



Iraq: EWARN & Disease Surveillance Bulletin

2016 Epidemiological Week: 10

Reporting Period: 7 – 13, March, 2016

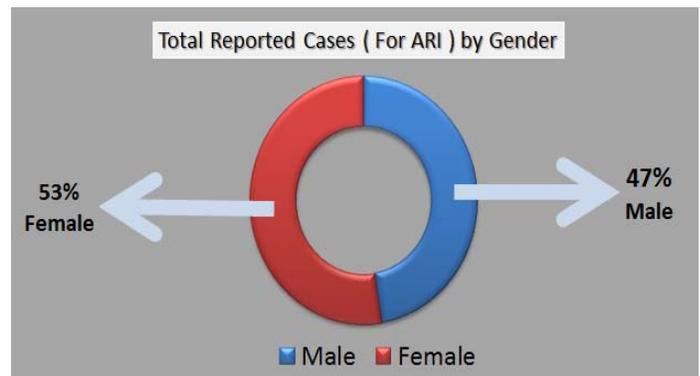
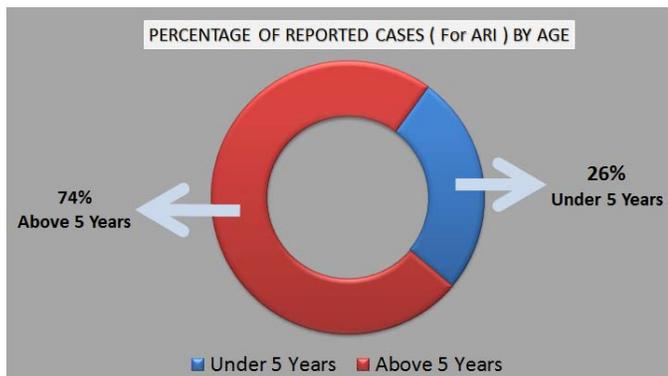
Highlights

- ◆ **Number of reporting sites:** Ninety-nine (99) reporting sites including (77% of the total EWARN reporting sites) forty-one(41) in Internally Displaced People’s (IDP) camps, five (5) in refugee camps and fifty-three (53) mobile clinics submitted their weekly reports timely and completely.
- ◆ **Total number of consultations:** 38 853 (Male = 18 420 and Female = 20 433) marking a decrease of 2 430 (3%) since last week that may be due to the decrease of the reporting sites.
- ◆ **Leading causes of morbidity in the camps:** Acute Respiratory Tract Infections (ARI) (n=16,932), Skin Diseases (n = 1 320) and Acute Diarrhea (AD) (n = 1 176) remained the leading causes of morbidity in all camps during this reporting week.
- ◆ **Number of alerts:** Thirteen (13) alerts were generated through EWARN following the defined thresholds, of which twelve (12) were from IDP camps (two of them from mobile clinics) and the remaining one from hospitals during this reporting week. All these alerts were investigated within 72 hours, of which twelve 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 – 10, 2016

Consultations in the camps by age and gender (Week 10)



Morbidity Patterns

IDP camps:

During Week 10, the proportions of Acute Respiratory Tract Infections (ARI) showed a slight increase from the previous 3 weeks. The proportions of Acute Diarrhea in IDP camps decreased compared to last week (Week 10 = 3% and Week 9 = 3.44%). The proportion of Skin Diseases including scabies showed an increase since last week (see graph below).

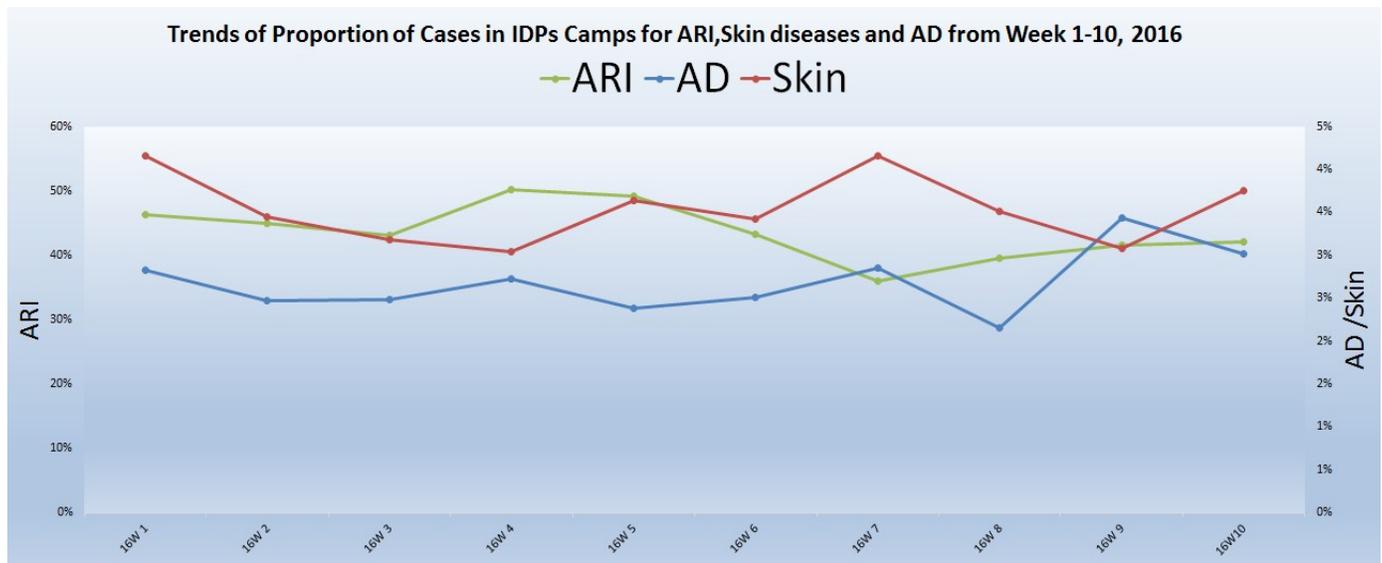


Figure II: Trend of proportion of cases of ARI, Scabies and AD in IDP camps Week 1 –10, 2016

Refugee camps:

During Week 10, the proportion of Acute Respiratory Tract Infections (ARI) increased from the previous week. The proportions of Acute Diarrhea trend in refugee camps have increased in the last 2 weeks, (Week 9 = 2.80% and Week 10 = 3.20%). Proportions of skin infestations including scabies have increased from 2.26% to 3.03% in all camps (see graph below).

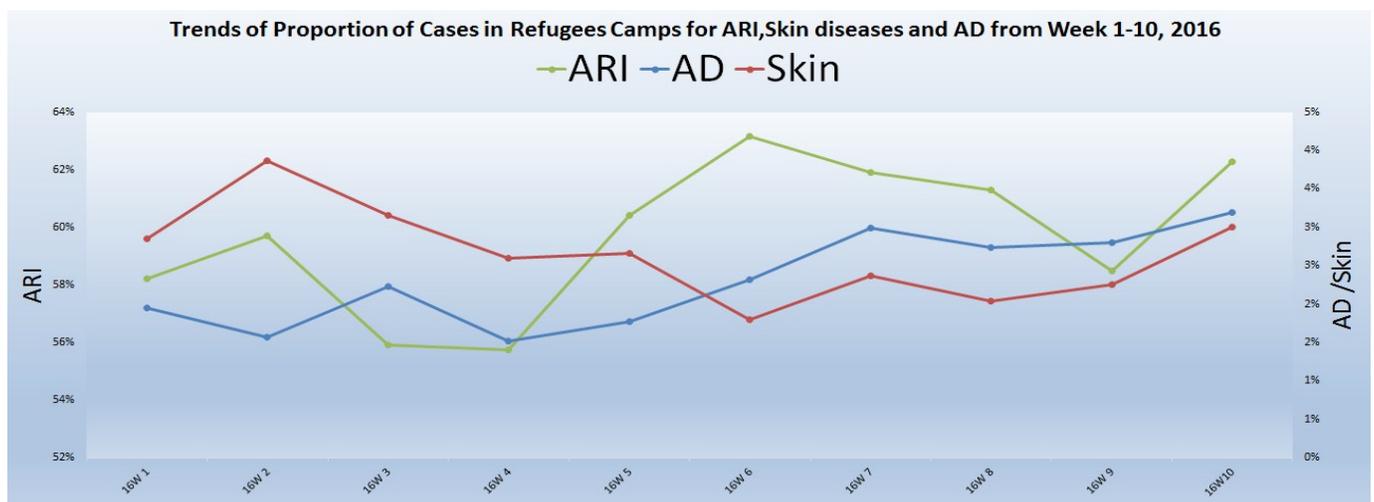


Figure III: Trend of proportion of cases of ARI, Scabies and AD in IDP camps Week 1– 10, 2016

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 10, 2016.

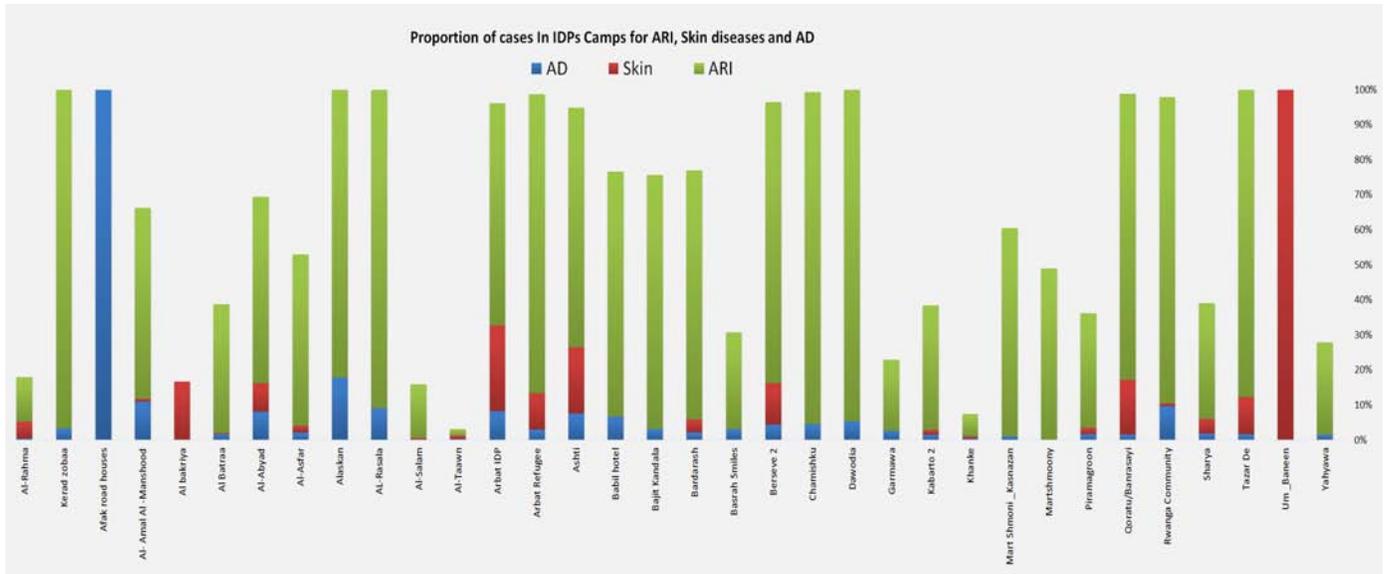


Figure IV: Proportion of cases of ARI, Scabies and AD in IDP camps for Week 10, 2016

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 10, 2016.

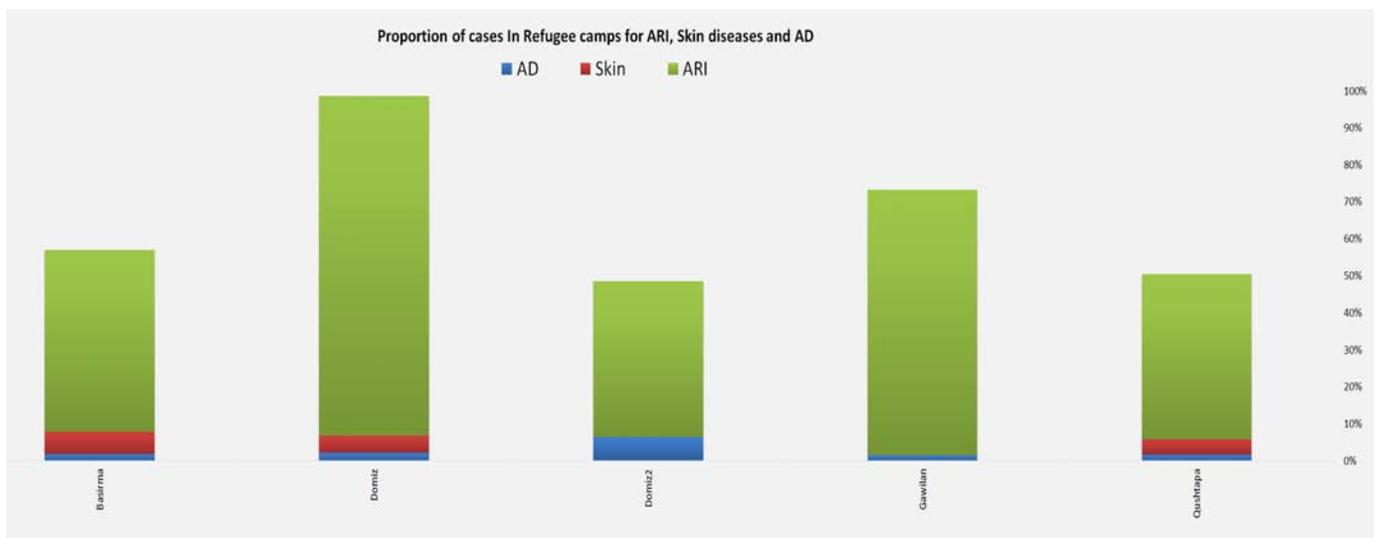


Figure V: Trend of proportions of cases of ARI, Scabies and AD in Refugee camps for Week 10, 2016

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 10, 2016.

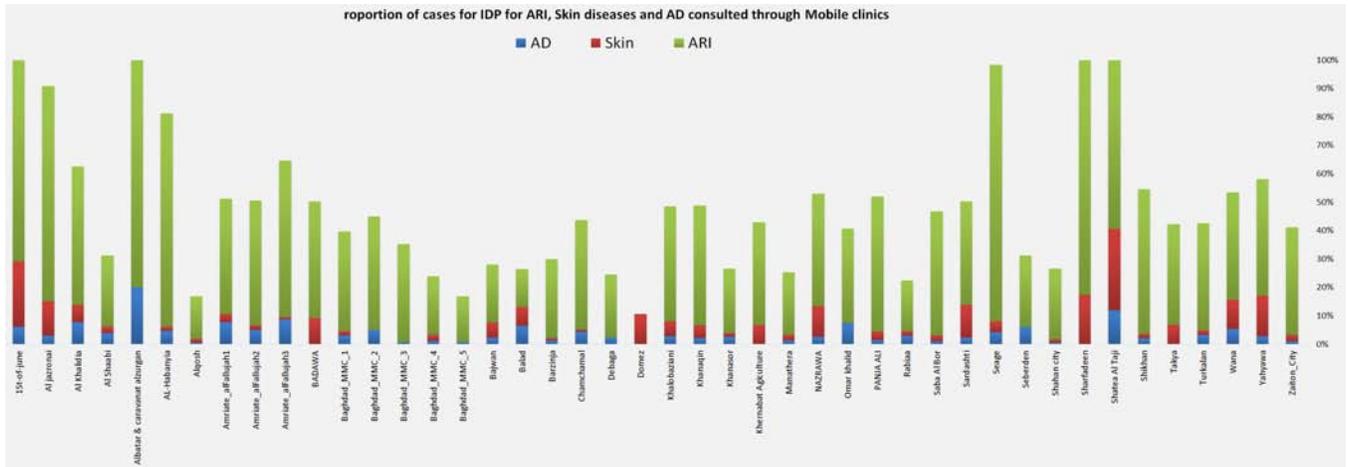


Figure VI: Trend of proportions of IDP cases for ARI, Scabies and AD covered by Mobile Clinics for Week 10, 2016

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 9, the proportion of upper ARI in Week 10 has decreased by 2% from 97% to 95% while the Lower ARI proportion has increased from 3% 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 10.

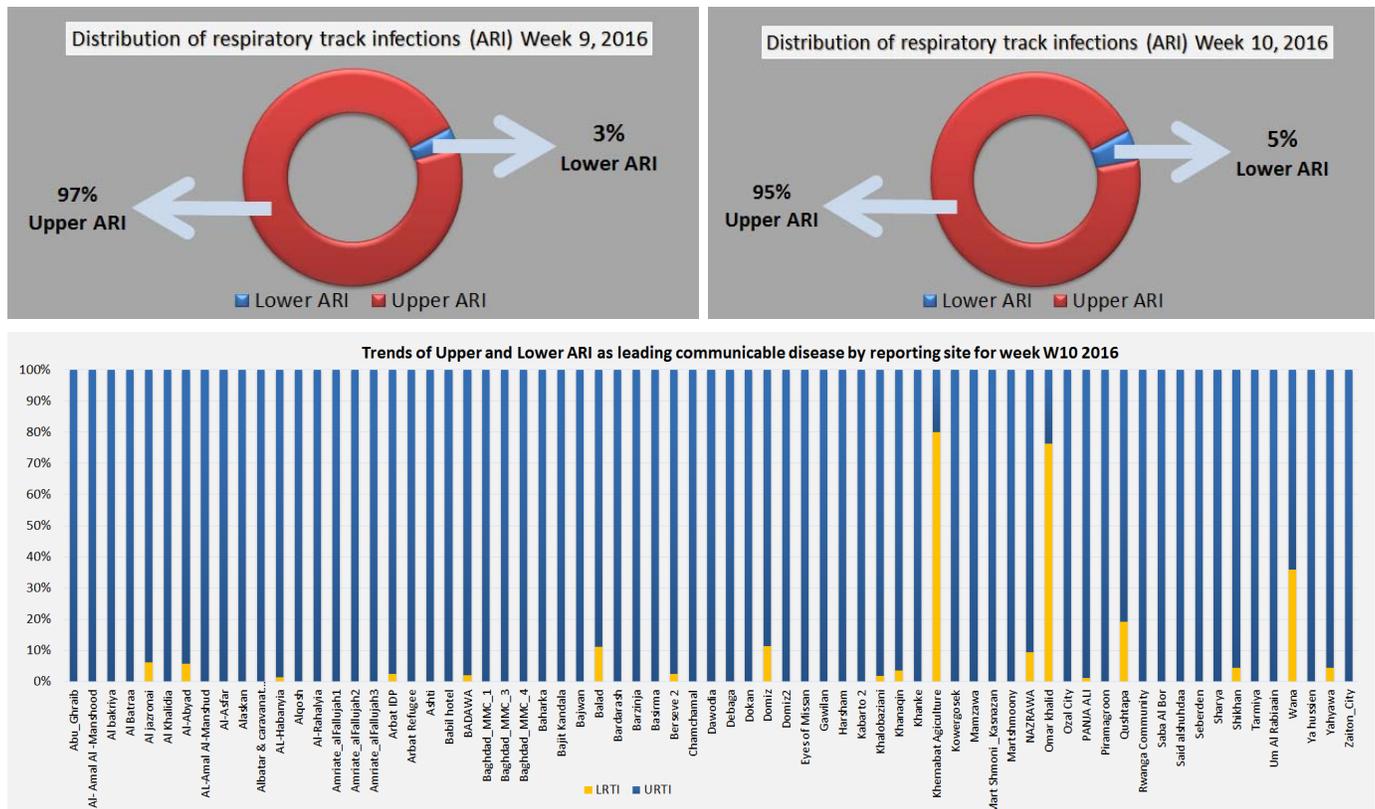


Figure VII: Trend of Upper and Lower ARI per reporting site for Week 10, 2016

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. (See graph below)

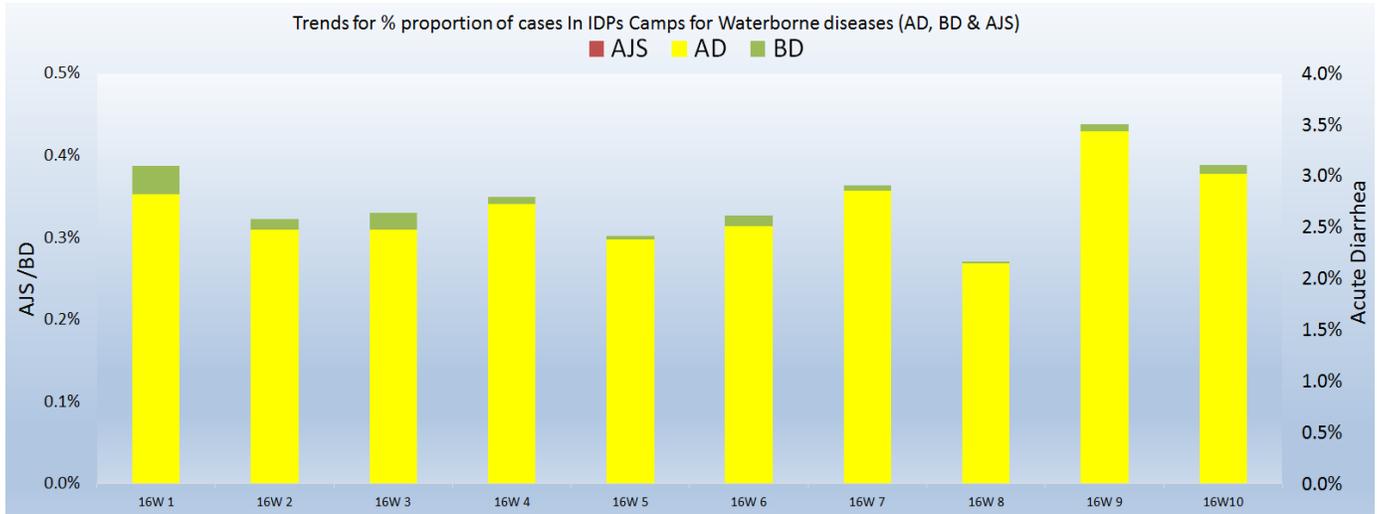


Figure VIII: Trend of Waterborne diseases from IDP camps, Week 1—10, 2016

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 cases during this period.

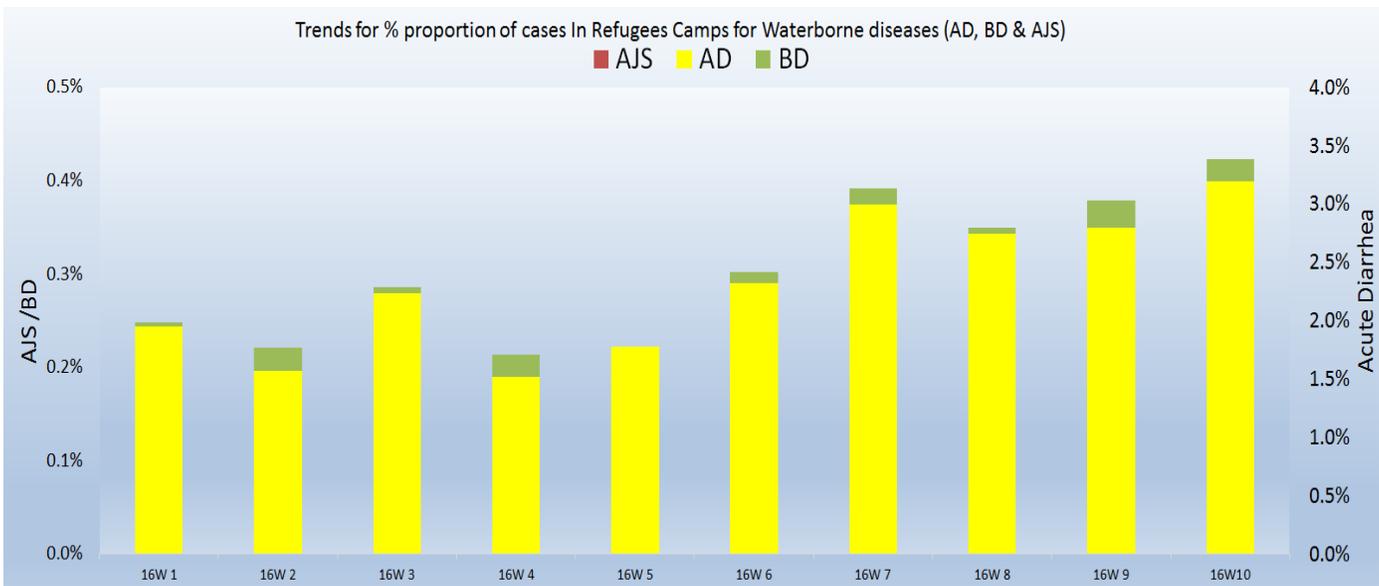


Figure IX: Trend of waterborne diseases from Refugee camps, Week 1—10, 2016

Thirteen alerts were generated through EWARN following the defined thresholds, of which twelve were from IDP camps (two of them from mobile clinics) and the remaining one from hospitals during this reporting week. Twelve of these alerts were investigated within 72 hours and were verified as true and further investigated and responded by the respective Governorates Departments of Health, WHO and the relevant health cluster partners. (Details: see Alerts and Outbreaks Section).

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 Pertusis	Al-Rahma	Salah al-Din	Dijlah	IDPs	3	UIMS	Yes	No	TRUE	Yes
2	Suspected Measles	Nabi Sheit	Baghdad	Resafa	IDPs	1	DOH	Yes	Yes	TRUE	No
3		Bardarash	Ninewa	Akre	IDPs	1	PU-AMI	Yes	Yes	TRUE	No
4		Tazar De	Sulaymaniyah	Kalar	IDPs	1	EMERGENCY	Yes	Yes	TRUE	No
5	Suspected Meningitis	Hevi	Dahuk	Dahuk	Hospital	1	DOH	Yes	Yes	TRUE	No
6		Karabakke	Dahuk	Dahuk	IDPs	1	MC-PU-AMI	Yes	No	FALSE	No
7	Suspected Leishmaniasis	Bajet Kandala	Dahuk	Zakho	IDPs	2	PU-AMI	Yes	Yes	TRUE	Yes
8		Seage	Dahuk	Zakho	IDPs	2	MC-IMC	Yes	Yes	TRUE	Yes
9		Arbat	Sulaymaniyah	Arbat	IDPs	1	EMERGENCY	Yes	No	TRUE	Yes
10		Qoratu/Banrasayi	Sulaymaniyah	Kalar	IDPs	1	EMERGENCY	Yes	No	TRUE	Yes
11		Al-Rahma	Salah al-Din	Dijlah	IDPs	36	UIMS	Yes	No	TRUE	Yes
12		Al-Taawun	Salah al-Din	Al-Mutasem	IDPs	3	UIMS	Yes	No	TRUE	Yes
13		Al-Salam	Anbar	Ameriyat Al-Fallujah	IDPs	15	UIMS	Yes	No	TRUE	Yes

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.

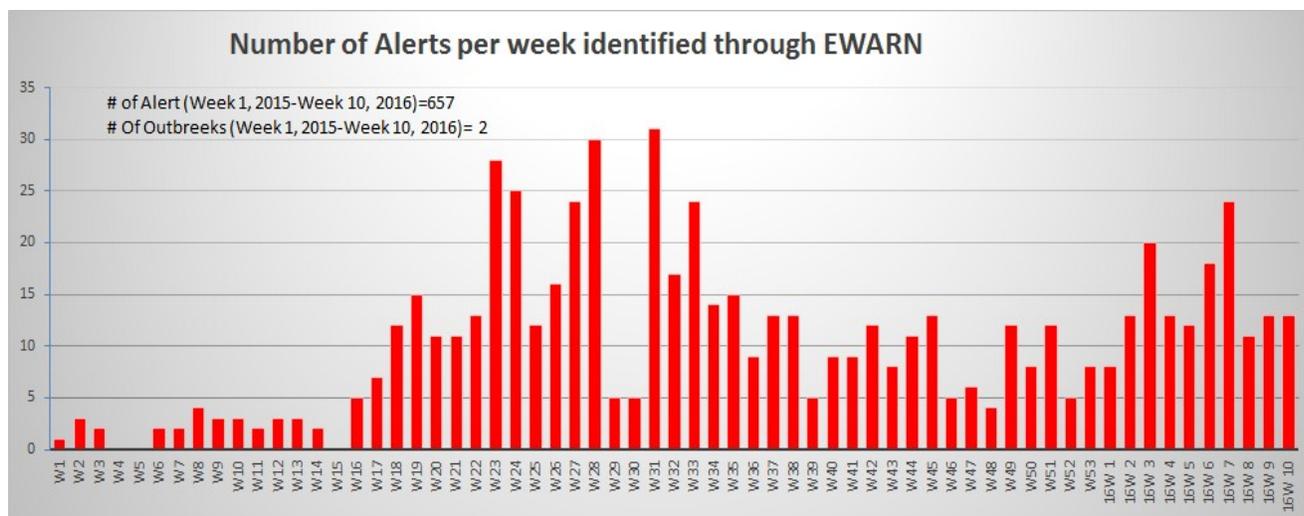


Figure X: Alerts generated through EWARN surveillance Week 1, 2015—Week 10, 2016

For comments or questions, please contact

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