Highlights

- **Number of reporting sites:** One hundred and fifteen (115) reporting sites (89% of the total EWARN reporting sites) including sixty-one (61) in Internally Displaced People’s (IDP) camps, four (4) in refugee camps and fifty (50) mobile clinics submitted their weekly reports timely and completely.
- **Total number of consultations:** 34 145 (Male=16 384 and Female=17 761) marking an increase of 11 227 since last week.
- **Leading causes of morbidity in the camps:** Acute Respiratory Tract Infections (ARI) (n=15 981), Skin Diseases (n=1 479) and Acute Diarrhea (AD) (n=1 624) 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 thirteen (13) were from IDP camps (four of them from mobile clinics) and three from Refugees Camps during this reporting week. All these alerts were investigated within 72 hours, of which eight were verified as true and were further investigated and appropriately responded (please see Alerts and Outbreaks Section).
Morbidity Patterns

IDP camps:
During Week 17, the proportions of all the common reported infectious diseases (Acute Respiratory Tract Infections (ARI), Acute Diarrhea, and skin infestations including scabies) continued to increase compared to the previous weeks. (Please see graph below).

Refugee camps:
During Week 17, the proportion of Acute Respiratory Tract Infections (ARI) indicates a slight decrease from last week. There is a decrease in the proportions of the Acute Diarrhea trend in refugee camps this week compared to last week. Proportion of skin infestations including scabies increased this week from (Please see graph below).
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 17, 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 17, 2016.

**Figure IV: Proportion of cases of ARI, Scabies and AD in IDP camps for Week 17, 2016**

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 17, 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 17, 2016.

**Figure V: Trend of proportions of cases of ARI, Scabies and AD in Refugee camps for Week 17, 2016**
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 17, 2016.

**Trend of Diseases by proportion and location for off camp IDPs covered by Mobile Clinics**

Acute Respiratory Tract Infection (ARI) has been further divided into upper and lower respiratory tract infections. Compared to Week 16, the proportion of upper ARI in Week 17 has remained unchanged compared to last week (Upper ARI=93% & Lower ARI=7%). Furthermore, the graph below indicates the proportion of lower and upper ARI cases per each reporting site for Week 17.

**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. Compared to Week 16, the proportion of upper ARI in Week 17 has remained unchanged compared to last week (Upper ARI=93% & Lower ARI=7%). Furthermore, the graph below indicates the proportion of lower and upper ARI cases per each reporting site for Week 17.

**Figure VI: Trend of proportions of IDP cases for ARI, Scabies and AD covered by Mobile Clinics for Week 17, 2016**

**Figure VII: Trend of Upper and Lower ARI per reporting site for Week 17, 2016**
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 continuous increase in this type of diseases. (See graph below)

![Graph showing the trends of waterborne diseases in IDP camps, Week 1—17, 2016](image)

Figure VIII: Trend of Waterborne diseases from IDP camps, Week 1—17, 2016

Trends of Waterborne diseases in Refugee camps

The graph below shows the trends of reported waterborne diseases (Acute Diarrhea, Bloody Diarrhea and Acute Jaundice Syndrome) from refugee camps indicate static trend as per last week. Furthermore, no clustering has been reported for one of the waterborne cases during this period.

![Graph showing the trends of waterborne diseases in Refugee camps, Week 1—17, 2016](image)

Figure IX: Trend of waterborne diseases from Refugee camps, Week 1—17, 2016
Sixteen alerts were generated through EWARN following the defined thresholds, of which thirteen were from IDP camps (four of them from mobile clinics), and three from Refugee Camps during this reporting week. All these alerts were investigated within 72 hours, of which eight (50%) 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 Alerts and Outbreaks table below).

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<th>Sn</th>
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<th>Location</th>
<th>Governorate</th>
<th>District</th>
<th>IDP/Refugee Camp</th>
<th># of cases</th>
<th>In charge</th>
<th>Investigational Response within 72Hrs</th>
<th>Sample Taken</th>
<th>Outcome</th>
<th>Alerts Outcome</th>
<th>True/False</th>
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**Trends of Alerts**

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

Figure X: Alerts generated through EWARN surveillance Week 1, 2015—Week 17, 2016

For comments or questions, please contact

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- **WHO EWARN Unit** emacoirqewarn@who.int

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