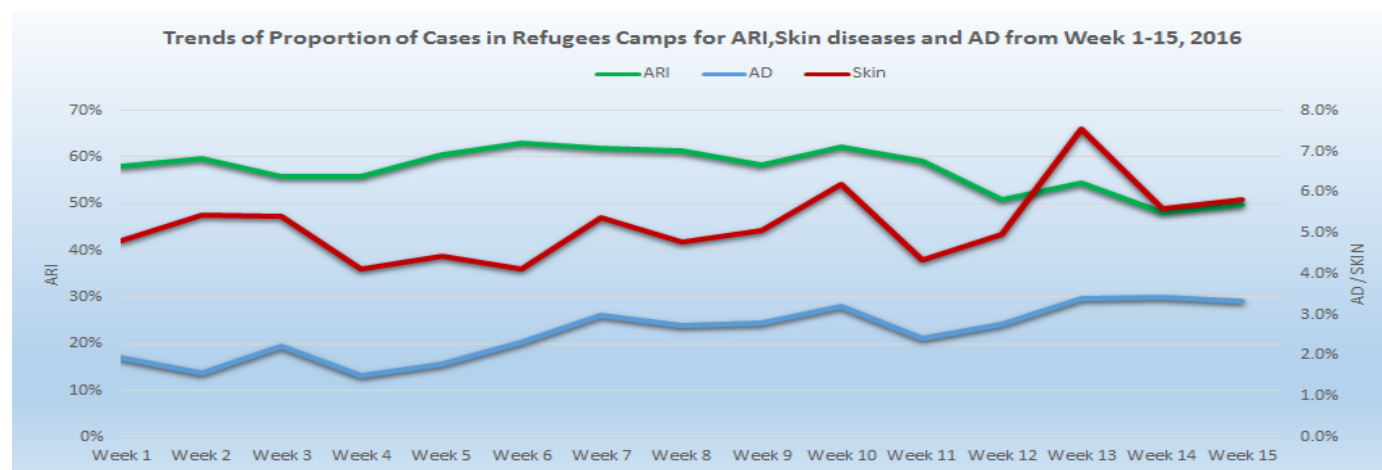


Figure III: Trend of proportion of cases of ARI, Scabies and AD in IDP camps Week 1–15, 2016

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 15, 2016.

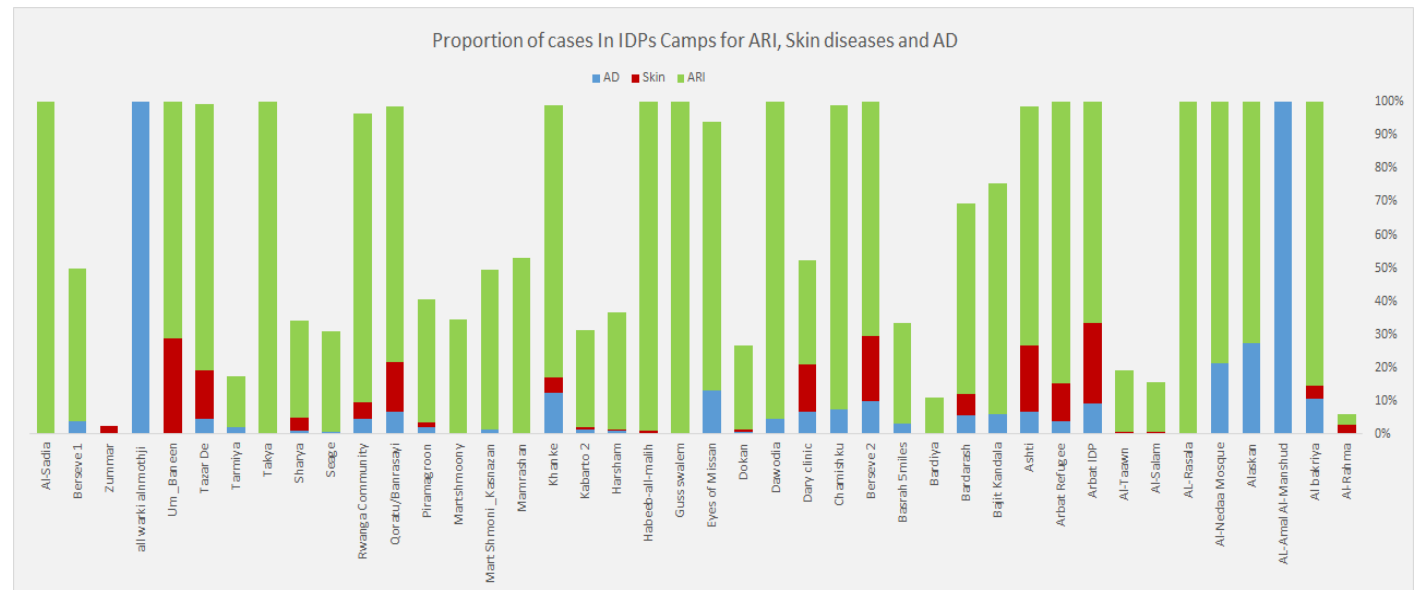


Figure IV: Proportion of cases of ARI, Scabies and AD in IDP camps for Week 15 2016

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 15, 2016.

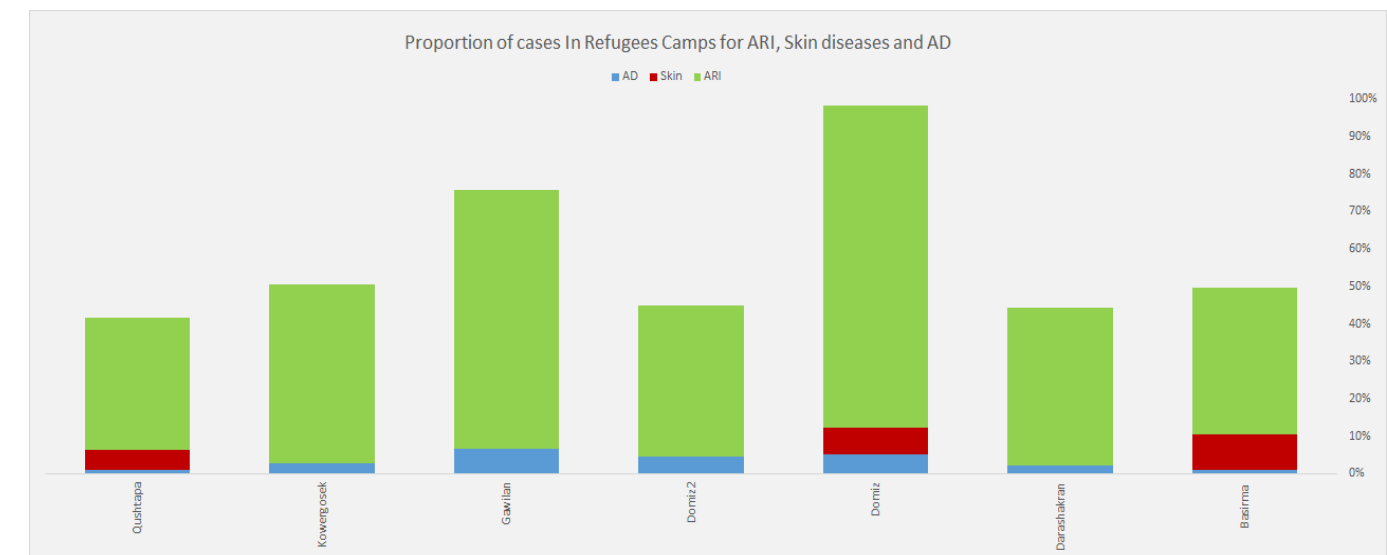


Figure V: Trend of proportions of cases of ARI, Scabies and AD in Refugee camps for Week 15, 2016

Trend of Diseases by proportion and location for off camp IDPs covered by Mobile Clinics

The graph below indicates the proportion of cases of Acute Respiratory Tract Infection, 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 15, 2016.

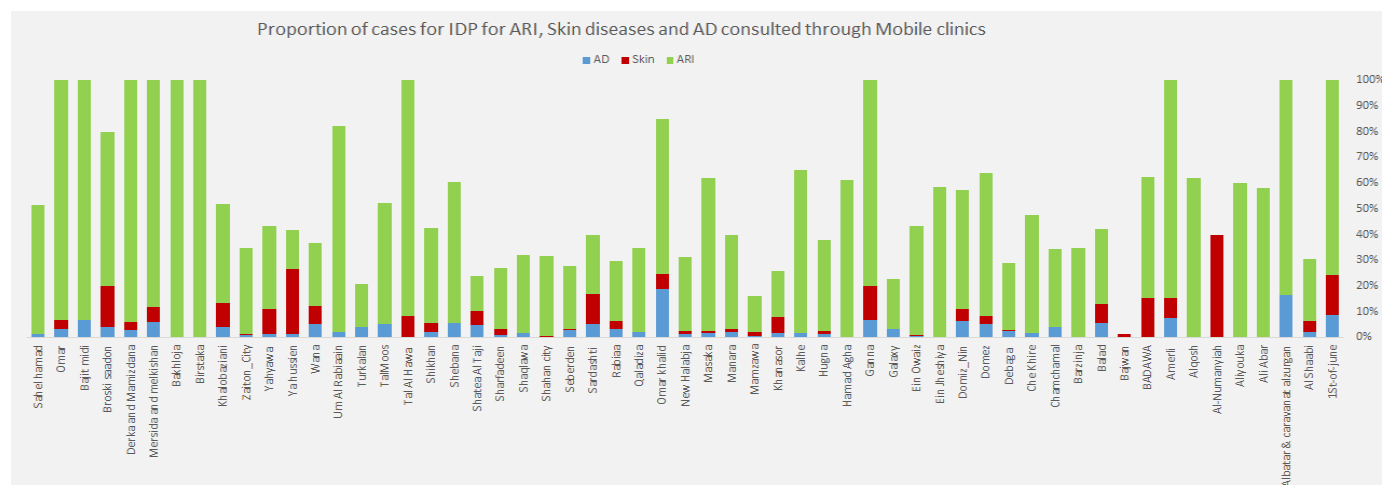


Figure VI: Trend of proportions of IDP cases for ARI, Scabies and AD covered by Mobile Clinics for Week 15, 2016

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 14, the proportion of upper ARI in Week 15 has decreased by 5% from 96% to 91% while the Lower ARI proportion has increased from 4% to 9% 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 13.

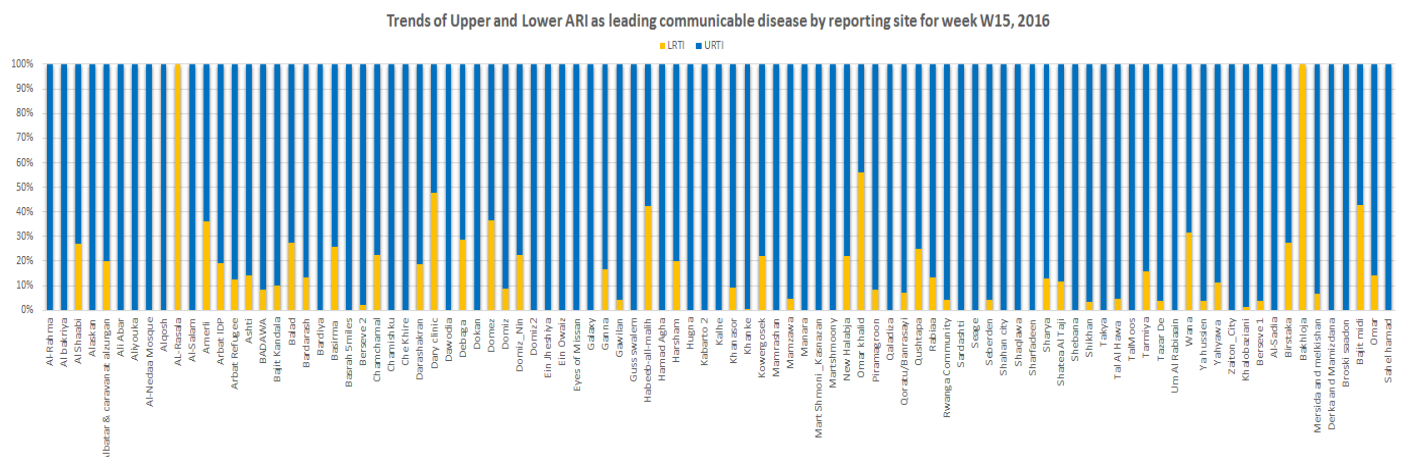
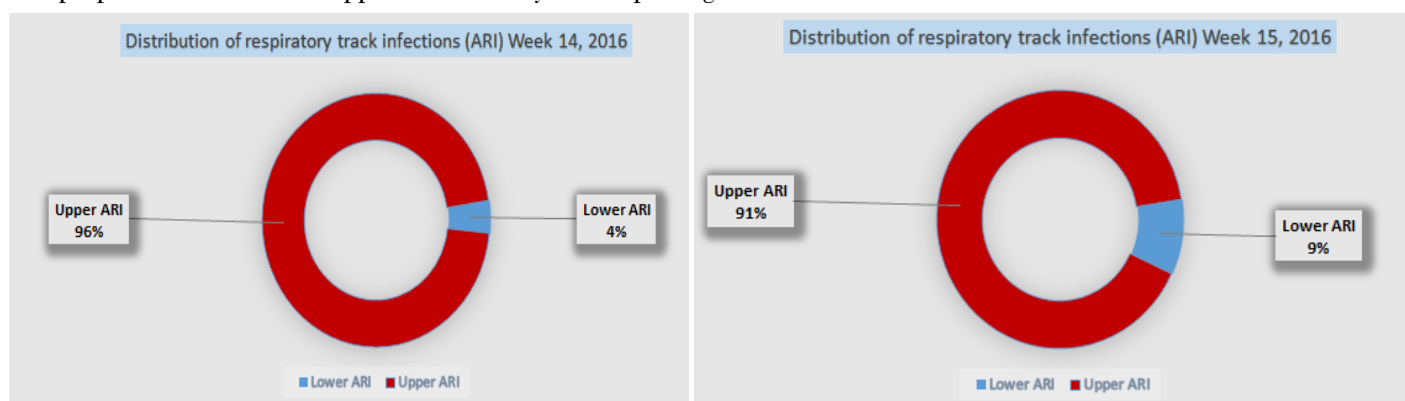


Figure VII: Trend of Upper and Lower ARI per reporting site for Week 15, 2016

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)

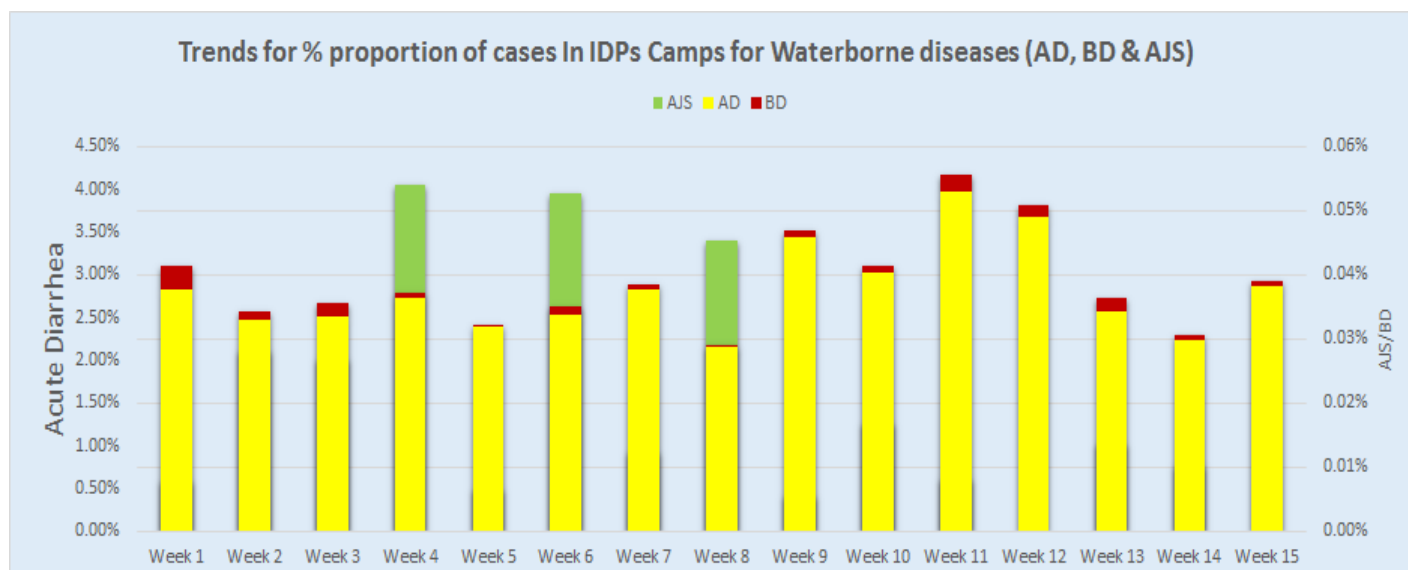


Figure VIII: Trend of Waterborne diseases from IDP camps, Week 1—15, 2016

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 during this period.

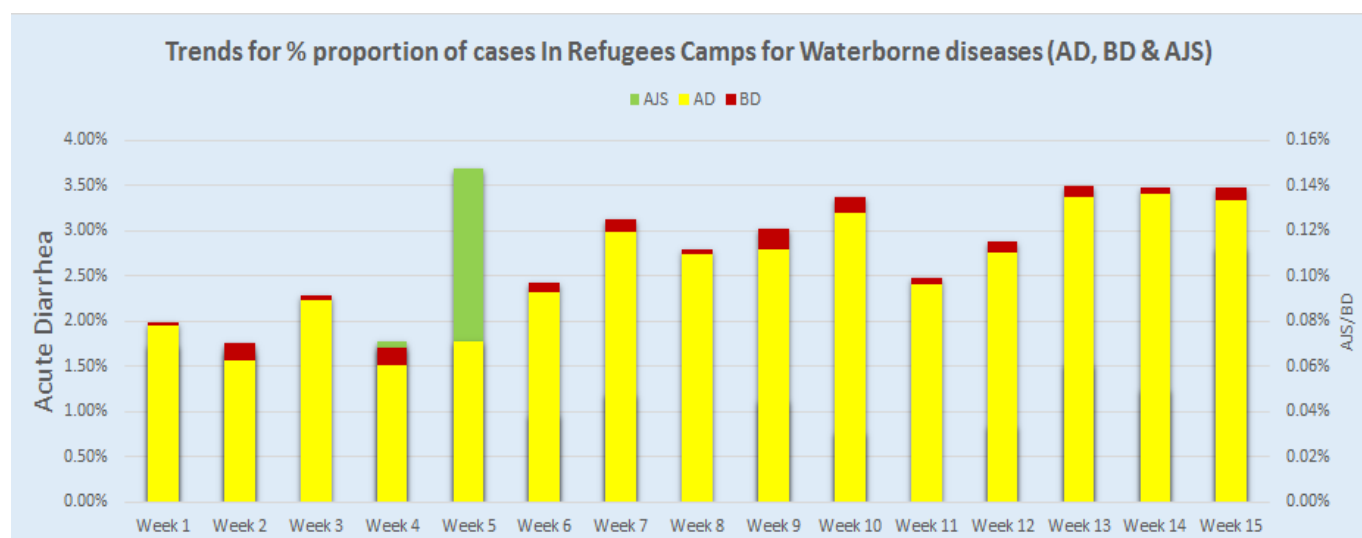


Figure IX: Trend of waterborne diseases from Refugee camps, Week 1—15, 2016

Eleven alerts were generated through EWARN, of which eight (8) were from IDP camps (Three of them from mobile clinics), two from hospitals and the remaining one from Refugees Camps during this reporting week. All these alerts were investigated within 72 hours, of which nine were verified as true and were further investigated and appropriately responded by the respective Governorates Departments of Health, WHO and the relevant health cluster partners. One alert was discarded and the other one is pending investigation results (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	Acute Flaccid Paralysis (AFP)	Hevi	Dahuk	Dahuk	Hospital	1	DoH	Yes	Yes	TRUE	Yes
2	Suspected Leishmaniasis	Karababke	Dahuk	Dahuk	IDPs	1	MC-PUI	Yes	Yes	TRUE	Yes
3		Al-Salam	Anbar	Ameriyat Al-Fallujah	IDPs	5	UIMS	Yes	No	TRUE	Yes
4		Bajet Kandala	Dahuk	Zako	IDPs	1	PU-AMI	Yes	Yes	TRUE	Yes
5		Al-Rahma	Salah-Al-Din	Dijlah	IDPs	2	UIMS	Yes	No	TRUE	Yes
6		Broshki sadoon	Dahuk	Dahuk	IDPs	1	MC-Dorcas	Yes	No	FALSE	Yes
7		Seage	Dahuk	Dahuk	IDPs	3	IMC	Yes	Yes	TRUE	Yes
8		Soryia	Dahuk	Dahuk	IDPs	3	MC-PUI	Yes	Yes	TRUE	Yes
9	Suspected Measles	Darashakran	Erbil	Erbil	Refugees	1	IMC	Yes	Yes	TRUE	Yes
10	Suspected Meningitis	Hevi	Dahuk	Dahuk	Hospital	1	DoH	Yes	Yes	TRUE	Yes
11	Food poisoning	Qoratu/Banrasayi	Sulaymaniyah	Sulaymaniyah	IDPs	1	EMERGENCY	Yes	Yes	Pending	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.

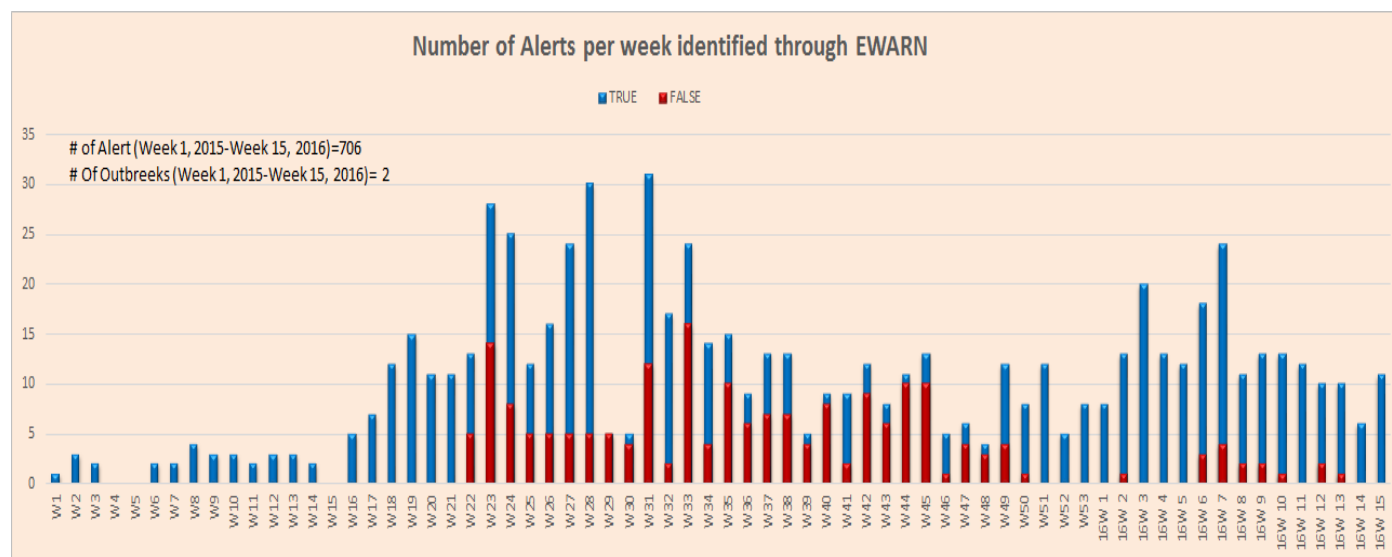


Figure X: Alerts generated through EWARN surveillance Week 1, 2015—Week 15, 2016

For comments or questions, please contact

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