



Iraq: EWARN & Disease Surveillance Bulletin

2016 Epidemiological Week: 19

Reporting Period: 9 –15 May , 2016

Highlights

- ◆ **Number of reporting sites:** One hundred and twenty-five (125) reporting sites (98% of the total EWARN reporting sites) including sixty-eight (68) in Internally Displaced People’s (IDP) camps, six (6) in refugee camps and fifty-one (51) mobile clinics submitted their weekly reports timely and completely.
- ◆ **Total number of consultations:** 40 190 (Male = 18 911 and Female = 21 279) marking an increase of 3 823 since last week.
- ◆ **Leading causes of morbidity in the camps:** Acute respiratory tract infections (ARI) (n=16 941, 42%), acute diarrhea (AD) (n=2 538, 6%) and skin diseases (n=1 410, 4%) remained the leading causes of morbidity in all camps during this reporting week.
- ◆ **Number of alerts:** Seven (7) alerts were generated through EWARN, and all of them were from IDP camps (one from mobile clinics) during this reporting week. All these alerts were investigated within 72 hours and were verified as true and were further investigated and responded. (Details: see Alerts and Outbreaks Section).

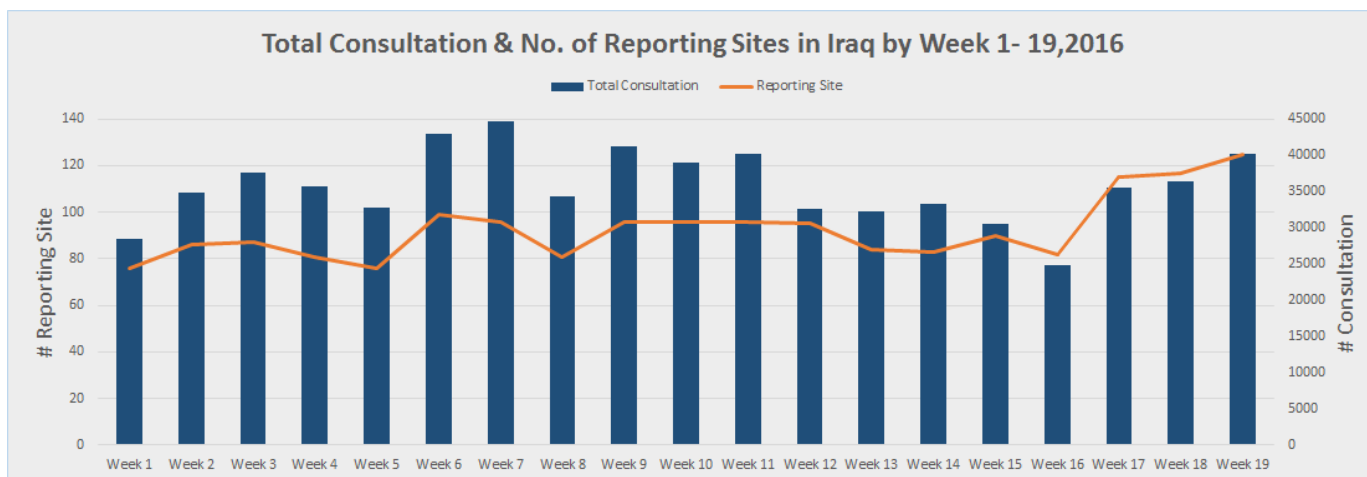
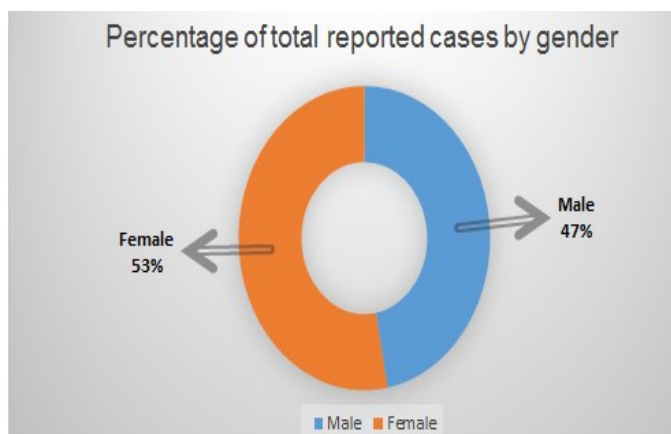
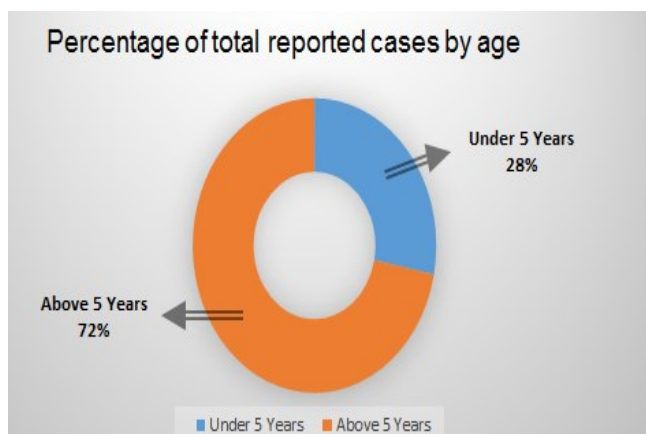


Figure I: Total consultations and proportion of reporting health facilities by Week 1 – 19, 2016

Consultations in the camps by age and gender (Week 19)



Morbidity Patterns

IDP camps:

During Week 19, the proportions of acute respiratory tract infections (ARI) showed a decrease from the previous 2 weeks. On the other hand, the proportions of acute diarrhea and skin diseases in IDP camps have started to decrease compared to last week (See graph below).

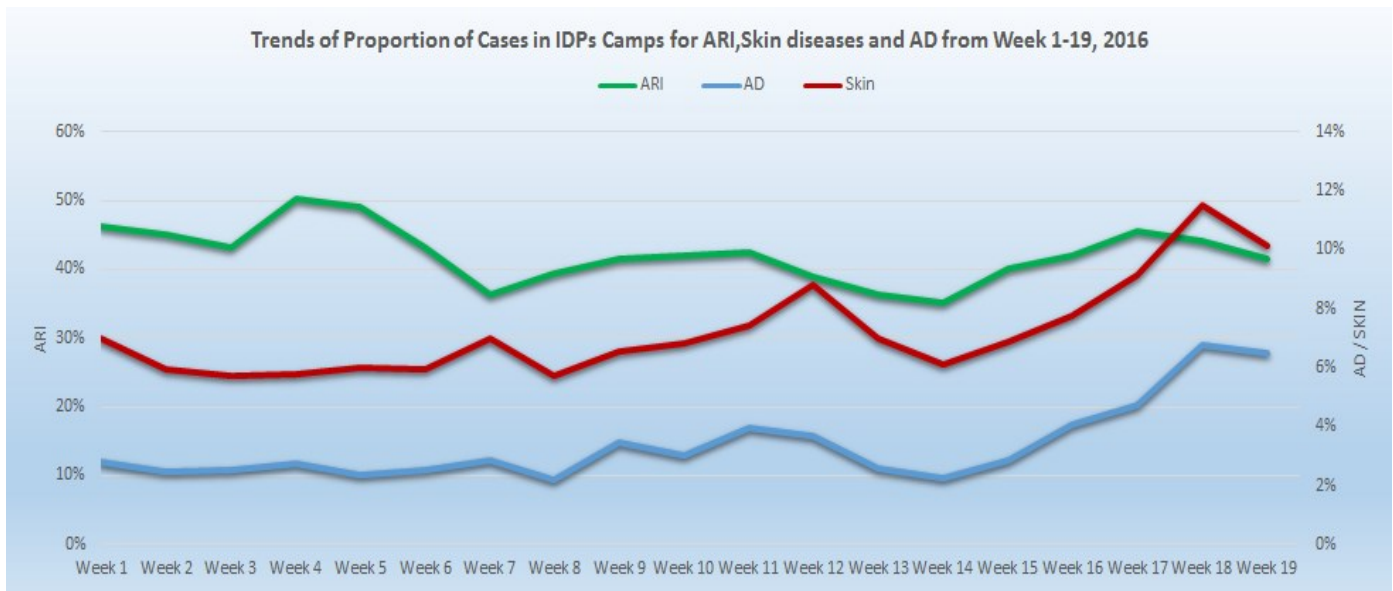


Figure II: Trend of proportion of cases of ARI, scabies and AD in IDP camps Week 1 –19, 2016

Refugee camps:

During Week 19, the proportion of acute respiratory tract infections (ARI), skin infestations including scabies and acute diarrhea decreased compared to last week. (See graph below).

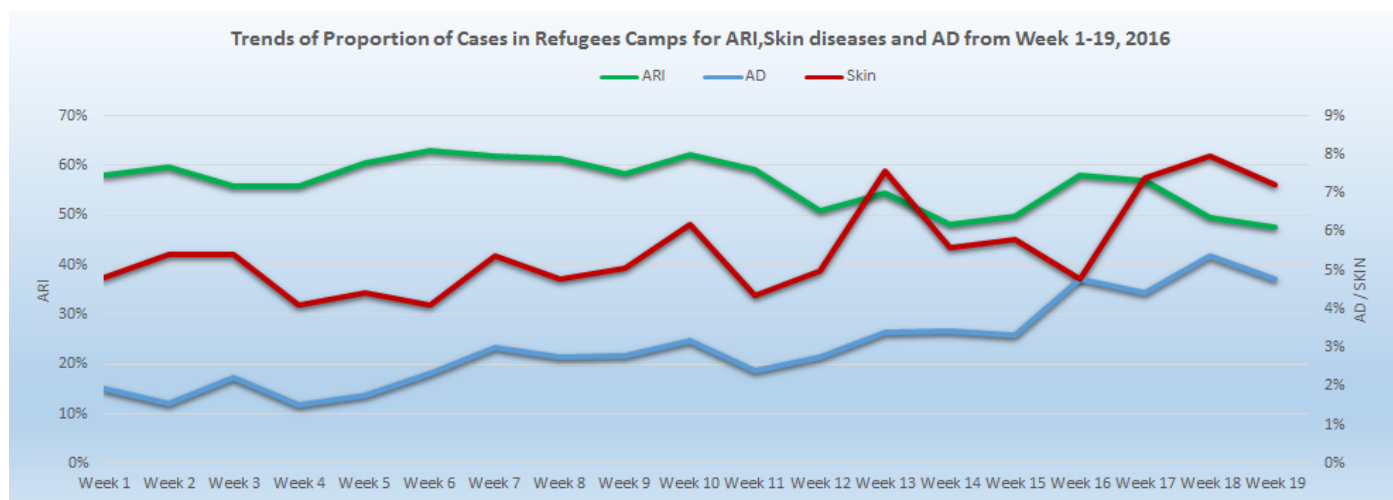


Figure III: Trend of proportion of cases of ARI, scabies and AD in IDP camps Week 1– 19, 2016

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 19, 2016.

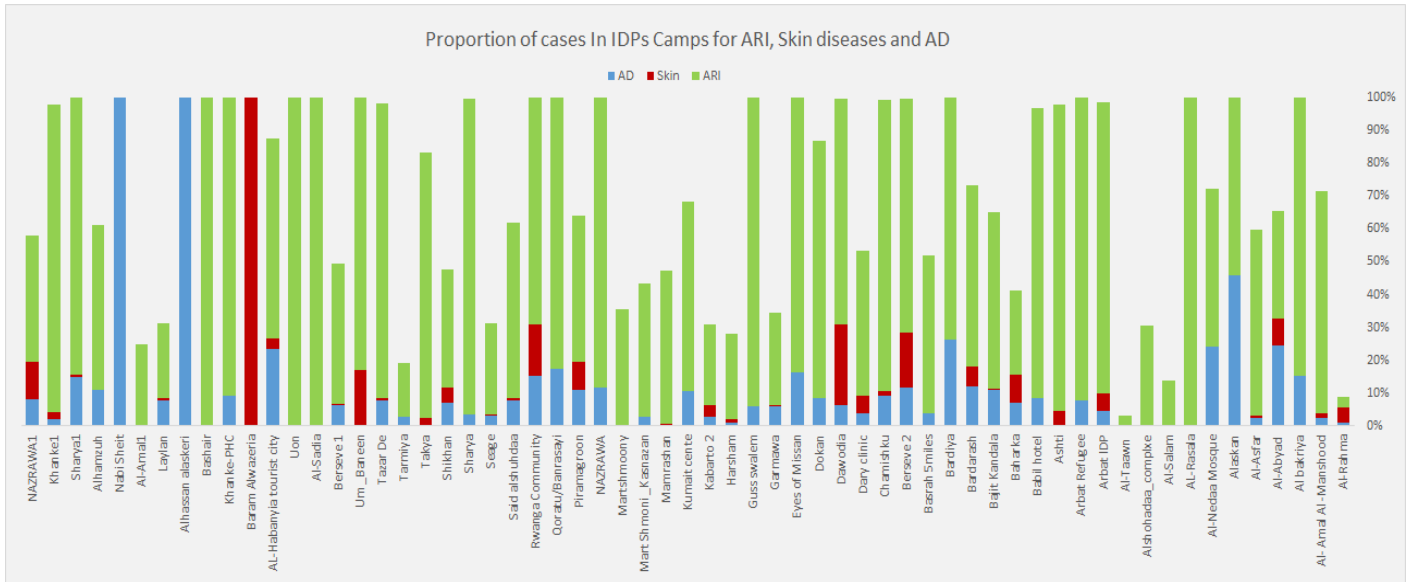


Figure IV: Proportion of cases of ARI, sScabies and AD in IDP camps for Week 19, 2016

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 19, 2016.

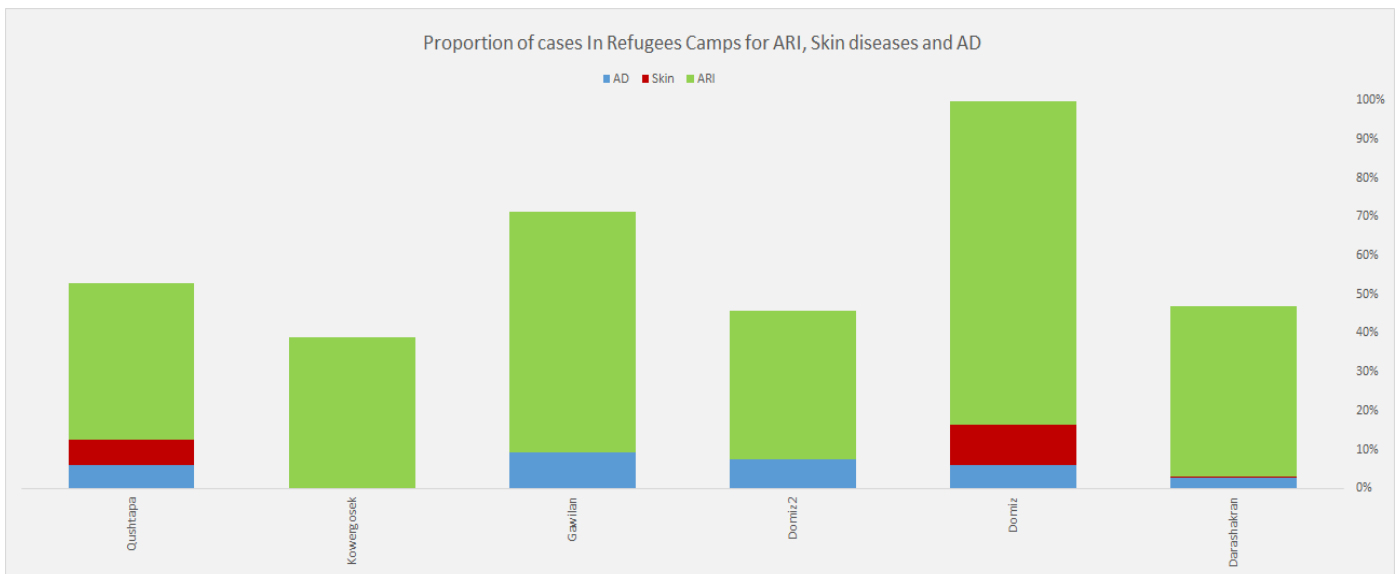


Figure V: Trend of proportions of cases of ARI, scabies and AD in Refugee Camps for Week 19, 2016

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 19, 2016.

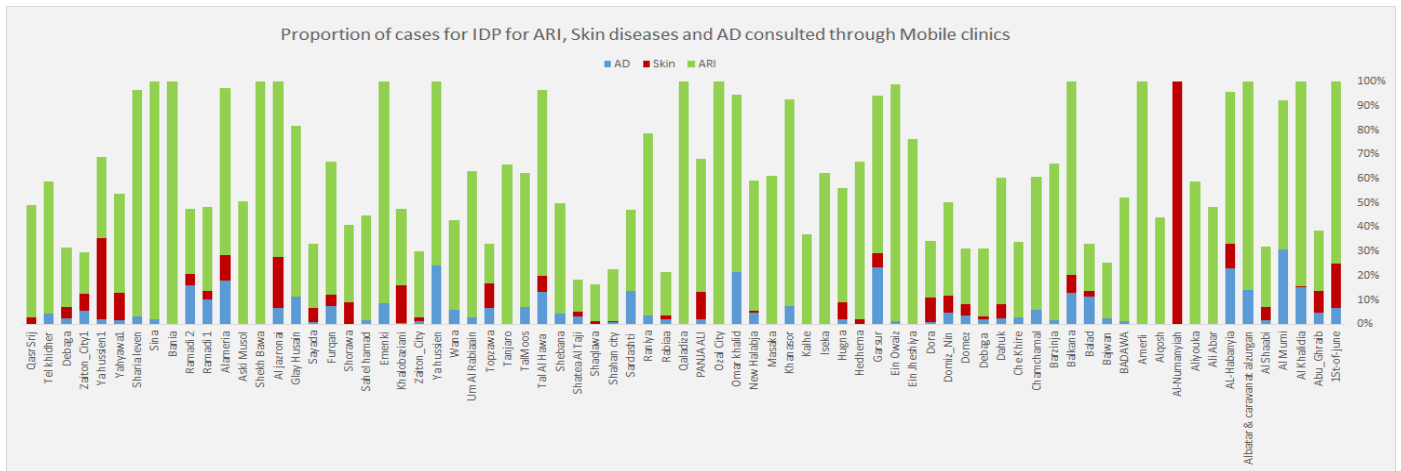


Figure VI: Trend of proportions of IDP cases for ARI, scabies and AD covered by Mobile Clinics for Week 19, 2016

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. The proportion of upper ARI in Week 19 has remained unchanged compared to last week (Upper ARI= 93% and lower ARI= 7%). Furthermore, the graph below indicates the proportion of lower and upper ARI cases per each reporting site for Week 19.

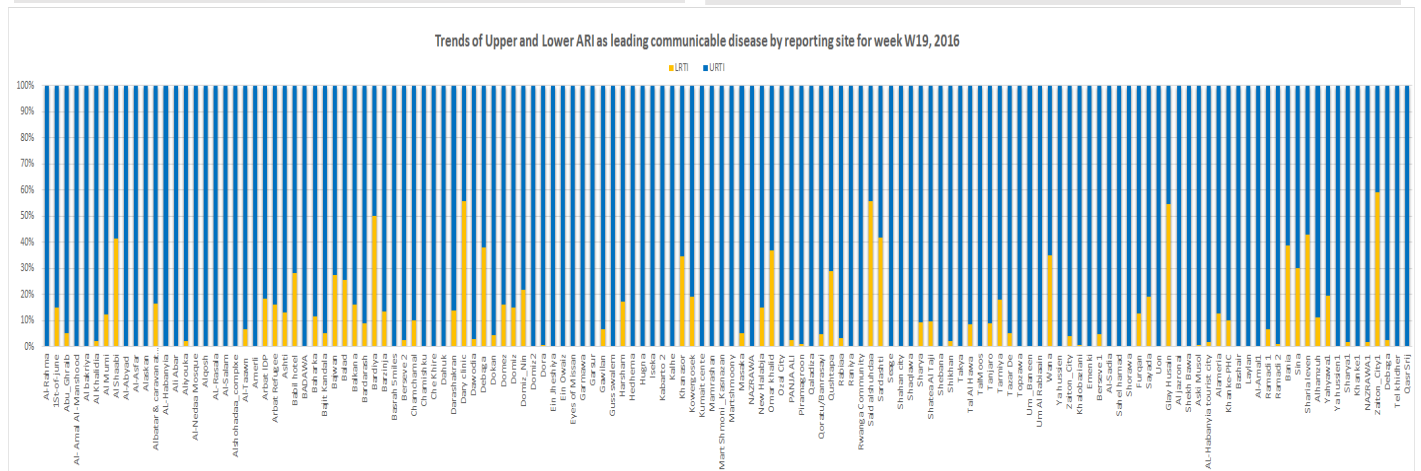
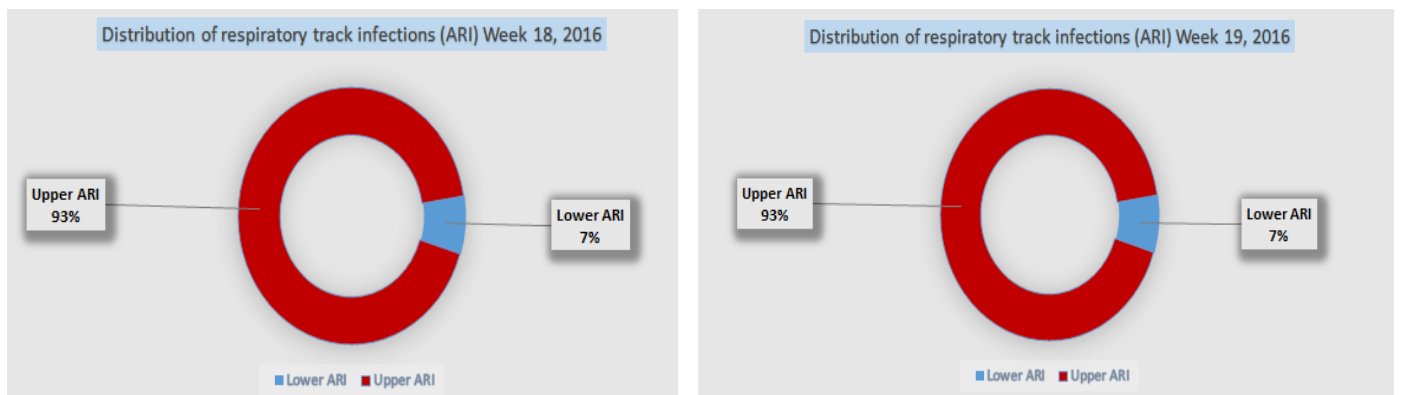


Figure VII: Trend of upper and lower ARI per reporting site for Week 19, 2016

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 slight decrease in this type of diseases compared to last week (See graph below)

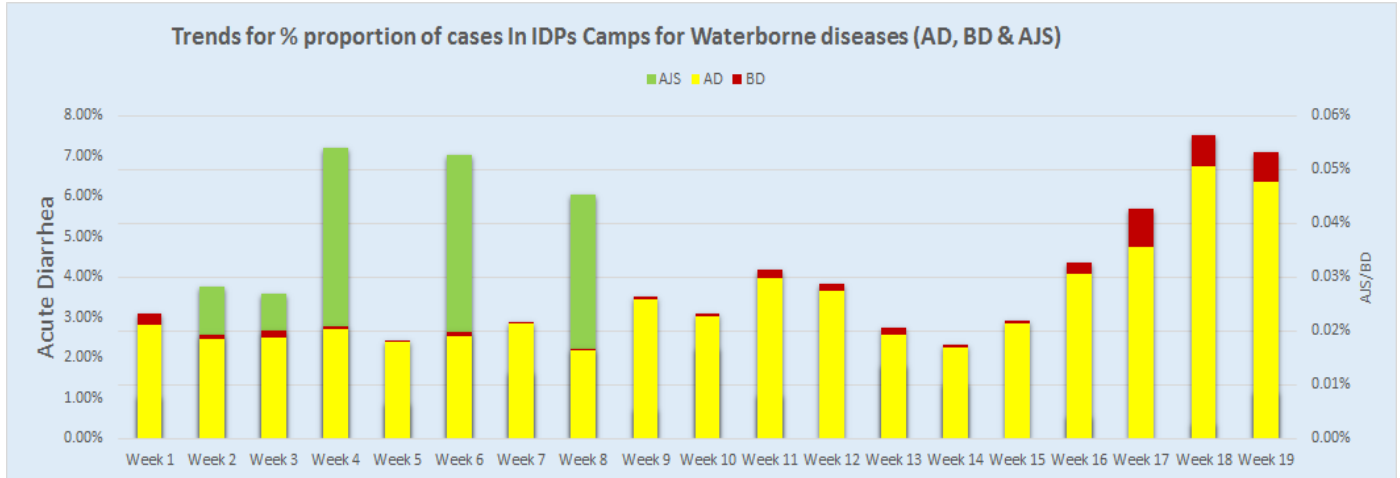


Figure VIII: Trend of waterborne diseases from IDP camps, Week 1—19, 2016

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 indicated a decrease of the trend compared to last week.

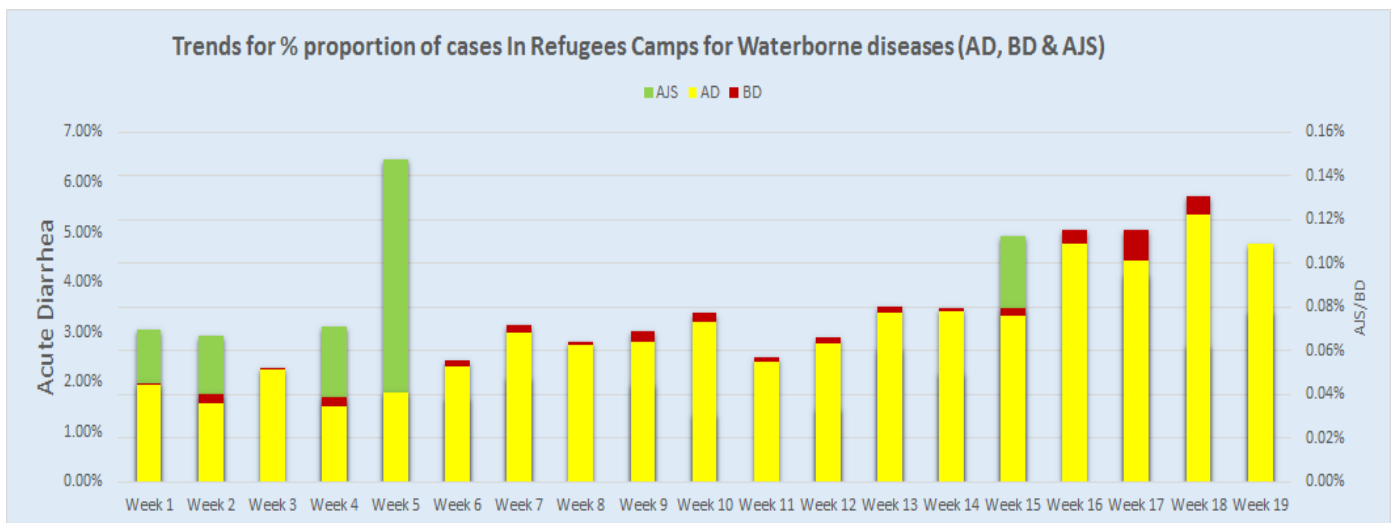


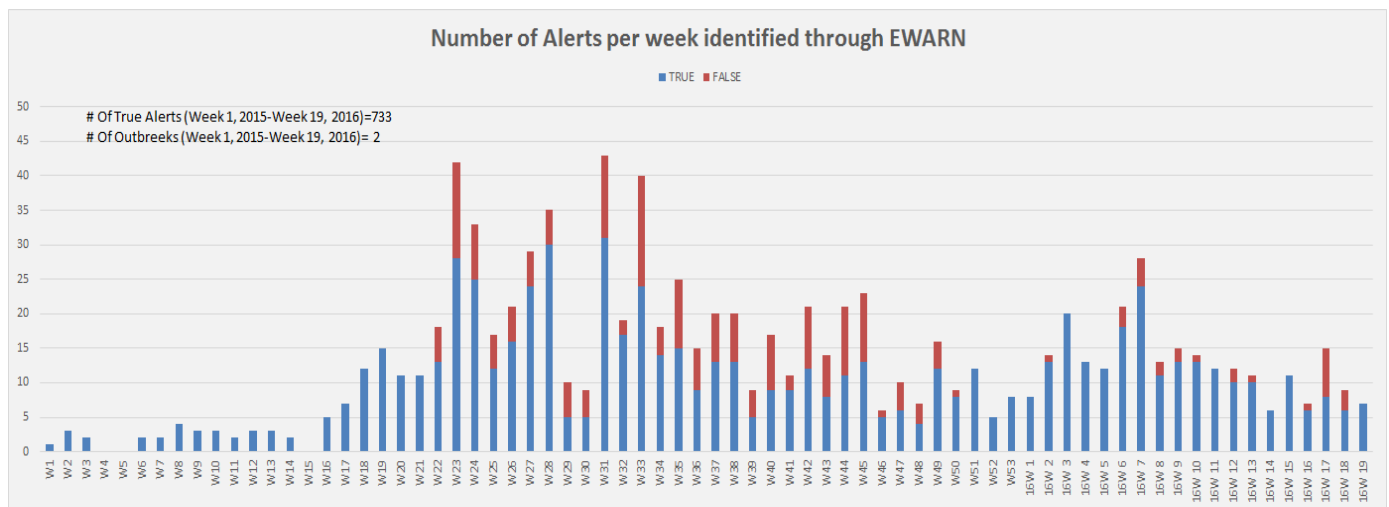
Figure IX: Trend of waterborne diseases from Refugee camps, Week 1—19, 2016

Seven alerts were generated through EWARN following the defined thresholds, and all of them were from IDP camps (one of them from mobile clinics) during this reporting week. All these alerts were investigated within 72 hours, were verified as true and further investigated and responded by the respective Governorates Departments of Health, WHO and the relevant health cluster partners. (please see the below Alerts distribution table).

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 Leishmaniasis	Abu Greib	Baghdad	Karkh	IDPs	1	MC-IMC	Yes	No	TRUE	Yes
2		Al-Salam	Anbar	Ameriyat Al-Fallujah	IDPs	3	UIMS	Yes	No	TRUE	Yes
3		Ashti	Sulaymaniyah	Arbat	IDPs	1	EMERGENCY	Yes	No	TRUE	No
4	Suspected Pertusis	Al-Taawun	Salah-Al-Din	Al-Mutasem	IDPs	1	UIMS	Yes	No	TRUE	Yes
5		Al Rasheed	Salah-Al-Din	Samara	IDPs	6	DoH	Yes	No	TRUE	Yes
6		Al-Rahma	Salah-Al-Din	Dijlah	IDPs	3	UIMS	Yes	No	TRUE	Yes
7	Suspected Measles	Ashti	Sulaymaniyah	Arbat	IDPs	1	EMERGENCY	Yes	Yes	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.



For comments or questions, please contact

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