



Iraq: EWARN & Disease Surveillance Bulletin

2016 Epidemiological Week: 20

Reporting Period: 16 –22 May , 2016

Highlights

- ◆ **Number of reporting sites:** One hundred and twenty-one(121) reporting sites (96% of the total EWARN reporting sites) including sixty-three (63) in internally displaced people’s (IDP) camps, six (6) in refugee camps and fifty-two (52) mobile clinics submitted their weekly reports timely and completely.
- ◆ **Total number of consultations:** 36 384 (Male = 16 784 and Female = 19 600) marking a decrease of 3 812 since last week.
- ◆ **Leading causes of morbidity in the camps:** Acute respiratory tract infections (ARI) (n=15 638), skin diseases (n=1 391) and acute diarrhea (AD) (n=2 598) remained the leading causes of morbidity in all camps during this reporting week.
- ◆ **Number of alerts:** Four (4) alerts were generated through EWARN, and all of them were from IDPs camps during this reporting week. All these alerts were investigated within 72 hours, of which three were verified as true; they were further investigated and responded by the respective Governorates Departments of Health,

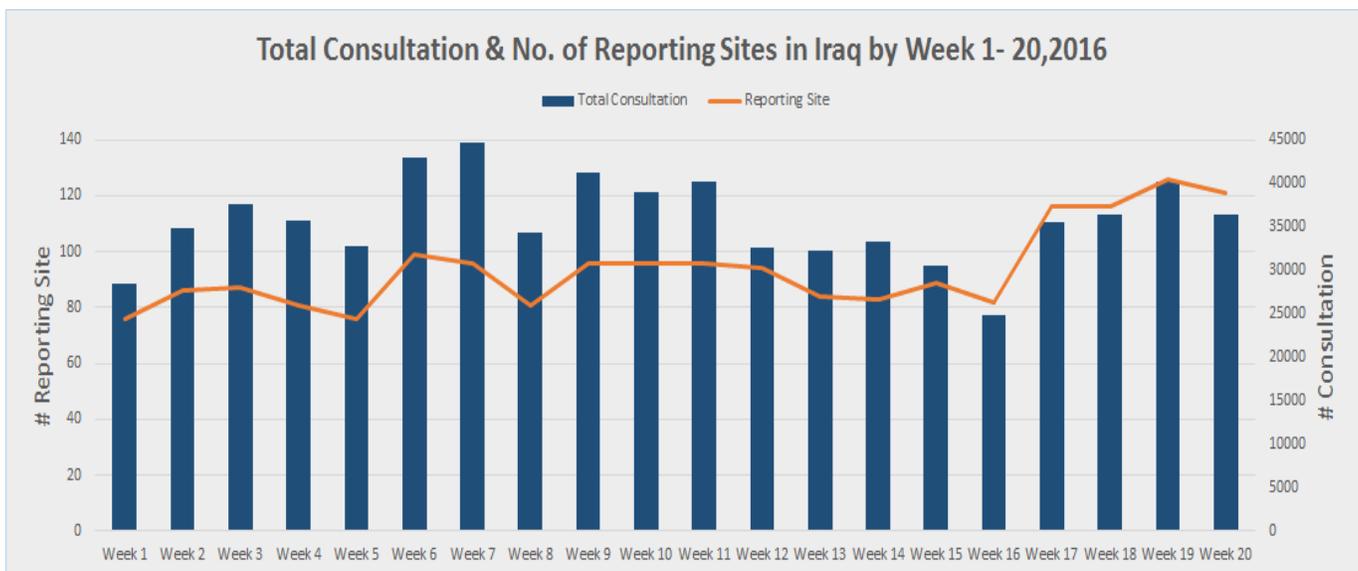
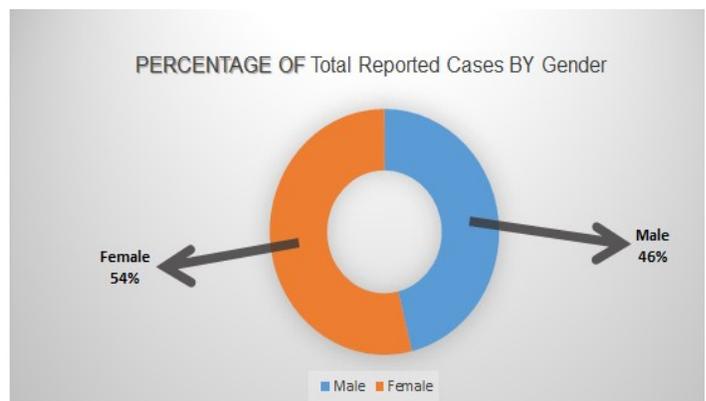
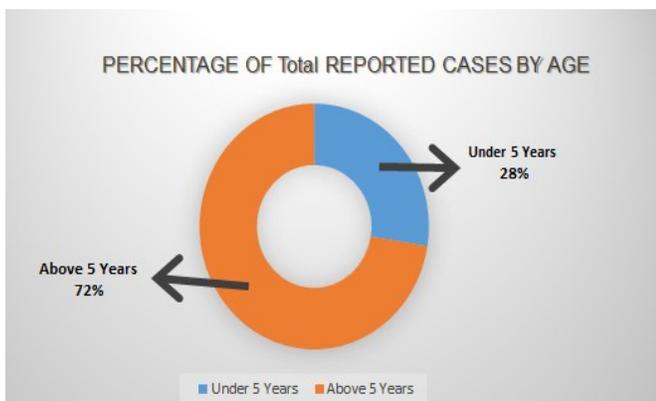


Figure I: Total consultations and proportion of reporting health facilities by Week 1 – 20, 2016

Consultations in the camps by Age and Gender (Week 20)



Morbidity Patterns

IDPs camps:

During Week 20, the proportions of acute respiratory tract infections (ARI) remained static as per the previous week. The proportions of acute diarrhea and skin diseases including scabies in IDPs camps slightly increased compared to last week (see graph below).

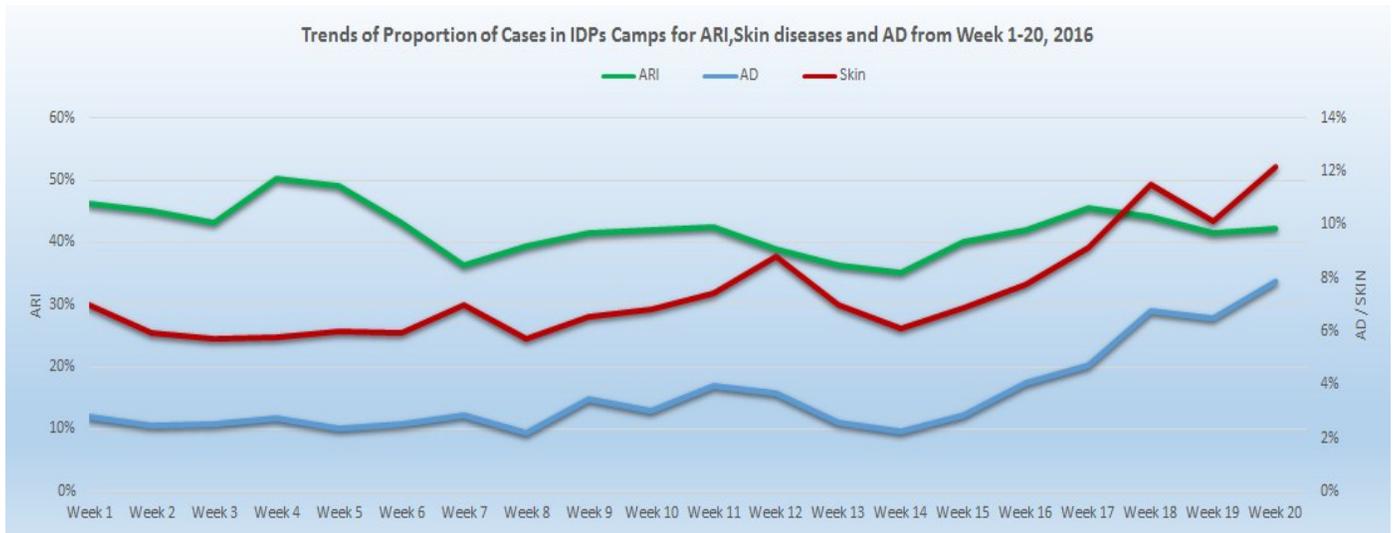


Figure II: Trend of proportion of cases of ARI, scabies and AD in IDP camps Week 1–20, 2016

Refugee camps:

During week 20, the proportion of acute respiratory tract infections (ARI) slightly decreased compared to the last two weeks. The proportions of acute diarrhea trend and skin infestations including scabies in refugee camps increased since last week (see graph below).

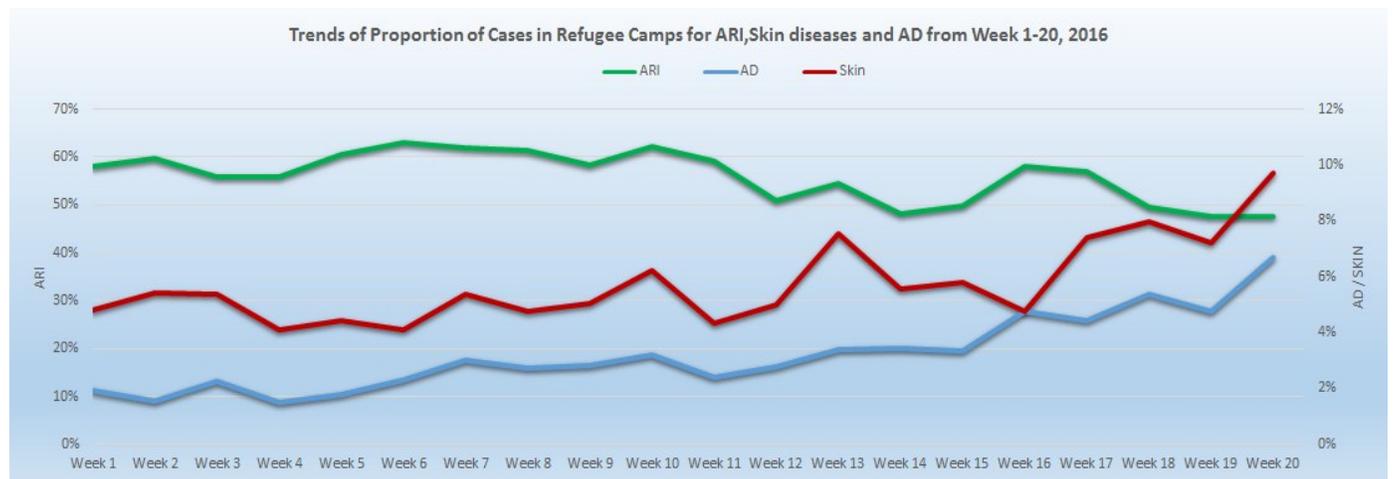


Figure III: Trend of proportion of cases of ARI, Scabies and AD in IDP camps Week 1–20, 2016

Trends of diseases by proportion and location for IDP Camps

The graph below indicates the proportion of cases 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 20, 2016.

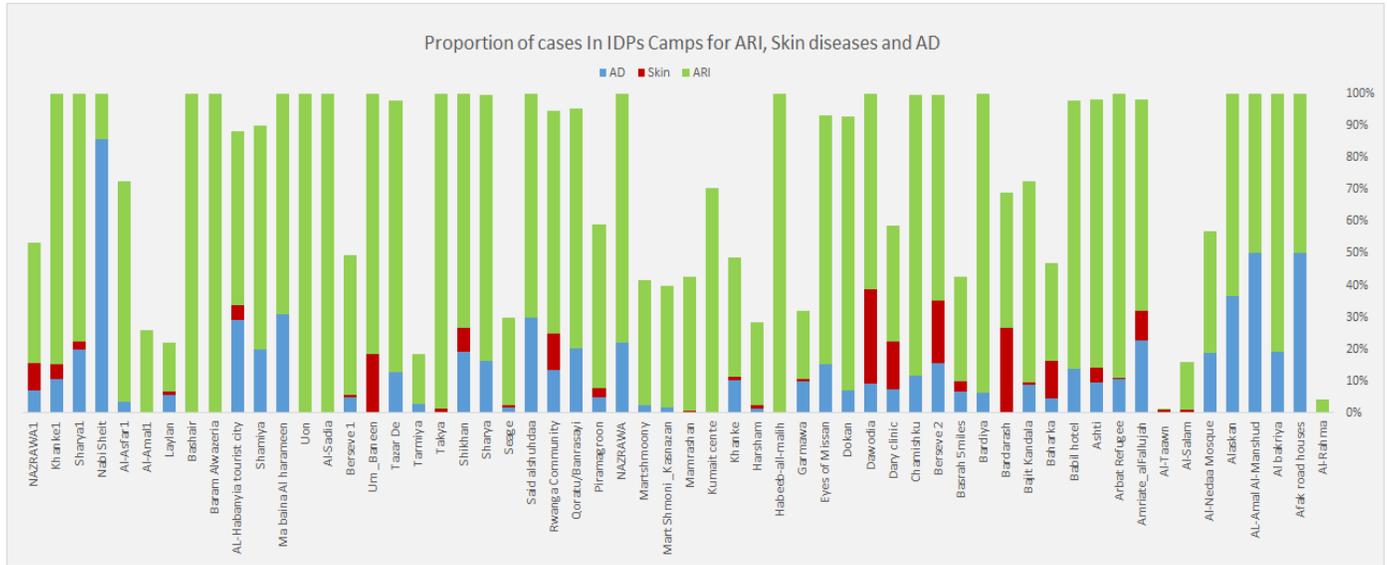


Figure IV: Proportion of cases of ARI, scabies and AD in IDP camps for Week 20, 2016

Trends of diseases by proportion and location for refugee camps

The graph below indicates the proportion of acute respiratory tract infections, acute diarrhea and skin infestations including scabies which comprises the highest leading causes of morbidity in refugee camps for Week 20, 2016.

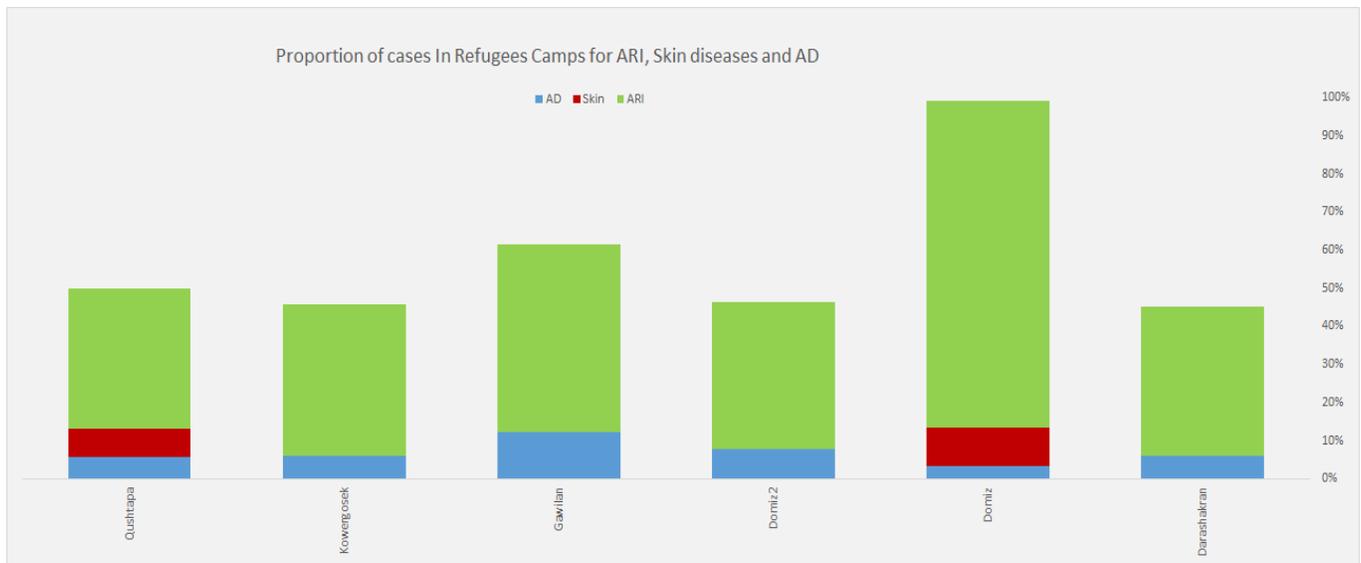


Figure V: Trend of proportions of cases of ARI, scabies and AD in refugee camps for Week 20, 2016

Trend of diseases by proportion and location for IDPs covered by mobile clinics

The below graph indicates the proportion of acute respiratory tract infections, acute diarrhea and skin infestations including scabies which comprises the highest leading causes of morbidity in off camp IDPs covered by mobile clinics for Week 20, 2016.

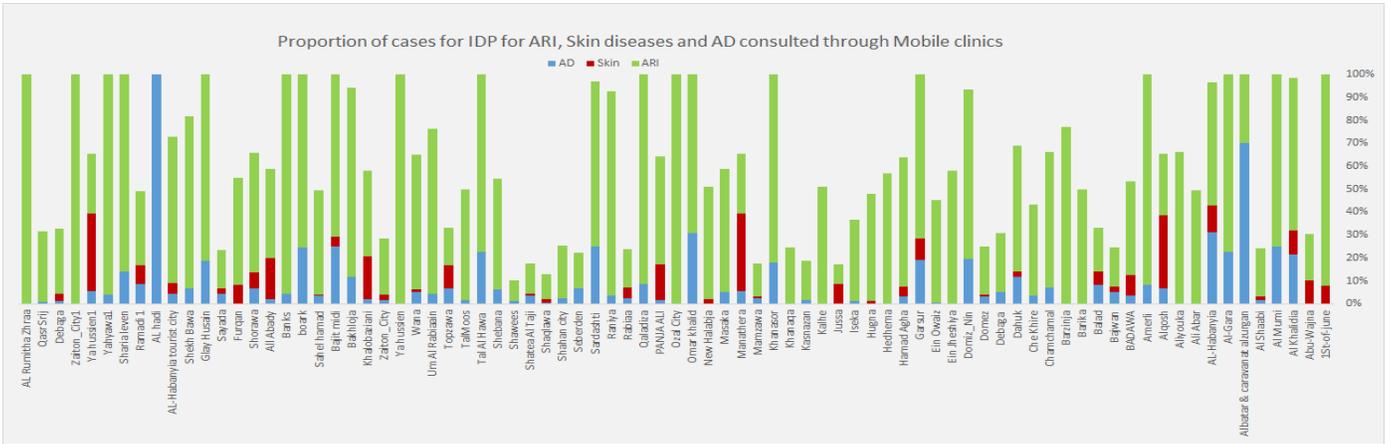


Figure VI: Trend of proportions of IDP cases for ARI, scabies and AD covered by mobile clinics for Week 20, 2016

Trends of upper and lower ARI as leading communicable disease

ARI has been further divided into upper and lower respiratory tract infections. Compared to Week 19, the proportion of upper ARI in Week 20 has decreased by 2% from 93% to 91% while the lower ARI proportion has increased from 7% to 9% during the same time period. Furthermore, the other graph below indicates the proportion of lower and upper ARI cases by each reporting site for Week 20.

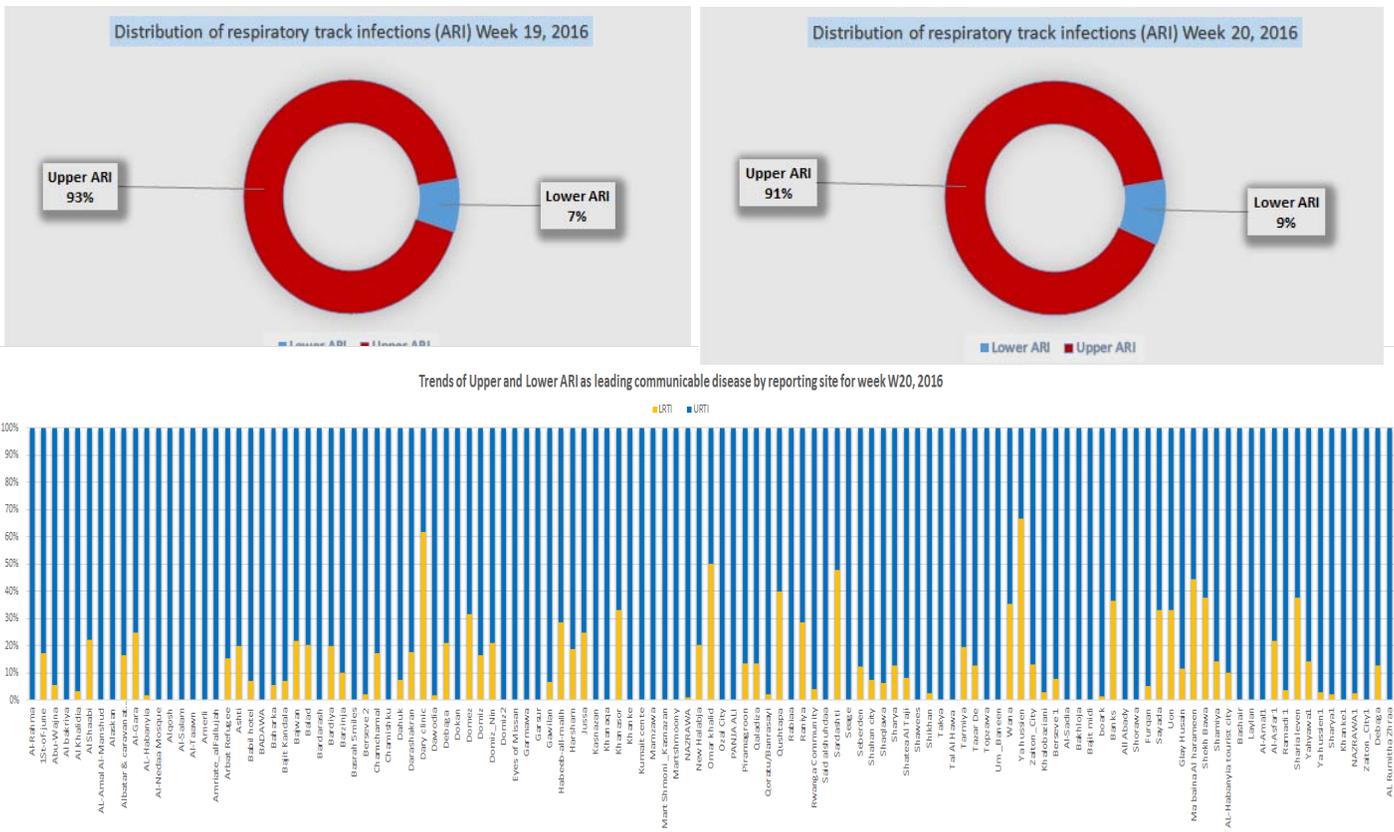


Figure VII: Trend of upper and lower ARI per reporting site for Week 20, 2016

Trends of waterborne diseases in IDPs camps

The graph below shows the trends of waterborne diseases (acute diarrhea, bloody diarrhea and acute jaundice syndrome) reported from IDP camps and which indicate a slight increase in this type of diseases. (See graph below).

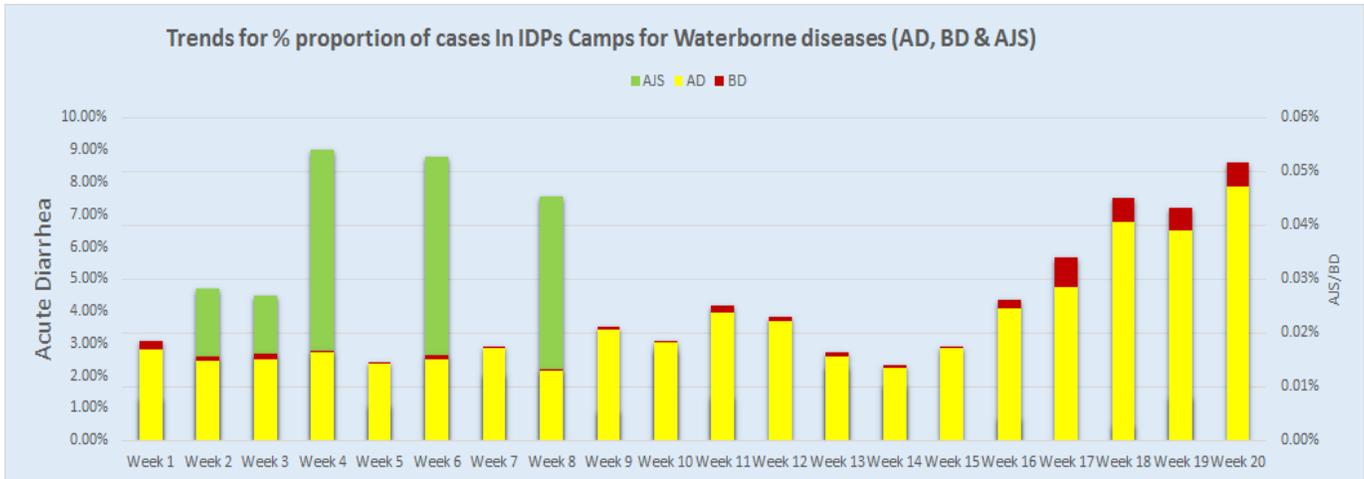


Figure VIII: Trend of waterborne diseases from IDP camps, Week 1—20, 2016

Trends of waterborne diseases in refugee camps

The graph below shows the trends of waterborne diseases (acute diarrhea, bloody diarrhea and acute jaundice syndrome) from refugee camps and indicates an increase of the trend compared to last week.

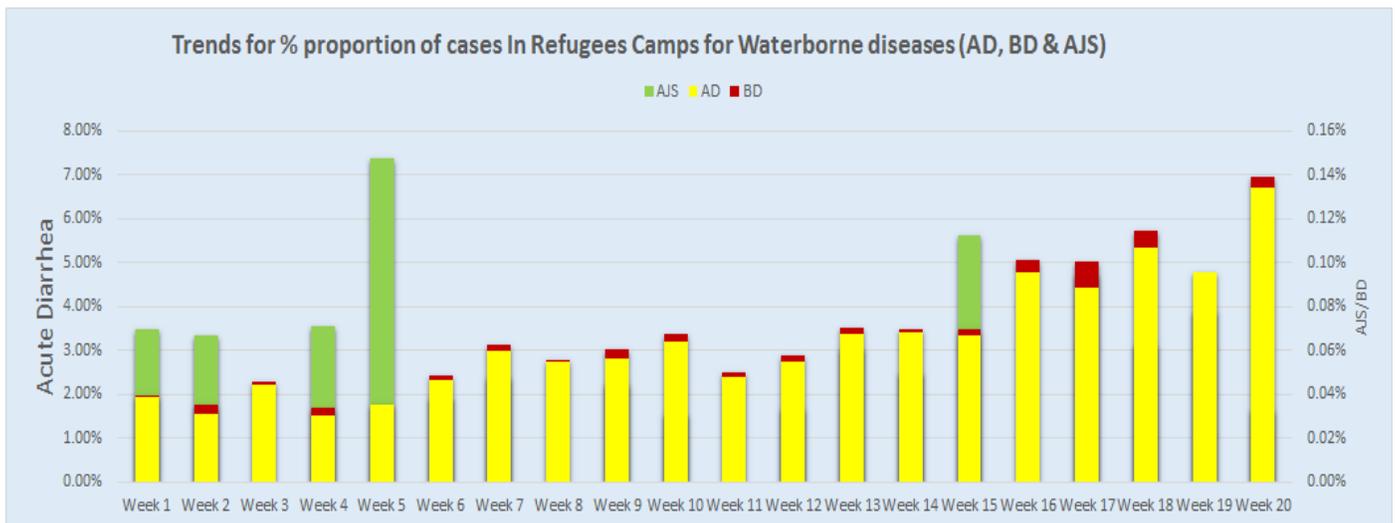


Figure IX: Trend of waterborne diseases from refugee camps, Week 1—20, 2016

Four alerts were generated through EWARN following the defined thresholds, and all of them were from IDP camps during this reporting week. In addition, all these alerts were investigated within 72 hours of which three of them verified as true and were further investigated and responded by the Governorates Departments of Health, WHO and the relevant health cluster partners. There was one suspected case of cutaneous anthrax in Dohuk. Outbreak investigation was conducted by a team from Dohuk DOH on the second day and excluded the diagnosis (please see the table below).

Sn	Alert	Location	Governorate	District	IDP/Refugee Camp	# of cases	Run by	Investigation and Response within 48-72% DOH/WHO/NGO	Sample Taken Yes/No	Alerts Outcome True/False	Public Health Interventions Conducted
								Yes			
1	Suspected Cutaneous Anthrax	Chamishku	Dahuk	Zako	IDPs	1	MDM	Yes	No	FALSE	No
2	Suspected Leishmaniasis	Qoratu/Banrasayi	Sulaymaniyah	Sulaymaniyah	IDPs	1	EMERGENCY	Yes	No	TRUE	Yes
3	Suspected Pertusis	Al-Rahma	Salah-Al-Din	Dijlah	IDPs	3	UIMS	Yes	No	TRUE	Yes
4	Food poisoning	Qoratu/Banrasayi	Sulaymaniyah	Sulaymaniyah	IDPs	1	EMERGENCY	Yes	Yes	TRUE	Yes

Trends of Alerts

The graph below shows the numbers of alerts generated through EWARN by week, which have been investigated and responded accordingly by the Ministry of Health, WHO and health cluster partners.

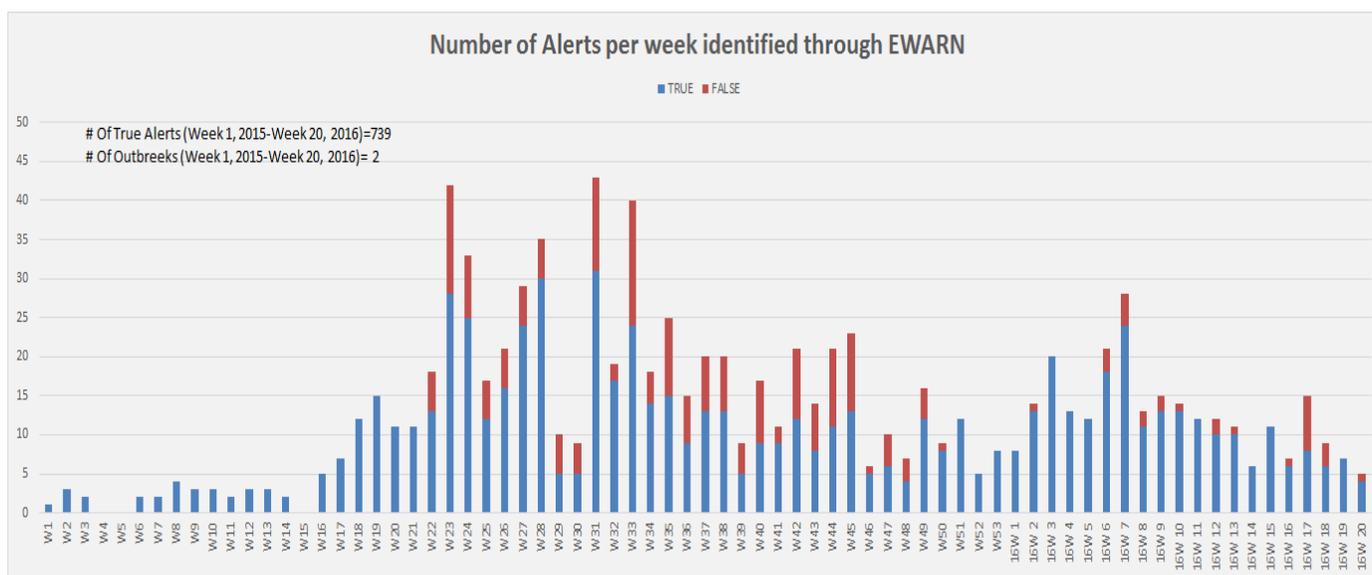


Figure X: Alerts generated through EWARN surveillance Week 1, 2015—Week 20, 2016

For comments or questions, please contact

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