Iraq: EWARN & Disease Surveillance Bulletin


**Highlights**

- **Number of reporting sites in Week 44:** One hundred and forty-six (146) reporting sites (96% of the total EWARN reporting sites) including ninety (90) in internally displaced persons (IDPs) camps, seven (7) in refugee camps, four (4) hospitals, and Forty-Five (45) mobile clinics submitted their weekly reports completely and in a timely manner.
- **Total number of consultations in Week 44:** 46 995 (Male=21 475 and Female=25 520) marking an increase of 5722 since last week.
- **Leading causes of morbidity in the camps in Week 44:** Acute respiratory tract infections (ARI) (n=20 623), acute diarrhea (AD) (n=2767) and skin diseases (n=1031) remained the leading causes of morbidity in all camps and displaced population areas served by mobile clinics during this reporting week.
- **Number of alerts in Week 44:** Eleven (11) alerts were generated through EWARN, and all the alerts reported from IDPs camps during this week. The alerts were investigated within 72 hours. All verified as true. They were responded to by relevant health cluster partners. (Details: see Alerts and Outbreaks Section).

![Figure I: Distribution of total consultations and number of reporting health facilities by week 1–44, 2016](image)

**Distribution of total consultations in the camps by age and gender (Week 44, 2016)**

![Percentage of total reported cases by age](image)

![Percentage of total reported cases by gender](image)
During week 44, IMC established PHC in Khazir camp to serve the internally displaced persons from Mosul and neighboring areas due to the current military operation. The number of the IDPS in the camp reached 1290 by the end of the current week. A total of 77 consultations were made by the clinic. The highest incidence of reported health event was Acute Upper Respiratory Tract Infection (56 cases per 1000 persons), followed by the incidence of suspected scabies of 14 cases per 1000 persons, Acute Lower Respiratory Tract Infection of 4 cases per 1000 persons, and the incidence of the Acute Diarrhea of 3 cases per 1000 persons. No any alerts reported from the camp.

IDPs camps:

During Week 44, the proportions of acute respiratory tract infections (ARI) in IDPs camps decreased, while the trends of the acute diarrhea and skin infestations including scabies increased compared to the previous week (please see Figure II).

Refugee camps:

During Week 44, the proportions of acute respiratory tract infections (ARI) increased, while the proportions of acute diarrhea and skin infestations including scabies decreased from the previous week (please see Figure III).
Figure IV below indicates the proportions 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 44, 2016.

Figure IV: Proportion of cases of ARI, scabies and AD in IDP camps for Week 44, 2016

Distribution of the common diseases by proportion and location for refugee camps

Figure V below indicates the proportions of acute respiratory tract infections, acute diarrhea, and skin infestations including scabies which comprises the highest leading causes of morbidity in the refugee camps for Week 44, 2016.

Figure V: Trend of proportions of cases of ARI, scabies, and AD in Refugee camps for Week 44, 2016
Figure VI below indicates the proportions of acute respiratory tract infection, acute diarrhea and skin infestations including scabies which comprises the highest leading causes of morbidity of internally displaced persons covered by mobile clinics for Week 44, 2016.

![Distribution of ARI, scabies and AD covered by mobile clinics for the IDPs, Week 44, 2016](image)

**Trends of S. Pertussis**

Up to week 44 in 2016, the total reported suspected pertussis cases were 115 from all the EWARN reporting sites. This week, Salah Addin reported 2 suspected cases through IOM mobile clinic in Samara district.

Salah Addin governorate reported the highest incidence number of Pertussis in Iraq with (98) 85% of the total reported cases, Suleimaniya reported (7) 6% of the cases, Anbar reported (4) 3% of the cases, Baghdad and Erbil and Qadissiya reported (2) 2% of each of the total cases.

![Distribution of Suspected Pertussis reported cases by weeks, 1-44, 2016](image)
Figures VIII and IX below show the trends of waterborne diseases (acute diarrhea, acute bloody diarrhea and acute jaundice syndrome) reported from camps for internally displaced persons, which indicated a slight increase in the trends, while refugee camps indicated an increase in waterborne diseases during this week.

**Trends of waterborne diseases in IDPs and refugee camps**

The graph below shows the trends of acute diarrhea reported through the EWARN system in the period from Week 15 to Week 44 in 2015 and 2016. This week showed a increasing trend of the increase compared to last weeks. From Week 6 to Week 40 in 2016, Anbar reported 36% of total reported AD cases, followed by Dohuk with 21%, Ninewa 11%, Sulaymaniyah 9%, Erbil 8%, Kirkuk 5%, Baghdad 4%, and Salah Al din 3%.

The trend of the disease showed a peak in Week 24 (3387 cases) and then another peak in Week 31 (3079 cases). There is a decrease in the reporting of AD through all the EWARN reporting governorates in week 31.

**Trends of Acute Diarrhea**

The graph below shows the trends of acute diarrhea reported through the EWARN system in the period from Week 15 to Week 44 in 2015 and 2016. This week showed a increasing trend of the increase compared to last weeks. From Week 6 to Week 40 in 2016, Anbar reported 36% of total reported AD cases, followed by Dohuk with 21%, Ninewa 11%, Sulaymaniyah 9%, Erbil 8%, Kirkuk 5%, Baghdad 4%, and Salah Al din 3%.

The trend of the disease showed a peak in Week 24 (3387 cases) and then another peak in Week 31 (3079 cases). There is a decrease in the reporting of AD through all the EWARN reporting governorates in week 31.
Eleven alerts were generated through EWARN following the defined thresholds from Hospitals during this reporting week. All alerts were investigated within 72 hours and verified as true. All were responded to by the respective Governorates Departments of Health, WHO and the relevant health cluster partners. (please see Alert and Outbreaks table).

### Trends of alerts

The graph below shows the number of alerts (true & false) generated through EWARNs per week which have been investigated and responded to accordingly by the Ministry of Health, WHO and health cluster partners.

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

**Figure X:** Alerts generated through EWARN surveillance Week 16, 2015—Week 44, 2016

### For comments or questions, please contact

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EWARN Dashboard link: [http://irq-data.emro.who.int/ewarn/](http://irq-data.emro.who.int/ewarn/)

EWARN reporting health facilities: [http link: http://irq-data.emro.who.int/ewarn/reporting_sites](http://irq-data.emro.who.int/ewarn/reporting_sites)