



# Iraq: EWARN & Disease Surveillance Bulletin

2016 Epidemiological Week: 25

Reporting Period: 20 –26 June , 2016

## Highlights

- ◆ **Number of reporting sites:** One hundred and sixteen (116) reporting sites (87% of the total EWARN reporting sites) including sixty-five (65) in internally displaced people’s (IDP) camps, five (5) in refugee camps and forty-six (46) mobile clinics submitted their weekly reports timely and completely.
- ◆ **Total number of consultations:** 35,361 (Male=16 137 and Female=19 224), marking an increase of 182 since last week.
- ◆ **Leading causes of morbidity in the camps:** Acute respiratory tract infections (ARI) (n=11 859), acute diarrhea (AD) (n=3 197) and skin diseases (n=1 138) remained the leading causes of morbidity in all camps and displaced population areas served by mobile clinics during this reporting week.
- ◆ **Number of alerts:** Five (5) alerts were generated through EWARN, of which four were from IDPs camps and one from refugee camp during this reporting week. The alerts were investigated within 72 hours, of which four were verified as true; they were further investigated and responded by the relevant health cluster partners. (Details: see Alerts and Outbreaks Section).

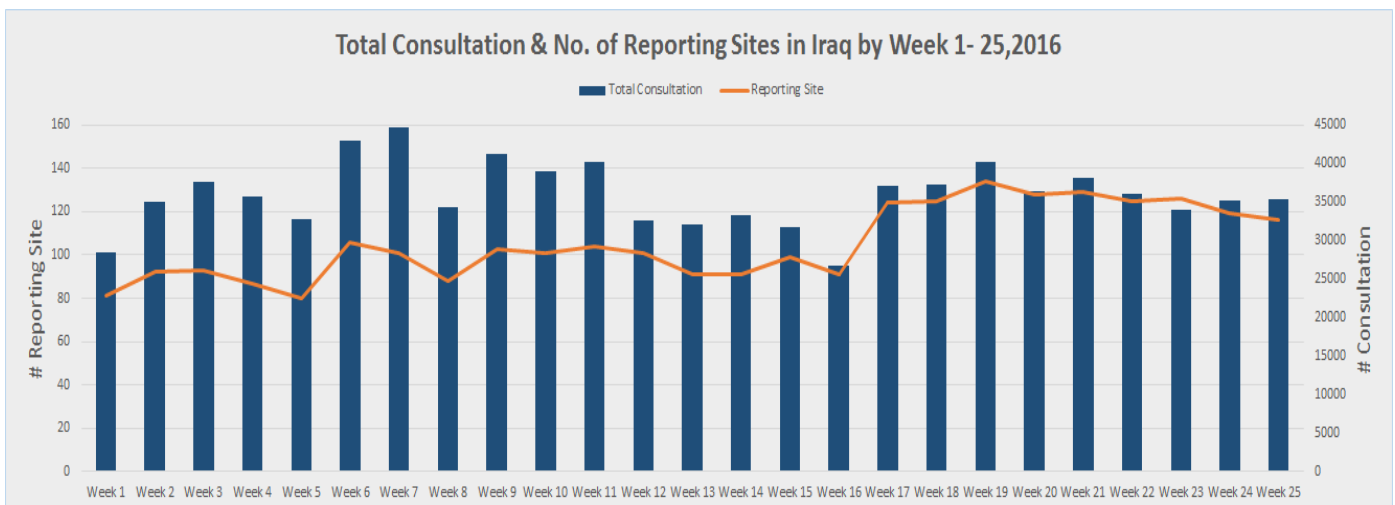
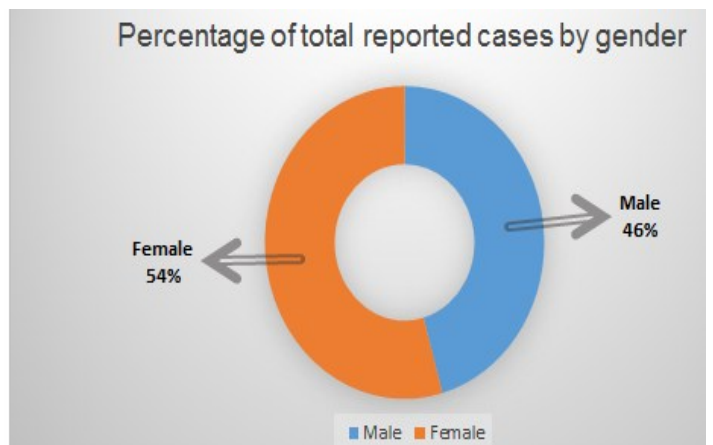
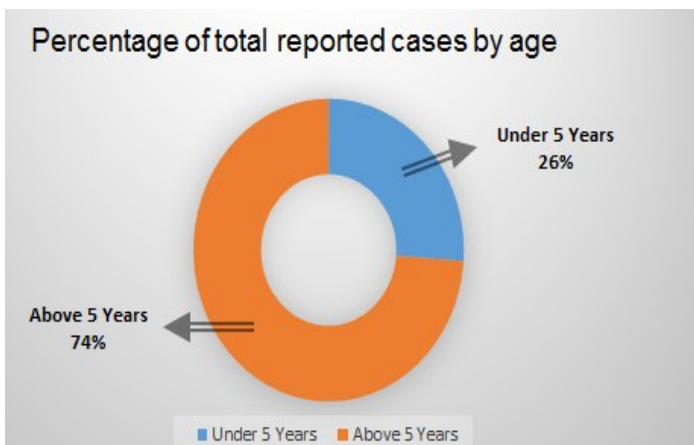


Figure I: Distribution of total consultations and number of reporting health facilities by week, Week 1 – 25, 2016

### Distribution of total consultations in the camps by age and gender (Week 25, 2016)



# Morbidity Patterns

## IDP camps:

During Week 25, the proportions of acute respiratory tract infections (ARI), acute diarrhea and skin infestations including scabies in IDP camps showed a slight decrease from the previous week. (see graph below).

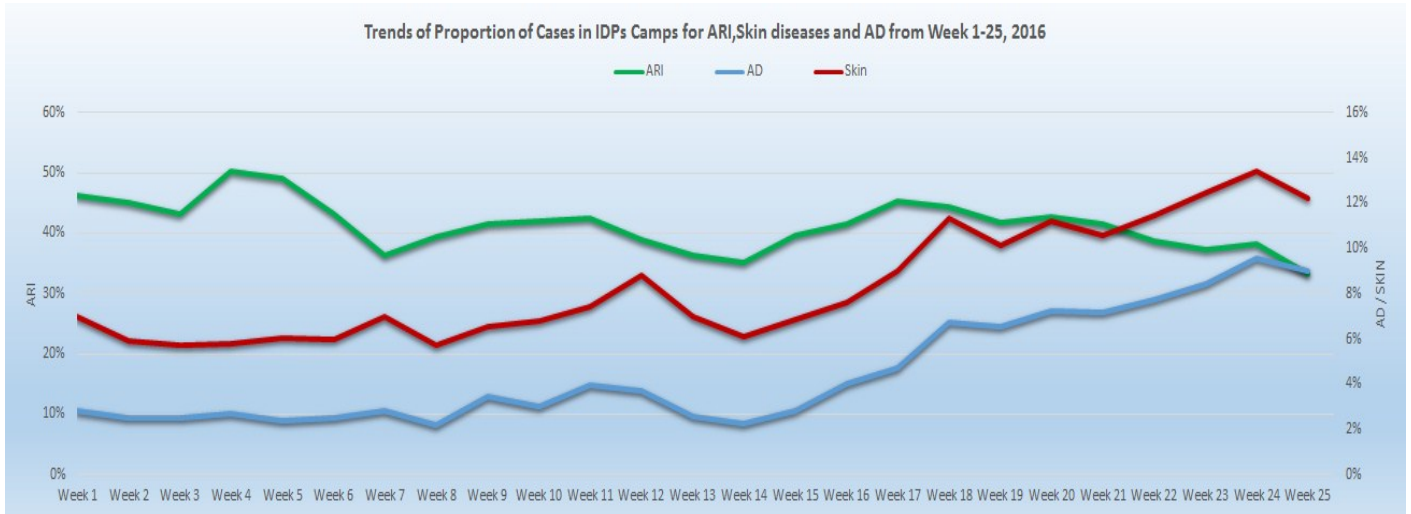


Figure II: Distribution of the acute respiratory infection, scabies and acute diarrhea in IDP camps Week 1–25, 2016

## Refugee camps:

During week 25, the proportion of acute respiratory tract infections (ARI) indicated a slight decrease from the previous two weeks, while the proportions of acute diarrhea and skin infestations including scabies trends are continuously declining since week 17 (see graph below).

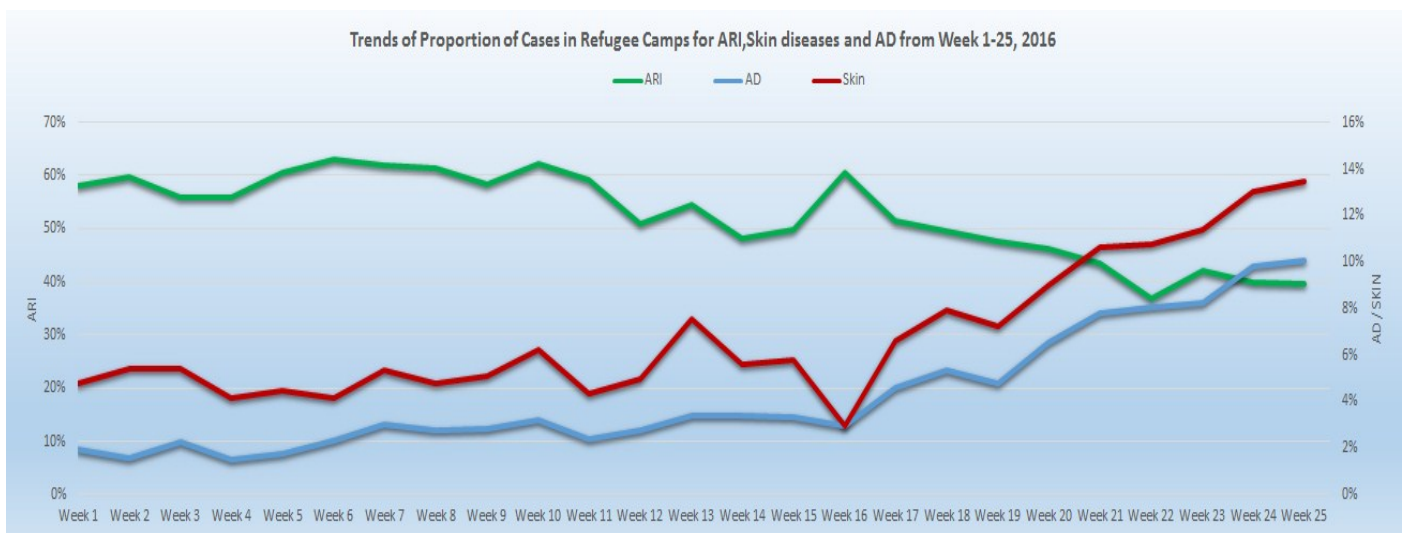


Figure III: Distribution of the acute respiratory infection, scabies and acute diarrhea in refugee camps Week 1–25, 2016

**Distribution of the common 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 25, 2016.

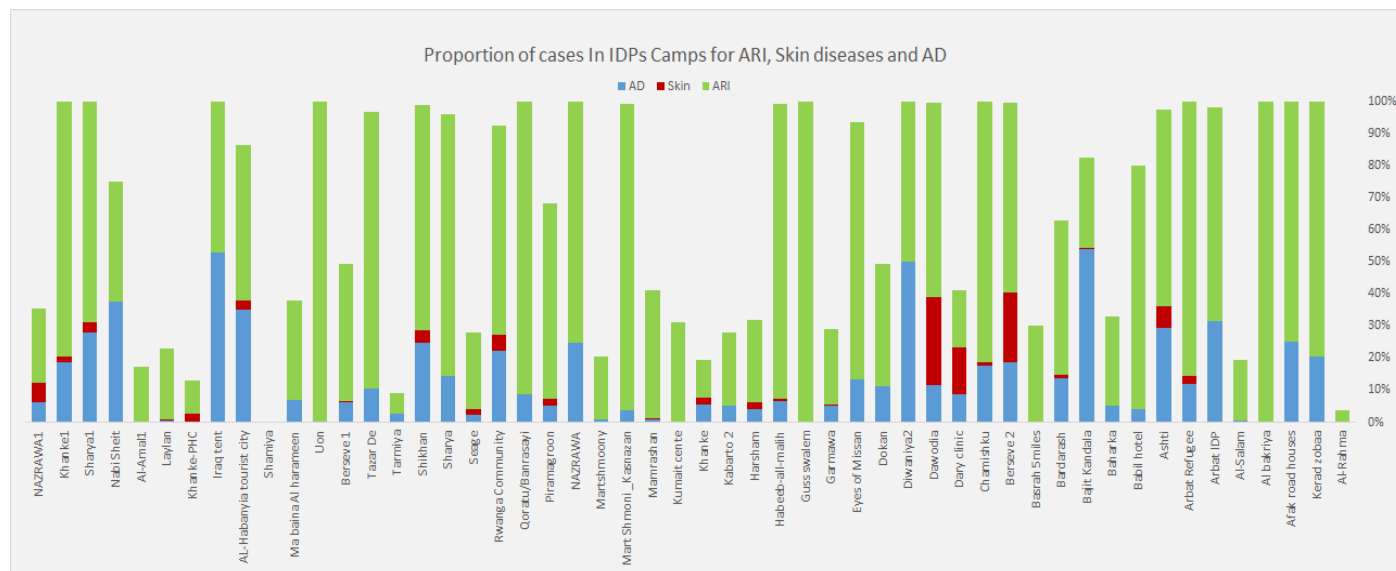


Figure IV: Proportion of cases of ARI, Scabies and AD in IDP camps for week 25 2016

**Trends of diseases by proportion and location for refugee 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 refugee camps for week 25, 2016.

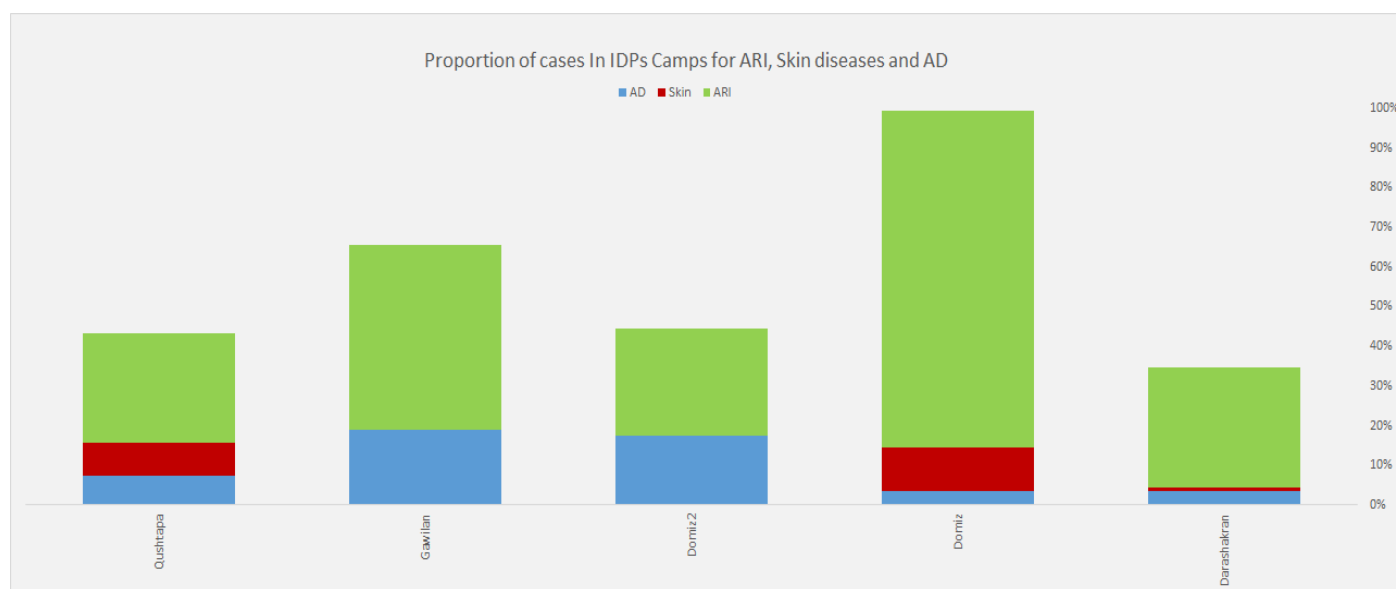


Figure V: Trend of proportions of cases of ARI, scabies and AD in refugee camps for week 25, 2016

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

The graph below indicates the proportion of case of acute respiratory tract infection, 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 25, 2016.

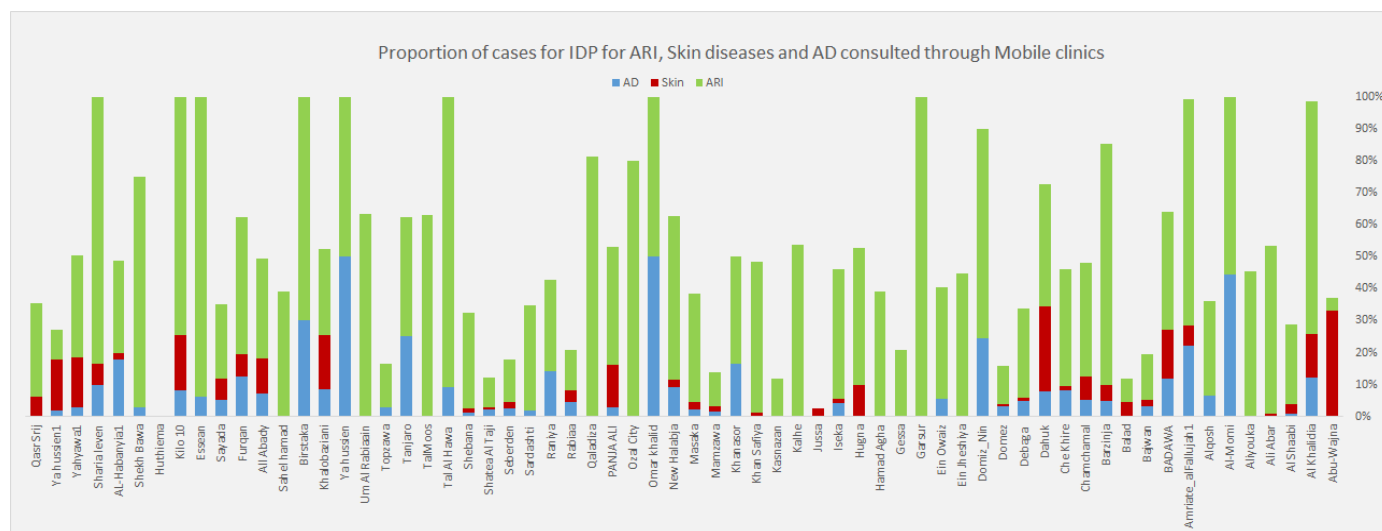


Figure VI: Trend of proportions of IDP cases for ARI, scabies and AD covered by mobile clinics for Week 25, 2016

### Trends of acute bloody diarrhea

The graph below shows the trends of the acute bloody diarrhea cases by week in Iraq from the EWARN system for 2015 and 2016. During 2016, the trend started to increase from week 15. Al Habbaniyah tour health clinic in Anbar governorate reported the highest incidence of cases (6 cases per 1,000 population) and these cases were 91% of the total reported acute bloody diarrhea cases in the EWARN system during this week. Almost 47% of the total reported acute bloody diarrhea cases from the beginning of this year were from Al Habbaniyah tourist reporting site, although the site started to work since Week 18, 2016 (8 weeks ago). Monitoring the water supply system and raising awareness of the community are part of the preventive measures implemented in this area.

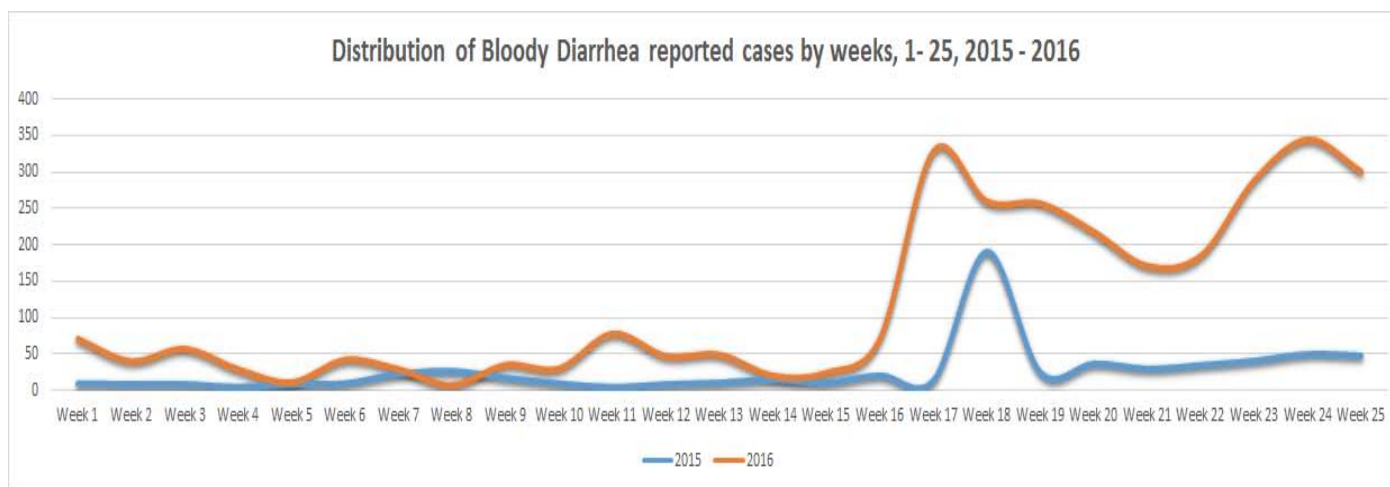


Figure VII: Distribution of acute bloody diarrhea reported cases by week, Week 1-Week 25, 2015-2016

### Trends of waterborne diseases in IDP and refugee camps

The graph below shows the trends of waterborne diseases (acute diarrhoea, bloody diarrhoea and acute jaundice syndrome) reported from IDP and refugee camps, which indicates a slight increase in these diseases. (see 2 graphs below)

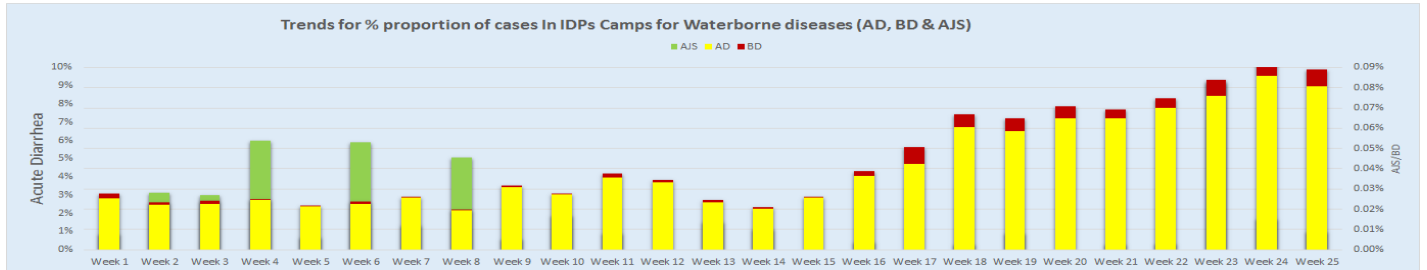


Figure VIII: Trend of waterborne diseases from IDP camps, Week 1-25, 2016

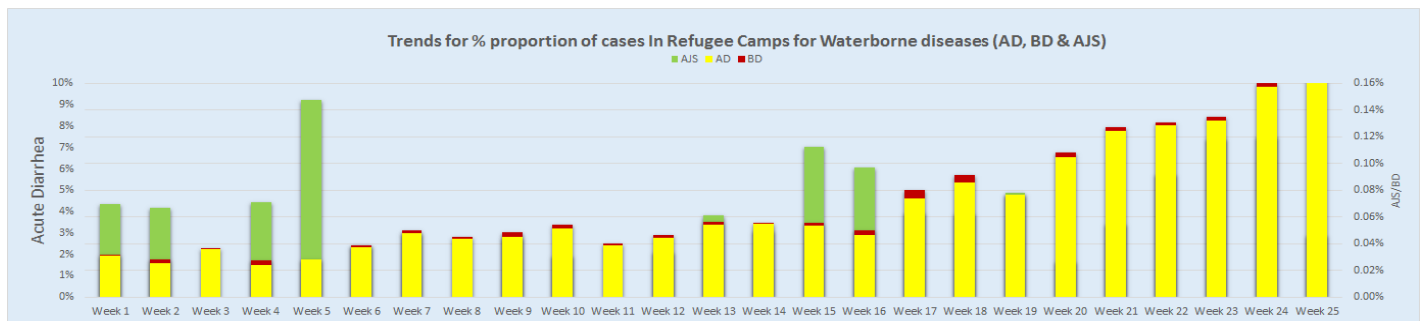


Figure IX: Trend of waterborne diseases from refugee camps, Week 1-25, 2016

### Trends of acute diarrhoea

The graph below shows the trends of acute diarrhoea reported in the period Week 1-Week 25, 2015 and 2016 by EWARN. This week a slight decrease was observed in the trends of the disease compared to last week. During 2016, in the period Week 1-Week 25, Anbar reported 32% of total reported AD cases, followed by Dohuk, with 23%, Ninewa, with 13% and Sulaymaniyah, with 9%.

AD incidence density during week 25, 2016 in Anbar governorate was 8 patients per 1,000 at risk population, in Dohuk, 3 patients per 1,000 population, in Ninewa, 2 patients per 1,000 population and in Sulaymaniyah, 1 patient per 1,000 population.

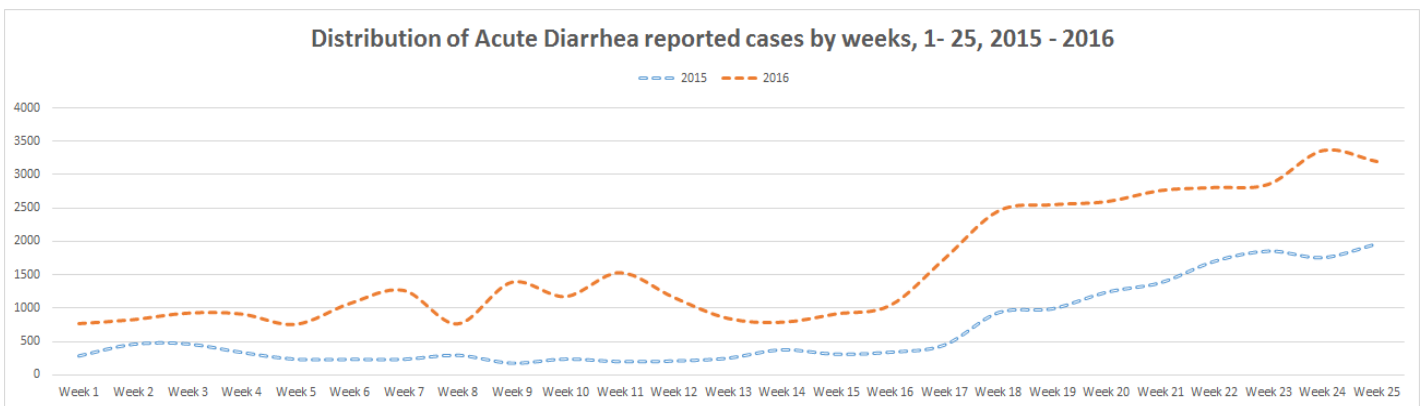


Figure X: Distribution of acute diarrhoea reported cases by week, Week 1-Week 25, 2015-2016

Five alerts were generated through EWARN following the defined thresholds, of which four were from IDP camps and one from refugee camps during this reporting week. All these alerts were investigated within 72 hours, of which four were verified as true and were further investigated and responded by the respective Governorates Departments of Health, WHO and the relevant health cluster partners. (please see Alerts and Outbreaks table). The false alert was reported from Darashakran camp. It was one case of food poisoning. The investigation conducted concluded that the case did not meet the food poisoning case definition. Furthermore, no other similar cases were found.

Sn	Alert	Location	Governorate	District	IDP/Refugee Camp	# of cases	Run by	Investigation and Response within	Sample Taken Yes/No	Alerts Outcome True/False	Public Health Interventions Conducted
								48-72% DOH/WHO/NGO			
1	Suspected Measles	Arbat	Sulaymaniyah	Arbat	IDPs	1	EMERGENCY	Yes	Yes	TRUE	Yes
2	Suspected Leishmaniasis	Al-Salam	Anbar	Ameriyat Al-Fallujah	IDPs	5	UIMS	Yes	No	TRUE	Yes
3	Food poisoning	Ashti	Sulaymaniyah	Arbat	IDPs	3	EMERGENCY	Yes	Yes	TRUE	Yes
4	Food poisoning	Darashakran	Erbil	Erbil	Refugees	1	IMC	Yes	No	FALSE	Yes
5	Acute Flaccid Paralysis (AFP)	Dary clinic	Baghdad	Karkh	IDPs	1	Dary	Yes	Yes	TRUE	Yes

## Trends of Alerts

The graph below shows the numbers 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.

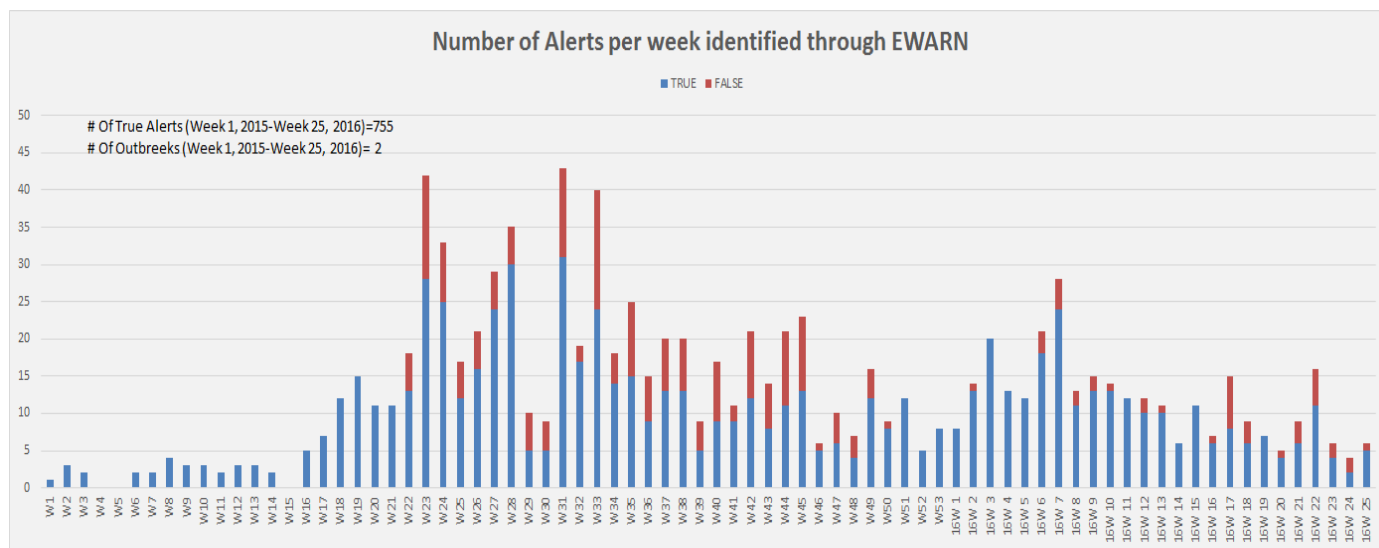


Figure X: Alerts generated through EWARN surveillance Week 1, 2015—Week 25, 2016

## For comments or questions, please contact

- **Dr. Adnan Nawar Khistawi** | 07901948067 | [adnannawar@gmail.com](mailto:adnannawar@gmail.com), Head of Surveillance Section, Federal MOH
- **Dr. Janin Sulaiman** | 07508678768 | [Janin\\_irq@yahoo.com](mailto:Janin_irq@yahoo.com), EWARN Focal point, MOH-KRG
- **Dr. Muntasir Elhassan** | 07809288616 | [elhassanm@who.int](mailto:elhassanm@who.int), EWARN Coordinator, WHO Iraq
- **WHO EWARN Unit:** [emacoirqewarn@who.int](mailto:emacoirqewarn@who.int)