



Iraq: EWARN & Disease Surveillance Bulletin

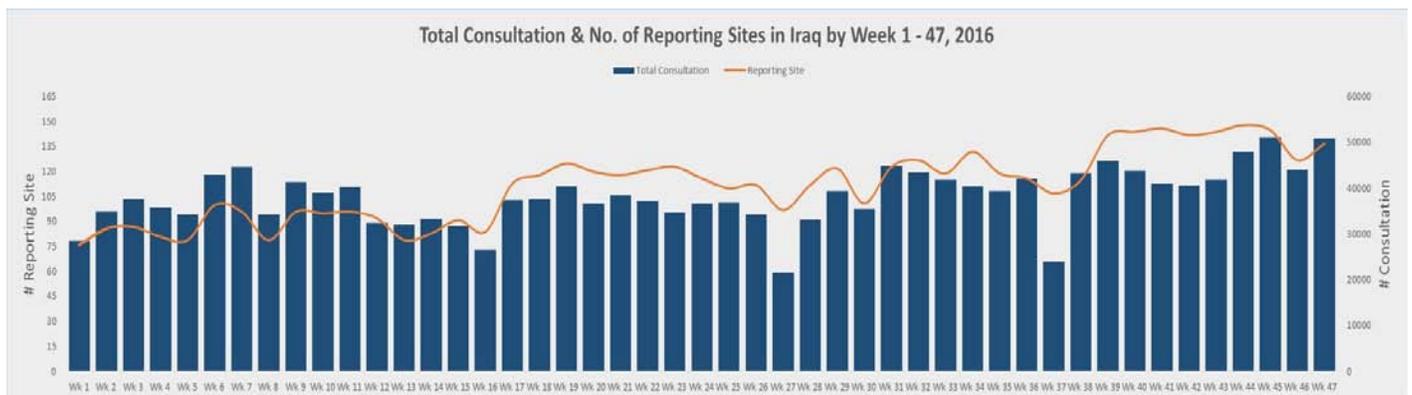
2016 Epidemiological Week: 47

Reporting Period: 21 – 27 November , 2016

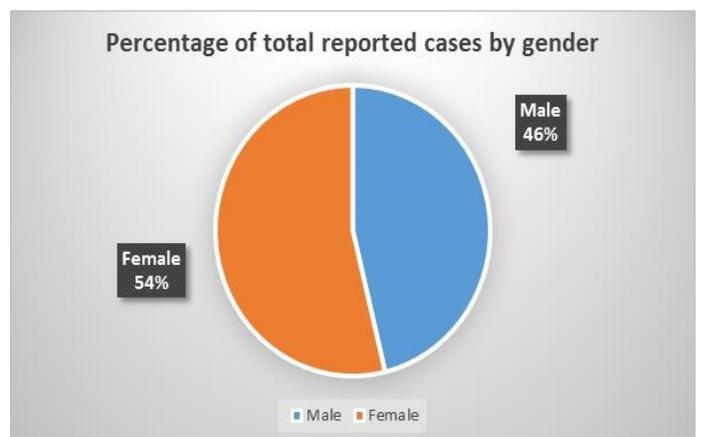
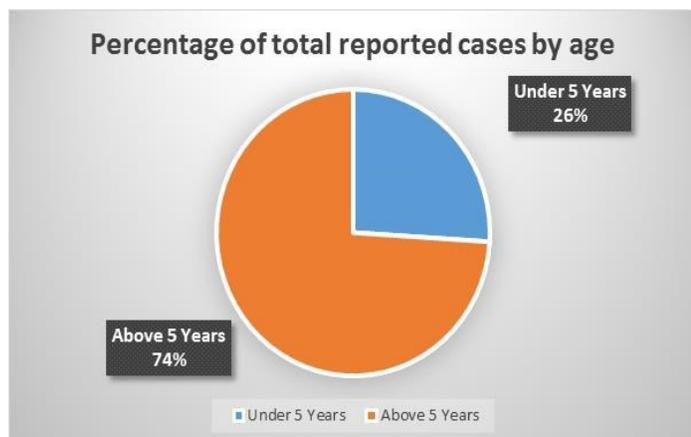
Highlights

- ◆ **Number of reporting sites:** One hundred and fifty-seven (157) reporting sites (86% of the total EWARN reporting sites) including seventy four (74) in internally displaced persons (IDPs) camps, seven (7) in refugee camps and seventy two (72) mobile clinics submitted complete and timely epidemiological (epi) weekly reports.
- ◆ **Total number of consultations:** 51,633 (Male=23,814 and Female=27,819) consultations were recorded this epi week marking an increase of 6,911 from epi week 46, (Total consultations in Week 46: 44,722).
- ◆ **Leading causes of morbidity in the camps:** Acute respiratory tract infections (ARI) (n=25,738), acute diarrhea (AD) (n=2,093) and skin diseases (n=1,499) remained the leading causes of morbidity in all camps and among displaced population served by mobile clinics.
- ◆ **Number of alerts:** Eight (8) alerts were generated through EWARN, all were reported from internally displaced persons camps. The alerts were investigated within 72 hours, six were verified as true and the remaining two as false. They were responded to 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 01–47, 2016



Distribution of total consultations in the camps by age and gender (Week 47, 2016)

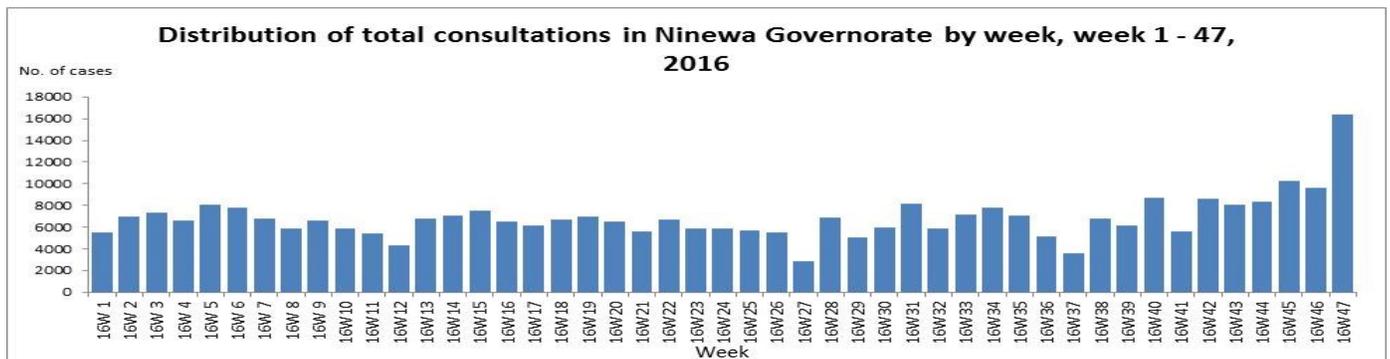


Ninewa Governorate

Highlights:

- During this week, Jhela clinic run by WAHA implementing partner reported for the first time
- A total of 16,361 consultations were reported Ninewa Governorate in week 47 (please see Figure II)
- Fifty five (55) reporting areas including 26 areas visited by mobile medical clinics and 29 static clinics from 11 agencies (DOH, DAMA, DORCAS, HEEVIE, IMC, IOM, MEDAIR, MSF, PU-AMI, QRCS and WAHA) submitted timely weekly reports.
- No alert were reported from Ninewa DOH this week.

Figure II: Distribution of the total consultations in Ninewa Governorate by week, week 1—week 47



Common reported events:

- ♦ The most common reported disease events/ syndrome during week 46 in Ninewa department of health were acute respiratory infections (56%), acute diarrhea (3%) and suspected scabies (1%). Please see the below table

District	Acute Respiratory Infections	Acute Diarrhoea	Suspected Scabies	Cutaneous Leishmaniasis	Other diseases
Akre	817	52	13	0	210
Al-Hamdaniya	1207	121	128	0	1011
Mosul	1264	201	53	144	0
Shikhan	1803	37	0	1	1593
Telafar	2364	69	39	19	2163
Tilkaif	1579	27	3	0	1184
Grand Total	9034	507	236	164	6161

Morbidity Patterns

IDPs camps:

During Week 47, the proportions of acute respiratory tract infections (ARI), acute diarrhea and skin infestations including scabies in internally displaced persons camps decreased in comparison with the previous week (please see Figure III below).

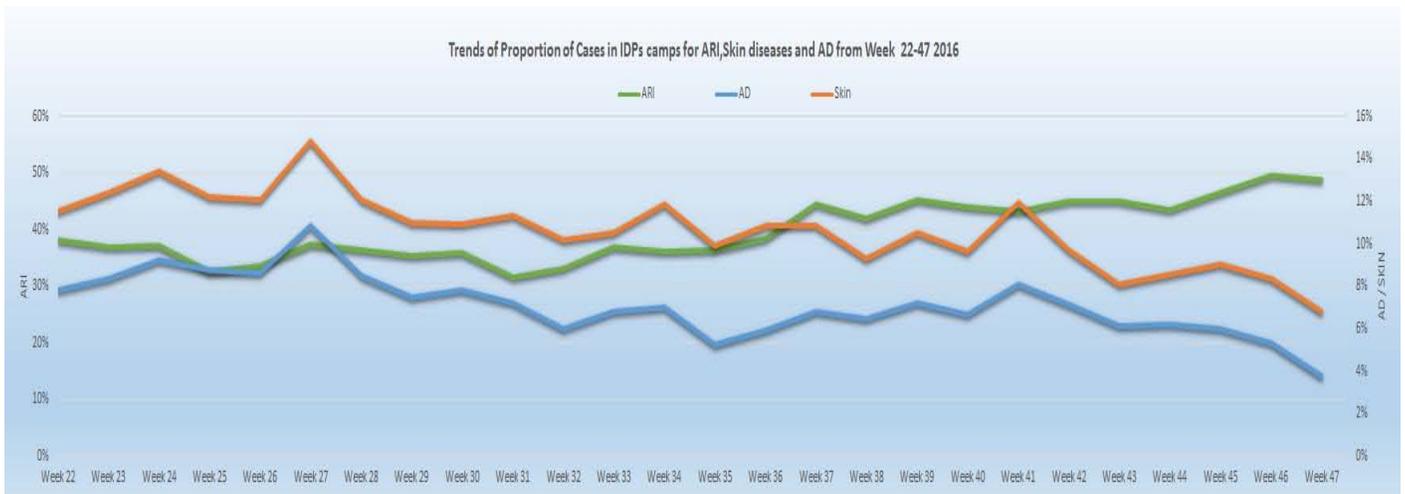
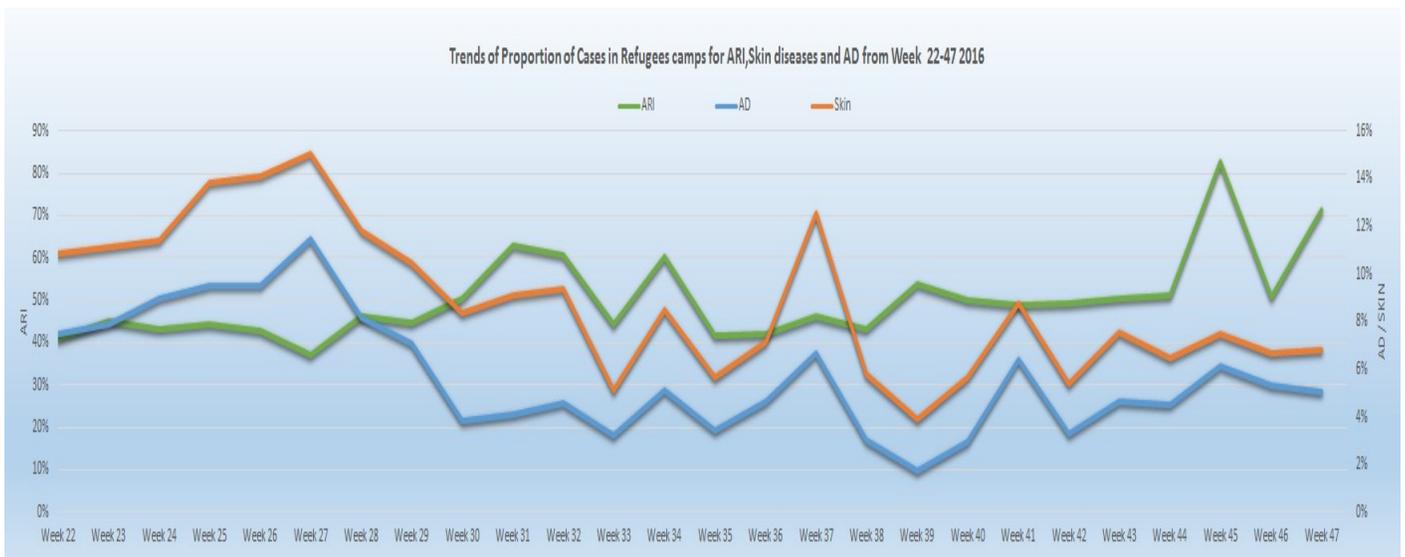


Figure III: Distribution of the acute respiratory infection, scabies and acute diarrhea in IDPs camps, Week 22–47, 2016

Refugee camps:

In epi week 47, the proportions of acute respiratory tract infections (ARI) increased, while that of acute diarrhea and skin infestations including scabies slightly decreased (please see Figure IV below).

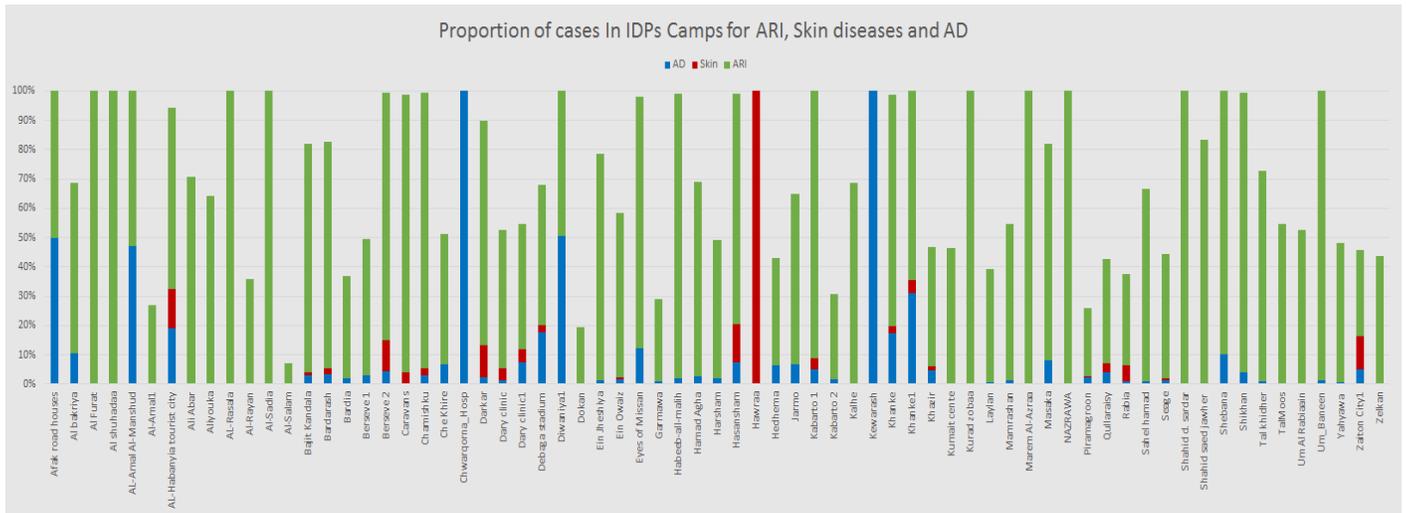
Figure IV: Distribution of the acute respiratory infection, scabies and acute diarrhea in refugee camps, Week 22–47, 2016



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

Figure V shows the leading causes of morbidity in internally displaced persons camps as acute respiratory tract infections, acute diarrheal and skin infestations including scabies.

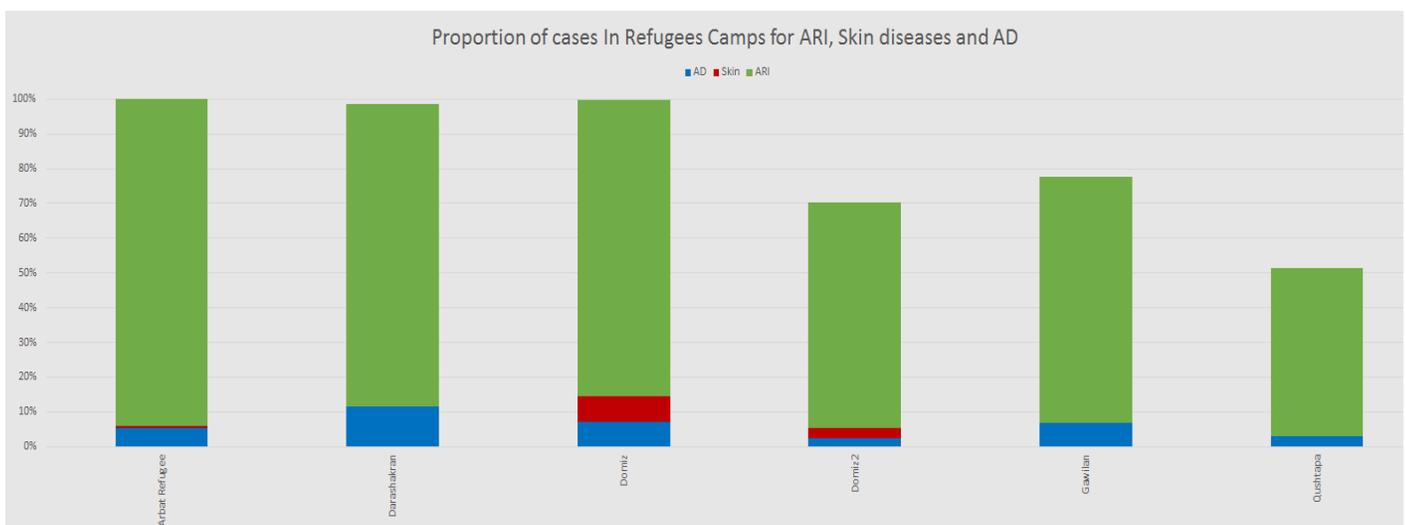
Figure V: Proportion of cases of ARI, scabies and AD in IDP camps for Week 47, 2016



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

Figure VI shows leading causes of morbidity in refugee camps as acute respiratory tract infections, acute diarrheal and skin infestations including scabies.

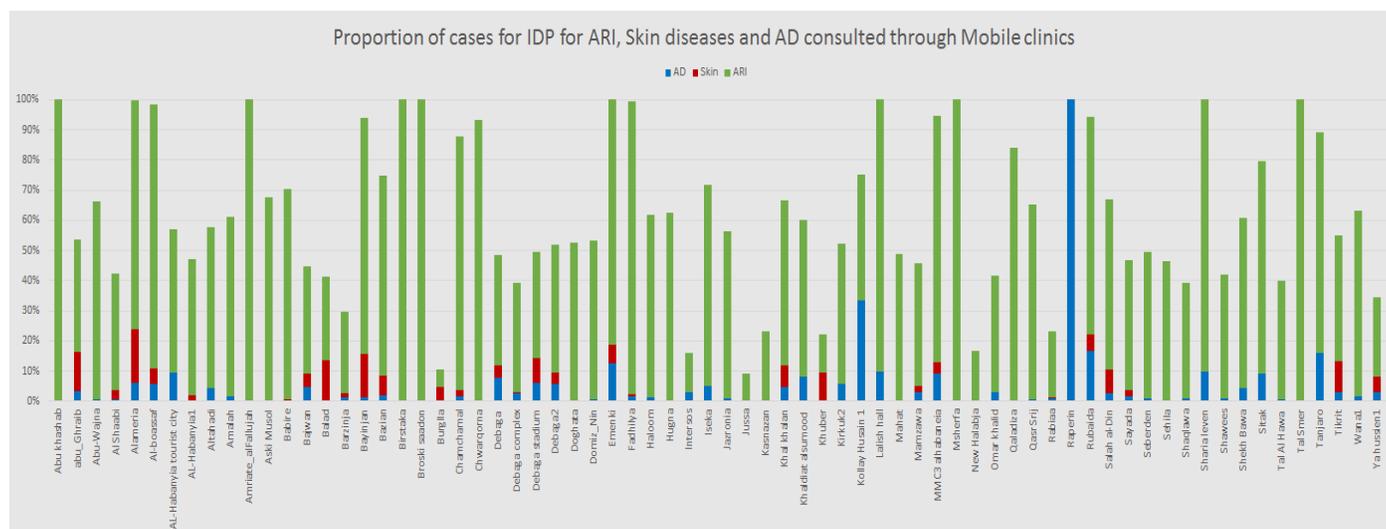
Figure VI: Trend of proportions of cases of ARI, scabies and AD in Refugee camps for Week 47, 2016



Distribution of the common diseases by proportion and location for IDPs covered by mobile clinics

Figure VII shows the leading causes of morbidity among IDPs treated through mobile clinics in week 47 as acute respiratory tract infection, acute diarrhea and skin infestations including scabies.

Figure VII: Distribution of ARI, scabies and AD covered by mobile clinics for the IDPs, Week 47, 2016

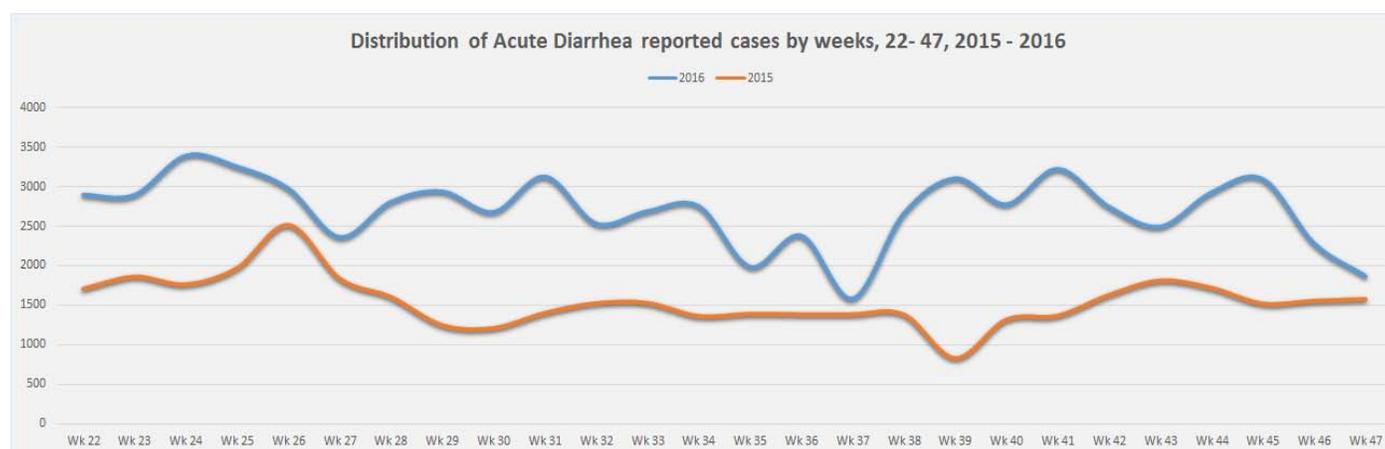


Trends of Acute Diarrhea

Figure VIII shows the trends of acute diarrhea reported from epi week 22 to Week 47 in 2015 and 2016 through the EWARN system. This epi week showed a decrease in the trends of the acute diarrhea from 2,344 in week 46 to 2,093 this week. From epi week 6 to epi week 40, Anbar reported 36% of total reported AD cases, followed by Dohuk with 21%, Ninewa 11%, Sulaymaniyah 9%, Erbil 8%, Kirkuk 5%, Baghdad 4%, and Salah Al din 3%.

The disease trends showed a peak in epi week 24 (3 387 cases) and again in epi week 31 (3 079 cases). From epi week 31, a decrease of AD cases were reported through all the governorates through the EWARN.

Figure VIII: Distribution of acute diarrhea reported cases by week, Week 22–Week 47. 2015-2016



Trends of waterborne diseases in IDPs camps

Figure IX shows a decrease in the trends of waterborne diseases (acute diarrhea, acute bloody diarrhea and acute jaundice syndrome) in internally displaced persons camps (please see graph below)

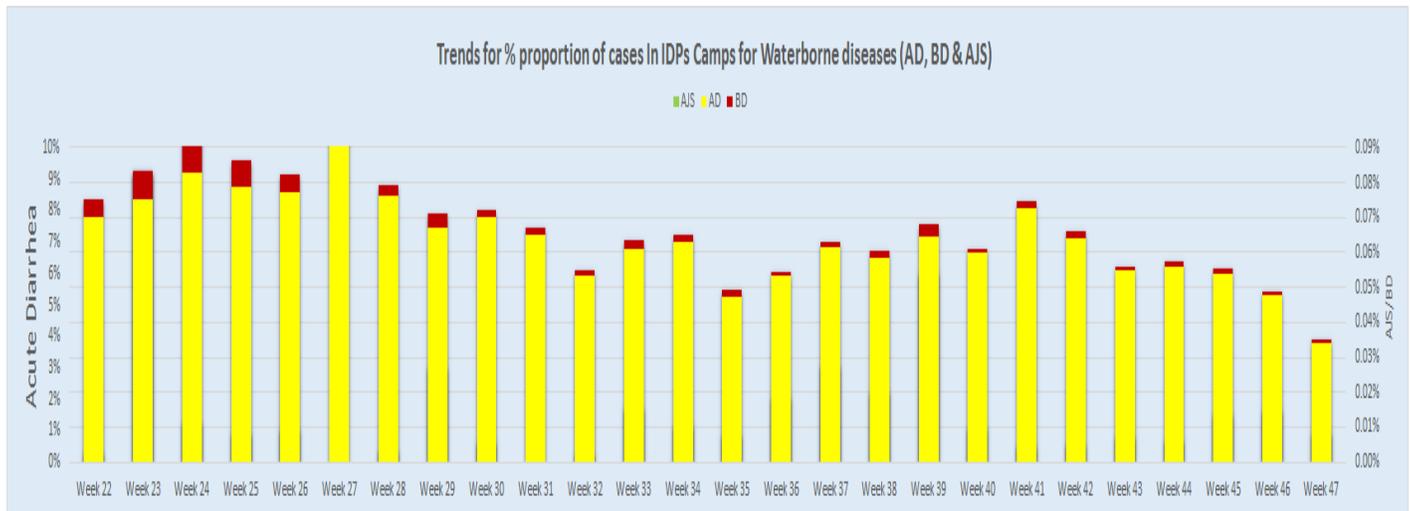
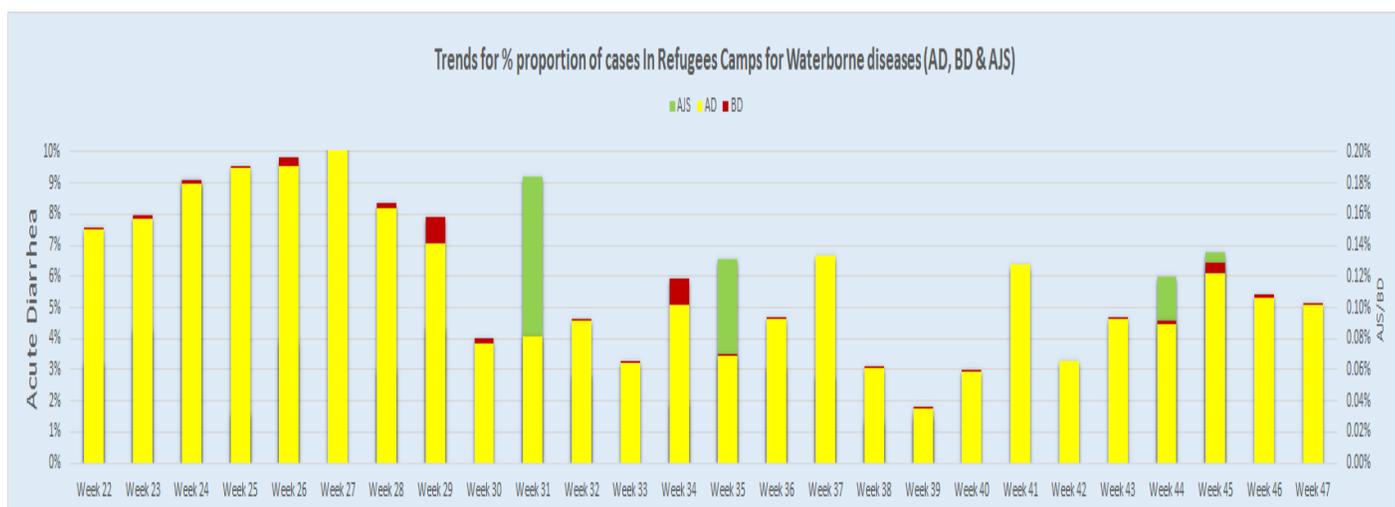


Figure IX: Trend of waterborne diseases from IDPs camps, Week 22-47, 2016

Trends of waterborne diseases in refugee camps

Figure 10 shows a decrease in the trends of waterborne diseases (acute diarrhea, acute bloody diarrhea and acute jaundice syndrome) in refugee camps (please see graph below)

Figure X: Trends of waterborne diseases from refugee camps, Week 22-47, 2016



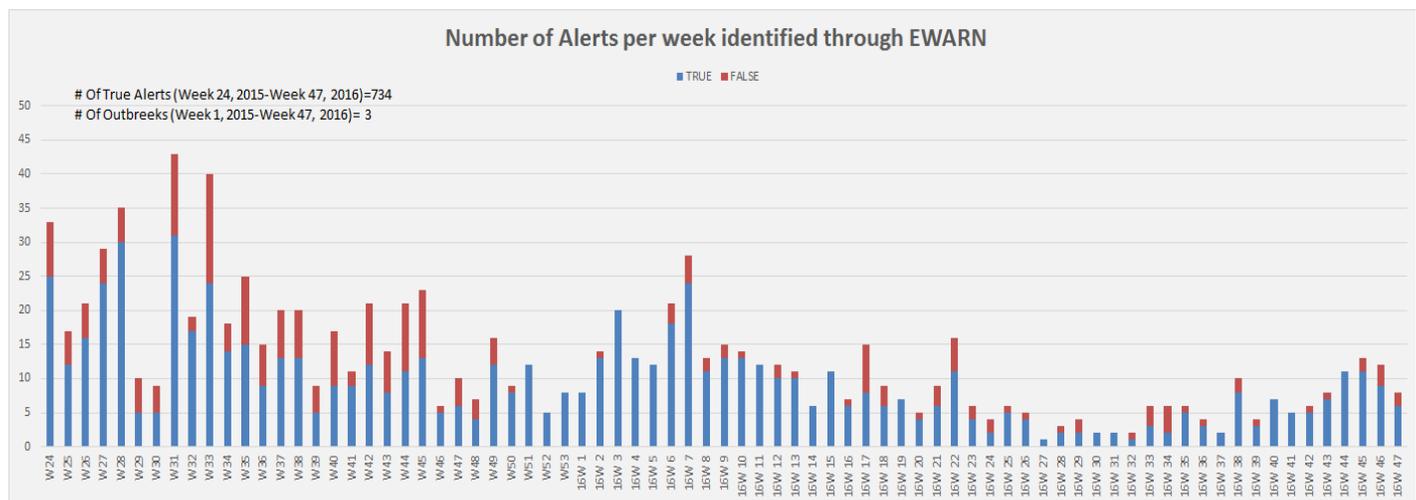
Eight alerts were generated through EWARN following the defined thresholds, all alerts were reported from internally displaced persons camps. All were investigated within 72 hours, six of them were verified as true and were responded to by the respective Departments of Health, WHO and health cluster partners. (please see Alert and Outbreaks table).

Sn	Alert	Location	Governorate	District	IDP/Refugee Camp	# of cases	Run by	Investigation and Response within/48-72Hrs DOH/WHO/NGO	Sample Taken Yes/No	Alerts Outcome True/False	Public Health Interventions Conducted
1	Visceral Leishmaniasis	Sheikhan	Dahuk	Sheikhan	IDPs	1	IOM	Yes	No	FALSE	No
2	Outbreak of any communicable disease	Al-Hadidia	Salah-Al-Din	Salah-Al-Din	IDPs	1	MC-DoH	Yes	No	TRUE	Yes
3	Visceral Leishmaniasis	Al saleh	Salah-Al-Din	Salah-Al-Din	IDPs	1	MC-DoH	Yes	Yes	TRUE	Yes
4	Food poisoning	Harshm	Erbil	Erbil	IDPs	6	IMC	Yes	Yes	TRUE	Yes
5	Suspected Leishmaniasis	Tazar De	Sulaymaniyah	Kalar	IDPs	2	EMERGENCY	Yes	No	TRUE	No
6	Suspected Leishmaniasis	Sayada	Kirkuk	Kirkuk	IDPs	1	MC-Medair	Yes	No	TRUE	Yes
7	Visceral Leishmaniasis	Bajet Kandala	Dahuk	Dahuk	IDPs	2	PU-AMI	Yes	No	FALSE	No
8	Suspected Leishmaniasis	Al-Jazeera of AlRamady city	Anbar	Ameriyat-Fullujah	IDPs	1	MC-DoH	Yes	No	TRUE	No

Trends of alerts

The graph below shows the number of alerts (True & False) generated through EWARNs per week and have been investigated and responded to by the Ministry of Health, WHO and health cluster partners.

Figure X: Alerts generated through EWARN surveillance Week 24, 2015—Week 47, 2016



For comments or questions, please contact

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

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