



Iraq: EWARN & Disease Surveillance Bulletin

2016 Epidemiological Week: 49

Reporting Period: 05 – 11 December , 2016

Highlights

- ◆ **Number of reporting sites in week 49:** One hundred and seventy five (175) reporting sites (93% of the total EWARN reporting sites) including ninety two (92) in internally displaced persons (IDPs) camps, seven (7) in refugee camps and seventy two (72) mobile clinics submitted their weekly reports completely and in a timely manner. The new target of the EWARN health facilities reached 189.
- ◆ **Total number of consultations in Week 49:** 68,387 (Male=34,327 and Female=34,060) marking an increase of 11,385 since last week, (Total consultations in Week 48: 57,002).
- ◆ **Leading causes of morbidity in the camps in Week 49:** Acute respiratory tract infections (ARI) (n=35,915), acute diarrhoea (AD) (n=2,758) and skin diseases (n=1,886) remained the leading causes of morbidity in all camps and displaced population areas served by mobile clinics during this reporting week.
- ◆ **Number of alerts in week 49:** Three (3) alerts were generated through EWARN from IDPs camps during the reporting week. The alerts were investigated within 72 hours, verified and responded to by relevant health cluster partners (Details: see Alerts and Outbreaks Section).

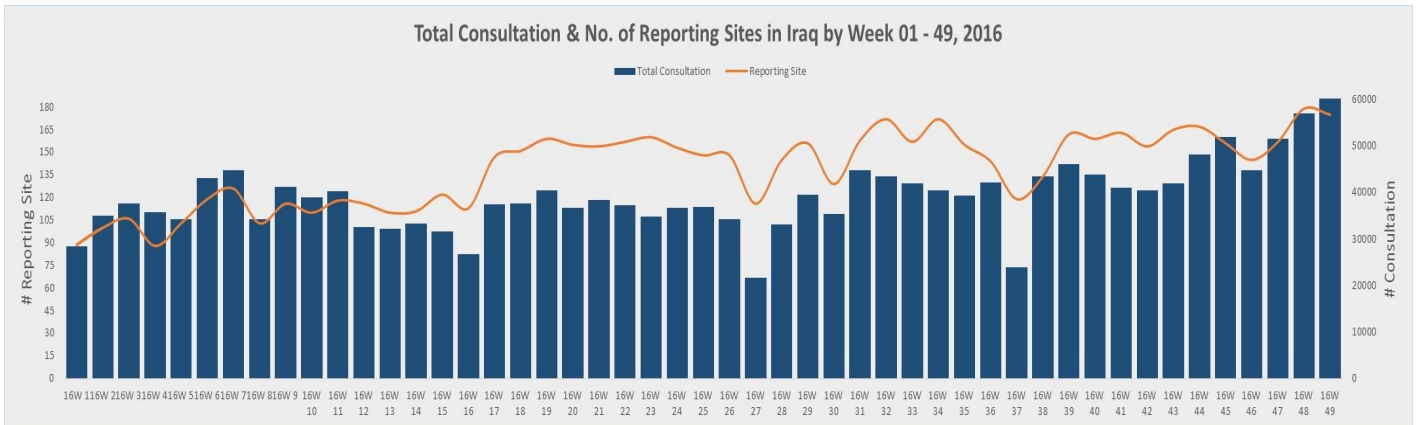
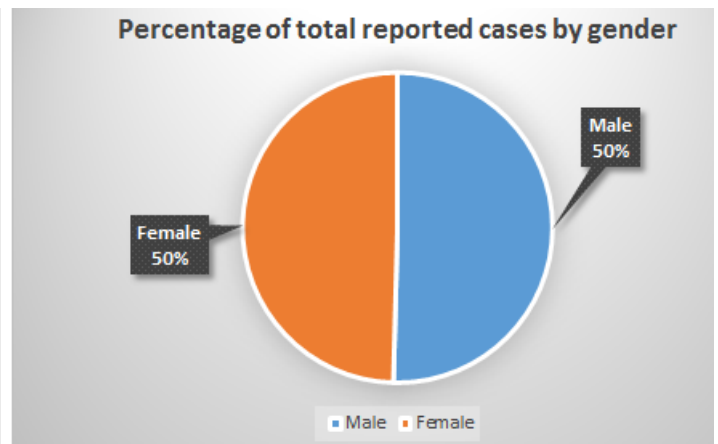
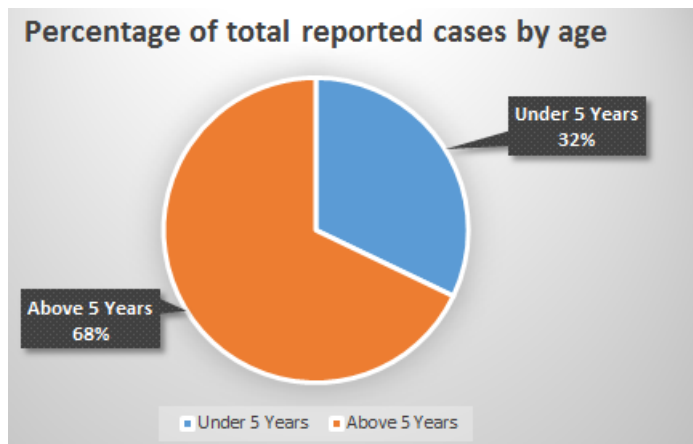


Figure I: Distribution of total consultations and number of reporting health facilities by week, Week 01–49, 2016

Distribution of total consultations in the camps by age and gender (Week 49, 2016)



Ninewa Governorate

Highlights:

- ◆ In week 49, 52 health clinics reported, including 25 mobile and 27 static health clinics.
- ◆ The total consultations in Ninewa Governorate in week 49 was 20,575.
- ◆ In Mosul city, the Alzahraa DOH PHC supported by WHO and the IOM mobile clinic in Hassansham camp have recently joined EWARN working and reporting.
- ◆ One alert of suspected cutaneous leishmaniasis was received from DAMA organization in Hassansham camp. Rapid response team from Erbil department of health responded to the verification and confirmed the alert.



Common reported events:

- ◆ The most common reported disease events/ syndrome during week 49 in Ninewa department of health were acute respiratory infections (58%), acute diarrhea (4%), suspected scabies (4%) and cutaneous leishmaniasis (2%). Please see the below table.
- ◆ Alzahraa PHC in Mosul reported for the first time to the EWARN. The total consultations of week 49 was 6,218. Acute respiratory infection was the most reported disease event with (43%), followed by other diseases (40%), suspected scabies (7%) and acute diarrhea (4%).

Table I: Distribution of the common reported disease events in Ninewa Governorate in week 49, 2016

District	Acute Respiratory Infections	Acute Diarrhoea	Suspected Scabies	Cutaneous Leishmaniasis	Other diseases
Akre	1194	89	5	0	253
Al-Hamdaniya	1471	87	49	4	209
Mosul	4546	455	531	225	2784
Shikhan	1003	11	4	0	334
Sinjar	229	5	0	45	109
Telafar	2567	100	131	111	1375
Tilkaif	1004	22	3	4	1165
Grand Total	12014	769	723	389	6229

Morbidity Patterns

IDPs camps:

During Week 49, the proportions of acute respiratory tract infections (ARI), acute diarrhea and skin infestations including scabies in IDPs camps decreased in comparison with the previous week (please see Figure III below).

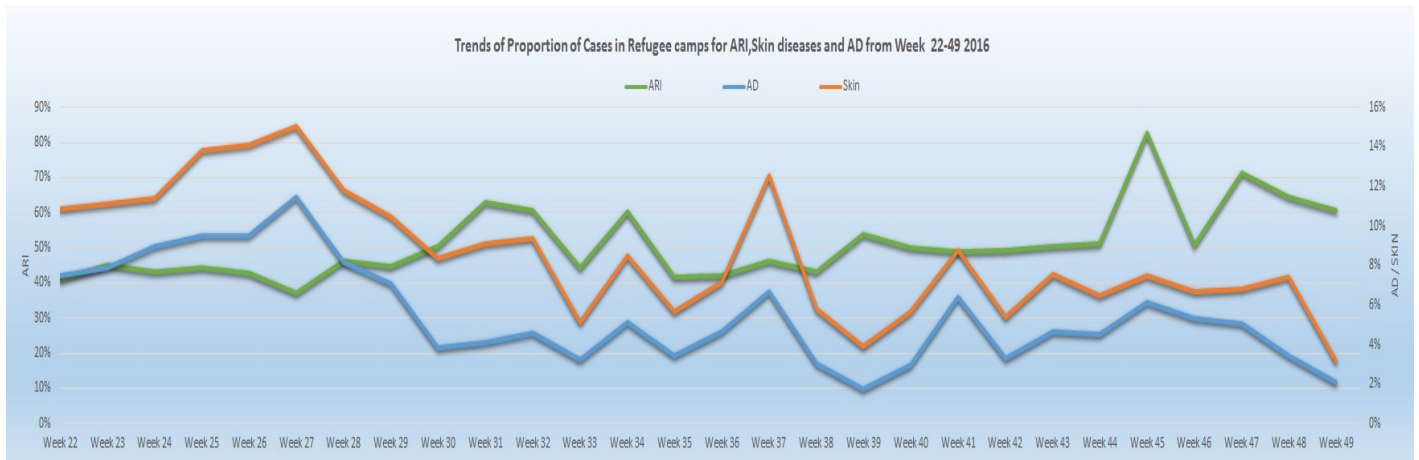


Figure III: Distribution of the acute respiratory infection, scabies and acute diarrhea in IDPs camps, Week 22–49, 2016

Refugee camps:

During Week 49, the proportion of acute respiratory tract infections (ARI) slightly decreased, while the proportion of acute diarrhea and skin infestations including scabies increased compared to previous week results (please see Figure IV below).

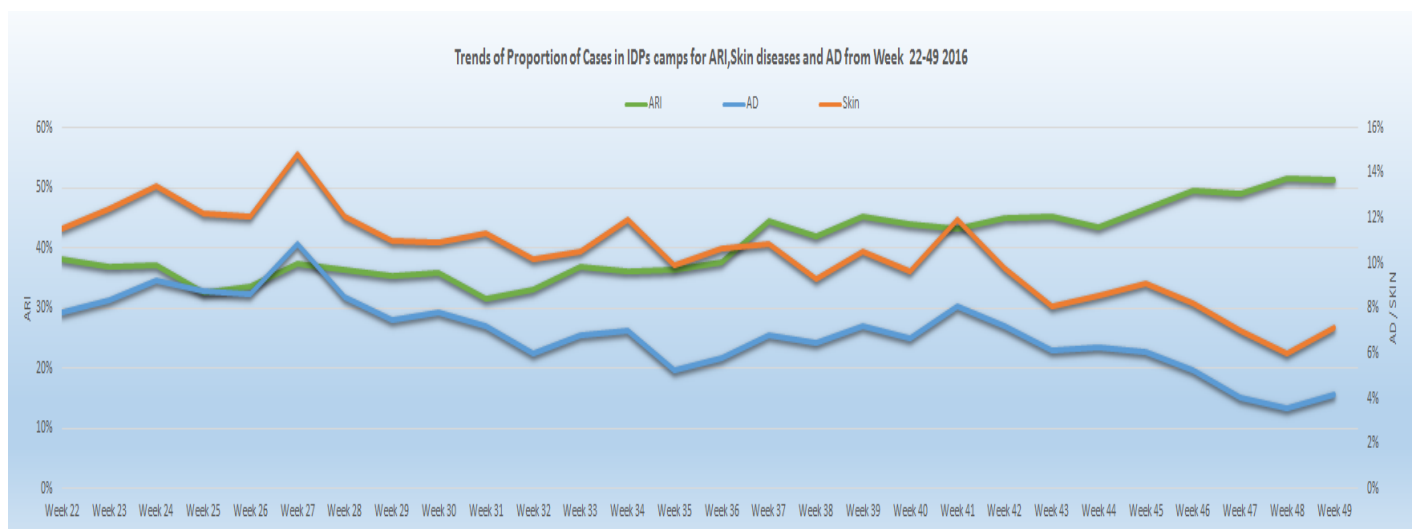


Figure IV: Distribution of the acute respiratory infection, scabies and acute diarrhea in refugee camps, Week 22–49, 2016

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 IDP camps for Week 49, 2016.

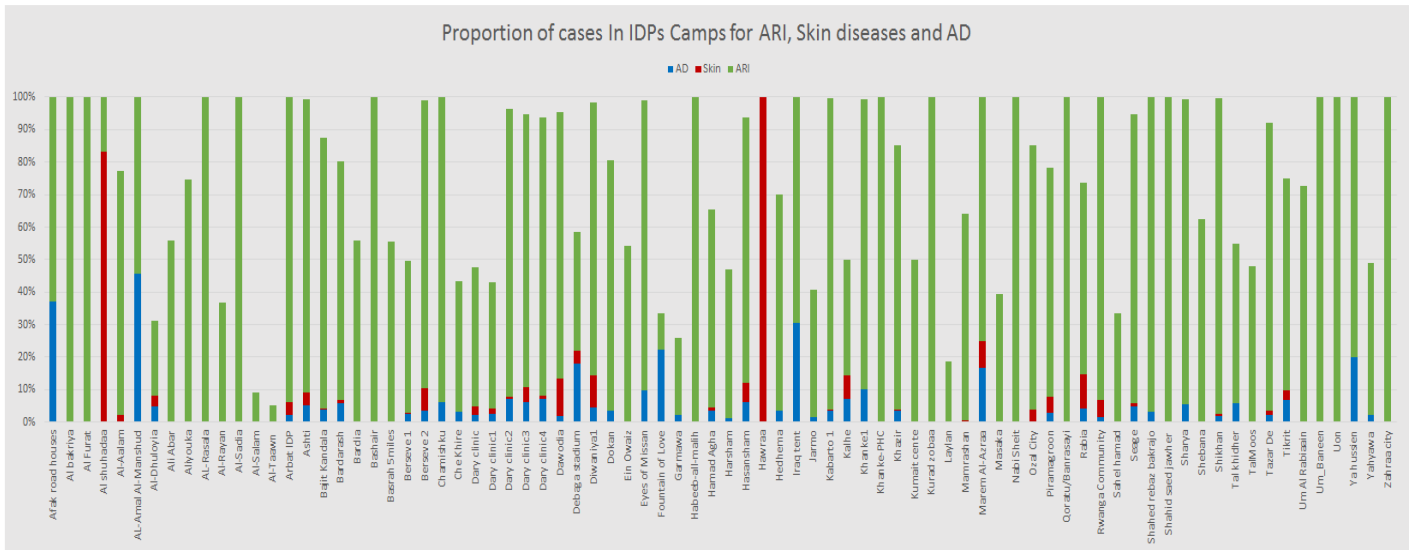


Figure V: Proportion of cases of ARI, scabies and AD in IDPs camps for Week 49, 2016

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 49, 2016.

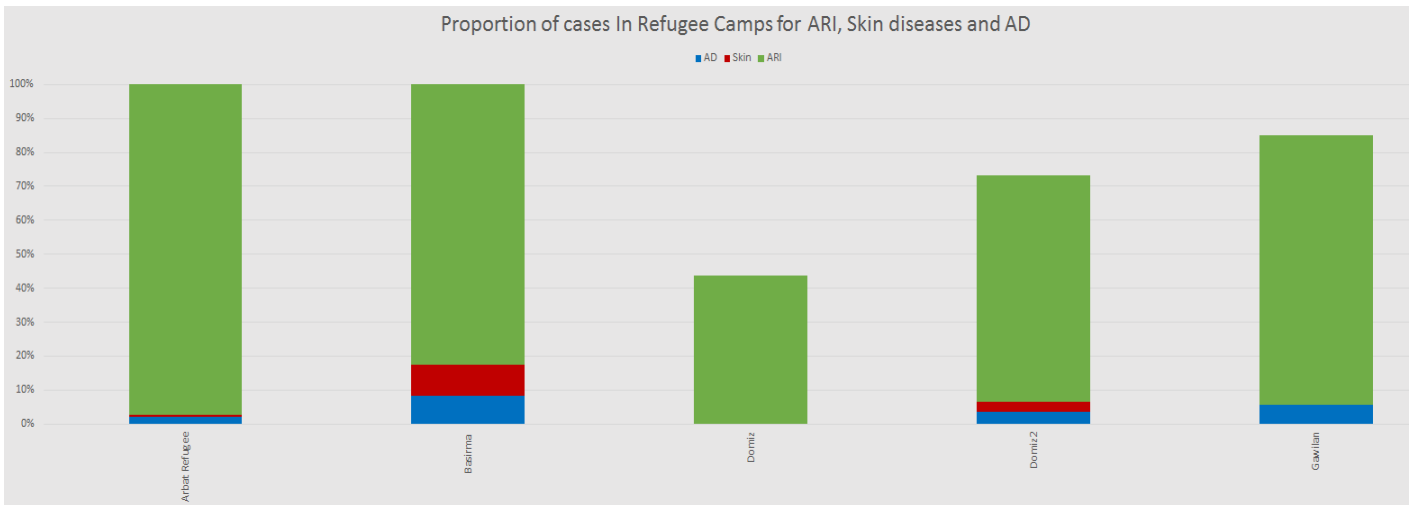


Figure VI: Trend of proportions of cases of ARI, scabies and AD in Refugee camps for Week 49, 2016

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 IDPs covered by mobile clinics for Week 49, 2016.

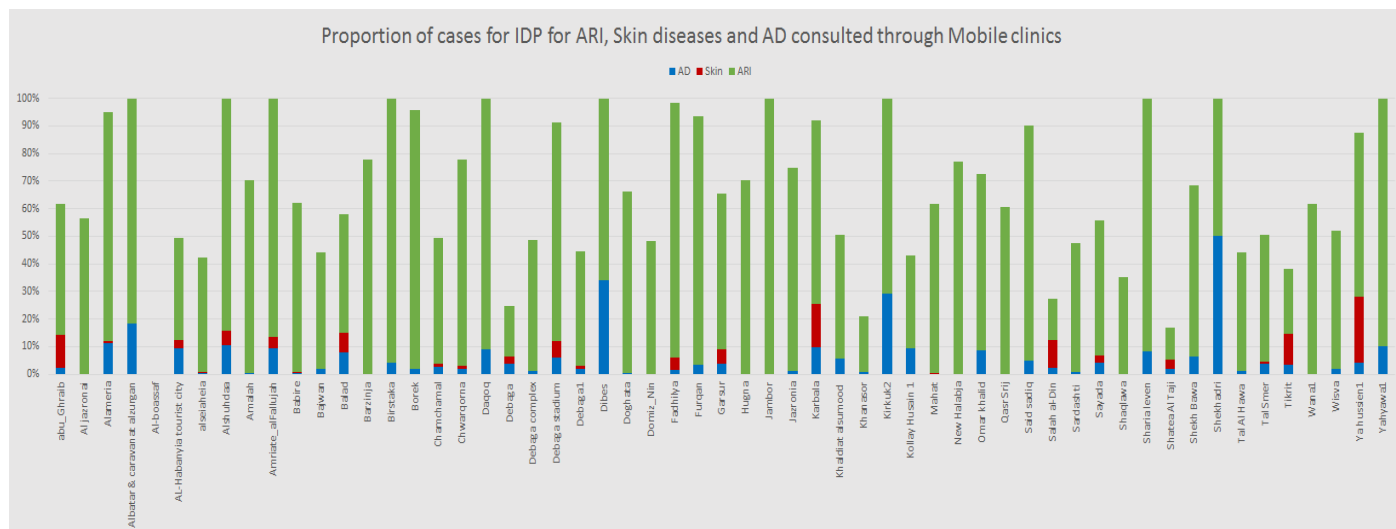


Figure VII: Distribution of ARI, scabies and AD covered by mobile clinics for the IDPs, Week 49, 2016

Trends of Pertussis

There were 133 reported suspected Pertussis cases from all the EWARN reporting sites during 2016. From week 1 to week 49, almost 112 (94%) of the cases reported from Salah Al-Din. The trend of the disease reached the peak in week 17. The 3 pertussis cases this week reported from Samara in Salah Addin governorate by IOM mobile clinic.

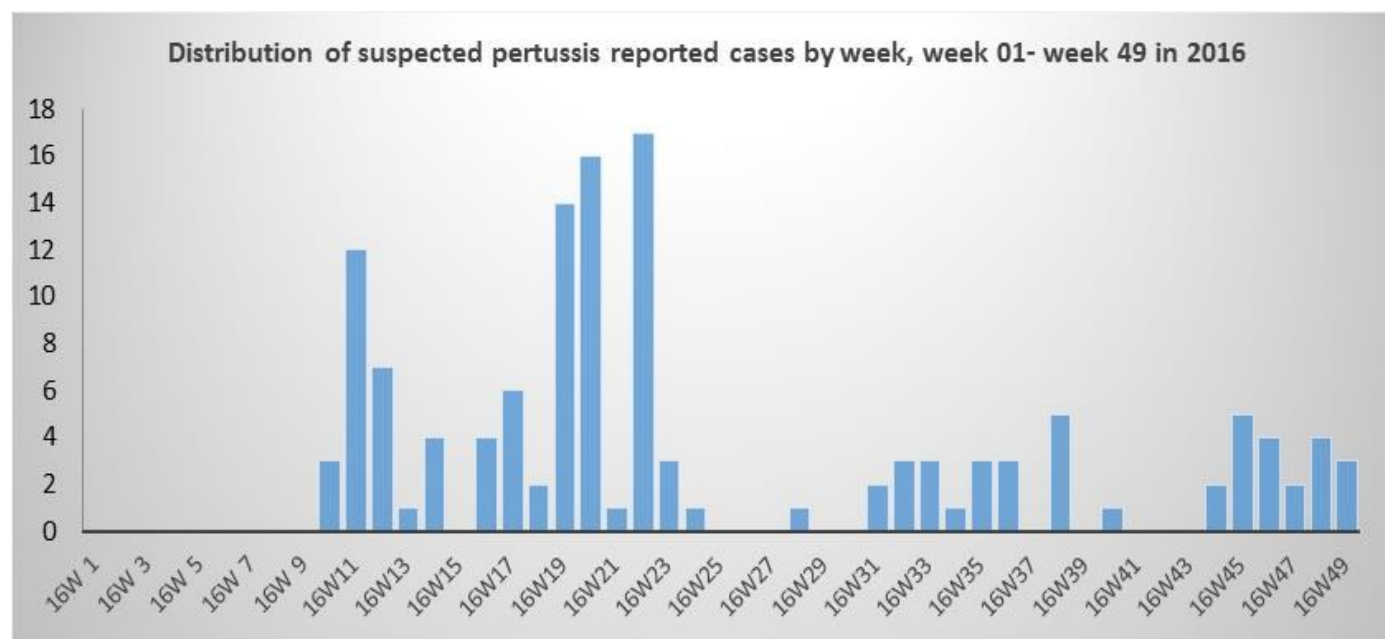


Figure VIII: Distribution of suspected Pertussis reported cases by governorate, Week 10– 49, 2016

Trends of waterborne diseases in IDPs and refugee camps

Figure IX and Figure X below shows the trends of waterborne diseases (acute diarrrhea, acute bloody diarrrhea and acute jaundice syndrome) reported from IDPs and refugee camps. The trends decreased compared to last weeks.

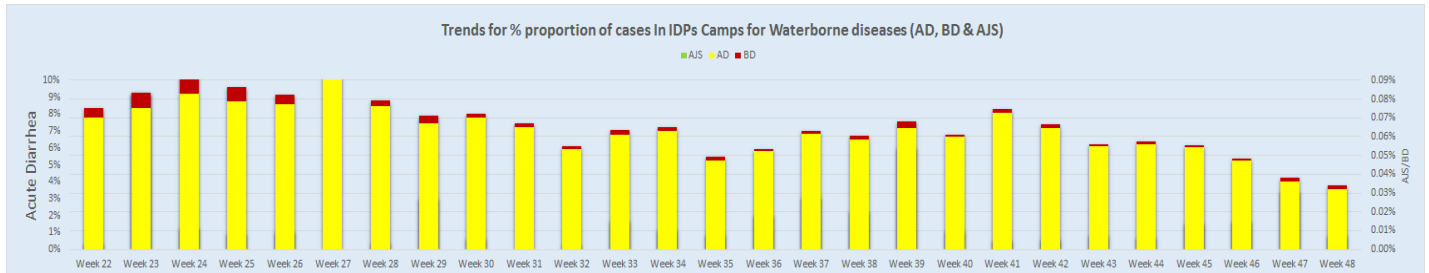


Figure IX: Trend of waterborne diseases from IDPs camps, Week 22-49, 2016

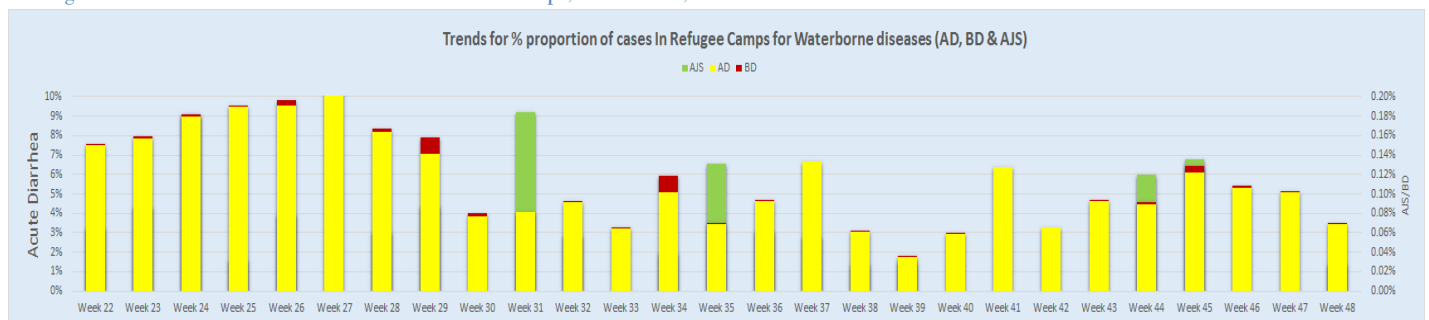


Figure X: Trends of waterborne diseases from refugee camps, Week 22-49, 2016

Trends of Acute Diarrhea

Figure XI below shows the trends of acute diarrrhea reported in the period from Week 01 to Week 49 in 2015 and 2016 through the EWARN. The week showed an increase in the number of reported cases by 701 compared to the last week. the cumulative reported acute diarrrhea cases from week 1 till week 49, was 104,590. in week 49, Anbar reported 29% (793 cases) of total AD cases, followed by Ninewa with 28% (769 cases), Erbil and Dahuk with 10% each, and Salah Addin and Kirkuk with 5% each.

The trends of the AD cases in all the governorates showed decrease except Ninewa governorate which showed increase in the trend. This increase is due to the increase of the reporting health facilities during the previous weeks from week 44.

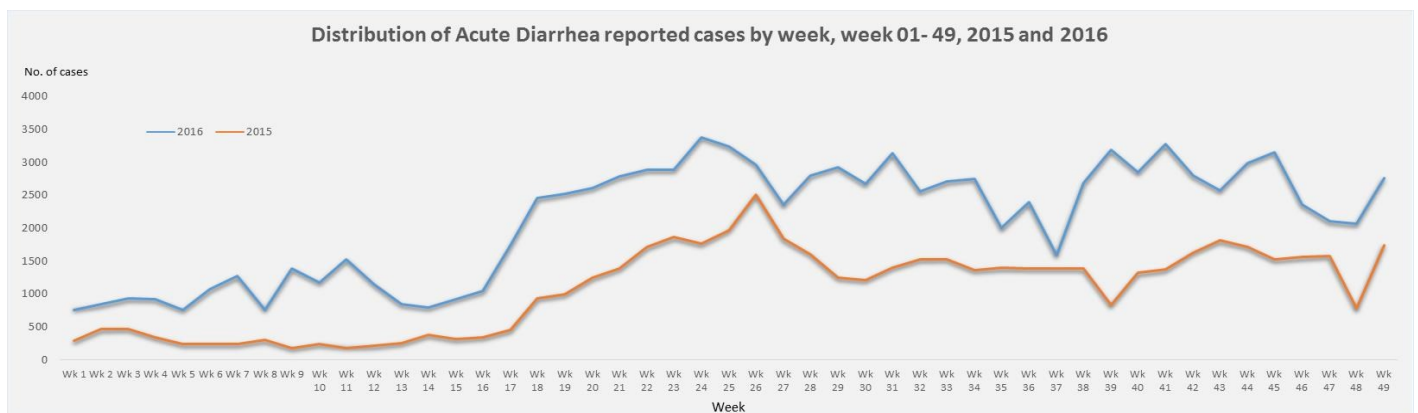


Figure XI: Distribution of acute diarrrhea reported cases by week, Week 22–Week 49, 2015-2016

Three alerts were generated through EWARN following the defined thresholds, and all of them were from internally displaced persons camps during this reporting week. The alerts were investigated within 72 hours and only one verified as true and responded to by Erbil Department of Health and WHO. (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	Suspected Measles	Sharia	Dahuk	Sumel	IDPs	1	ICRC	Yes	No	FALSE	No
2	Visceral Leishmaniasis	Sayada	Kirkuk	Kirkuk	IDPs	1	MC-Medair	Yes	No	FALSE	No
3	Suspected Leishmaniasis	Hasansham U3	Erbil	Makhmur	IDPs	1	DAMA	Yes	No	TRUE	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.

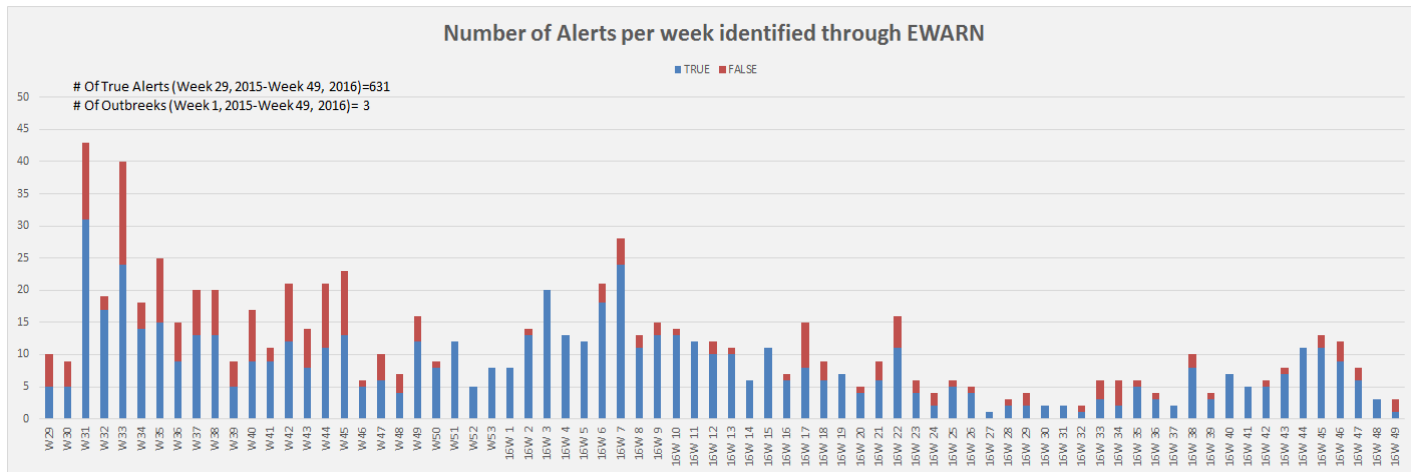


Figure XII: Alerts generated through EWARN surveillance Week 29, 2015—Week 49, 2016

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