

Iraq: EWARN & Disease Surveillance Bulletin

2017 Epidemiological Week: 09

Reporting Period: 27 Feb – 05 Mar , 2017

Highlights

- ◆ **Number of reporting sites in Week 9 :** (207) reporting sites (99% of the total EWARN reporting sites) including (113) in internally displaced people's (IDPs) camps, (8) in refugee camps and (80) mobile clinics and (6) hospitals submitted their weekly reports timely and completely.
- ◆ **Total number of consultations in Week 9:** 92,811 marking an increase of 9,702 since last week, (Total consultations in Week 08: 83,109).
- ◆ **Leading causes of morbidity in the camps in Week 9:** Acute respiratory tract infections (ARI) (n=31,003), acute diarrhea (AD) (n=3,117) and skin diseases (n=1,387) 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 9:** 2 alerts were generated through EWARN.

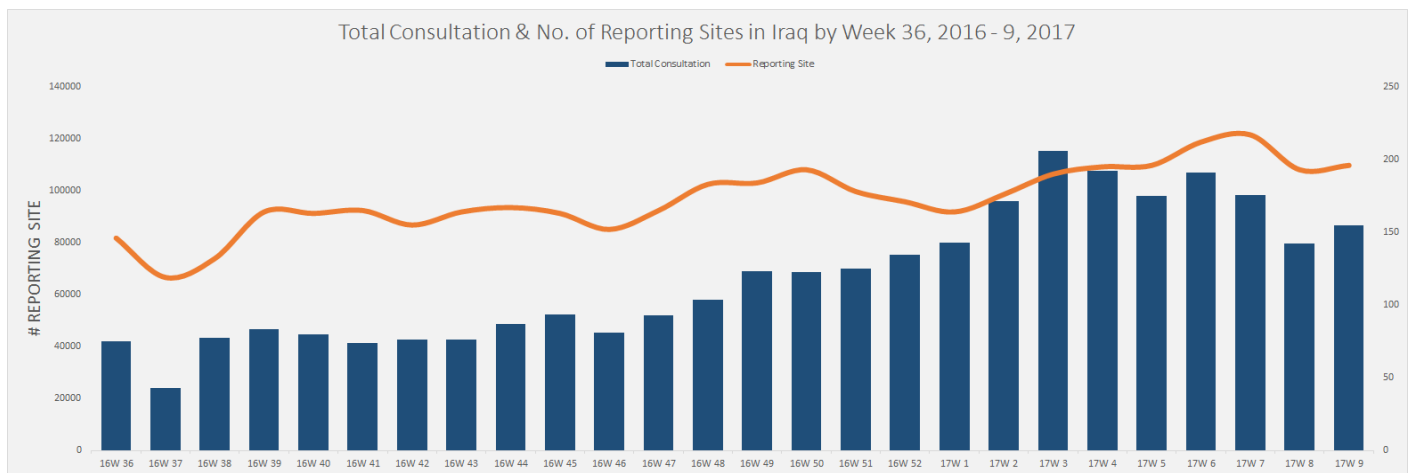


Figure I: Distribution of total consultations and number of reporting health facilities by weeks 36, 2016 – 09, 2017

Highlights

- **Number of reporting sites** increased from 84 health clinics at the end of 2015 to 210 in week 09 of 2017.
- **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).

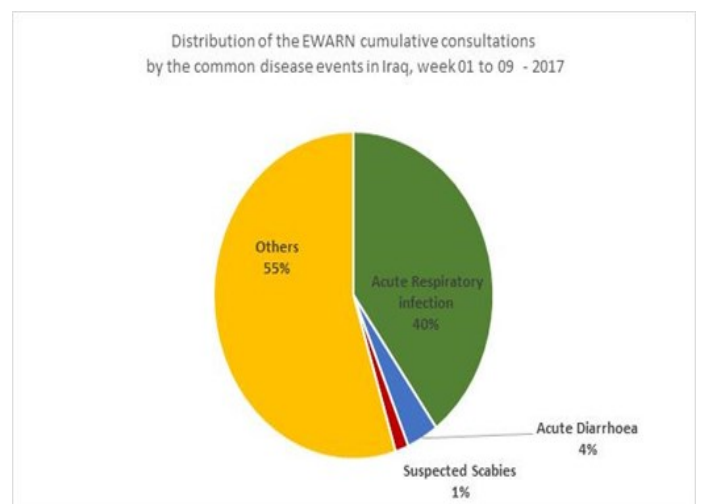


Figure II: Trends of waterborne diseases from EWARN sites, week 01– week 09, 2017.

Ninewa Governorate

Highlights:

- ◆ In week 09, (69) reporting sites including 27 medical mobile clinics and 40 static health facilities and Two hospitals submitted their EWARN timely and completely.
- ◆ The total consultations in Ninewa Governorate in week 09/2017 was 36,351.
- ◆ One alert reported in this week .

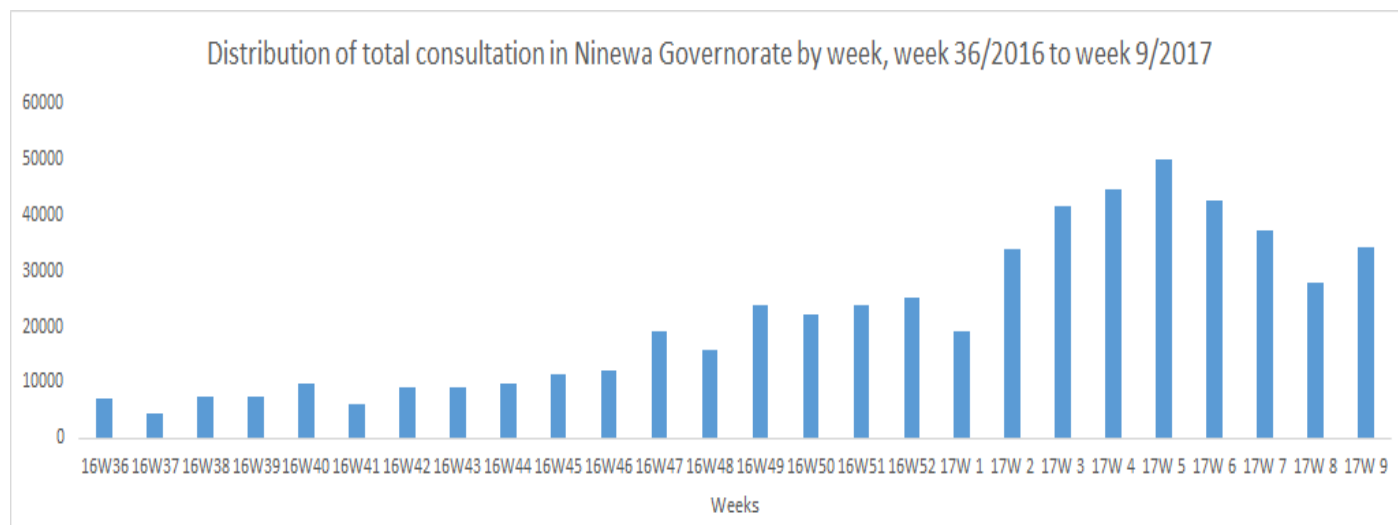


Figure III: Distribution of total consultations in Ninewa Governorate by week, week 36/2016 to week 09/2017

Common reported events:

The most common reported disease events/ syndrome during week 09 in Ninewa department of health were acute respiratory infections (39%), acute diarrhoea (5%), cutaneous Leishmaniasis (1%), and suspected scabies (1%) and other diseases (50%) (please see the below table).

Table I: Distribution of the common reported disease events in Ninewa Governorate in week 09, 2017

Health Sector	Acute Respiratory Infection	Acute Diarrhoea	Suspected Leishmaniasis	Suspected Scabies	Other Disease
Al-Hamdaniya	2473	330	8	242	2421
AL-SHIKHAN	1177	25	0	20	1393
AYMEN	636	62	1	11	1027
AYSER	981	72	0	22	2742
BARDARASH	216	19	0	12	665
GAYARA	5037	1240	183	72	4748
Makhmur	1027	136	0	44	1976
Sinjar	125	1	21	0	225
Telafar	1283	36	39	12	1561
TILKAIF	1274	59	1	29	1363
Grand Total	14229	1980	253	464	18121

Morbidity Patterns

IDPs camps:

During Week 09, the proportions of acute respiratory tract infections (ARI) decreased, while the proportion of acute diarrhea and skin infestations including scabies in IDP camps increased compared to the previous week (please see Figure IV below).

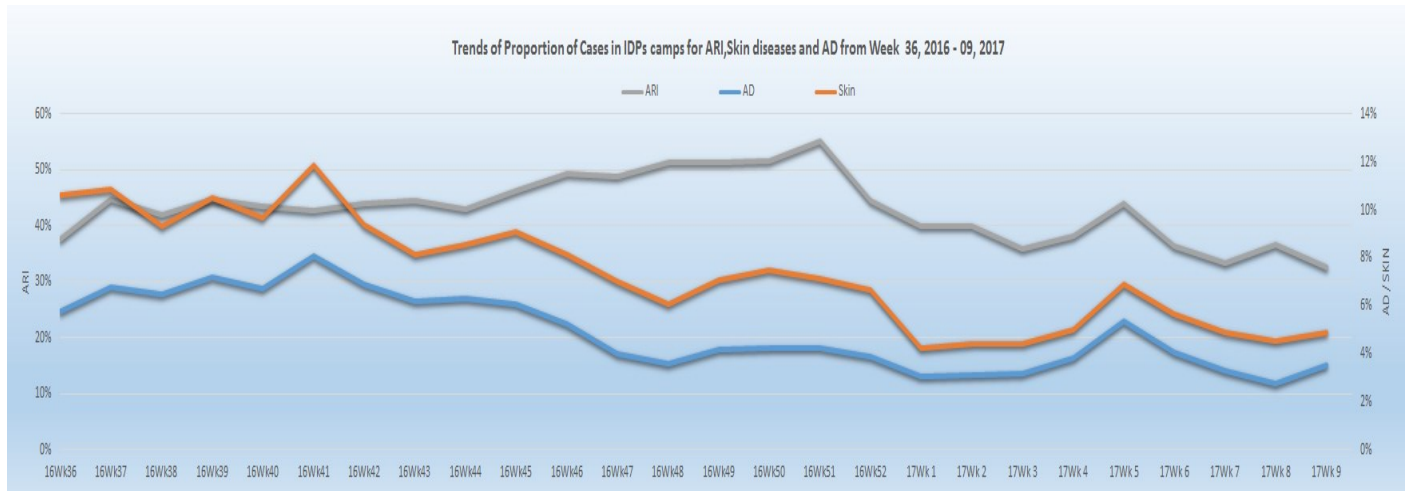


Figure IV: Distribution of the acute respiratory infection, scabies and acute diarrhea in IDP camps, Week 36, 2016 – 09, 2017

Refugee camps:

During Week 09, the proportions of acute respiratory tract infections (ARI), acute diarrhea and skin infestations including scabies increased from the previous week (please see Figure V below).

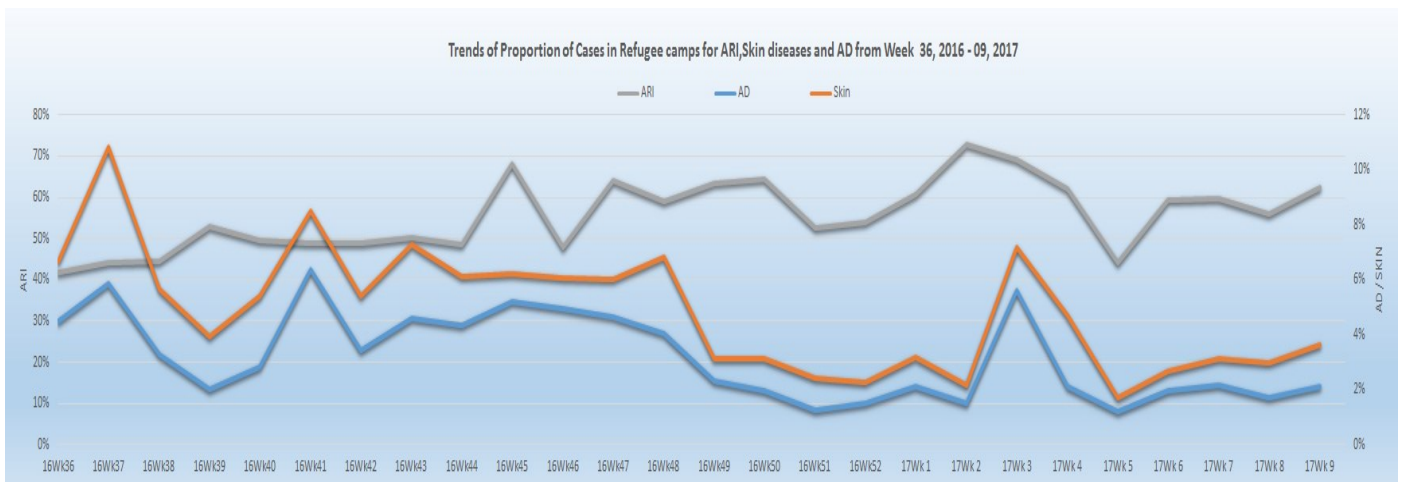


Figure V: Distribution of the acute respiratory infection, scabies and acute diarrhea in refugee camps, Week 36, 2016–09, 2017

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 09, 2017.

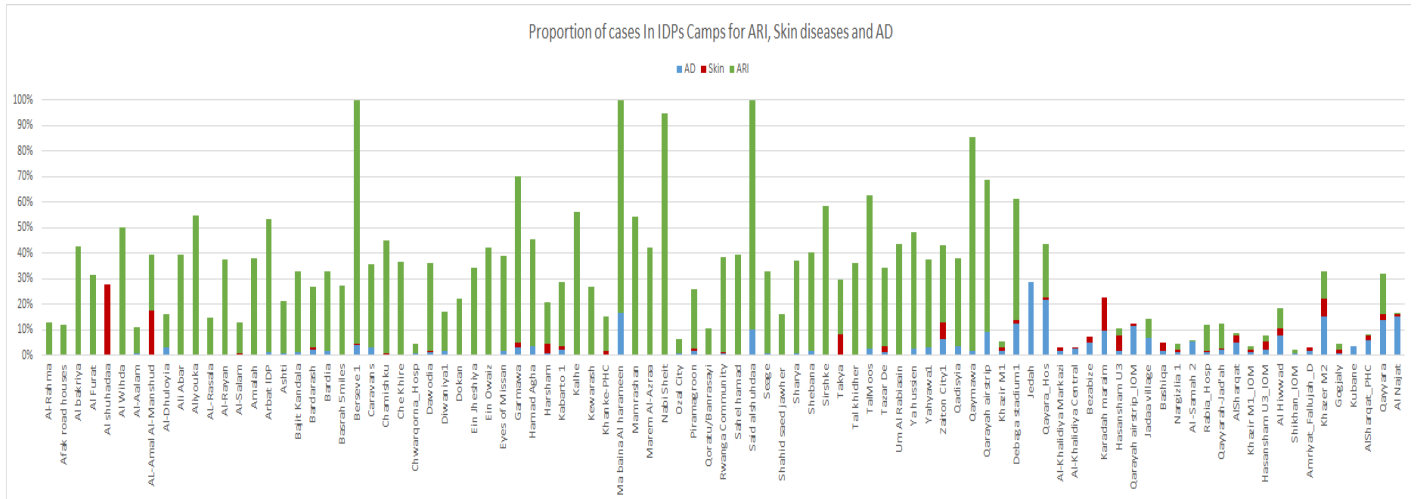


Figure VI: Proportion of cases of ARI, scabies and AD in IDPs camps for Week 09, 2017

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 09, 2017.

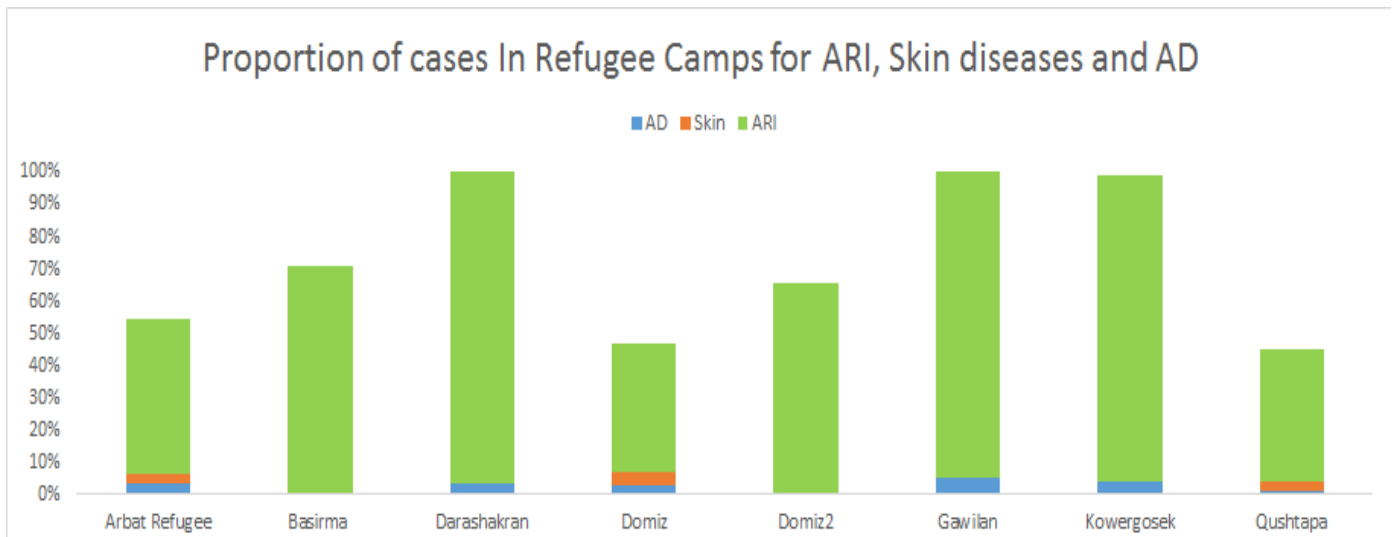


Figure VII: Trend of proportions of cases of ARI, scabies and AD in Refugee camps for Week 09, 2017

Alerts & Outbreaks

(2) alert was generated through EWARN following the defined thresholds, and it was from IDPs Camp during this reporting week. The alert investigated after 72 hours by Anbar DOH, verified as true and responded to. Samples have been taken and sent through Public Health Lab (please see Alert and Outbreaks table).

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	Suspected Pertussis	Al Rayan	Anbar	AL-Habanyia tourist city	IDPs	9	UIMS	Yes	No	TRUE	No
2	Suspected Mump	Debaga 2	Erbil	Makmur	IDPs	1	MC-AL-Mustaqbal Foundation	Yes	No	FALSE	No

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.

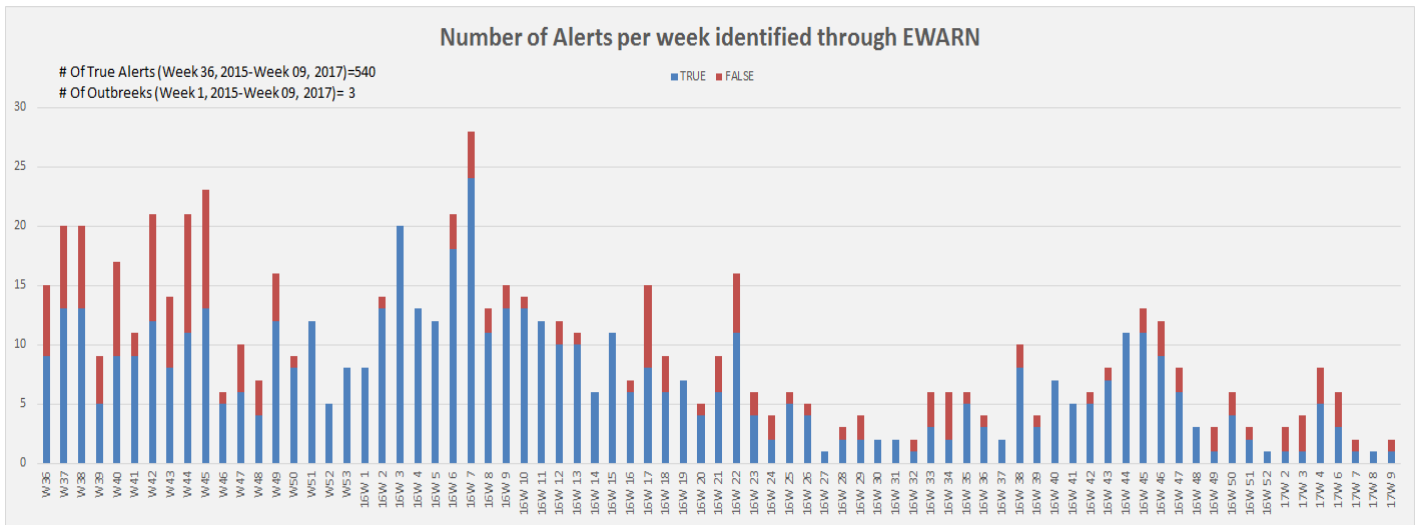


Figure X: Alerts generated through EWARN surveillance Week, 36/2015 and 01/2016 to 09/2017

Trends of waterborne diseases in IDP camps

Figure XI 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 in compare to last week.

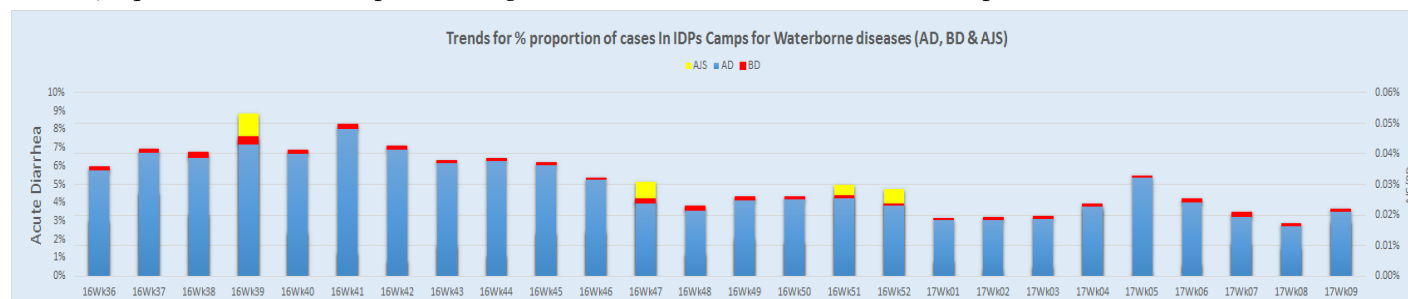


Figure XI: Trend of waterborne diseases from IDP camps, Week 36/2016 –09/2017

Trends of waterborne diseases in refugee camps

Figure XII 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 in compare to last two weeks.

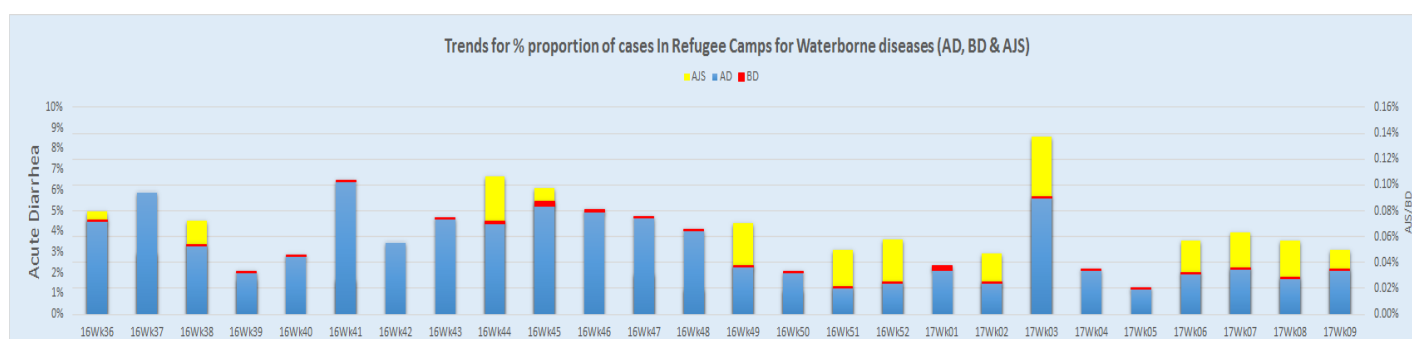


Figure XII: Trends of waterborne diseases from refugee camps, Week 36/2016 -09/2017.

For comments or questions, please contact

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

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