





Iraq: **EWARN** & Disease Surveillance Bulletin

2016 Epidemiological Week: 27 Reporting Period: 4 - 10 July, 2016

Highlights

- Number of reporting sites: Ninety-eight (98) reporting sites (73% of the total EWARN reporting sites) including fifty-eight (58) in internally displaced people's (IDP) camps, five (5) in refugee camps and thirty-five (35) in mobile clinics submitted their weekly reports timely and completely.
- ♦ Total number of consultations: 20 596 (Male=9 806 and Female=10 790), marking an decrease of 12 102 since last week, Week 26 (32 698).
- ◆ Leading causes of morbidity in the camps: Acute respiratory tract infections (ARI) (n=7 820), acute diarrhea (AD) (n=2 315) and skin diseases (n=739) remained the leading causes of morbidity in all camps and displaced population areas served by mobile clinics during this reporting week.
- Number of alerts: One (1) alert was generated through EWARN. This alert was from IDPs camp during this reporting week. The alert was investigated within 72 hours, and verified as true. It was further investigated and responded by the relevant health cluster partner. (Details: see Alerts and Outbreaks Section).

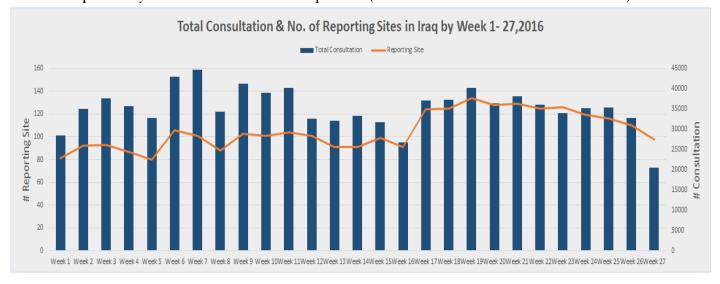
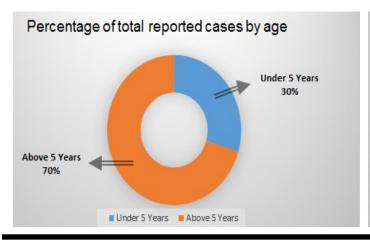
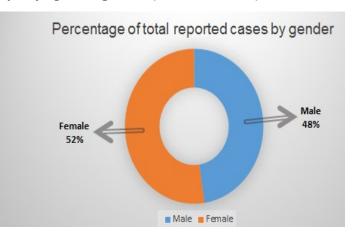


Figure I: Distribution of total consultations and number of reporting health facilities by week, Week 1-27, 2016

Distribution of total consultations in the camps by age and gender (Week 27, 2016)





Morbidity Patterns

IDP camps:

During Week 27, the proportions of acute respiratory tract infections (ARI), acute diarrhea and skin infestations including scabies in IDP camps increased (please see graph below).

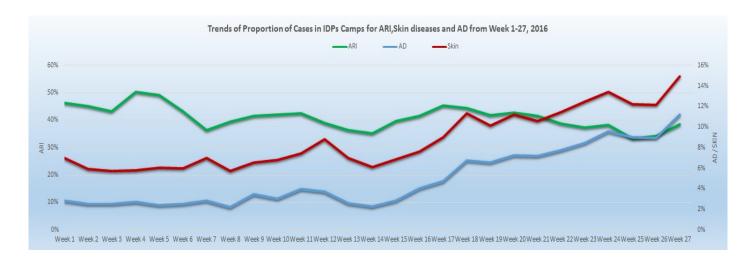


Figure II: Distribution of the acute respiratory infection, scabies and acute diarrhea in IDP camps, Week 1-27, 2016

Refugee camps:

During week 27, the proportion of acute respiratory tract infections (ARI) indicated a slightly decrease from the previous 4 weeks. While, the proportions of acute diarrhoea and skin infestations including scabies trends in were continued increasing (see graph below).

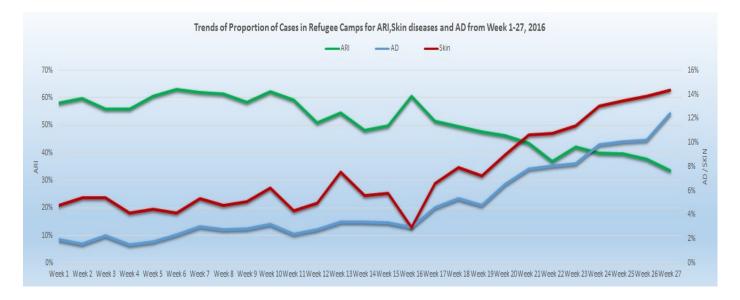


Figure III: Distribution of the acute respiratory infection, scabies and acute diarrhea in refugee camps Week 1-27, 2016

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 27, 2016.

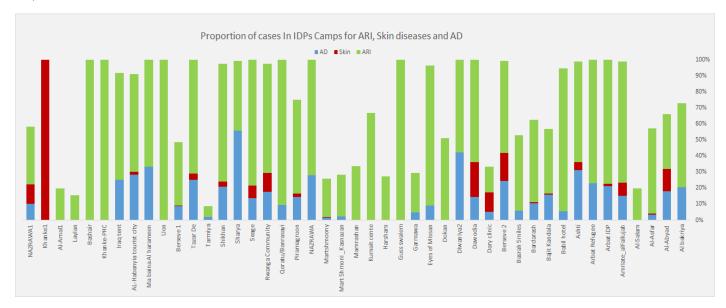


Figure IV: Proportion of cases of ARI, scabies and AD in IDP camps for Week 27 2016

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 27, 2016.

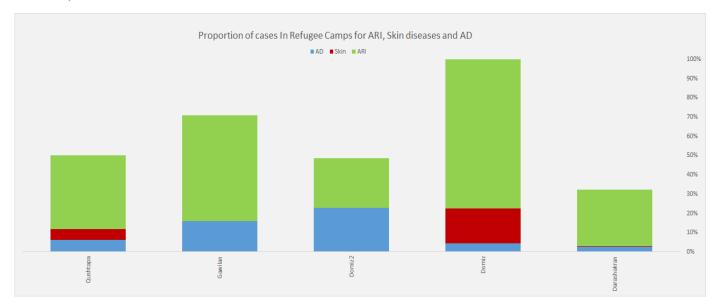


Figure V: Trend of proportions of cases of ARI, scabies and AD in refugee camps for Week 27, 2016

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

The graph below indicates the proportion of cases of acute respiratory tract infection, acute diarrhea and skin infestations including scabies which comprises the highest leading causes of morbidity of the IDPs covered by mobile clinics for Week 27, 2016.

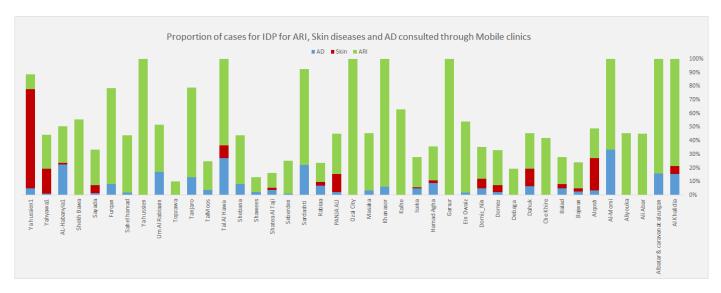


Figure VI: Trend of proportions of IDP cases of ARI, scabies and AD covered by mobile clinics for Week 27, 2016

Trends of measles disease

There were 64 reported suspected measles cases from all the EWARN reporting sites during 2016. Sulaymaniyah reported 33 (52%) of the cases sporadically, including one case reported this week. Disease trend peaks were observed during Week 7 and Week 17. There is a decline in the reporting of the suspected cases of measles in Sulaymaniyah this week (1) compared to last week (2). From all the samples tested for measles at the Central Public Health Lab, two (2) of them were positive from Arbat refugee camp. The two positive confirmed cases were reported during January and February this year.

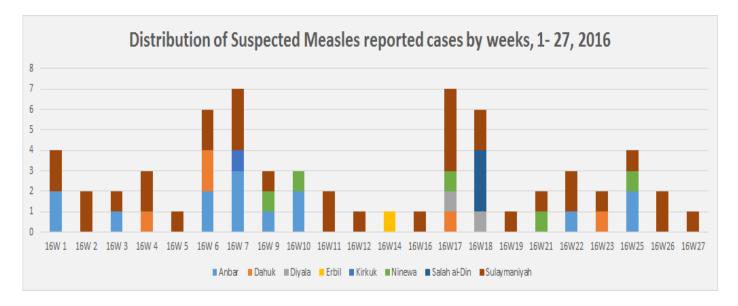


Figure VII: Distribution of suspected measles reported cases by governorate, Week 1-27, 2016

Trends of waterborne diseases in IDP and refugee camps

The graph below shows the trends of waterborne diseases (acute diarrhea, bloody diarrhea and acute jaundice syndrome) reported from IDP and refugee camps and which slightly increased in IDPs and remained unchanged refugee camps. (see graph below)

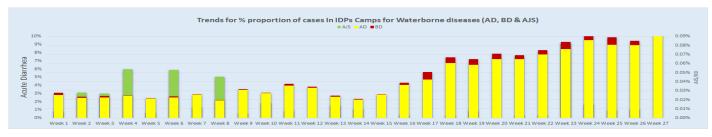


Figure VIII: Trend of waterborne diseases from IDP camps, Week 1-27, 2016

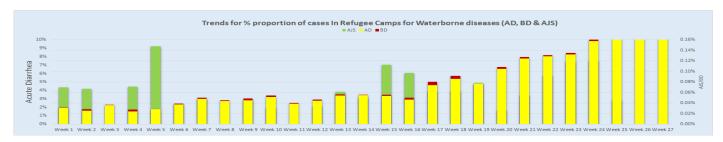


Figure IX: Trend of waterborne diseases from refugee camps, Week 1-27, 2016

Trends of acute diarrhea

The graph below shows the trends of acute diarrhea reported in the period Week 1-Week 27, 2015 and 2016 through the EWARN system. This week showed a slight decrease in the trends of the disease compared to the last two weeks. During 2016, in the period Week 1-Week 27, Anbar reported 34% of total reported AD cases, followed by Dohuk, with 23%, Ninewa, with 13% and Sulaymaniyah, with 9%.

AD incidence density during Week 27, 2016 in Anbar governorate is 7 patients per 1,000 at risk population, in Dohuk, 3 patients per 1,000 population, in Ninewa, 1 patient per 1,000 population and Sulaymaniyah, 5 patients per 1,000 population.

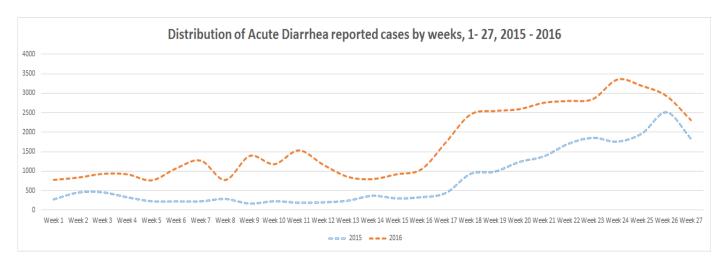


Figure X: Distribution of bloody diarrhea reported cases by week, Week 1-Week 27, 2015-2016

One alert was generated through EWARN following the defined thresholds. This alert was reported from IDP camp during this reporting week. It was investigated within 72 hours and was verified as true and further investigated by Sulaymaniyah Departments of Health (please see Alerts and Outbreaks table below).

3	in	Alert	Location	Governorate	District	IDP/Refugee Camp	#of cases	Run by	Investigatio n and Response within 48-72% DOH/WHO/ NGO	Sample Taken Yes/No	True/False	Public Health Intervention s Conducted	ı
	1	Suspected Measles	Ashti	Sulaymaniyah	Arbat	IDPs	1	EMERGENCY	Yes	Yes	TRUE	No	

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.

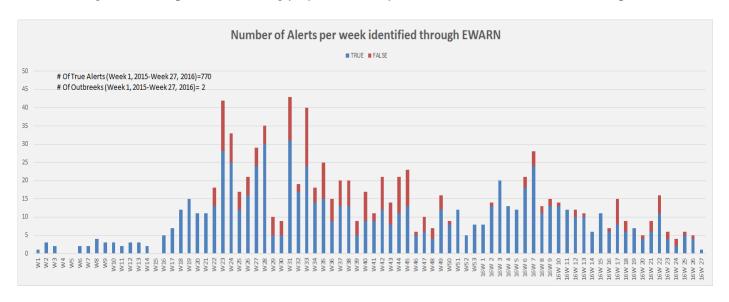


Figure X: Alerts generated through EWARN surveillance Week 1, 2015—Week 27, 2016

For comments or questions, please contact

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