**Highlights**

- **Number of reporting sites:** Ninety-three (93) reporting sites including forty-three (43) in Internally Displaced People’s (IDP) camps, five (5) in refugee camps and forty-six (46) mobile clinics submitted their weekly reports timely and completely.

- **Total number of consultations:** 34,857 (Male = 16,711 and Female = 18,146) marking an increase of 6,551 (19%) since last week.

- **Leading causes of morbidity in the camps:** Acute Respiratory Tract Infections (ARI) (n = 16,143), Skin Diseases (n = 1,216) and Acute Diarrhea (AD) (n = 826) remained the leading causes of morbidity in all camps during this reporting week.

- **Number of alerts:** Fourteen (14) alerts were generated through EWARN following the defined thresholds, of which thirteen were from IDP camps and one from a refugee camp during this reporting week. All these alerts were investigated within 48 hours, of which thirteen 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. (Details: see Alerts and Outbreaks Section).

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**Figure I:** Total consultations and proportion of reporting health facilities by week 41, 2015 – week 2, 2016

**Figure II:** Consultations in the camps by age and gender (week 2)
Morbidity Patterns

**IDP camps:**

During Week 2, the proportions of Acute Respiratory Tract Infections (ARI) are showing a slight increase from the previous 2 weeks that is following the increase of reporting sites for the same period of time. During this winter and as from week 2 the trend of the reporting cases of ARI showed overall slight increase, which is expected to increase during the coming weeks, in particular during the weeks of January 2016. The proportions of Acute Diarrhea in IDP camps have sharply decreased compared to last week (week 2 = 2.45% and week 1 = 2.81%). The proportion of skin diseases including scabies has shown a decreasing trend since week 46 (4.5% and Week 2 = 3.5%) due to the health and hygiene sessions in camps by the health cluster partners and Departments of Health. (See graph below).

During Week 2, the proportion of Acute Respiratory Tract Infections (ARI) indicates a slight increase from 58% to 60% as expected during winter season. The proportions of Acute Diarrhea trend in refugee camps shows a steady decreasing trend since last week, (Week 1 = 2% and Week 2 = 1.5%). Proportion of skin infestations including scabies have also increased from 4% to 3% as winters are approaching and there is a need for extensive health promotion activities to be conducted in all camps. (See graph below).

**Refugee camps:**

During Week 2, the proportion of Acute Respiratory Tract Infections (ARI) indicates a slight increase from 58% to 60% as expected during winter season. The proportions of Acute Diarrhea trend in refugee camps shows a steady decreasing trend since last week, (Week 1 = 2% and Week 2 = 1.5%). Proportion of skin infestations including scabies have also increased from 4% to 3% as winters are approaching and there is a need for extensive health promotion activities to be conducted in all camps. (See graph below).
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 2, 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 2 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 2, 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 2, 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 off camp IDPs covered by mobile clinics for Week 2, 2016.

Acute Respiratory Tract Infection (ARI) has been further divided into upper and lower respiratory tract infections since Week 2. Compared to Week 1, the proportion of upper ARI has decreased by 2% from 95% to 93% while the Lower ARI proportion has increased from 5% to 7% during the same time period. Furthermore, the graph below indicates the proportion of lower and upper ARI cases per each reporting site for Week 2.

Figure VI: Trend of proportions of IDP cases for ARI, Scabies and AD covered by Mobile Clinics for Week 2 - 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 since Week 2. Compared to Week 1, the proportion of upper ARI has decreased by 2% from 95% to 93% while the Lower ARI proportion has increased from 5% to 7% during the same time period. Furthermore, the graph below indicates the proportion of lower and upper ARI cases per each reporting site for Week 2.

Figure VII: Trend of Upper and Lower ARI per reporting site for Week 2 - 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 a sharp decrease in waterborne diseases from 6% in Week 47, 2015 to 2.5% in Week 2, 2016. (See graph below)

Figure VIII: Trend of Waterborne diseases from IDP camps, Week 41, 2015 — Week 2, 2016

Trends of Waterborne diseases in Refugee camps

The graph below shows the trends of proportion of waterborne diseases (Acute Diarrhea, Bloody Diarrhea and Acute Jaundice Syndrome) from refugee camps which indicates a decreasing trend since Week 42. Furthermore, no clustering has been reported for acute jaundice syndrome cases during this period.

Figure IX: Trend of waterborne diseases from Refugee camps, Week 42, 2015 — Week 2, 2016
Fourteen alerts were generated through EWARN following the case definition thresholds, of which thirteen were from IDP camps and one from a Refugee camp during this reporting week. All these alerts were investigated within 48-72 hours, of which thirteen were verified as true, one was found as false and they were further investigated and appropriately responded by the respective Governorate Department of Health, WHO and the relevant health cluster partners. The trends of epidemic-prone diseases for each reporting site are being monitored through a detailed monitoring matrix maintained at WHO EWARN department. (Details: see table below).

### 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 and health cluster partners.

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**For comments or questions, please contact**

- **Dr. Abdulla Kareem** | 07703973937 | drabdullakareem@yahoo.com, Head of Surveillance Department, Federal MOH
- **Dr Saifadin Muhedin** | 07502303929 | saifadin.muhedin@yahoo.com, Head of Surveillance Department in MOH-KRG
- **Dr Fawad Khan** | 07510101452 | khanmu@who.int, EWARN Coordinator WHO Iraq
- **EWARN Unit WHO** | emacoirqwearn@who.int