Iraq: EWARN & Disease Surveillance Bulletin

2016 Epidemiological Week: 15  Reporting Period:  11–17, April, 2016

Highlights

- **Number of reporting sites**: One hundred and sixteen (116) reporting sites (91% of the total EWARN reporting sites) including forty-six (46) in Internally Displaced People’s (IDP) camps, seven (7) in refugee camps and sixty-three (63) mobile clinics submitted their weekly reports on time.
- **Total number of consultations**: 30 452 (Male=14 101 and Female= 16 351), marking a decrease of 2 771 since last week.
- **Leading causes of morbidity in the camps**: Acute Respiratory Tract Infections (ARI) (n=12 680), Skin Diseases (n=1 136) and Acute Diarrhea (AD) (n=892) 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, of which eight (8) were from IDP camps (three of them from mobile clinics), two from hospitals and one from Refugees Camp during this reporting week. All these alerts were investigated within 72 hours, of which nine were verified as true, one false and one is pending the result of the investigation; they were further investigated and appropriately responded by the respective Governorate Departments of Health, WHO and the relevant health cluster partners. (Details: see Alerts and Outbreaks Section).
Morbidity Patterns

IDP camps:
During Week 15, the proportion of Acute Respiratory Tract Infections (ARI) showed an increase from the previous week. The proportions of Acute Diarrhea in IDP camps have started to increase compared to last week (Week 15 =3% and Week 14 =2.2%). In the same manner, the proportion of skin diseases including scabies showed an increase since last week (see graph below).

Refugee camps:
During Week 15, the proportion of Acute Respiratory Tract Infections (ARI) indicated a slight increase from 48% to 50% compared to last week. A decrease in the proportions of Acute Diarrhea trend in refugee camps was noted compared to last week, (Week 15=3.3% and Week 14=3.4%). Proportion of skin infestations including scabies have increased compared to last week (see graph below).

Figure II: Trend of proportion of cases of ARI, Scabies and AD in IDP camps Week 1–15, 2016

Figure III: Trend of proportion of cases of ARI, Scabies and AD in IDP camps Week 1–15, 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 15, 2016.

Trends of Diseases by Proportion and location for Refugee 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 Refugee camps for Week 15, 2016.
Trend of Diseases by proportion and location for off camp IDPs covered by Mobile Clinics

The graph below indicates the proportion of cases of Acute Respiratory Tract Infection, 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 15, 2016.

Acute Respiratory Tract Infection (ARI) has been further divided into upper and lower respiratory tract infections. Compared to Week 14, the proportion of upper ARI in Week 15 has decreased by 5% from 96% to 91% while the Lower ARI proportion has increased from 4% to 9% 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 VI: Trend of proportions of IDP cases for ARI, Scabies and AD covered by Mobile Clinics for Week 15, 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 14, the proportion of upper ARI in Week 15 has decreased by 5% from 96% to 91% while the Lower ARI proportion has increased from 4% to 9% 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 15, 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 an increase in waterborne diseases. (See graph below)

![Trends for % proportion of cases in IDPs Camps for Waterborne diseases (AD, BD & AJS)](image1)

Figure VIII: Trend of Waterborne diseases from IDP camps, Week 1—15, 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. Furthermore, no clustering has been reported for waterborne diseases during this period.

![Trends for % proportion of cases in Refugees Camps for Waterborne diseases (AD, BD & AJS)](image2)

Figure IX: Trend of waterborne diseases from Refugee camps, Week 1—15, 2016
Eleven alerts were generated through EWARN, of which eight (8) were from IDP camps (three of them from mobile clinics), two from hospitals and the remaining one from Refugees Camps during this reporting week. All these alerts were investigated within 72 hours, of which nine 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. One alert was discarded and the other one is pending investigation results (Details: see Alerts and Outbreaks Section).

<table>
<thead>
<tr>
<th>Sr</th>
<th>Alert</th>
<th>Location</th>
<th>Governorate</th>
<th>District</th>
<th>IDP/Refugee Camp</th>
<th># of cases</th>
<th>Run by</th>
<th>Investigating response within 72 hours</th>
<th>Sample Taken</th>
<th>Alerts Outcome</th>
<th>Tru/Fals</th>
<th>Public Health Intervention(s) Conducted</th>
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<tbody>
<tr>
<td>1</td>
<td>Acute Flaccid Paralysis (AFP)</td>
<td>Havi</td>
<td>Dahuk</td>
<td>Dahuk Hospital</td>
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<td>DoH</td>
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<td>Yes</td>
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<td>Anbar</td>
<td>Ameriyat Al-Fallujah</td>
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<td>TRUE</td>
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<td>IMC</td>
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</table>

**Trends of Alerts**

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

![Number of Alerts per week identified through EWARN](image)

**For comments or questions, please contact**

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**EWARN Dashboard link:** http://who-iraq-ewarn.github.io/