



Iraq: EWARN & Disease Surveillance Bulletin

2017 Epidemiological Week: 11

Reporting Period: 13 – 19 Mar , 2017

Highlights

- ◆ **Number of reporting sites in Week 11 :** (192) reporting sites (87% of the total EWARN reporting sites) including (114) in internally displaced people’s (IDPs) camps, (8) in refugee camps and (64) mobile clinics and (6) hospitals submitted their weekly reports timely and completely.
- ◆ **Total number of consultations in Week 11:** 92,942 marking a decrease of 7,010 cases since last week, (Total consultations in Week 10: 99,952).
- ◆ **Leading causes of morbidity in the camps in Week 11:** Acute respiratory tract infections (ARI) (n=25,238), acute diarrhea (AD) (n=3,156) and skin diseases (n=1,304) 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 11:** No alert was generated through EWARN.

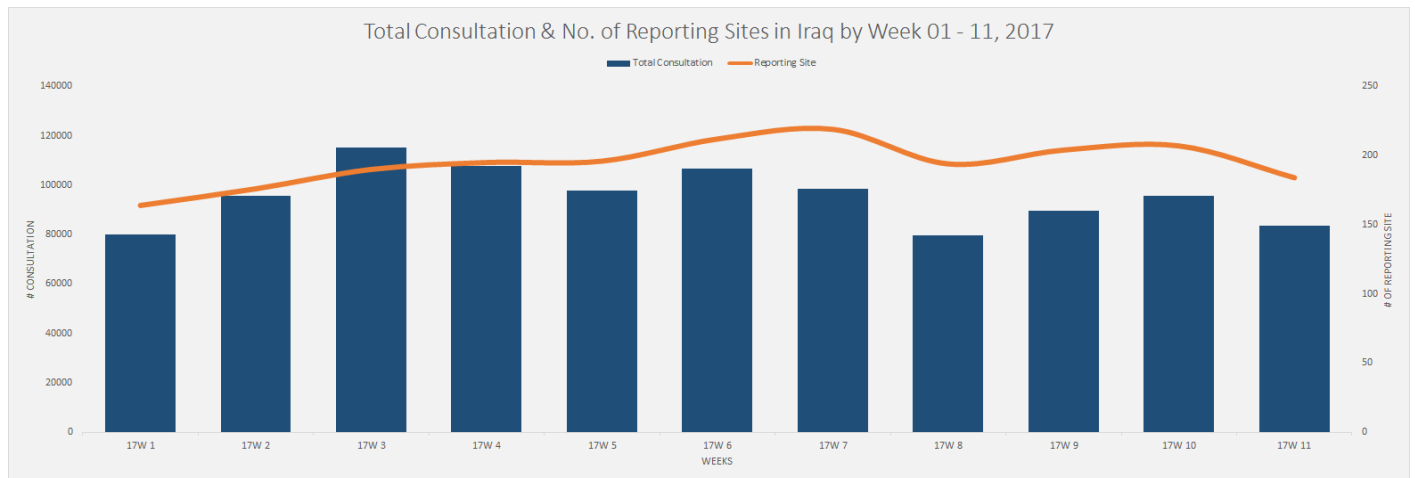


Figure I: Distribution of total consultations and number of reporting health facilities by weeks 01 – 11, 2017

Highlights

- **Number of reporting sites** increased from 84 health clinics at the end of 2015 , 189 end of 2016, and 220 in week 11 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** were acute respiratory infections, acute diarrhea and skin diseases including scabies (please see Figure II).

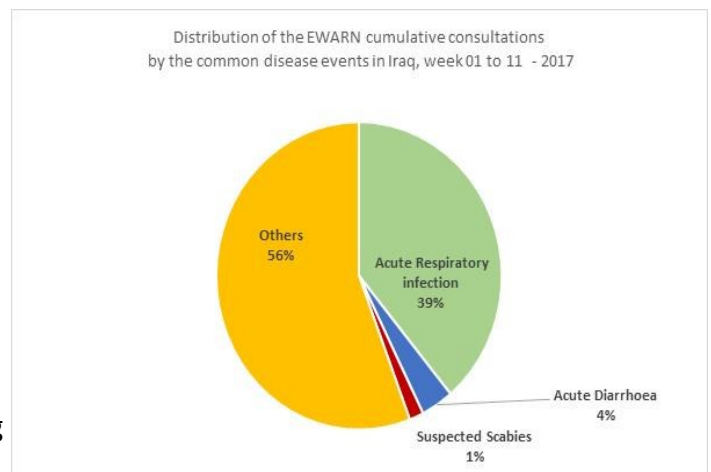


Figure II: Trends of waterborne diseases from EWARN sites, Week 01 – 11, 2017.

Ninewa Governorate

Highlights:

- ◆ In week 11, (58) reporting sites including 17 medical mobile clinics and 39 static health facilities and Two hospital submitted their EWARN timely and completely.
- ◆ The total consultations in Ninewa Governorate in week 11/2017 was 42,161.
- ◆ No alert reported in this week .

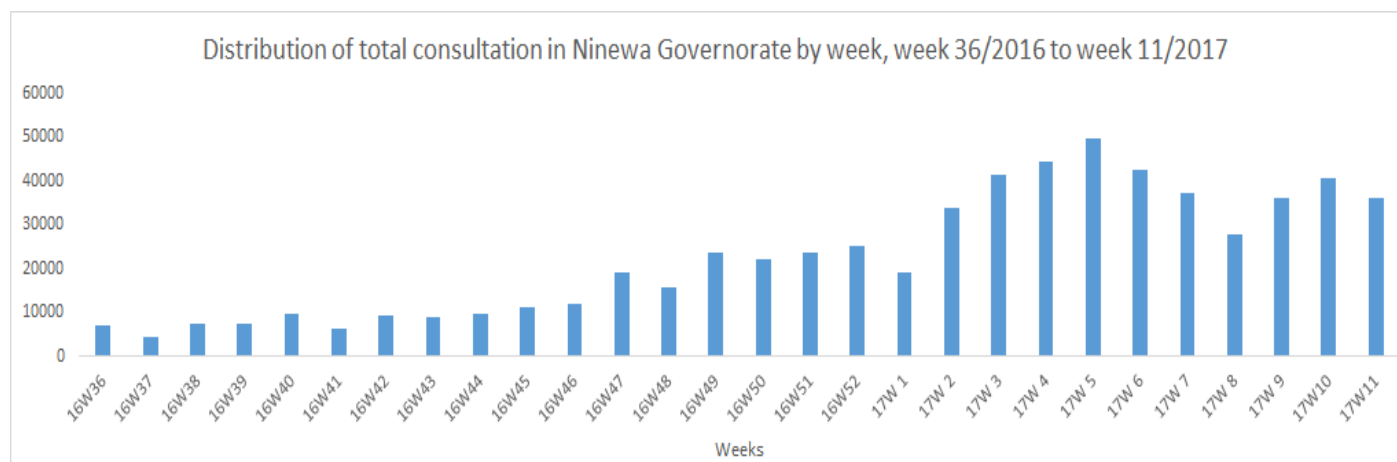


Figure III: Distribution of total consultations in Ninewa Governorate by week, week 36/2016 to week 11/2017

Common reported events:

The most common reported disease events/ syndrome during week 11 in Ninewa department of health were acute respiratory infections (38%), acute diarrhea (5%), cutaneous Leishmaniasis (0.4%), and suspected scabies (2%) (please see the below table).

Table I: Distribution of the common reported disease events in Ninewa Governorate in week 11, 2017

Health Sector	Acute Respiratory Infection	Acute Diarrhoea	Suspected Leishmaniasis	Suspected Scabies	Other Disease
Al-Hamdaniya	1668	615	98	271	1627
AL-SHIKHAN	1020	45	0	13	1336
AYMEN	1458	332	5	53	1775
AYSER	6207	108	3	248	6306
BARDARASH	217	9	0	9	440
GAYARA	2849	942	47	87	5702
Makhmur	1314	136	0	86	1913
Telafar	815	39	15	5	1331
TILKAIF	325	8	0	8	467
Grand Total	15873	2234	168	780	20897

Morbidity Patterns

IDPs camps:

During Week 11, the proportions of acute respiratory tract infections (ARI) decreased, while the proportion of acute diarrhea and skin infestations including scabies in IDP camps slightly increased compared to the previous week (please see Figure IV below).

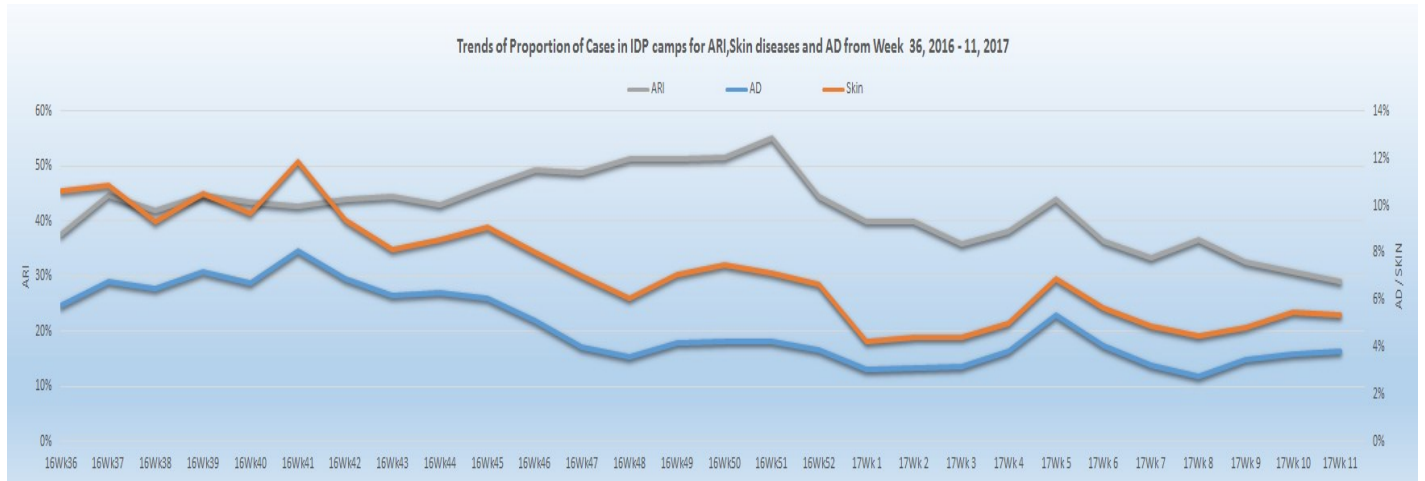


Figure IV: Distribution of the acute respiratory infection, scabies and acute diarrhea in IDP camps, Week 36, 2016 – 11, 2017

Refugee camps:

During Week 11, the proportions of acute respiratory tract infections (ARI) decreased, while the proportion of acute diarrhea and skin infestations including scabies increased from the previous week (please see Figure V below).

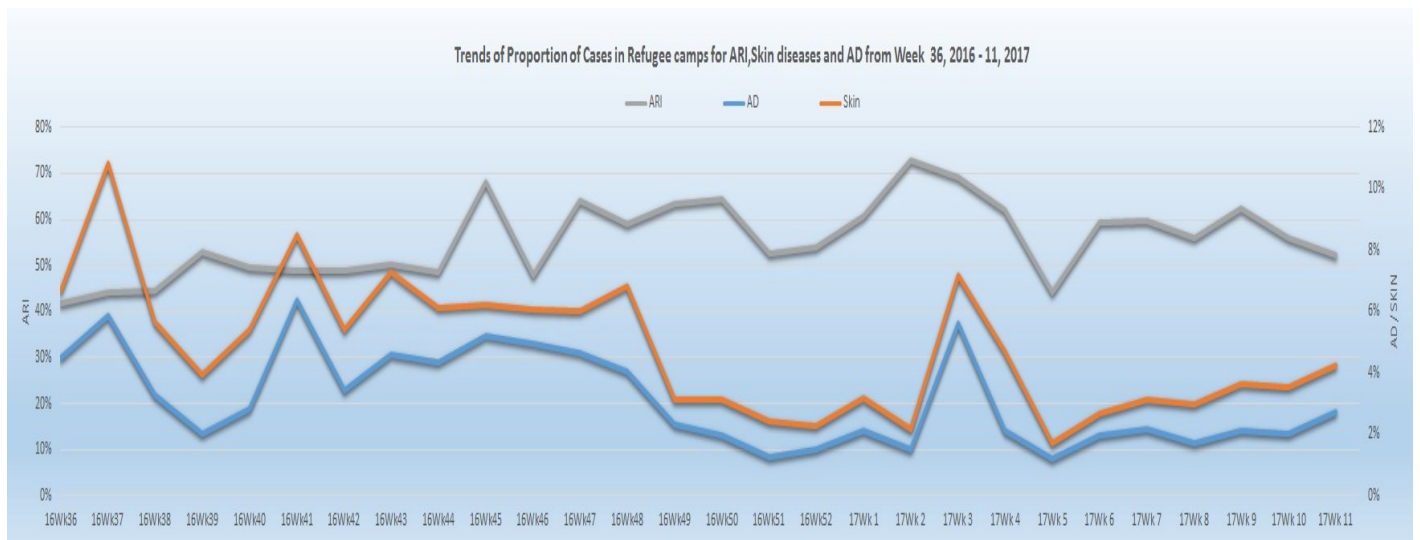


Figure V: Distribution of the acute respiratory infection, scabies and acute diarrhea in refugee camps, Week 36, 2016–11, 2017

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 11, 2017.

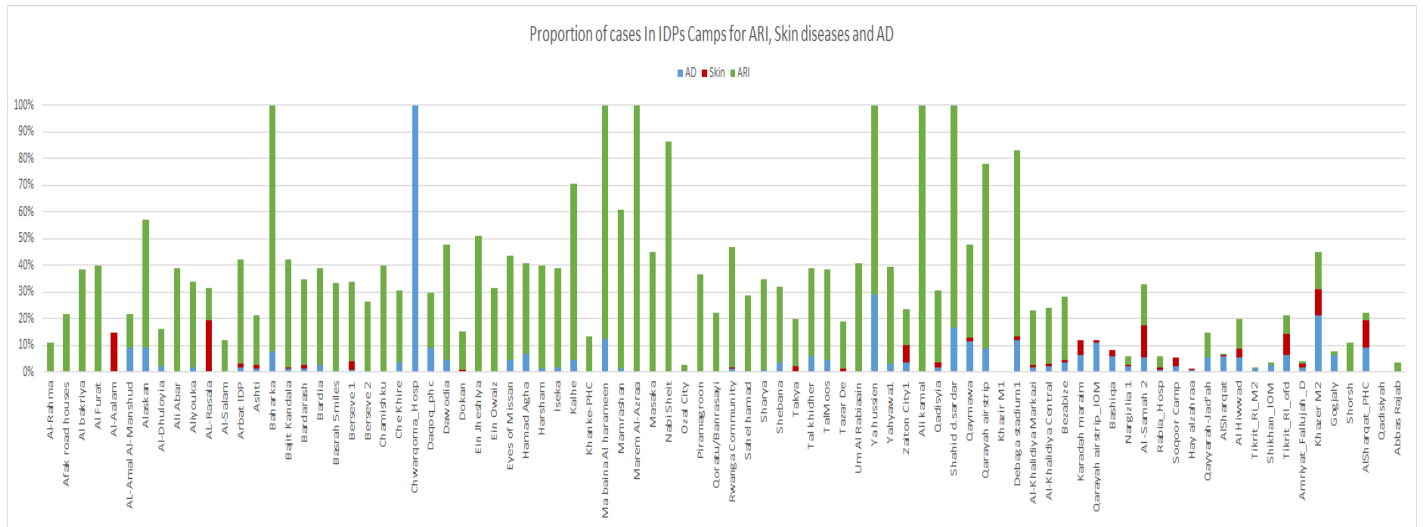


Figure VI: Proportion of cases of ARI, scabies and AD in IDPs camps for Week 11, 2017

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 11, 2017.

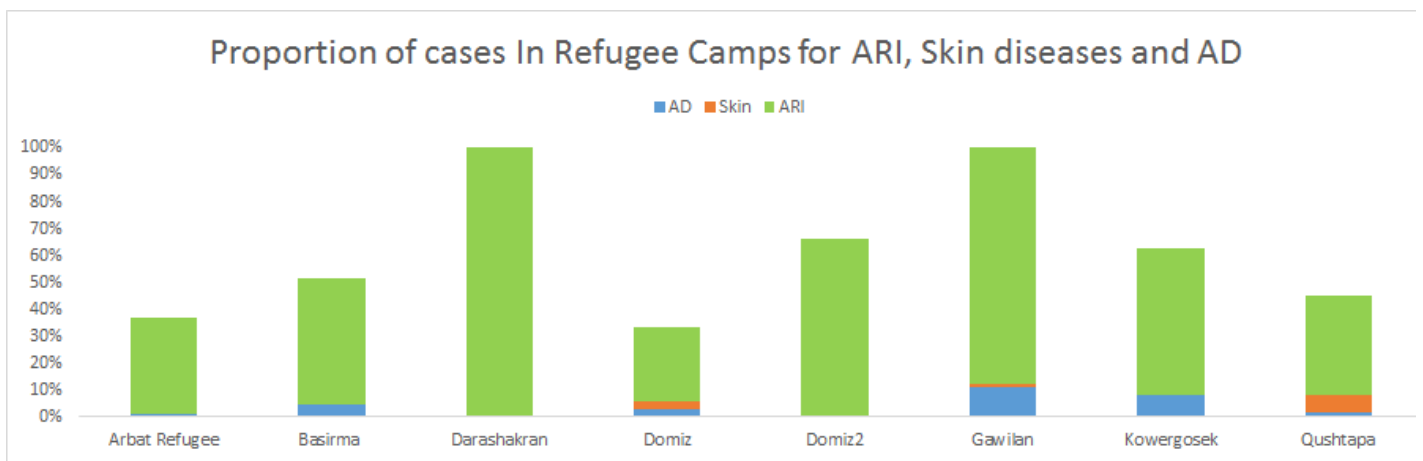


Figure VII: Trend of proportions of cases of ARI, scabies and AD in Refugee camps for Week 11, 2017

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 11, 2017.

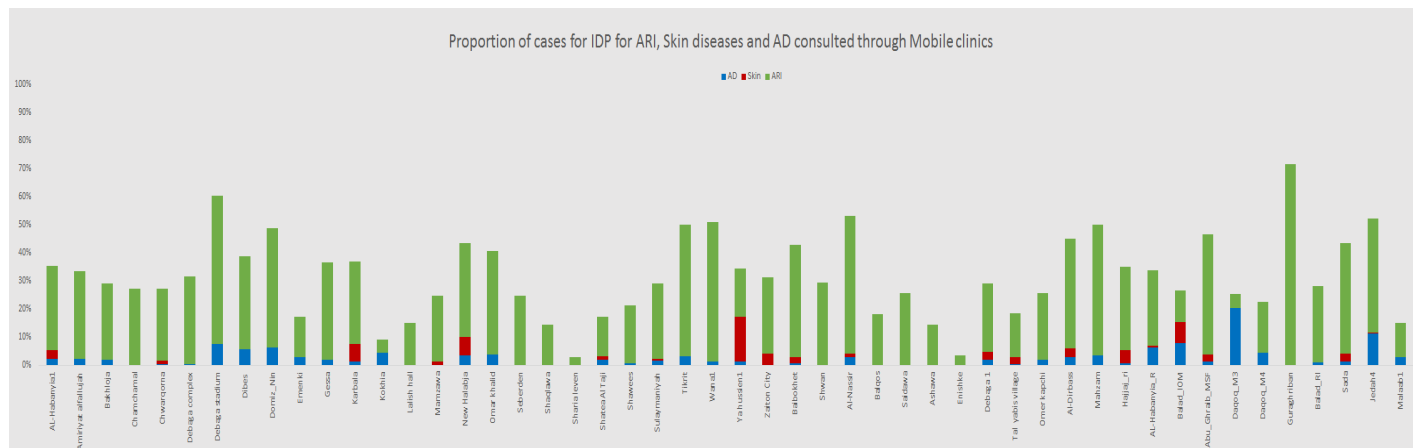


Figure VIII: Distribution of ARI, scabies and AD covered by mobile clinics for the IDPs, Week 11, 2017

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 11 in 2017 by the EWARN system. This week showed a decreasing in the trend of the disease compared to last week.

In 2006, 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

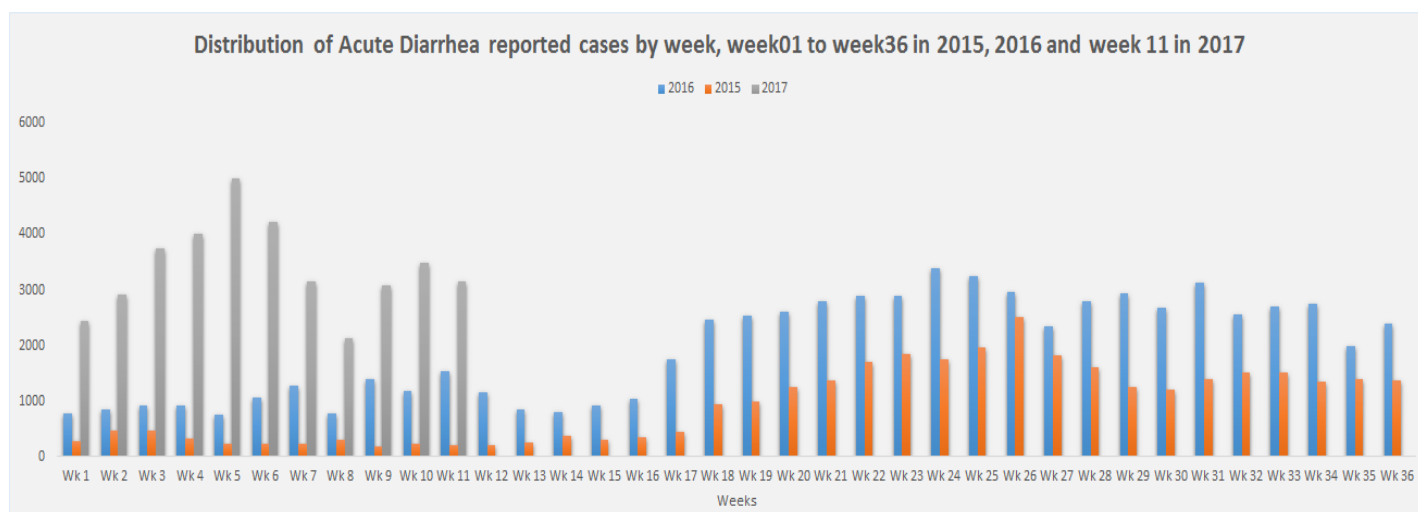


Figure IX: Distribution of acute diarrhea reported cases by week, Week 01–Week 36. 2015-2016 & 2017

Trends of waterborne diseases in IDP camps

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

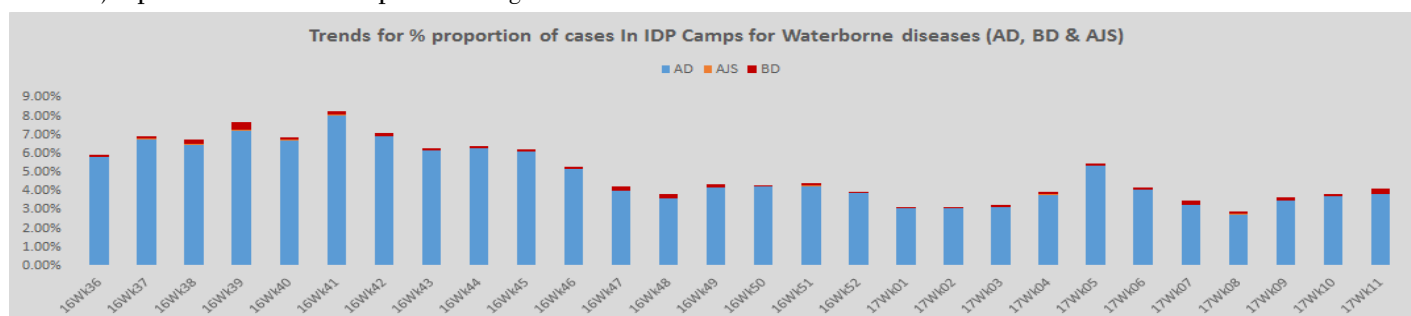


Figure X: Trend of waterborne diseases from IDP camps, Week 36/2016 –11/2017

Trends of waterborne diseases in refugee camps

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

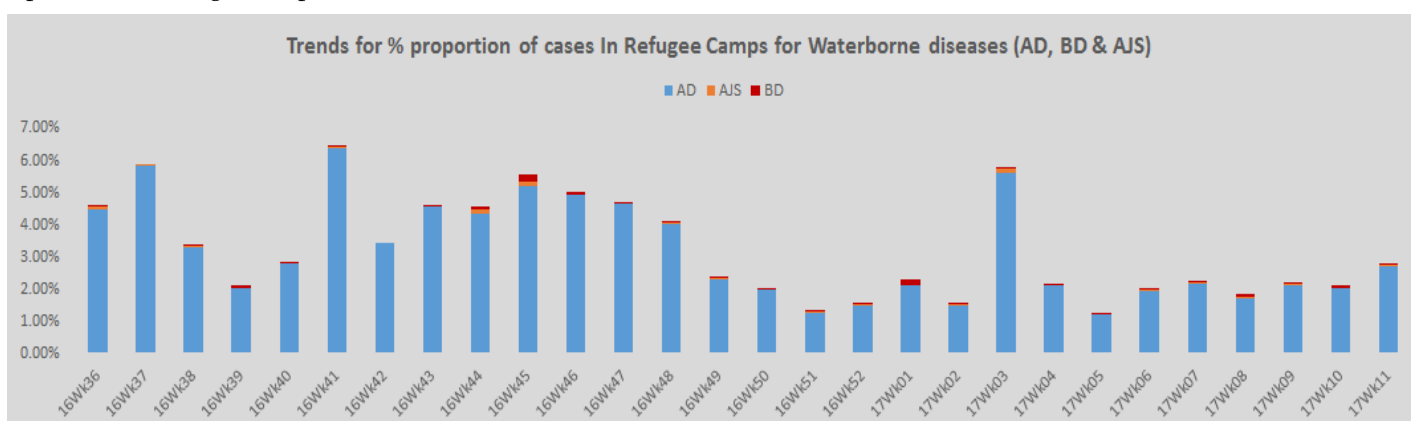


Figure XI: Trends of waterborne diseases from refugee camps, Week 36/2016 –11/2017.

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>