Highlights

- **Number of reporting sites:** Eighty-three (83) reporting sites (65% of the total reporting sites), including thirty-nine (39) in Internally Displaced People’s (IDP) camps, six (6) in refugee camps and thirty-eight (38) mobile clinics submitted their weekly reports timely and completely.

- **Total number of consultations:** 35,754 (Male=17,123 and Female=18,631) marking a decrease of 1,823 (5%) since last week.

- **Leading causes of morbidity in the camps:** Acute Respiratory Tract Infections (ARI) (n=18,170), skin diseases (n=1068) and Acute Diarrhea (AD) (n=922) remained the leading causes of morbidity in all the camps and the displaced populations served by mobile clinics during this reporting week.

- **Number of alerts:** Thirteen (13) alerts were generated through EWARN following the defined thresholds, of which twelve (12) were from IDP camps and one (1) from refugee camp during this reporting week. All these alerts were investigated within 72 hours and verified as true; they 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).

![Figure I: Total consultations and proportion of reporting health facilities by Week 43, 2015 – Week 4, 2016](image1)

**Consultations in the camps by age and gender (Week 4)**

- 73% Above 5 Years
- 27% Under 5 Years

- 52% Female
- 48% Male
Morbidity Patterns

IDP camps:

During Week 4, the proportions of Acute Respiratory Tract Infections (ARI) are showing an increase from the previous weeks. The proportions of Acute Diarrhea in IDP camps have started to slightly increase compared to the last 2 weeks. The proportion of skin diseases including scabies showed a decrease since week 1 (week 1=4.0% and Week 4=3.04%), which may be due to the health and hygiene sessions in camps by the health cluster partners and Departments of Health in addition to the intervention measures for each case. (See graph below).

Refugee camps:

During Week 4, the proportion of Acute Respiratory Tract Infections (ARI) indicated a slight decrease compared to the previous two weeks. The proportions of Acute Diarrhea trend in refugee camps also shows a decreasing trend since the last two weeks. Proportion of skin infestations including scabies have decreased from 3.16% to 2.6% as winters are approaching, which may be due to the health and hygiene sessions in camps by the health cluster partners and Departments of Health in addition to the intervention measures for each case. (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 4, 2016.

Figure IV: Proportion of cases of ARI, Scabies and AD in IDP camps for Week 4 - 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 4, 2016.

Figure V: Trend of proportions of cases of ARI, Scabies and AD in Refugee camps for Week 4, 2016
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 in off camp IDPs covered by mobile clinics for Week 4, 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. Compared to Week 3, the proportion of upper ARI in Week 4 has remained the same as of last week (Upper ARI=96% & Lower ARI=4%). Furthermore, the graph below indicates the proportion of lower and upper ARI cases per each reporting site for Week 4.

*Figure VI: Trend of proportions of IDP cases for ARI, Scabies and AD covered by Mobile Clinics for Week 4 - 2016*

*Figure VII: Trend of Upper and Lower ARI per reporting site for Week 4 - 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 IDPs camps, which indicated a slight increase. (See graph below)

![Figure VIII: Trend of Waterborne diseases from IDP camps, Week 43, 2015 — Week 4, 2016](image)

**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 indicates a decrease of the trend since Week 43 in 2015, with a slight increase compared to last week. Furthermore, no clustering has been reported for acute jaundice syndrome cases during this period.

![Figure IX: Trend of waterborne diseases from Refugee camps, Week 43, 2015 — Week 4, 2016](image)
Thirteen Alerts were generated through EWARN following the case definition thresholds, of which twelve (12) were from IDP camps and one (1) from Refugee camps during this reporting week. All these alerts were investigated within 48-72 hours and were all verified as true. 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 is being monitored through a detailed monitoring matrix maintained at WHO EWARN department. (Details: see table below).

<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 hours (DOH/WHO/Non)</th>
<th>Sympooutcome</th>
<th>Alerts Outcome</th>
<th>True/False</th>
<th>Public Health Intervention Conducted</th>
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<td>Arbat</td>
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<td>Sulaymaniyah</td>
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<td>Salah al-Din</td>
<td>Tuz</td>
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<td>TRUE</td>
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<td></td>
</tr>
</tbody>
</table>

**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.

![Number of Alerts per week identified through EWARN](image)

Figure X: Alerts generated through EWARN surveillance Week 43, 2015 — Week 4, 2016

**For comments or questions, please contact**

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