Highlights

- **Number of reporting sites in Week 43:** One hundred and forty-seven (147) reporting sites (94% of the total EWARN reporting sites) including ninety five (95) in internally displaced persons (IDPs) camps, six (6) in refugee camps and forty-three (43) mobile clinics submitted their weekly reports completely and in a timely manner.

- **Total number of consultations in Week 43:** 41,269 (Male=18,908 and Female=22,361) marking an increase of 850 since last week. (Total consultations in Week 42: 40,419).

- **Leading causes of morbidity in the camps in Week 43:** Acute respiratory tract infections (ARI) (n=18,824), acute diarrhea (AD) (n=2,458) and skin diseases (n=848) 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 43:** Eight alerts were generated through EWARN during this reporting week, of which 7 were from IDP camps and one from hospital. All these alerts were investigated within 72 hours, of which seven were verified as true and one false. They were responded to by the relevant health cluster partners. (Details: see Alerts and Outbreaks Section).

- **Mosul Operation in Week 43:** New influx of internally displaced persons (IDPs) arrived to Hassansham, Qayyarah Gadah, and Zelikan camps due to the current operation in Mosul. IMC will provide the primary health care services in Hassansham camp and in Gadah camp, while PUI will provide the service in Zelikan camp. WHO has supported involved health facilities with tablets for reporting alerts and health trends; staff of these health facilities were previously trained on EWARN and will start reporting immediately.

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**Figure I:** Distribution of total consultations and number of reporting health facilities by week 1–43, 2016

*Distribution of total consultations in the camps by age and gender (Week 43, 2016)*
Morbidity Patterns

IDPs camps:
During Week 43, the proportions of acute respiratory tract infections (ARI), acute diarrhea and skin infestations including scabies in camps for internally displaced persons decreased in compare to the previous week (please see Figure II).

Refugee camps:
During Week 43, the proportions of acute respiratory tract infections (ARI), acute diarrhea and skin infestations including scabies indicated a slight increase from the previous week (please see Figure III).
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 camps of internally displaced persons for Week 43, 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 43, 2016.
The graph below indicates the proportions of acute respiratory tract infection, acute diarrhea and skin infesta-
tions including scabies which comprises the highest leading causes of morbidity of internally displaced persons
covered by mobile clinics for Week 43, 2016.

Figure VI: Distribution of ARI, scabies and AD covered by mobile clinics for the IDPs, Week 43, 2016

**Trends of S. Meningitis**

From Week 1 to Week 43, 27 suspected meningococeal meningitis cases were reported through the EWARN in Iraq. Erbil Department of Health reported 10 cases (37%), Duhok reported 8 cases (30%), Salah Addin reported 5 cases (19%), and Anbar and Ninewa reported 2 cases (7%) of each. This week, STEP-IN in Zakho district in Duhok reported 1 suspected case.

Figure VII: Distribution of suspected Meningitis reported cases by governorate, Week 1–43, 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 and indicate a decrease in the trend, while refugee camps showed an increase in comparison with the last week.

Trends of Acute Diarrhea

Figure X below shows the trends of acute diarrhea reported in the period from Week 15 to Week 43 in 2015 and 2016 through the EWARN system. Week 43 showed a decreasing trend compared to previous weeks. During 2016, and up to Week 43, Anbar reported 36% of total reported AD cases, followed by Duhok with 21%, Ninewa 11%, Suleimaniya 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). From Week 31, a decrease in the reporting of AD through all the EWARN reporting governorates was reported.
Eight alerts were generated through EWARN following the defined thresholds, of which seven (7) were from IDP Camps and one from a hospital during this reporting week. All these alerts were investigated within 72 hours with seven verified as true and responded to by the respective Governorates Departments of Health, WHO and the relevant health cluster partners. (please see Alert and Outbreaks table).

Outbreak investigation team from DOH Erbil visited Debaga camps. The team investigated the 3 reported cases of suspected cutaneous leishmaniasis. During the active case findings, five more cases were detected. Vector control campaigns supported by WHO have been conducted in the area earlier and the second campaign of autumn will be conducted during the next month of December. Medications were provided to the PHCC in Debaga area.

<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 72 hours DHO/WHO/NGO</th>
<th>Sample Taken Yes/No</th>
<th>Alerts Outcome True/False</th>
<th>Public Health Interventions Conducted</th>
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<tbody>
<tr>
<td>1</td>
<td>Suspected Leishmaniasis</td>
<td>Debaga</td>
<td>Erbil</td>
<td>Makhmur</td>
<td>IDPs</td>
<td>1</td>
<td>MC-IMC</td>
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<tr>
<td>2</td>
<td>Suspected Leishmaniasis</td>
<td>Taza-IDP</td>
<td>Sulaymaniyah</td>
<td>Kalak</td>
<td>IDPs</td>
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<tr>
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<td>Bayyad-IDP</td>
<td>Duhok</td>
<td>Sumeil</td>
<td>IDPs</td>
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<td>PL-AHMI</td>
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<td>Salah-Al-Din</td>
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<td>Arbil</td>
<td>Erbil</td>
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<td>Tikrit</td>
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<tr>
<td>7</td>
<td>Suspected Meningitis</td>
<td>Rapanen</td>
<td>Erbil</td>
<td>Erbil</td>
<td>IDPs</td>
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<td>DOH</td>
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<tr>
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<td>Makhmur</td>
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<td>Other</td>
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</tr>
</tbody>
</table>

**Trends of alerts**

The graph below shows the number of alerts (true & false) generated through EWARN sites 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—43, 2016](image)

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://irq-data.emro.who.int/ewarn/reporting_sites