Iraq: EWARN & Disease Surveillance Bulletin

2016 Epidemiological Week: 9  Reporting Period:  29, February - 6, March, 2016

Highlights

- **Number of reporting sites:** One hundred and eleven (111) reporting sites including (87% of the total EWARN reporting sites) forty-seven (47) in Internally Displaced People’s (IDP) camps, seven (7) in refugee camps and fifty-seven (57) mobile clinics submitted their weekly reports timely and completely.

- **Total number of consultations:** 41 294 (Male = 19 095 and Female = 22 199) marking an increase of 7 059 (9%) since last week due to the increase of reporting sites.

- **Leading causes of morbidity in the camps:** Acute Respiratory Tract Infections (ARI) (n=17,925), Skin Diseases (n = 1 239) and Acute Diarrhea (AD) (n = 1 391) remained the leading causes of morbidity in all camps during this reporting week.

- **Number of alerts:** Fifteen (15) alerts were generated through EWARN following the defined thresholds, all fifteen (15) alerts were from IDP camps (five of them from mobile clinics) during this reporting week. All these alerts were investigated within 72 hours and thirteen 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).

![Graph showing total consultations and no. of reporting sites in Iraq by week 1-9, 2016](image)

**Figure I:** Total consultations and proportion of reporting health facilities by Week 1 – 9, 2016

**Consultations in the camps by age and gender (Week 9)**

- **Percentage of reported cases (for ARI) by age:** 73% Above 5 Years, 27% Under 5 Years
- **Total reported cases (for ARI) by gender:** 54% Female, 46% Male
Morbidity Patterns

IDP camps:

During Week 9, there is a slight increase in the proportions of Acute Respiratory Tract Infections (ARI) compared to the previous 2 weeks. The proportions of Acute Diarrhea in IDP camps have started to slightly increase compared to the last 2 weeks. The proportion of Skin Diseases including scabies showed a decrease since the last 2 weeks (see graph below).

Refugee camps:

During Week 9, the proportion of Acute Respiratory Tract Infections (ARI) indicates a decrease compared to the last 3 weeks. There is a slight increase in the proportions of Acute Diarrhea trend in refugee camps since last week, (Week 8 = 2.74% and Week 9 = 2.80%). Proportion of skin infestations including scabies increased from 2.03% to 2.26% in all camps (see graph below).
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 9, 2016.

Figure IV: Proportion of cases of ARI, Scabies and AD in IDP camps for Week 9, 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 9, 2016.

Figure V: Trend of proportions of cases of ARI, Scabies and AD in Refugee camps for Week 9, 2016
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 9, 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 8, the proportion of upper ARI in Week 9 has increased by 3% from 94% to 97% while the Lower ARI proportion has decreased from 6% to 3% during the same period. Furthermore, the other graph below indicates the proportion of lower and upper ARI cases by each reporting site for Week 9.
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 the waterborne diseases. (See graph below)

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.
Fifteen alerts were generated through EWARN following the defined thresholds, all of which were from IDP camps (five of them from mobile clinics) during this reporting week. All these alerts were investigated within 72 hours, of which thirteen were verified as true and 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).

<table>
<thead>
<tr>
<th>Sn</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>Investigations and Response within 72 hrs</th>
<th>Sample Taken</th>
<th>Alerts Outcome</th>
<th>Public Health Intervention Conducted</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Suspected Meningitis</td>
<td>Bajet Barawa</td>
<td>Dohok</td>
<td>Dohok</td>
<td>IDPs</td>
<td>1</td>
<td>MC-PU-AMI</td>
<td>Yes</td>
<td>Yes</td>
<td>FALSE</td>
<td>No</td>
</tr>
<tr>
<td>2</td>
<td>Seage</td>
<td>Dohok</td>
<td>Dohok</td>
<td>IDPs</td>
<td>1</td>
<td>MC-IMC</td>
<td>Yes</td>
<td>FALSE</td>
<td>No</td>
<td></td>
<td>No</td>
</tr>
<tr>
<td>3</td>
<td>Zatoun City</td>
<td>Erbil</td>
<td>Erbil</td>
<td>IDPs</td>
<td>1</td>
<td>MC-IMC</td>
<td>Yes</td>
<td>No</td>
<td>TRUE</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>4</td>
<td>Al-Rahma</td>
<td>Salah al-Din</td>
<td>Dijlah</td>
<td>IDPs</td>
<td>3</td>
<td>UIMS</td>
<td>Yes</td>
<td>TRUE</td>
<td>Yes</td>
<td>TRUE</td>
<td>Yes</td>
</tr>
<tr>
<td>5</td>
<td>Suspected Leishmaniasis</td>
<td>Oorati/Banassayi</td>
<td>Diyala</td>
<td>Khanaqin</td>
<td>IDPs</td>
<td>1</td>
<td>EMERGENCY</td>
<td>Yes</td>
<td>No</td>
<td>TRUE</td>
<td>Yes</td>
</tr>
<tr>
<td>6</td>
<td>Al-Salam</td>
<td>Anbar</td>
<td>Amnayan Al Fallujah</td>
<td>IDPs</td>
<td>20</td>
<td>UIMS</td>
<td>Yes</td>
<td>No</td>
<td>TRUE</td>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td>7</td>
<td>Zatoun city</td>
<td>Erbil</td>
<td>Erbil</td>
<td>IDPs</td>
<td>1</td>
<td>MC-IMC</td>
<td>Yes</td>
<td>No</td>
<td>TRUE</td>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td>8</td>
<td>Al-Imel</td>
<td>Anbar</td>
<td>Al-Khokhoob</td>
<td>IDPs</td>
<td>2</td>
<td>UIMS</td>
<td>Yes</td>
<td>No</td>
<td>TRUE</td>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td>9</td>
<td>Al-Tawil</td>
<td>Salah al-Din</td>
<td>Al-Mutasim</td>
<td>IDPs</td>
<td>3</td>
<td>UIMS</td>
<td>Yes</td>
<td>No</td>
<td>TRUE</td>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td>10</td>
<td>Suspected Measles</td>
<td>Bardarash</td>
<td>Nineawa</td>
<td>Akre</td>
<td>IDPs</td>
<td>1</td>
<td>PU-AMI</td>
<td>Yes</td>
<td>Yes</td>
<td>TRUE</td>
<td>YES</td>
</tr>
<tr>
<td>11</td>
<td>Suspected Pertussis</td>
<td>Ashk Al IDP</td>
<td>Sulaymaniyah</td>
<td>Arbat</td>
<td>IDPs</td>
<td>1</td>
<td>EMERGENCY</td>
<td>Yes</td>
<td>Yes</td>
<td>TRUE</td>
<td>YES</td>
</tr>
<tr>
<td>12</td>
<td>Visceral Leishmaniasis</td>
<td>Bajet Kandale</td>
<td>Dohok</td>
<td>Zakho</td>
<td>IDPs</td>
<td>1</td>
<td>PU-AMI</td>
<td>Yes</td>
<td>Yes</td>
<td>TRUE</td>
<td>YES</td>
</tr>
<tr>
<td>13</td>
<td>Foodpoisioning</td>
<td>Gomarwa</td>
<td>Dohok</td>
<td>Dohok</td>
<td>IDPs</td>
<td>5</td>
<td>IMC</td>
<td>Yes</td>
<td>Yes</td>
<td>TRUE</td>
<td>YES</td>
</tr>
</tbody>
</table>

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 9, 2016](image)

For comments or questions, please contact

- **Dr. Adnan Nawar Khistawi** | 07901948067 | adnannawar@gmail.com, Head of Surveillance Section, Federal MOH
- **Dr. Janin Sulaiman** | 07508678768 | Janin_irq@yahoo.com, EWARN Focal point, MOH-KRG
- **Dr. Muntasir Elhassan** | 07309288616 | elhassanm@who.int, EWARN Coordinator,WHO Iraq
- **WHO EWARN Unit** | emacoirqewarn@who.int