

Iraq: **EWARN** & Disease Surveillance Bulletin

2017 Epidemiological Week: 30

Reporting Period: 24 – 30 July, 2017

HIGHLIGHTS

- Number of reporting sites: (202) reporting sites submitted timely and completely weekly reports through EWARN: (102) in Internally Displaced People's (IDP) camps, (8) in refugee camps, (84) in mobile clinics and (8) in hospitals.
- ◆ Total number of consultations: 102,779 (Male=51,390 and Female=51,390) consultations were reported during this week marking an increase of 9% when compared to last week, (Week 29=93,175).
- The cumulative consultations from Week 01-30 is 2,616,481. (Figure I)

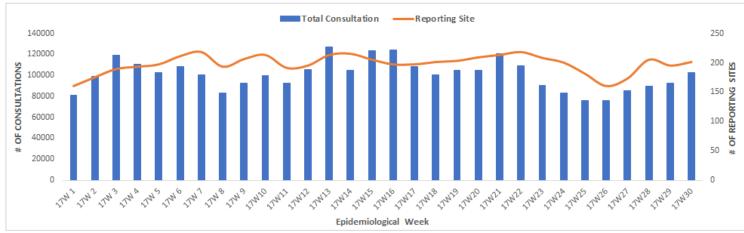


Figure I: Total Consultations and Number of Reporting Sites in Iraq by week in 2017 (Week 01 -30)

- ◆ Leading causes of morbidity: Acute Respiratory Tract Infections (n=23,868), Acute Diarrhea (n=6,700) and skin diseases including Scabies (n=1,658) remained the leading causes of morbidity in all camps and displaced population areas. (Figure II)
- Number of Alerts: 1 Alert (1 suspected cholera case) was received through EWARN.

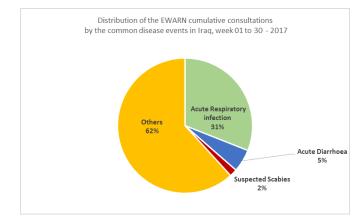


Figure II: Distribution of EWARN cumulative consultations by the common reported disease events in Iraq, Week 30, 2017

Ninewa Governorate

- 90 reporting sites submitted timely and completely weekly reports through EWARN: (43) in medical mobile clinics, (45) in static health facilities and (2) in hospitals.
- Total number of consultations in Ninewa Governorate in Week 30 was 64,604, marking an increase of 16% when compared to last week, (Week 29=53,705). (Figure III)
- 1 alert (1 suspected measles case) was received through EWARN.

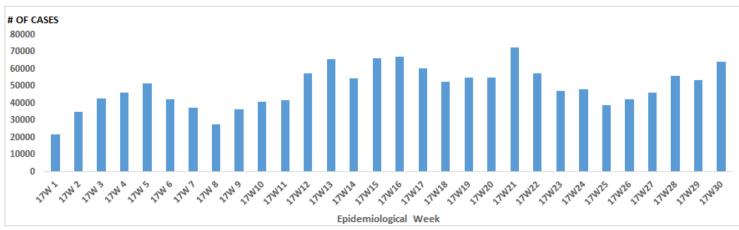


Figure III: Distribution of total consultations in Ninewa Governorate by week, Week 01 -30, 2017

Common reported events:

The most common reported disease events/syndromes during Week 30 in Ninewa Governorate were Acute Respiratory Infections (25%), Acute Diarrhea (8%), and skin infestations including Scabies (1%). (Table I)

Health Sector	Acute Respiratory Infection	Acute Diarrhoea	Suspected Leishmaniasis	Suspected Scabies	Other Disease
Al-Hamdaniya	4249	1697	1	213	9191
AL-SHIKHAN	819	157	0	12	2126
AYMEN	4033	1301	2	176	17000
AYSER	1665	148	0	69	4394
BARDARASH	67	30	0	3	0
GAYARA	2876	1361	2	304	4625
HATRA	175	117	0	0	954
Makhmur	695	475	0	20	477
Sinjar	180	15	0	1	238
Telafar	788	137	3	9	1645
TILKAIF	421	45	2	12	816
Grand Total	15968	5483	10	819	41466

Table I: Distribution of the common reported disease events in Ninewa Governorate in Week 30, 2017

Morbidity Patterns

IDP camps

The proportions of Acute Respiratory Tract Infections (ARI) and Acute Diarrhea (AD) slightly increased since last week. (ARI: Week 29=22%; Week 30=23% and AD: Week 29=6%; Week 30=7%); whereas, skin infestations including Scabies remained steady since last week. (Week 29 and 30= 2%) (Figure IV).

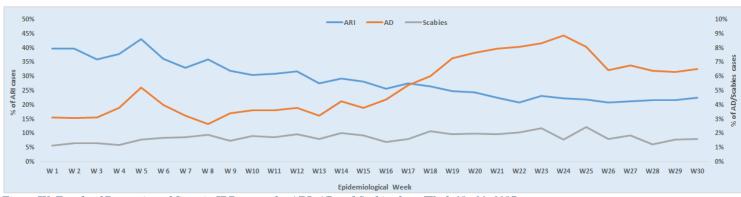


Figure IV: Trends of Proportion of Cases in IDP camps for ARI, AD and Scabies from Week 01 -30, 2017

Refugee camps

The proportions of Acute Respiratory Tract Infections (ARI) increased from 33% in Week 29 to 42% in Week 30; skin infestations including Scabies decreased from 3% in Week 29 to 1% in Week 30; whereas, Acute Diarrhea (AD) slightly decreased since last week (Week 29=6.4% and 30= 6%). (Figure V)

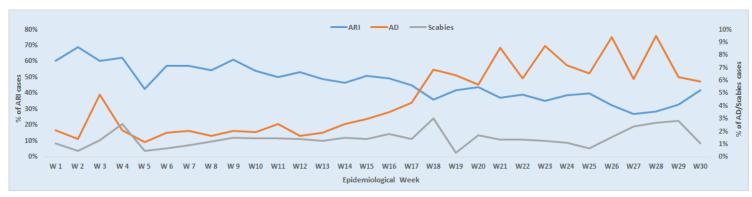


Figure V: Trends of Proportion of Cases in Refugee camps for ARI, AD and Scabies from Week 01 -30, 2017

Distribution of the common diseases by proportion and location for IDP camps in Iraq

Figures VI and VII indicates the proportions and distribution of Acute Respiratory Tract Infections (ARI), Acute Diarrhea (AD) and skin infestations including Scabies, which comprises the highest leading causes of morbidity, reported through Static Health Facilities and Medical Mobile Clinics (MMCs) in IDP camps in Iraq, excluding Ninewa in Week 30.

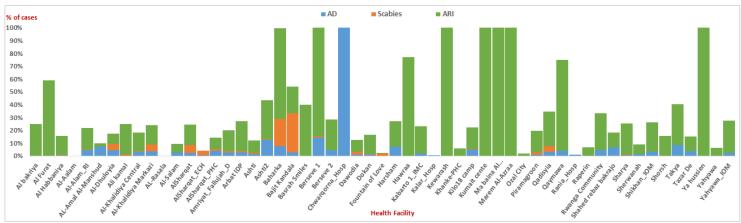


Figure VI: Proportion and distribution of ARI, AD and Scabies cases reported through Static Health Facilities in IDP camps in Iraq, excluding Ninewa

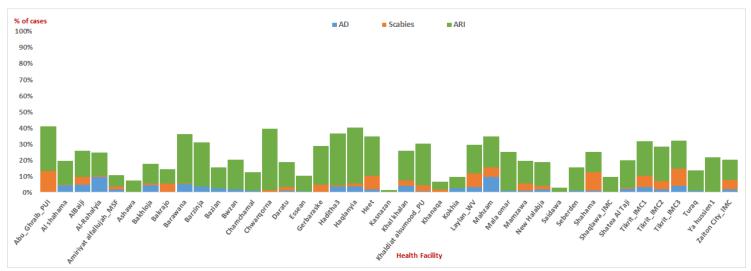


Figure VII: Proportion and distribution of ARI, AD and Scabies cases reported through MMCs in IDP camps in Iraq, excluding Ninewa

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Distribution of the common diseases by proportion and location for IDP camps in Ninewa Governorate

Figure VIII and IX indicate the proportions and distribution of Acute Respiratory Tract Infections (ARI), Acute Diarrhea (AD) and skin infestations including Scabies, which comprises the highest leading causes of morbidity, reported through Static Health Facilities and Medical Mobile Clinics (MMCs) in IDP camps in Ninewa Governorate in Week 30s.

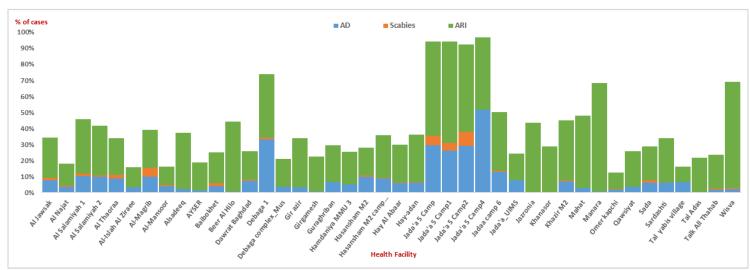


Figure VIII: Proportion and distribution of ARI, AD and Scabies cases reported through Static Health Facilities in IDP camps in Ninewa Governorate

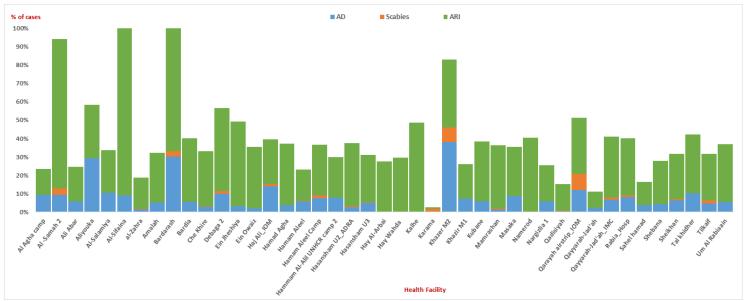


Figure IX: Proportion and distribution of ARI, AD and Scabies cases reported through MMCs in IDP camps in Ninewa Governorate

Distribution of the common diseases by proportion and location for Refugee camps

Figure X indicates the proportions and distribution of Acute Respiratory Tract Infections (ARI), Acute Diarrhea (AD) and skin infestations including Scabies, which comprises the highest leading causes of morbidity, reported in Refugee camps in Iraq, in Week 30.

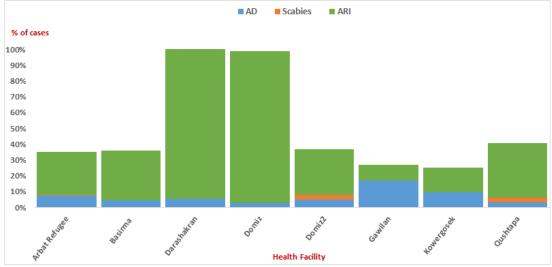


Figure X: Proportion and distribution of ARI, AD and Scabies cases reported in Refugee camps in Iraq

Trends of Acute Diarrhea

Figure XI indicates the trends of Acute Diarrhea reported from Week 01 to Week 30 through the EWARN system. The proportion of Acute Diarrhea (AD) cases slightly increased from 6% in Week 29 to 7% in Week 30.

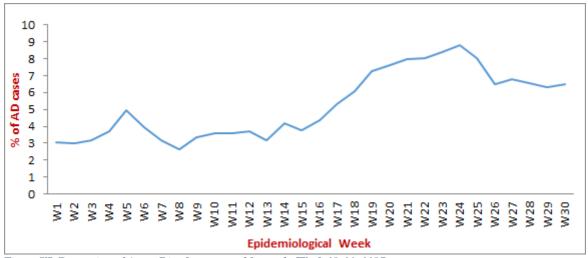
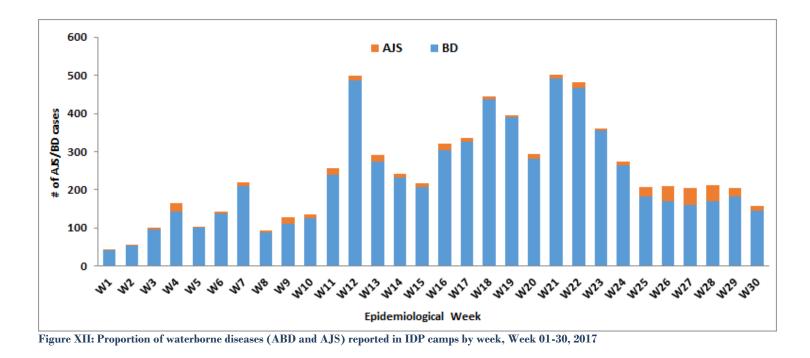


Figure XI: Proportion of Acute Diarrhea reported by week, Week 01-30, 2017

Trends of Acute Bloody Diarrhea (ABD) and Acute Jaundice Syndrome (AJS) in IDP camps

Figure XII indicates the number of cases of Acute Bloody Diarrhea (ABD) and Acute Jaundice Syndrome (AJS) reported in IDP camps by week, Week 01-30.



Trends of waterborne diseases in Refugee camps

Figure XIII indicates the proportion of waterborne diseases (Acute Diarrhea (AD), Acute Bloody Diarrhea (ABD) and Acute Jaundice Syndrome (AJS)) revealing a decrease in waterborne diseases reported in refugee camps.

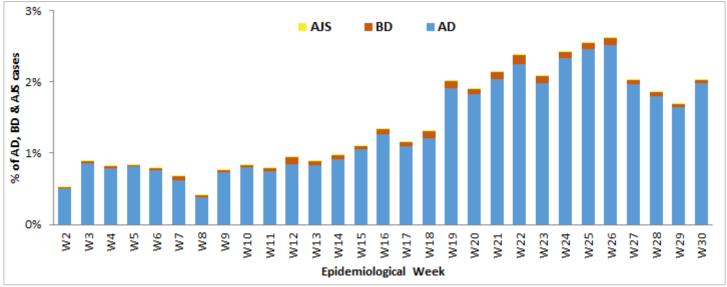


Figure XIII: Proportion of waterborne diseases reported in Refugee camps by week, Week 01-30, 2017

Alerts and Outbreaks

One (1) alert was generated during epidemiological week 30 in Ninewa governorate. The alert was investigated by Department of Health, WHO and health partners in the field and responded to within 72 hours; 1 suspected cholera case turned out False.

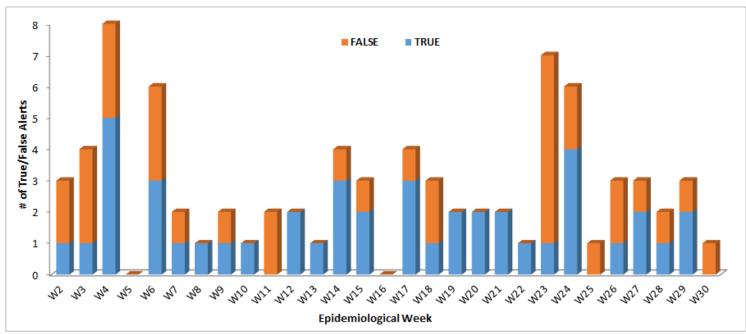


Figure XIV: Number of alerts received through EWARN per week, Week 01-30, 2017

For comments or questions, please contact:

- > Dr. Adnan Nawar Khistawi | 07901948067 | <u>adnannawar@gmail.com</u>, Head of Surveillance Section, Federal MOH
- > Dr. Renas Omar | 07504482798 | renas.sadiq@yahoo.com. Head of Preventive Department, MOH-KRG
- > Dr. Muntasir Elhassan | 07517406904 | elhassanm@who.int, EWARN Coordinator, WHO Iraq
- > WHO EWARN Unit emacoirqewarn@who.int

- EWARN Dashboard link: <u>http://irq-data.emro.who.int/ewarn/</u>
- EWARN reporting health facilities: http://irq-data.emro.who.int/ewarn/reporting_sites
- EWARN bulletins: http://emro.who.int/irq/ewarns/index.html

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