

Iraq: EWARN & Disease Surveillance Bulletin

2016 Epidemiological Week: 6

Reporting Period: 8 - 14 February, 2016

Highlights

- ◆ **Number of reporting sites:** One hundred and fourteen (114) reporting sites (88% of the total EWARN reporting sites) including forty-five (45) 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:** 43 029 (Male=20 759 and Female=22 270) marking an increase of 10 301 (24%) since last week due to 11% increase of reporting sites.
- ◆ **Leading causes of morbidity in the camps:** Acute Respiratory Tract Infections (ARI) (n=19 606), Skin Diseases (n=1 386) and Acute Diarrhea (AD) (n=1 070) remained the leading causes of morbidity in all camps during this reporting week.
- ◆ **Number of alerts:** Eighteen(18) alerts were generated through EWARN following the defined thresholds, of which sixteen (16) were from IDP camps (six of them from mobile clinics) and the remaining two (2) from Refugee camps during this reporting week. All these alerts were investigated within 72 hours, of which fifteen 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).

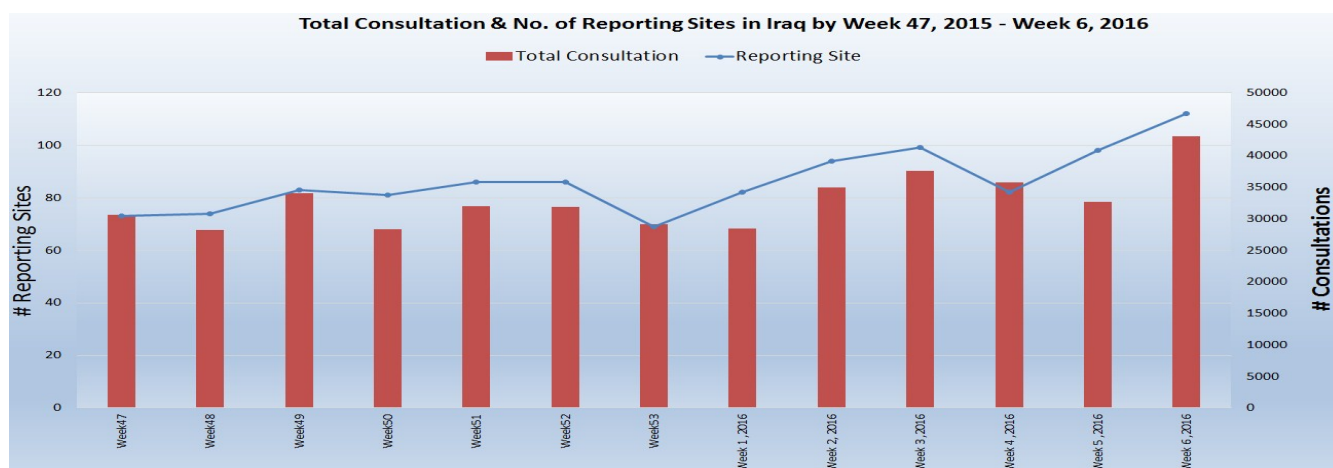
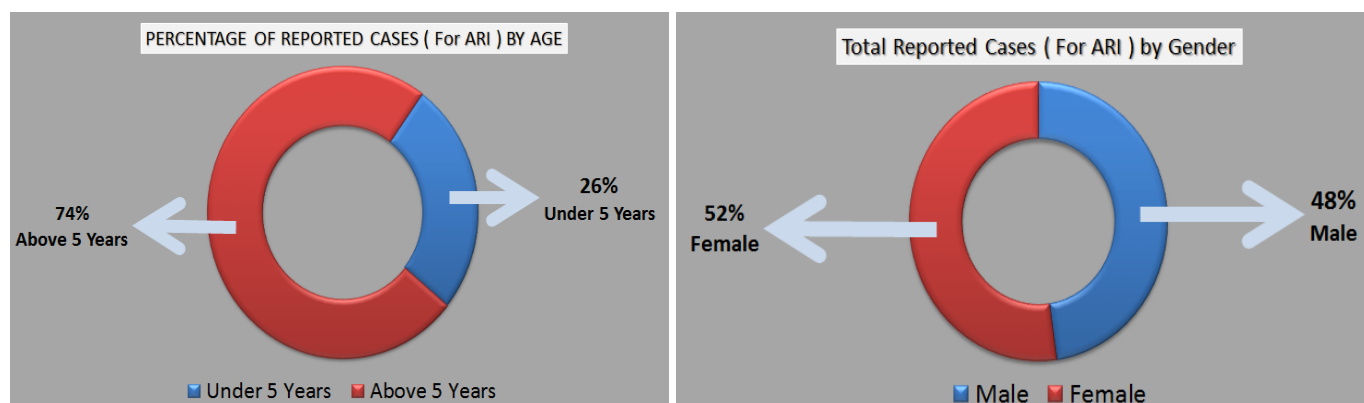


Figure I: Total consultations and proportion of reporting health facilities by Week 47, 2015 – Week 6, 2016
Consultations in the camps by age and gender (Week 6)



Morbidity Patterns

IDP camps:

During Week 6, despite a significant increase in reporting sites, 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 have started to slightly increase compared to last week (Week 6 =2.72% and Week 5=2.51%). The proportion of skin diseases, including scabies, showed a decrease since last week (see graph below).

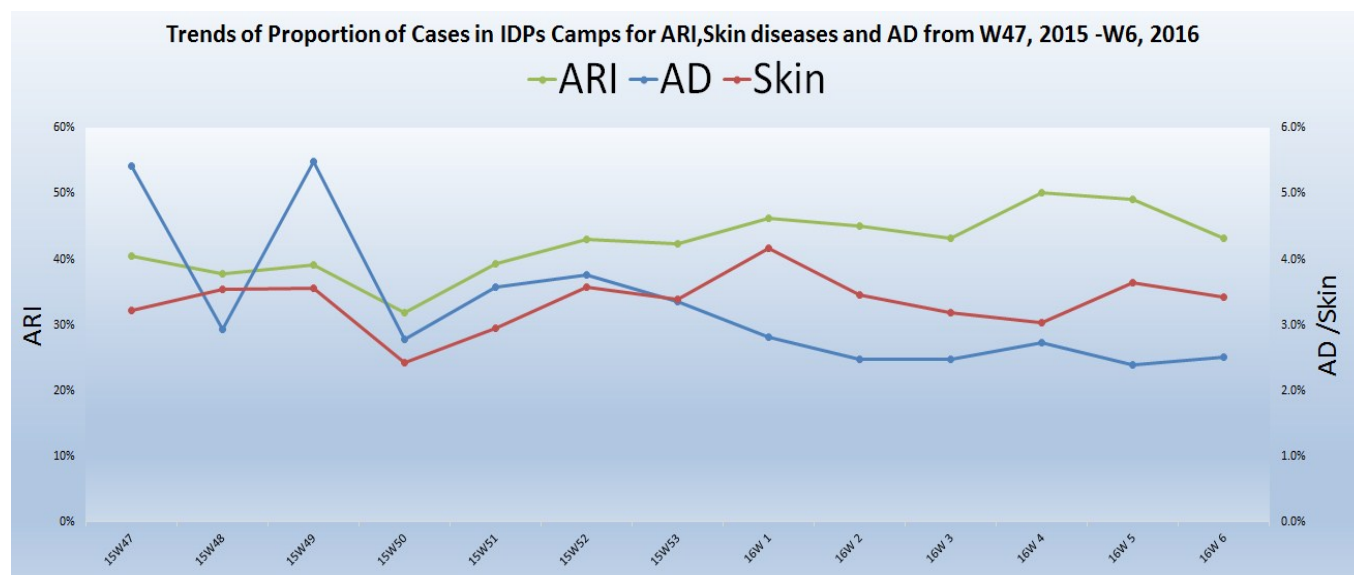


Figure II: Trend of proportion of cases of ARI, Scabies and AD in IDP camps Week 47, 2015 –Week 6, 2016

Refugee camps:

During Week 6, the proportion of Acute Respiratory Tract Infections (ARI) indicated a slight increase from 60.41% to 63.16%. An increase in the proportions of Acute Diarrhea trend in refugee camps was noted since last week, (Week 5=1.51% and Week 6=1.77%). The proportion of skin infestations, including scabies, have decreased from 2.6% to 1.79% and there is a need for extensive health promotion activities to be conducted in all camps (see graph below).

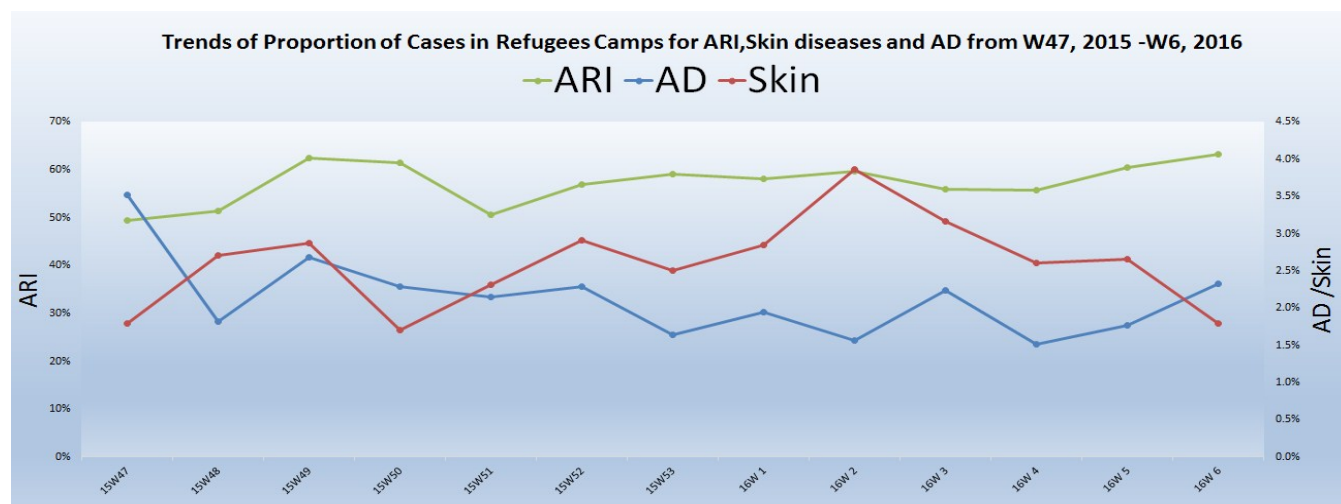


Figure III: Trend of proportion of cases of ARI, Scabies and AD in IDP camps Week 47, 2015 — Week 6, 2016

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 6, 2016.

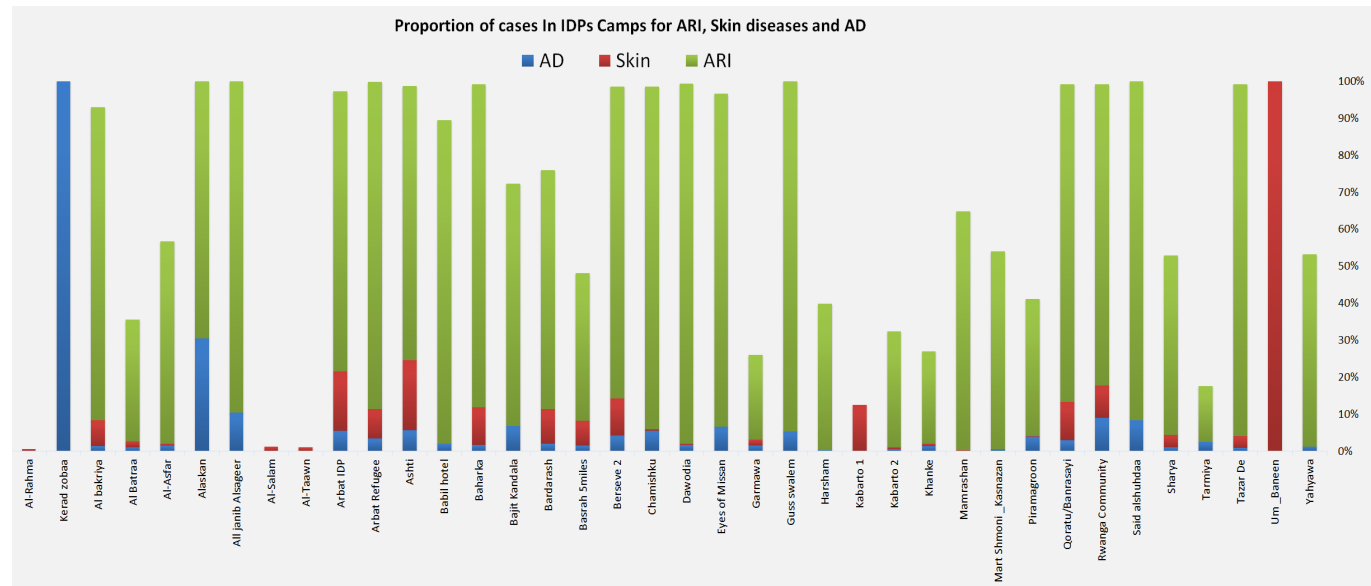


Figure IV: Proportion of cases of ARI, Scabies and AD in IDP camps for Week 6, 2016

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 6, 2016.

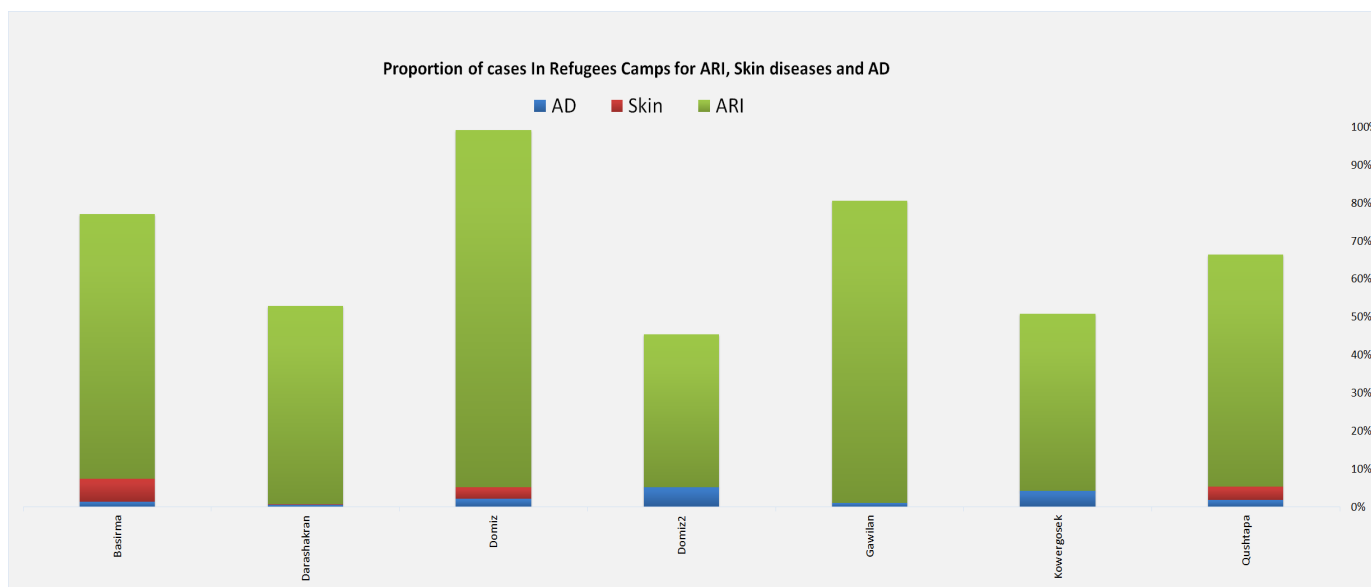


Figure V: Trend of proportions of cases of ARI, Scabies and AD in Refugee camps for Week 6, 2016

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 6, 2016.

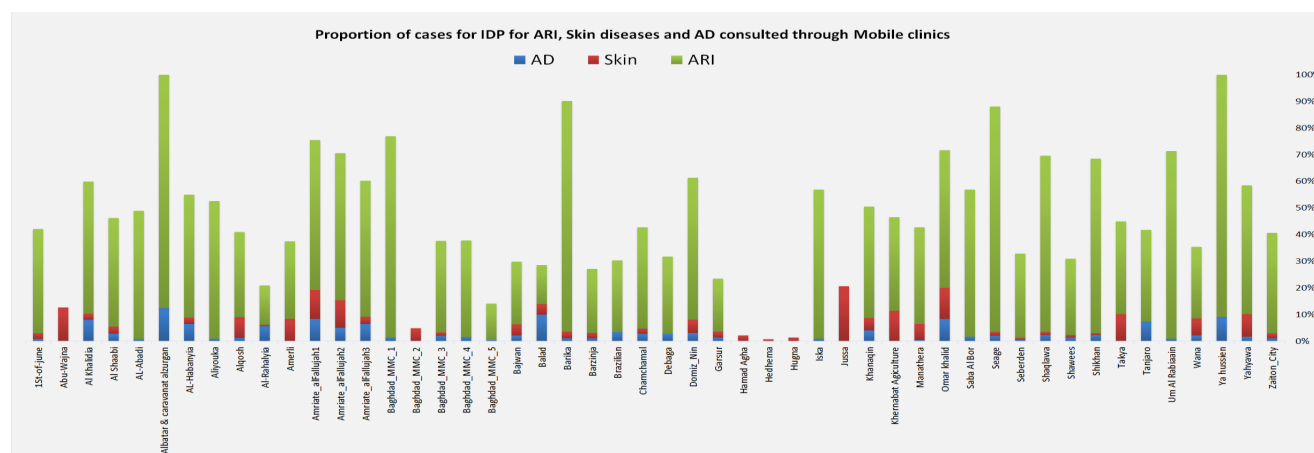


Figure VI: Trend of proportions of IDP cases for ARI, Scabies and AD covered by Mobile Clinics for Week 6, 2016

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 5, the proportion of upper ARI in Week 6 has decreased by 1% from 96% to 95% while the Lower ARI proportion has increased from 4% to 5% 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 6.

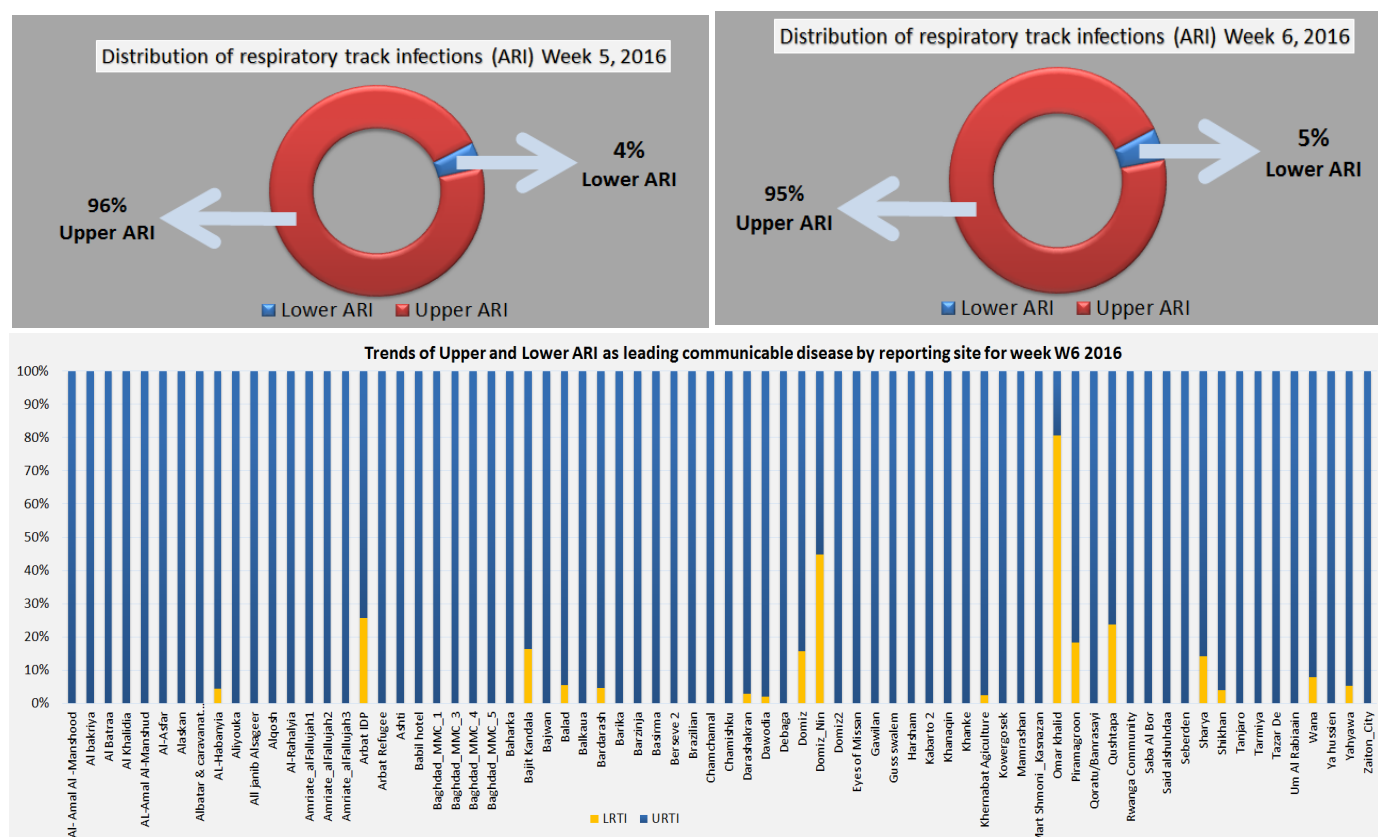


Figure VII: Trend of Upper and Lower ARI per reporting site for Week 6, 2016

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, which indicated a slight increase. (See graph below)

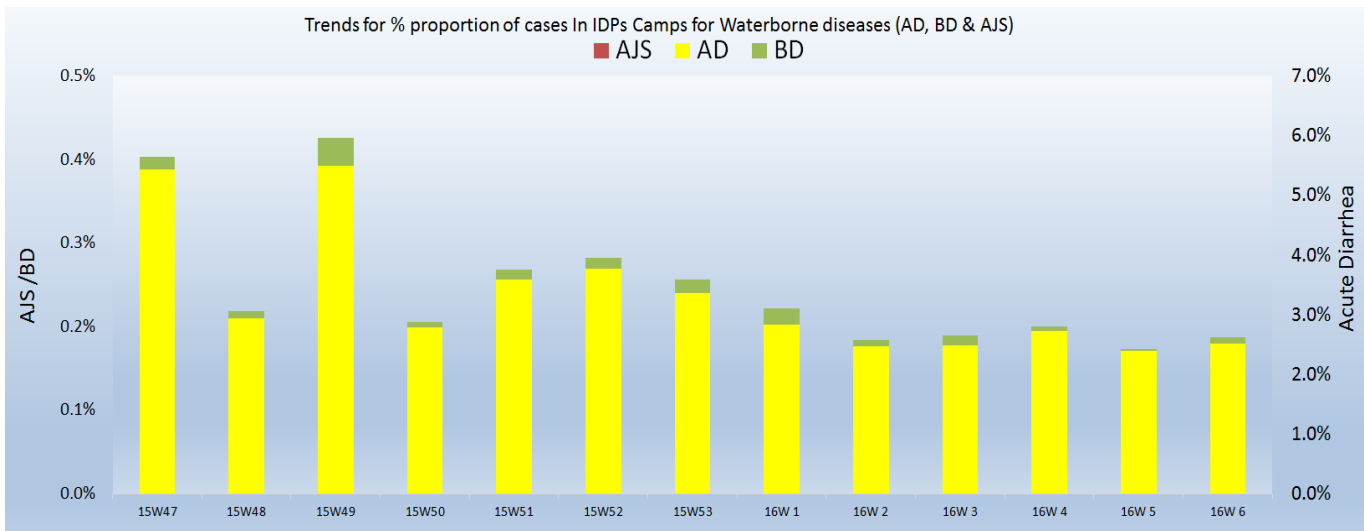


Figure VIII: Trend of Waterborne diseases from IDP camps, Week 47, 2015 — Week 6, 2016

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, which indicates an increase of the trend compared to last week. Furthermore, no clustering has been reported for Acute Jaundice Syndrome cases during this period.

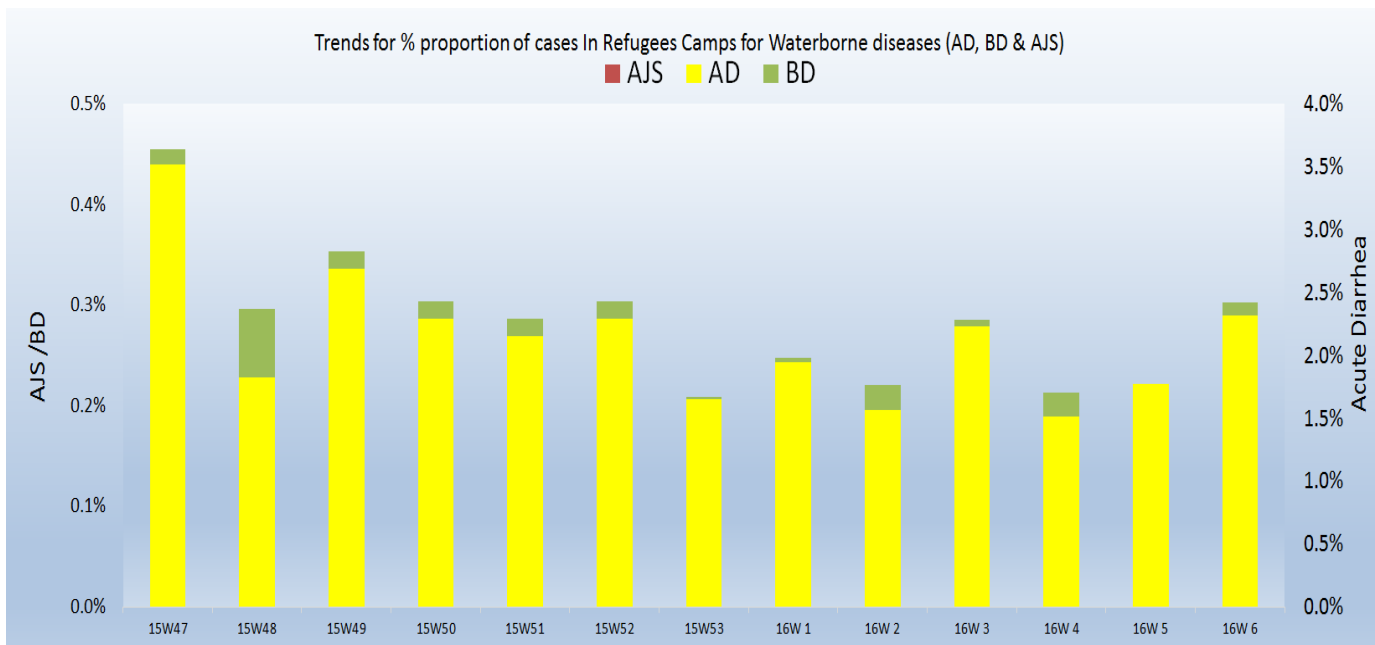


Figure IX: Trend of waterborne diseases from Refugee camps, Week 47, 2015 — Week 6, 2016

Eighteen alerts were generated through EWARN following the case definition and alerts thresholds, of which sixteen were from IDP camps (six of them from mobile clinics) and two from Refugee camps during this reporting week. All these alerts were investigated within 48-72 hours, of which fifteen were verified as true. 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 is being monitored through a detailed monitoring matrix maintained at WHO EWARN unit. (Details: see table below).

Sn	Alert	Location	Governorate	District	IDP/Refugee Camp	# of cases	Run by	Investigation and Response within 48-72h DOH/WHO/NGO	Sample Taken Yes/No	Alerts Outcome True/False	Public Health Interventions Conducted
1	Suspected Leishmaniasis	Abu Greib	Baghdad	Baghdad-Karkh	IDPs	5	MC-IMC	Yes	No	TRUE	Yes
2	Suspected Leishmaniasis	Seage	Dahuk	Zakho	IDPs	7	MC-IMC	Yes	No	TRUE	Yes
3	Suspected Leishmaniasis	Al-Rahma	Salah al-Din	Dijlah	IDPs	11	UIMS	Yes	No	TRUE	Yes
4	Suspected Leishmaniasis	Khernabat Agriculture	Baghdad	Karch	IDPs	1	MC-IMC	Yes	No	TRUE	Yes
5	Suspected Leishmaniasis	Al-Salam	Anbar	Ameriyat Al-Fallujah	IDPs	30	UIMS	Yes	No	TRUE	Yes
6	Suspected Leishmaniasis	Al-Amal	Anbar	Al-Nakheeb	IDPs	2	UIMS	Yes	No	TRUE	Yes
7	Suspected Leishmaniasis	Soryia	Dahuk	Soryia village	IDPs	1	PU-AMI	Yes	No	TRUE	Yes
8	Suspected Leishmaniasis	Al-Taawun	Salah al-Din	Al-Mutasem	IDPs	1	UIMS	Yes	No	TRUE	Yes
9	foodpoisoning	Ashit	Sulaymaniyah	Arbat	IDPs	1	EMERGENCY	Yes	No	FALSE	No
10	influenza	Al-Taawun	Salah al-Din	Al-Mutasem	IDPs	1	UIMS	Yes	No	FALSE	No
11	Suspected Measles	Ashit	Sulaymaniyah	Arbat	IDPs	1	EMERGENCY	Yes	Yes	TRUE	No
12	Suspected Measles	Al Batraa	Anbar	Falluja	IDPs	2	DOH	Yes	Yes	TRUE	No
13	Suspected Measles	Arbat	Sulaymaniyah	Arbat	Refugees	1	EMERGENCY	Yes	Yes	TRUE	No
14	Suspected Measles	Seage	Dahuk	Zakho	IDPs	1	MC-IMC	Yes	Yes	TRUE	No
15	Suspected Measles	Domiz	Dahuk	Sumel	Refugees	1	DOH	Yes	Yes	TRUE	No
16	Acute Jaundice Syndrome	Arbat	Sulaymaniyah	Arbat	IDPs	11	EMERGENCY	Yes	No	FALSE	No
17	Skin Diseases- (Scabies)	Khernabat Agriculture	Baghdad	Baghdad	IDPs	78	MC-IMC	Yes	No	TRUE	No
18	Skin Diseases- (Scabies)	Takya	Baghdad	Baghdad	IDPs	59	MC-IMC	Yes	No	TRUE	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.

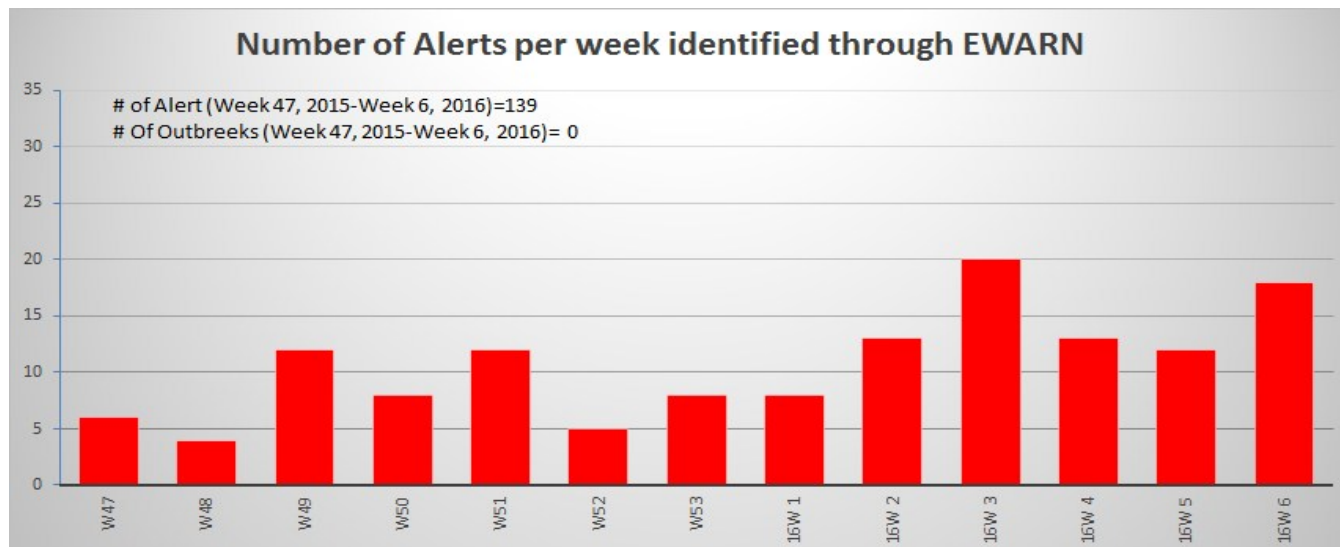


Figure X: Alerts generated through EWARN surveillance Week 47, 2015 —Week 6, 2016

For comments or questions, please contact

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