Highlights

- **Number of reporting sites**: One hundred and twenty-five (125) reporting sites (96% of the total EWARN reporting sites in Iraq) including seventy-one (71) in internally displaced peoples’ (IDP) camps, three (3) in refugee camps and fifty-one (51) mobile clinics submitted their weekly reports timely and completely.

- **Total number of consultations**: 40,667 (Male=17,661 and Female=23,006) marking an decrease of 2,358 since last week.

- **Leading causes of morbidity in the camps**: Acute respiratory tract infections (ARI) (n=13,507), acute diarrhea (AD) (n=2,378) and skin diseases (n=1,754) remain the leading causes of morbidity in all camps and displaced population areas served by mobile clinics during this reporting week.

- **Number of alerts**: Two (2) alerts were generated through EWARN, one from IDPs camps and the other reported from refugee camps during this reporting week. The two alerts were investigated within 72 hours, of which one was verified as true and was investigated and responded by the relevant health department. (see Alerts and Outbreaks Section).
Morbidity Patterns

IDPs camps:

During Week 32, the proportions of acute respiratory tract infections (ARI) increased, while the trends of acute diarrhea and skin infestations including scabies in IDPs camps decreased (please see graph below).

Refugee camps:

During Week 32, the proportion of acute respiratory tract infections (ARI) and skin infestations including scabies indicated a slight decrease from the previous week, while the proportions of acute diarrhea trends increased (please see graph below).

Figure II: Distribution of the acute respiratory infection, scabies and acute diarrhea in IDPs camps Week 1–32, 2016

Figure III: Distribution of the acute respiratory infection, scabies and acute diarrhea in refugee camps Week 1–32, 2016
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 32, 2016.

Trends of diseases by proportion and location for refugee 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 refugee camps for Week 32, 2016.
Trend of diseases by proportion and location for IDPs covered by mobile clinics

The graph below indicates the proportion of cases 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 32, 2016.

Trends of measles disease

There were 69 reported suspected measles cases from all the EWARN reporting sites during 2016. From Week 1 to Week 32, almost 37 (54%) of the cases were reported from Sulaymaniyah sporadically. This week, 2 measles cases were reported from Arbat IDPs camp in Sulaymaniyah. Anbar governorate has the second highest reporting number of measles cases through the EWARN during this year. Amriyat Al Fallujah Albatraa reporting site notified 11 cases (73%) out of the 15 reported cases from Anbar earlier in this year. The recent measles cases reported from Anbar were in Alkhalidia (1 case) during Week 25 and Al-Habbaniyah (1 case) during week 28. During week 32, a 10-month old female from Alkhalidia medical mobile clinic was reported as suspected case of measles. Investigation within 48 hours was conducted by the medical manager of Alkhalidia district, pediatrician and the polio eradication officer in Anbar. After the examination, the team diagnosed the case as rosella infatum (only rash without fever that does not meet measles case definition). The patient was excluded from the suspected measles cases list (please see the Alerts and Outbreaks section and the Alerts and Outbreaks table).
The graph below shows the trends of waterborne diseases (acute diarrhea, bloody diarrhea and acute jaundice syndrome) reported from IDPs and refugee camps and which indicated a slight increase in these diseases among IDPs, while remaining unchanged in the refugee camps. (please see graph below)

Trends of waterborne diseases in IDPs and refugee camps

The graph below showed the trends of acute diarrhea reported in the period from Week 1 to Week 32 in 2015 and 2016 through the EWARN system. During 2016 and from Week 1 to Week 32, Anbar reported 36% of total reported AD cases, followed by Dohuk with 22%, Ninewa 12% and Sulaymaniyah 9%.

This week showed a slight decrease in the trends of the diseases compared to last week. Although there is overall decrease in the trend of the AD reporting this week, only Anbar reported significantly less cases compared to other governorates (decrease by more than 60% of last week reporting AD cases). No any abnormal increase in AD were observed in all the reporting sites during this week.

Trends of acute diarrhea

The graph below showed the trends of acute diarrhea reported in the period from Week 1 to Week 32 in 2015 and 2016 through the EWARN system. During 2016 and from Week 1 to Week 32, Anbar reported 36% of total reported AD cases, followed by Dohuk with 22%, Ninewa 12% and Sulaymaniyah 9%.

This week showed a slight decrease in the trends of the diseases compared to last week. Although there is overall decrease in the trend of the AD reporting this week, only Anbar reported significantly less cases compared to other governorates (decrease by more than 60% of last week reporting AD cases). No any abnormal increase in AD were observed in all the reporting sites during this week.
Two alerts were generated through EWARN following the defined thresholds, one of which from IDPs camps and the other from refugee camps during this reporting week. The two alerts were investigated within 72 hours, of which one was verified as true and further investigated and responded by the Sulaymaniyah governorate department of health. (please see below Alerts and Outbreaks table).

### Alerts & Outbreaks

<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>Investigated and Response within 72 hours (%)</th>
<th>Sample Taken</th>
<th>Alerts Outcome</th>
<th>True/False</th>
<th>Public Health Intervention(s) Conducted</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Suspected measles</td>
<td>Al-Khalda central camp 1 MMC7</td>
<td>Anbar</td>
<td>Falluja</td>
<td>IDPs</td>
<td>1</td>
<td>MIC-DOH</td>
<td>Yes</td>
<td>No</td>
<td>FALSE</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>2</td>
<td>Suspected measles</td>
<td>Arbat</td>
<td>Sulaymaniyah</td>
<td>Arbat</td>
<td>Refugee</td>
<td>1</td>
<td>EMERGENCY</td>
<td>Yes</td>
<td>Yes</td>
<td>TRUE</td>
<td>Yes</td>
<td>No</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.

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