



World Health  
Organization

EWARN: EARLY WARNING ALERTS AND RESPONSE NETWORK

# Iraq: EWARN & Disease Surveillance Bulletin

2016 Epidemiological Week: 13

Reporting Period: 28, March – 3, April, 2016

## Highlights

- ◆ **Number of reporting sites:** One hundred and nine (109) reporting sites including (85% of the total EWARN reporting sites) forty(40) in Internally Displaced People's (IDP) camps, seven (7) in refugee camps and sixty-two (62) mobile clinics submitted their weekly reports timely and completely.
- ◆ **Total number of consultations:** 32 172 (Male=14 726 and Female=17 446) marking a decrease of 360 since last week.
- ◆ **Leading causes of morbidity in the camps:** Acute Respiratory Tract Infections (ARI) (n=12 252), Skin Diseases (n=1 405) and Acute Diarrhea (AD) (n=849) 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, all of which were from IDP camps (two of them from mobile clinics) during this reporting week. All these alerts were investigated within 72 hours, of which nine 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).

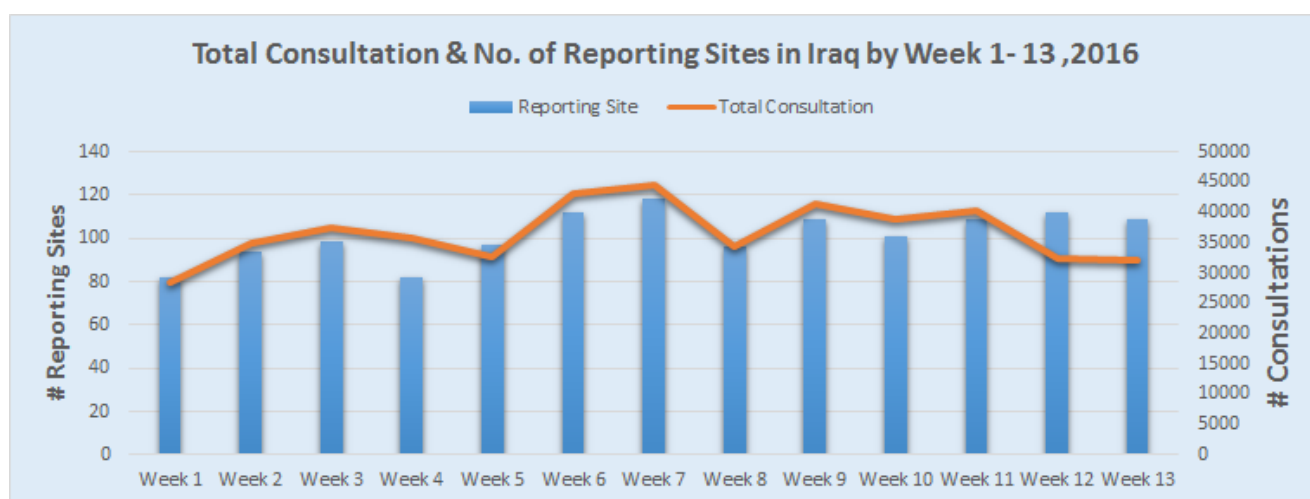
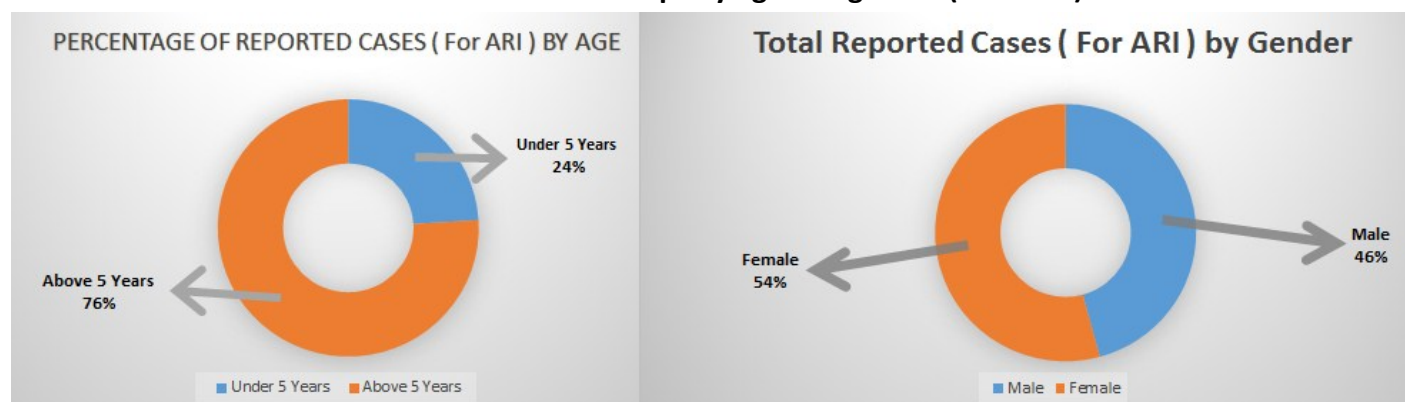


Figure I: Total consultations and proportion of reporting health facilities by Week 1 – 13, 2016  
Consultations in the camps by age and gender (Week 13)



# Morbidity Patterns

## IDP camps:

During Week 13, the proportions of Acute Respiratory Tract Infections (ARI) showed a slight decrease from the previous 2 weeks. The proportions of Acute Diarrhea in IDP camps also decreased compared to last week (Week 13 =2.6% and Week 12 =3.6%). The proportion of skin diseases including scabies showed a decrease since last week (see graph below).

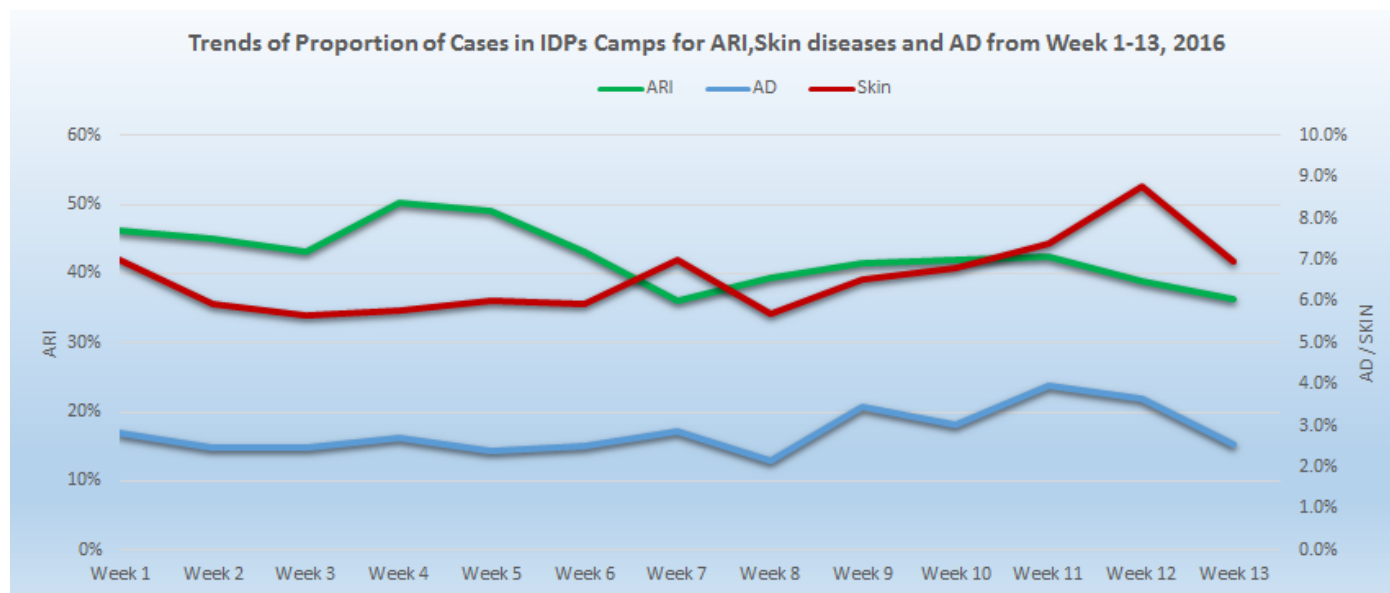


Figure II: Trend of proportion of cases of ARI, Scabies and AD in IDP camps Week 1 –13, 2016

## Refugee camps:

During Week 13, the proportion of Acute Respiratory Tract Infections (ARI) indicated a slight increase compared to last week. An increase in the proportions of Acute Diarrhea trend in refugee camps was reported compared to the last 2 weeks. Proportion of skin infestations including scabies increased from 2.2% to 4.2% (see graph below).

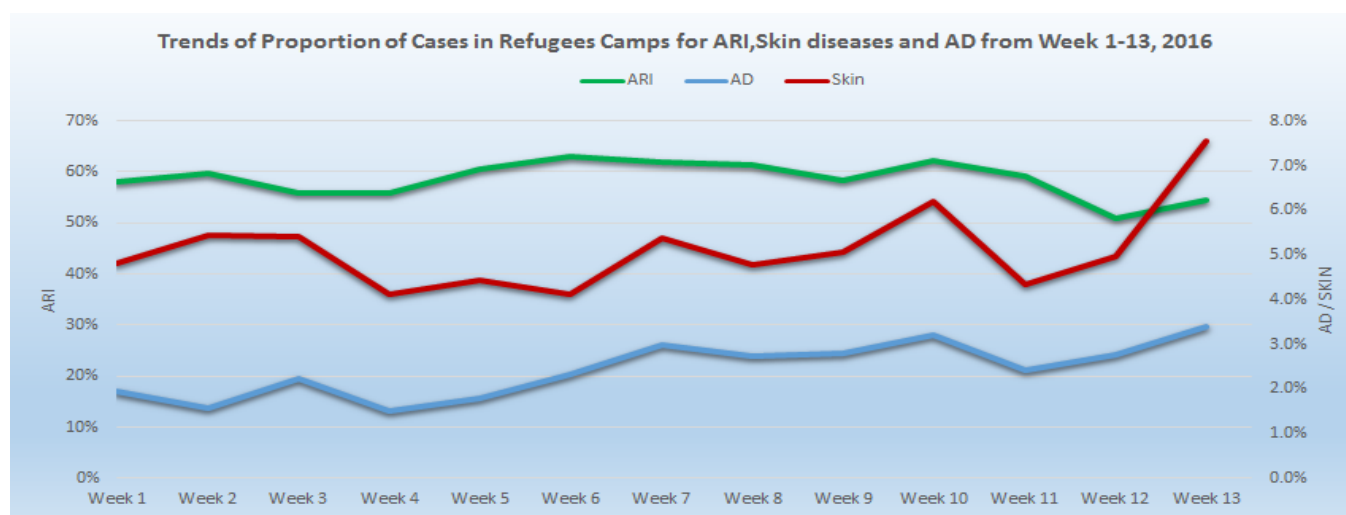


Figure III: Trend of proportion of cases of ARI, Scabies and AD in IDP camps Week 1– 13, 2016

### 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 13, 2016.

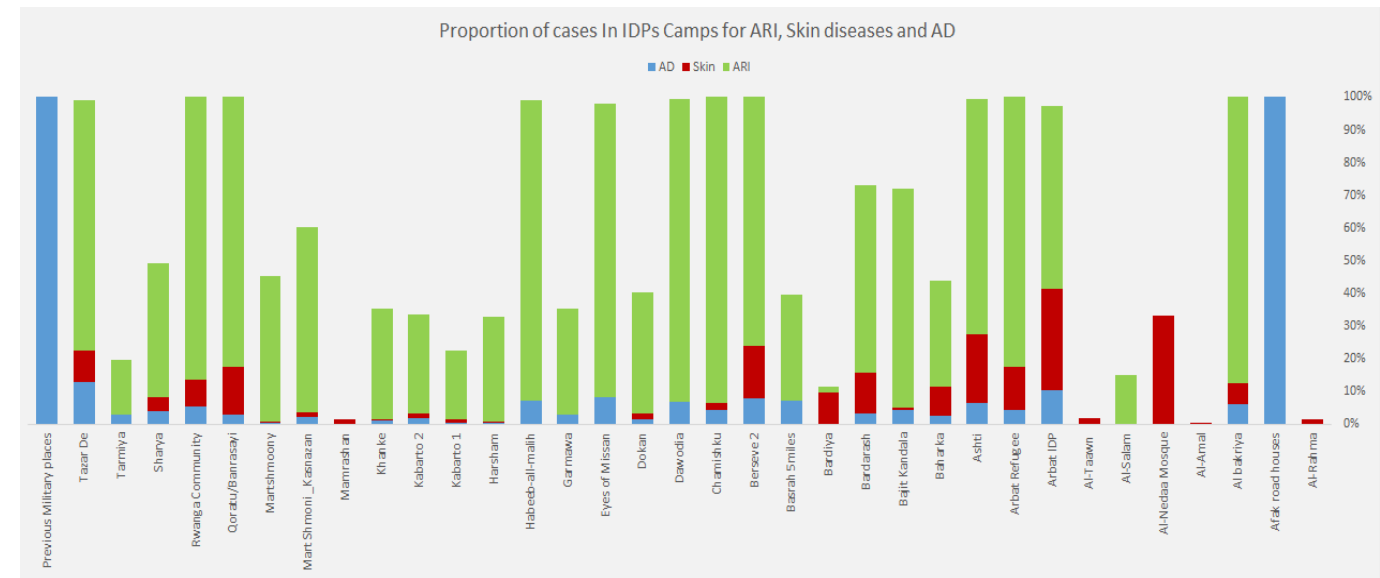


Figure IV: Proportion of cases of ARI, Scabies and AD in IDP camps for Week 13 2016

### 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 13, 2016.

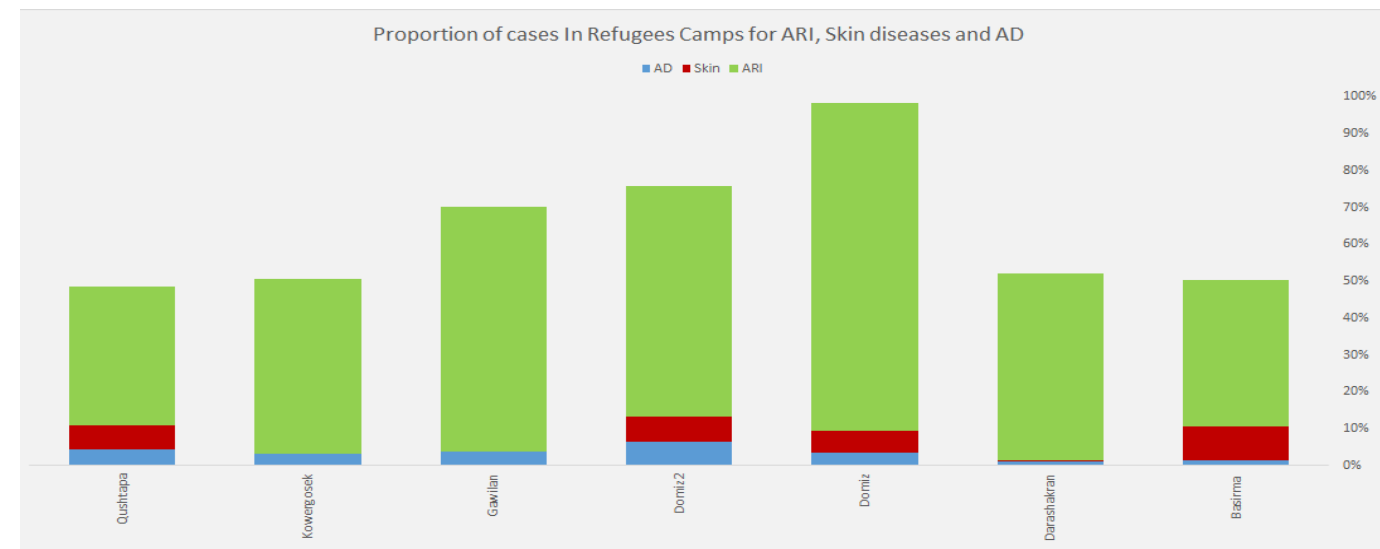


Figure V: Trend of proportions of cases of ARI, Scabies and AD in Refugee camps for Week 13, 2016

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

The below graph 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 13, 2016.

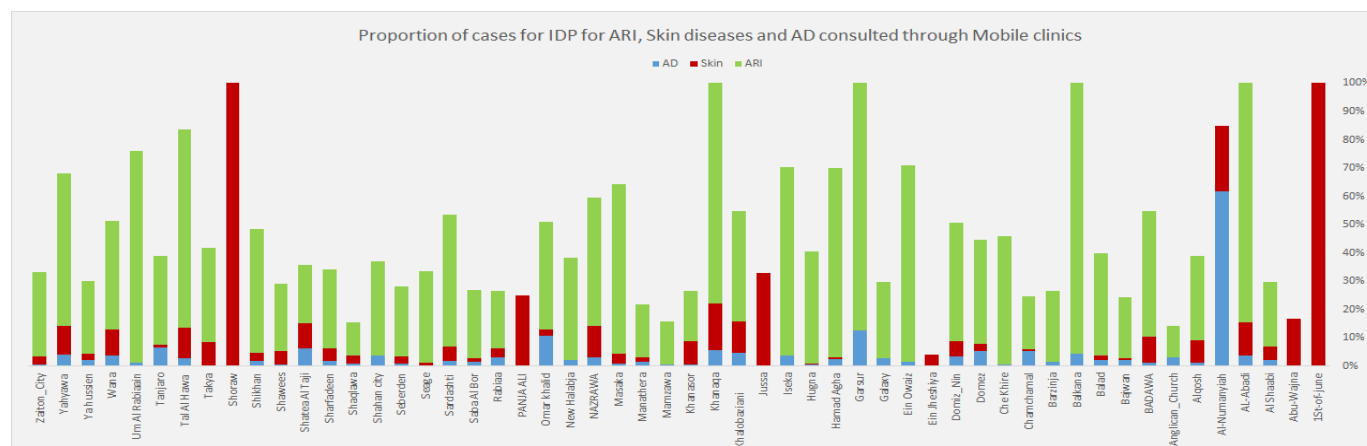


Figure VI: Trend of proportions of IDP cases for ARI, Scabies and AD covered by Mobile Clinics for Week 13, 2016

## 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 12, the proportion of upper ARI in Week 13 has increased by 1% from 95% to 96% while the Lower ARI proportion has decreased from 5% to 4% 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.

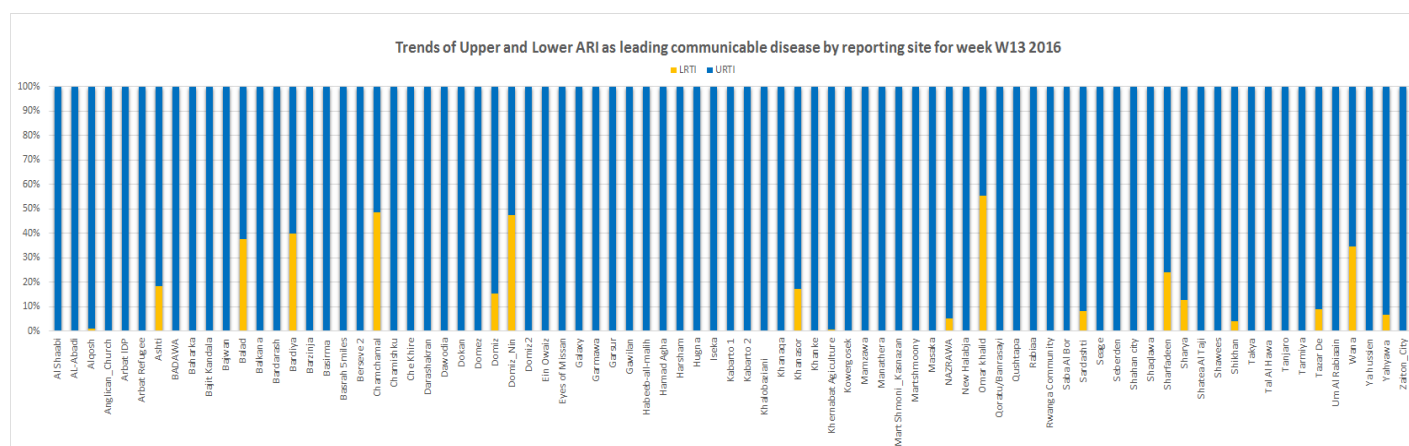
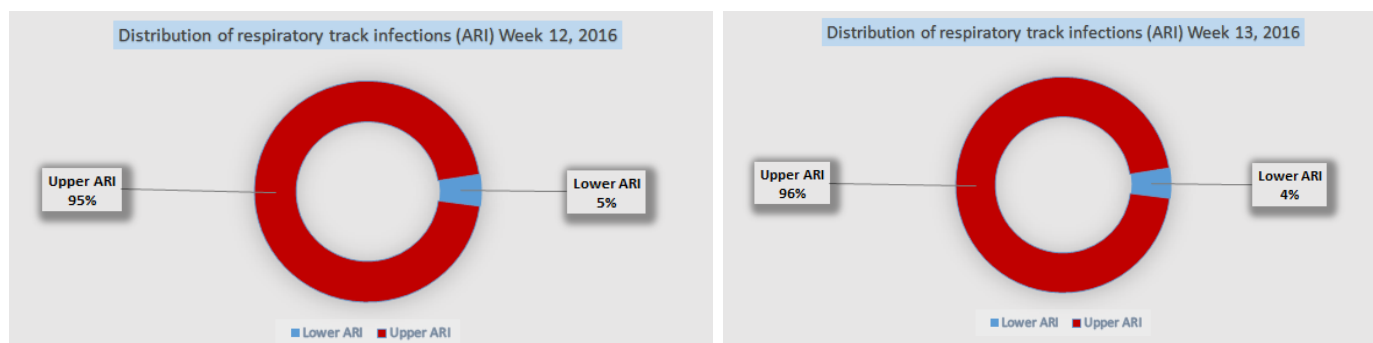


Figure VII: Trend of Upper and Lower ARI per reporting site for Week 13, 2016

## 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 comparing to last week (please see graph below).

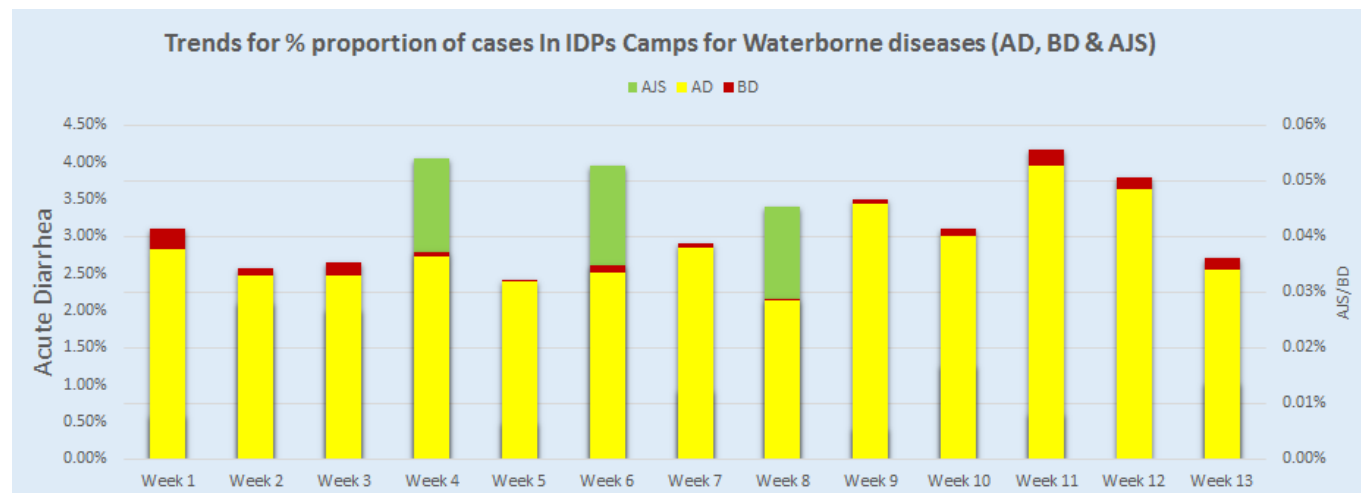


Figure VIII: Trend of Waterborne diseases from IDP camps, Week 1—13, 2016

## 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 indicates an increase of the trend compared to the last two weeks. Furthermore, no clustering has been reported for any of the waterborne diseases cases during this period.

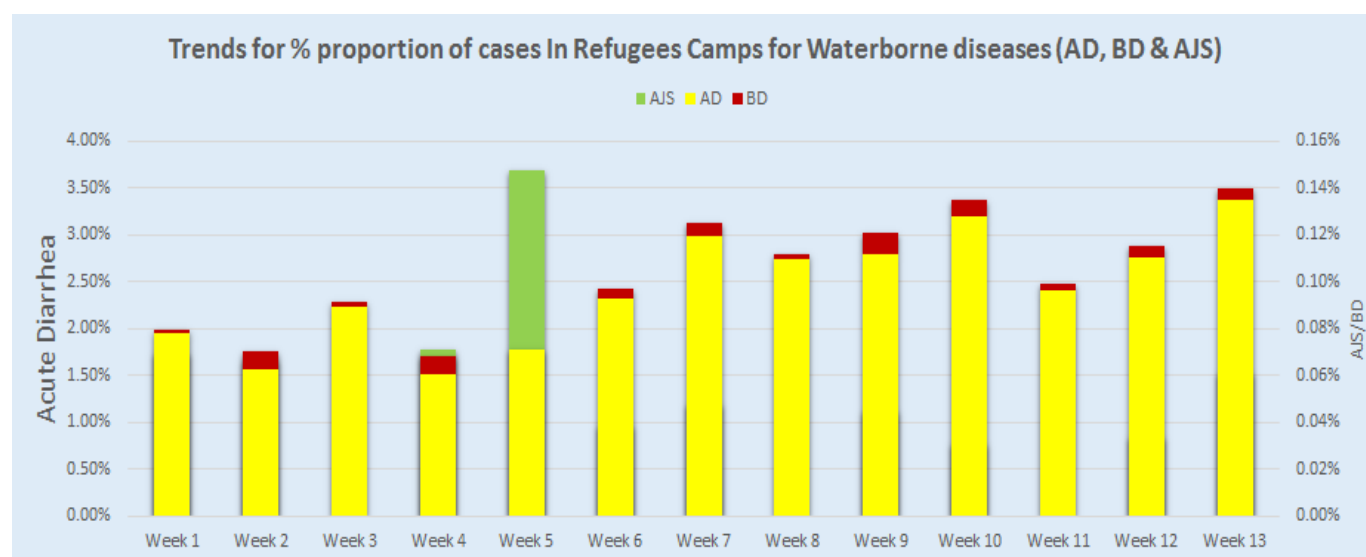


Figure IX: Trend of waterborne diseases from Refugee camps, Week 1—13, 2016

Eleven alerts were generated through EWARN following the defined thresholds. All of these alerts were from IDP camps (two of them from mobile clinics) during this reporting week. All the alerts were investigated within 72 hours, of which nine of them verified as true and were further investigated and appropriately responded by the respective Governorates Departments of Health, WHO and the relevant health cluster partners. The acute watery diarrhea case has been excluded after verification and investigation because it did not meet the case definition of suspected cholera. The same occurred for the suspected meningitis case reported in Erbil (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	Mumps	Harsham	Erbil	Erbil	IDPs	4	MC-IMC	Yes	No	TRUE	Yes
2	Suspected Leishmaniasis	Al-Salam	Anbar	Ameriyat Al-Fallujah	IDPs	2	UIMS	Yes	No	TRUE	No
3		Bardarash	Ninewa	Akre	IDPs	2	PU-AMI	Yes	No	TRUE	No
4		Al-Rahma	Salah Al-Din	Dijlah	IDPs	1	UIMS	Yes	No	TRUE	No
5		Al-Taawun	Salah Al-Din	Al-Mutasem	IDPs	1	UIMS	Yes	No	TRUE	No
6		Seage	Dahuk	Zakho	IDPs	1	IMC	Yes	No	TRUE	Yes
7	Suspected Meningitis	Hevi	Dahuk	Dahuk	IDPs	1	UIMS	Yes	Yes	TRUE	Yes
8		Ozal City	Erbil	Erbil	IDPs	1	STEP-IN	Yes	No	FALSE	No
9	Suspected Pertusis	Al-Taawun	Salah Al-Din	Al-Mutasem	IDPs	1	UIMS	Yes	No	TRUE	No
10	Acute Flaccid Paralysis (AFP)	Baharka	Erbil	Erbil	IDPs	1	IMC	Yes	Yes	TRUE	Yes
11	Acute Watery Diarrhea- (Suspected Cholera)	Al-Numanyiah	Wassit	Wassit	IDPs	1	MC-DOH	Yes	No	FALSE	No

## Trends of Alerts

The graph below shows the numbers of alerts generated through EWARNs per week, which have been verified, investigated and responded accordingly by the Ministry of Health, WHO and health cluster partners.

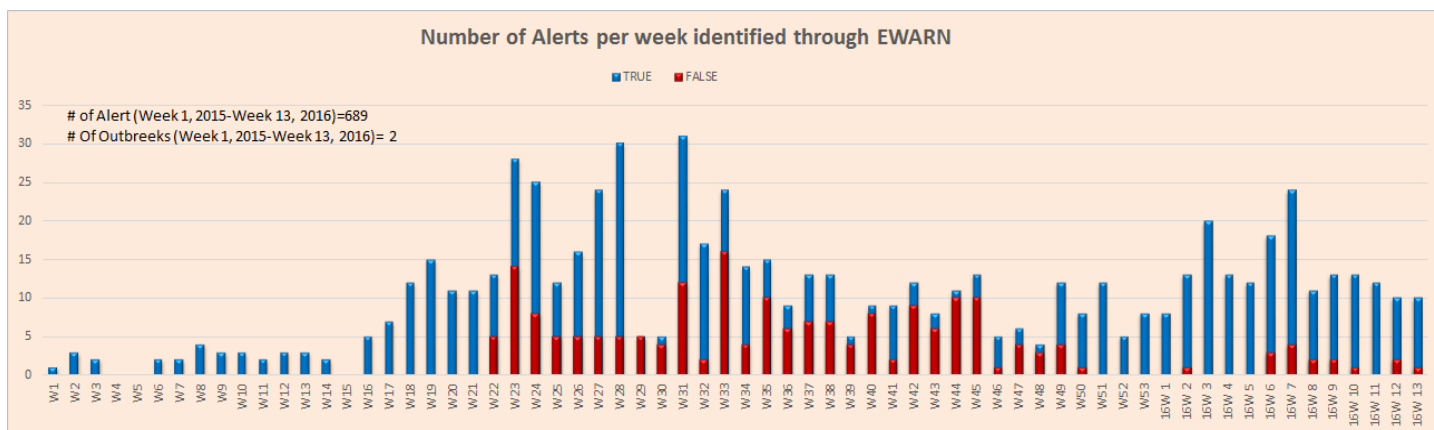


Figure X: Alerts generated through EWARN surveillance Week 1, 2015—Week 13, 2016

## For comments or questions, please contact

- **Dr. Adnan Nawar Khistawi** | 07901948067 | [adnannawar@gmail.com](mailto:adnannawar@gmail.com), Head of Surveillance Section, Federal MOH
- **Dr. Janin Sulaiman** | 07508678768 | [Janin\\_irq@yahoo.com](mailto:Janin_irq@yahoo.com), EWARN Focal point, MOH-KRG
- **Dr. Muntasir Elhassan** | 07809288616 | [elhassanm@who.int](mailto:elhassanm@who.int), EWARN Coordinator, WHO Iraq
- **WHO EWARN Unit** [emacoirqewarn@who.int](mailto:emacoirqewarn@who.int)