



# Iraq: EWARN & Disease Surveillance Bulletin

2016 Epidemiological Week: 22

Reporting Period: 30 May –5 June , 2016

## Highlights

- ◆ **Number of reporting sites:** One hundred and twenty-four (124) reporting sites (93% of the total EWARN reporting sites) including sixty-eight (68) in Internally Displaced People’s (IDP) camps, five (5) in refugee camps and fifty-one (51) mobile clinics submitted their weekly reports timely and completely.
- ◆ **Total number of consultations:** 36 097 (Male=16 528 and Female=19 569) marking an increase of 1 944 since last week.
- ◆ **Leading causes of morbidity in the camps:** Acute respiratory tract infections (ARI) (n=13,875), acute diarrhea (AD) (n=2 809) and skin diseases (n=1 296) remained the leading causes of morbidity in all camps during this reporting week.
- ◆ **Number of alerts:** Sixteen (16) alerts were generated through EWARN, of which fifteen (15) were from IDPs camps (four of them from a mobile clinic) and one from the refugee camp during this reporting week. All these alerts were investigated within 72 hours, of which eleven were verified as true and were further investigated and responded by the respective Governorates Departments of Health, WHO and the relevant health cluster partners. (Details: see Alerts and Outbreaks Section).

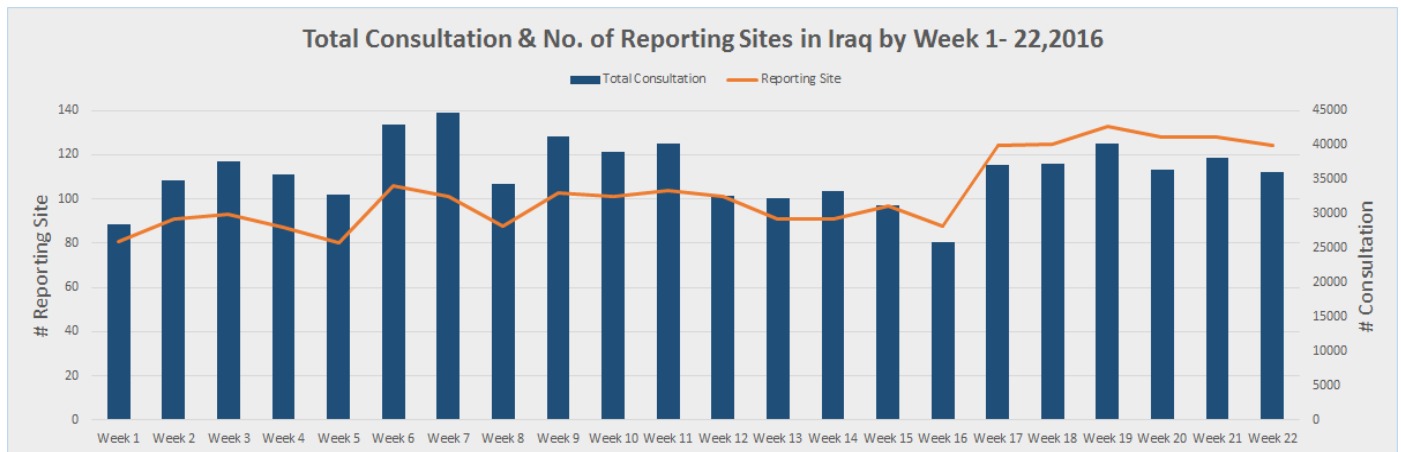
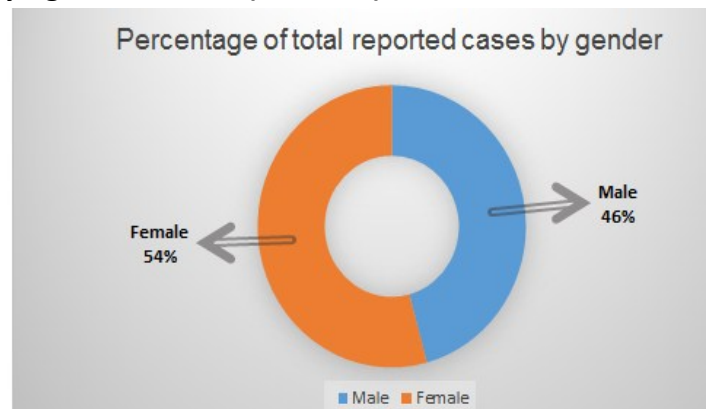
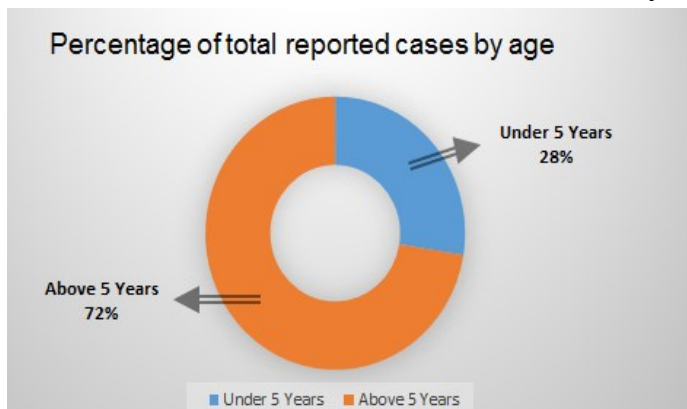


Figure I: Total consultations and proportion of reporting health facilities by Week 1 – 22, 2016

### Consultations in the camps by Age and Gender (Week 22)



# Morbidity Patterns

## IDP camps:

During Week 22, the proportions of acute respiratory tract infections (ARI) slightly decreased from the previous 3 weeks. The proportions of acute diarrhea in IDPs camps had started to increase, as well as the proportion of skin diseases including scabies (see graph below).

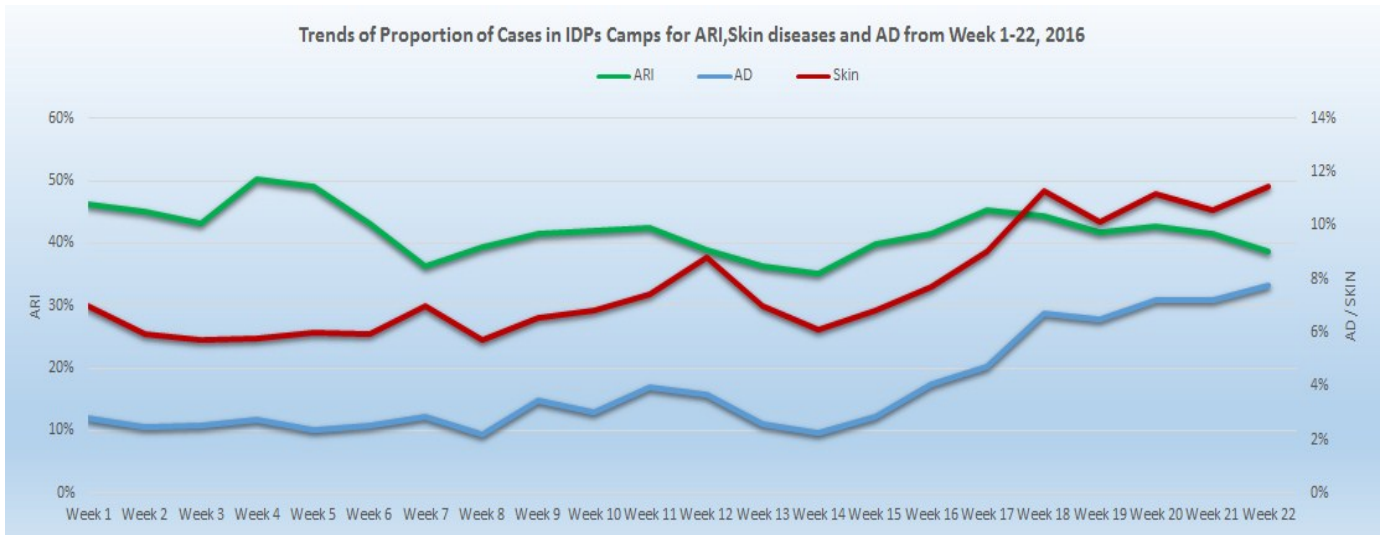


Figure II: Trend of proportion of cases of ARI, scabies and AD in IDP camps Week 1 –22, 2016

## Refugee camps:

During Week 22, the proportion of acute respiratory tract infections (ARI) indicated a slight decrease since Week 16, 2016 until this week. There has been an increase in the proportions of the acute diarrhea trend in refugee camps since Week 19. Proportions of skin infestations including scabies have increased (see graph below).

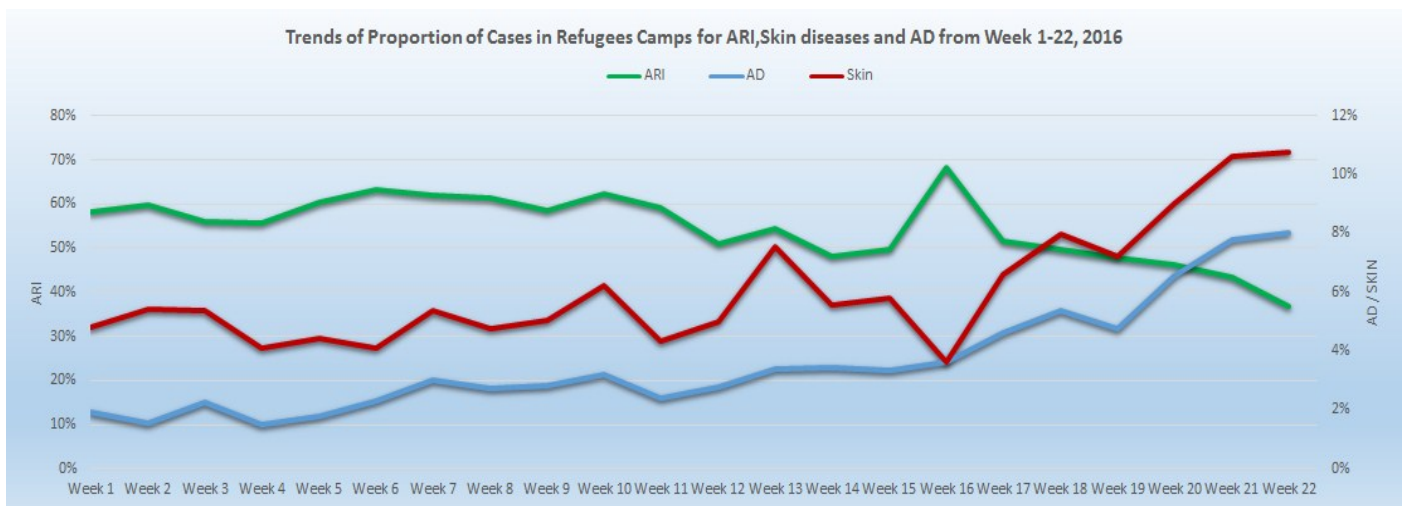


Figure III: Trend of proportion of cases of ARI, scabies and AD in IDP camps Week 1– 22, 2016

### 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 22, 2016.

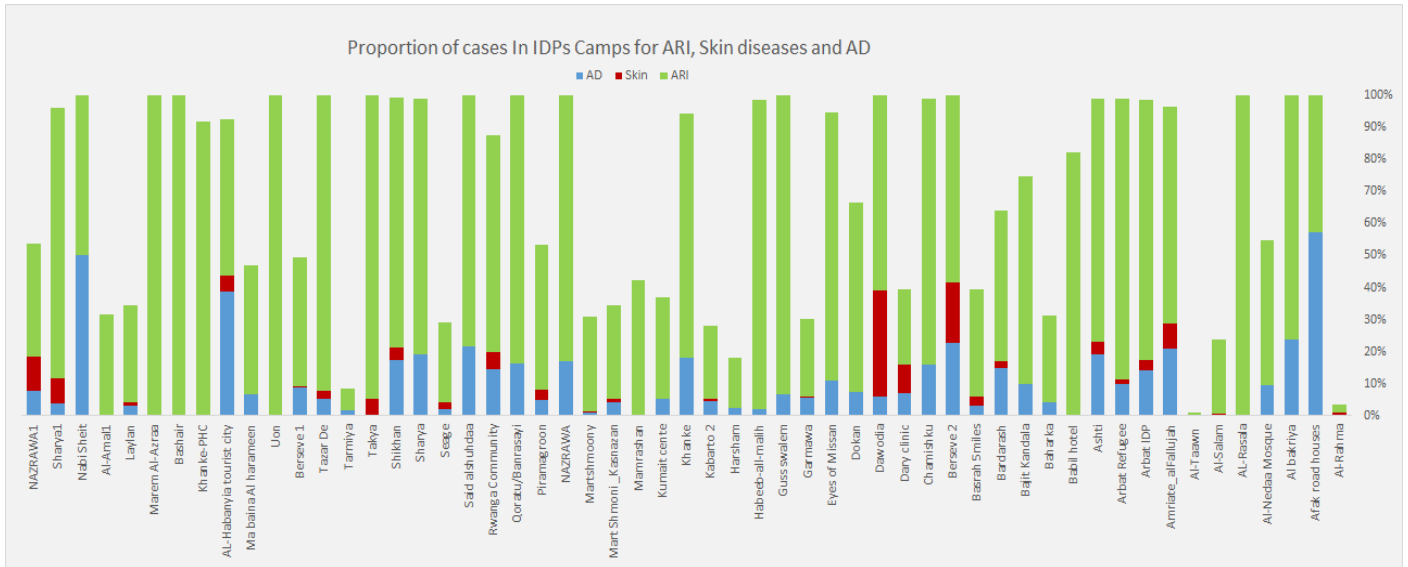


Figure IV: Proportion of cases of ARI, scabies and AD in IDP camps for Week 22, 2016

### 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 22, 2016.

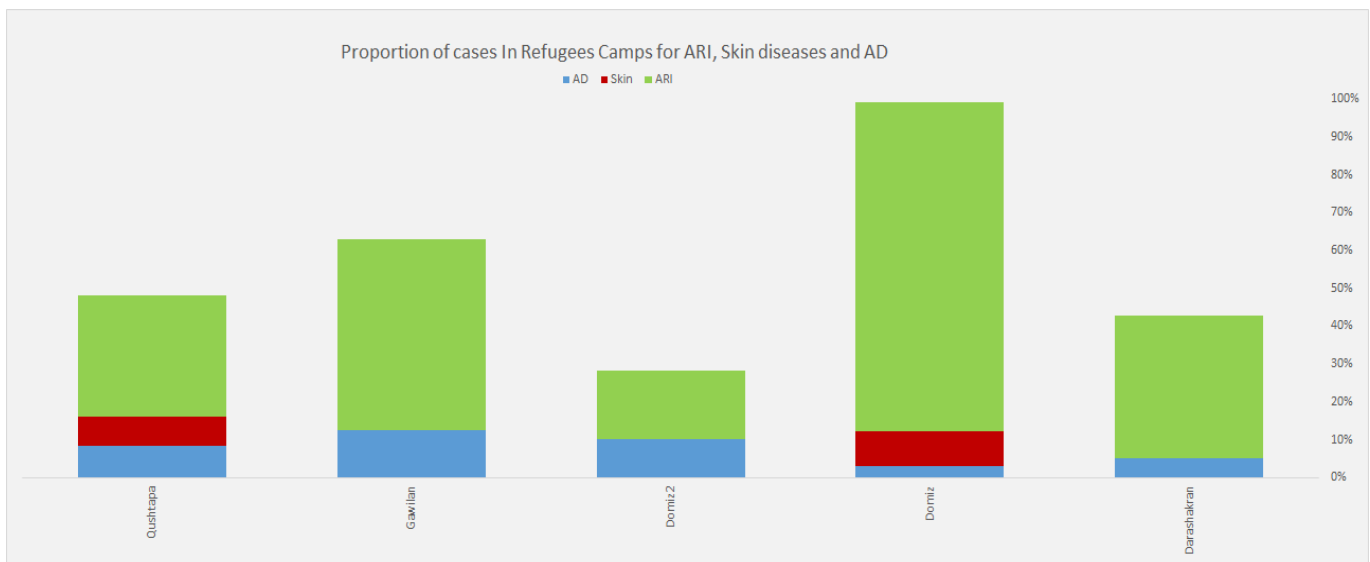


Figure V: Trend of proportions of cases of ARI, scabies and AD in Refugee camps for Week 22, 2016

### Trend of diseases by proportion and location 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 22, 2016.

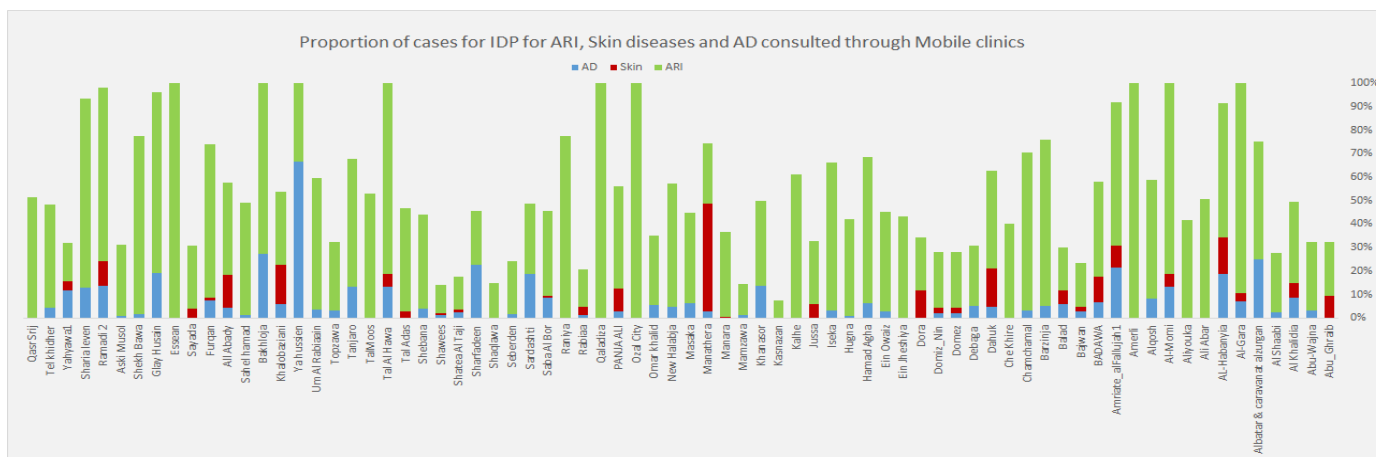


Figure VI: Trend of proportions of IDP cases for ARI, Scabies and AD covered by Mobile Clinics for Week 22, 2016

### Trends of cutaneous leishmaniosis disease

Cutaneous leishmaniosis disease (Baghdad boil) is endemic in most of the governorates in Iraq. Last year, Iraq reported more than 17 000 cases of cutaneous leishmaniosis through the national surveillance unit.

During the period from Week 1 to Week 22 this year, 2 285 cases of suspected cutaneous leishmaniosis have been reported through the EWARN system. Two peaks occurred during this period (the first peak in Week 7, with 395 cases, and the second peak in Week 12, with 209 cases). Reported cases started to decline as from Week 13.

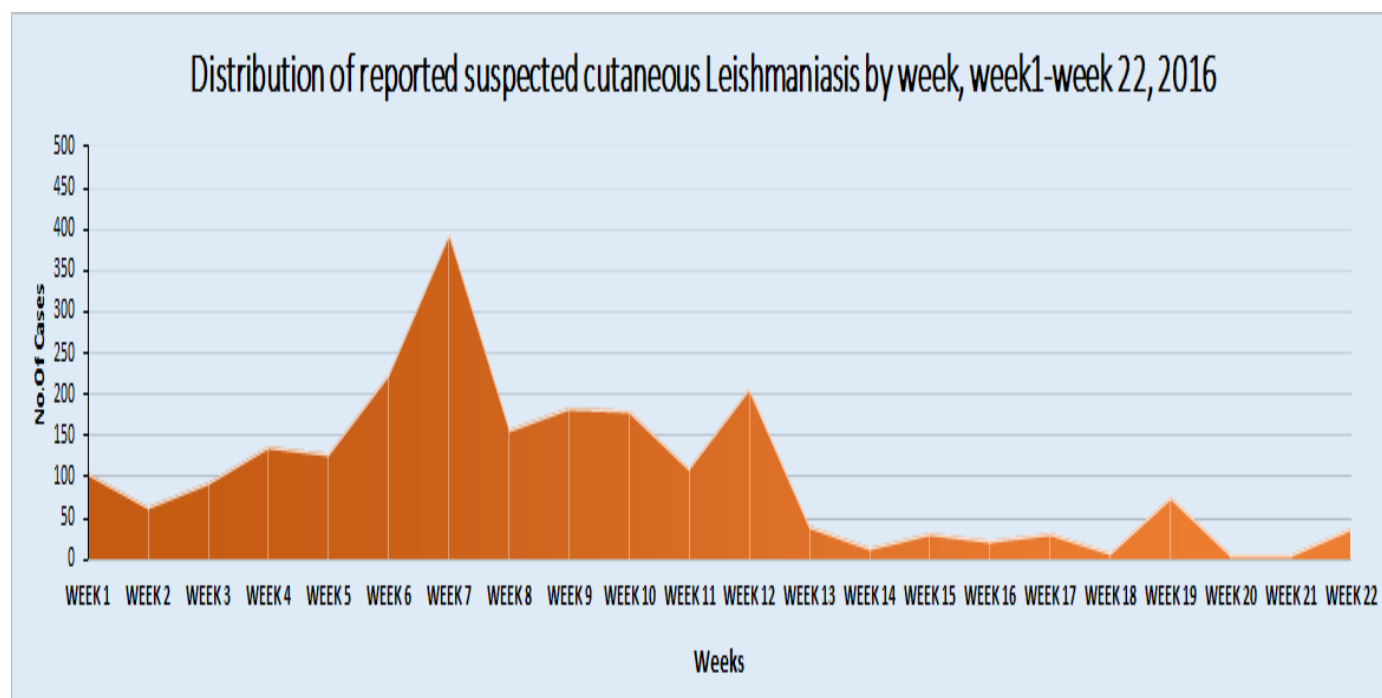


Figure VII: Distribution of reported suspected cutaneous leishmaniosis by Week, Week1-Week 22,

### 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 IDP camps and which indicated a continuous increase in waterborne diseases during this summer season. (See graph below)

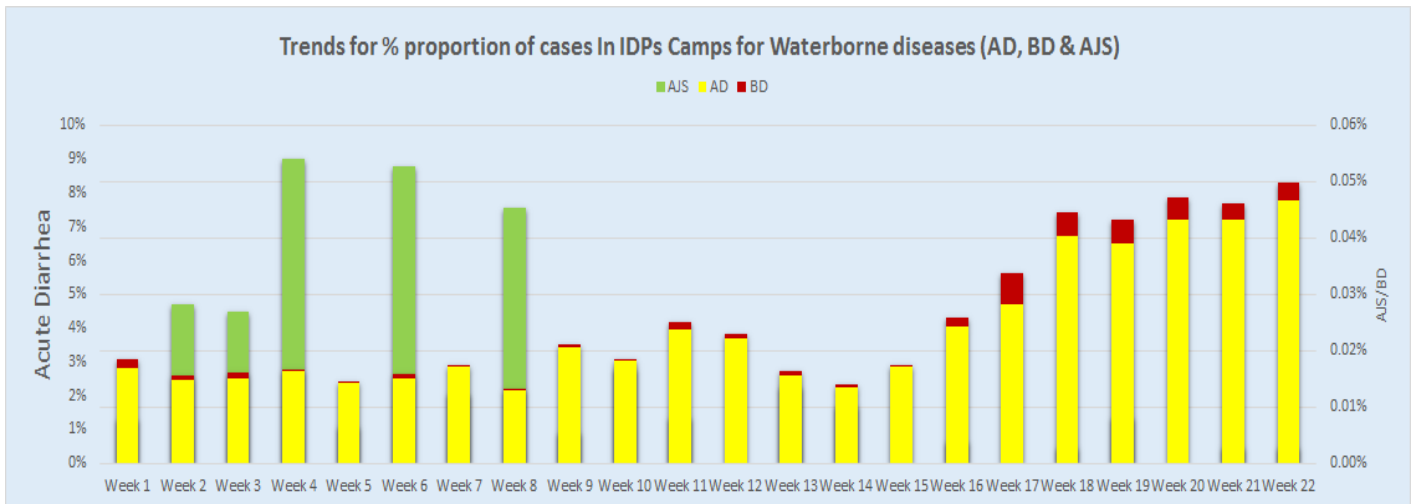


Figure VIII: Trend of waterborne diseases from IDP camps, Week 1—22, 2016

### Trends of waterborne diseases in Refugee camps

The graph below shows the trends of waterborne diseases (acute diarrhea, bloody diarrhea and acute jaundice syndrome) from refugee camps indicates an increase of the trend compared to the previous six weeks.

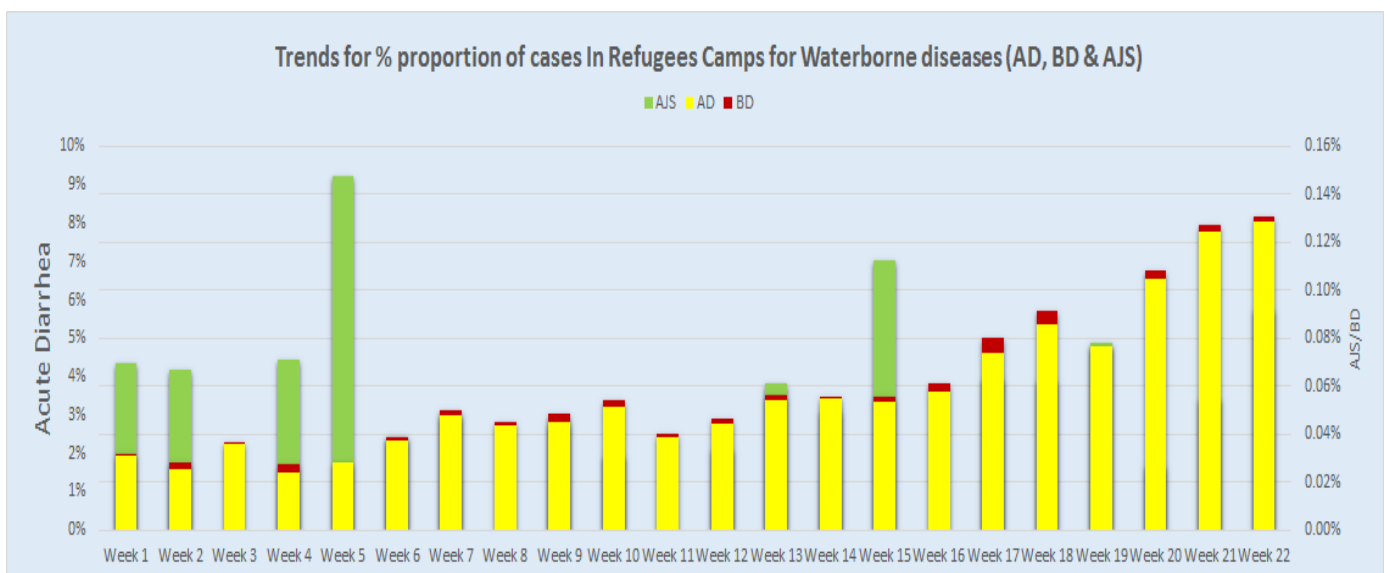


Figure IX: Trend of waterborne diseases from Refugee Camps, Week 1—22, 2016

Sixteen alerts were generated through EWARN following the defined thresholds, of which fifteen were from IDP camps and one from a refugee camp during this reporting week. All these alerts were investigated within 72 hours, of which eleven were verified as true and were further investigated and appropriately responded 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 48-72% DOH/WHO/NGO	Sample Taken Yes/No	Alerts Outcome True/False	Public Health Interventions Conducted
								Yes	Yes/No	Yes/No	Yes/No
1	Suspected Leishmaniasis	Al-Taawun	Salah-Al-Din	Al-Mutasem	IDPs	1	UIMS	Yes	NO	TRUE	Yes
2	Mumps	Domiz	Ninewa	Domiz	IDPs	1	Medair	Yes	No	TRUE	Yes
3	Suspected Pertusis	Al Rasheed	Salah-Al-Din	Salah-Al-Din	IDPs	3	DoH	Yes	NO	TRUE	Yes
4		Al-Rahma	Salah-Al-Din	Dijlah	IDPs	1	UIMS	Yes	NO	TRUE	Yes
5		Abtal Aloroba	Salah-Al-Din	Salah al-Din	IDPs	2	DoH	Yes	NO	TRUE	Yes
6		Al Hadidia	Salah-Al-Din	Salah al-Din	IDPs	14	DoH	Yes	NO	TRUE	Yes
7	Suspected Measles	Arbat	Sulaymaniyah	Arbat	Refugees	1	EMERGENCY	Yes	Yes	TRUE	Yes
8		Amriate AL-Fallujah	Anbar	Fullujah	IDPs	1	MC-DOH	Yes	No	TRUE	No
9		Fountain of Love	Sulaymaniyah	Sulaymaniyah	IDPs	1	Samaritan's Purse	Yes	Yes	FALSE	Yes
10	Suspected Diphtheria	Al Hadidia	Salah-Al-Din	Salah al-Din	IDPs	6	DoH	Yes	No	TRUE	Yes
11	Acute Watery Diarrhea- (Suspected Cholera)	Abu Ghraib	Baghdad	karkh	IDPs	12	MC-IMC	Yes	No	FALSE	No
12		bajwan	Kirkuk	Kirkuk	IDPs	4	MC-Medair	Yes	Yes	FALSE	Yes
13		Laylan	Kirkuk	Kirkuk	IDPs	2	DoH	Yes	Yes	FALSE	Yes
14		Debaga	Erbil	Makhmur	IDPs	1	MC-TCCF-Malteser	Yes	Yes	FALSE	Yes
15	Suspected Meningitis	Domiz	Duhok	Sumel	IDPs	1	DOH	Yes	No	TRUE	Yes
16	Bloody Diarrhea	NAZRAWA	Kirkuk	Daquq	IDPs	10	MDM	Yes	Yes	TRUE	Yes

## Trends of alerts

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

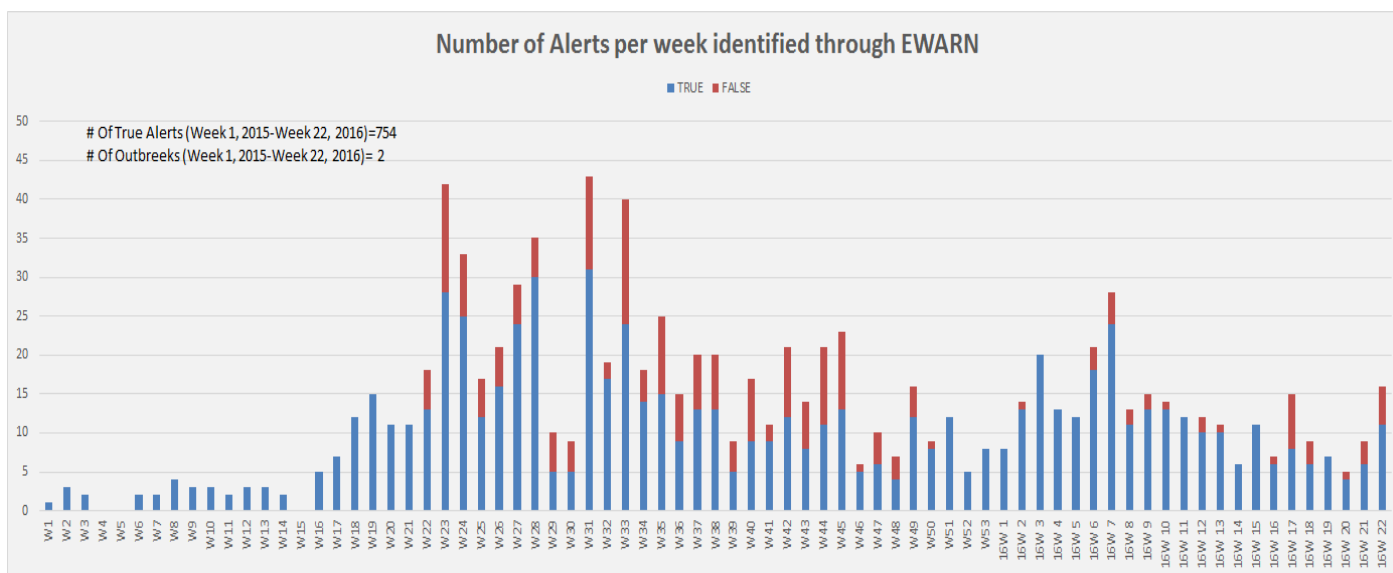


Figure X: Alerts generated through EWARN surveillance Week 1, 2015—Week 22, 2016

### For comments or questions, please contact

- **Dr. Adnan Nawar Khistawi** | 07901948067 | [adnannawar@gmail.com](mailto:adnannawar@gmail.com), Head of Surveillance Section, Federal MOH
- **Dr. Janin Sulaiman** | 07508678768 | [Janin\\_irq@yahoo.com](mailto:Janin_irq@yahoo.com), EWARN Focal point, MOH-KRG
- **Dr. Muntasir Elhassan** | 07809288616 | [elhassanm@who.int](mailto:elhassanm@who.int), EWARN Coordinator, WHO Iraq
- **WHO EWARN Unit:** [emacoirgewarn@who.int](mailto:emacoirgewarn@who.int)