



Iraq: EWARN & Disease Surveillance Bulletin

2016 Epidemiological Week: 50

Reporting Period: 12 – 18 December , 2016

Highlights

- ◆ **Number of reporting sites in week 50:** One hundred eighty three (183) reporting sites (97% of the total EWARN reporting sites) including one hundred one(101) in internally displaced persons (IDPs) camps, eight (8) in refugee camps and seventy (70) mobile clinics submitted their weekly reports completely and in timely manner.
- ◆ **Total number of consultations in week 50:** 68,524 (Male=33,773 and Female=34,751) marking a decrease of 549 since last week, (Total consultations in Week 49: 69,073).
- ◆ **Leading causes of morbidity in the camps in week 50:** Acute respiratory tract infections (ARI) (n=35,987), acute diarrhea (AD) (n=2,780), and skin diseases (n=2,112) 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 50:** Six (6) alerts were generated through EWARN. All of them reported from IDP camps during this week. The alerts were investigated within 72 hours, of which four verified as true. They were responded to by the relevant health cluster partners, (details: see Alerts and Outbreaks Section).

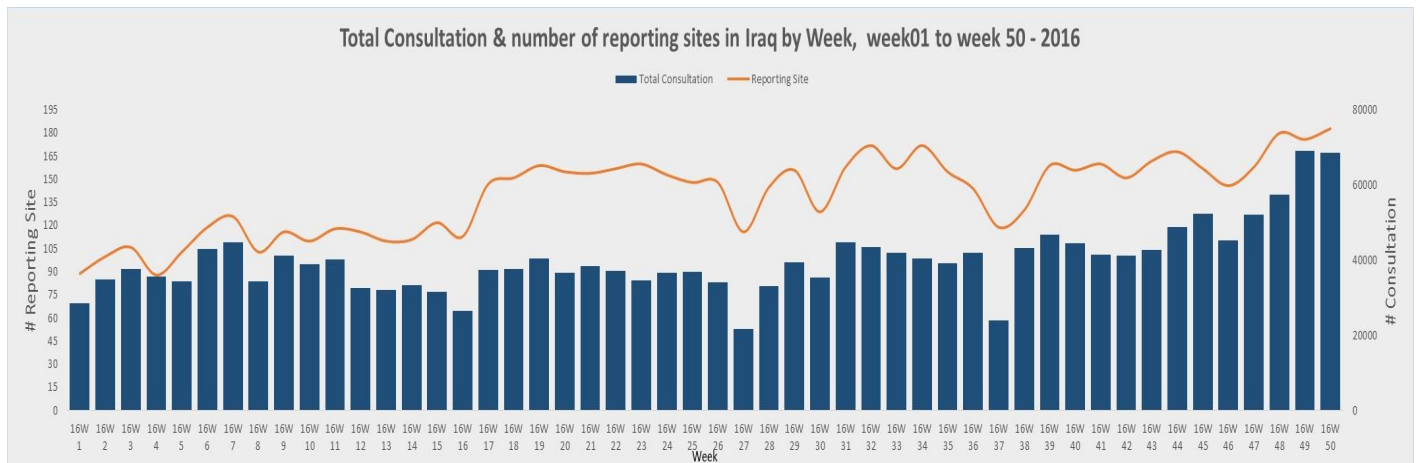
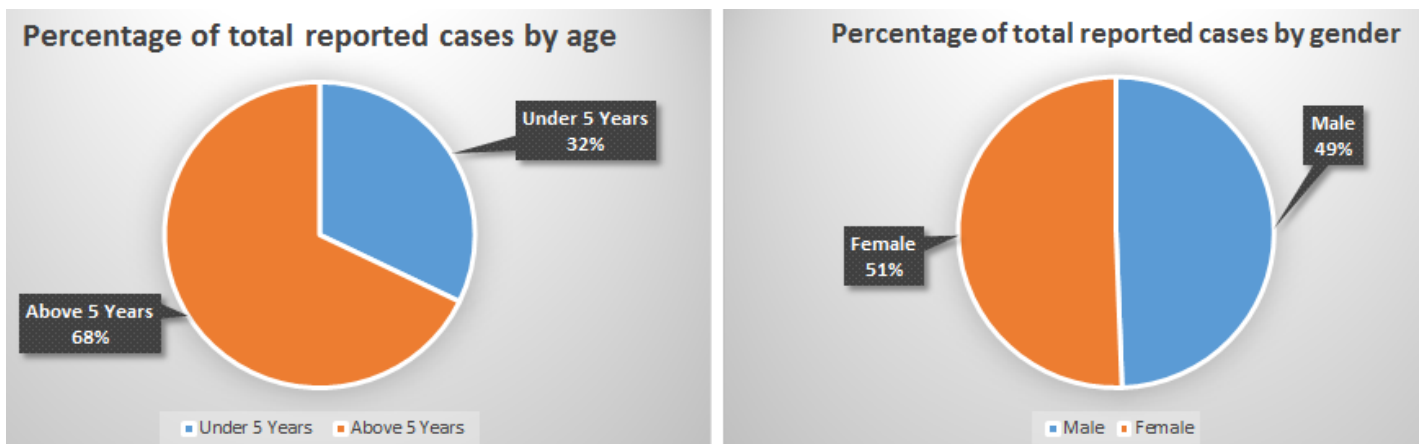


Figure I: Distribution of total consultations and number of reporting health facilities by week, Week 01–50, 2016

Distribution of total consultations in the camps by age and gender (Week 50, 2016)



Ninewa Governorate

Highlights:

- ◆ In week 50, fifty one (51) reporting sites including 22 medical mobile clinics and 29 static health facilities submitted their EWARN timely and completely.
- ◆ The total consultations in Ninewa Governorate in week 50 was 21,650.
- ◆ Two alerts of suspected cutaneous leishmaniasis received from WAHA organization in Haj Ali in Gayyara Health Sector.
- ◆ Samaritan's Purse submitted EWARN report from its mobile medical clinic in Nimroud in Alhamdaniya health sector for the first time.

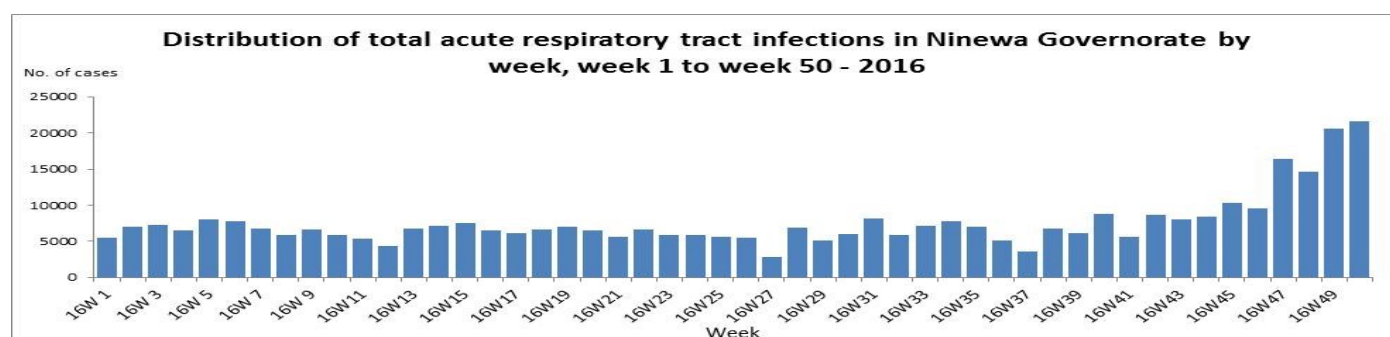


Figure II: Distribution of the acute respiratory infection, scabies and acute diarrhoea in IDPs camps, Week 01–50, 2016

Common reported events:

- ◆ The most common reported disease events/ syndrome during week 50 in Ninewa department of health were acute respiratory infections (53%), suspected scabies (4%), acute diarrhea (3%), and cutaneous leishmaniasis (1%) (please see the below table).
- ◆ There is an increase in the trends of the common reported disease events in Ninewa. This was due to the increase in the reporting sites every week.

Table I: Distribution of the common reported disease events in Ninewa Governorate in week 50, 2016

Health Sector	Acute Respiratory Infections	Acute Diarrhoea	Suspected Scabies	Cutaneous Leishmaniasis	Other diseases
Akre	621	34	6	0	160
Al-Hamdaniya	1764	109	81	0	920
Mosul	4535	452	595	7	3224
Shikhan	792	34	28	2	1028
Sinjar	96	3	7	40	171
Telafar	2658	61	71	116	1142
Tilkaif	903	18	28	0	1072
Grand Total	11369	711	816	165	7717

Morbidity Patterns

IDP camps:

During Week 50, the proportions of acute respiratory tract infections (ARI), acute diarrhea, and skin infestations including scabies in camps for internally displaced persons slightly increased in comparison with the previous week (please see Figure III).

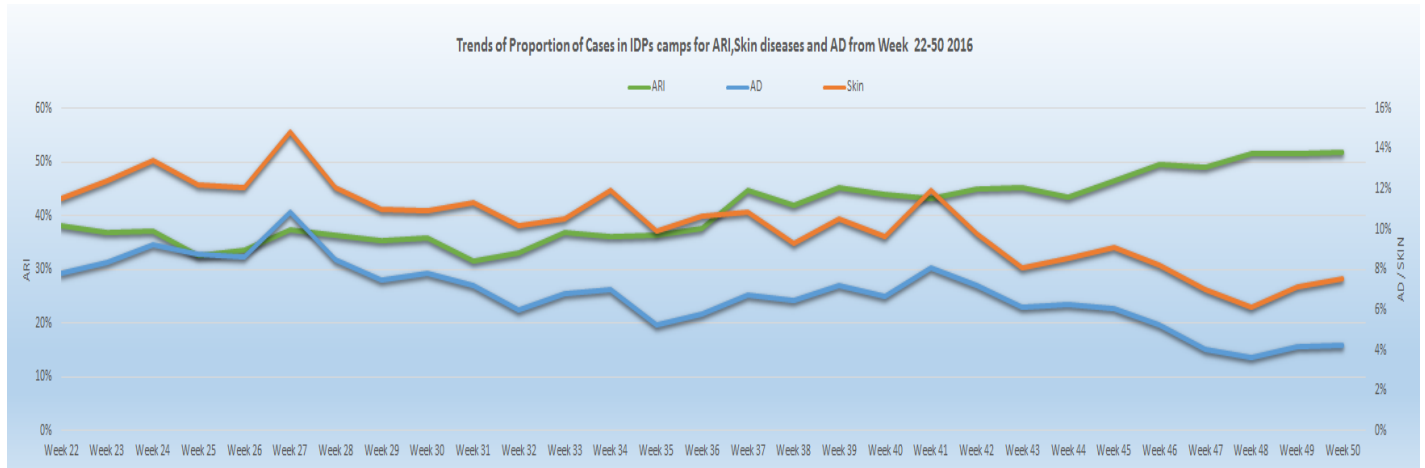


Figure III: Distribution of the acute respiratory infection, scabies and acute diarrhea in IDP camps, Week 22–50, 2016

Refugee camps:

During Week 50, the proportions of acute respiratory tract infections (ARI) and skin infestations including scabies increased while acute diarrhea proportion decreased from the previous week (please see Figure IV).

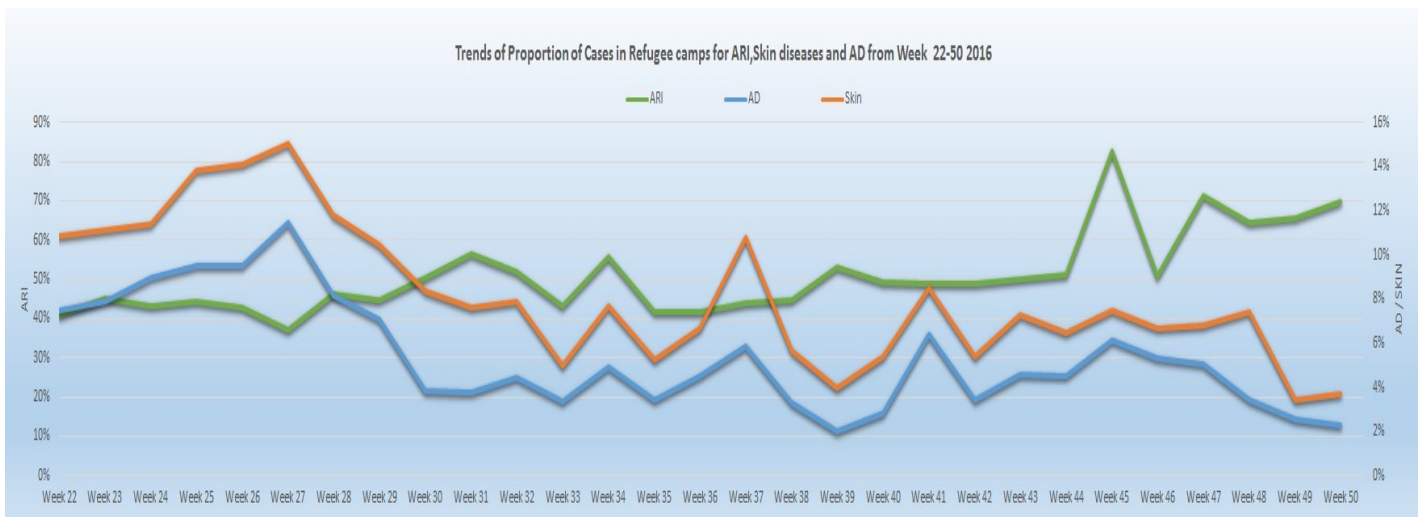


Figure IV: Distribution of the acute respiratory infection, scabies and acute diarrhea in refugee camps, Week 22–50, 2016

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 cause of morbidity in IDP camps for Week 50, 2016.

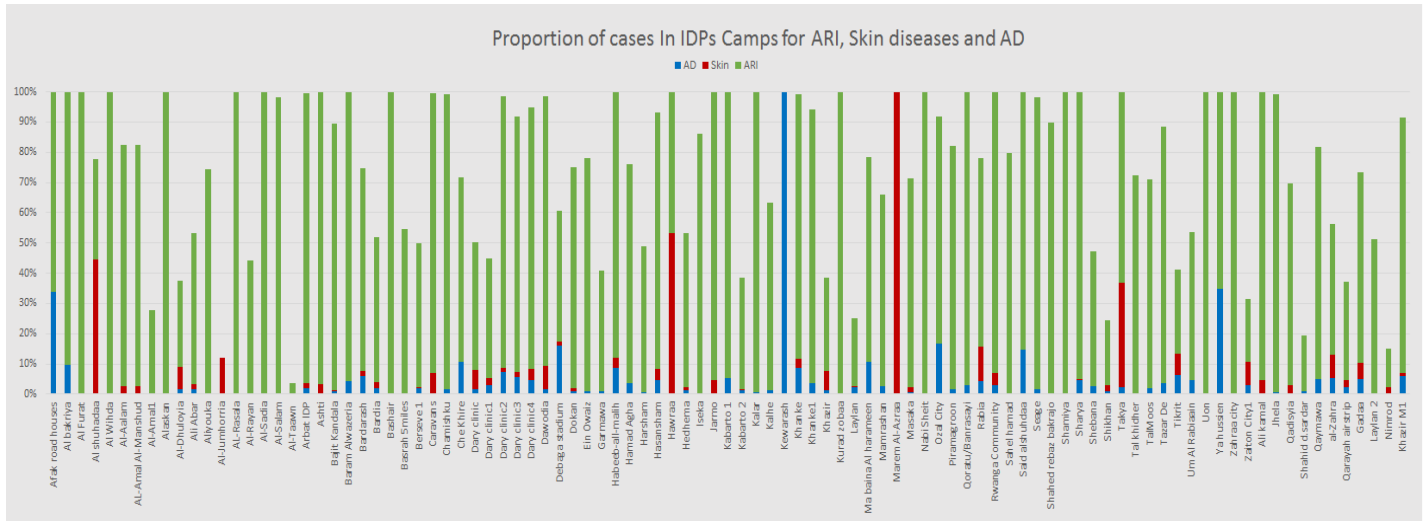


Figure V: Proportion of cases of ARI, scabies and AD in IDP camps for Week 50, 2016

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 cause of morbidity in the refugee camps for Week 50, 2016.

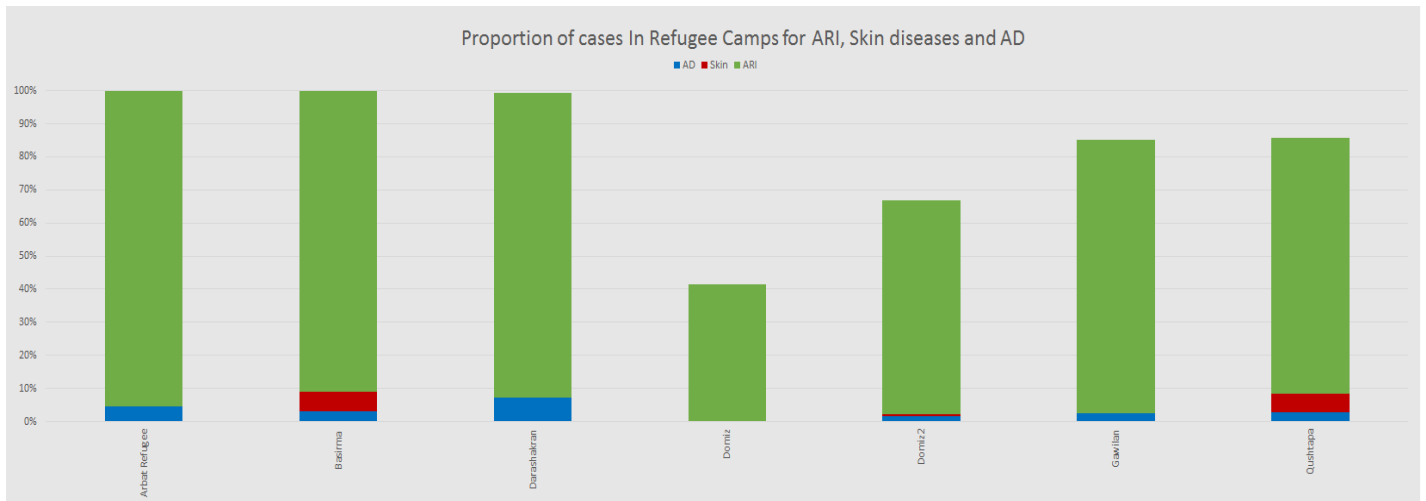


Figure VI: Trend of proportions of cases of ARI, scabies and AD in Refugee camps for Week 50, 2016

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 cause of morbidity of internally displaced persons covered by mobile clinics for Week 50, 2016.

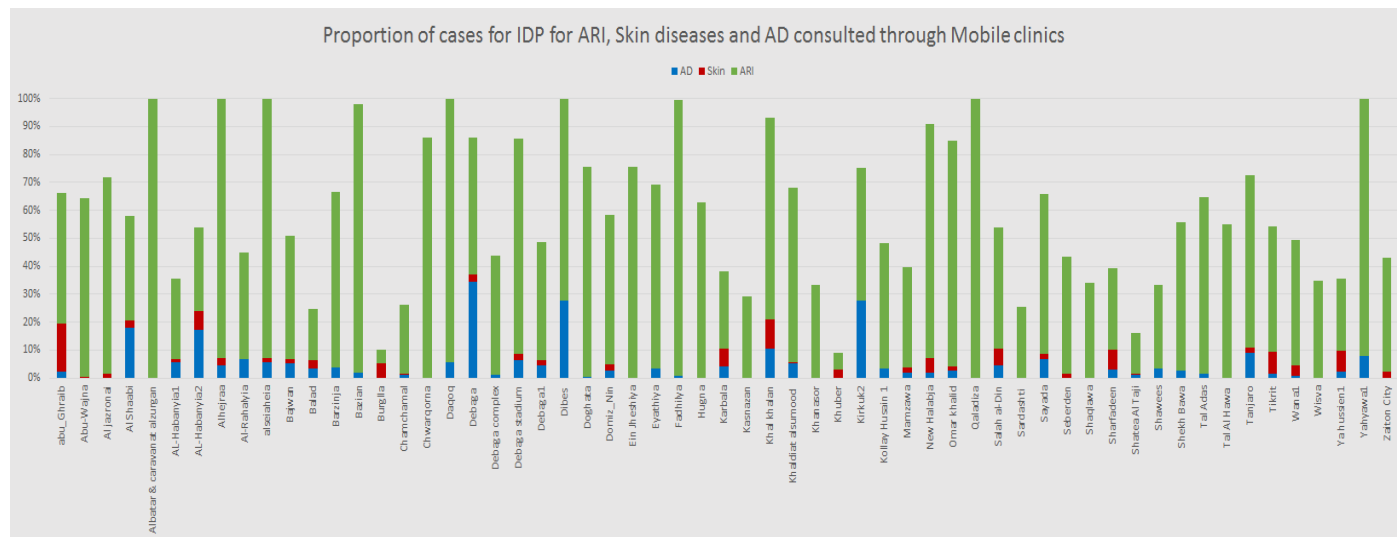


Figure VII: Distribution of ARI, scabies and AD covered by mobile clinics for the IDPs, Week 50, 2016

Trends of S. Measles

There were 92 reported suspected measles cases from all the EWARN reporting sites during 2016. From week one to week 50, forty nine (53%) of the cases were reported from Sulaimaniya. The peaks of the disease trend were observed during week 7 and 17. This week, three measles cases reported from UIMS clinic in Ameriyat Alfullujah, IMC clinic in Harsham camp and DAMA clinic in Hasansham camp. (see Figure VIII).

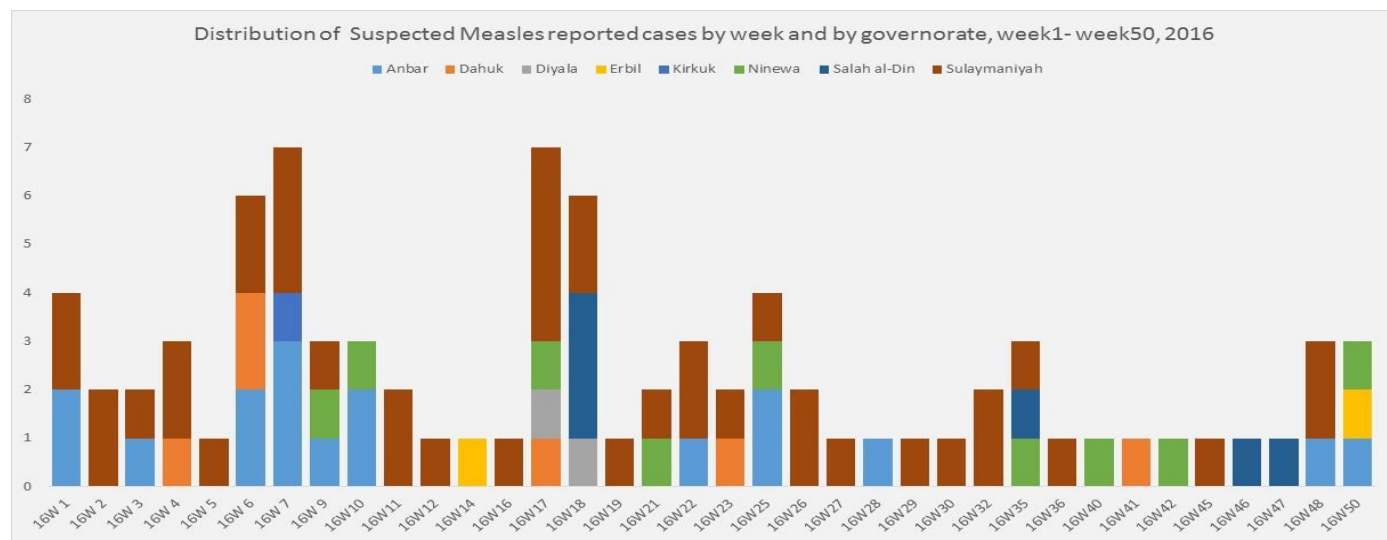


Figure VIII: Distribution of suspected measles reported cases by week and by governorate, Week 1– 50,

Trends of waterborne diseases in IDP and refugee camps

Figures IX and X below shows the trends of waterborne diseases (acute diarrhea, acute bloody diarrhea and acute jaundice syndrome) reported from IDP camps, which showed static manner, while the trends in the refugee camps indicated a decrease in waterborne diseases.

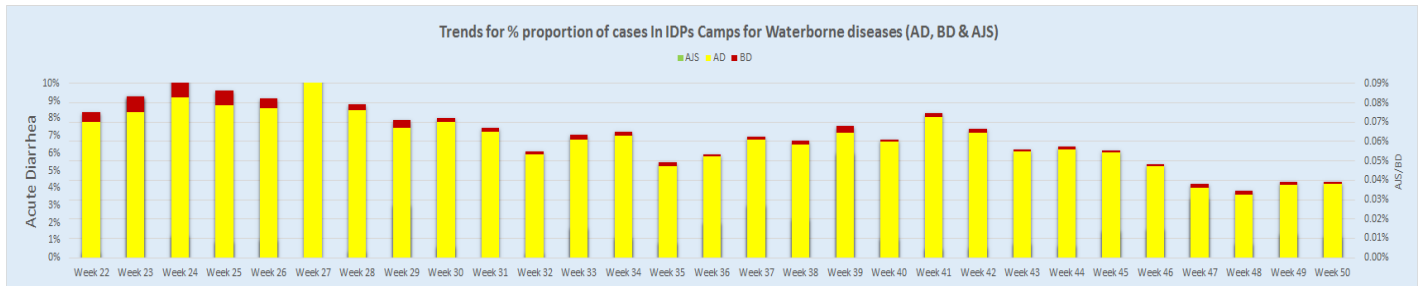


Figure IX: Trend of waterborne diseases from IDP camps, Week 22-50, 2016

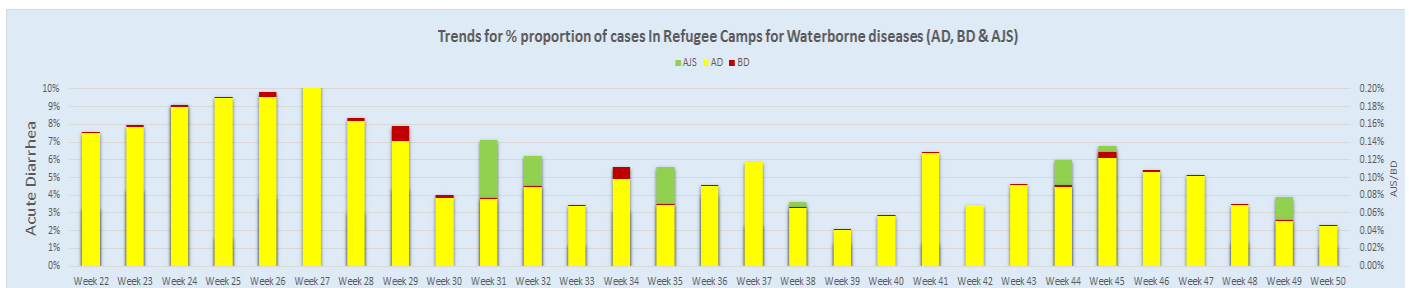


Figure X: Trends of waterborne diseases from refugee camps, Week 22-50, 2016

Trends of Acute Diarrhea

Figure XI below shows the trends of acute diarrhea reported in the period from Week 01 to Week 50 in 2015 and 2016 through the EWARN system.

The cumulative AD cases during this year reached 107,370 cases. Anbar reported 36% of the total cumulative cases, Duhok reported 18%, Ninewa reported 12%, Erbil reported 11% and Sulaimaniya reported 8% of the total reported cases.

The trend of the disease showed a peak in Week 24 (3 387 cases) and then another peak in Week 31 (3 079 cases). From Week 31 there is a decrease in the reporting of AD through all the EWARN reporting governorates.

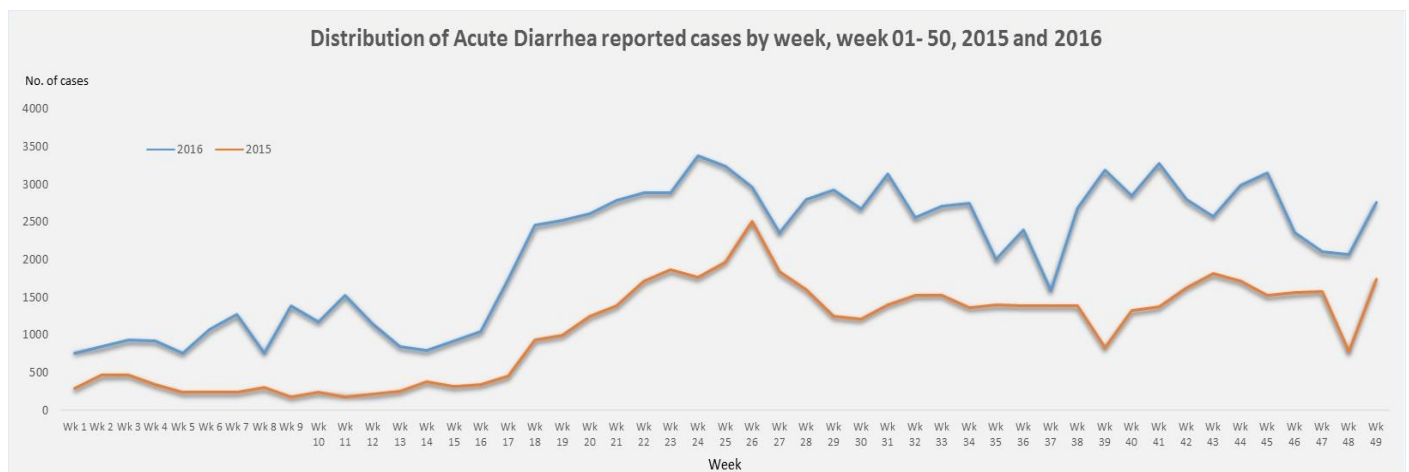


Figure XI: Distribution of acute diarrhea reported cases by week, Week 01–Week 50, 2015-2016

Six alerts were generated through EWARN following the defined thresholds. All the alerts were from IDP Camp during this reporting week. These alerts were investigated within 72 hours, four of them were verified as true and responded to by the respective Governorates' Departments of Health, WHO and the relevant health cluster partners. (please see 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 Measles	Harsham	Erbil	Erbil	IDPs	1	IMC	Yes	Yes	TRUE	No
2	Suspected Measles	Hasansham U3	Ninewa	Hamdaniya	IDPs	1	Dama	Yes	Yes	TRUE	No
3	Visceral .Leishmaniasis	Sayada	Kirkuk	Kirkuk	IDPs	1	MC-Medair	Yes	No	FALSE	No
4	Visceral .Leishmaniasis	Salah-Al-Din	Salah-Al-Din	Salah-Al-Din	IDPs	1	MC-DoH	Yes	No	FALSE	No
5	Suspected Measles	Al_salam	Anbar	Fallujah	IDPs	1	UIMS	Yes	Yes	TRUE	Yes
6	Mumps	Hasansham U3	Ninewa	Hamdaniya	IDPs	1	Dama	Yes	Yes	TRUE	No

Trends of alerts

Figure XII 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.

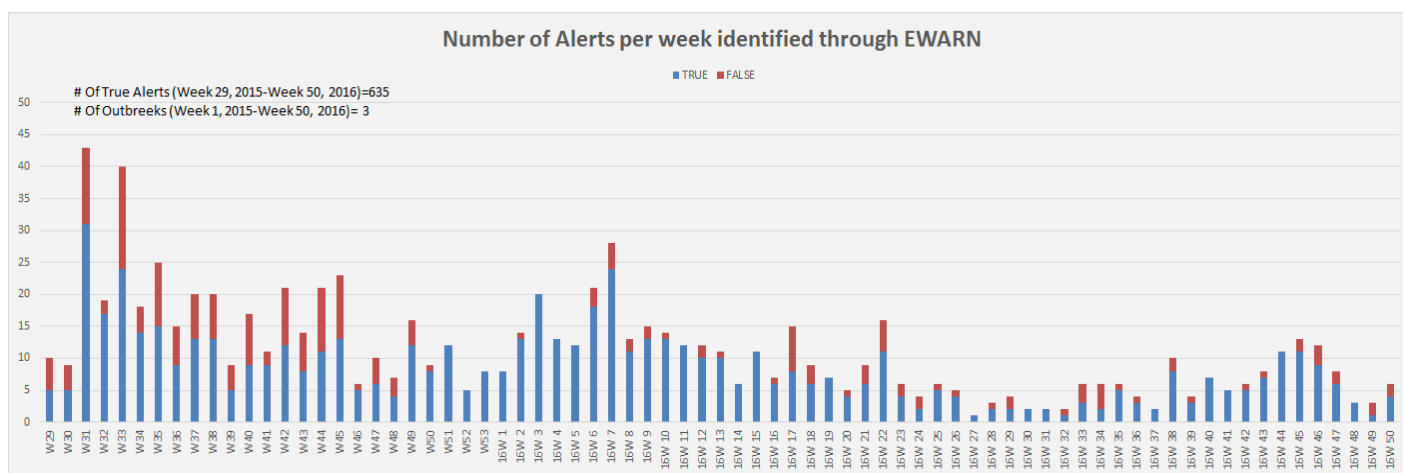


Figure XII: Alerts generated through EWARN surveillance Week 29, 2015—Week 50, 2016

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