Iraq: EWARN & Disease Surveillance Bulletin

2016 Epidemiological Week: 44 **Reporting Period:** 31Oct – 6 Nov , 2016

Highlights

- **Number of reporting sites in Week 44: One hundred and forty-six** (146) reporting sites (96% of the total EWARN reporting sites) including ninety (90) in internally displaced persons (IDPs) camps, seven (7) in refugee camps, four (4) hospitals, and Forty-Five (45) mobile clinics submitted their weekly reports completely and in a timely manner.
- **Total number of consultations in Week 44:** 46 995 (Male=21 475 and Female=25 520) marking an increase of 5722 since last week.
- **Leading causes of morbidity in the camps in Week 44:** Acute respiratory tract infections (ARI) (n=20 623), acute diarrhea (AD) (n=2767) and skin diseases (n=1031) 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 44: Eleven** (11) alerts were generated through EWARN, and all the alerts reported from IDPs camps during this week. The alerts were investigated within 72 hours. All verified as true . They were responded to by relevant health cluster partners. (Details: see Alerts and Outbreaks Section).

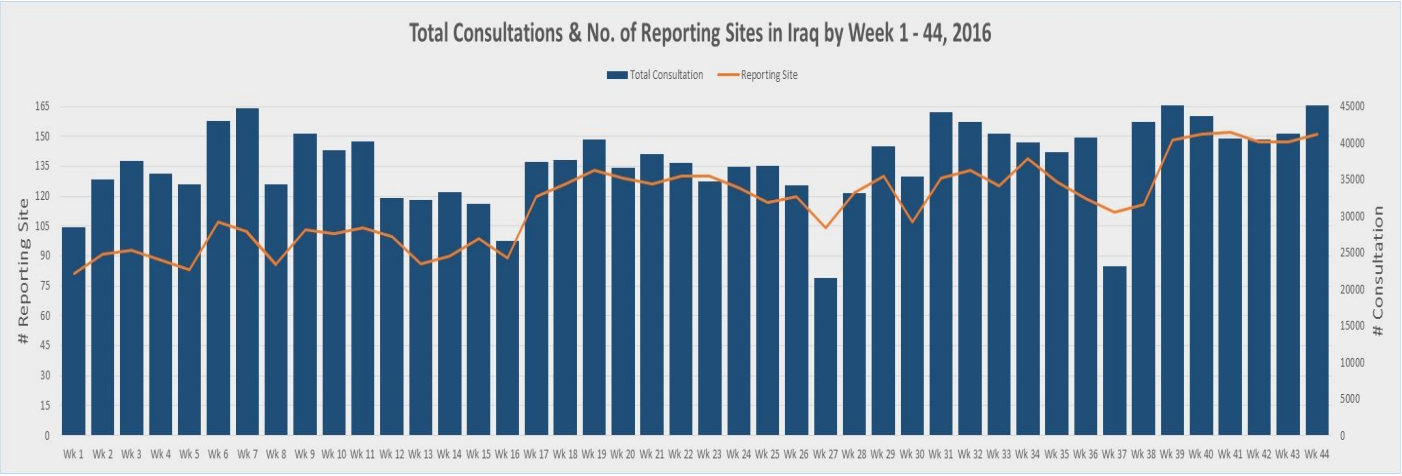
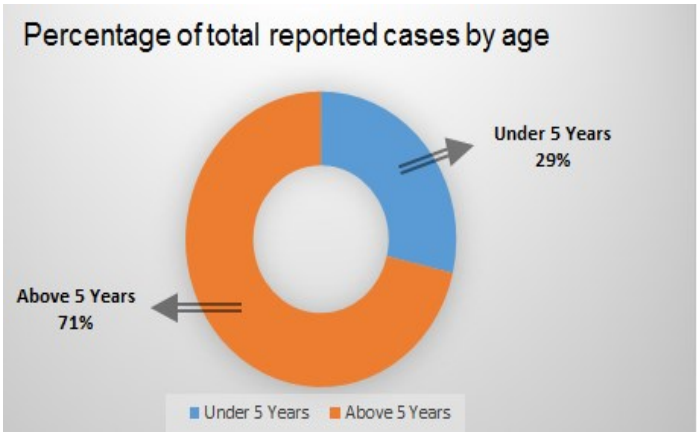
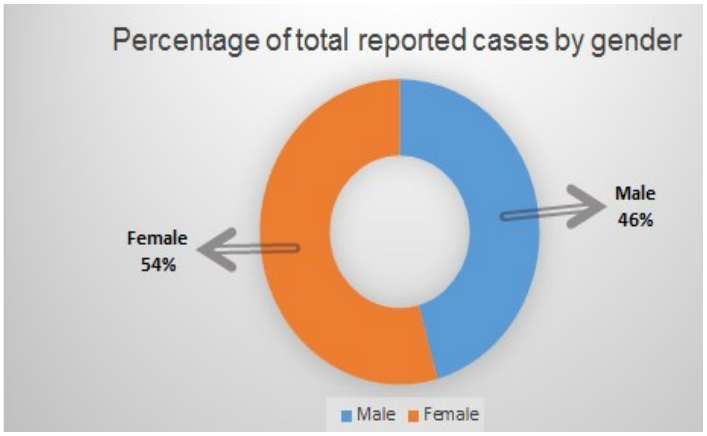


Figure I: Distribution of total consultations and number of reporting health facilities by week 1–44, 2016

Distribution of total consultations in the camps by age and gender (Week 44, 2016)





Morbidity Patterns

Ninewa Governorate, Khazir camp

During week 44, IMC established PHC in Khazir camp to serve the internally displaced persons from Mosul and neighboring areas due to the current military operation. The number of the IDPS in the camp reached 1290 by the end of the current week. A total of 77 consultations were made by the clinic. The highest incidence of reported health event was Acute Upper Respiratory Tract Infection (56 cases per 1000 persons), followed by the incidence of suspected scabies of 14 cases per 1000 persons, Acute Lower Respiratory Tract Infection of 4 cases per 1000 persons, and the incidence of the Acute Diarrhea of 3 cases per 1000 persons. No any alerts reported from the camp.

IDPs camps:

During Week 44, the proportions of acute respiratory tract infections (ARI) in IDPs camps decreased, while the trends of the acute diarrhea and skin infestations including scabies increased compared to the previous week (please see Figure II).

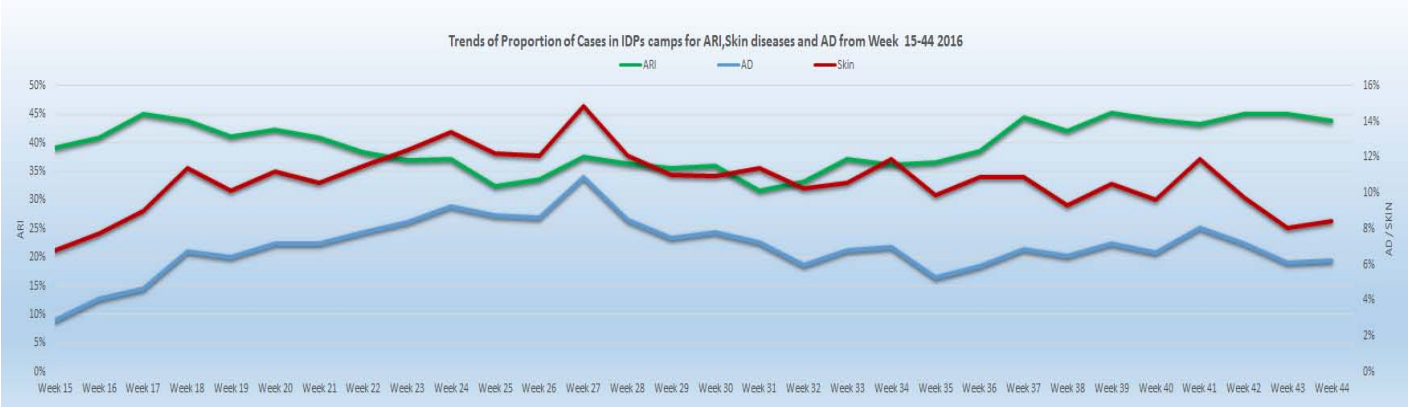


Figure II: Distribution of the acute respiratory infection, scabies, and acute diarrhoea in IDP camps, Week 15–44, 2016

Refugee camps:

During Week 44, the proportions of acute respiratory tract infections (ARI) increased, while the proportions of acute diarrhea and skin infestations including scabies decreased from the previous week (please see Figure III).

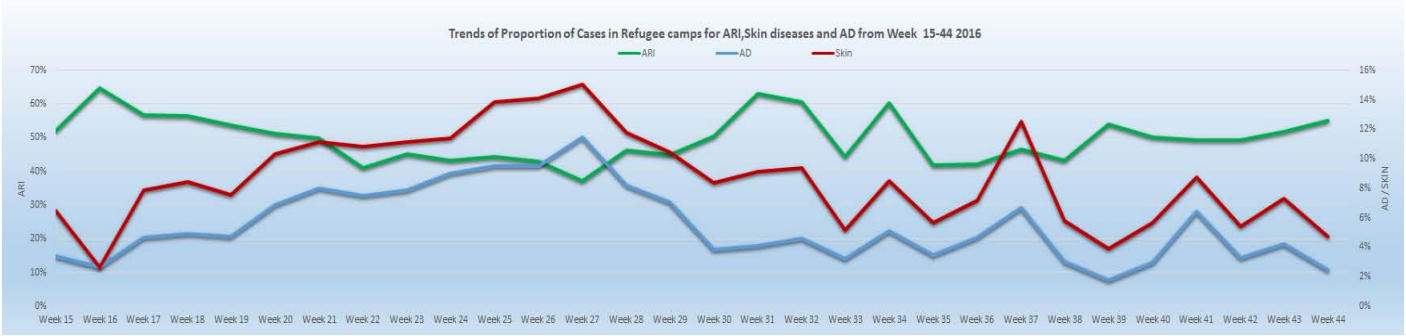


Figure III: Distribution of the acute respiratory infection, scabies, and acute diarrhea in refugee camps, Week 15–44, 2016

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

Figure IV 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 44, 2016.

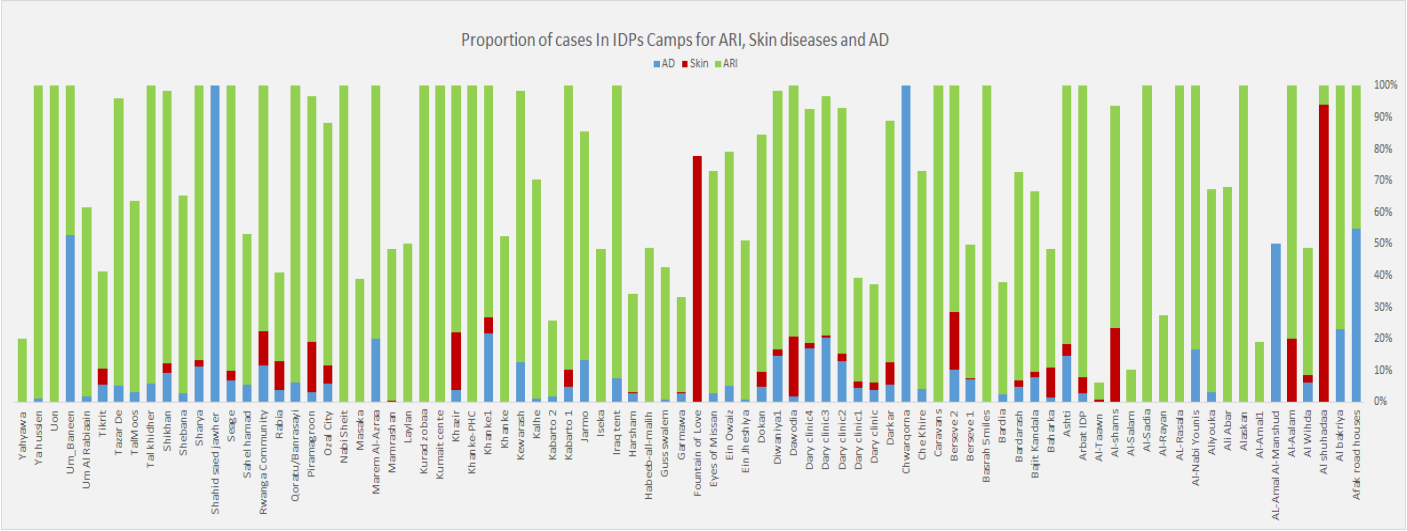


Figure IV: Proportion of cases of ARI, scabies and AD in IDP camps for Week 44, 2016

Distribution of the common diseases by proportion and location for refugee 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 the refugee camps for Week 44, 2016.

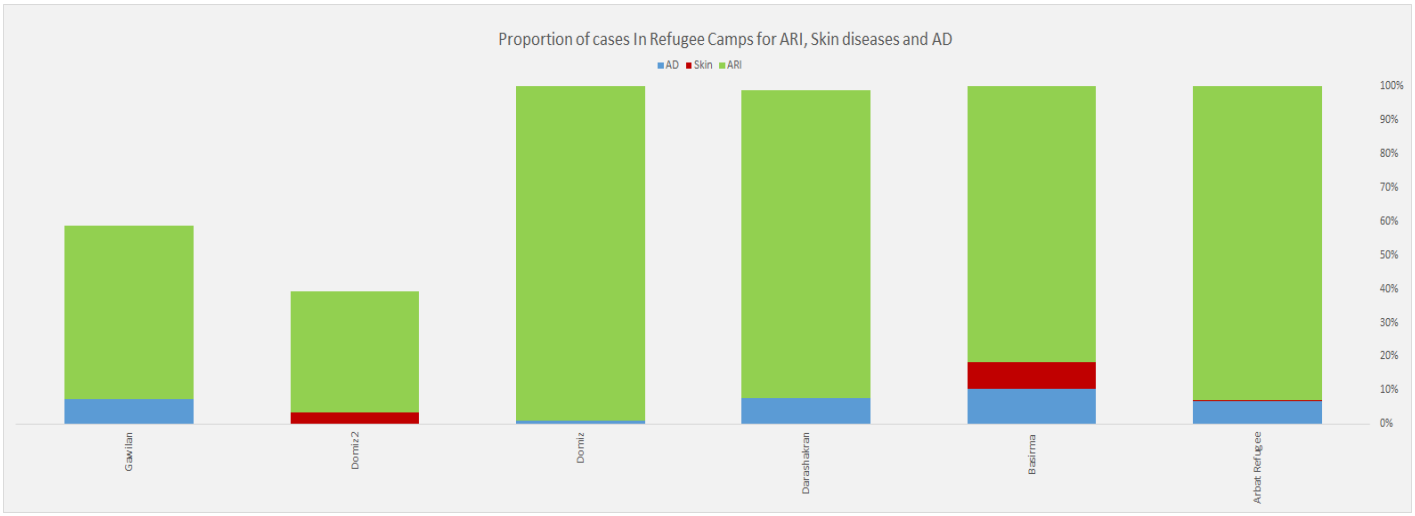


Figure V: Trend of proportions of cases of ARI, scabies, and AD in Refugee camps for Week 44, 2016

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

Figure VI 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 internally displaced persons covered by mobile clinics for Week 44, 2016.

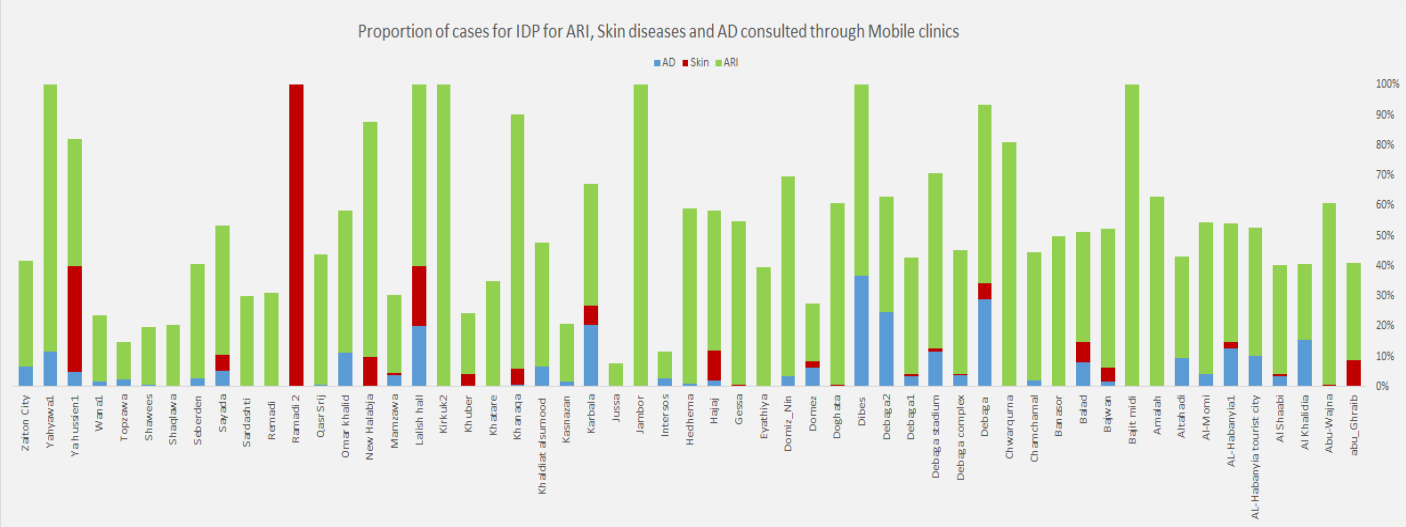


Figure VI: Distribution of ARI, scabies and AD covered by mobile clinics for the IDPs, Week 44, 2016

Trends of S. Pertussis

Up to week 44 in 2016, the total reported suspected pertussis cases were 115 from all the EWARN reporting sites. This week, Salah Addin reported 2 suspected cases through IOM mobile clinic in Samara district.

Salah Addin governorate reported the highest incidence number of Pertussis in Iraq with (98) 85% of the total reported cases, Suleimaniya reported (7) 6% of the cases, Anbar reported (4) 3% of the cases, Baghdad and Erbil and Qadissiya reported (2) 2% of each of the total cases.

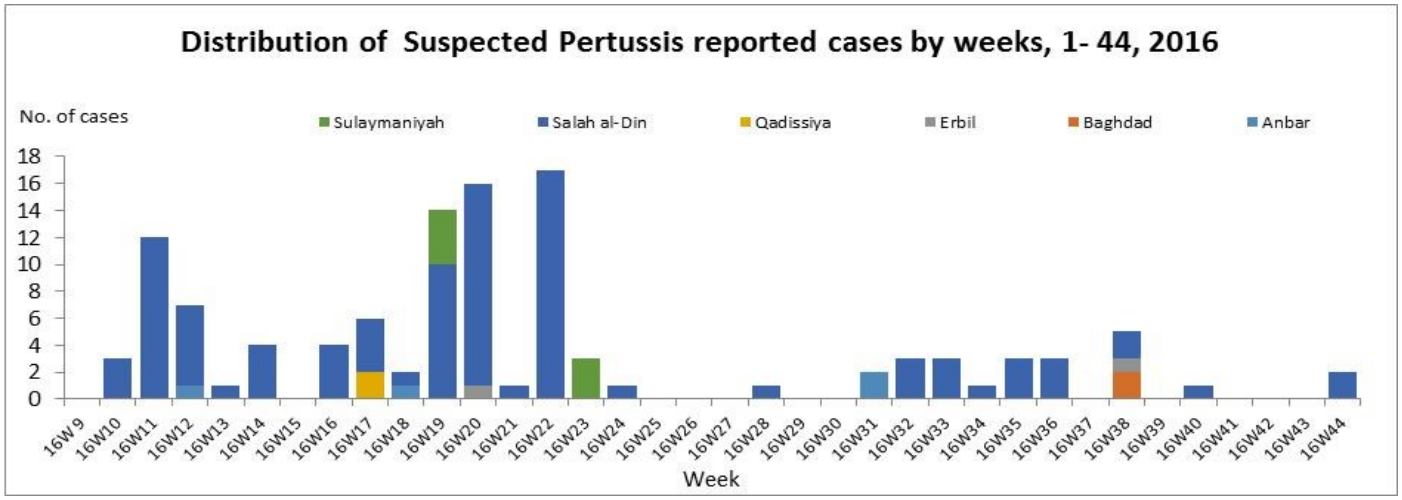


Figure VII: Distribution of suspected Pertussis reported cases by governorate, Week 1– 44, 2016

Trends of waterborne diseases in IDPs and refugee camps

Figures VIII and IX below show the trends of waterborne diseases (acute diarrhea, acute bloody diarrhea and acute jaundice syndrome) reported from camps for internally displaced persons, which indicated a slight increase in the trends, while refugee camps indicated an increase in waterborne diseases during this week.

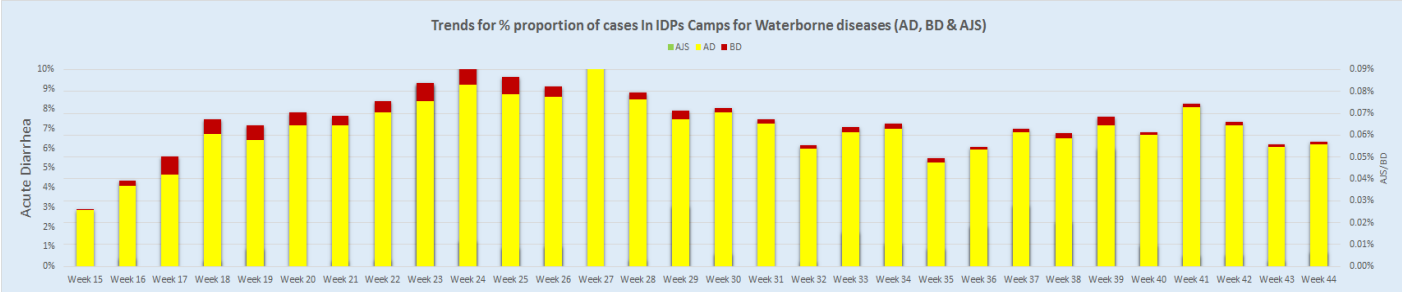


Figure VIII: Trend of waterborne diseases from IDPs camps, Week 15-44, 2016

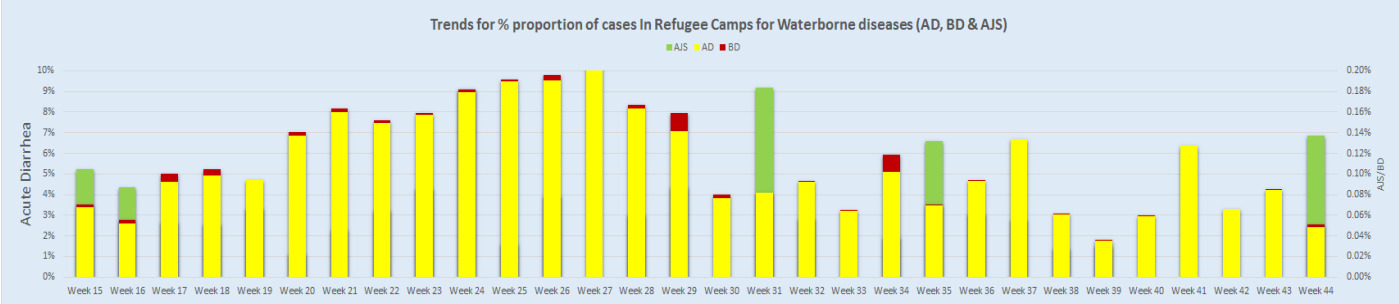


Figure IX: Trends of waterborne diseases from refugee camps, Week 15-44, 2016

Trends of Acute Diarrhea

The graph below shows the trends of acute diarrhea reported through the EWARN system in the period from Week 15 to Week 44 in 2015 and 2016 . This week showed a increasing trend of the increase compared to last weeks. From Week 6 to Week 40 in 2016, 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). There is a decrease in the reporting of AD through all the EWARN reporting governorates in week 31.

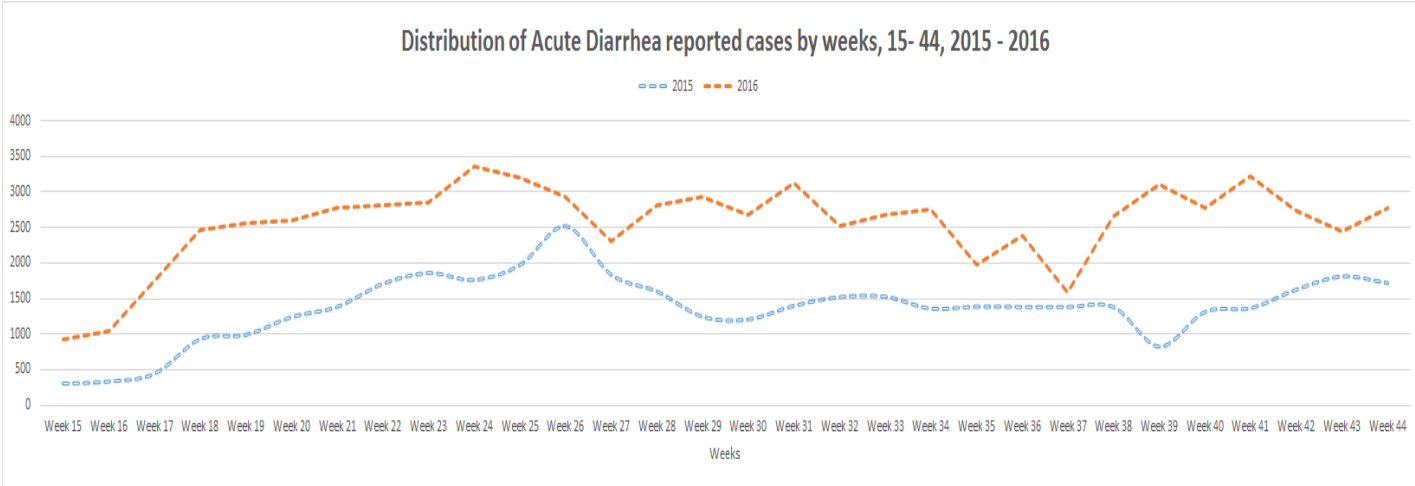


Figure X: Distribution of reported acute diarrhea cases by weeks 15– 44 during 2015—2016

Alerts & Outbreaks

Eleven alerts were generated through EWARN following the defined thresholds from Hospitals during this reporting week. All alerts were investigated within 72 hours and verified as true. All were responded to by the respective Governorates Departments of Health, WHO and the relevant health cluster partners. (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 Leishmaniasis	Al-Rahma	Salah-Al-Din	Dijlah	IDPs	5	UIMS	Yes	No	TRUE	No
2	Suspected Leishmaniasis	Sheikhan	Ninewa	Ninewa	IDPs	4	IOM	Yes	No	TRUE	Yes
3	Suspected Leishmaniasis	Bardarash	Ninewa	Ninewa	IDPs	1	PU-AMI	Yes	No	TRUE	Yes
4	Suspected Leishmaniasis	Al-Jumhorria	Salah-Al-Din	Tuz	IDPs	5	DoH	Yes	No	TRUE	Yes
5	Suspected Leishmaniasis	Al -Taawn	Salah-Al-Din	Samarra	IDPs	3	UIMS	Yes	No	TRUE	No
6	Suspected Leishmaniasis	Bajwan	Kirkuk	Kirkuk	IDPs	1	MC-Medair	Yes	No	TRUE	No
7	Suspected Leishmaniasis	Bajet Kandala	Dahuk	Sumel	IDPs	1	PU-AMI	Yes	No	TRUE	Yes
8	Suspected Leishmaniasis	Tazar De	Sulaymaniyah	Kalar	IDPs	5	EMERGENCY	Yes	No	TRUE	No
9	Suspected Leishmaniasis	Al Rayan	Anbar	AL-Habanyia tourist city	IDPs	2	UIMS	Yes	No	TRUE	No
10	Suspected Leishmaniasis	Darkar	Dahuk	Zakho	IDPs	1	STEP-IN	Yes	No	TRUE	Yes
11	Suspected Leishmaniasis	AL_Amal	Anbar	AL_Nakheeb	IDPs	1	UIMS	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 to accordingly by the Ministry of Health, WHO and health cluster partners.

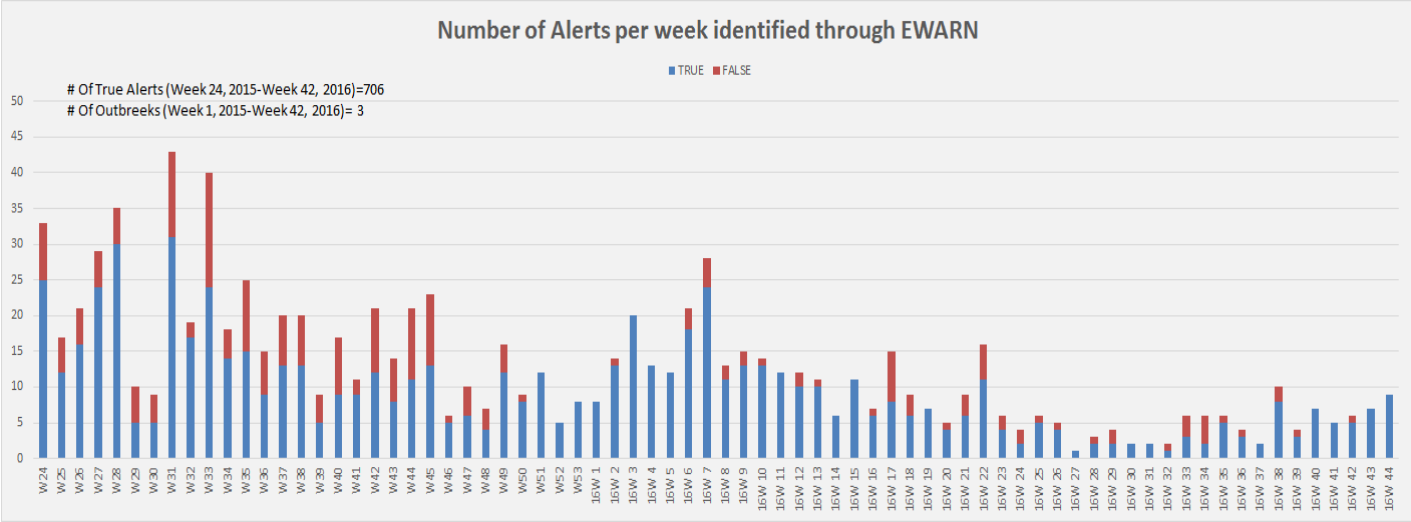


Figure X: Alerts generated through EWARN surveillance Week 16, 2015—Week 44, 2016

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