

# Iraq: EWARN & Disease Surveillance Bulletin

2017 Epidemiological Week: 04

Reporting Period: 23 – 29 Jan , 2017

## Highlights

- ◆ **Number of reporting sites in Week 4 :** (190) reporting sites (98% of the total EWARN reporting sites) including (106) in internally displaced people's (IDPs) camps, (8) in refugee camps and (69) mobile clinics and (7) hospital submitted their weekly reports timely and completely.
- ◆ **Total number of consultations in Week 4:** 103,644 (Male=50,786 and Female=52,858) marking a decrease of 11748 since last week, (Total consultations in Week 03: 115,392 ).
- ◆ **Leading causes of morbidity in the camps in Week 4:** Acute respiratory tract infections (ARI) (n=41,102), acute diarrhea (AD) (n=3,960) and skin diseases (n=1,328) remained the leading causes of morbidity in all camps and displaced population areas served by health clinics during this reporting week.
- ◆ **Number of alerts in Week 4:** (8) alerts were generated through EWARN. All the alerts were reported from IDPs camp during this week. The alerts were investigated within 72 hours, of which five were verified as true, They were responded by the relevant health cluster partners. (Details: see Alerts and Outbreaks Section).

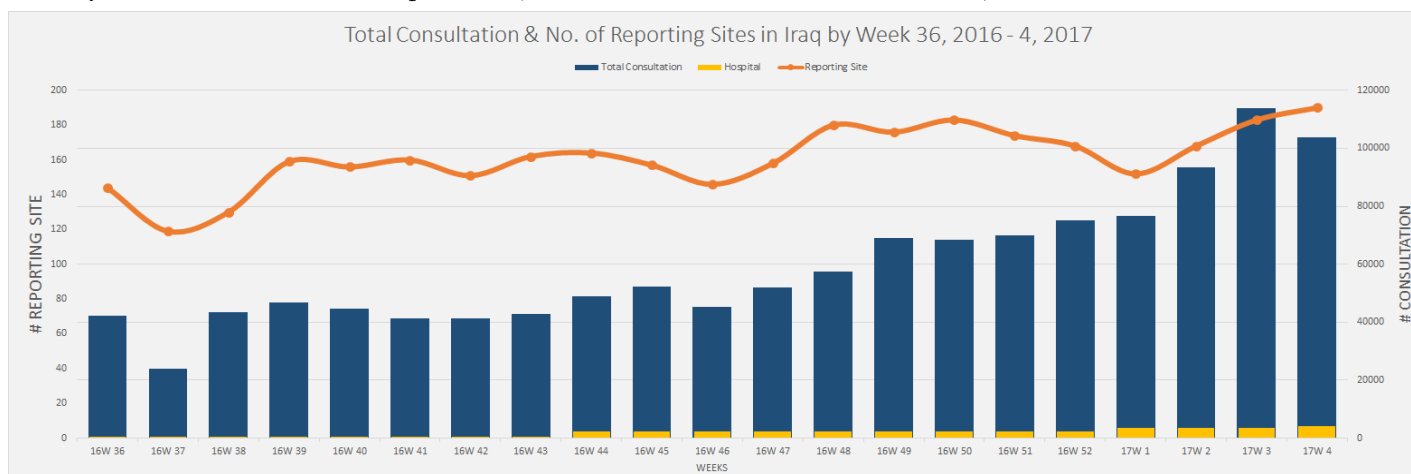


Figure I: Distribution of total consultations and number of reporting health facilities by weeks 36, 2016 – 04, 2017

## Highlights

- **Number of reporting sites** increased from 84 health clinics at the end of 2015 to 192 In week 2 of 2017 .
- **The cumulative number of consultations** during 2016 was 2,144,983.
- **Static and mobile Health clinics** from the departments of health and 29 I/L partners (NGOs) reported to the EWARN.
- **The common reported disease event** was acute respiratory infections, followed by acute diarrhea and scabies (please see Figure II).

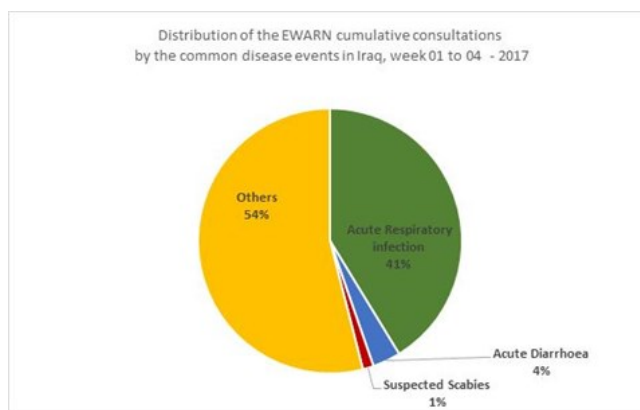


Figure II: Trends of waterborne diseases from EWARN sites, Week 01-Week 04, 2017.

# Ninewa Governorate

## Highlights:

- ◆ In week 04, (52) reporting sites including 14 medical mobile clinics and 37 static health facilities and one hospital submitted their EWARN timely and completely.
- ◆ The total consultations in Ninewa Governorate in week 04/2017 was 44,477.
- ◆ No alert reported this week.

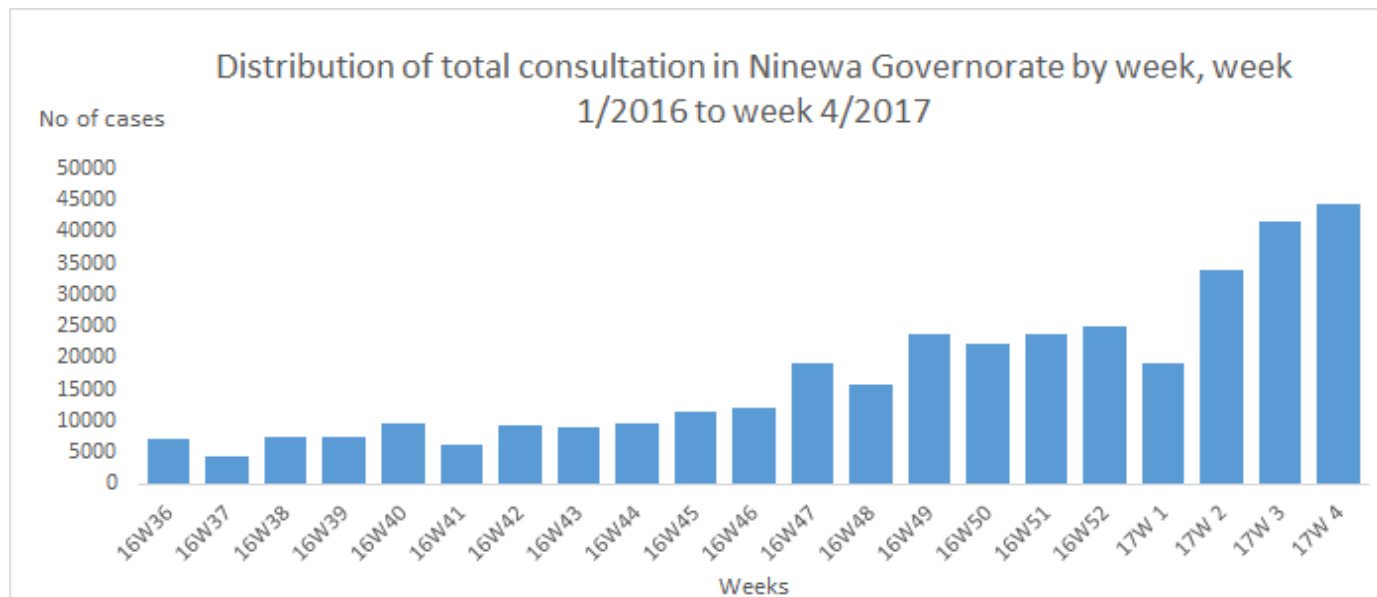


Figure III: Distribution of total consultations in Ninewa Governorate by week, week 1/2016 to week 04/2017

## Common reported events:

The most common reported disease events/ syndrome during week 04 in Ninewa department of health were acute respiratory infections (51%), acute diarrhea (6%), cutaneous Leishmaniasis (2%), and suspected scabies (1%) (please see the below table).

Table I: Distribution of the common reported disease events in Ninewa Governorate in week 04, 2017

Health Sector	Acute Respiratory Infection	Acute Diarrhoea	Suspected Leishmaniasis	Suspected Scabies	Other Disease
Al-Hamdaniya	2266	129	0	118	4957
Al-Shikhan	1355	84	0	38	2707
AYSER	4913	156	0	22	5262
BARDARASH	283	20	0	25	883
GAYARA	9324	2084	583	195	20365
Makhmur	1370	177	9	54	3703
Mosul	92	0	0	0	159
Sinjar	152	0	106	0	436
Telafar	1384	40	83	11	2399
Tilkaif	938	45	1	9	2036
Grand Total	22077	2735	782	472	42907

# Morbidity Patterns

## IDPs camps:

During Week 04, the proportions of acute respiratory tract infections (ARI), acute diarrhea and skin infestations including scabies in IDP camps slightly increased compared to the previous week (please see Figure IV below).

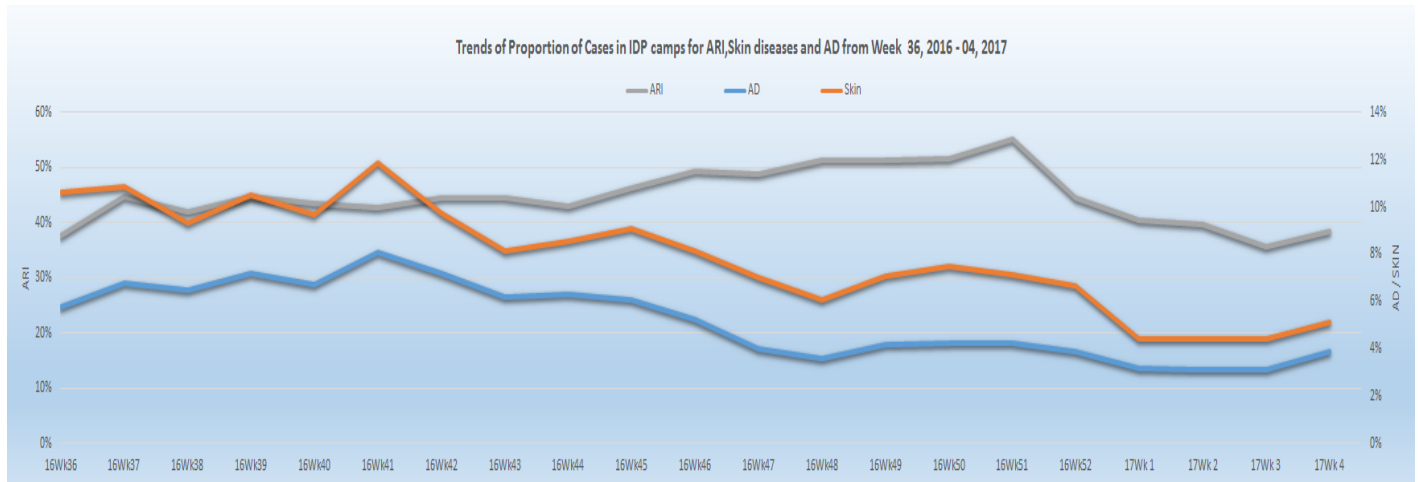


Figure IV: Distribution of the acute respiratory infection, scabies and acute diarrhea in IDP camps, Week 36, 2016 – 04, 2017

## Refugee camps:

During Week 04, the proportions of acute respiratory tract infections (ARI), acute diarrhea and skin infestations including scabies decreased from the previous week (please see Figure V below).

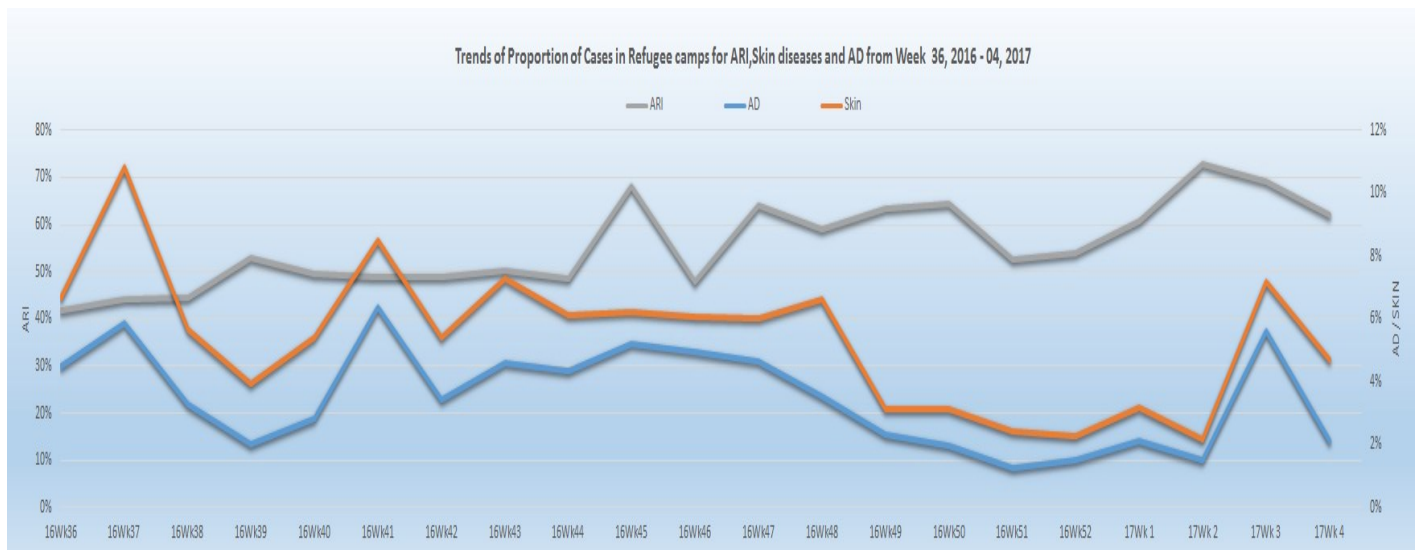


Figure V: Distribution of the acute respiratory infection, scabies and acute diarrhea in refugee camps, Week 36, 2016–04, 2017

**Distribution of the common diseases by proportion and location for IDPs camps**

Figure VI 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 04, 2017.

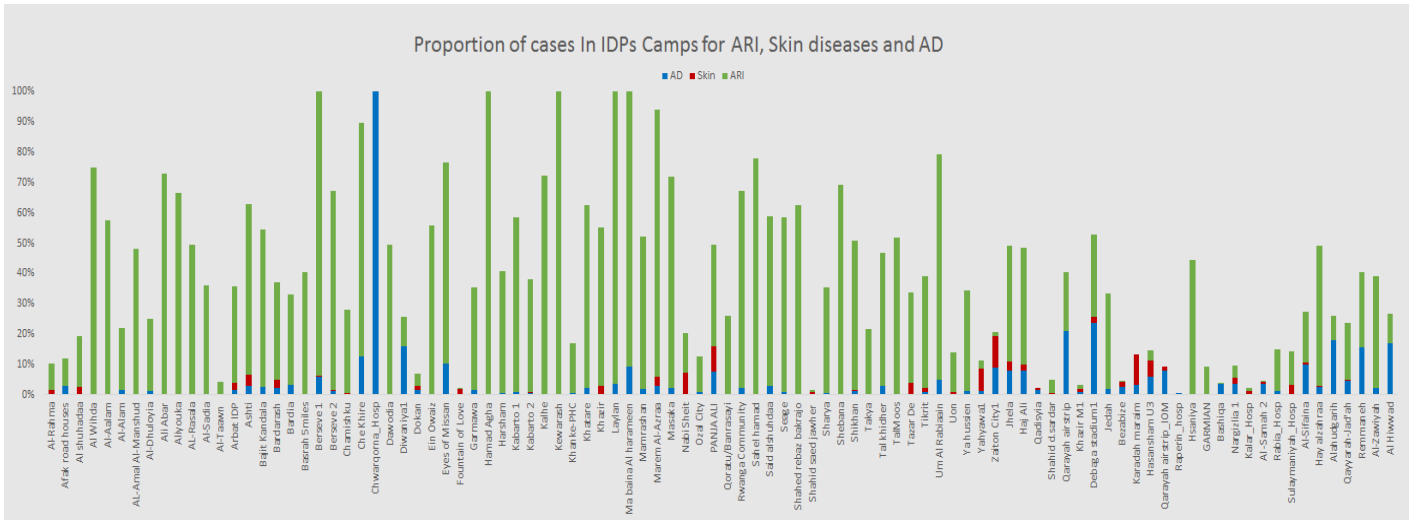


Figure VI: Proportion of cases of ARI, scabies and AD in IDPs camps for Week 04, 2017

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

Figure VII 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 04, 2017.

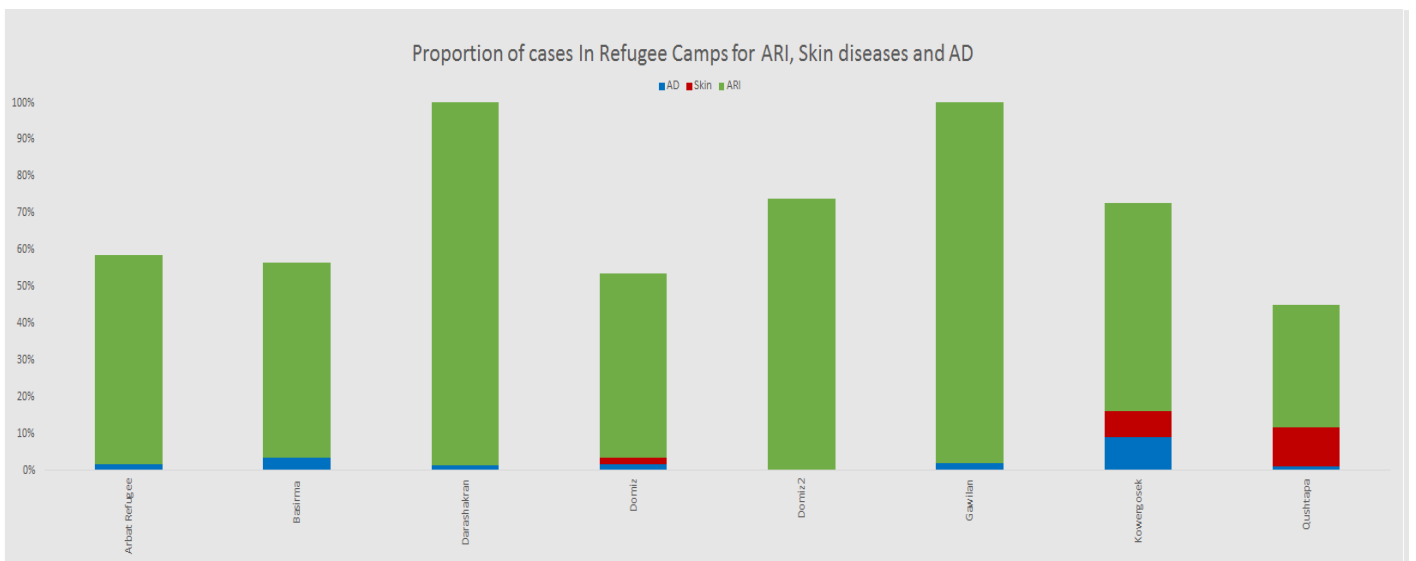


Figure VII: Trend of proportions of cases of ARI, scabies and AD in Refugee camps for Week 04, 2017

Distribution of the common diseases by proportion and location for IDPs covered by mobile clinics

Figure VIII 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 IDPs covered by mobile clinics for Week 04,

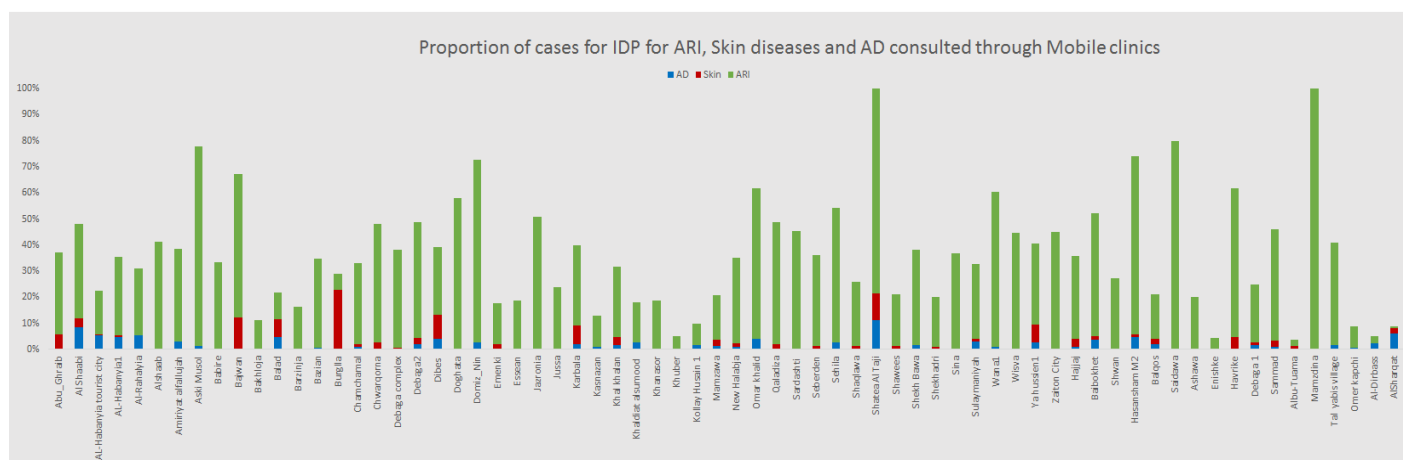


Figure VIII: Distribution of ARI, scabies and AD covered by mobile clinics for the IDPs, Week 04, 2017

Trends of Acute Diarrhea

Figure IX below shows the trends of acute diarrhea reported in the period from Week 01 to Week 36 in 2015, 2016 and week 01 to week 4 in 2017 through the EWARN system. This week showed an increasing trend of the disease compared to last weeks. In 2016, the trend of the disease showed a peak in Week 24 (3387 cases). From Week 31 there is a decrease in the reporting of AD through all the EWARN reporting governorates

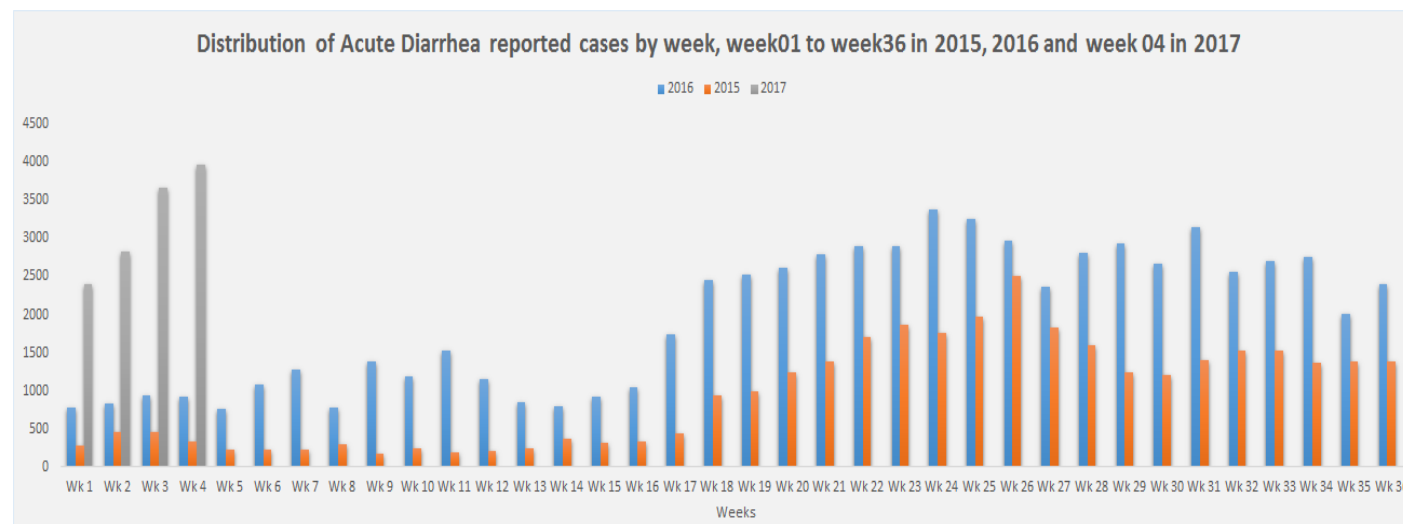


Figure IX: Distribution of acute diarrhea reported cases by week, Week 01–Week 36, 2015-2016 & 2017

## Trends of waterborne diseases in IDP camps

Figure X below shows the trends of waterborne diseases (acute diarrhea, acute bloody diarrhea and acute jaundice syndrome) reported from IDP camps indicating an increase in waterborne diseases.

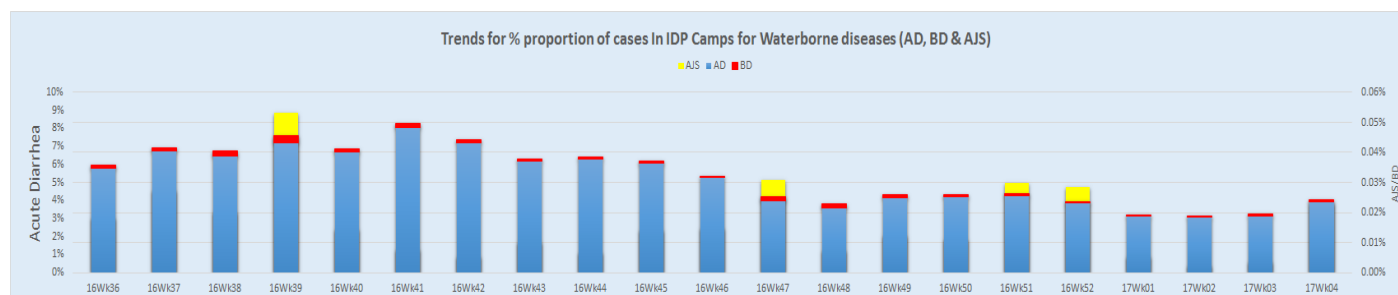


Figure X: Trend of waterborne diseases from IDP camps, Week 36/2016 –04/2017

## Trends of waterborne diseases in refugee camps

Figure XI below shows the trends of waterborne diseases (acute diarrhea, acute bloody diarrhea and acute jaundice syndrome) reported from refugee camps, and indicated a decrease in waterborne diseases.

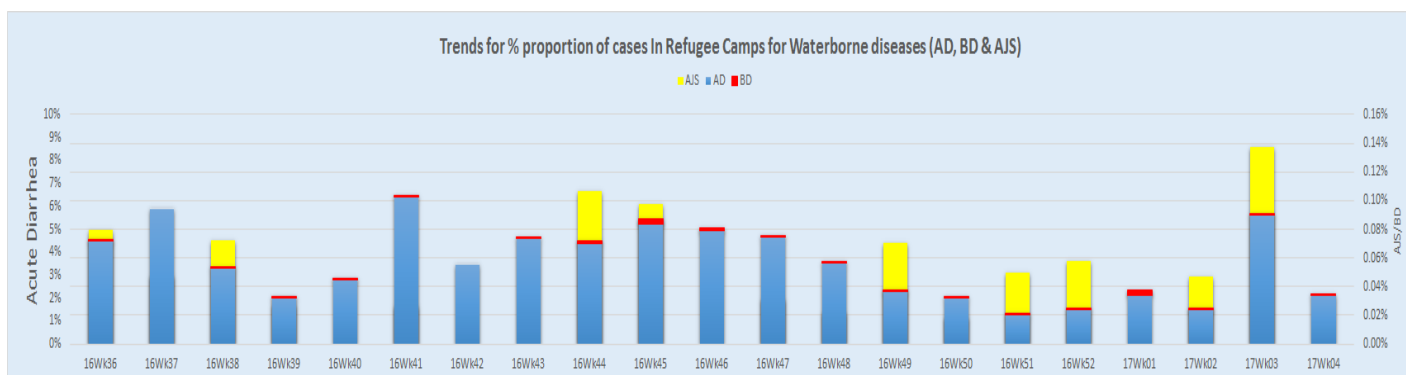


Figure XI: Trends of waterborne diseases from refugee camps, Week 36/2016 -04/2017.

## Alerts & Outbreaks

(8) alerts were generated through EWARN. was were reported from IDPs camp during this week. The alerts were investigated within 72 hours, of which 5 were verified as true, They were responded by 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/48-72Hrs DOH/WHO/NGO	Sample Taken Yes/No	Alerts Outcome True/False	Public Health Interventions Conducted
1	Acute flaccid paralysis	Ramadi Teaching Hospital for Children	Anbar	Ramad1	hospital	1	DoH	Yes	Yes	FALSE	Yes
2	Suspected measles	Laylan2	Kirkuk	Daquq	IDPs	1	MC-Medair	Yes	Yes	TRUE	Yes
3	Suspected measles	Kokjaly PHC	Ninewa	Ayser	IDPs	1	IMC	Yes	Yes	FALSE	Yes
4	Suspected Chicken pox	Sayada	Kirkuk	Kirkuk	IDPs	1	MC-Medair	Yes	Yes	TRUE	Yes
5	Suspected visceral leishmaniasis	Debaga4	Erbil	Makhmur	IDPs	3	MC-AL-Mustaqbal Foundation	Yes	No	FALSE	No
6	Suspected Chicken pox	Sayada complex	Kirkuk	Kirkuk	IDPs	3	MC-Medair	Yes	Yes	TRUE	Yes
7	Suspected Chicken pox	Laylan2	Kirkuk	Daquq	IDPs	1	MC-Medair	Yes	Yes	TRUE	Yes
8	Suspected - Mumps	Laylan2	Kirkuk	Daquq	IDPs	1	MC-Medair	Yes	Yes	TRUE	Yes

## Trends of alerts

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

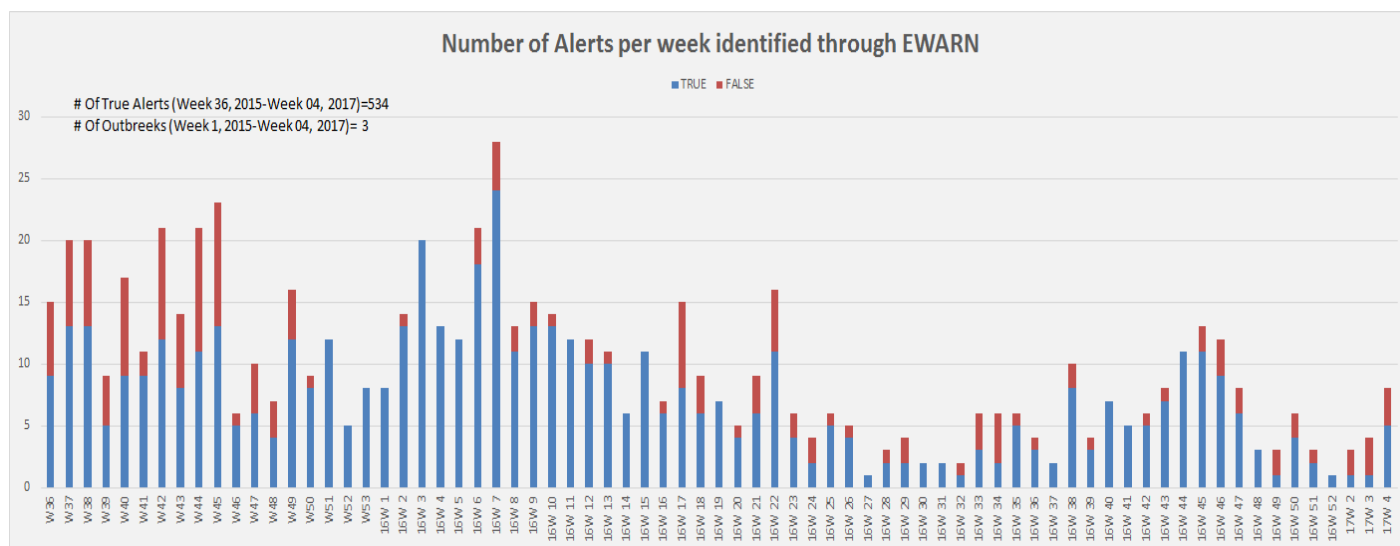


Figure XII: Alerts generated through EWARN surveillance week 36, 2016 –week 04. 2017

### For comments or questions, please contact

- **Dr. Adnan Nawar Khistawi** | 07901948067 | [adnannawar@gmail.com](mailto:adnannawar@gmail.com), Head of Surveillance Section, Federal MOH
- **Dr. Renas Omar** | 07504482798 | [renas.sadiq@yahoo.com](mailto:renas.sadiq@yahoo.com) Head of Preventive Department, MOH-KRG
- **Dr. Muntasir Elhassan** | 07809288616 | [elhassanm@who.int](mailto:elhassanm@who.int), EWARN Coordinator, WHO Iraq
- **WHO EWARN Unit** [emacoirqewarn@who.int](mailto:emacoirqewarn@who.int)

EWARN Dashboard link: <http://irq-data.emro.who.int/ewarn/>

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

Early warning and response network bulletins: <http://emro.who.int/irq/ewarns/index.html>