



# Iraq: EWARN & Disease Surveillance Bulletin

2017 Epidemiological Week: 38

Reporting Period: 18 – 24 September, 2017

## HIGHLIGHTS

- ◆ **Number of reporting sites:** (189) reporting sites submitted timely and completely weekly reports through EWARN: (100) in Internally Displaced People’s (IDP) camps, (7) in refugee camps, (74) in mobile clinics and (8) in hospitals.
- ◆ Total number of reporting sites decreased by 11% from **Week 37= 209** to **Week 38= 189**.
- ◆ **The cumulative consultations from Week 01-38** is 3,525,109. (Figure I)
- ◆ **Total number of consultations in Week 38:** 111,289 (Male=68,999 and Female=42,290 (Figure II) consultations were reported during this week marking a decrease of 18% when compared to last week, (Week 37=131,340).

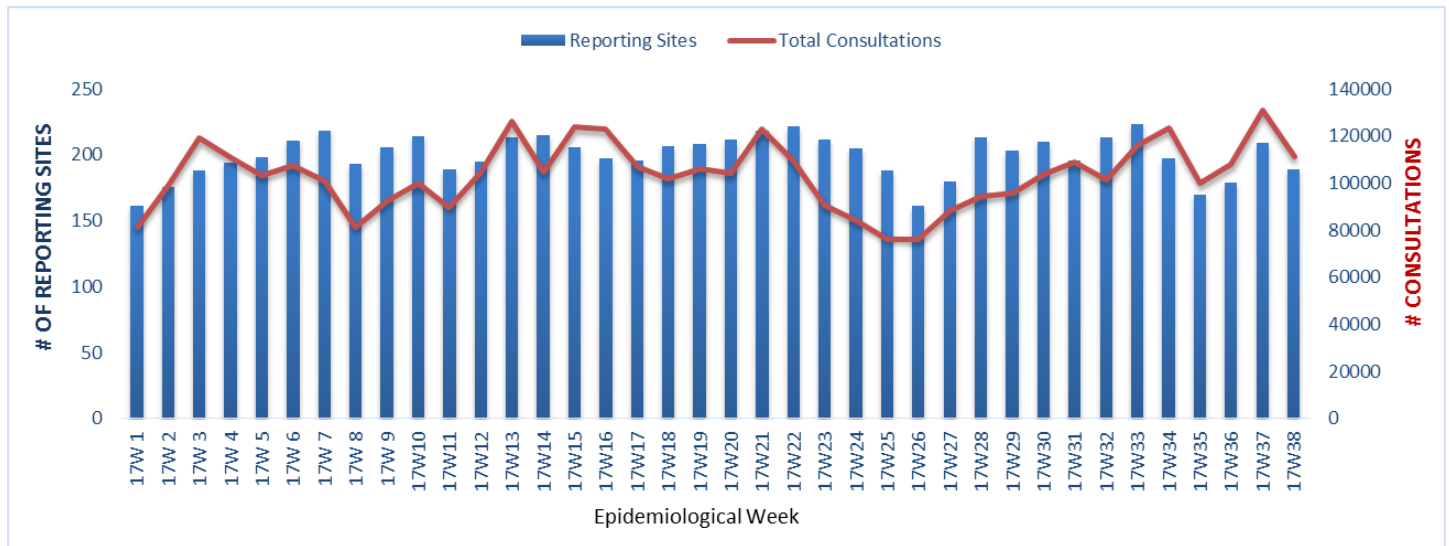


Figure I: Total number of consultations compared to number of reporting sites by week in Iraq, 2017 (Week 01 -38)

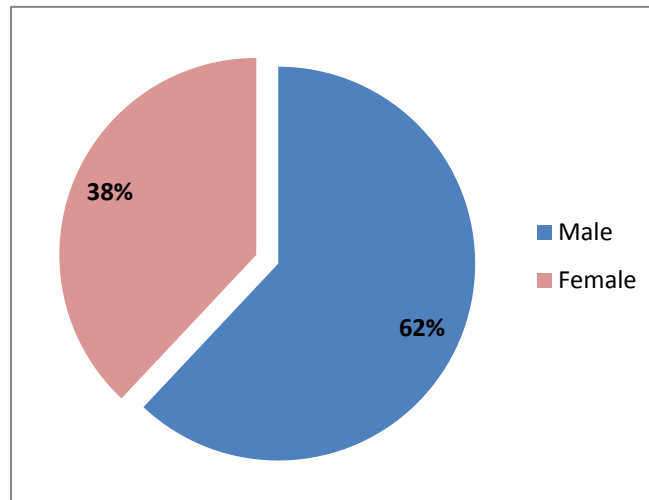


Figure II: Percentage of consultations by gender in Iraq, Week 38, 2017

- ◆ **Leading causes of morbidity among common outbreak prone diseases in Iraq:** Acute Respiratory Tract Infections (n=27,705) Acute Diarrhea (n=6,522) and skin diseases including Scabies (n=1,459) remained the leading causes of morbidity in all camps and displaced population areas. (Figure III).
- ◆ **Number of Alerts:** No alerts were received through EWARN.

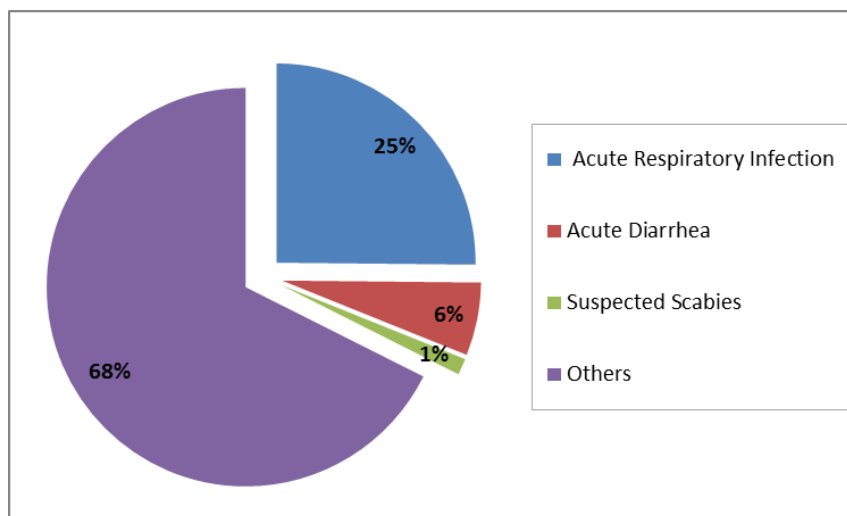


Figure III: Distribution of EWARN cumulative consultations by the common reported disease/events in Iraq, Week 38, 2017

Table I: Proportion of common reported disease/events in Iraq by Governorate in Week 38, 2017

Governorate	Total Consultations	Reporting Sites	Acute Diarrhea	Acute Respiratory Infection	Suspected Scabies	Others
Anbar	16038	15	4%	25%	1%	70%
Baghdad	1280	20	1%	26%	4%	69%
Dahuk	6201	14	4%	34%	1%	61%
Diyala	156	1	1%	8%	0%	91%
Erbil	3748	12	3%	33%	5%	52%
Kerbala	511	1	2%	32%	4%	62%
Kirkuk	4177	1	4%	25%	4%	67%
Najaf	329	15	3%	23%	9%	65%
Ninewa	66051	2	8%	25%	1%	66%
Salah Al-Din	4250	73	6%	20%	2%	71%
Sulaymaniyah	8548	14	2%	19%	1%	78%

\*The proportion of the disease/event from the total consultation of the governorate

## Morbidity Patterns

### IDP camps

The proportion of Acute Respiratory Tract Infections (ARI) decreased from 27% in Week 37 to 24% in Week 38; and Acute Diarrhea (AD) decreased since last week (AD: Week 37=6.3% and Week 38=6%); whereas skin infestations including Scabies increased (Scabies: Week 37= 1% and Week 38=1.2%). (Figure IV).

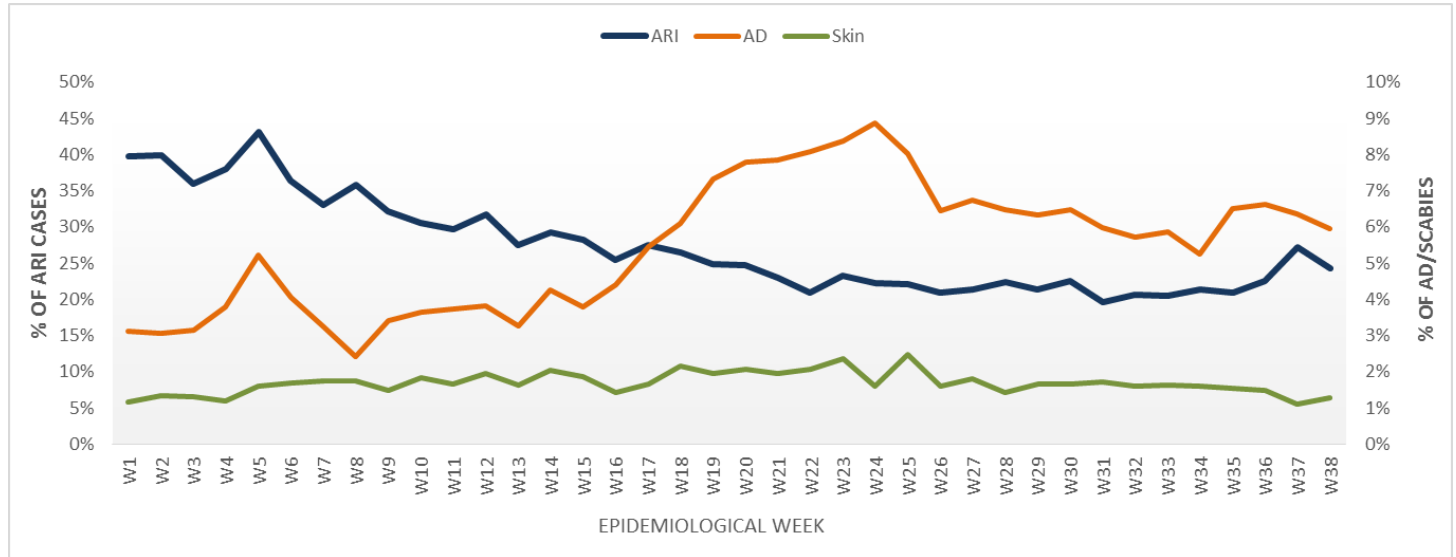


Figure IV: Trends of ARI, AD and Scabies in IDP camps in Iraq, Week 01-38, 2017

### Refugee camps

The proportions of Acute Respiratory Tract Infections (ARI) slightly decreased from 41% in Week 37 to 40% in Week 38; whereas, Acute Diarrhea (AD) and skin infestations including Scabies increased since last week (AD: Week 37=3% and Week 38=4%; Scabies: Week 37=4% and Week 38=5%). (Figure V)

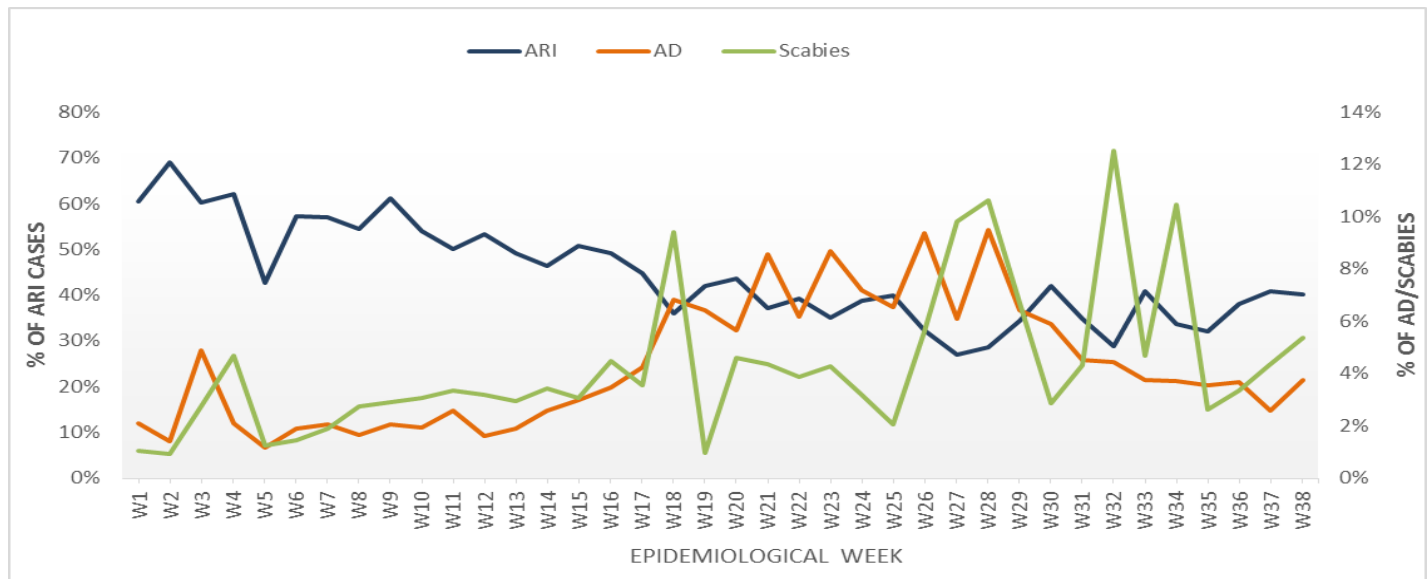


Figure V: Trends of ARI, AD and Scabies in Refugee camps in Iraq, Week 01-38, 2017

### 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 Infection (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 33.

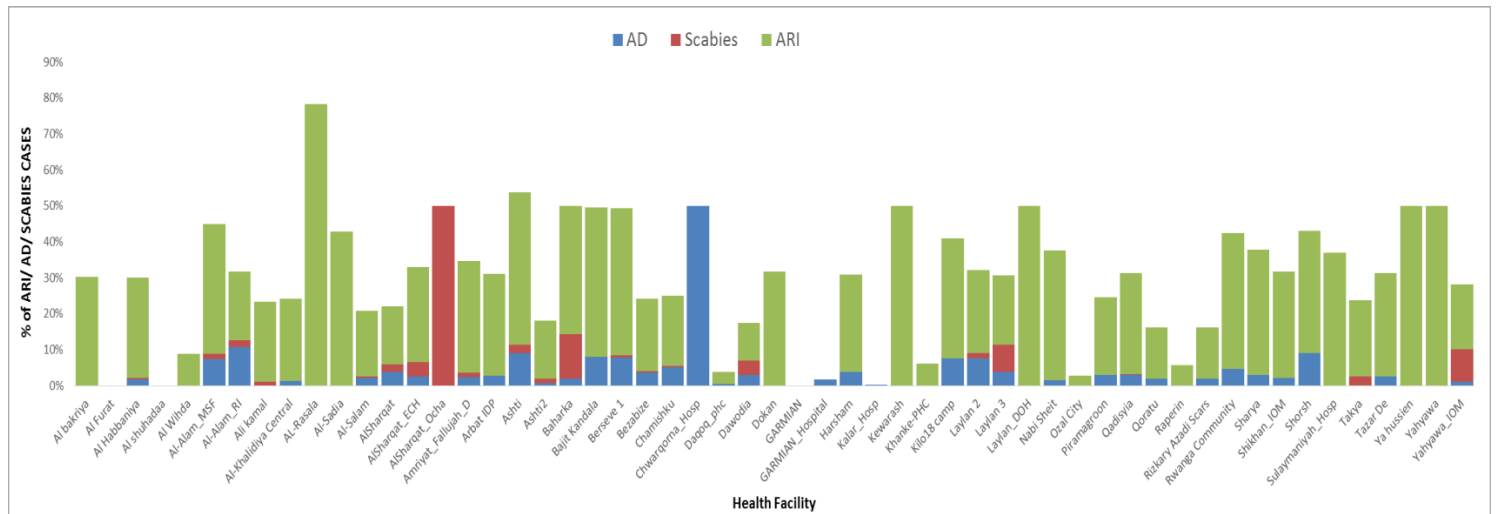


Figure VI: Proportion and distribution of ARI, AD and Scabies cases reported through Static Health Facilities in IDP camps in Iraq, excluding Ninewa

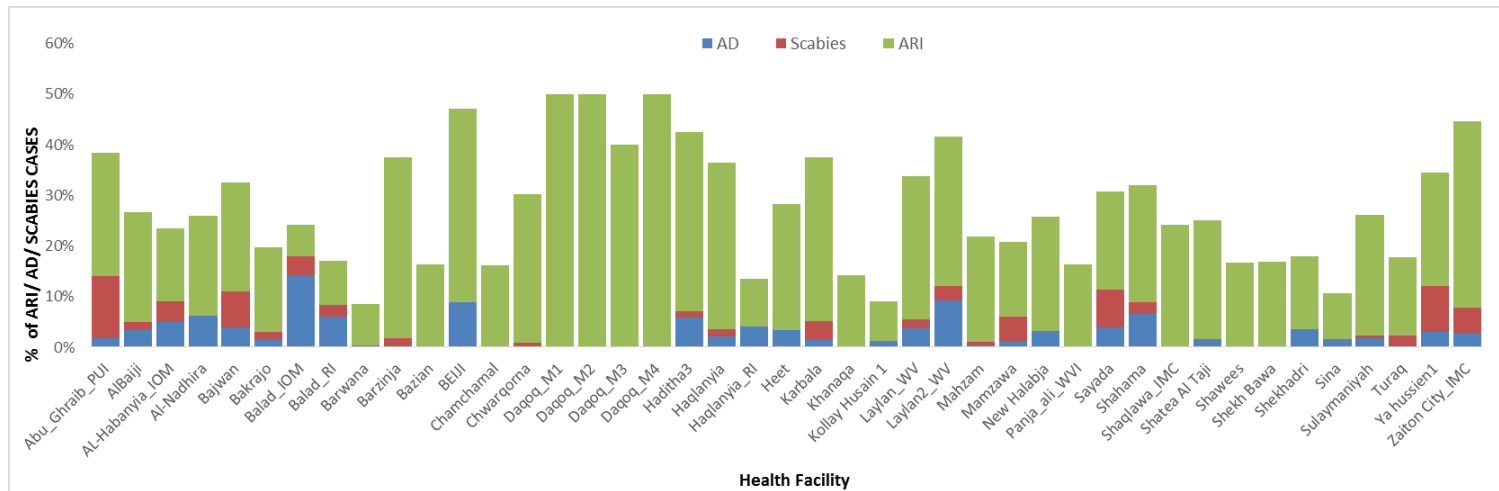
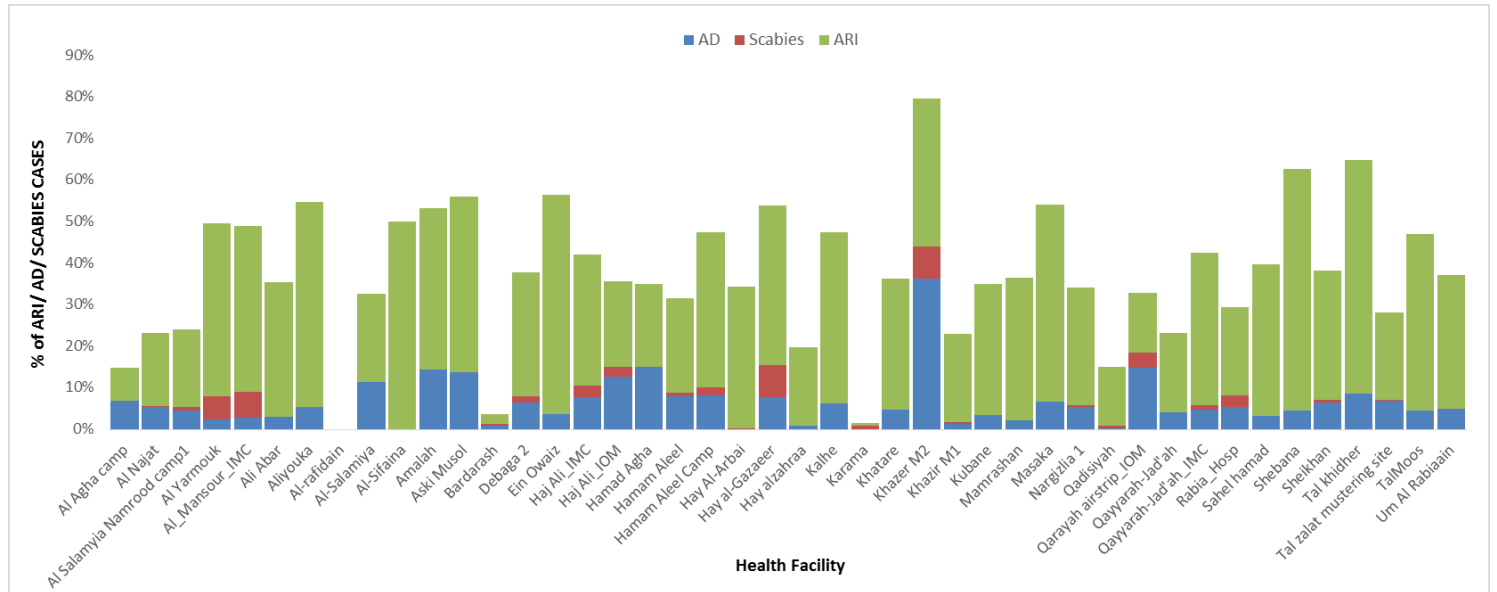


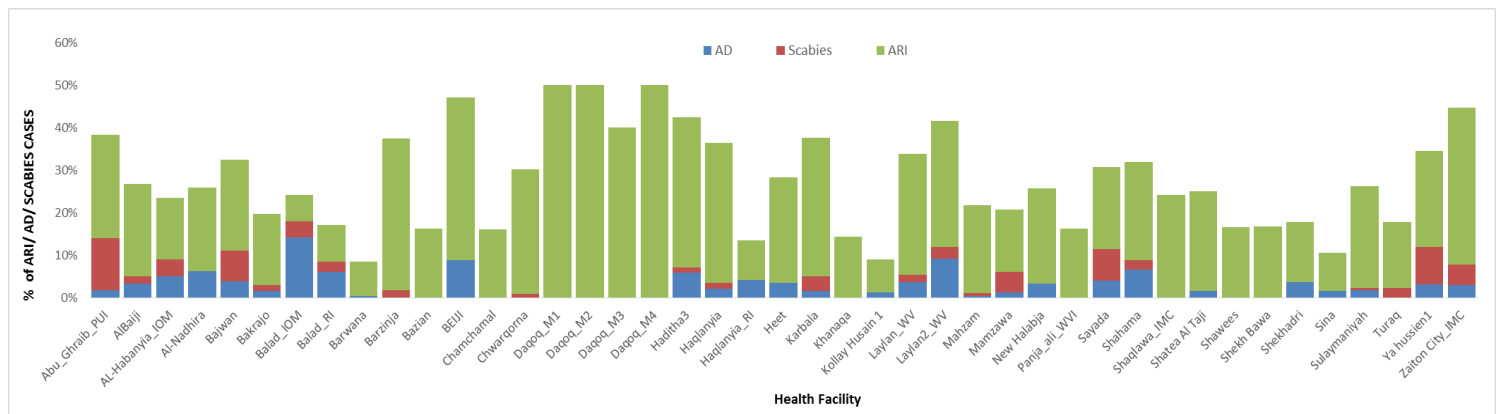
Figure VII: Proportion and distribution of ARI, AD and Scabies cases reported through MMCs in IDP camps in Iraq, excluding Ninewa

**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 Infection (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 38.



**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 IDP camps in Iraq

Figure X indicates the proportions and distribution of Acute Respiratory Tract Infection (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 38.

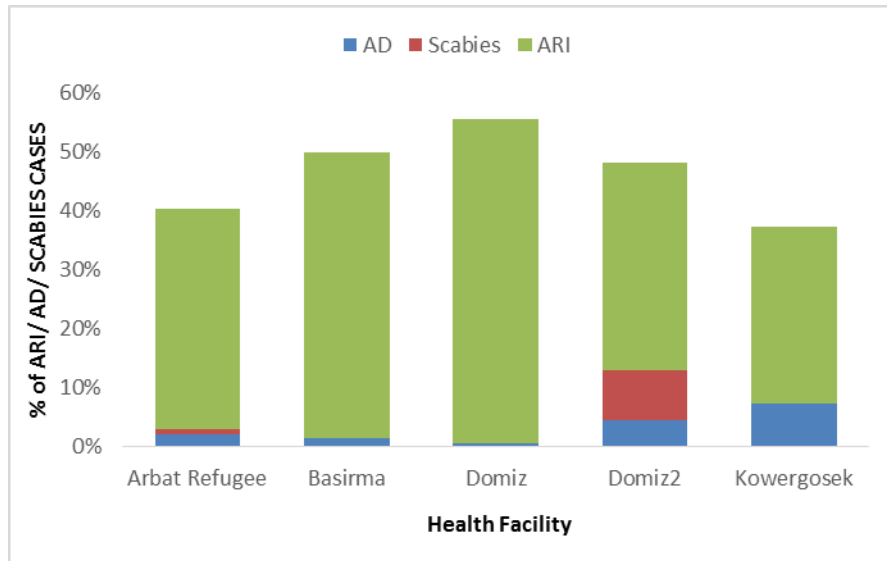


Figure X: Proportion and distribution of ARI, AD and Scabies cases reported in Refugee camps in Iraq, Week 38, 2017

### Trends of Acute Diarrhea

Figure XI indicates the trends of Acute Diarrhea reported from Week 01 to Week 34 through the EWARN system. The proportion of Acute Diarrhea (AD) cases slightly decreased since last week (Week 37=6.2% and 38=6%).

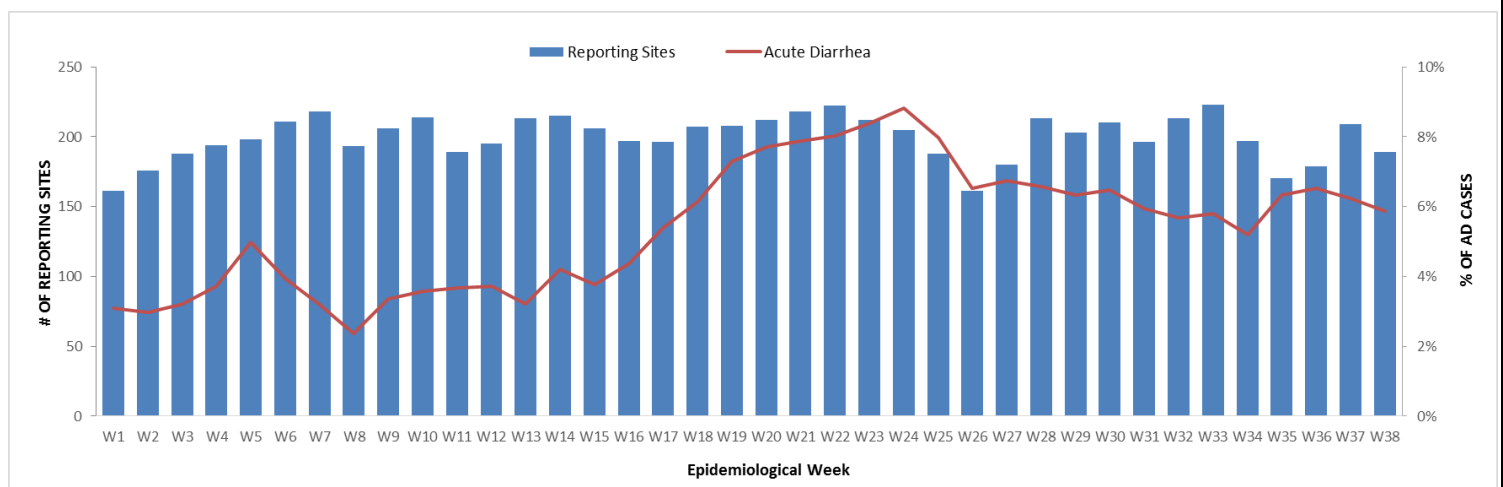


Figure XI : Proportion of AD cases reported compared to number of reporting sites by week in Iraq, Week 01 -38, 2017

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

Figure XII indicates the number of cases of Bloody Diarrhea (BD) and Acute Jaundice Syndrome (AJS) reported in IDP camps by week, Week 01-38.

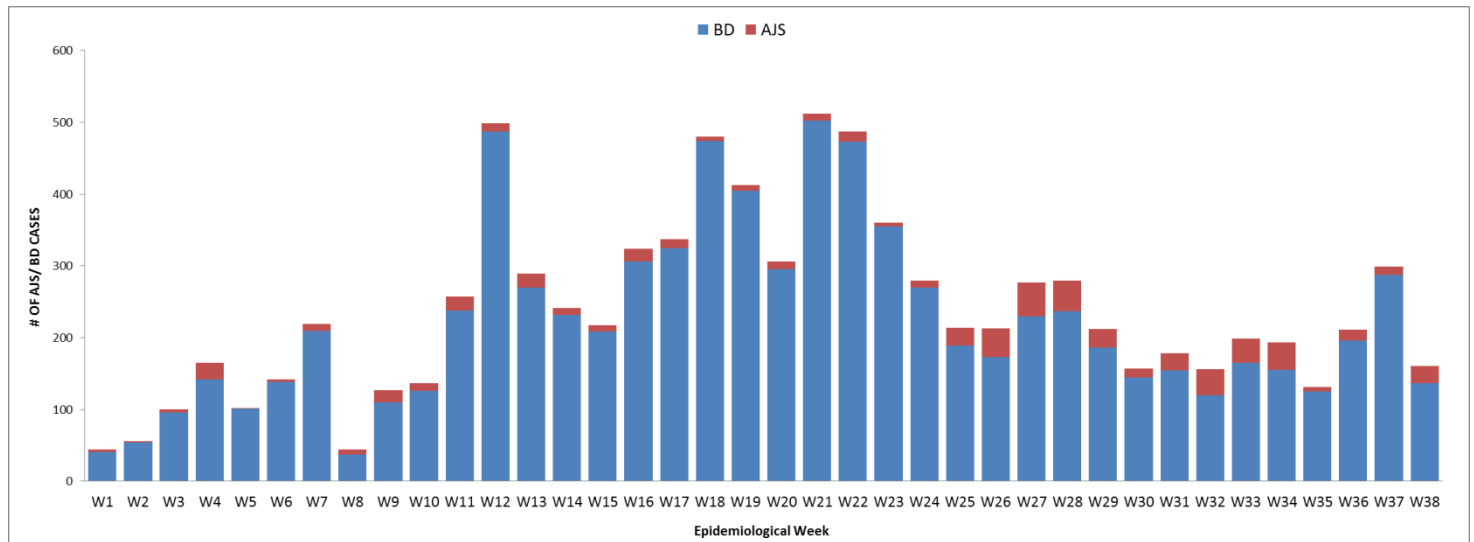


Figure XII: Number of waterborne diseases (BD and AJS) reported in IDP camps by week, Week 01-38, 2017

### Trends of waterborne diseases in Refugee camps

Figure XII indicates the distribution and proportion of waterborne diseases (Bloody Diarrhea (BD) and Acute Jaundice Syndrome (AJS)) revealing a decrease in waterborne diseases reported in refugee camps by week, Week 01-38.

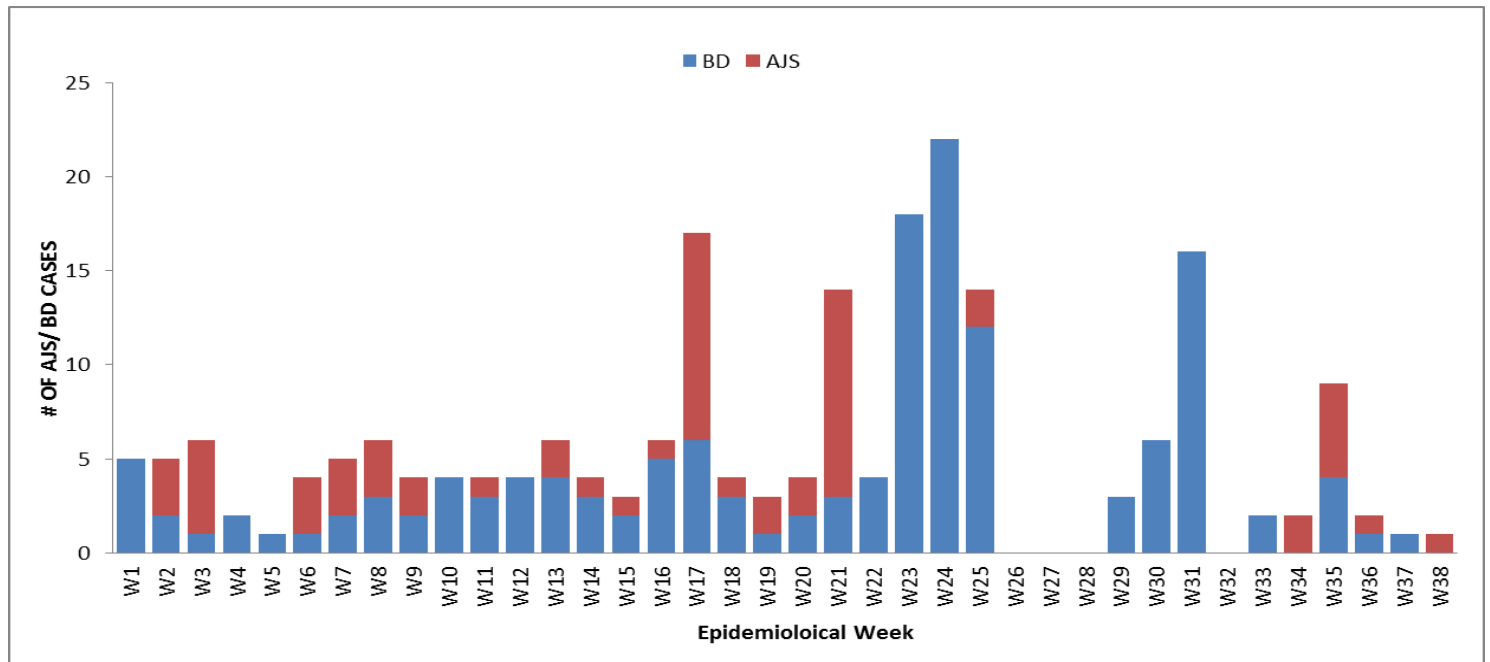


Figure XII: Number of Acute Diarrhea reported in Refugee camps by week, Week 01-38, 2017

## Alerts and Outbreaks

No alert was received through EWARN in Week 38. (Figure XIV)

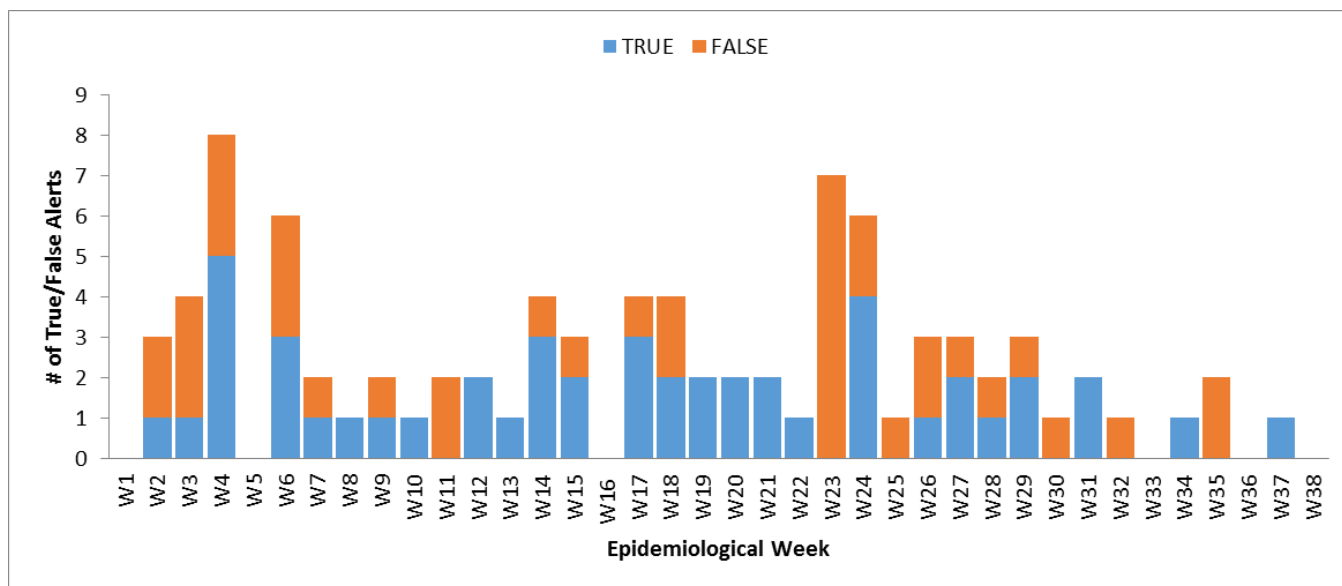


Figure XIV: Number of True/False Alerts received through EWARN per week, Week 01-38, 2017

### 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. Renas Omar** | 07504482798 | [renas.sadiq@yahoo.com](mailto:renas.sadiq@yahoo.com), Head of Preventive Department, MOH-KRG
- **Dr. Muntasir Elhassan** | 07517406904 | [elhassanm@who.int](mailto:elhassanm@who.int), EWARN Coordinator, WHO Iraq
- **WHO EWARN Unit** [emacoirqewarn@who.int](mailto:emacoirqewarn@who.int)

EWARN Dashboard link: <http://irq-data.emro.who.int/ewarn/>

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EWARN reporting health facilities: [http://irq-data.emro.who.int/ewarn/reporting\\_sites](http://irq-data.emro.who.int/ewarn/reporting_sites)

EWARN bulletins: <http://emro.who.int/irq/ewarns/index.html>