



Iraq: EWARN & Disease Surveillance Bulletin

2016 Epidemiological Week: 46

Reporting Period: 14 – 20 November , 2016

Highlights

- ◆ **Number of reporting sites:** One hundred and twenty-eight (128) reporting sites (85% of the total EWARN reporting sites) including sixty-nine (69) in internally displaced persons (IDP) camps, eight (8) in refugee camps and Forty-seven (47) mobile clinics submitted their weekly reports completely and in a timely manner.
- ◆ **Total number of consultations:** 44,722 (Male=20,559 and Female=24,163) marking a decrease of 7,203 since last week, (Total consultations in Week 45: 51,925).
- ◆ **Leading causes of morbidity in the camps:** Acute respiratory tract infections (ARI) (n=22,129), acute diarrhea (AD) (n=2,344) and skin diseases (n=1,225) remained the leading causes of morbidity in all camps and displaced population areas served by mobile clinics during this reporting week.
- ◆ **Number of alerts:** Twelve (12) alerts were generated through EWARN during this week, 11 were reported from IDP camps and one from Hospital . The alerts were investigated within 72 hours, of which 9 were verified as true and 3 as false. They were responded to by the relevant health cluster partners. (Details: see Alerts and Outbreaks Section).

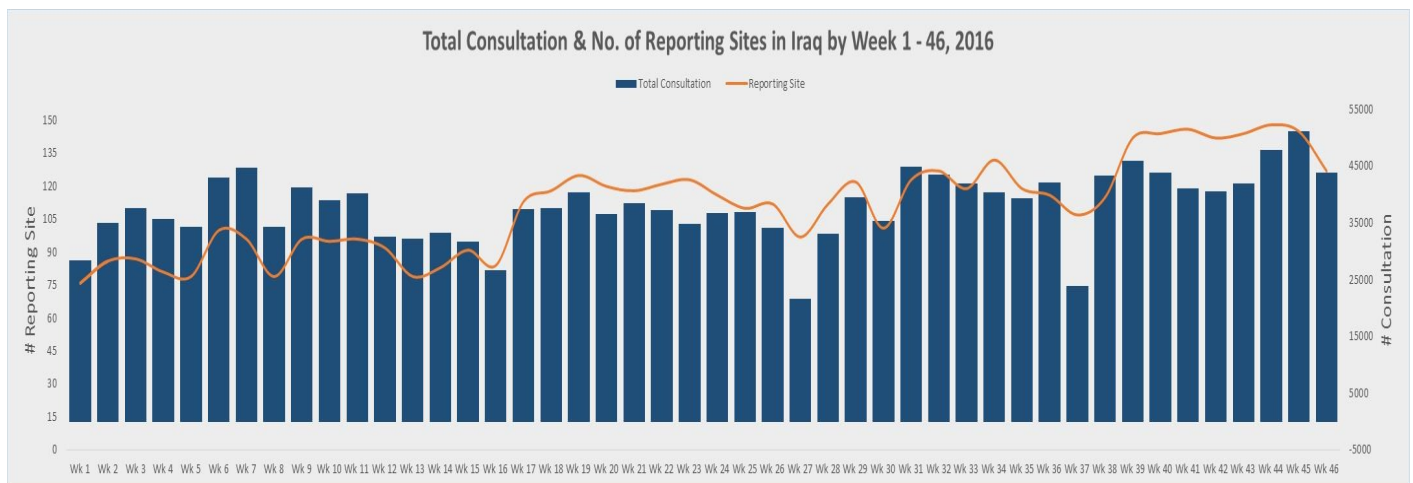
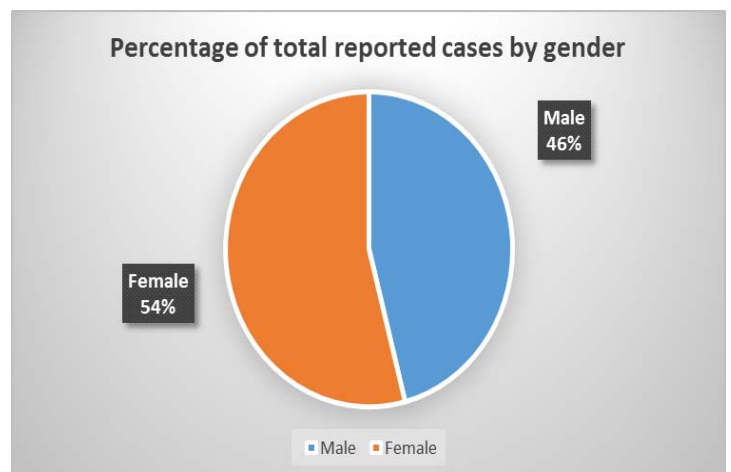
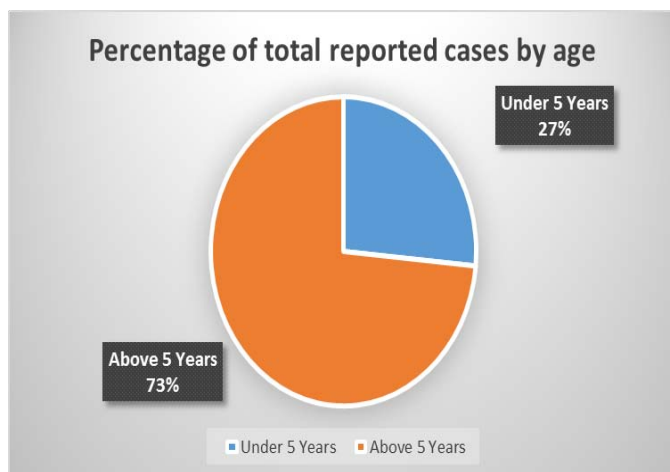


Figure I: Distribution of total consultations and number of reporting health facilities by week, Week 1–46, 2016

Distribution of total consultations in the camps by age and gender (Week 46, 2016)



Ninewa Governorate

Highlights:

- During this week, Jhela clinic running by WAHA reported for the first time.
- The total consultations in Ninewa Governorate in week 46 was 9,602 (please see Figure II)
- Forty eight (48) reporting sites including 25 mobile medical clinics and 23 static clinics from 10 agencies (DOH, DAMA, DORCAS, HEEVIE, IMC, IOM, MEDAIR, MSF, PU-AMI, QRCS and WAHA) submitted their weekly reports in time.
- No alert reported from Ninewa DOH this week.

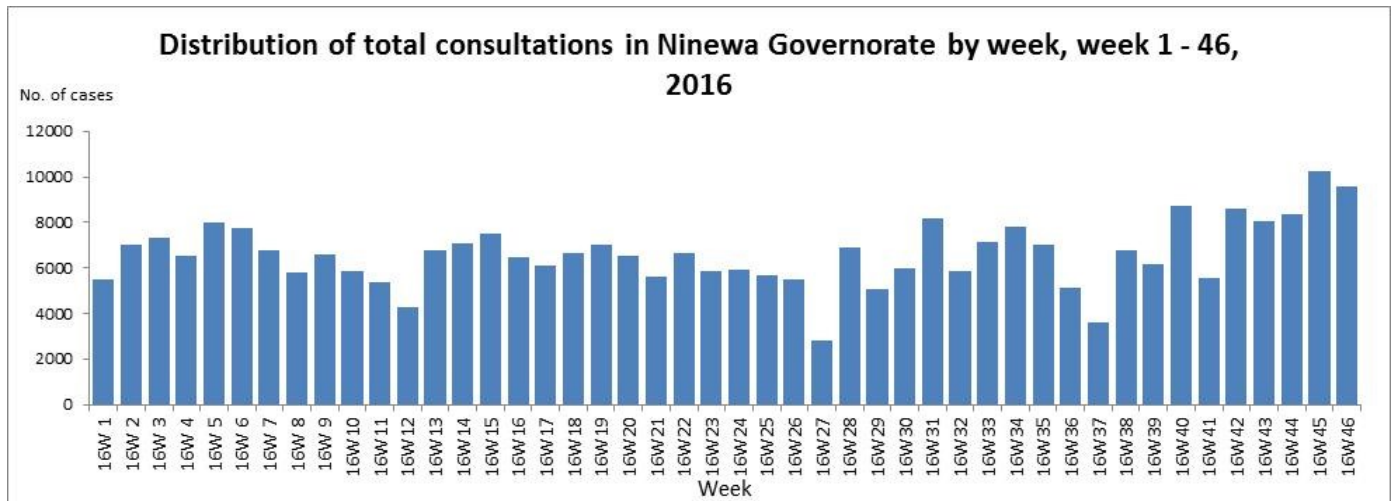


Figure II: Distribution of the total consultations in Ninewa Governorate by week, weeks 1—46

Common reported events:

- ◆ The most common reported disease events/ syndrome during week 46 in Ninewa department of health were acute respiratory infections (68%), acute diarrhea (4%) and suspected scabies (1%). Please see the below table

District	Acute Respiratory Infections	Acute Diarrhoea	Suspected Scabies	Cutaneous Leishmaniasis	Other diseases
Akre	871	44	10	0	309
Al-Hamdan	1030	148	73	0	888
Mosul	171	19	0	23	1
Shikhan	1161	104	9	5	0
Sinjar	84	5	1	2	0
Telafar	2535	23	27	102	708
Tilkaif	668	30	1	0	478
Grand Total	6520	373	121	132	2384

Morbidity Patterns

IDPs camps:

During Week 46, the proportions of acute diarrhea and skin infestations including scabies in camps for the internally displaced persons decreased while the trends of the acute respiratory infections increased compared to the previous week (please see Figure III below).

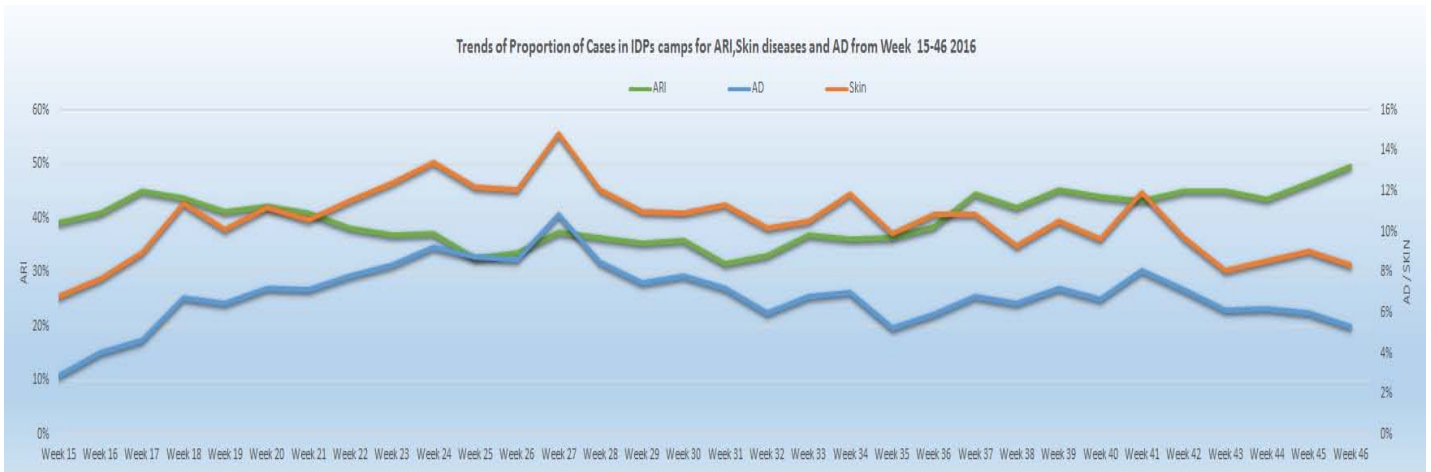


Figure III: Distribution of the acute respiratory infection, scabies and acute diarrhea in IDPs camps, Week 15–46, 2016

Refugee camps:

During Week 46, the proportions of acute respiratory tract infections (ARI), acute diarrhea and skin infestations including scabies decreased from the previous week (please see Figure IV below).

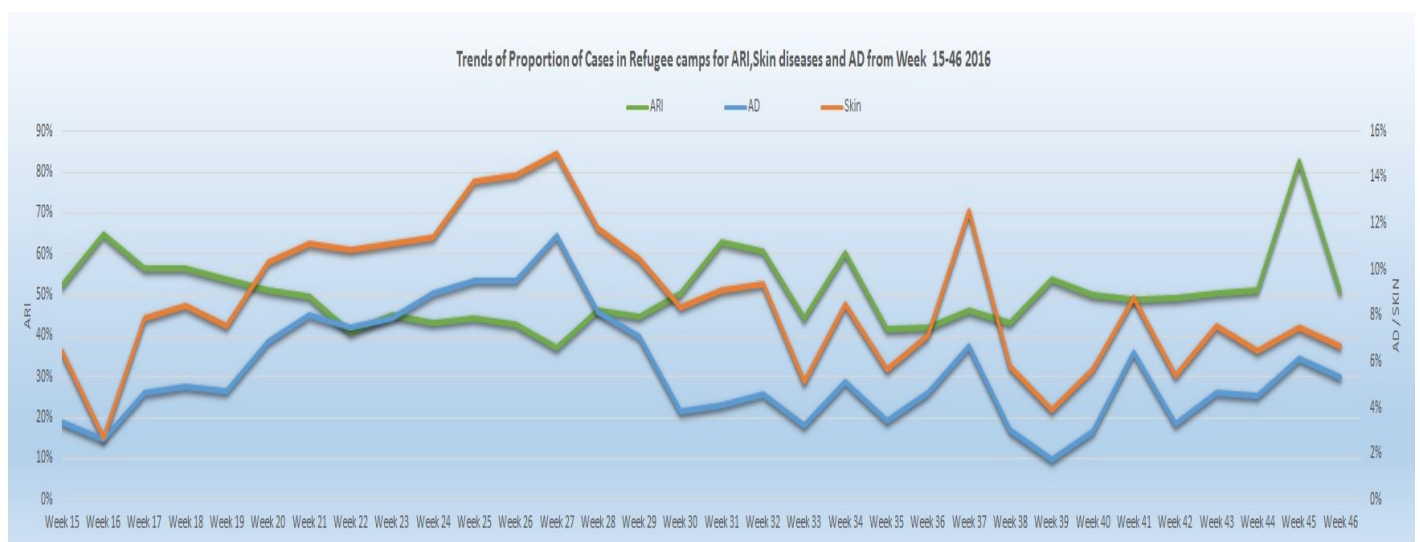


Figure IV: Distribution of the acute respiratory infection, scabies and acute diarrhea in refugee camps, Week 15–46, 2016

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

Figure V below indicates the proportions of acute respiratory tract infections, acute diarrhea and skin infestations including scabies which comprises the highest leading causes of morbidity in camps for internally displaced persons for Week 46, 2016.

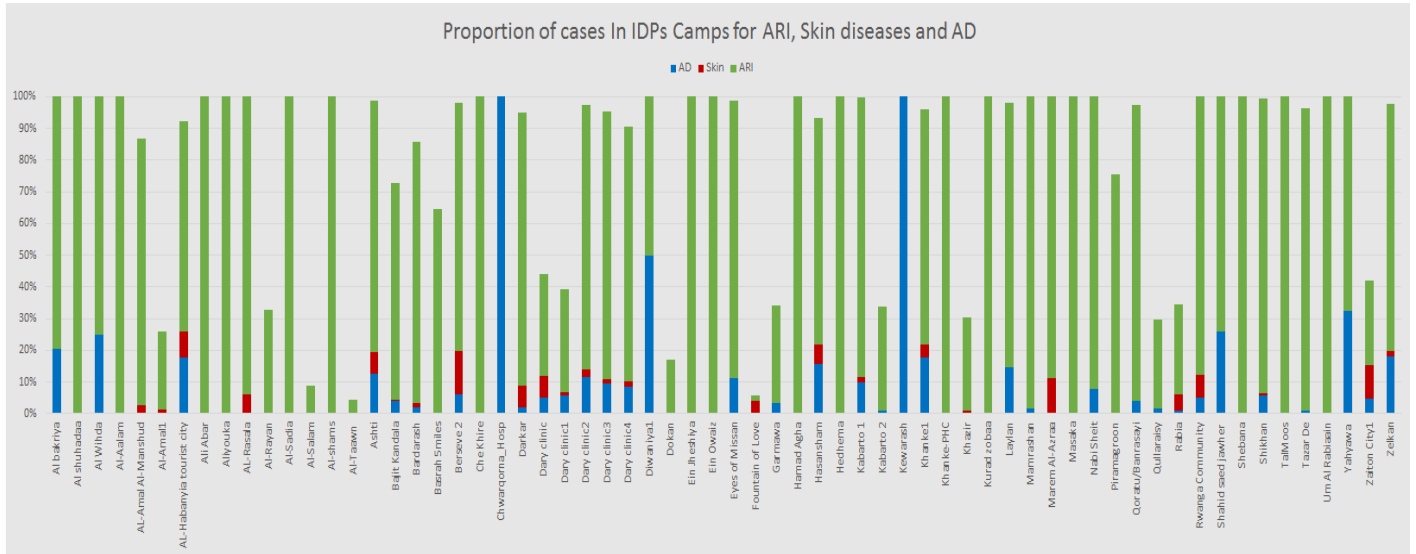


Figure V: Proportion of cases of ARI, scabies and AD in IDPs camps for Week 46, 2016

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

Figure VI below indicates the proportions of acute respiratory tract infections, acute diarrhea and skin infestations including scabies which comprises the highest leading causes of morbidity in the refugee camps for Week 46, 2016.

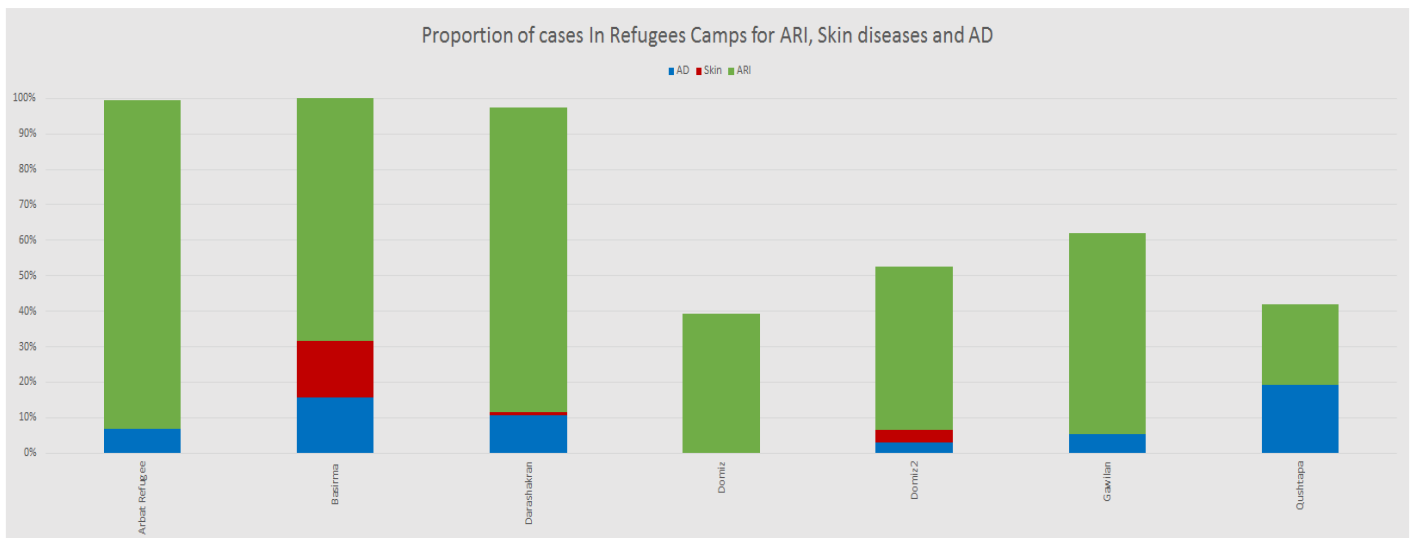


Figure VI: Trend of proportions of cases of ARI, scabies and AD in Refugee camps for Week 46, 2016

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

Figure VII below indicates the proportions of acute respiratory tract infection, acute diarrhea and skin infestations including scabies which comprises the highest leading causes of morbidity of the internally displaced persons covered by mobile clinics for Week 46, 2016.

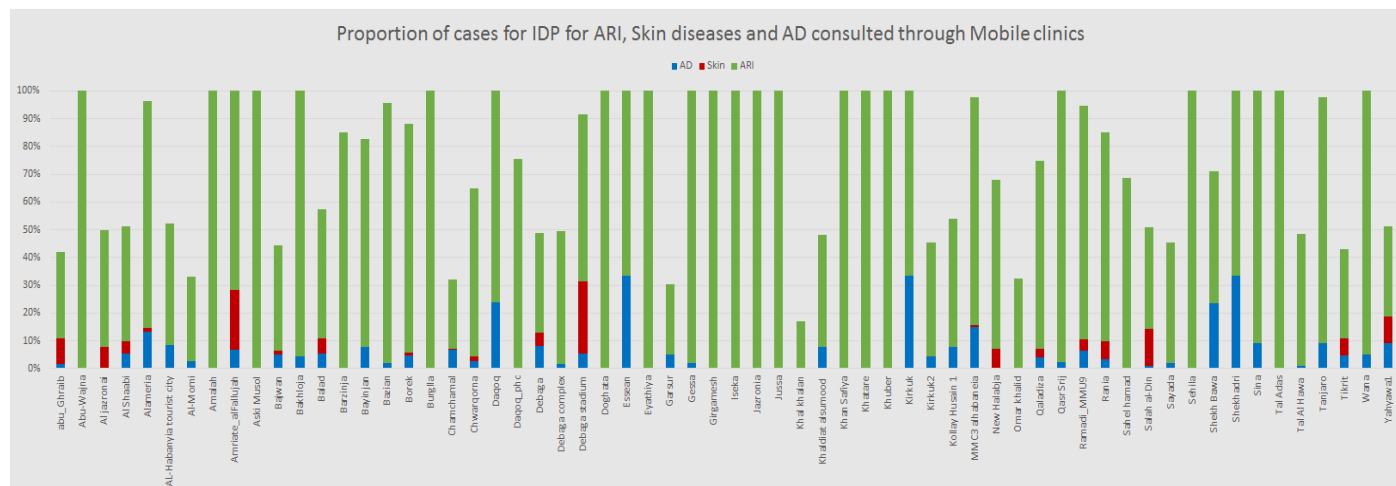


Figure VII: Distribution of ARI, scabies and AD covered by mobile clinics for the IDPs, Week 46, 2016

Trends of Suspected Meningitis

The graph below shows the trends of acute diarrhea reported in the period from Week 15 to Week 46 in 2015 and 2016 through the EWARN system. This week showed an increasing trend of the increase compared to the last weeks. During 2016, and from Week 6 to 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 trend of the disease showed a peak in Week 24 (3387 cases) and then another peak in Week 31 (3079 cases). From Week 31 there is a decrease in the reporting of AD through all the EWARN reporting governorates.

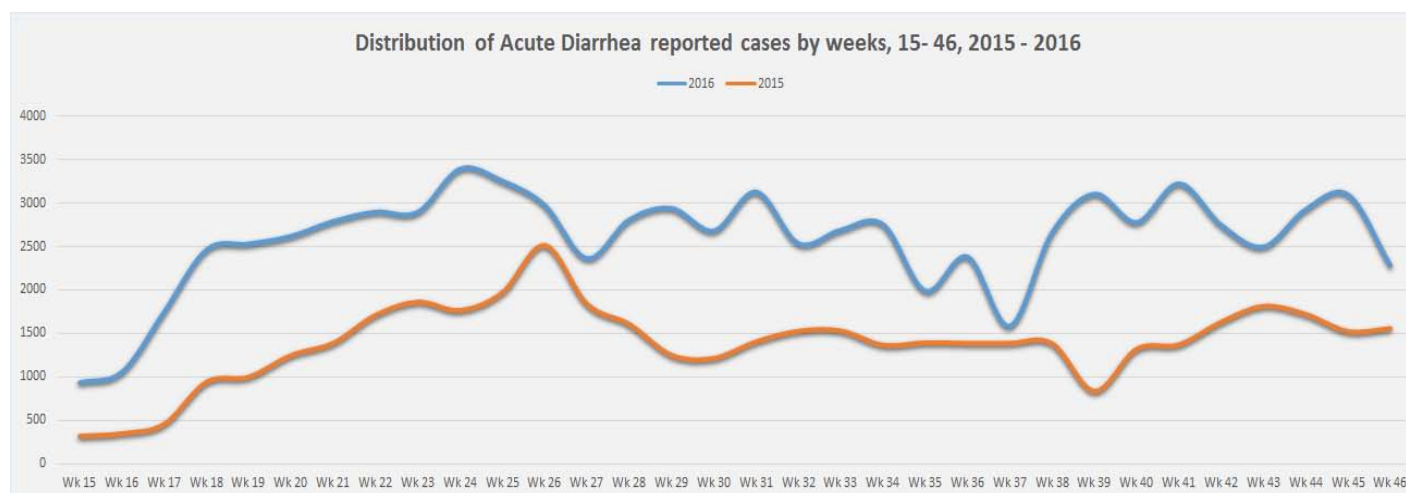


Figure VIII: Distribution of suspected Meningitis reported cases by governorate, Week 1– 46, 2016

Trends of waterborne diseases in IDPs camps

Figure IX below shows the trends of waterborne diseases (acute diarrrhea, acute bloody diarrrhea and acute jaundice syndrome) reported from IDP camps, which indicated a decrease in the waterborne diseases.

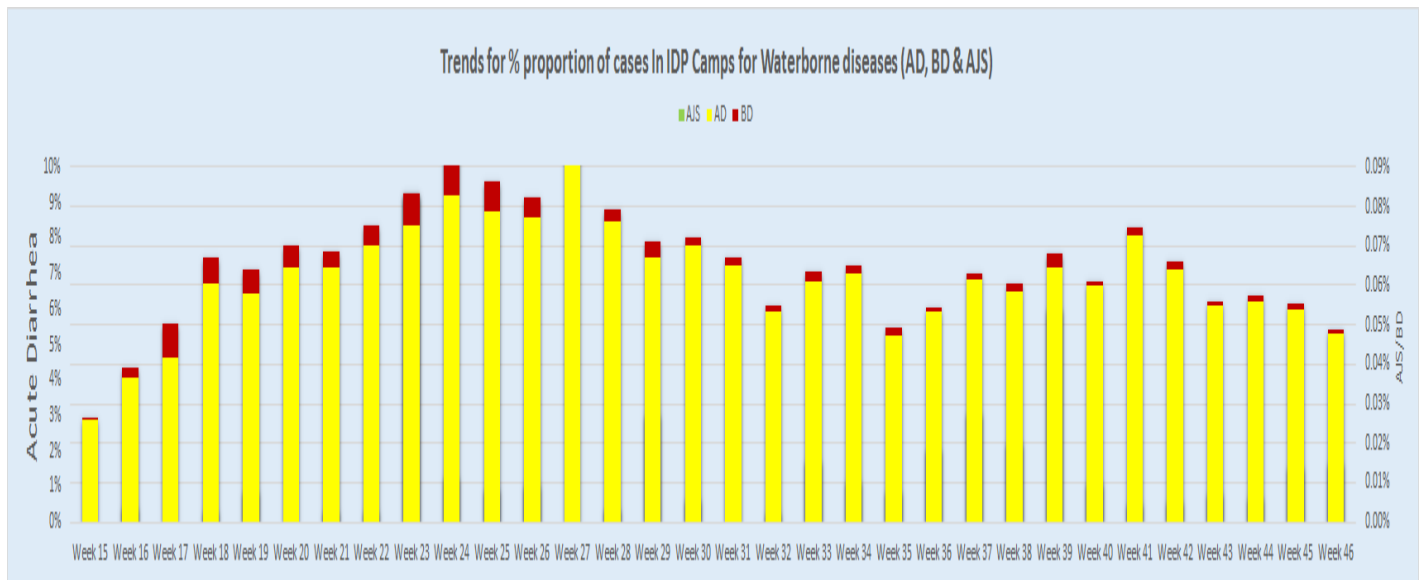


Figure IX: Trend of waterborne diseases from IDPs camps, Week 15-46, 2016

Trends of waterborne diseases in refugee camps

Figure IX below shows the trends of waterborne diseases (acute diarrrhea, acute bloody diarrrhea and acute jaundice syndrome) reported from refugee camps, which indicated a decrease in the overall waterborne diseases.

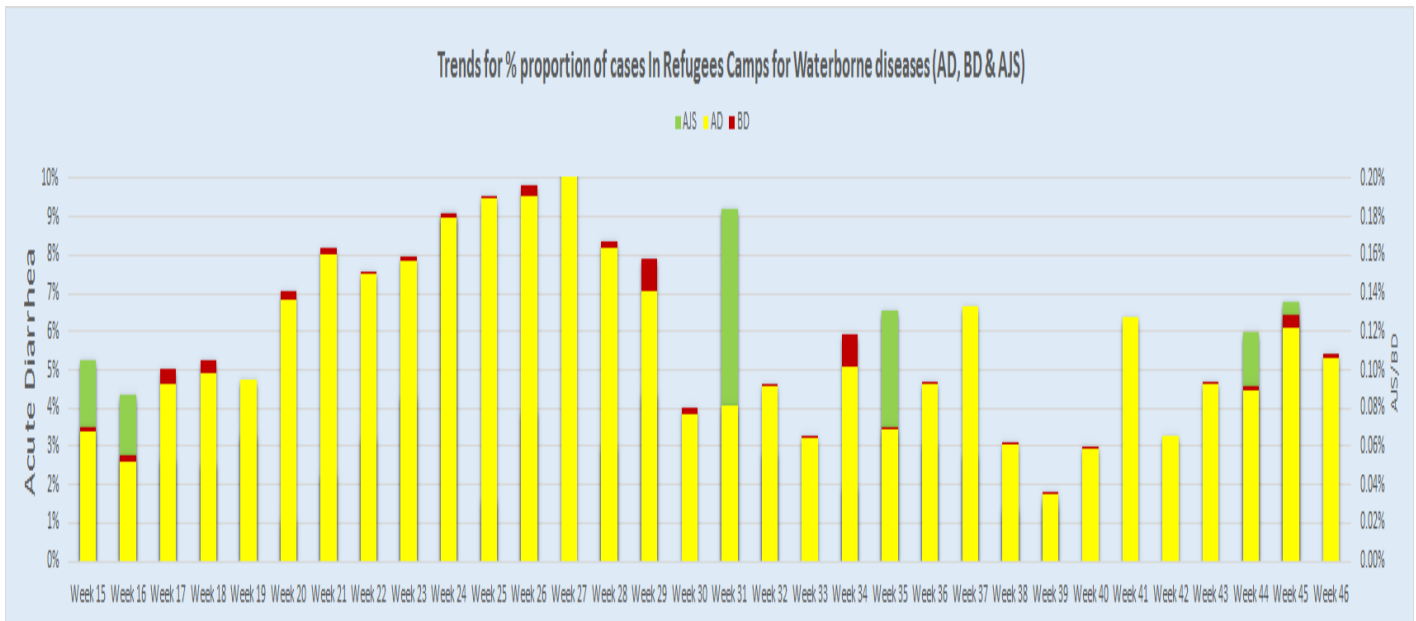


Figure X: Trends of waterborne diseases from refugee camps, Week 15-46, 2016

Twelve alerts were generated through EWARN following the defined thresholds, of which 11 were from IDP Camps and one from Hospital during this reporting week. All these alerts were investigated within 72 hours and nine were verified as true and were responded to by the respective Governorates Departments of Health, WHO and the relevant health cluster partners. (please see below Alerts 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	Suspected Leishmaniasis	Al-Rahma	Salah-Al-Din	Dijlah	IDPs	9	UIMS	Yes	No	TRUE	Yes
2	Suspected Leishmaniasis	Al-Jazeera of AlRamady	Anbar	Anbar	IDPs	1	MC-DoH	Yes	No	TRUE	No
3	Visceral Leishmaniasis	Kalar	Sulaymaniyah	Kalar	hospital	3	DoH	Yes	No	FALSE	No
4	Suspected Leishmaniasis	Um_Baneen	Kerbala	Kerbala	IDPs	4	DoH	Yes	No	TRUE	No
5	Outbreak of any communicable disease	Tux zurmatu	Salah-Al-Din	Salah-Al-Din	IDPs	1	MC-Medair	Yes	No	FALSE	No
6	Suspected Leishmaniasis	Tazar De	Sulaymaniyah	Kalar	IDPs	2	EMERGENCY	Yes	No	TRUE	No
7	Suspected Leishmaniasis	Sheikhan	Dahuk	Sheikhan	IDPs	1	DoH	Yes	No	TRUE	No
8	Outbreak of any communicable disease	Alshabbi	Kirkuk	Kirkuk	IDPs	1	MC-Medair	Yes	Yes	TRUE	Yes
9	Suspected Leishmaniasis	Debaga camp1	Erbil	Makhmur	IDPs	1	QRCs	Yes	No	TRUE	No
10	Suspected Leishmaniasis	Ashti IDP	Sulaymaniyah	Arbat	IDPs	1	EMERGENCY	Yes	No	TRUE	No
11	Suspected Leishmaniasis	Al_salam	Anbar	Ameriyat-Fullujah	IDPs	1	UIMS	Yes	No	TRUE	No
12	Suspected Meningitis	Ashti	Sulaymaniyah	Arbat	IDPs	1	EMERGENCY	Yes	Yes	FALSE	No

Trends of alerts

The graph below shows the number 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.

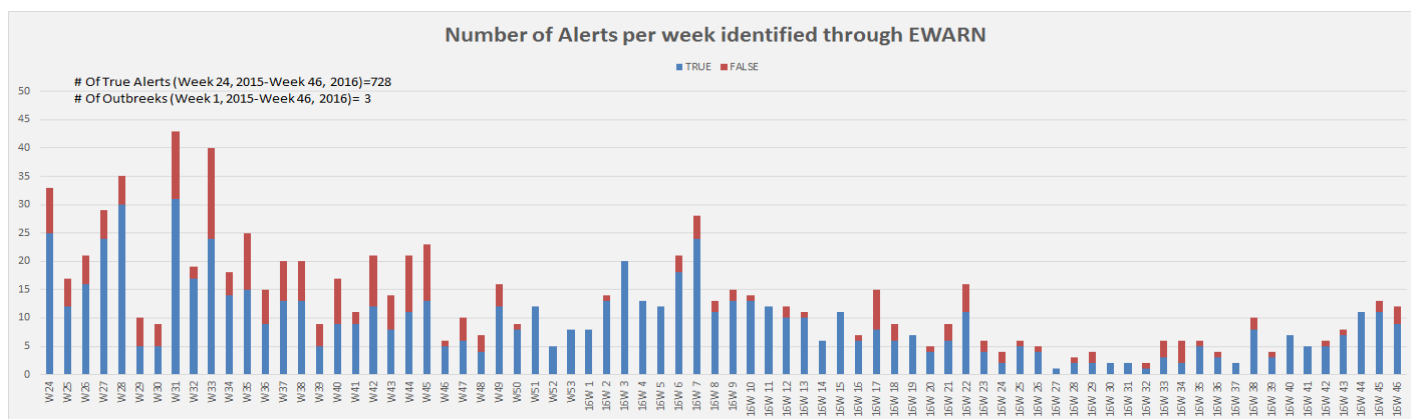


Figure X: Alerts generated through EWARN surveillance Week 24, 2015—Week 46, 2016

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)