



Iraq: EWARN & Disease Surveillance Bulletin

2016 Epidemiological Week: 4

Reporting Period: 25 — 31 January, 2016

Highlights

- ◆ **Number of reporting sites:** Eighty-three (83) reporting sites (65% of the total reporting sites), including thirty-nine (39) in Internally Displaced People’s (IDP) camps, six (6) in refugee camps and thirty-eight (38) mobile clinics submitted their weekly reports timely and completely.
- ◆ **Total number of consultations:** 35 754 (Male=17 123 and Female=18 631) marking a decrease of 1 823 (5%) since last week.
- ◆ **Leading causes of morbidity in the camps:** Acute Respiratory Tract Infections (ARI) (n=18 170), skin diseases (n=1068) and Acute Diarrhea (AD) (n=922) remained the leading causes of morbidity in all the camps and the displaced populations served by mobile clinics during this reporting week.
- ◆ **Number of alerts:** Thirteen (13) alerts were generated through EWARN following the defined thresholds, of which twelve (12) were from IDP camps and one (1) from refugee camp during this reporting week. All these alerts were investigated within 72 hours and verified as true; they were further investigated and appropriately responded by the respective Governorates Departments of Health, WHO and the relevant health cluster partners. (Details: see Alerts and Outbreaks Section).

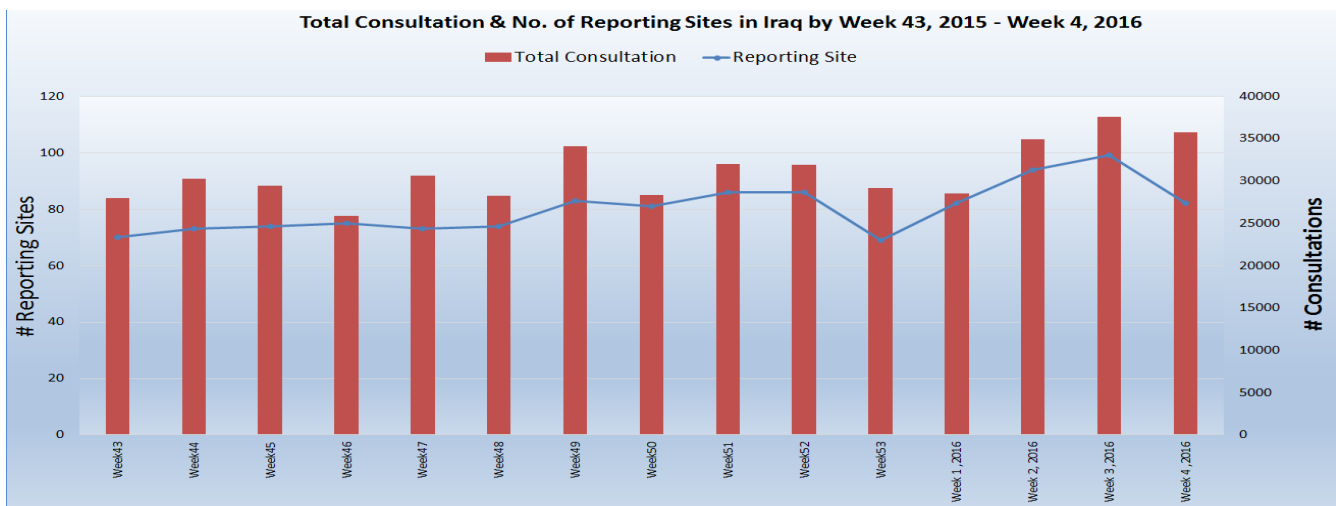


Figure I: Total consultations and proportion of reporting health facilities by Week 43, 2015 – Week 4, 2016
Consultations in the camps by age and gender (Week 4)



Morbidity Patterns

IDP camps:

During Week 4, the proportions of Acute Respiratory Tract Infections (ARI) are showing an increase from the previous weeks. The proportions of Acute Diarrhea in IDP camps have started to slightly increase compared to the last 2 weeks. The proportion of skin diseases including scabies showed a decrease since week 1 (week 1=4.0% and Week 4=3.04%), which may be due to the health and hygiene sessions in camps by the health cluster partners and Departments of Health in addition to the intervention measures for each case. (See graph below).

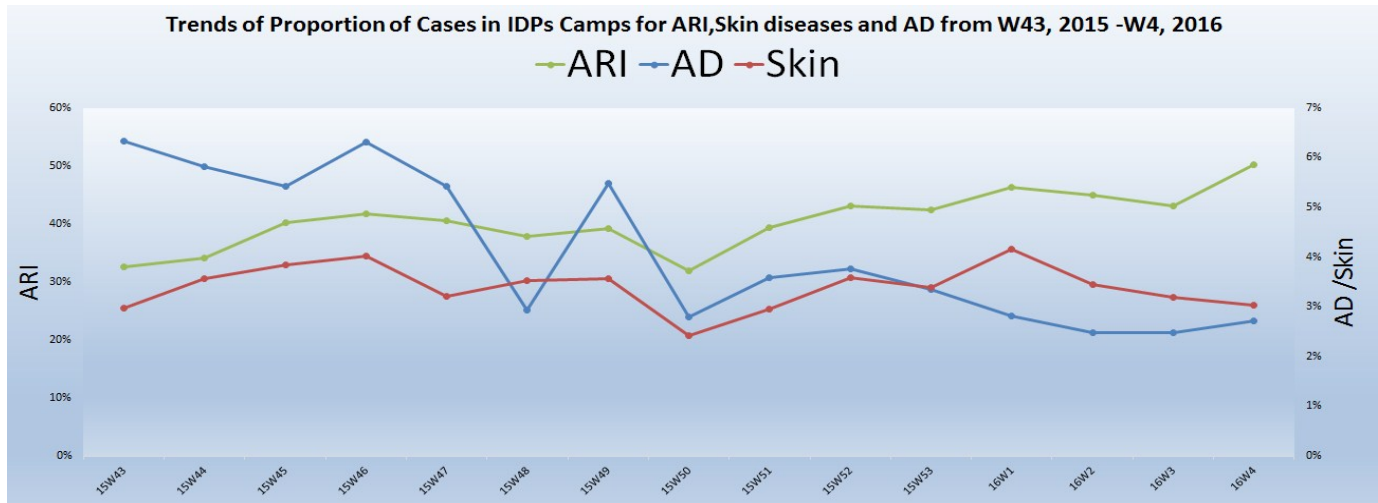


Figure II: Trend of proportion of cases of ARI, Scabies and AD in IDP camps Week 43, 2015 –Week 4, 2016

Refugee camps:

During Week 4, the proportion of Acute Respiratory Tract Infections (ARI) indicated a slight decrease compared to the previous two weeks. The proportions of Acute Diarrhea trend in refugee camps also shows a decreasing trend since the last two weeks. Proportion of skin infestations including scabies have decreased from 3.16% to 2.6% as winters are approaching, which may be due to the health and hygiene sessions in camps by the health cluster partners and Departments of Health in addition to the intervention measures for each case. (See graph below).

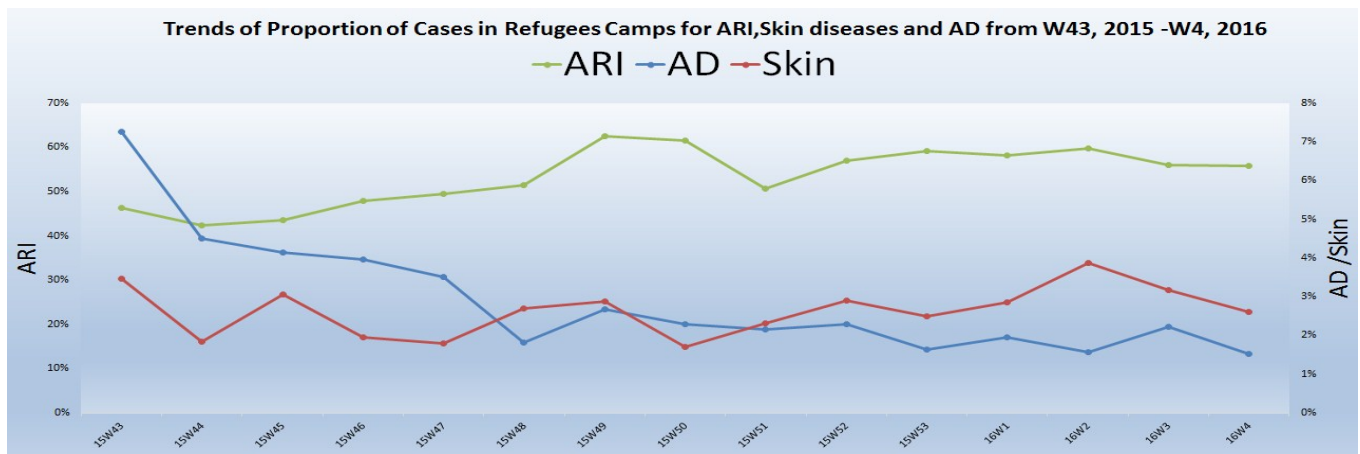


Figure III: Trend of proportion of cases of ARI, Scabies and AD in IDP camps Week 43, 2015—Week 4, 2016

Trends of Diseases by Proportion and location for IDP Camps

The graph below indicates the proportion of cases 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 4, 2016.

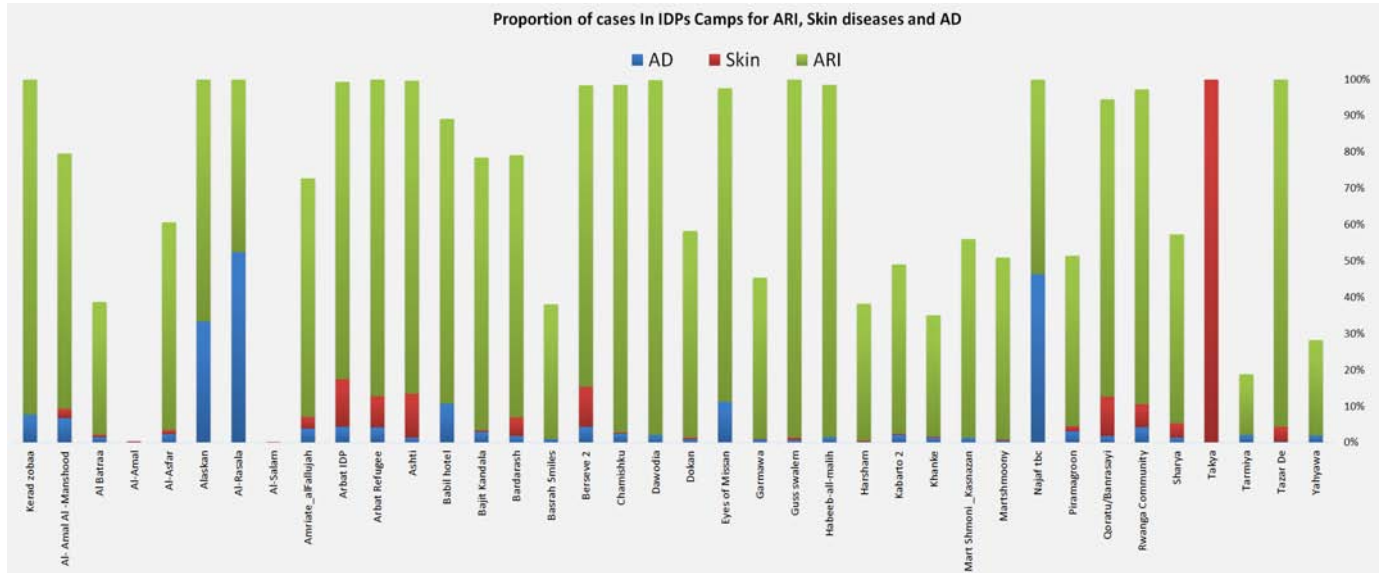


Figure IV: Proportion of cases of ARI, Scabies and AD in IDP camps for Week 4 2016

Trends of Diseases by Proportion and location for Refugee Camps

The graph below indicates the proportion of cases of Acute Respiratory Tract Infections, Acute Diarrhea and Skin Infestations, including scabies, which comprises the highest leading causes of morbidity in Refugee camps for Week 4, 2016.

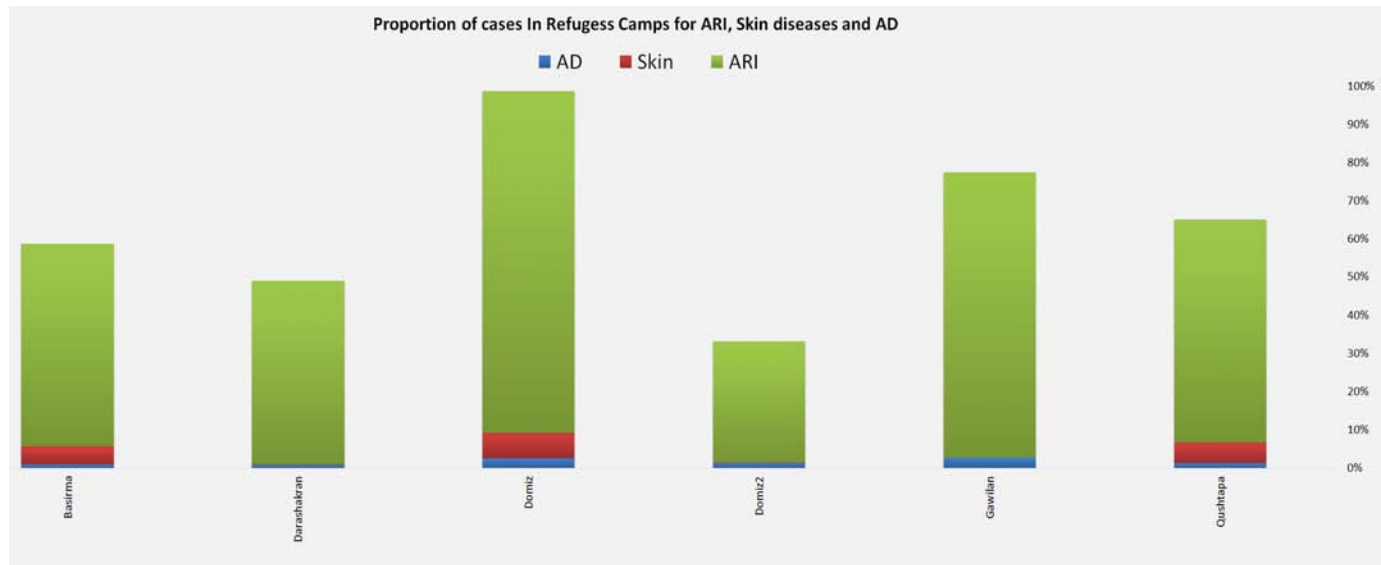


Figure V: Trend of proportions of cases of ARI, Scabies and AD in Refugee camps for Week 4, 2016

Trend of Diseases by proportions for off camp IDPs covered by Mobile Clinics

The graph below indicates the proportion of cases of Acute Respiratory Tract Infection , Acute Diarrhea, and Skin Infestations, including scabies, which comprises the highest leading causes of morbidity in off camp IDPs covered by mobile clinics for Week 4, 2016.

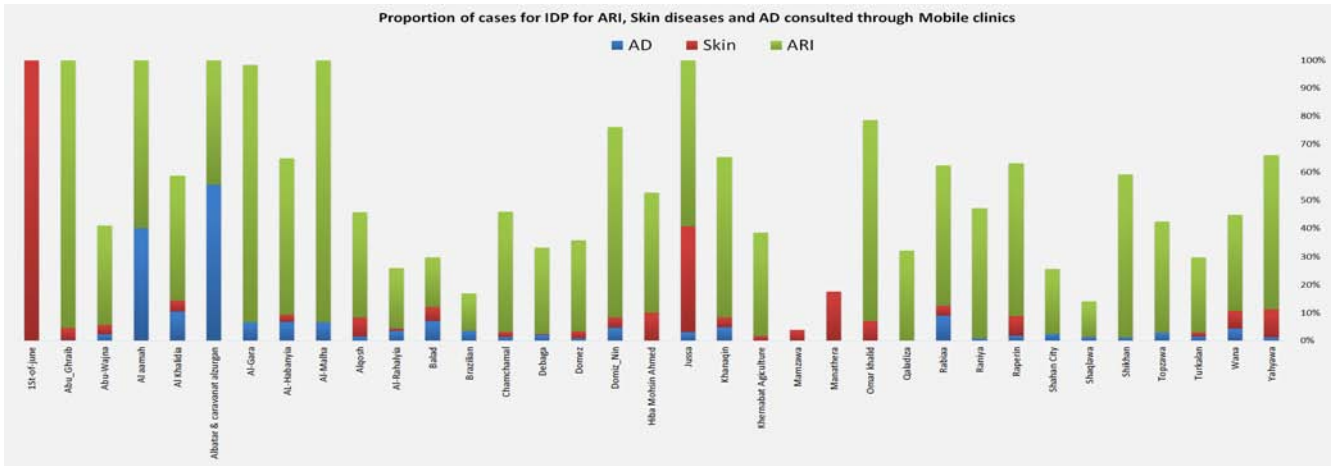


Figure VI: Trend of proportions of IDP cases for ARI, Scabies and AD covered by Mobile Clinics for Week 4 - 2016

Trends of Upper and Lower ARI as leading communicable disease

Acute Respiratory Tract Infection (ARI) has been further divided into upper and lower respiratory tract infections. Compared to Week 3, the proportion of upper ARI in Week 4 has remained the same as of last week (Upper ARI=96% & Lower ARI=4%). Furthermore, the graph below indicates the proportion of lower and upper ARI cases per each reporting site for Week 4.

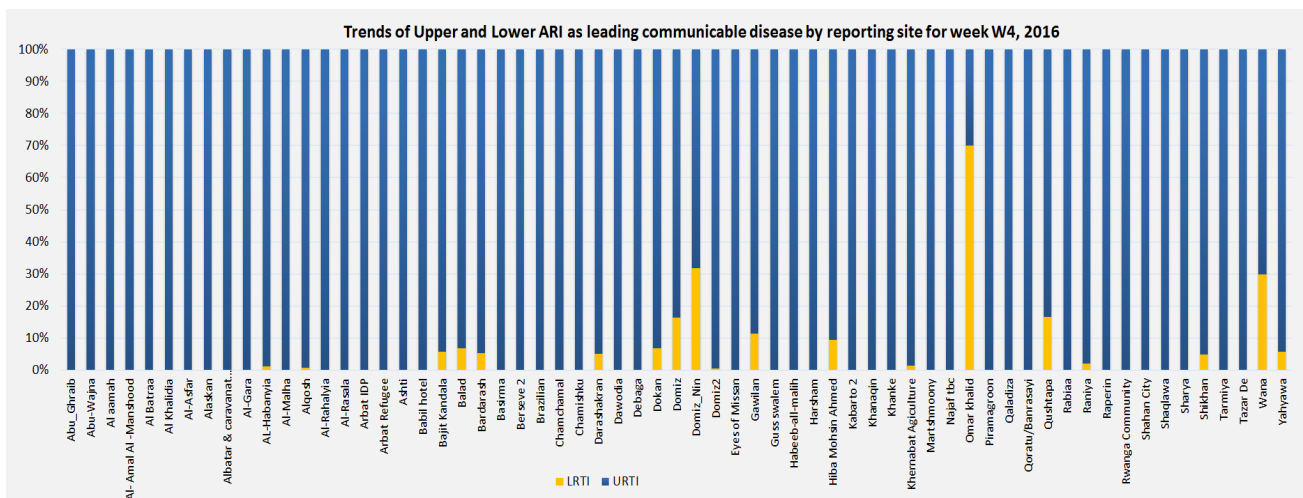
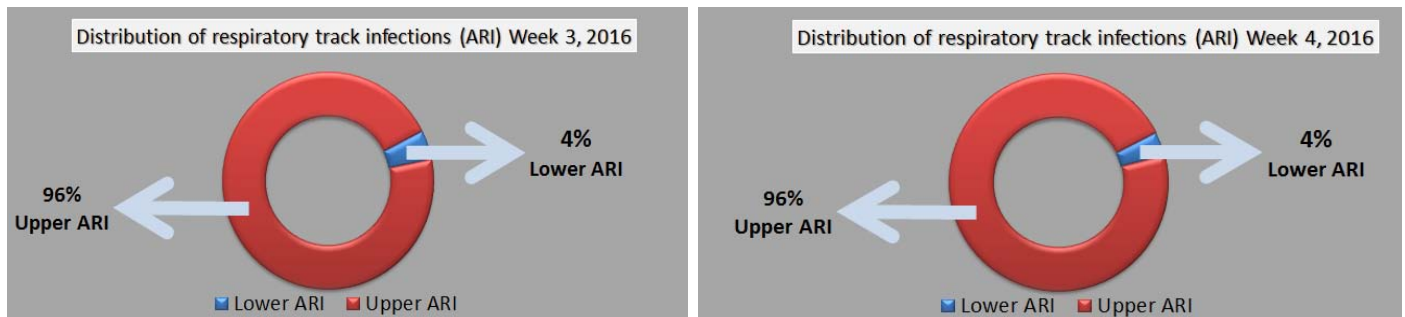


Figure VII: Trend of Upper and Lower ARI per reporting site for Week 4 - 2016

Trends of Waterborne Diseases in IDP camps

The graph below shows the trends of waterborne diseases (Acute Diarrhea, Bloody Diarrhea and Acute Jaundice Syndrome) reported from IDPs camps, which indicated a slight increase. (See graph below)

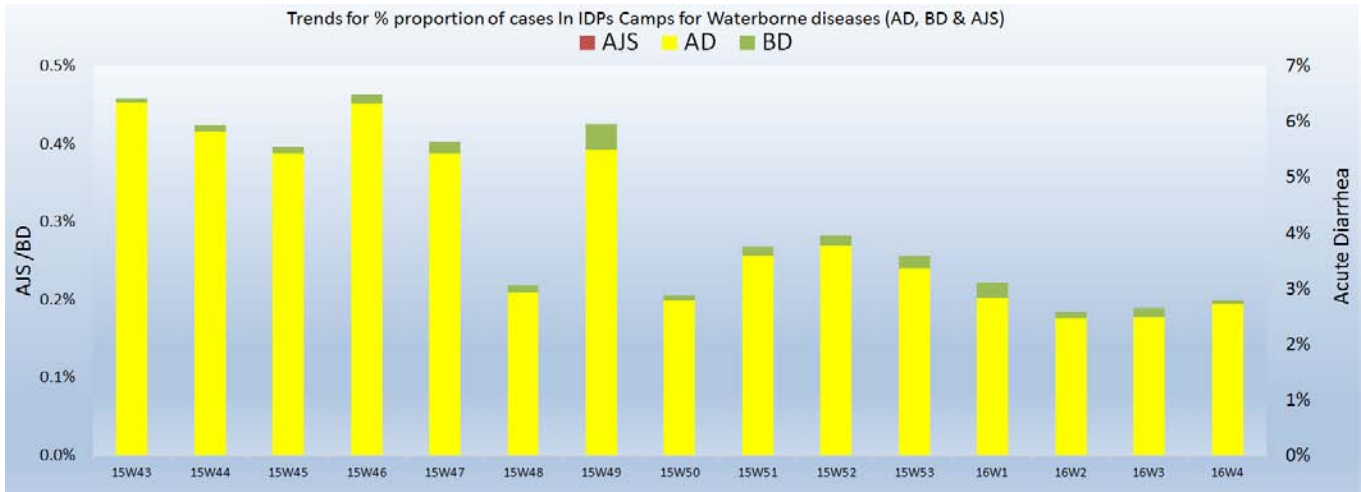


Figure VIII: Trend of Waterborne diseases from IDP camps, Week 43, 2015 —Week 4, 2016

Trends of Waterborne diseases in Refugee camps

The graph below shows the trends of proportion of waterborne diseases (Acute Diarrhea, Bloody Diarrhea and Acute Jaundice Syndrome) from refugee camps indicates a decrease of the trend since Week 43 in 2015, with a slight increase compared to last week. Furthermore, no clustering has been reported for acute jaundice syndrome cases during this period.

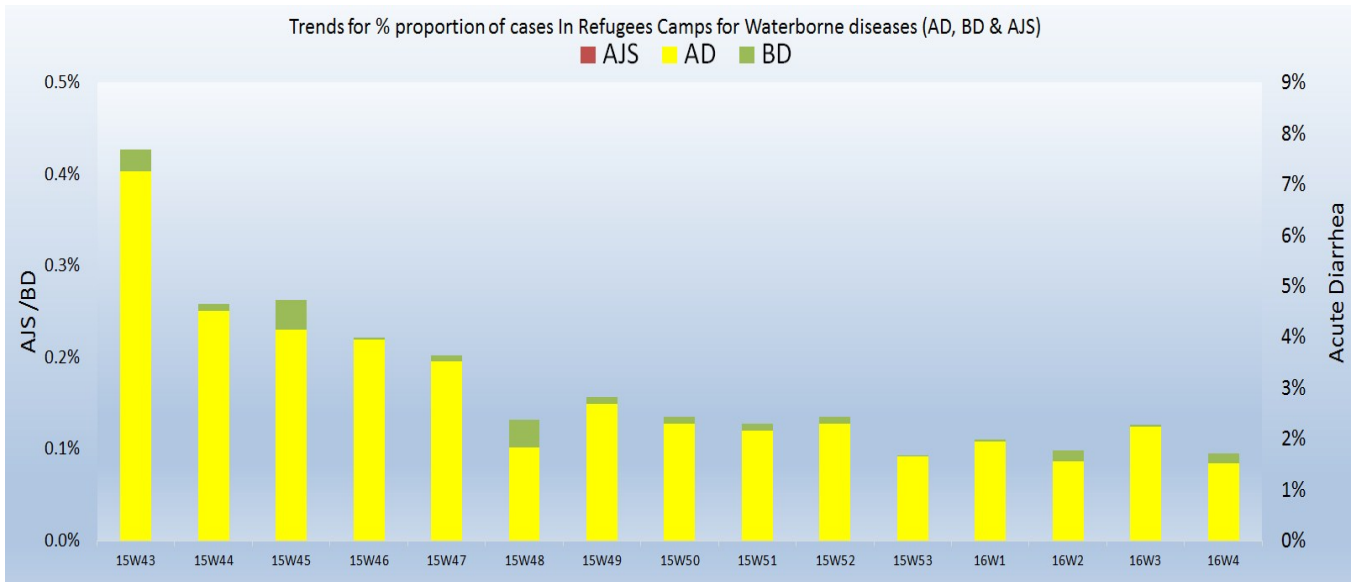


Figure IX: Trend of waterborne diseases from Refugee camps, Week 43, 2015 —Week 4, 2016

Thirteen Alerts were generated through EWARN following the case definition thresholds, of which twelve (12) were from IDP camps and one (1) from Refugee camps during this reporting week. All these alerts were investigated within 48-72 hours and were all verified as true, They were further investigated and appropriately responded by the respective Governorate Department of Health, WHO and the relevant health cluster partners. The trends of epidemic-prone diseases for each reporting site is being monitored through a detailed monitoring matrix maintained at WHO EWARN department. (Details: see table below).

Sn	Alert	Location	Governorate	District	IDP/Refugee Camp	# of cases	Run by	Investigation and Response within	Sample Taken Yes/No	Alerts Outcome True/False	Public Health Interventions Conducted
								48-72% DOH/WHO/NGO			
1	Suspected Measles	Ashti	Sulaymaniyah	Arbat	IDPs	1	EMERGENCY	Yes	Yes	TRUE	Yes
2	Suspected Measles	Arbat	Sulaymaniyah	Arbat	IDPs	2	EMERGENCY	Yes	Yes	TRUE	Yes
3	Suspected Measles	Domiz	Dohuk	Sumel	Refugee	1	DOH	Yes	Yes	TRUE	Yes
4	Suspected Leishmaniasis	Balkana	Salah al-Din	Tuz	IDPs	1	MC-MSF	Yes	No	TRUE	Yes
5	Suspected Leishmaniasis	Seagy	Dohuk	Dohuk	IDPs	18	IMC	Yes	No	TRUE	Yes
6	Suspected Leishmaniasis	Kalak	Dohuk	Bardarash	IDPs	1	MC-MSF-F	Yes	No	TRUE	Yes
7	Suspected Leishmaniasis	Al-Salam	Anbar	Ameriyat Al-Fallujah	IDPs	6	UIMS	Yes	No	TRUE	Yes
8	Suspected Leishmaniasis	Al-Amal	Anbar	Al-Nakheeb	IDPs	1	UIMS	Yes	No	TRUE	Yes
9	Suspected Leishmaniasis	Shahan city	Erbil	Erbil	IDPs	1	MC-IMC	Yes	No	TRUE	Yes
10	Suspected Leishmaniasis	Abu-Wajna	Ninewa	Shikhan	IDPs	1	MC-MSF	Yes	No	TRUE	Yes
11	Suspected Leishmaniasis	Al-Rahma	Salah al-Din	Dijlah	IDPs	4	UIMS	Yes	No	TRUE	Yes
12	Mumps	Kabarto 2	Dohuk	Sumel	IDPs	1	IMC	Yes	Yes	TRUE	Yes
13	Mumps	Kabarto 1	Dohuk	Sumel	IDPs	1	IMC	Yes	Yes	TRUE	Yes

Trends of Alerts

The graph below shows the numbers of alerts generated through EWARNs per week, which have been investigated and responded accordingly by the Ministry of Health and health cluster partners.

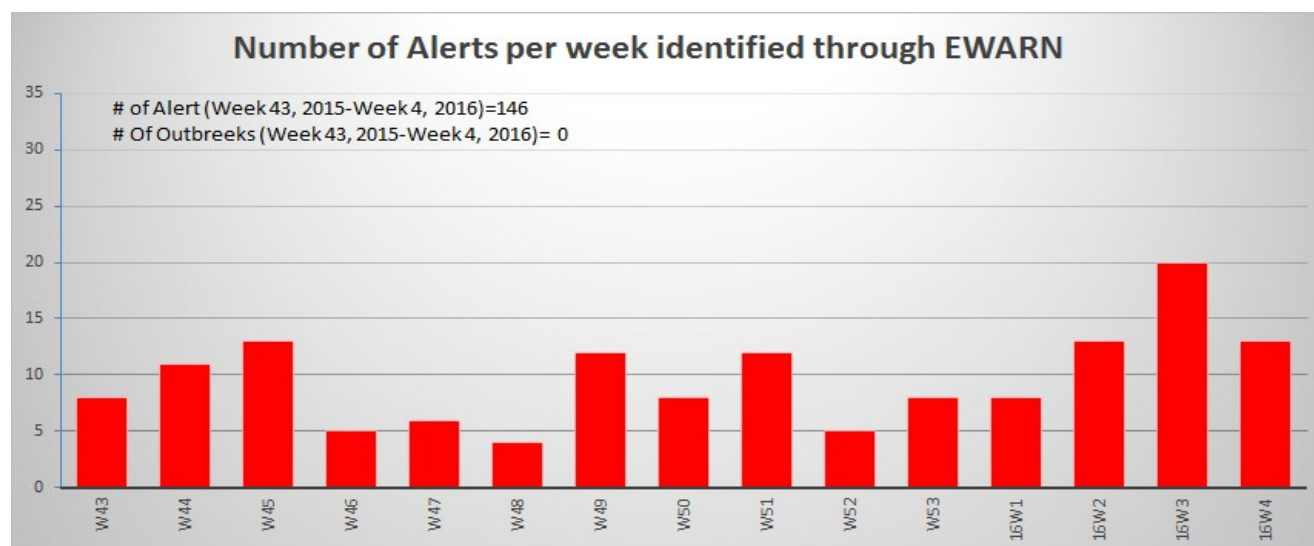


Figure X: Alerts generated through EWARN surveillance Week 43, 2015 —Week 4, 2016

For comments or questions, please contact

- **Dr. Adnan Nawar Khistawi** | 07901948067 | adnannawar@gmail.com, Head of Surveillance Section, Federal MOH
- **Dr. Janin Sulaiman** | 07508678768 | Janin_irq@yahoo.com, EWARN Focal point, MOH-KRG
- **Dr. Muntasir Elhassan** | 07809288616 | elhassanm@who.int, EWARN Coordinator, WHO Iraq
- **WHO EWARN Unit** emacoirqewarn@who.int