



World Health
Organization

EWARN: EARLY WARNING ALERTS AND RESPONSE NETWORK

Iraq: EWARN & Disease Surveillance Bulletin

2016 Epidemiological Week: 14

Reporting Period: 4 – 10, April, 2016

Highlights

- ◆ **Number of reporting sites:** One hundred and eight (108) reporting sites (84% of the total EWARN reporting sites) including forty-one (41) in Internally Displaced People's (IDP) camps, seven (7) in refugee camps and sixty(60) mobile clinics submitted their weekly reports timely and completely.
- ◆ **Total number of consultations:** 33 223 (Male=15 146 and Female=18 077) marking an increase of 1 044 since last week.
- ◆ **Leading causes of morbidity in the camps:** Acute Respiratory Tract Infections (ARI) (n=12 251), skin diseases (n=1 197) and Acute Diarrhea (AD) (n=790) remained the leading causes of morbidity in all camps during this reporting week.
- ◆ **Number of alerts:** Six (6) alerts were generated through EWARN following the defined thresholds, of which Four (4) were from IDP camps, one from a hospital and the remaining one from a Refugee Camp during this reporting week. All the alerts were investigated within 72 hours, of which five 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).

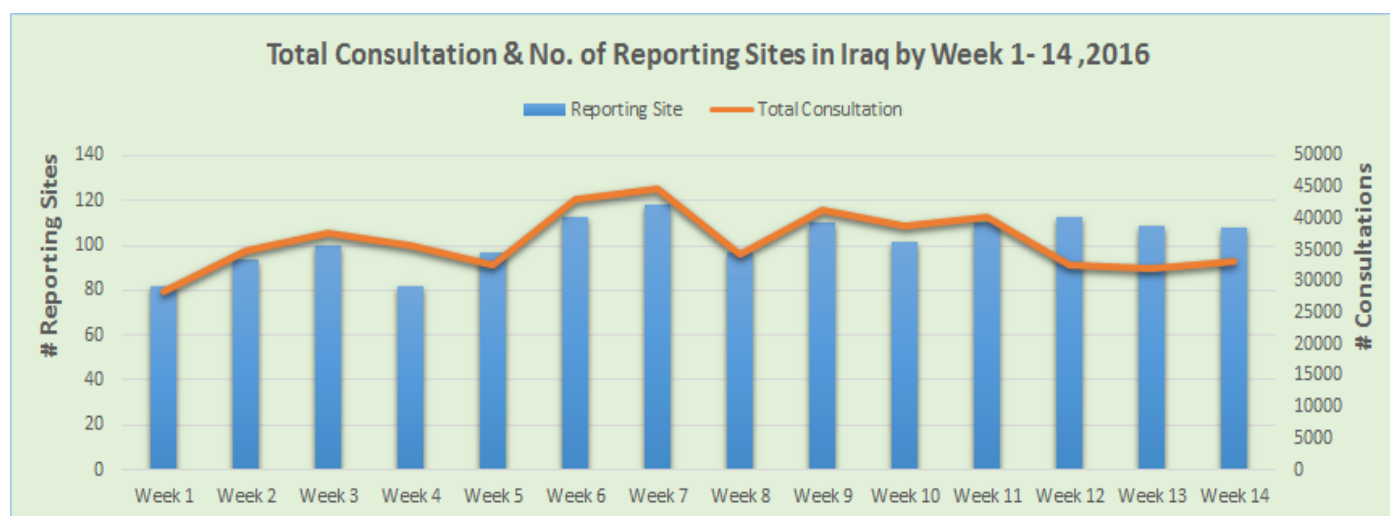
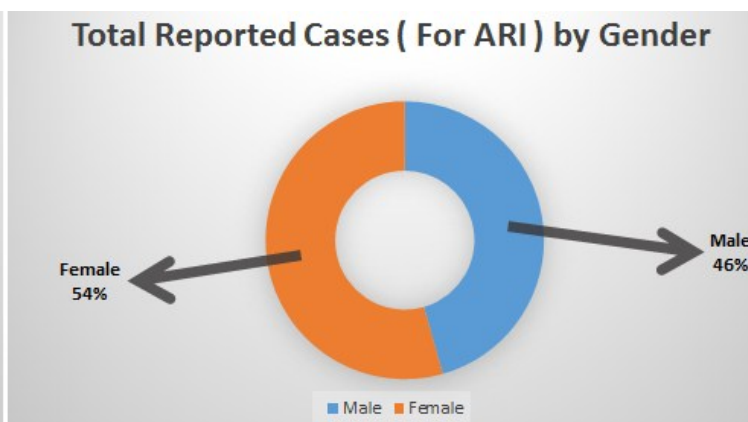
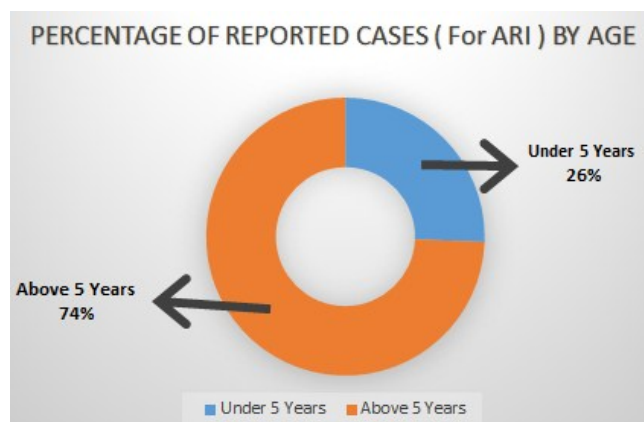


Figure I: Total consultations and proportion of reporting health facilities by Week 1 – 14, 2016

Consultations in the camps by age and gender (Week 14)



Morbidity Patterns

IDP camps:

During Week 14, the proportions of Acute Respiratory Tract Infections (ARI) showed a slight decrease from the previous week. The proportions of Acute Diarrhea in IDP camps continued decreasing since Week 11. The proportion of skin diseases including scabies showed a decrease since the last two weeks (see graph below).

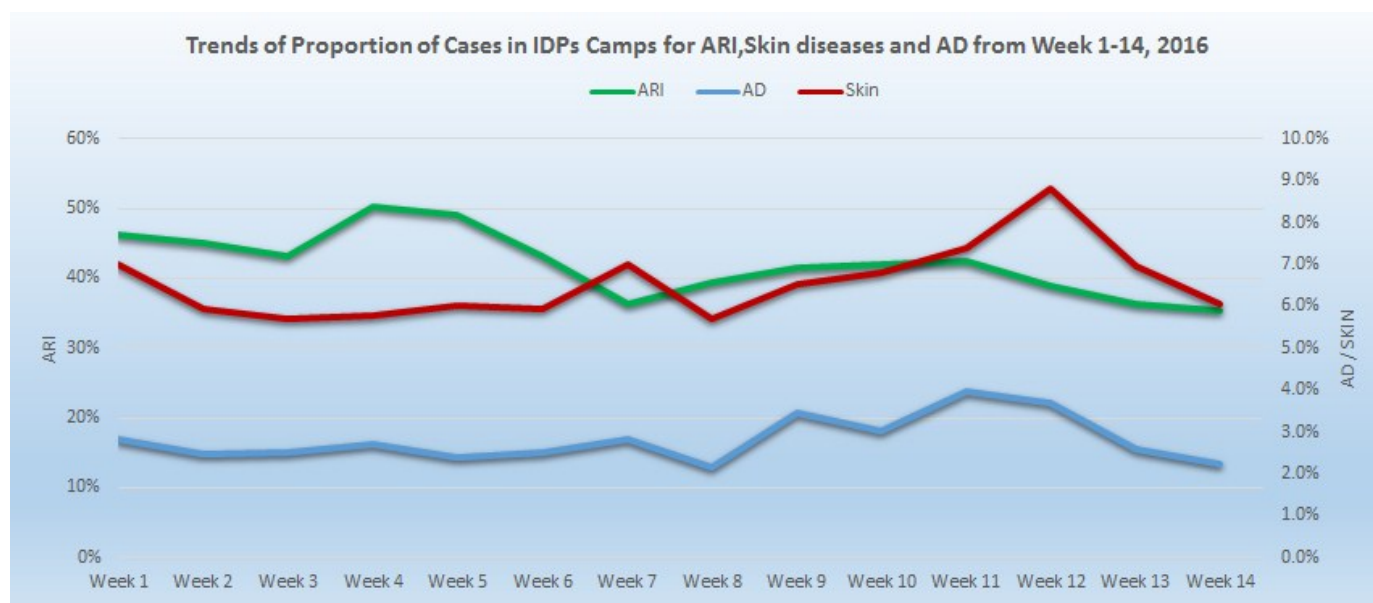


Figure II: Trend of proportion of cases of ARI, Scabies and AD in IDP camps Week 1 –14, 2016

Refugee camps:

During Week 14, the proportion of Acute Respiratory Tract Infections (ARI) decreased during the period from Week 10. There is a slight increase in the proportions of Acute Diarrhea trend in refugee camps since the last two weeks. Proportion of skin infestations including scabies have decreased (see graph below).

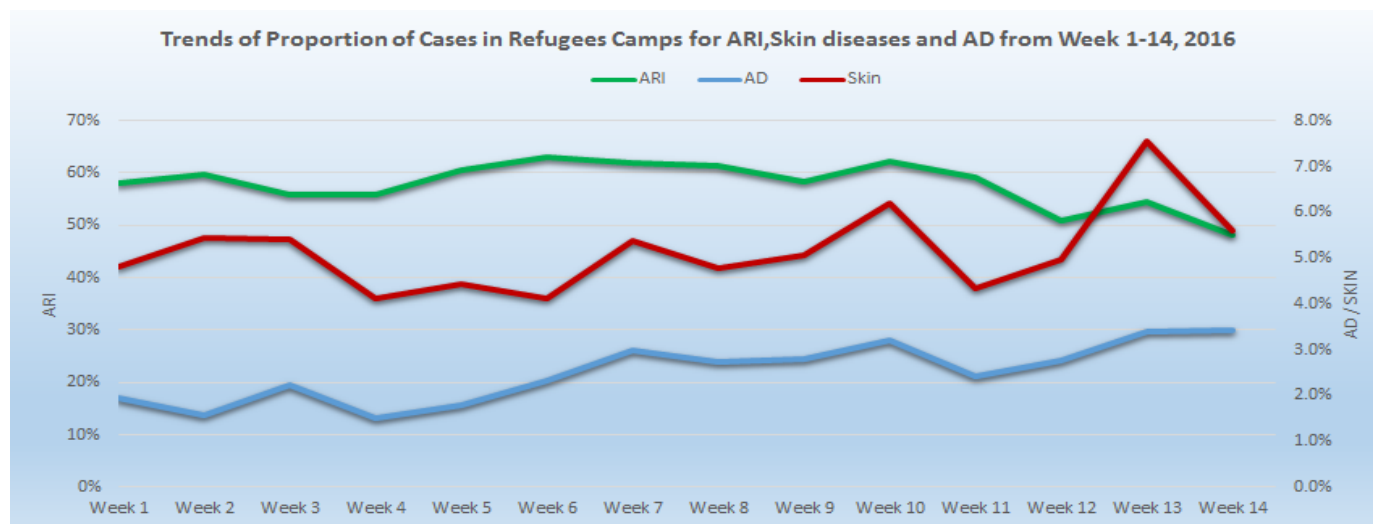


Figure III: Trend of proportion of cases of ARI, Scabies and AD in IDP camps Week 1– 14, 2016

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 14, 2016.

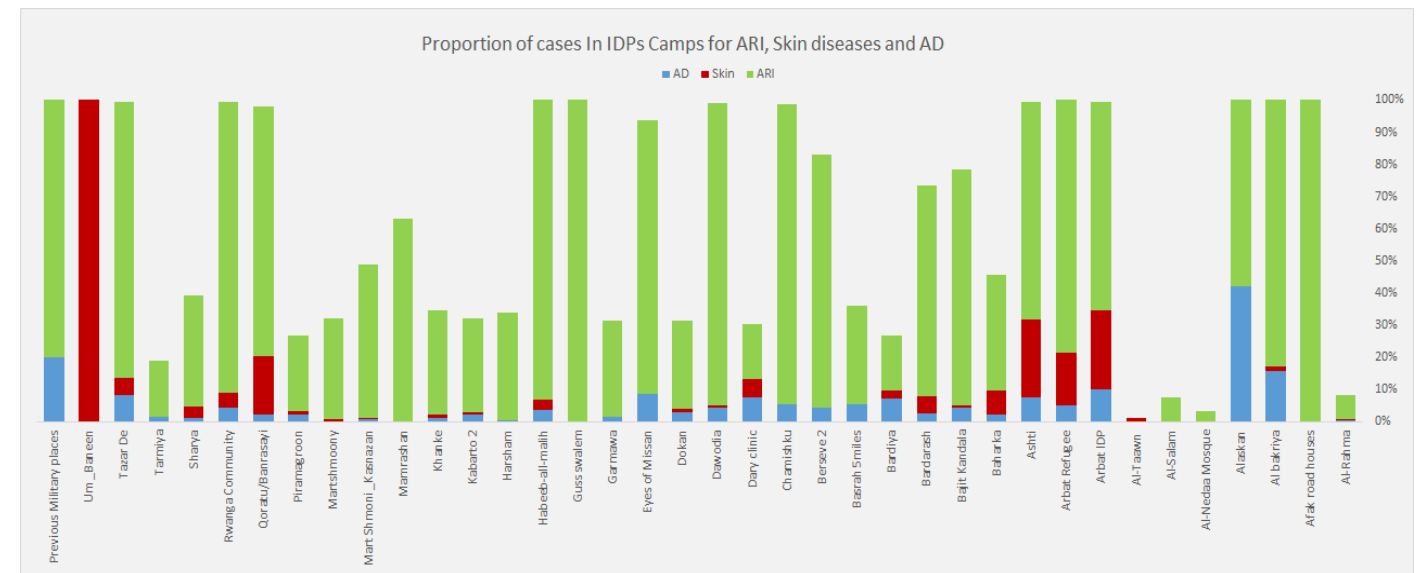


Figure IV: Proportion of cases of ARI, Scabies and AD in IDP camps for Week 14, 2016

Trends of Diseases by Proportion and location for Refugee Camps

The graph below graph 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 14, 2016.

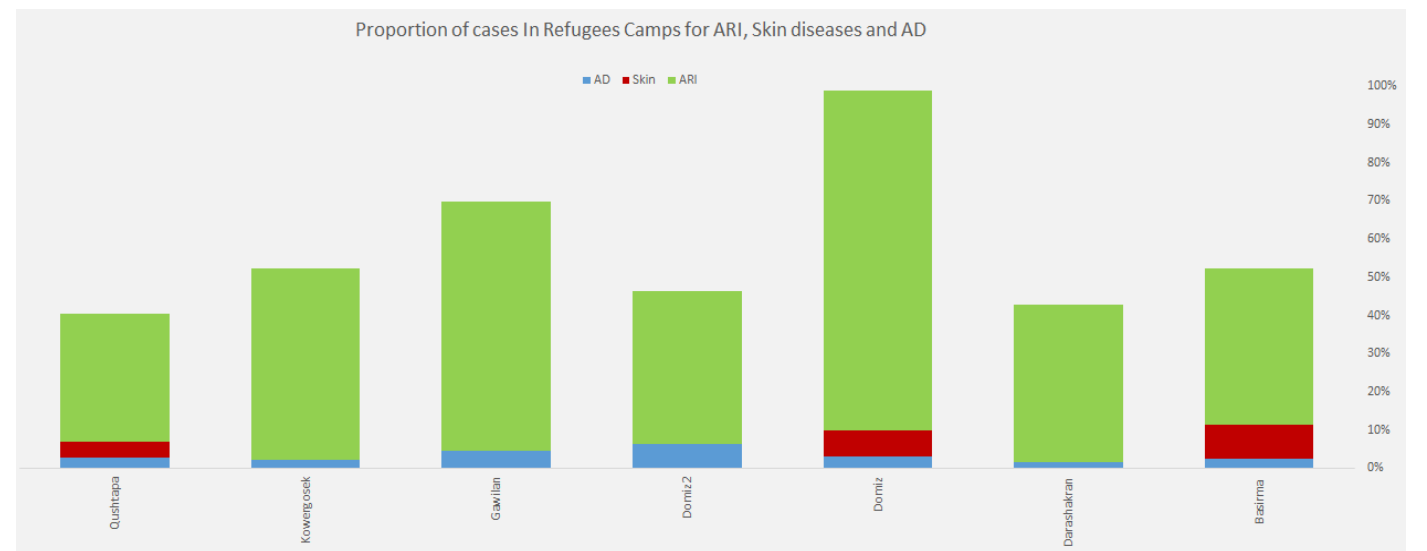


Figure V: Trend of proportions of cases of ARI, Scabies and AD in Refugee camps for Week 14, 2016

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 14, 2016.

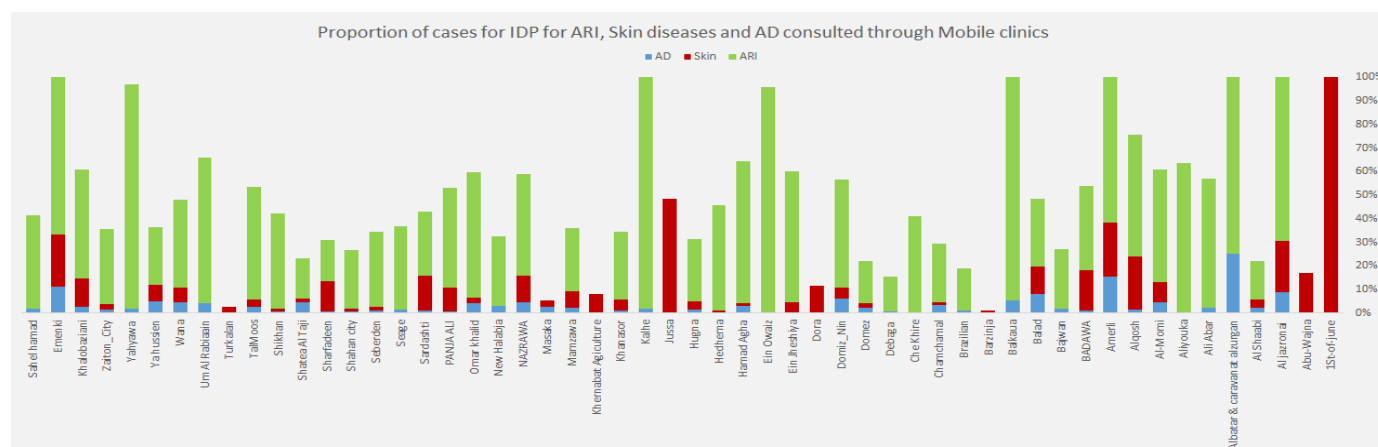


Figure VI: Trend of proportions of IDP cases for ARI, Scabies and AD covered by Mobile Clinics for Week 14, 2016

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 13, the proportion of upper ARI in Week 14 has remained the same as of last week (Upper ARI=96% & Lower ARI=4%). Furthermore, the graph below indicates the proportion of lower and upper ARI cases per each reporting site for Week 14.

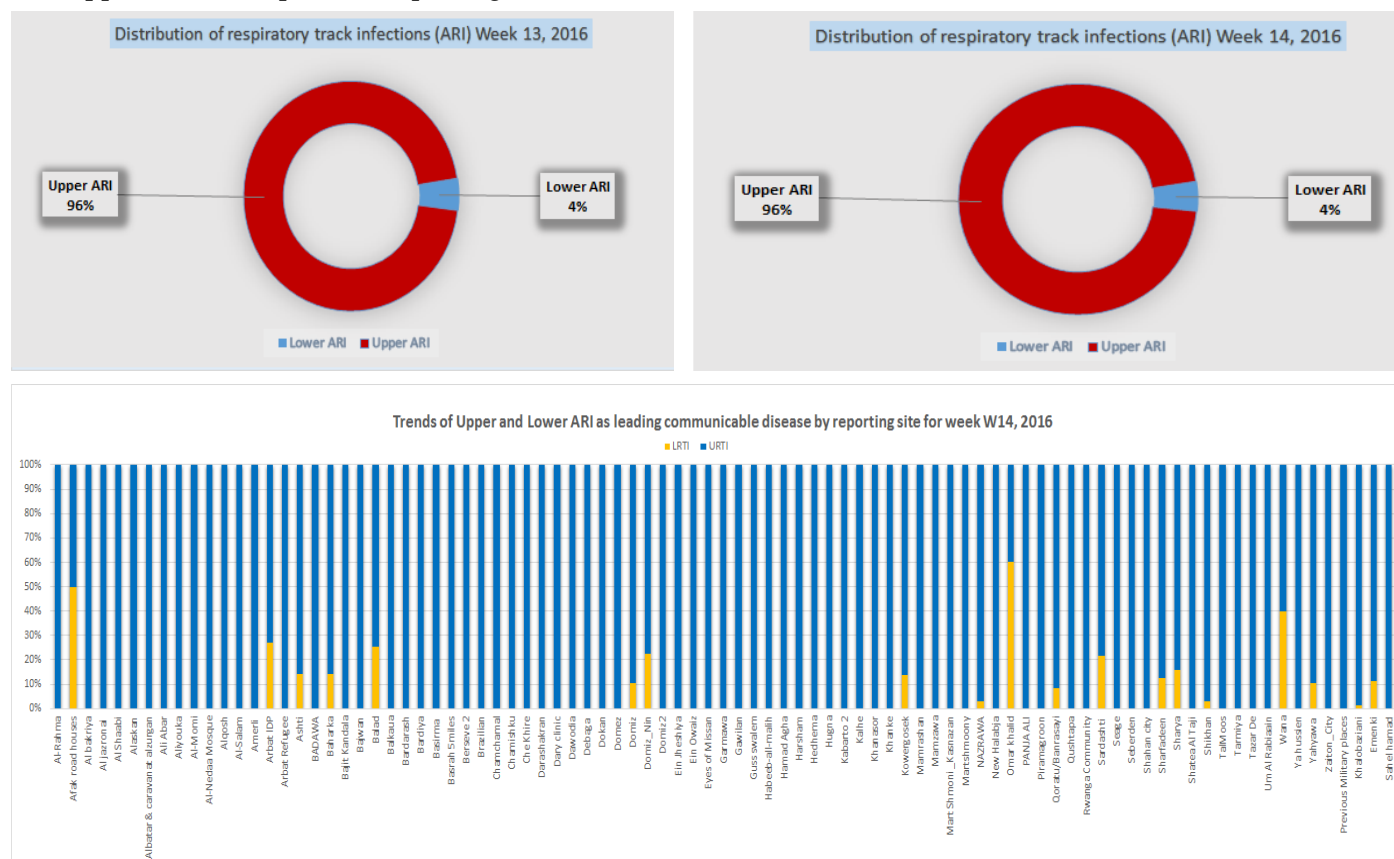


Figure VII: Trend of Upper and Lower ARI per reporting site for Week 14, 2016

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).

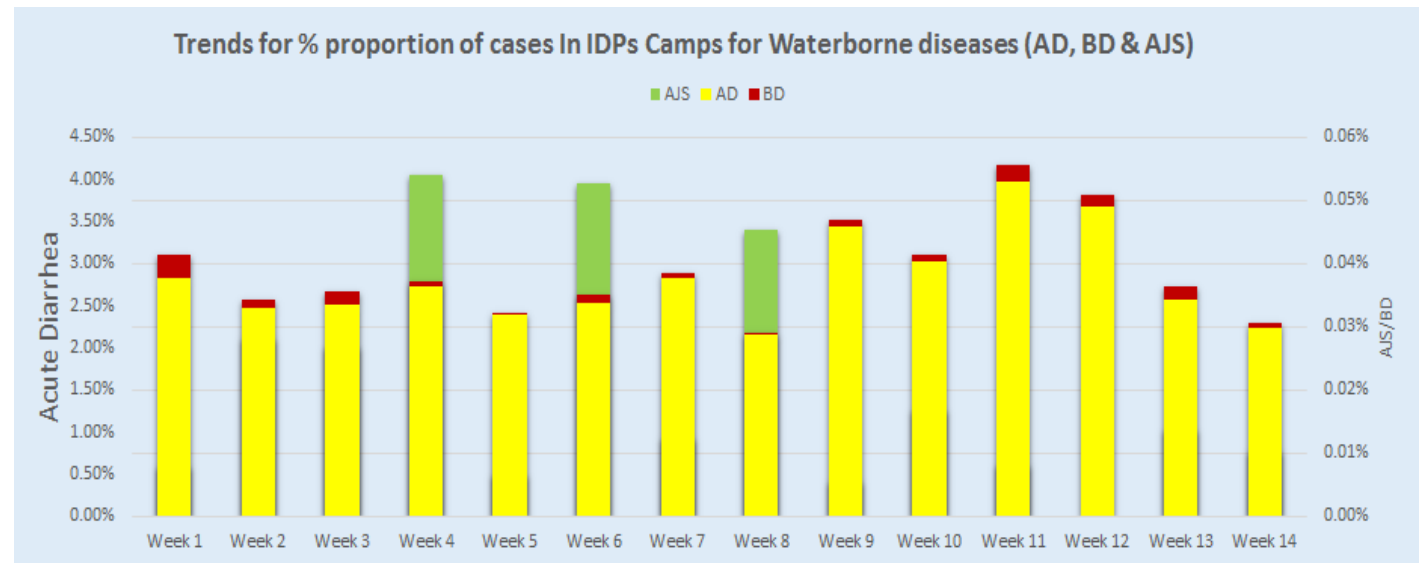


Figure VIII: Trend of Waterborne diseases from IDP camps, Week 1—14, 2016

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. No clustering of waterborne diseases has been reported during this period.

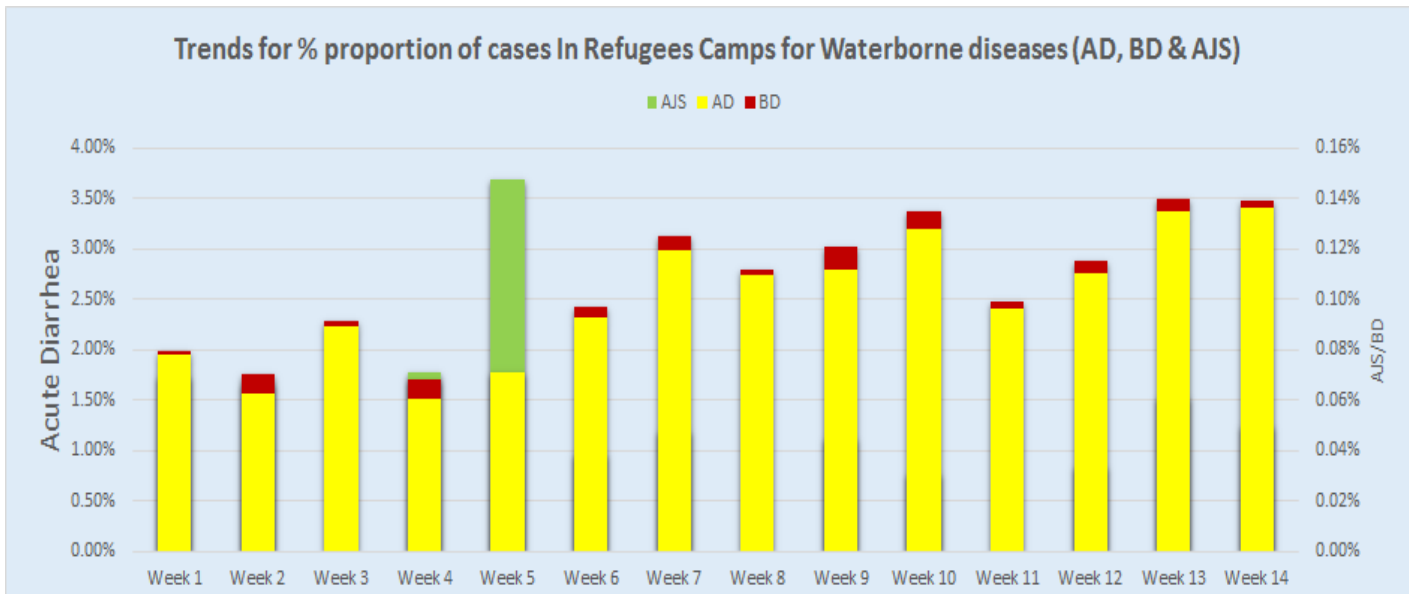


Figure IX: Trend of waterborne diseases from Refugee camps, Week 1—14, 2016

Six alerts were generated through EWARN following the defined thresholds, of which four were from IDP camps, one from Hospitals and the remaining one from Refugee Camps during this reporting week. All these alerts were investigated within 72 hours and five of them were verified as true and further investigated and appropriately responded by the respective Governorates Departments of Health, WHO and the relevant health cluster partners. One alert (suspected measles case from Darashakran in Erbil) is still pending, waiting for lab confirmation (Details: see Alerts and Outbreaks Section).

Sn	Alert	Location	Governorate	District	IDP/Refugee Camp	# of cases	Run by	Investigation and Response within	Sample Taken Yes/No	Alerts Outcome True/False	Public Health Interventions Conducted
								48-72% DOH/WHO/NGO			
1	Suspected Meningitis	Hevi	Dahuk	Dahuk	Hospital	3	DOH	Yes	Yes	TRUE	Yes
2	Suspected Measles	Darashakran Camp	Erbil	Erbil	Refugee	1	IMC	Yes	Yes	Pending	Yes
3	Suspected Pertusis	Al-Rahma	Salah al-Din	Dijlah	IDPs	4	UIMS	Yes	Yes	TRUE	Yes
4	Suspected Leishmaniasis	Al-Salam	Anbar	Ameriyat Al-Fallujah	IDPs	1	UIMS	Yes	No	TRUE	Yes
5		Al-Rahma	Salah al-Din	Dijlah	IDPs	2	UIMS	Yes	No	TRUE	Yes
6		Seage	Dahuk	Sumel	IDPs	1	IMC	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, WHO and health cluster partners.

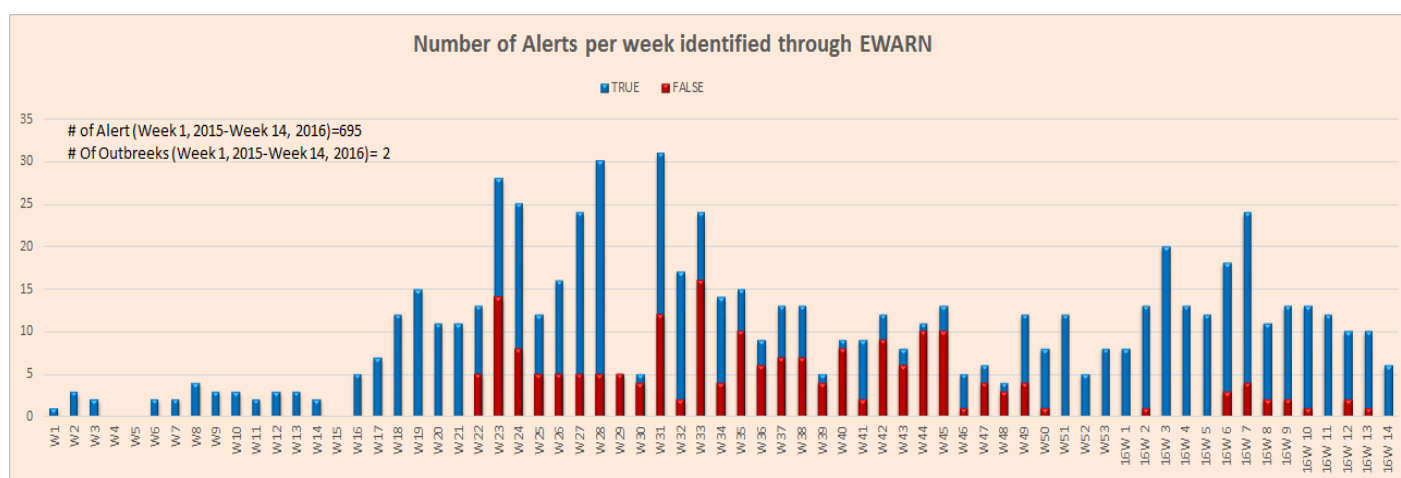


Figure X: Alerts generated through EWARN surveillance Week 1, 2015—Week 14, 2016

For comments or questions, please contact

- **Dr. Adnan Nawar Khistawi** | 07901948067 | adnannawar@gmail.com, Head of Surveillance Section, Federal MOH
- **Dr. Janin Sulaiman** | 07508678768 | Janin_irq@yahoo.com, EWARN Focal point, MOH-KRG
- **Dr. Muntasir Elhassan** | 07809288616 | elhassanm@who.int, EWARN Coordinator, WHO Iraq
- **WHO EWARN Unit** emacoirgewarn@who.int