



# Iraq: EWARN & Disease Surveillance Bulletin

2017 Epidemiological Week: 13

Reporting Period: 27 March – 02 April , 2017

## Highlights

- ◆ **Number of reporting sites in Week 13 :** (214) reporting sites (99% of the total EWARN reporting sites) including (114) in internally displaced people’s (IDPs) camps, (8) in refugee camps and (86) mobile clinics and (6) hospitals submitted their weekly reports timely and completely.
- ◆ **Total number of consultations in Week 13:** 127,299 marking an increase of 21,399 cases since last week, (Total consultations in Week 12: 105,900).
- ◆ **Leading causes of morbidity in the camps in Week 13:** Acute respiratory tract infections (ARI) (n=33,384), acute diarrhea (AD) (n=3,794) and skin diseases (n=1,760) 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 12:** One alert was generated through EWARN.

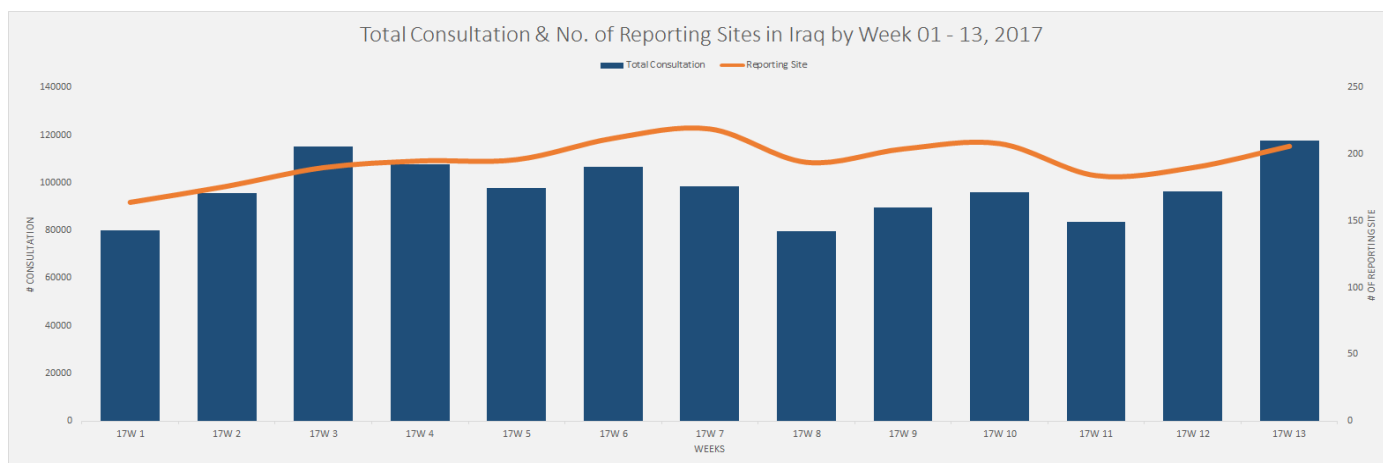


Figure I: Distribution of total consultations and number of reporting health facilities by weeks 01 – 13, 2017

### Highlights

- **Number of reporting sites** increased from 84 health clinics at the end of 2015, to 189 end of 2016 and to 200 in week 13 in 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 events** were acute respiratory infections, acute diarrhea and scabies (please see Figure II).

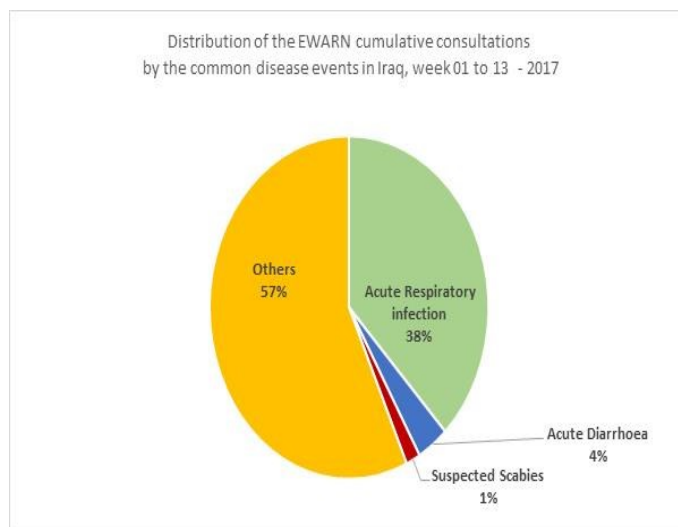


Figure II: Trends of waterborne diseases from EWARN sites, Week 01 –13, 2017.

# Ninewa Governorate

## Highlights:

- ◆ In week 13, (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 13/2017 was 66,019.
- ◆ No alert reported in this week .

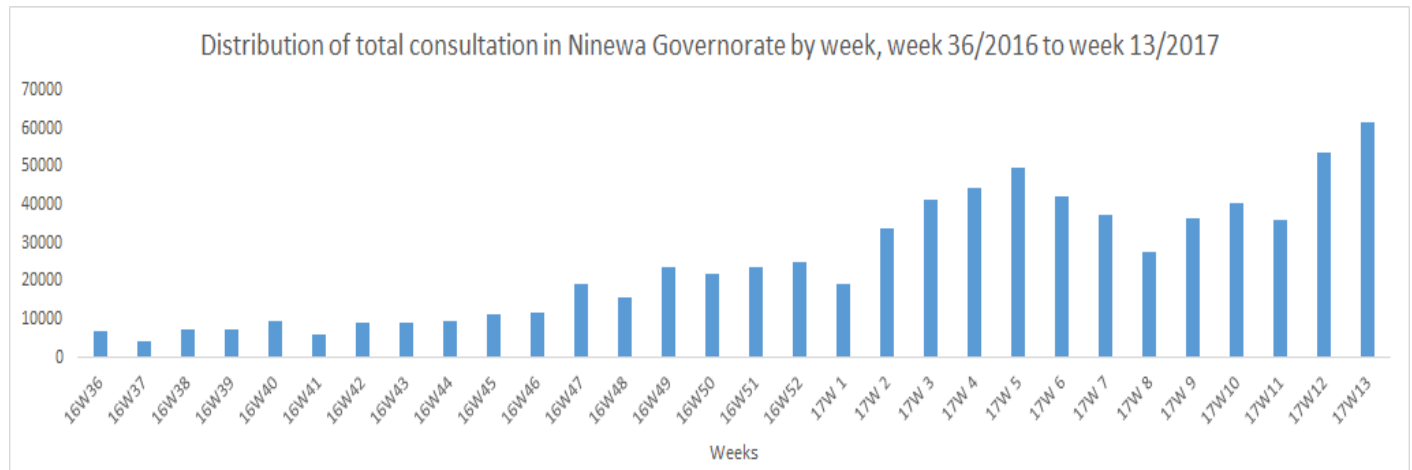


Figure III: Distribution of total consultations in Ninewa Governorate by week, week 36/2016 to week 13/2017

## Common reported events:

The most common reported disease events/ syndrome during week 13 in Ninewa department of health were acute respiratory infections (31%), acute diarrhea (4%), cutaneous Leishmaniasis (0.2%), and suspected scabies (2%) (please see the below table).

Table I: Distribution of the common reported disease events in Ninewa Governorate in week 13, 2017

Health Sector	Acute Respiratory Infection	Acute Diarrhoea	Suspected Leishmaniasis	Suspected Scabies	Other Disease
Al-Hamdaniya	4752	915	30	473	6026
AL-SHIKHAN	1299	173	2	33	1996
AYMEN	6782	985	18	142	8800
AYSER	2642	54	0	127	10227
BARDARASH	248	17	0	11	681
GAYARA	992	235	52	52	2018
Makhmur	1494	198	0	160	2398
Sinjar	543	11	2	0	1100
Telafar	862	49	11	0	1357
TILKAIF	949	35	0	9	1769
Grand Total	20563	2672	115	1007	36372

# Morbidity Patterns

## IDPs camps:

During Week 13, the proportions of acute respiratory tract infections (ARI), acute diarrhea and skin infestations including scabies in IDP camps decreased compared to the previous week (please see Figure IV below).

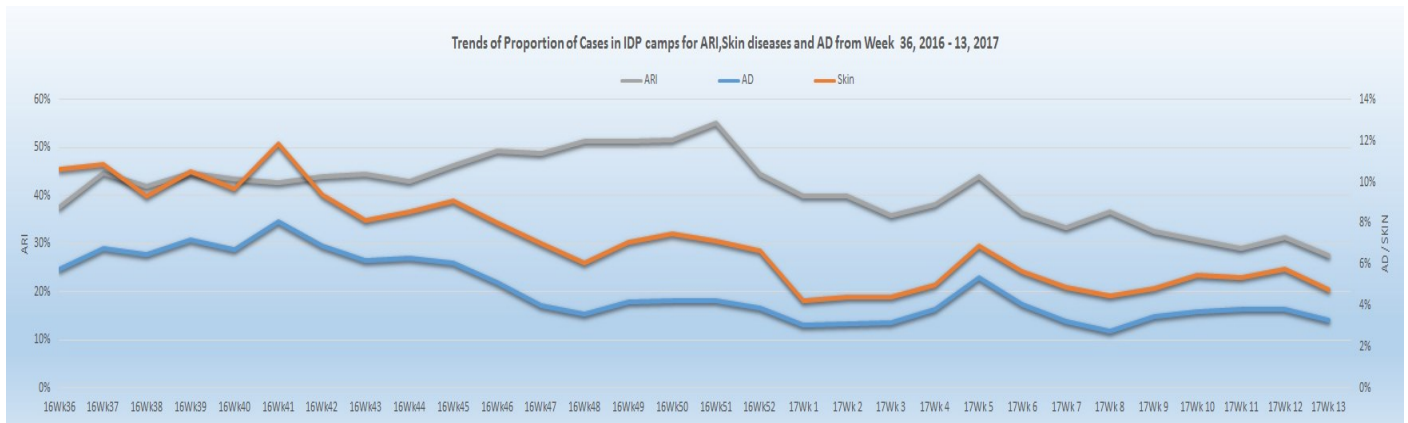


Figure IV: Distribution of the acute respiratory infection, scabies and acute diarrhea in IDP camps, Week 36, 2016 – 13, 2017

## Refugee camps:

During Week 13, the proportions of acute respiratory tract infections (ARI) increased, while the proportion of acute diarrhea and skin infestations including scabies decreased from the previous week (please see Figure V below).

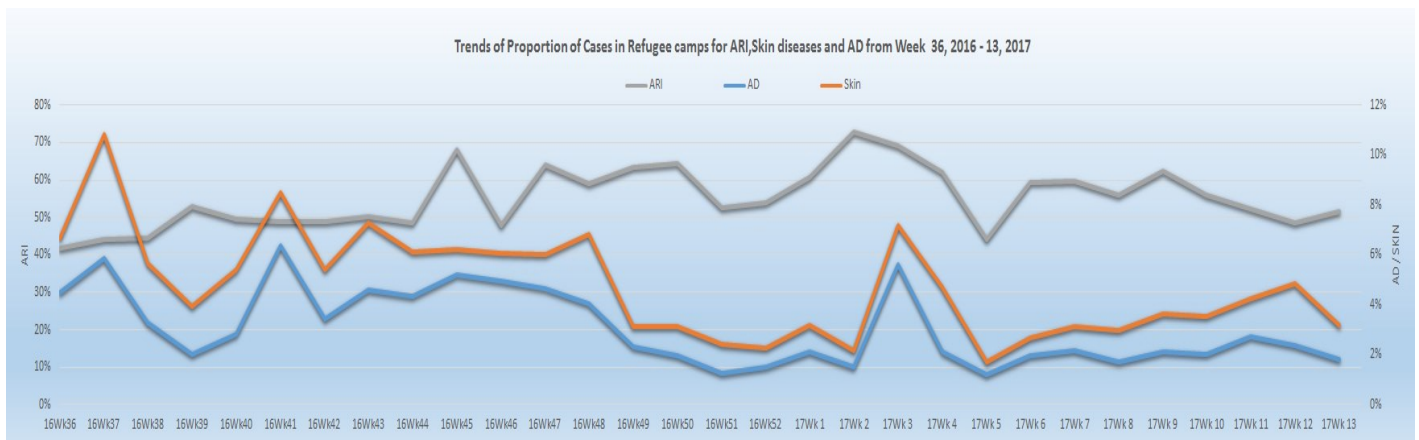


Figure V: Distribution of the acute respiratory infection, scabies and acute diarrhea in refugee camps, Week 36, 2016–13, 2017

**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 13, 2017.

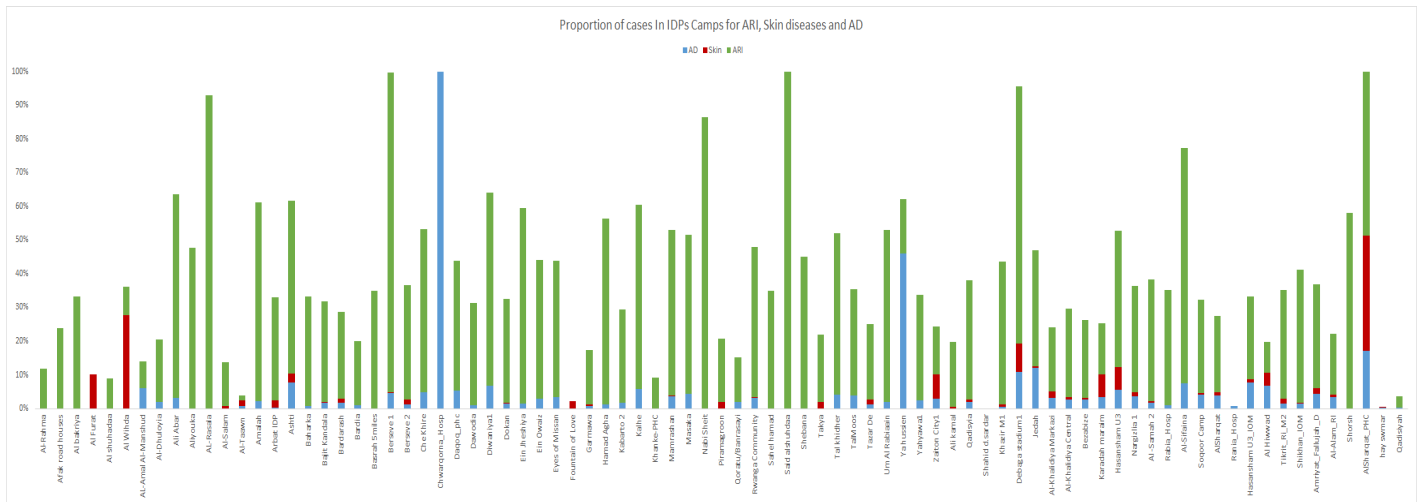


Figure VI: Proportion of cases of ARI, scabies and AD in IDPs camps for Week 13, 2017

**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 13, 2017.

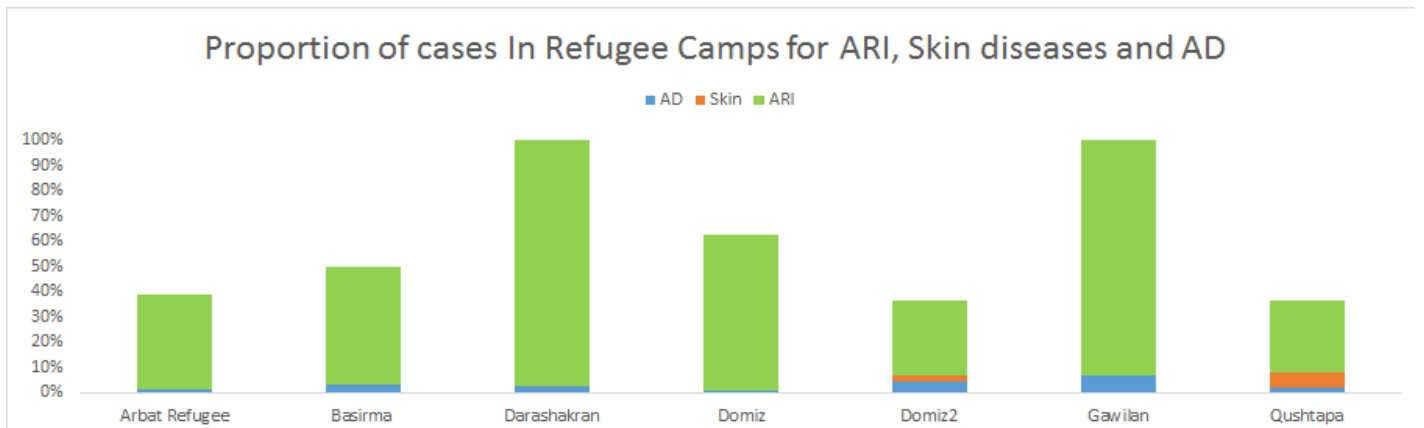


Figure VII: Trend of proportions of cases of ARI, scabies and AD in Refugee camps for Week 13, 2017

**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 13,

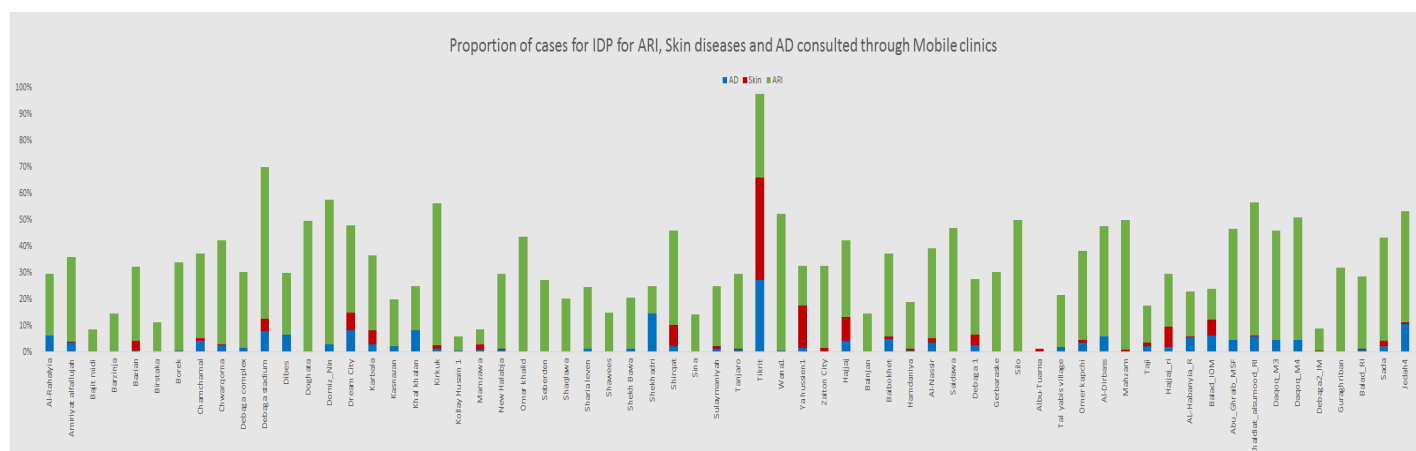


Figure VIII: Distribution of ARI, scabies and AD covered by mobile clinics for the IDPs, Week 13, 2017

**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 13 in 2017 through the EWARN system. This week showed an increase in the 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

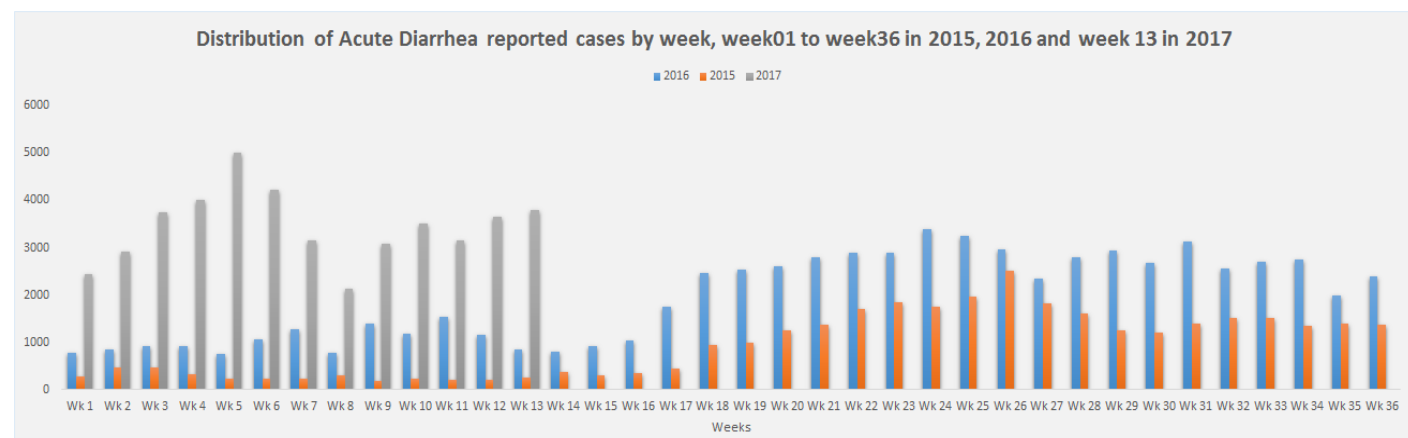


Figure IX: Distribution of acute diarrhea reported cases by week, Week 01–Week 36, 2015-2016 & 2017

## Alerts & Outbreaks

One 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 (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	1	UIMS	Yes	No	TRUE	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.

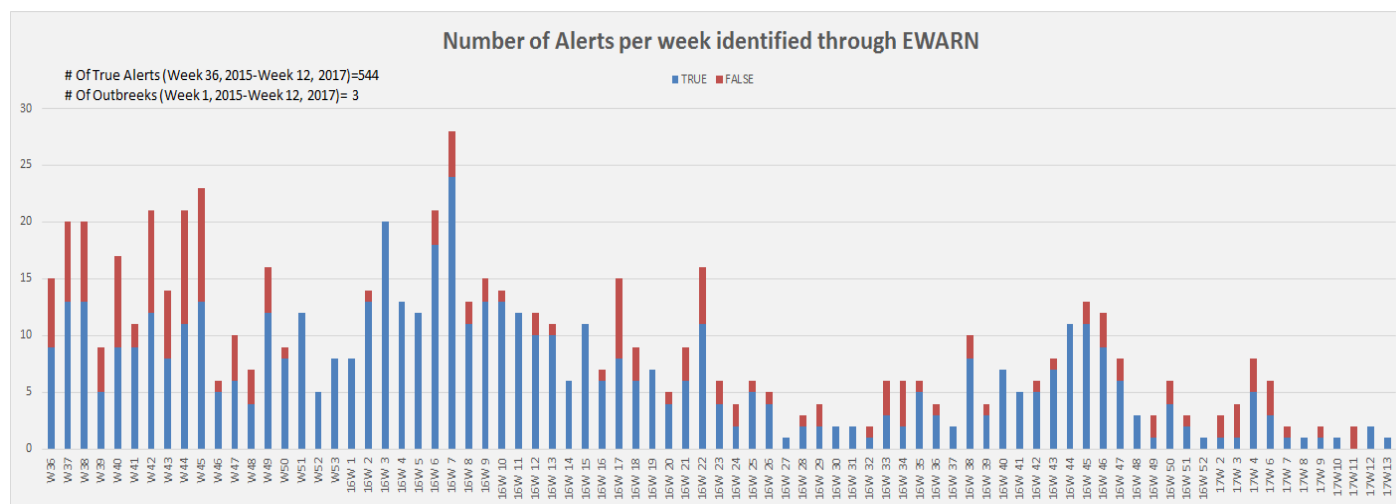


Figure X: Alerts generated through EWARN surveillance Week, 36/2015 and 01/2016 to 13/2017

## 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 a decrease in waterborne diseases.

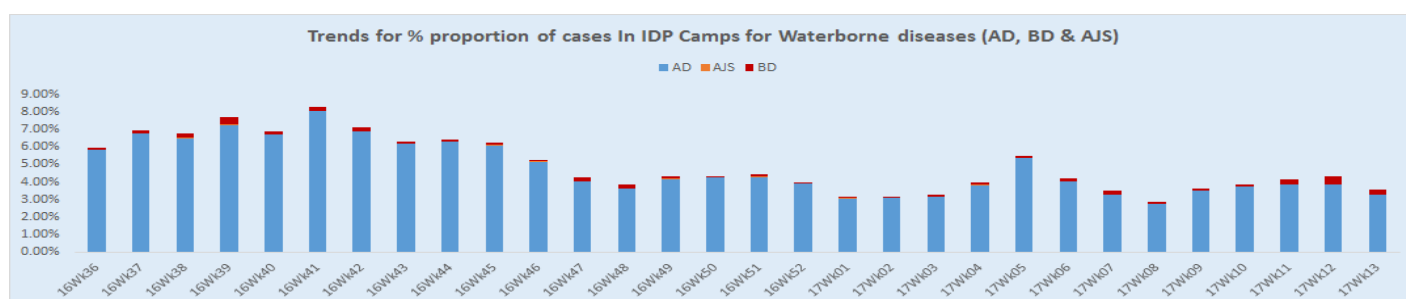


Figure XI: Trend of waterborne diseases from IDP camps, Week 36/2016 –13/2017

## 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.

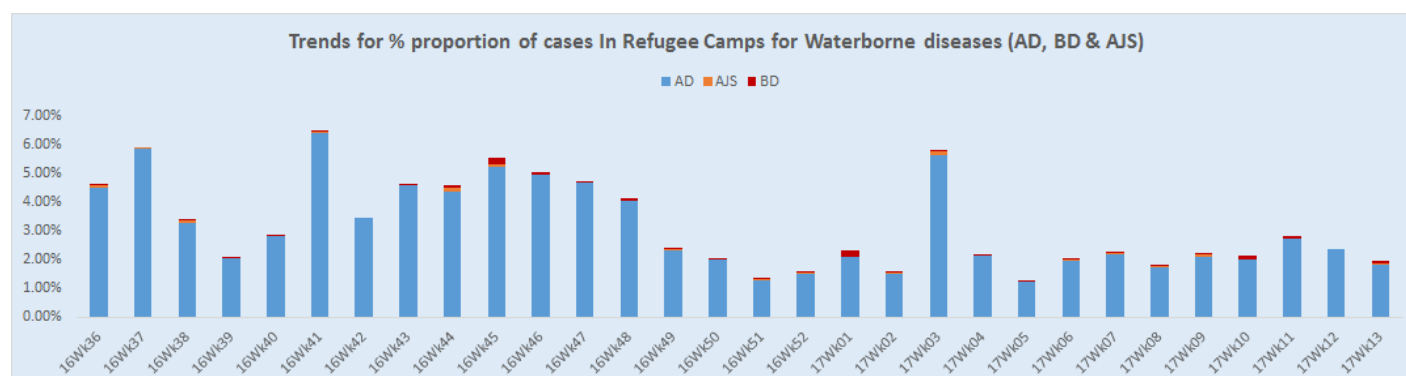


Figure XII: Trends of waterborne diseases from refugee camps, Week 36/2016 –13/2017.

### For comments or questions, please contact

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

EWARNS 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>