



Iraq: EWARN & Disease Surveillance Bulletin

2017 Epidemiological Week: 10

Reporting Period: 06 – 12 Mar , 2017

Highlights

- ◆ **Number of reporting sites in Week 10 :** (214) reporting sites (97% of the total EWARN reporting sites) including (123) in internally displaced people’s (IDPs) camps, (8) in refugee camps and (77) mobile clinics and (7) hospitals submitted their weekly reports timely and completely.
- ◆ **Total number of consultations in Week 10:** 99,952 marking a increase of 7,141 cases since last week, (Total consultations in Week 09: 92,811).
- ◆ **Leading causes of morbidity in the camps in Week 10:** Acute respiratory tract infections (ARI) (n=28,598), acute diarrhea (AD) (n=3,088) and skin diseases (n=1,632) 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 10:** 1 alert was generated through EWARN.

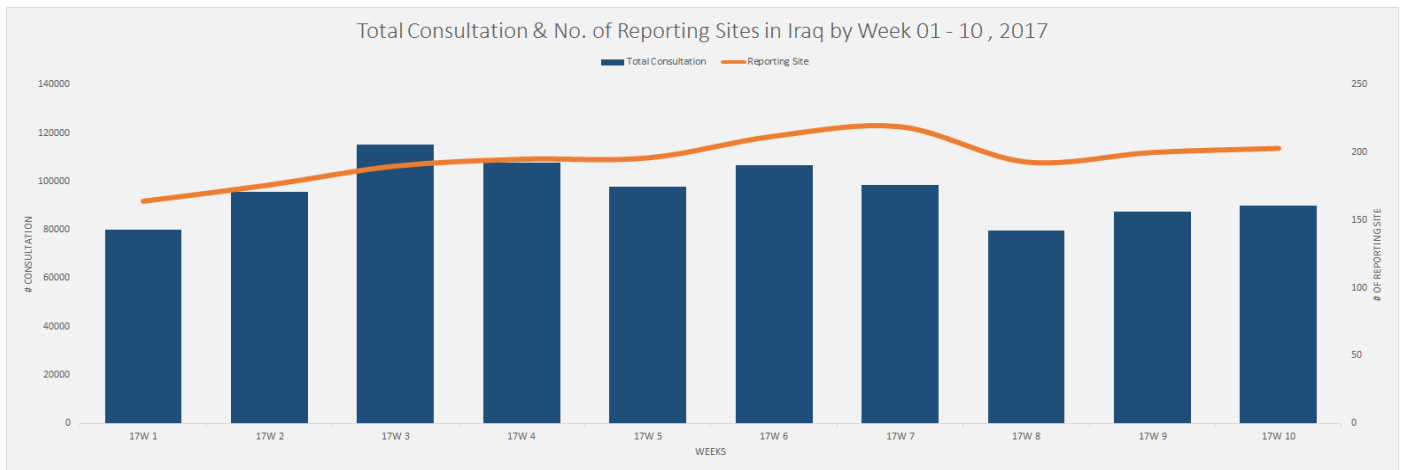


Figure I: Distribution of total consultations and number of reporting health facilities by weeks 01 – 10, 2017

Highlights

- **Number of reporting sites** increased from 84 health clinics at the end of 2015 to 220 In week 10 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).

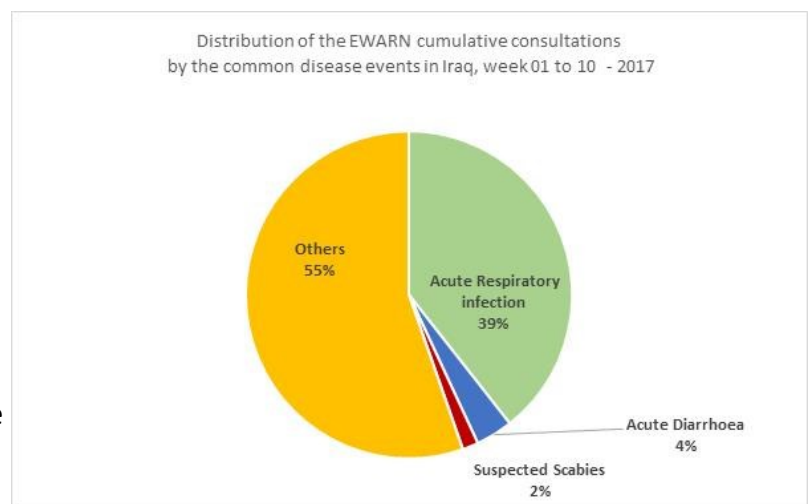


Figure II: Trends of waterborne diseases from EWARN sites, Week 01 – week 10, 2017.

Ninewa Governorate

Highlights:

- ◆ In week 10, (65) reporting sites including 21 medical mobile clinics and 42 static health facilities and two hospital submitted their EWARN timely and completely.
- ◆ The total consultations in Ninewa Governorate in week 10/2017 was 40,997.
- ◆ One alert reported in this week .

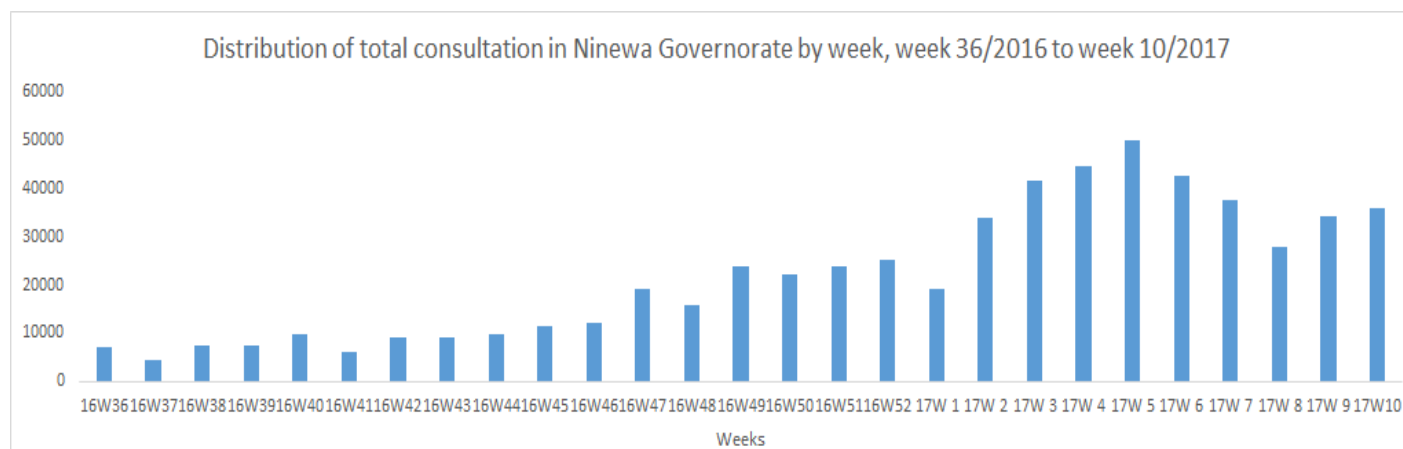


Figure III: Distribution of total consultations in Ninewa Governorate by week, week 36/2016 to week 10/2017

Common reported events:

The most common reported disease events/ syndrome during week 10 in Ninewa department of health were acute respiratory infections (34%), acute diarrhea (5%), cutaneous Leishmaniasis (1%), and suspected scabies (2%) (please see the below table).

Table I: Distribution of the common reported disease events in Ninewa Governorate in week 10, 2017

Health Sector	Acute Respiratory Infection	Acute Diarrhoea	Suspected Leishmaniasis	Suspected Scabies	Other Disease
Al-Hamdaniya	2413	560	62	243	3811
AL-SHIKHAN	976	40	0	12	1284
AYMEN	1780	377	4	17	24
AYSER	1958	117	5	34	2433
BARDARASH	236	13	0	6	575
GAYARA	2137	498	117	107	7982
Makhmur	2710	569	0	352	627
Telafar	1227	45	17	4	1544
TILKAIF	648	33	0	11	1136
Grand Total	14085	2252	205	786	19416

Morbidity Patterns

IDPs camps:

During Week 10, the proportions of acute respiratory tract infections (ARI) and acute diarrhea decreased, while the proportion of skin infestations including scabies in IDP camps increased compared to the previous week (please see Figure IV below).

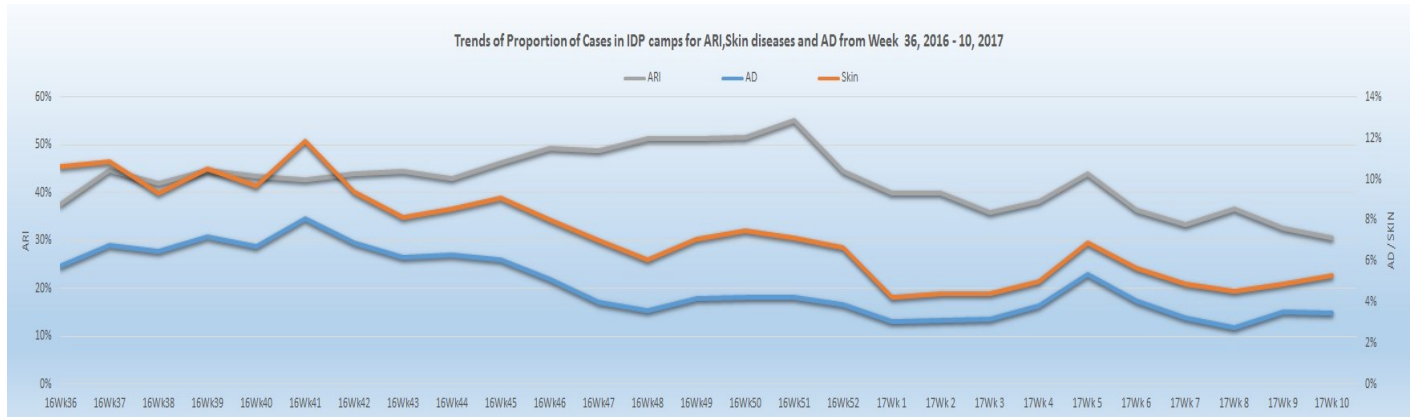


Figure IV: Distribution of the acute respiratory infection, scabies and acute diarrhea in IDP camps, Week 36, 2016 – 10, 2017

Refugee camps:

During Week 10, 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).

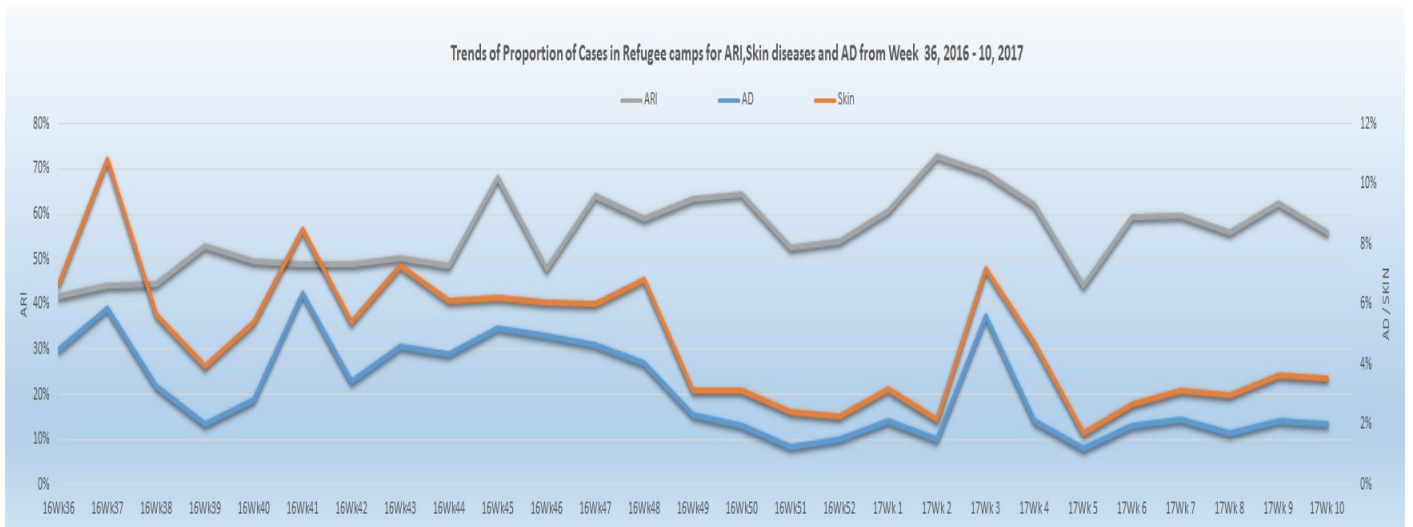


Figure V: Distribution of the acute respiratory infection, scabies and acute diarrhea in refugee camps, Week 36, 2016–10, 2017

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 10, 2017.

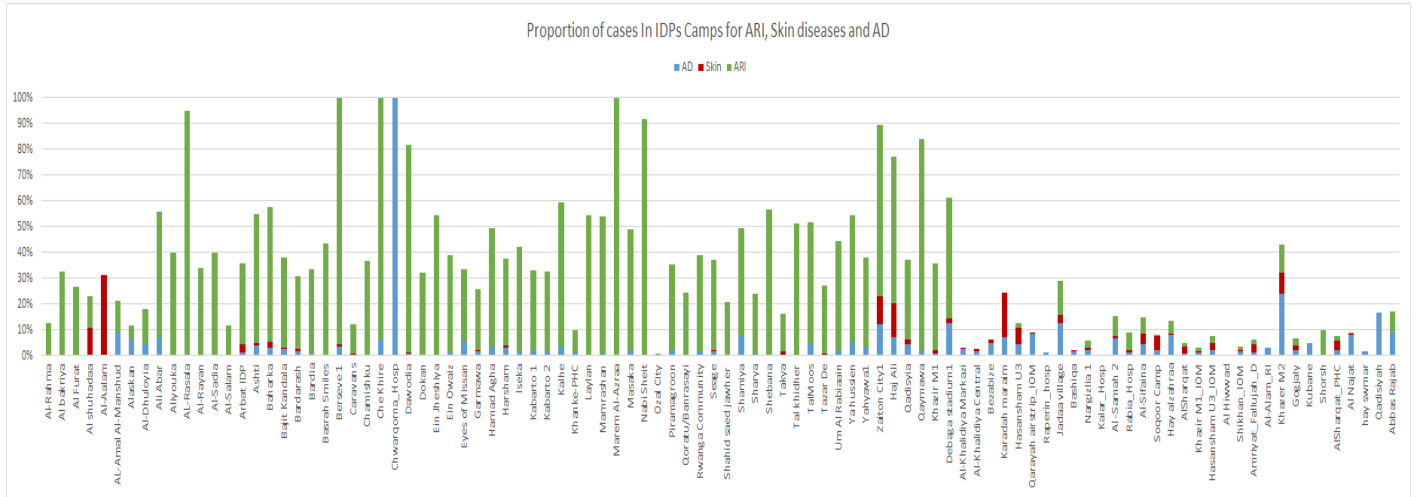


Figure VI: Proportion of cases of ARI, scabies and AD in IDPs camps for Week 10, 2017

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 10, 2017.

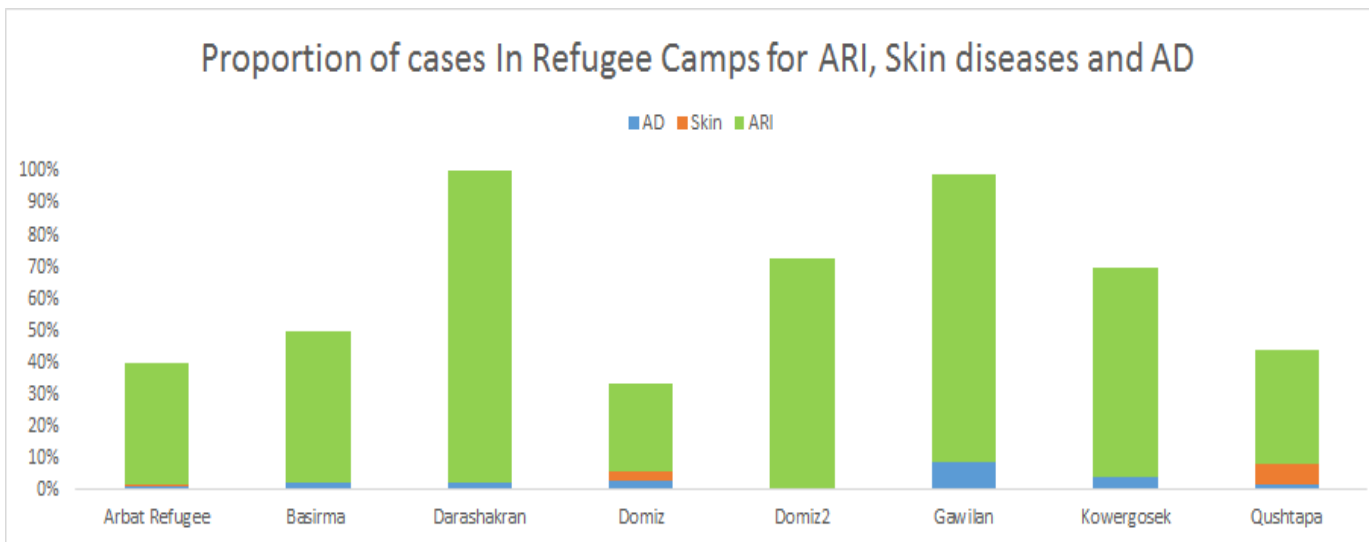


Figure VII: Trend of proportions of cases of ARI, scabies and AD in Refugee camps for Week 10, 2017

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 10, 2017.

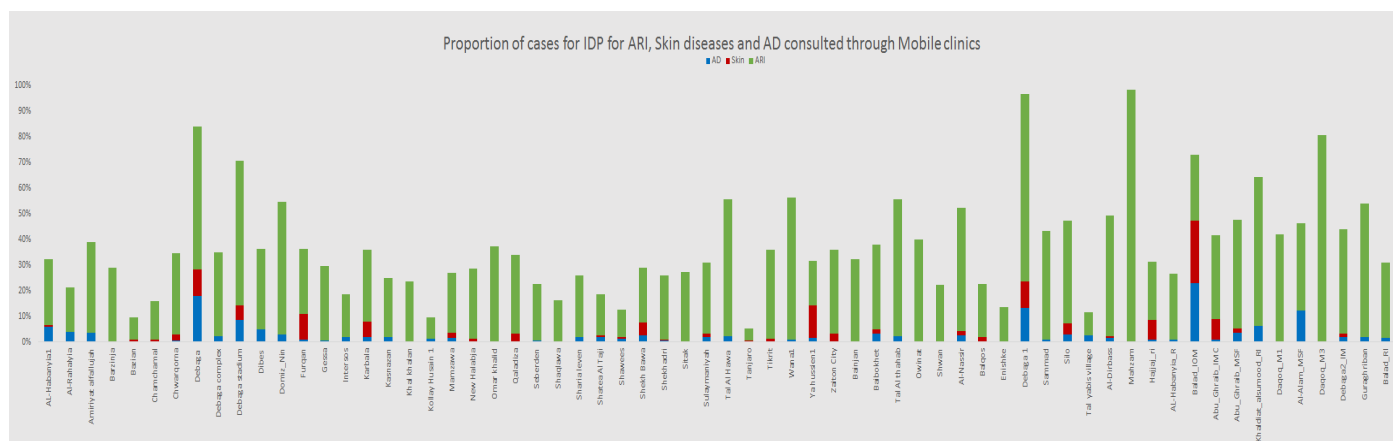


Figure VIII: Distribution of ARI, scabies and AD covered by mobile clinics for the IDPs, Week 10, 2017

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 10 in 2017 by the EWARN system. This week showed slight increase in the trend of the disease compared to last two 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

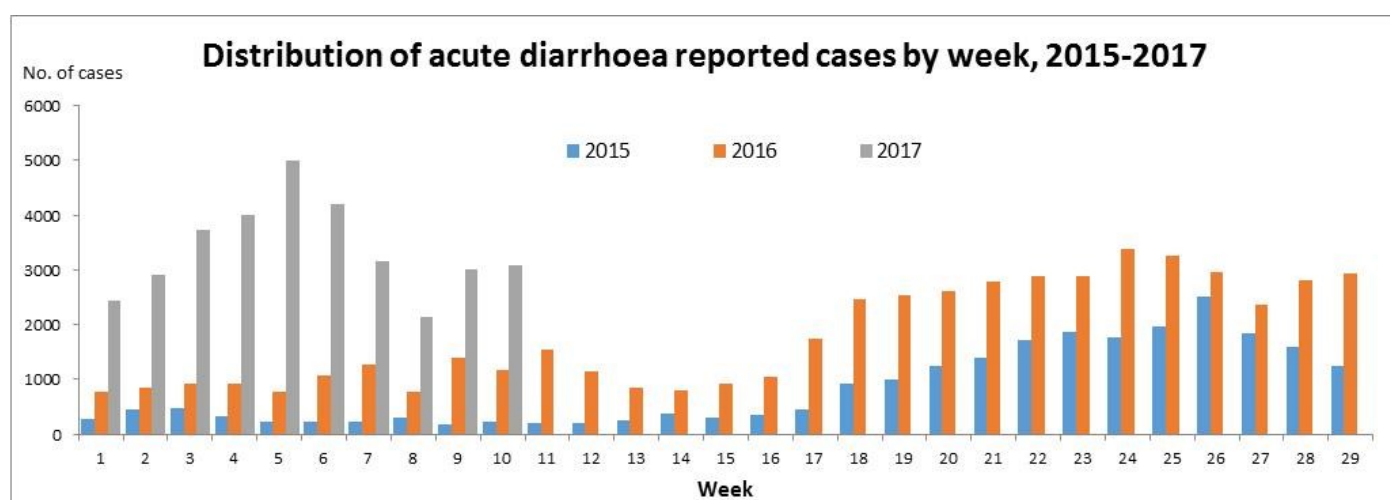


Figure IX: Distribution of acute diarrhoea reported cases by week, Week 01–Week 36, 2015-2016 & 2017

Alerts & Outbreaks

(1) alert was generated through EWARN following the defined thresholds, and it was from IDPs Camp during this reporting week. The alert investigated within 72 hours by Anbar DOH, verified as true and responded to. Samples have been taken and sent to the Central 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	Acute flaccid paralysis	Ramadi teaching hospital	Anbar	Ramadi	hospital	1	DoH	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.

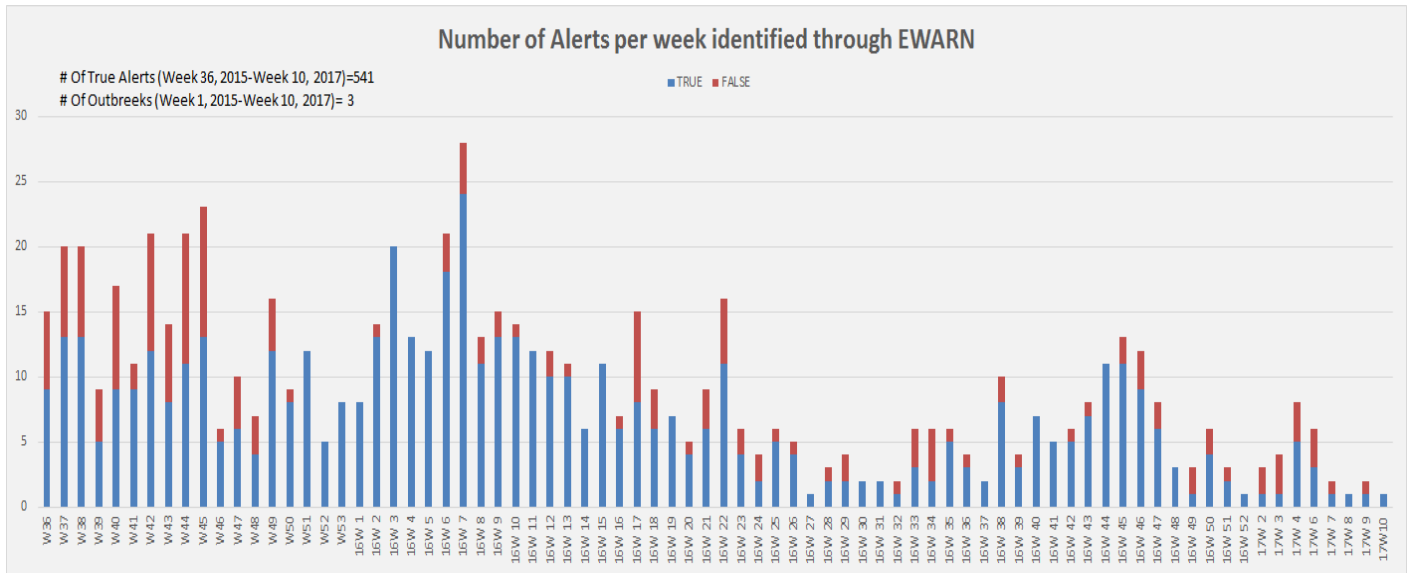


Figure X: Alerts generated through EWARN surveillance Week, 36/2015 and 01/2016 to 10/2017

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 the same situation in waterborne diseases trend in compare to last week.

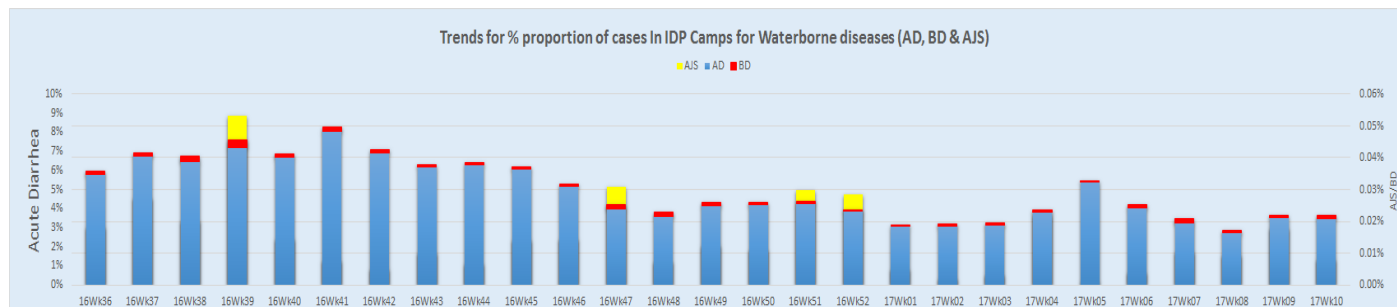


Figure XI: Trend of waterborne diseases from IDP camps, Week 36/2016 –10/2017

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 weeks.

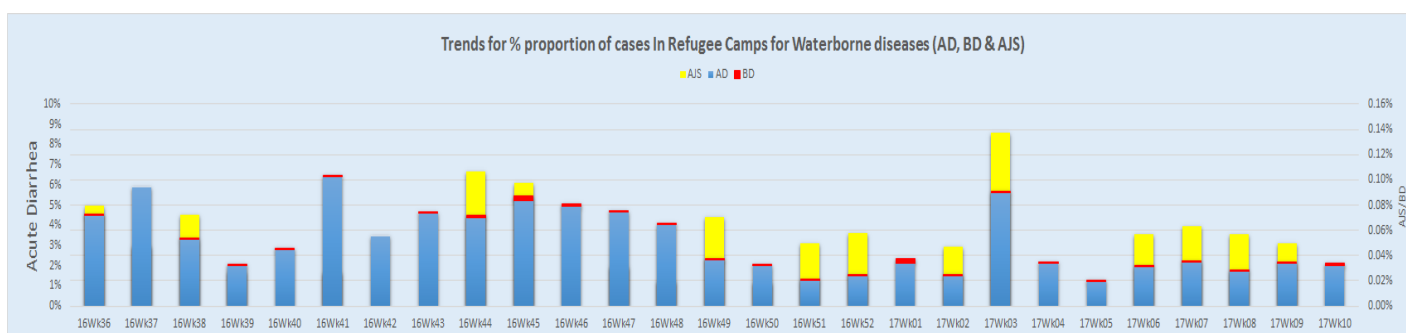


Figure XII: Trends of waterborne diseases from refugee camps, Week 36/2016 –10/2017.

For comments or questions, please contact

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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>