**Highlights**

- **Number of reporting sites**: One hundred and twenty-seven (127) reporting sites (98% of the total EWARN reporting sites) including seventy-one (71) in internally displaced people’s (IDPs) camps, four (4) in refugee camps and fifty-two (52) mobile clinics submitted their weekly reports timely and completely.

- **Total number of consultations**: 36,086 (Male=16,537 and Female=19,549), showing a decrease of 4,152 in compared to last week.

- **Leading causes of morbidity in the camps**: Acute respiratory tract infections (ARI) (n=13,410), acute diarrhea (AD) (n=2,469) and skin diseases (n=1,539) remained the leading causes of morbidity in all camps and displaced population areas served by mobile clinics during this reporting week.

- **Number of alerts**: Six (6) alerts were generated through EWARN, and all of them were from IDPs camps during this reporting week. Alerts were verified and investigated within 72 hours, of which two were verified as true and were responded by the relevant health cluster partners. (Details: see Alerts and Outbreaks Section).

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**Figure I**: Distribution of total consultations and number of reporting health facilities by week, Week 1 – 34, 2016

**Distribution of total consultations in the camps by age and gender (Week 34/2016)**

- **Percentage of total reported cases by age**
  - Under 5 Years: 24%
  - Above 5 Years: 76%

- **Percentage of total reported cases by gender**
  - Male: 46%
  - Female: 54%
Morbidity Patterns

IDPs camps:

During Week 34, the proportions of acute respiratory tract infections (ARI) in IDPs camps increased, while the proportions of acute diarrhea and skin infestations including scabies decreased compared to last week (please see graph below).

Refugee camps:

During Week 34, the proportions of acute respiratory tract infections (ARI), acute diarrhea and skin infestations including scabies trends indicated a slight increase from the previous week (please see graph below).
Distribution of the common diseases by proportion and location for IDPs 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 IDPs camps for Week 34, 2016.

Figure IV: Proportion of cases of ARI, scabies and AD in IDPs camps for Week 34, 2016

Trends of diseases by proportion and location for refugee camps

The graph below indicates the proportions 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 34, 2016.

Figure V: Trend of proportions of cases of ARI, scabies and AD in refugee camps for Week 34, 2016
The graph below indicates the proportion of case of acute respiratory tract infection, acute diarrhea and skin infestations including scabies which comprises the highest leading causes of morbidity of the IDPs covered by mobile clinics for Week 34, 2016.

Figure VI: Trend of proportions of IDPs cases for ARI, scabies and AD covered by mobile clinics for Week 34, 2016

**Trends of skin diseases (suspected scabies)**

There were 45,038 reported skin diseases (suspected scabies) cases from all the EWARN reporting sites during the period Week 1-Week 34, 2016. In Week 34, 2016, 24% of the cases were reported from Dohuk (423), 23.6% from Salah Al-Din (408 cases), 14% from Kirkuk (246 cases), 10% from Anbar (175 cases), 8% from Najaf (132 cases), 7% from Ninea (122 cases), 6.8% from Erbil (118 cases), 3% from Sulaymaniyyah (49 cases), 2% from Baghdad (28 cases) and 1% from Karbala (14 cases) and Qadissiya (11 cases).

Figure VII: Distribution of skin diseases (suspected scabies) reported cases by week, Week 1–34, 2016
**Trends of waterborne diseases in IDP and refugee camps**

The graph below shows the trends of waterborne diseases (acute diarrhea, acute bloody diarrhea and acute jaundice syndrome) reported from IDPs and refugee camps and which indicated a slight increase in waterborne diseases among IDPs and refugee camps compared to last week. (see graph below)

![Graph showing trends of waterborne diseases](image)

**Trends of acute diarrhea**

The graph below shows the trends of acute diarrhea reported in the period Week 1-Week 34 in 2015 and 2016 through the EWARN system. This week showed a slight increase in the trends of the disease compared to last week. During 2016, and from Week 1 to Week 34, Anbar reported 34% of the total reported AD cases, followed by Dohuk, with 19%, Ninewa, with 11% and Sulaymaniyah and Erbil, with 9% each.

![Graph showing acute diarrhea trends](image)
Six alerts were generated through EWARN following the defined thresholds, and all of them were from IDPs camps during this reporting week. All alerts were verified and investigated within 72 hours, of which two were verified as true and responded by the respective Governorates Departments of Health, WHO and the relevant health cluster partners. (please see the below alerts and outbreak 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/48-72% DOH/WHO/NGO</th>
<th>Sample Taken Yes/No</th>
<th>Alerts Outcome True/False</th>
<th>Public Health Interventions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Suspected Leishmaniasis</td>
<td>Al-Rahma</td>
<td>Salah-Al-Din</td>
<td>Dijlah</td>
<td>IDPs</td>
<td>1</td>
<td>UIMS</td>
<td>No</td>
<td>TRUE</td>
<td>Yes</td>
<td>False</td>
</tr>
<tr>
<td>2</td>
<td>Suspected Measles</td>
<td>Debaga</td>
<td>Erbil</td>
<td>Makhmur</td>
<td>IDPs</td>
<td>1</td>
<td>DoH</td>
<td>False</td>
<td>No</td>
<td>False</td>
<td>No</td>
</tr>
<tr>
<td>3</td>
<td>Suspected Meningitis</td>
<td>Assi IDP</td>
<td>Sulaymaniyyah</td>
<td>Arbat</td>
<td>IDPs</td>
<td>1</td>
<td>EMERGENCY</td>
<td>Yes</td>
<td>No</td>
<td>TRUE</td>
<td>Yes</td>
</tr>
<tr>
<td>4</td>
<td>Suspected Leishmaniasis</td>
<td>Dijlaahma</td>
<td>Salah-Al-Din</td>
<td>Salah-Al-Din</td>
<td>IDPs</td>
<td>1</td>
<td>UIMS</td>
<td>No</td>
<td>TRUE</td>
<td>Yes</td>
<td>False</td>
</tr>
<tr>
<td>5</td>
<td>Food poisoning</td>
<td>Tazar De</td>
<td>Sulaymaniyyah</td>
<td>Kalar</td>
<td>IDPs</td>
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<td>EMERGENCY</td>
<td>Yes</td>
<td>No</td>
<td>FALSE</td>
<td>False</td>
</tr>
<tr>
<td>6</td>
<td>Suspected Pertussis</td>
<td>Tikrit</td>
<td>Salah-Al-Din</td>
<td>Tikrit</td>
<td>IDPs</td>
<td>2</td>
<td>MC-IMC</td>
<td>No</td>
<td>FALSE</td>
<td>Yes</td>
<td>False</td>
</tr>
</tbody>
</table>

**Trends of alerts**

The graph below shows the numbers 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 X: Alerts generated through EWARN surveillance Week 16, 2015—Week 34, 2016

**For comments or questions, please contact**

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