

Iraq: EWARN & Disease Surveillance Bulletin

2016 Epidemiological Week: 26

Reporting Period: 27 June – 3 July, 2016

Highlights

- ◆ **Number of reporting sites:** One-hundred and ten (110) reporting sites including (82% of the total EWARN reporting sites), sixty (60) in internally displaced people's (IDP) camps, five (5) in refugee camps and forty-five (45) in mobile clinics submitted their weekly reports timely and completely.
- ◆ **Total number of consultations:** 32 698 (Male=15 275 and Female=17 423), marking a decrease of 2 663 since last week.
- ◆ **Leading causes of morbidity in the camps:** Acute respiratory tract infections (ARI) (n=11 262), acute diarrhea (AD) (n=2 938) and skin diseases (n=1 067) 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, four of them were from IDPs camps and one from refugee camp during this reporting week. 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).

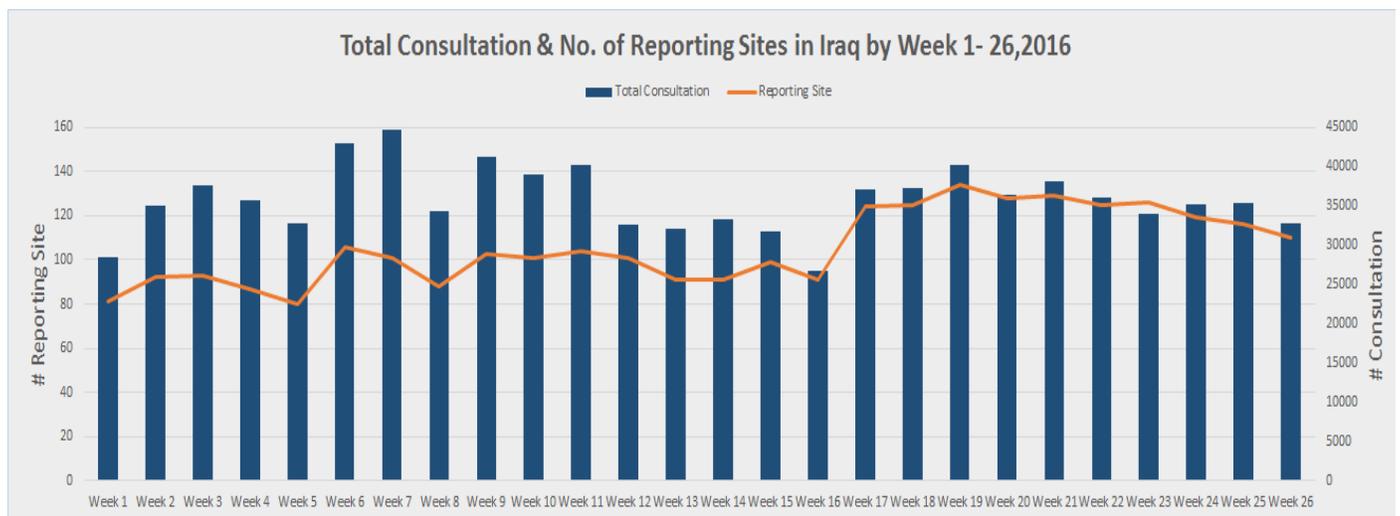
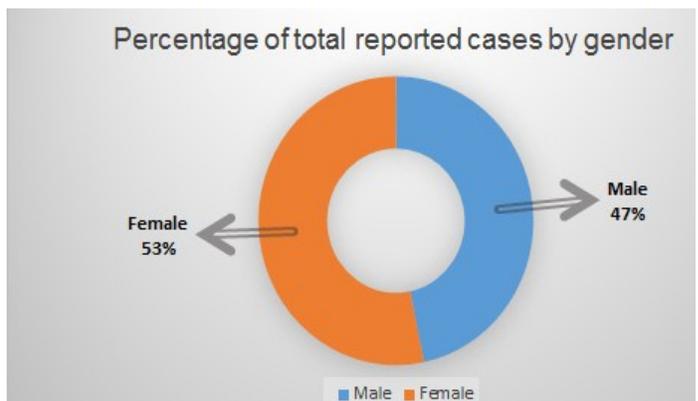
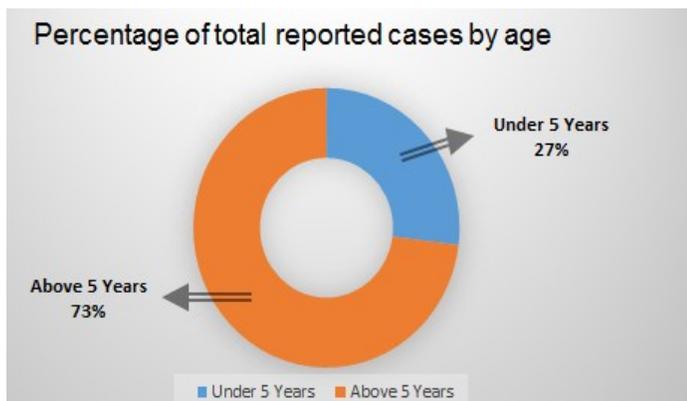


Figure I: Distribution of total consultations and number of reporting health facilities by week, Week 1 – 26, 2016

Distribution of total consultations in the camps by age and gender (Week 26, 2016)



Morbidity Patterns

IDP camps:

During Week 26, the proportions of acute respiratory tract infections (ARI) slightly increased compared to last week, while the proportions of acute diarrhea and skin infestations including scabies in IDP camps decreased this week compared to last week (see graph below).

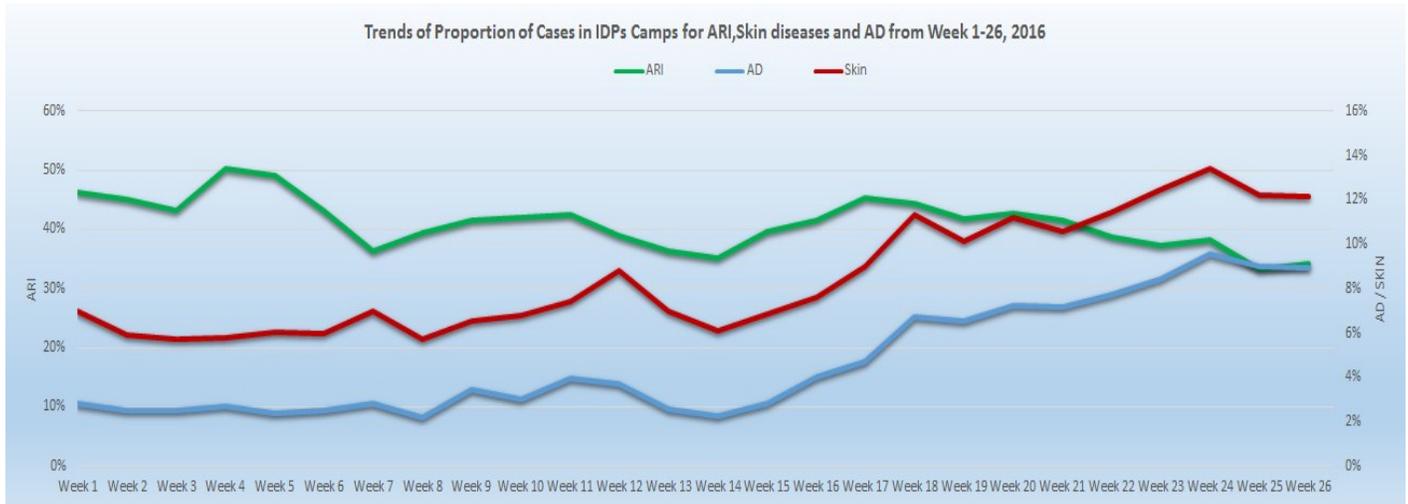


Figure II: Distribution of acute respiratory infection, scabies and acute diarrhea in IDP camps Week 1 –26, 2016

Refugee camps:

During Week 26, the proportion of acute respiratory tract infections (ARI) continued decreasing since week 16. On other hand, the proportions of acute diarrhea and skin infestations including scabies trends are gradually increasing since week 19 (see graph below).

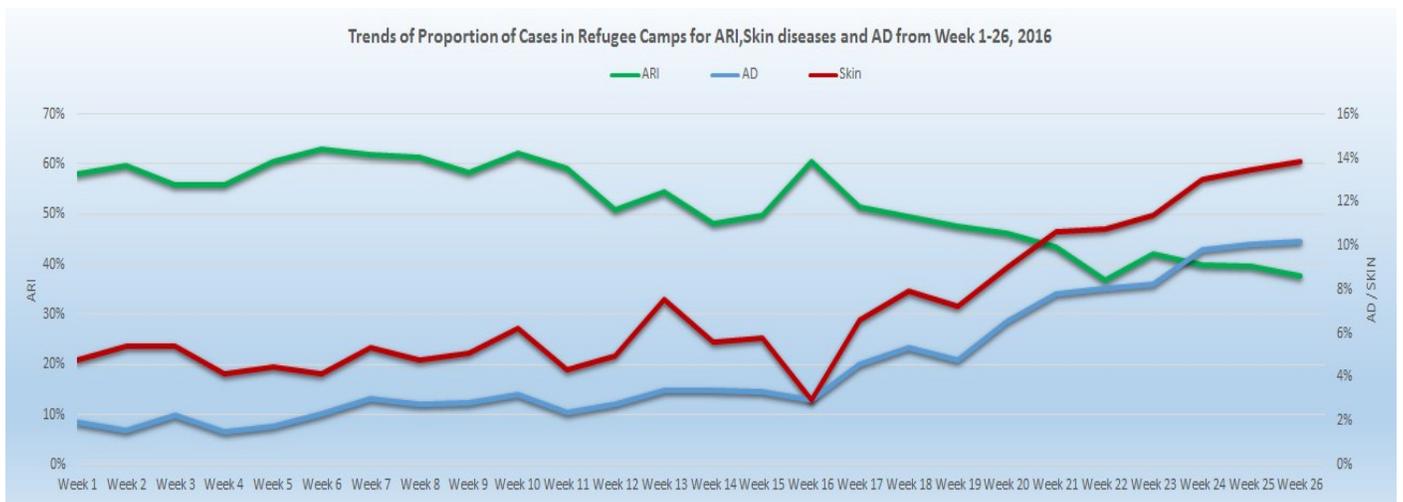


Figure III: Distribution of acute respiratory infection, scabies and acute diarrhea in refugee camps Week 1 –26, 2016

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 diarrrhea and skin infestations including scabies which comprises the highest leading causes of morbidity in IDP camps for Week 26, 2016.

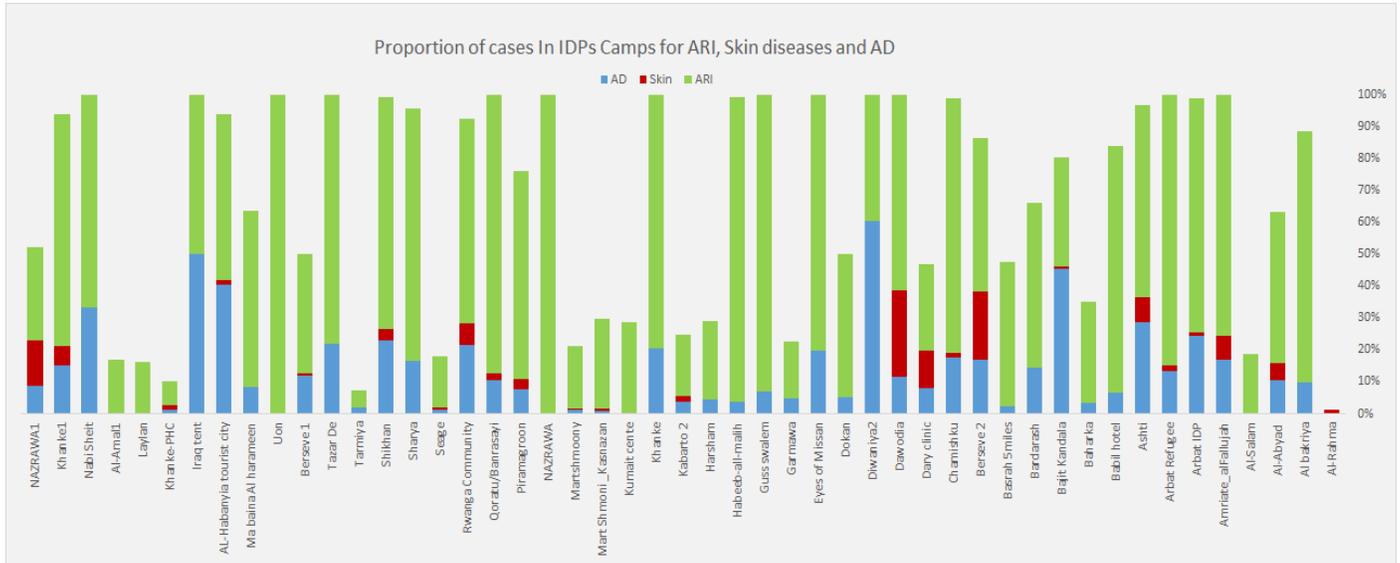


Figure IV: Proportion of cases of ARI, scabies and AD in IDP camps for Week 26, 2016

Trends of diseases by proportion and location for refugee camps

The graph below indicates the proportion of case of acute respiratory tract infections, acute diarrrhea and skin infestations including scabies which comprises the highest leading causes of morbidity in refugee camps for week 26, 2016.

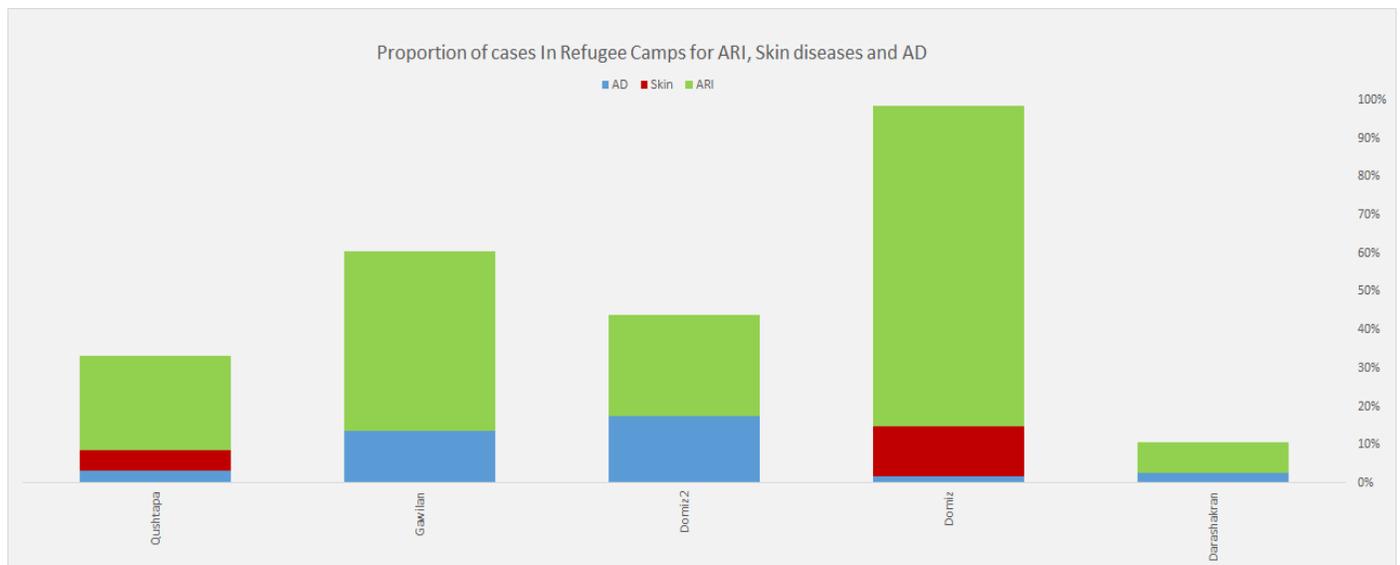


Figure V: Trend of proportions of cases of ARI, scabies and AD in refugee camps for Week 26, 2016

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 26, 2016.

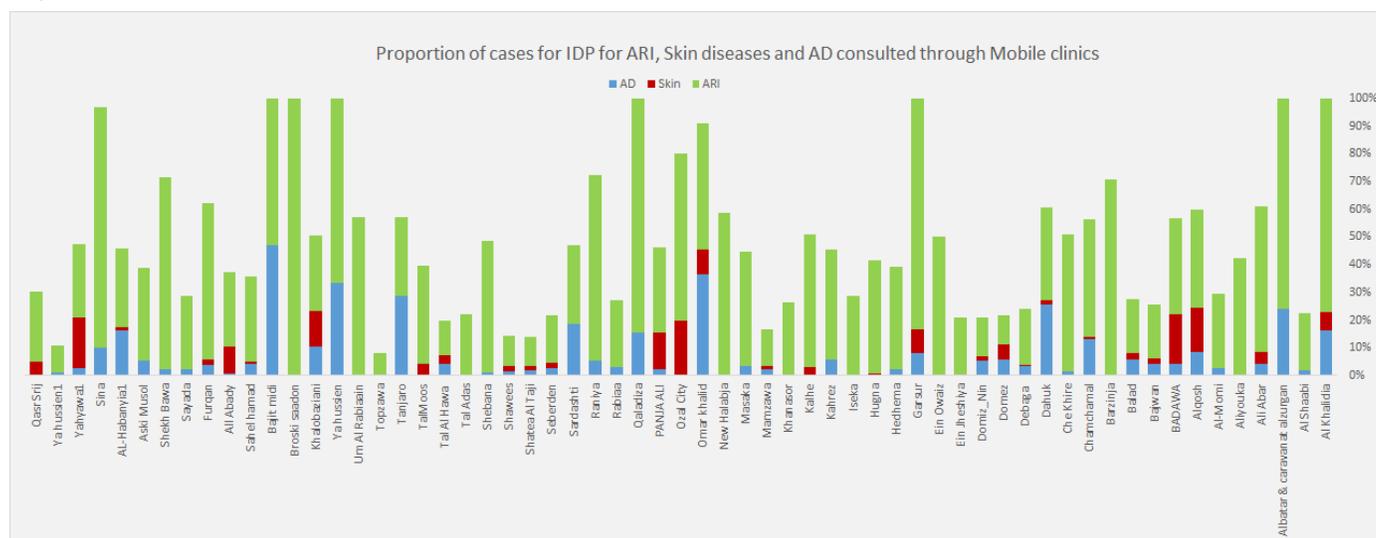


Figure VI: Trend of proportions of IDP cases for ARI, scabies and AD covered by mobile clinics for Week 26, 2016

Trends of measles disease

There were 63 reported suspected measles cases from all the EWARN reporting sites in Iraq during 2016. From Week 1 to Week 26, 32 (51%) of the cases were reported from Sulaymaniyah sporadically. Last week, Sulaymaniyah governorate reported 2 suspected cases of measles. Disease trend peaks were observed during Week 7 and Week 17. During early 2015, mass measles prevention campaigns were conducted in Sulaymaniyah, but the regular reporting of measles may indicate low routine coverage rate in these camps, in addition to the continuous movement of the displaced populations to Sulaymaniyah. Anbar governorate reported the second highest number of measles cases (14, 22%). Lab confirmation and further preventive measures will be considered to reduce the burden of the disease in the camps, specially in the region of Sulaymaniyah.

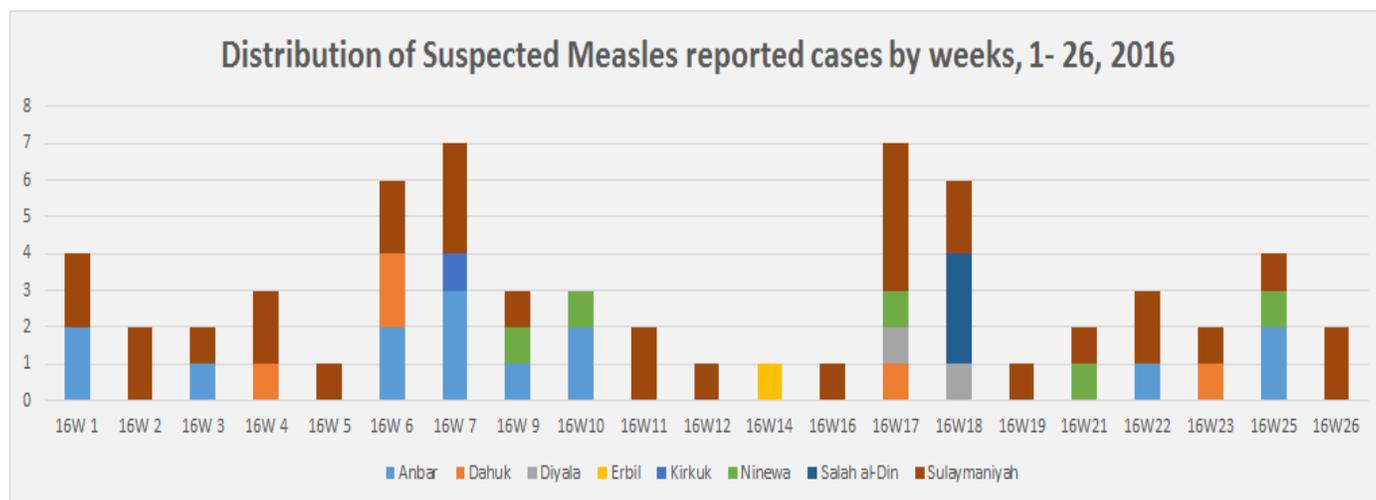


Figure VII: Distribution of suspected measles reported cases by governorate, Week 1- 26, 2016

Trends of waterborne diseases in IDP and refugee camps

The graph below shows the trends of waterborne diseases (acute diarrrhea, bloody diarrrhea and acute jaundice syndrome) reported from IDP and refugee camps, which have slightly decreased in IDP camps and remain unchanged in refugee camps (see graph below).

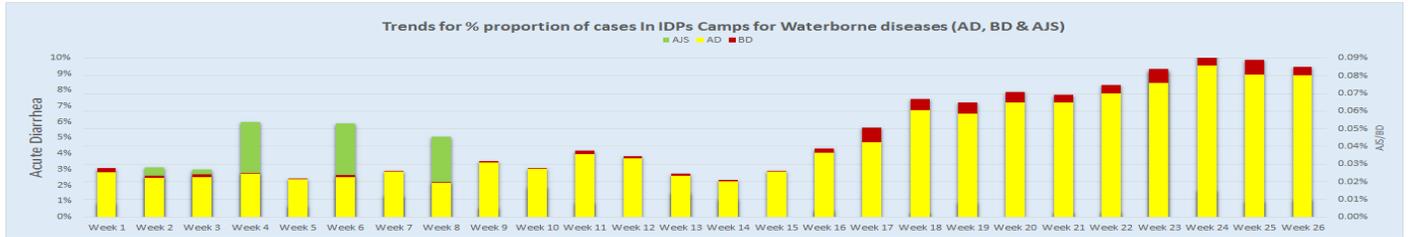


Figure VIII: Trend of waterborne diseases from IDP camps, Week 1-26, 2016

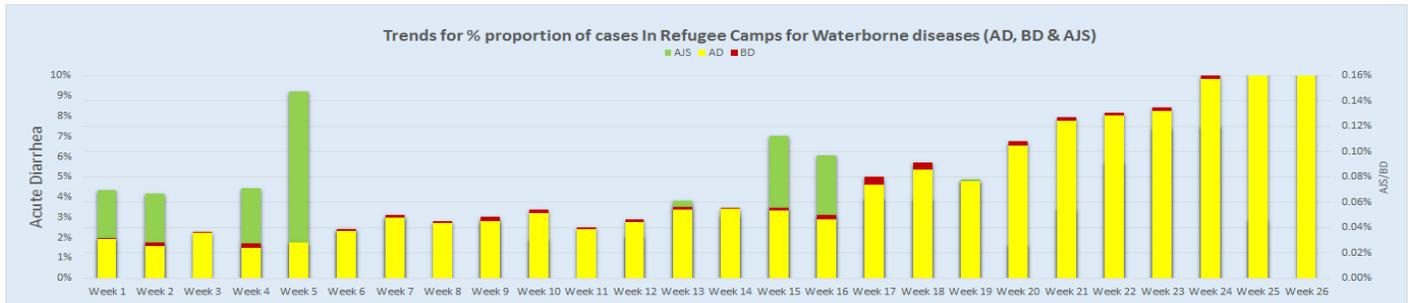


Figure IX: Trend of waterborne diseases from refugee camps, Week 1-26, 2016

Trends of acute diarrrhea

The graph below showed the trends of acute diarrrhea reported from Week 1 to Week 26 in 2015 and 2016 by EWARN. Disease trends continued decreasing this week compared to last week. During 2016, from Week 1 to Week 26, Anbar reported 33% of total reported AD cases, followed by Dohuk, with 23%, Ninewa, with 13% and Sulaymaniyah, with 9%.

AD incidence density during Week 26, 2016 is similar to last week in all governorates that reported a high number of cases. In Anbar governorate, the incidence density 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.

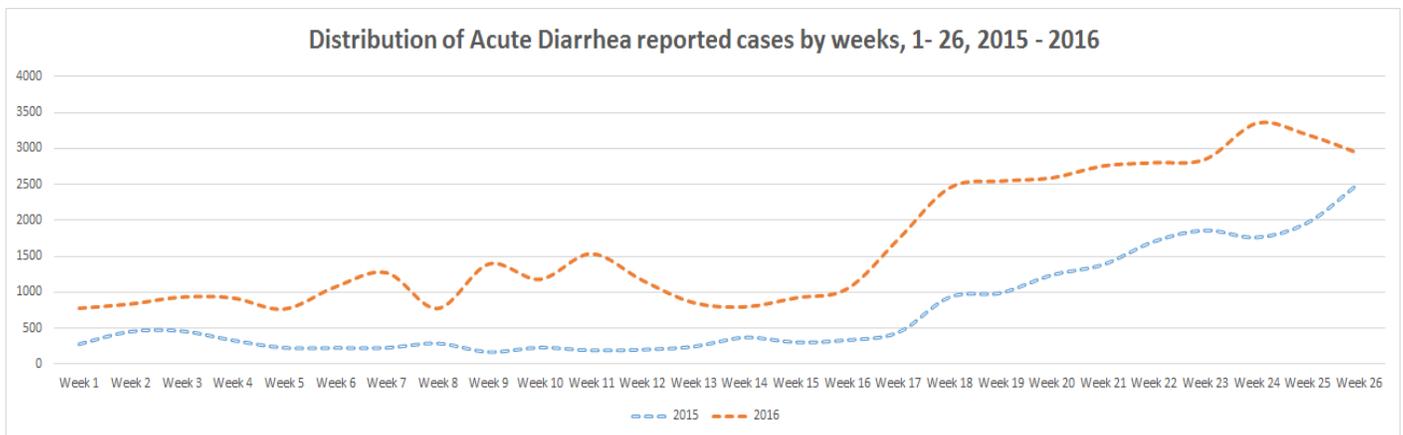


Figure X: Distribution of bloody diarrrhea reported cases by week, Week 1– Week 26. 2015-2016

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).

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	Food poisoning	Baharka	Erbil	Erbil	IDPs	8	IMC	Yes	No	TRUE	Yes
2	Suspected Measles	Piramagrun	Sulaymaniyah	Sulaymaniyah	IDPs	1	MC-WVI	Yes	Yes	FALSE	Yes
3	Suspected Measles	Ashti	Sulaymaniyah	Arbat	IDPs	1	EMERGENCY	Yes	Yes	TRUE	Yes
4	Suspected Leishmaniasis	Al-Salam	Anbar	Ameriyat Al-Fallujah	IDPs	3	UIMS	Yes	No	TRUE	No
5	Suspected Leishmaniasis	Qushtapa	Erbil	Erbil	Refugee	1	DoH	Yes	No	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.

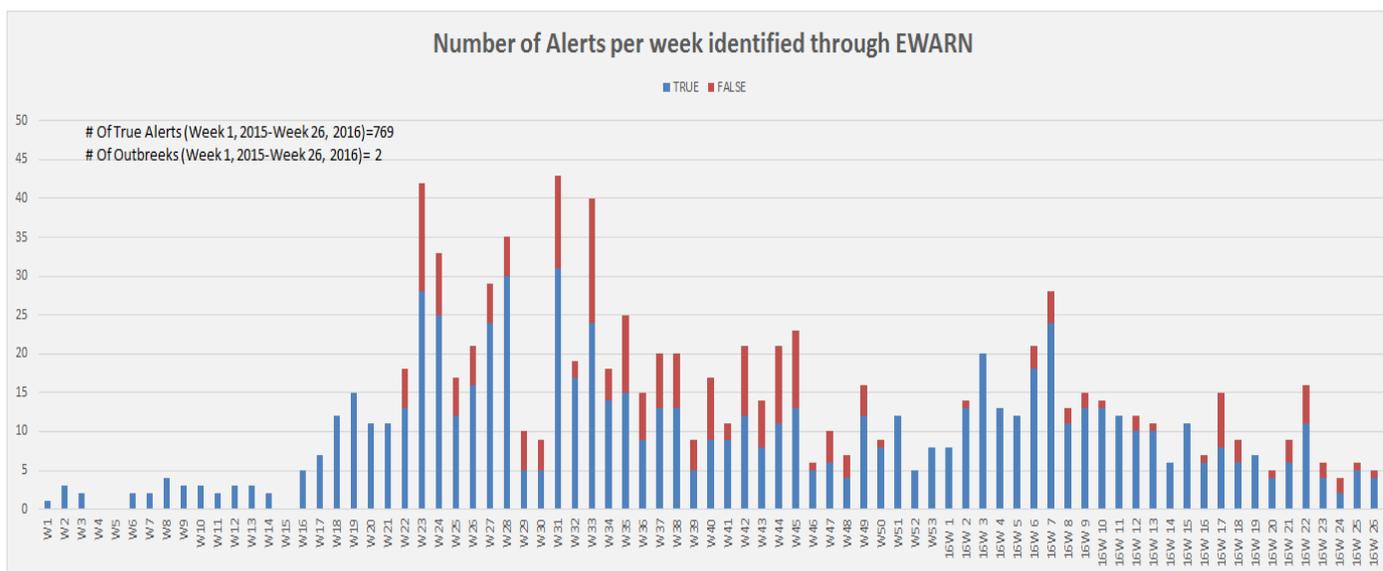


Figure X: Alerts generated through EWARN surveillance Week 1, 2015—Week 26, 2016

For comments or questions, please contact

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