



# Iraq: EWARN & Disease Surveillance Bulletin

2016 Epidemiological Week: 39

Reporting Period: 26 Sep – 2 Oct , 2016

## Highlights

- ◆ **Number of reporting sites:** One hundred and thirty four (134) reporting sites (94% of the total EWARN reporting sites) including eighty (80) in camps for internally displaced persons (IDPs) , seven (7) in refugee camps and forty-seven (47) mobile clinics submitted their weekly reports completely and in a timely manner.
- ◆ **Total number of consultations in Week 39:** 37,379 (male=17,094 and female=20,285) marking a decrease of 4,144 consultations compared to 41,523 total consultations in Week38.
- ◆ **Leading causes of morbidity in the camps in Week 39:** Acute respiratory tract infections (ARI) (n=18,481), acute diarrhoea (AD) (n=2,576) and skin diseases (n=1,099) remained the leading causes of morbidity in all camps and areas hosting displaced populations served by mobile clinics during the reporting week.
- ◆ **Number of alerts in Week 39:** Four (4) alerts were generated through EWARN from IDPs camps during the reporting week. The alerts were verified, investigated and responded to within 72 hours by relevant health cluster partners. (Details: see Alerts and Outbreaks Section).

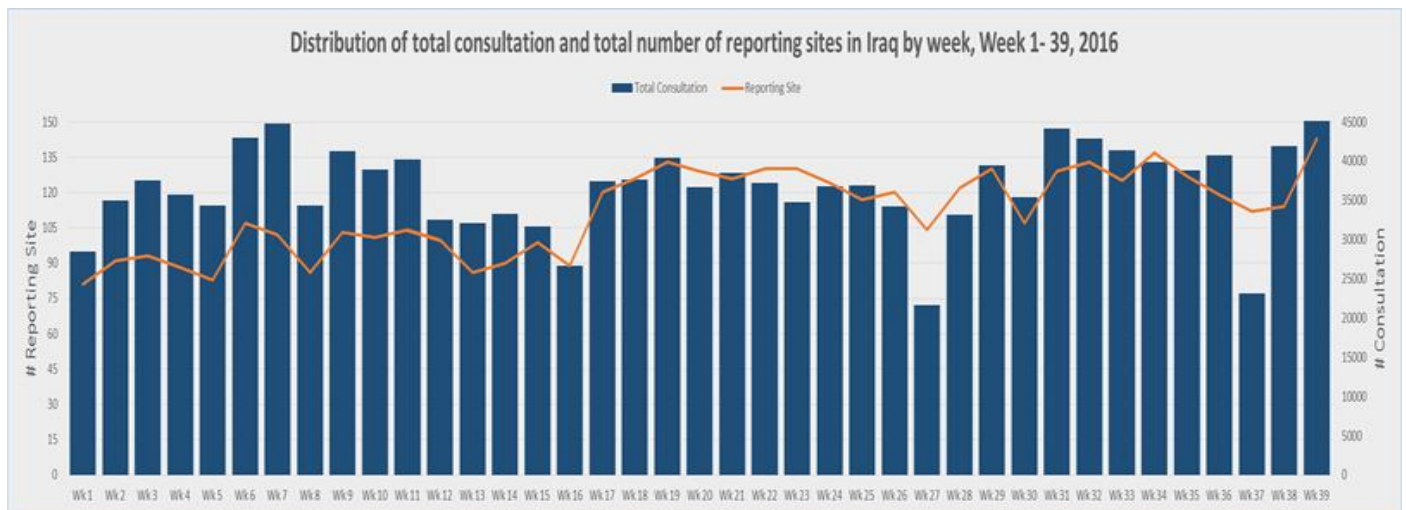
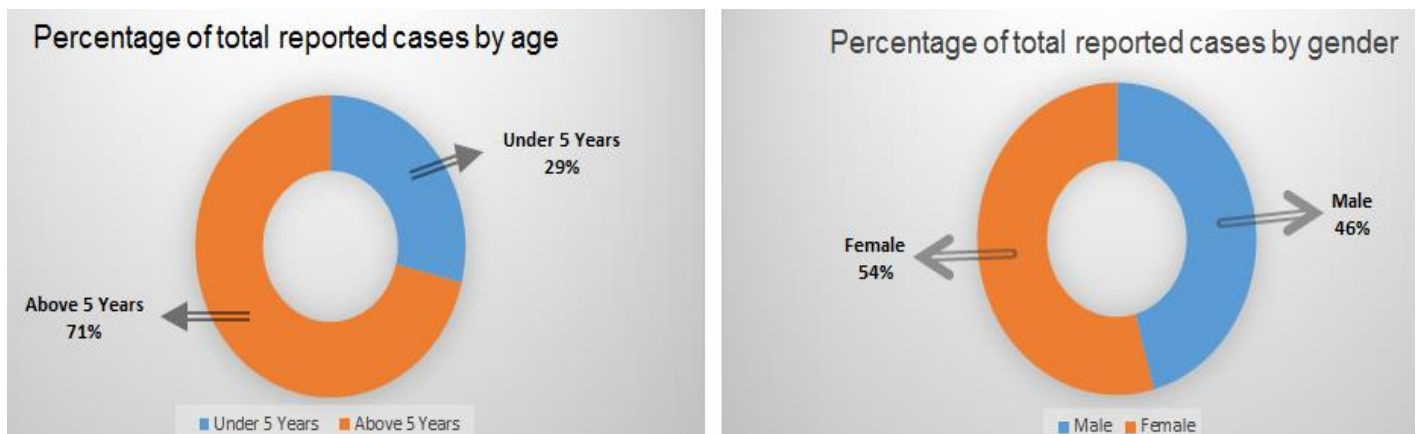


Figure I: Distribution of total consultations and number of reporting health facilities by week, Week 1–39, 2016

### ◆ Distribution of total consultations in the camps by age and gender (Week 39, 2016)



# Morbidity Patterns

## IDPs camps:

In Week 39, the proportions of acute respiratory tract infections (ARI), acute diarrhoea and skin infestations, including scabies, in IDP camps increased compared to the previous week (see Figure II).

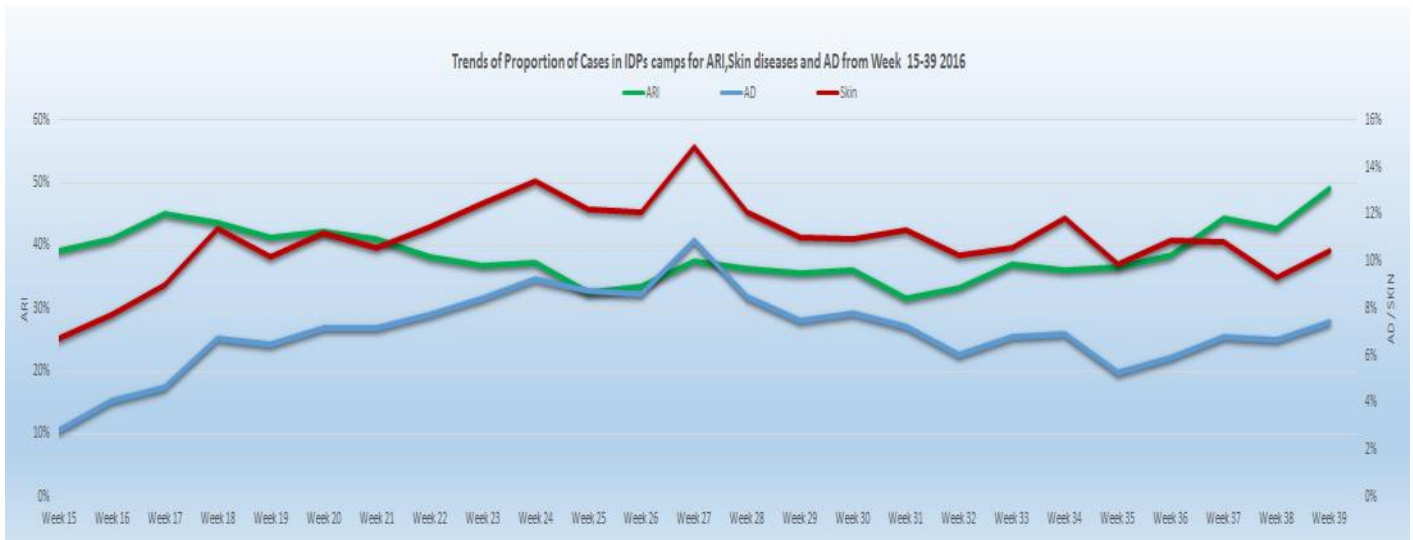


Figure II: Distribution of the acute respiratory infection, scabies and acute diarrhoea in IDP camps, Week 15–39, 2016

## Refugee camps:

In Week 39, the proportions of acute respiratory tract infections (ARI) increased, while acute diarrhoea and skin infestations, including scabies, indicated a decrease from the previous two weeks (see Figure III).

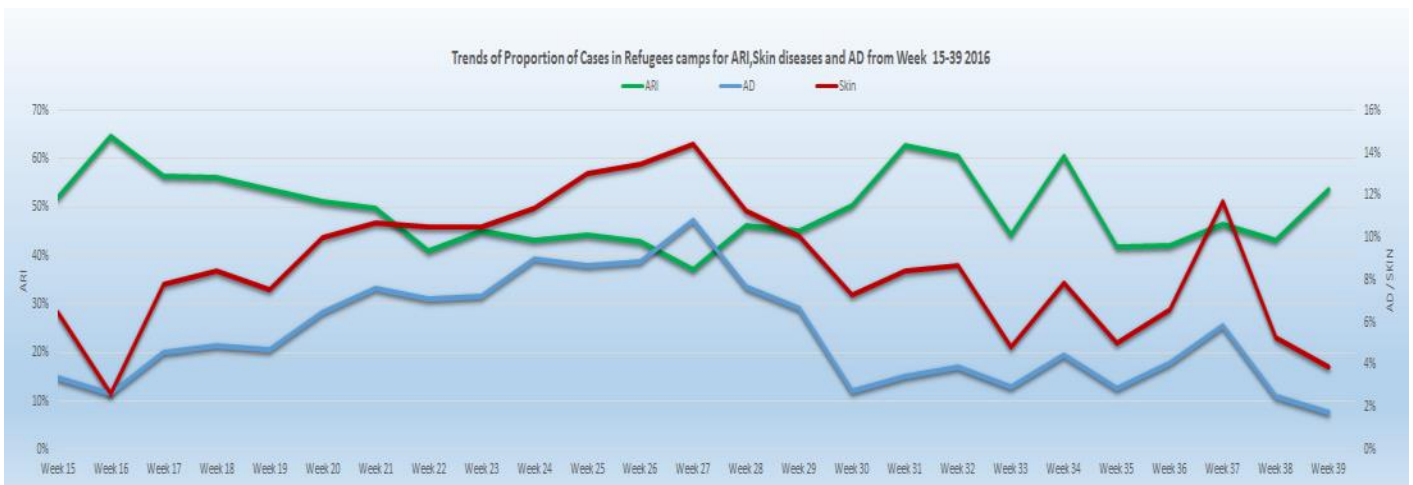


Figure III: Distribution of the acute respiratory infection, scabies and acute diarrhoea in refugee camps, Week 15–39, 2016

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

Figure IV indicates the proportions of acute respiratory tract infections, acute diarrhoea and skin infestations, including scabies, which comprise the highest leading causes of morbidity in camps for internally displaced persons for Week 39, 2016.

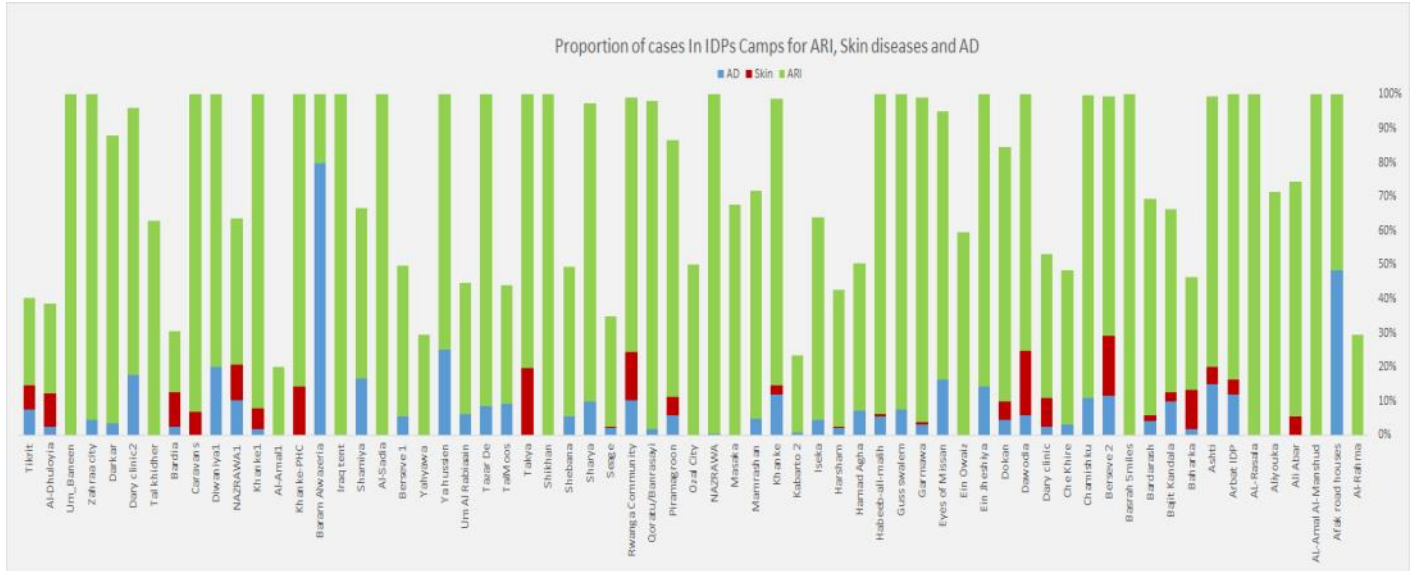


Figure IV: Proportion of cases of ARI, scabies and AD in IDP camps for Week 39, 2016

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

Figure V indicates the proportions of acute respiratory tract infections, acute diarrhoea and skin infestations including scabies which comprise the highest leading causes of morbidity in refugee camps for Week 39, 2016.

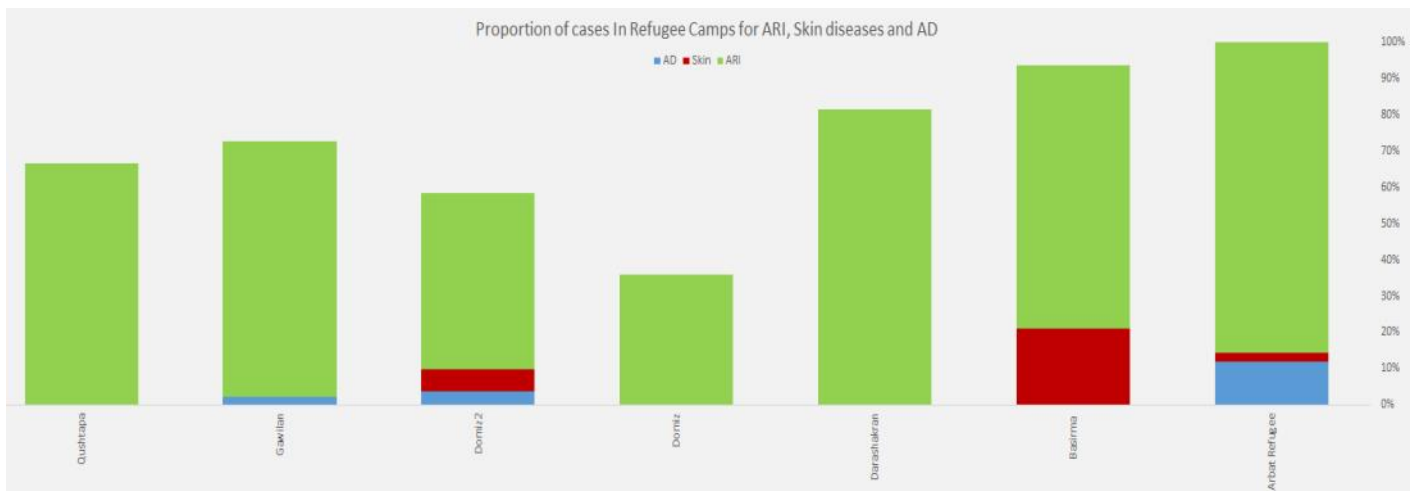


Figure V: Trend of proportions of cases of ARI, scabies and AD in refugee camps for Week 39, 2016

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

Figure VI indicates the proportions of acute respiratory tract infection, acute diarrhoea and skin infestations, including scabies, which comprises the highest leading causes of morbidity of internally displaced persons covered by mobile clinics for Week 39, 2016.

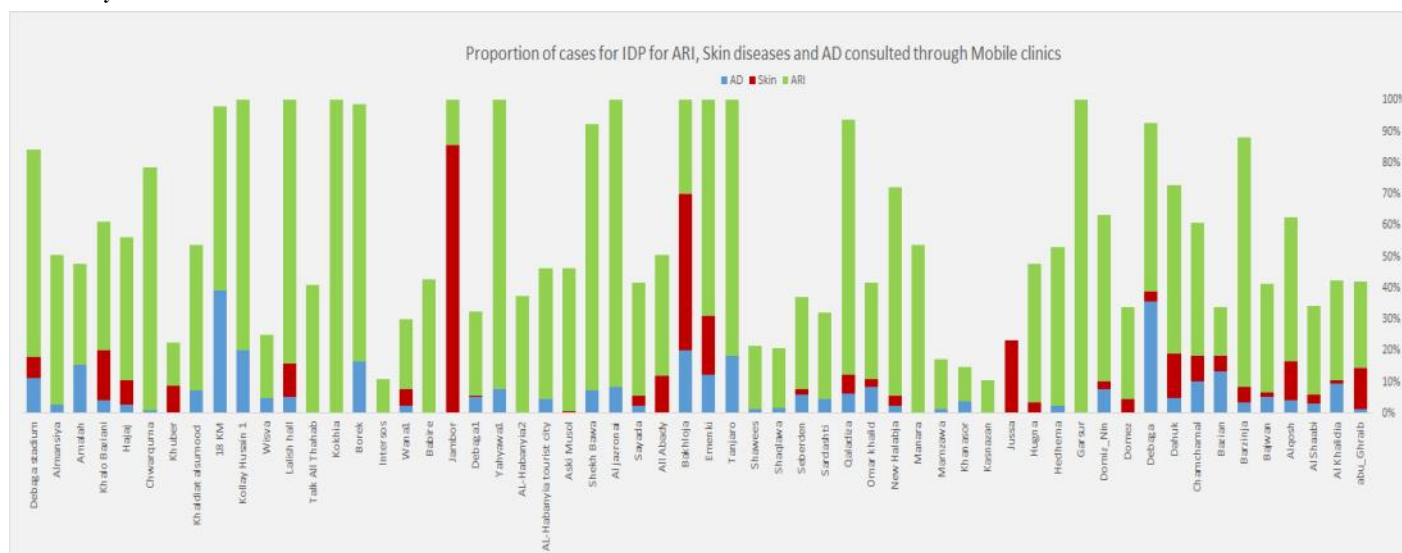


Figure VI: Distribution of ARI, scabies and AD covered by mobile clinics for the IDPs, Week 39, 2016

**Trends of acute jaundice syndrome**

From Week 1 to Week 39, 283 cases of acute jaundice syndrome were reported through the EWARN in Iraq, with the peak of cases (29 cases) reported in Week 23. Dahuk governorate reported 51 cases (18%), followed by Erbil with 47 cases (17%), Sulaimaniya with 35 cases (12%), Salah Addin and Anbar with 31 cases (11%) each, Kirkuk with 20 cases (7%), Qadisiya with 11 cases (3.9%), Ninewa with 10 cases (3.5%) and Najaf with 5 cases (1.8%).

In Week 39, 24 cases reported from Kirkuk governorate (17 cases, 71%), Anbar and Qadisiya governorates (2 cases, 8%), Duhuk and Najaf and Erbil (1 case, 4%).

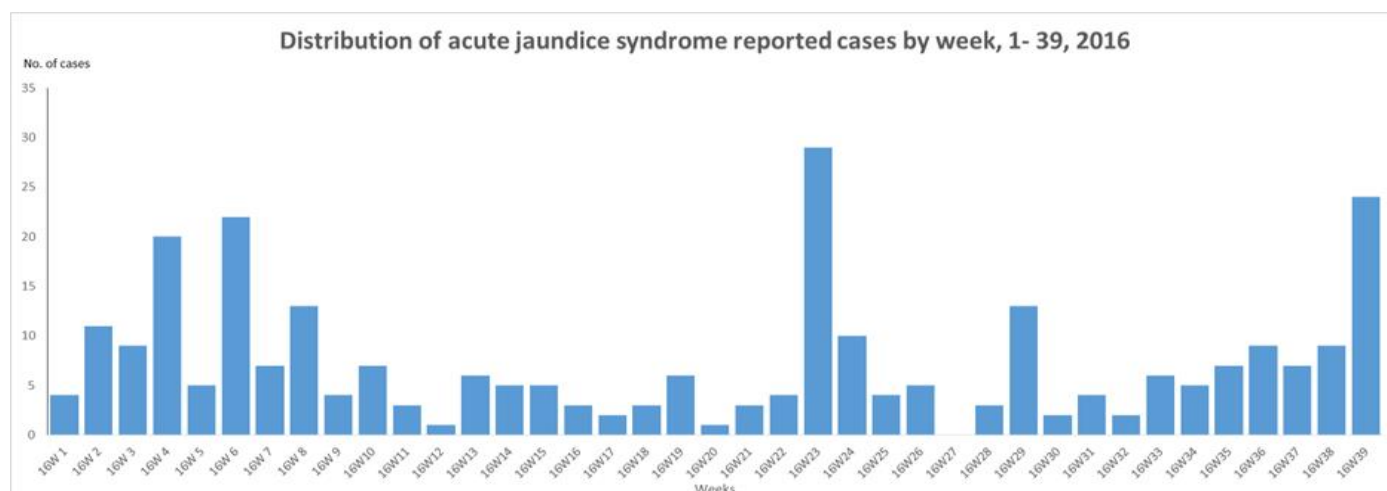


Figure VII: Distribution of acute jaundice syndrome reported cases by week, Week 1– 39, 2016

### Trends of waterborne diseases in IDPs and refugee camps

Figures VIII and IX show the decreasing trends of waterborne diseases (acute diarrhoea, acute bloody diarrhoea and acute jaundice syndrome) reported from IDP camps and refugee camps.

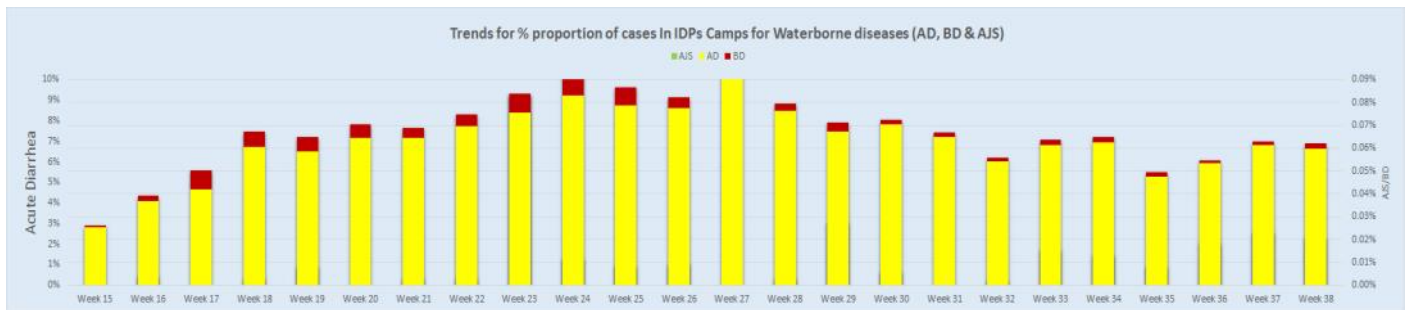


Figure VIII: Trend of waterborne diseases from IDPs camps, Week 15-39, 2016

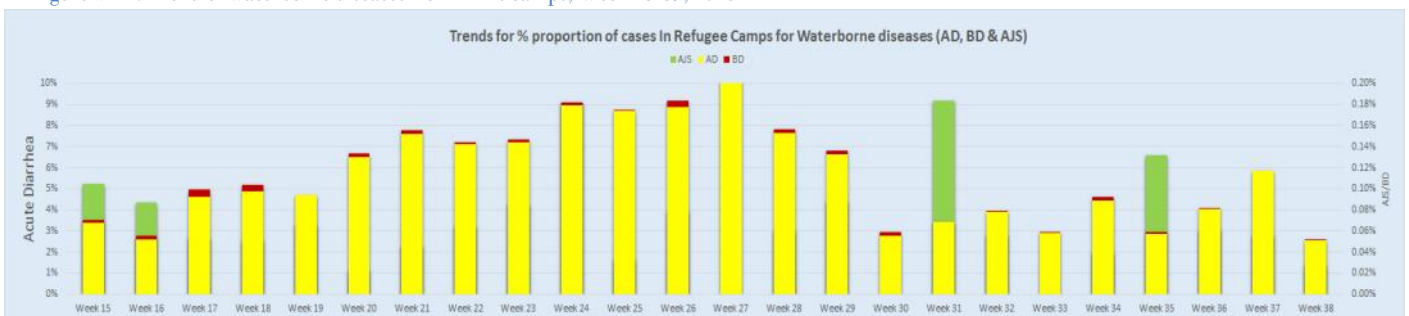


Figure IX: Trends of waterborne diseases from refugee camps, Week 15-39, 2016

### Trends of Acute Diarrhoea

Figure X shows the trends of acute diarrhoea reported from Week 1 to Week 39 in 2015 and 2016 through the EWARN system. Week 39 showed an increasing trend compared to previous weeks. In 2016, 36% of total reported acute diarrhoea cases were from Anbar, followed by Duhok with 20% of all cases, Ninewa with 11%, Sulaymaniyah and Erbil with 9% each, Kirkuk with 5%, Baghdad with 4%, and Salahuddin with 3%.

In week 39, 3101 cases of acute diarrhoea were reported. Anbar reported the highest number with 1326 cases (43%), Erbil reported 391 cases (13%), Duhok reported 385 cases (12%), Sulaimaniya reported 295 cases (9%), Kirkuk reported 211 cases (7%), Salah Addin reported 208 cases (7%) and Ninewa reported 169 cases (5%).

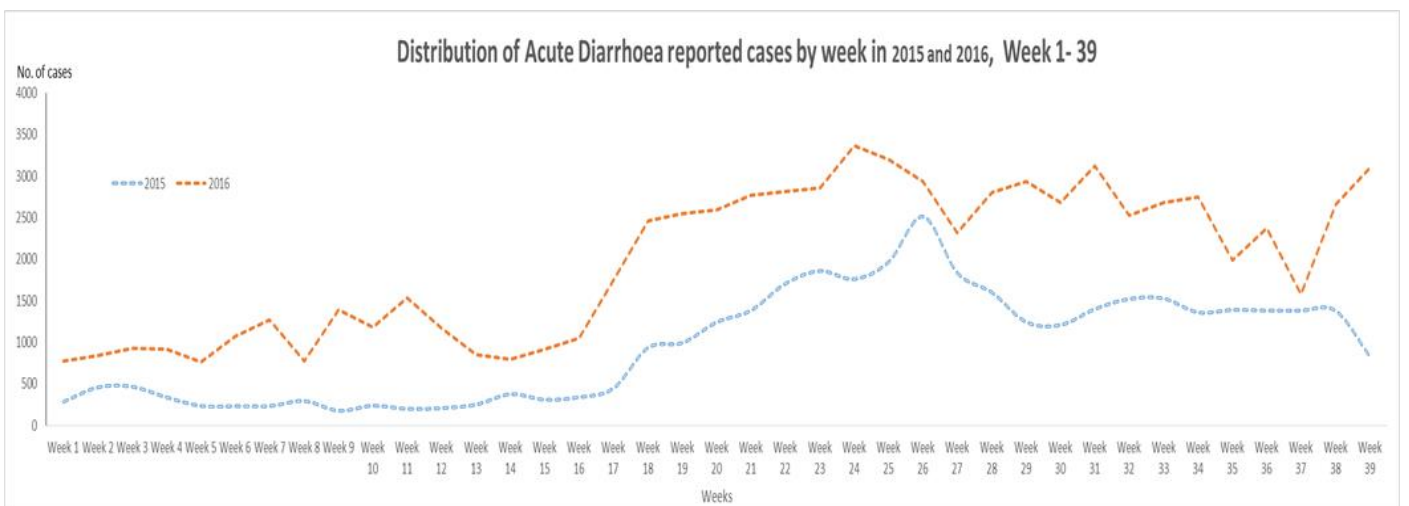


Figure X: Distribution of acute diarrhoea reported cases by week, Week 1–Week 39, 2015-2016



Four alerts were generated through EWARN according to defined thresholds from IDP camps during this reporting week. All alerts were investigated within 72 hours, with 3 verified as true and one false. Alerts were responded to by the Departments of Health of the respective governorates, WHO and relevant health cluster partners (see table below).

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	Suspected Leishmaniasis	Al-Salam	Anbar	Ameriyat Al-Fallujah	IDPs	6	UIMS	Yes	No	TRUE	Yes
2	Suspected Leishmaniasis	Kharababke	Dahuk	Dahuk	IDPs	1	MC-PU-AMI	Yes	No	TRUE	Yes
3	Visceral Leishmaniasis	Bajwan	Kirkuk	Kirkuk	IDPs	1	MC-Medair	Yes	No	FALSE	No
4	Suspected Leishmaniasis	Dijla	Salah-Al-Din	Salah-Al-Din	IDPs	1	UIMS	Yes	No	TRUE	No

## Trends of alerts

Figure XI shows the number of alerts (true & false) generated through EWARNs per week which were investigated and responded to accordingly by the Ministry of Health, WHO and health cluster partners.

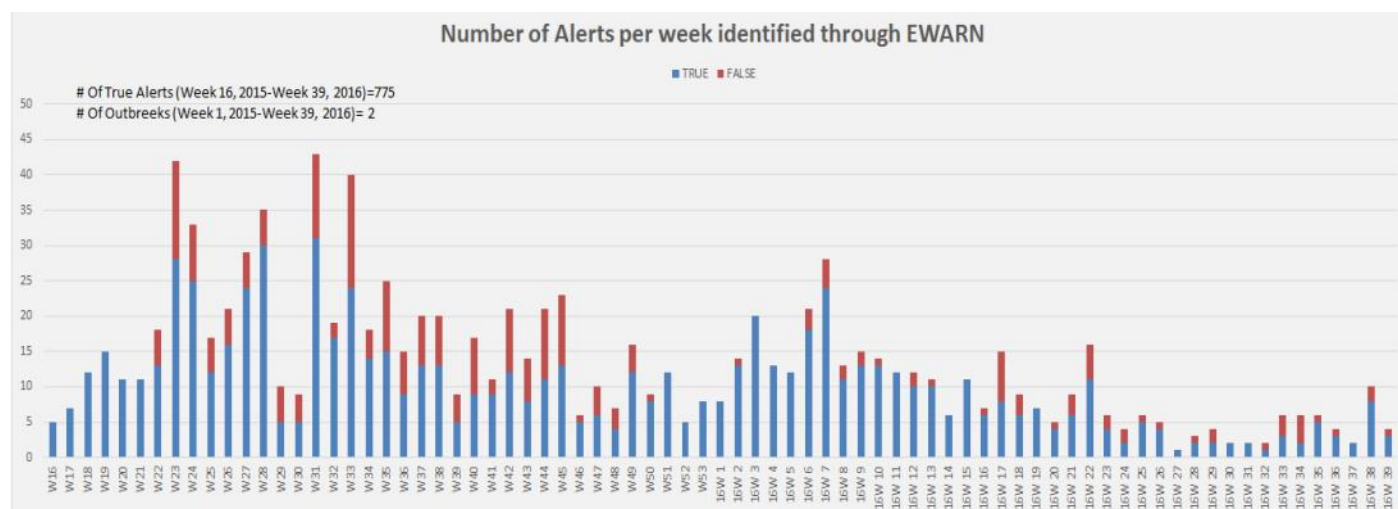


Figure X: Alerts generated through EWARN surveillance Week 16, 2015—Week 38, 2016

### For comments or questions, please contact

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