



World Health
Organization

EWARN: EARLY WARNING AND RESPONSE NETWORK

Iraq: EWARN & Disease Surveillance Bulletin

2016 Epidemiological Week: 2

Reporting Period: 11 — 17 January, 2016

Highlights

- ◆ **Number of reporting sites:** Ninety-three (93) reporting sites including forty three (43) in Internally Displaced People's (IDP) camps, five (5) in refugee camps and forty-six (46) mobile clinics submitted their weekly reports timely and completely.
- ◆ **Total number of consultations:** 34 857 (Male = 16 711 and Female = 18 146) marking an increase of 6 551 (19%) since last week.
- ◆ **Leading causes of morbidity in the camps:** Acute Respiratory Tract Infections (ARI) (n = 16 143), Skin Diseases (n = 1 216) and Acute Diarrhea (AD) (n = 826) remained the leading causes of morbidity in all camps during this reporting week.
- ◆ **Number of alerts:** Fourteen (14) alerts were generated through EWARN following the defined thresholds, of which thirteen were from IDP camps and one from a refugee camp during this reporting week. All these alerts were investigated within 48 hours, of which thirteen 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. (Details: see Alerts and Outbreaks Section).

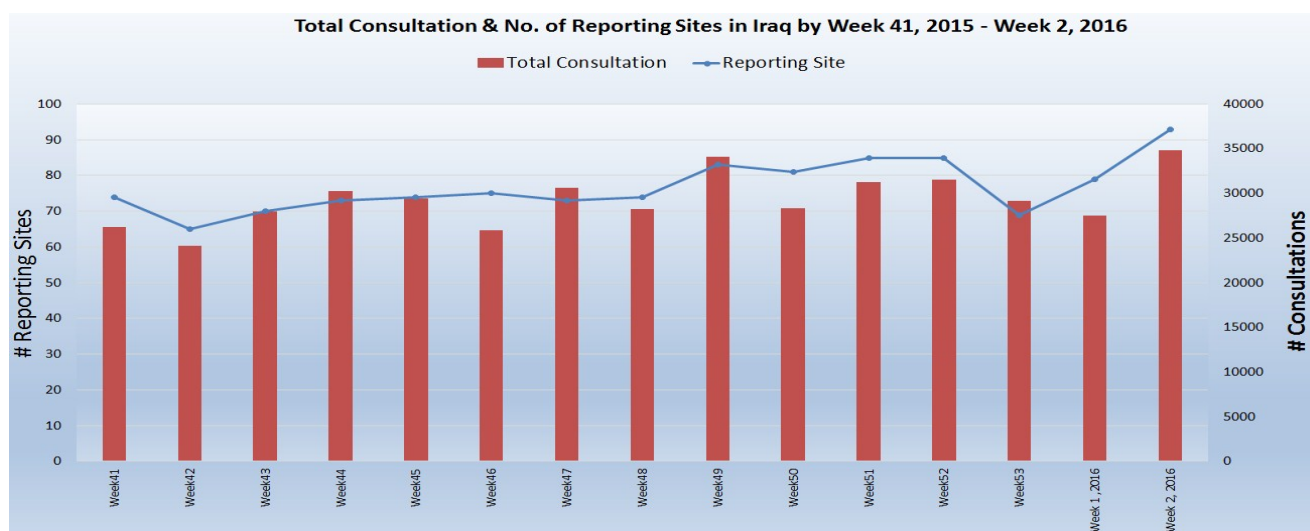
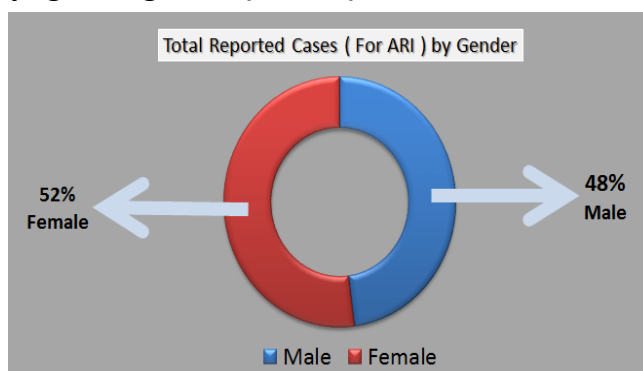
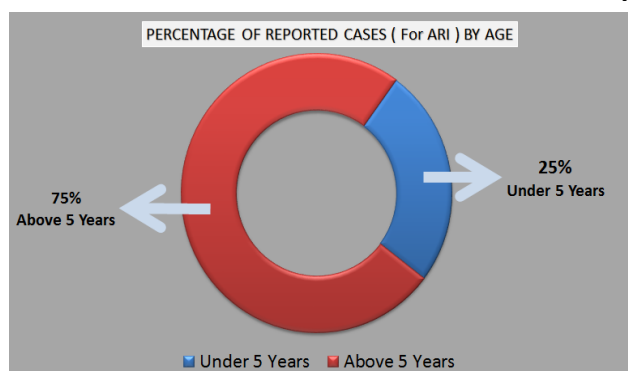


Figure I: Total consultations and proportion of reporting health facilities by week 41, 2015 – week 2, 2016

Consultations in the camps by age and gender (week 2)



Morbidity Patterns

IDP camps:

During Week 2, the proportions of Acute Respiratory Tract Infections (ARI) are showing a slight increase from the previous 2 weeks that is following the increase of reporting sites for the same period of time. During this winter and as from week 2 the trend of the reporting cases of ARI showed overall slight increase, which is expected to increase during the coming weeks, in particular during the weeks of January 2016. The proportions of Acute Diarrhea in IDP camps have sharply decreased compared to last week (week 2 = 2.45% and week 1 = 2.81%). The proportion of skin diseases including scabies has shown a decreasing trend since week 46 (4.5% and Week 2 = 3.5%) due to the health and hygiene sessions in camps by the health cluster partners and Departments of Health. (See graph below).

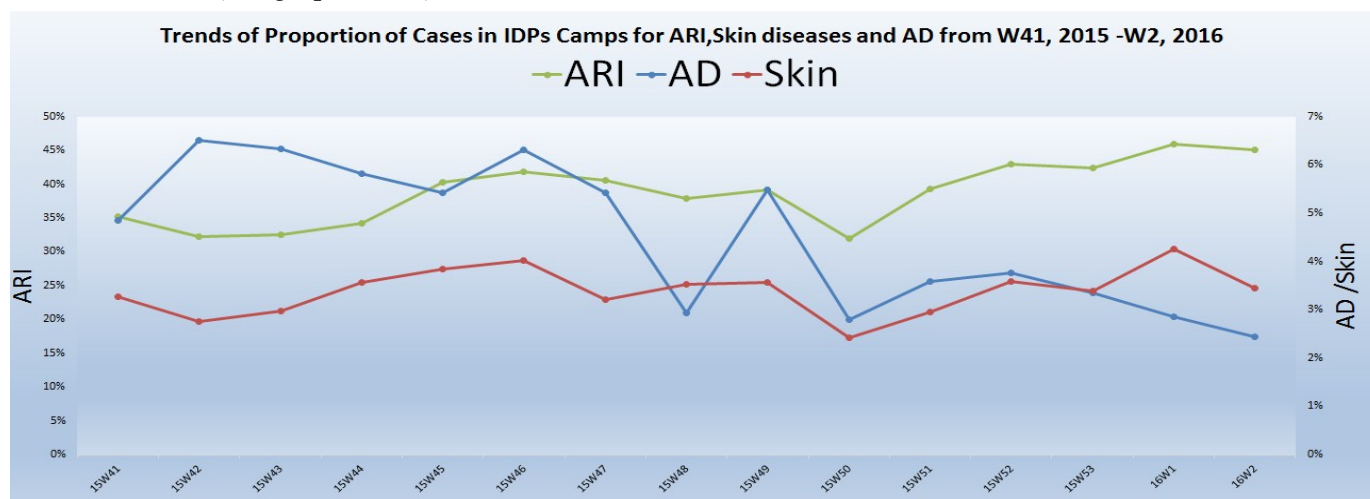


Figure II: Trend of proportion of cases of ARI, Scabies and AD in IDP camps Week 41, 2015 – Week 2, 2016

Refugee camps:

During Week 2, the proportion of Acute Respiratory Tract Infections (ARI) indicates a slight increase from 58% to 60% as expected during winter season. The proportions of Acute Diarrhea trend in refugee camps shows a steady decreasing trend since last week, (Week 1 = 2% and Week 2 = 1.5%). Proportion of skin infestations including scabies have also increased 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).

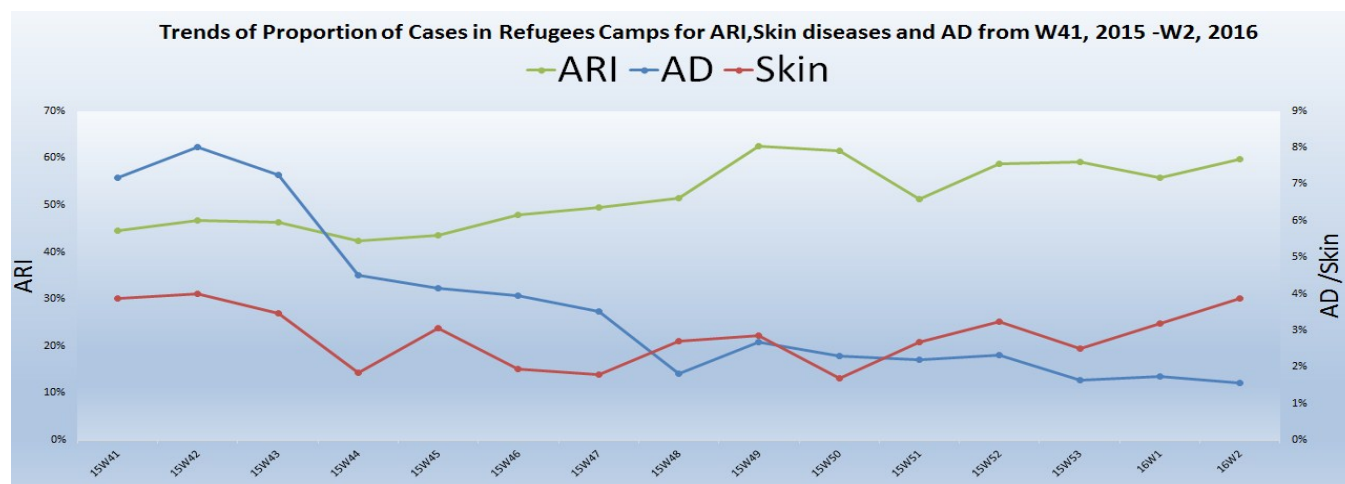


Figure III: Trend of proportion of cases of ARI, Scabies and AD in IDP camps Week 41, 2015 —Week 2, 2016

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 2, 2016.

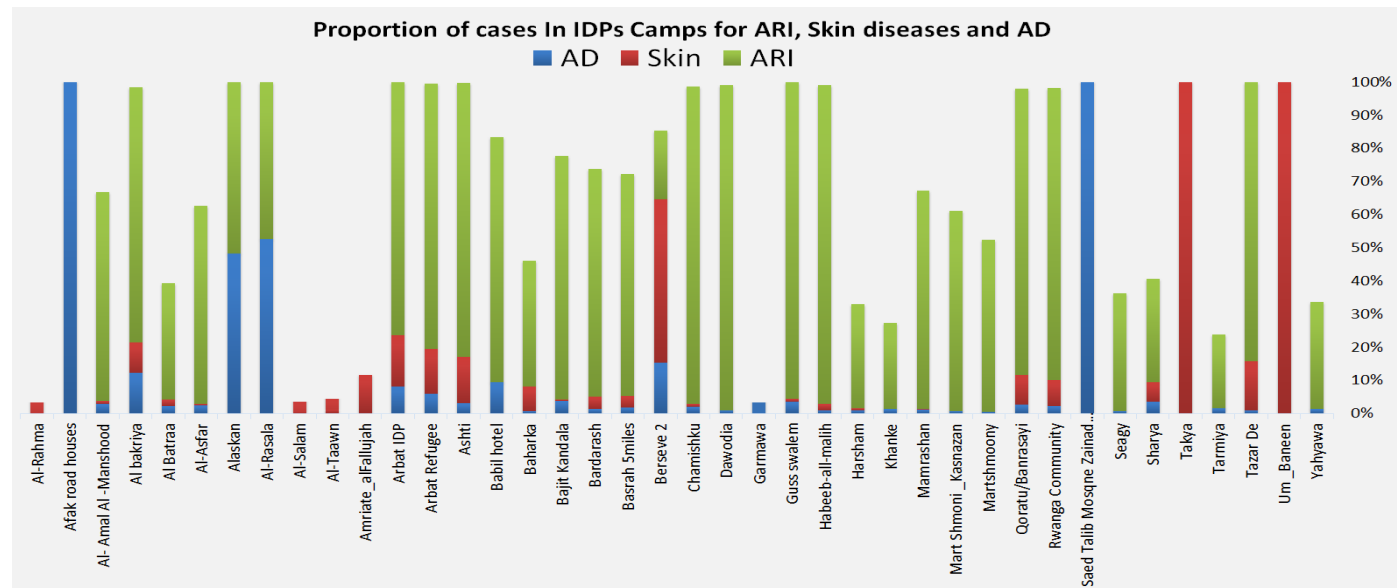


Figure IV: Proportion of cases of ARI, Scabies and AD in IDP camps for Week 2 2016

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 2, 2016.

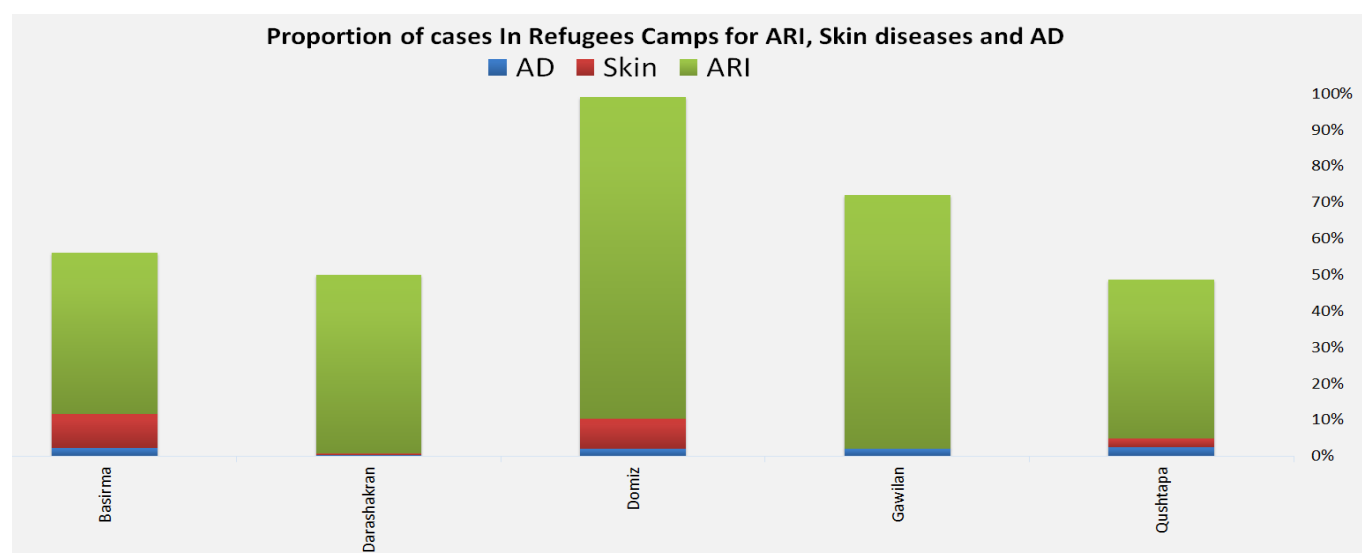


Figure V: Trend of proportions of cases of ARI, Scabies and AD in Refugee camps for Week 2, 2016

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 off camp IDPs covered by mobile clinics for Week 2, 2016.



Acute Respiratory Tract Infection (ARI) has been further divided into upper and lower respiratory tract infections since Week 2. Compared to Week 1, the proportion of upper ARI has decreased by 2% from 95% to 93% while the Lower ARI proportion has increased from 5% to 7% during the same time period. Furthermore, the graph below indicates the proportion of lower and upper ARI cases per each reporting site for Week 2.



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 sharp decrease in waterborne diseases from 6% in Week 47, 2015 to 2.5% in Week 2, 2016. (See graph below)

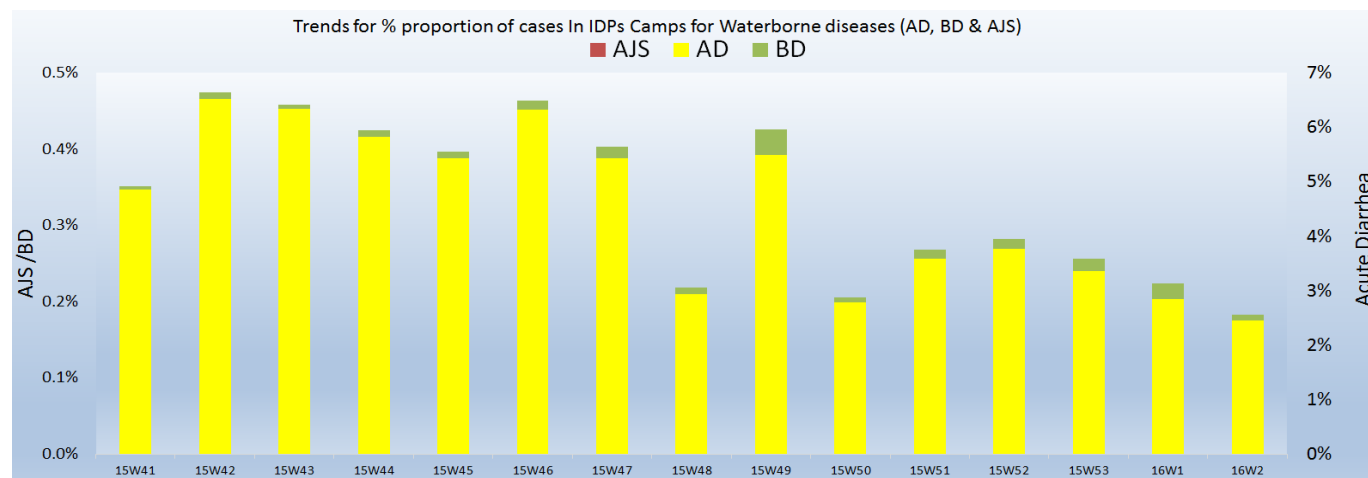


Figure VIII: Trend of Waterborne diseases from IDP camps, Week 41, 2015 — Week 2, 2016

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 which indicates a decreasing trend since Week 42. Furthermore, no clustering has been reported for acute jaundice syndrome cases during this period.

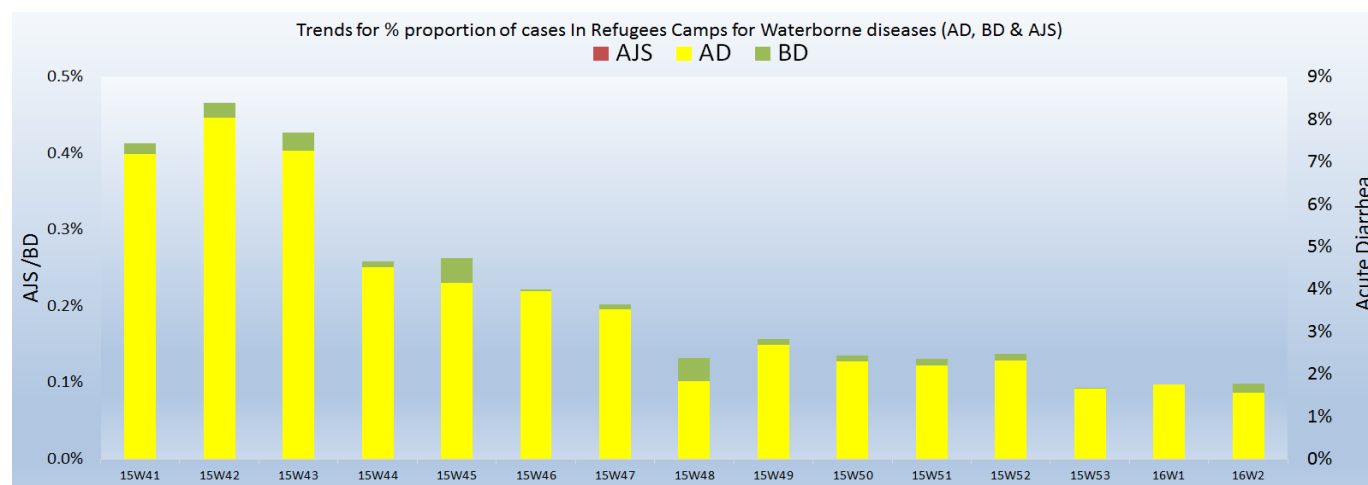


Figure IX: Trend of waterborne diseases from Refugee camps, Week 42, 2015 — Week 2, 2016

Fourteen alerts were generated through EWARN following the case definition thresholds, of which thirteen were from IDP camps and one from a Refugee camp during this reporting week. All these alerts were investigated within 48-72 hours, of which thirteen were verified as true, one was found as false and 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 are being monitored through a detailed monitoring matrix maintained at WHO EWARN department. (Details: see table below).

Sr	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	Chamishku	Dahuk	Amedi	IDPs	1	MDM	Yes	No	TRUE	Yes
2		Al-Rahma	Salah Al-Din	Dijlah	IDPs	9	UIMS	Yes	No	TRUE	Yes
3		Balkana	Salah Al-Din	Tuz	IDPs	3	MC-MSF	Yes	No	TRUE	Yes
4		Tobsawa	Kirkuk	Kirkuk	IDPs	1	MC-Medair	Yes	No	TRUE	Yes
5		Shoraw	Kirkuk	Daquq	IDPs	1	MC-MSF	Yes	No	TRUE	Yes
6		Qoratu/Banrasayi	Diyala	Khanqin	IDPs	1	EMERGENCY	Yes	No	TRUE	Yes
7		Al-Amal	Anbar	Al-Nakheeb	IDPs	1	UIMS	Yes	No	TRUE	Yes
8		Al-Salam	Anbar	Ameriyat Al-Fallujah	IDPs	1	UIMS	Yes	No	TRUE	Yes
9	Suspected Measles	Arbat	Sulaymaniyah	Arbat	Refugees	2	EMERGENCY	Yes	Yes	TRUE	Yes
10		Ashti IDP	Sulaymaniyah	Sulaymaniyah	IDPs	1	EMERGENCY	Yes	Yes	TRUE	Yes
11	Foodpoisoning	Arbat IDP	Sulaymaniyah	Arbat	IDPs	1	EMERGENCY	Yes	No	TRUE	Yes
12	Suspected Meningitis	Seage	Dahuk	Zakho	IDPs	2	MC-IMC	Yes	No	TRUE	Yes
13	Suspected Hemorrhagic fever	Balkaua	Salah Al-Din	Tuz	IDPs	6	MC-MSF	Yes	No	FALSE	No
14	Skin Diseases- (Scabies)	Tazar De	Sulaymaniyah	Sulaymaniyah	IDPs	35	EMERGENCY	Yes	No	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 and health cluster partners.

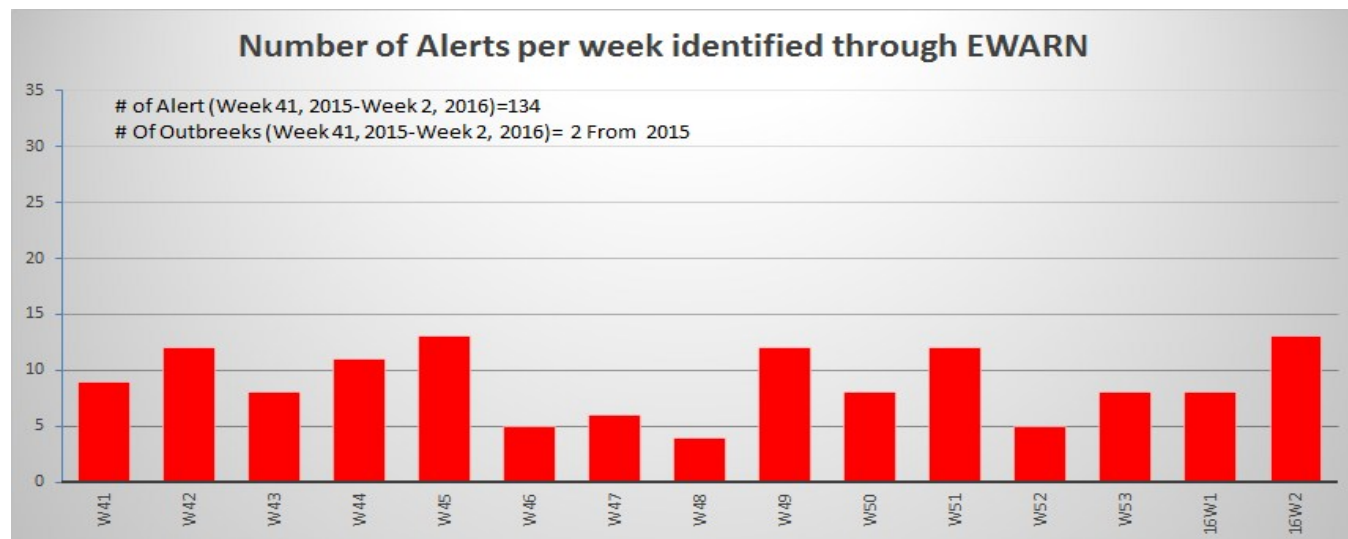


Figure X: Alerts generated through EWARN surveillance Week 41, 2015 —Week 2, 2016

For comments or questions, please contact

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