#### Highlights

- **Number of reporting sites:** Ninety-three (93) reporting sites including (72% of the total EWARN reporting sites) thirty-six (36) in Internally Displaced People’s (IDP) camps, seven (7) in refugee camps and fifty (50) mobile clinics submitted their weekly reports timely and completely.

- **Total number of consultations:** 34,235 (Male= 15,891 and Female =18,344) marking an decrease of 12,497 (39%) since last week due to decrease of the reporting sites.

- **Leading causes of morbidity in the camps:** Acute Respiratory Tract Infections (ARI) (n= 14,768), Skin Diseases (n= 1,119) and Acute Diarrhea (AD) (n= 769) remained the leading causes of morbidity in all camps during this reporting week.

- **Number of alerts:** Eleven (11) alerts were generated through EWARN following the defined thresholds, of which ten (10) were from IDP camps (five of them from mobile clinics) and the remaining one from hospitals during this reporting week. All these alerts were investigated within 72 hours and nine were verified as true and further investigated and 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 49, 2015 – Week 8, 2016

**Consultations in the camps by age and gender (Week 8)**

- **Percentage of reported cases (For ARI) by age:**
  - 77% Above 5 Years
  - 23% Under 5 Years

- **Total reported cases (For ARI) by gender:**
  - 54% Female
  - 46% Male
**Morbidity Patterns**

**IDP camps:**

During Week 8, although there was a significant decrease in the reporting sites, the proportions of Acute Respiratory Tract Infections (ARI) showed a slight increase from the previous week. The proportions of Acute Diarrhea in IDP camps decreased compared to last week (Week 8 = 2.15% and Week 7 = 2.84%). The proportion of Skin Diseases including scabies showed a decrease since last week (see graph below).

![Graph showing trends of proportions of ARI, Scabies, and AD in IDP camps from Week 49, 2015 to Week 8, 2016.](image)

**Refugee camps:**

During Week 8, the proportion of Acute Respiratory Tract Infections (ARI) indicated a slight decrease from 62% to 61%. The proportion of Acute Diarrhea decreased in Refugee camps since last week, (Week 7 = 2.99% and Week 8 = 2.74%). Proportion of skin infestations including scabies have decreased from 2.37% to 2.03% (see graph below).

![Graph showing trends of proportions of ARI, Scabies, and AD in Refugee camps from Week 49, 2015 to Week 8, 2016.](image)
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 8, 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 8, 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 8, 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 8, 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 8, 2016.

Acute Respiratory Tract Infection (ARI) has been further divided into upper and lower respiratory tract infections. Compared to Week 7, the proportion of upper ARI in Week 8 has decreased by 3% from 97% to 94% while the Lower ARI proportion has increased from 3% to 6% during the same period. Furthermore, the other graph below indicates the proportion of lower and upper ARI cases by each reporting site for Week 8.

Figure VI: Trend of proportions of IDP cases for ARI, Scabies and AD covered by Mobile Clinics for Week 8, 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 7, the proportion of upper ARI in Week 8 has decreased by 3% from 97% to 94% while the Lower ARI proportion has increased from 3% to 6% during the same period. Furthermore, the other graph below indicates the proportion of lower and upper ARI cases by each reporting site for Week 8.

Figure VII: Trend of Upper and Lower ARI per reporting site for Week 8, 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 decrease in waterborne diseases. (See graph below)

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

Figure VIII: Trend of Waterborne diseases from IDP camps, week 49, 2015 — Week 8, 2016

Trends of Waterborne diseases in Refugee camps

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

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

Figure IX: Trend of waterborne diseases from Refugee camps, Week 49, 2015 — Week 8, 2016
Alerts & Outbreaks

Eleven Alerts were generated through EWARN following the defined thresholds, of which ten were from IDP camps (five of them from mobile clinics) and the remaining one from hospitals during this reporting week. All these alerts were investigated within 72 hours, of which nine were verified as true and 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).

<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>Investigatio n and Response within 48-72hrs DOH/WHO/ NGO</th>
<th>Sample Taken</th>
<th>Yes/No</th>
<th>Alerts Outcome</th>
<th>True/False</th>
<th>Public Health Intervention Conducted</th>
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</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, WHO and health cluster partners.

For comments or questions, please contact

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