**Highlights**

- **Number of reporting sites**: One hundred and twenty-five (125) reporting sites (98% of the total EWARN reporting sites) including sixty-eight (68) in Internally Displaced People’s (IDP) camps, six (6) in refugee camps and fifty-one (51) mobile clinics submitted their weekly reports timely and completely.

- **Total number of consultations**: 40,190 (Male = 18,911 and Female = 21,279) marking an increase of 3,823 since last week.

- **Leading causes of morbidity in the camps**: Acute respiratory tract infections (ARI) (n=16,941, 42%), acute diarrhea (AD) (n=2,538, 6%) and skin diseases (n=1,410, 4%) remained the leading causes of morbidity in all camps during this reporting week.

- **Number of alerts**: Seven (7) alerts were generated through EWARN, and all of them were from IDP camps (one from mobile clinics) during this reporting week. All these alerts were investigated within 72 hours and were verified as true and were further investigated and responded. (Details: see Alerts and Outbreaks Section).

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**Figure I: Total consultations and proportion of reporting health facilities by Week 1–19, 2016**

**Consultations in the camps by age and gender (Week 19)**

![Graph showing total consultations and proportion of reporting sites](image1)

![Pie charts showing percentage of total reported cases by age and gender](image2)
**Morbidity Patterns**

**IDP camps:**

During Week 19, the proportions of acute respiratory tract infections (ARI) showed a decrease from the previous 2 weeks. On the other hand, the proportions of acute diarrhea and skin diseases in IDP camps have started to decrease compared to last week (See graph below).

![Graph showing trends of proportion of cases of ARI, skin diseases, and AD in IDP camps from Week 1 to Week 19, 2016.](image)

**Refugee camps:**

During Week 19, the proportion of acute respiratory tract infections (ARI), skin infestations including scabies and acute diarrhea decreased compared to last week. (See graph below).

![Graph showing trends of proportion of cases of ARI, skin diseases, and AD in refugee camps from Week 1 to Week 19, 2016.](image)
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 19, 2016.

![Proportion of cases in IDPs Camps for ARI, Skin diseases and AD](image)

Figure IV: Proportion of cases of ARI, Scabies and AD in IDP camps for Week 19, 2016

Trends of diseases by proportion and location for Refugee Camps

The graph below indicates the proportion of acute respiratory tract infections cases, acute diarrhea, and skin infestations including scabies which comprises the highest leading causes of morbidity in refugee camps for Week 19, 2016.

![Proportion of cases in Refugees Camps for ARI, Skin diseases and AD](image)

Figure V: Trend of proportions of cases of ARI, scabies and AD in Refugee Camps for Week 19, 2016
**Trend of diseases by proportion and location for off camp IDPs covered by Mobile Clinics**

The graph below indicates the proportion of acute respiratory tract infection cases, 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 19, 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. The proportion of upper ARI in Week 19 has remained unchanged compared to last week (Upper ARI = 93% and lower ARI = 7%). Furthermore, the graph below indicates the proportion of lower and upper ARI cases per each reporting site for Week 19.
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 slight decrease in this type of diseases compared to last week (See graph below)

Figure VIII: Trend of waterborne diseases from IDP camps, Week 1—19, 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 which indicated a decrease of the trend compared to last week.

Figure IX: Trend of waterborne diseases from Refugee camps, Week 1—19, 2016
Seven alerts were generated through EWARN following the defined thresholds, and all of them were from IDP camps (one of them from mobile clinics) during this reporting week. All these alerts were investigated within 72 hours, were verified as true and further investigated and responded by the respective Governorates Departments of Health, WHO and the relevant health cluster partners. (please see the below Alerts distribution table).

<table>
<thead>
<tr>
<th>Sn</th>
<th>Alert</th>
<th>Location</th>
<th>Governorate</th>
<th>District</th>
<th>IDP/Refugee Camp</th>
<th># of cases</th>
<th>Run by</th>
<th>Investigation and Response within 48-72h DOH/WHO/NGO</th>
<th>Sample Taken Yes/No</th>
<th>Alerts Outcome True/False</th>
<th>Public Health Intervention Conducted</th>
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<tbody>
<tr>
<td>1</td>
<td>Suspected Leishmaniasis</td>
<td>Abu Greib</td>
<td>Baghdad</td>
<td>Karkh</td>
<td>IDPs</td>
<td>1</td>
<td>MC-IMC</td>
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<td>No</td>
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<td>Yes</td>
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<tr>
<td>2</td>
<td>Suspected Leishmaniasis</td>
<td>Al-Salam</td>
<td>Anbar</td>
<td>Ameriyat Al-Fallujah</td>
<td>IDPs</td>
<td>3</td>
<td>UIMS</td>
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<td>No</td>
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<td>Yes</td>
</tr>
<tr>
<td>3</td>
<td>Ashti</td>
<td>Sulaymaniyyah</td>
<td>Arbát</td>
<td>IDPs</td>
<td>1</td>
<td>EMERGENCY</td>
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<td>No</td>
<td>TRUE</td>
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<td>4</td>
<td>Suspected Pertussis</td>
<td>Al-Tauwun</td>
<td>Salah-Al-Din</td>
<td>Al-Mutasem</td>
<td>IDPs</td>
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<tr>
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<td>Salah-Al-Din</td>
<td>Samara</td>
<td>IDPs</td>
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</tr>
<tr>
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<td>Salah-Al-Din</td>
<td>Dijlah</td>
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</tr>
<tr>
<td>7</td>
<td>Suspected Measles</td>
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<td>Sulaymaniyyah</td>
<td>Arbát</td>
<td>IDPs</td>
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<td>EMERGENCY</td>
<td>Yes</td>
<td>Yes</td>
<td>TRUE</td>
<td>No</td>
</tr>
</tbody>
</table>

**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, WHO and health cluster partners.

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**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

EWARN Dashboard link: http://who-iraq-ewarn.github.io/