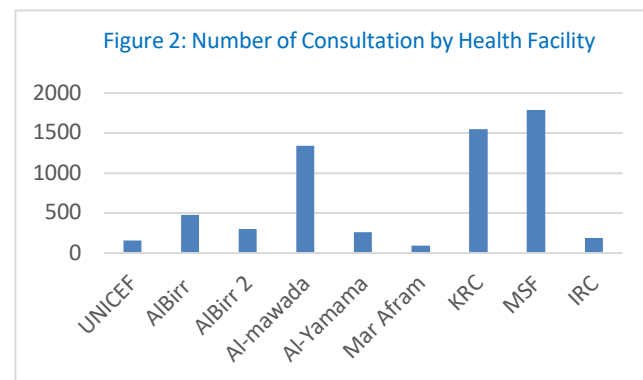
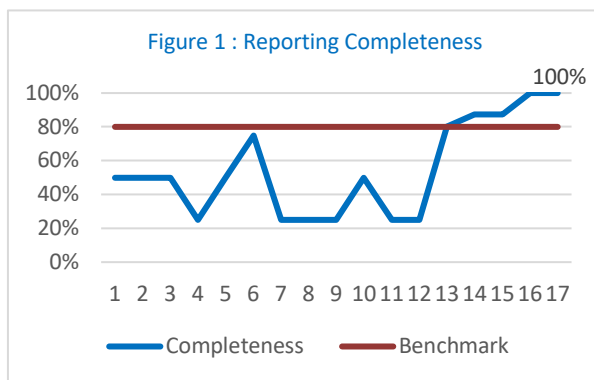


## Highlights

- During epidemiological week 17 of 2019, 100% of the reporting sites in Al-Hol camp provided diseases surveillance data through the early warning alert and response system (EWARS), with 100% timeliness among those sites providing data.
- A total of 6160 consultations were recorded in nine health facilities in the camp in week 17.
- The leading causes of morbidity among all age groups remained influenza-like illnesses (60.5%) and acute diarrhea (27.4%).
- The number of reported influenza-like illnesses increased, reaching 112% of the previous week.
- There was an upward trend of acute diarrhea cases perhaps due to the increased number of IDP. The number of reported cases during this week was 450.
- A decreased number of suspected leishmaniasis cases were observed in week 17.

## Performance Indicators

- A total of nine out of nine active health facilities in Al-Hol camp reported through EWARS submitted their data on time with 100% reporting completeness (Figure1).



## Morbidity

### 1. Proportional Morbidity

- A total of 6160 consultations were recorded from nine health partners in the camp in week 17. The number of consultations increased by 3.8% compared to the previous week, with 5932. Among them, 1642 cases were EWARS notifiable health conditions (Figure 2).
- Among all age groups, the leading causes of morbidity remained influenza-like illnesses (ILI) (60.5%) and acute diarrhea (AD) (27.4%).
- Of the 1642 total reported cases, 51.0% (839) were female and 51.3% (843) were children under 5 years old.
- Among children under 5 years of age, 60% of cases were ILI and, AD representing 26% of the cases during this reporting period (Figure 3).
- The number of reported influenza-like illnesses increased in all age groups to 995 cases, reaching 112% of the previous week (Figure 4)

Figure 3: Proportional morbidity by age group in week 17, 2019

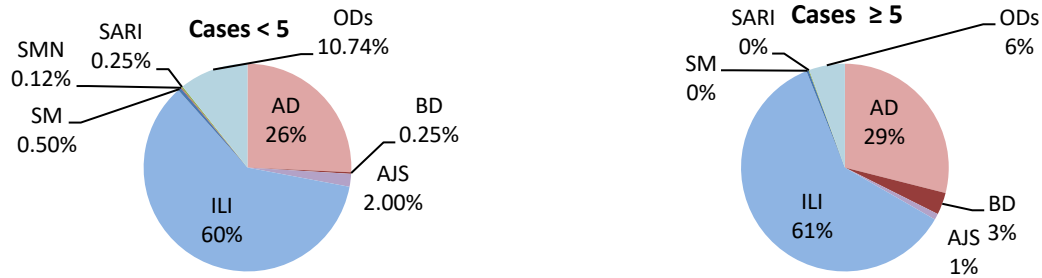
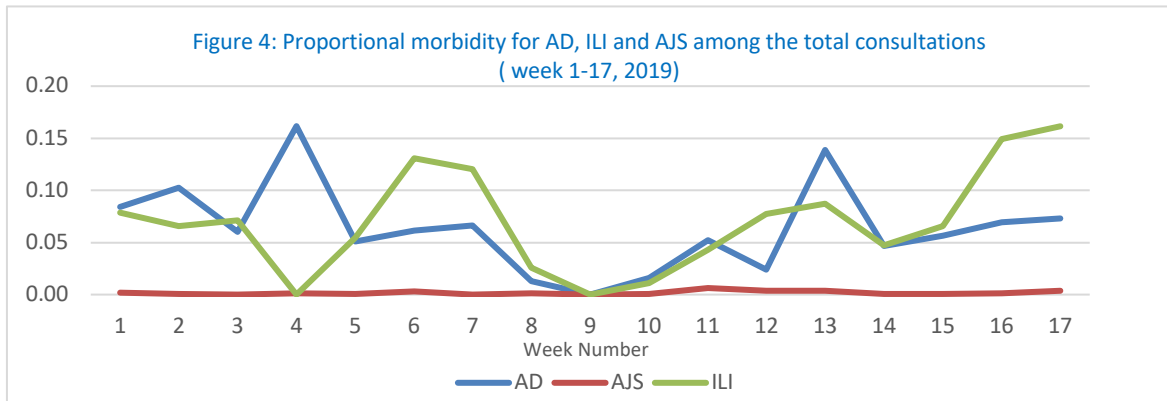


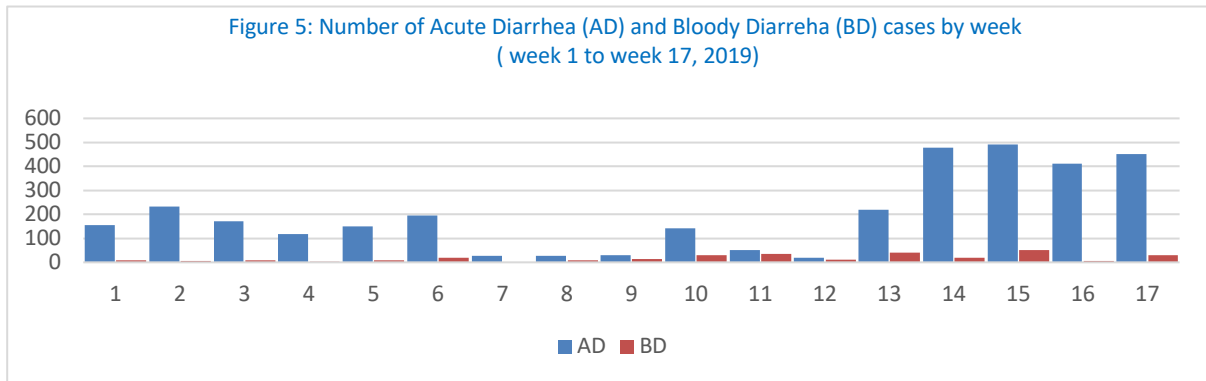
Figure 4: Proportional morbidity for AD, ILI and AJS among the total consultations (week 1-17, 2019)



## 2. Waterborne Diseases

- There was an upward trend of reported AD cases observed since week 13, with 450 cases reported in week 17 (Figure 5). The number of reported cases increased by 9% compared to the previous week. This also can be attributed to the increased number of sentinel sites and improvement of data quality.
- There were zero reported cases of acute watery diarrhea (AWD) in week 17.

Figure 5: Number of Acute Diarrhea (AD) and Bloody Diarrhea (BD) cases by week (week 1 to week 17, 2019)



## 3. Vaccine Preventable Diseases

- There were seven cases of suspected measles reported during the reporting period. Three of the cases were children under 5 years old.

## 4. Other Diseases

- 131 cases were reported as “other diseases” through EWARS. The health conditions with the highest incidents were scabies (31 cases), leishmaniasis (24 cases), and lice (19 cases).

**Suspected measles:**

- There were seven cases of suspected measles in the camp during the reporting period. After the verification of the cases, there were duplication of the reporting and four suspected measles cases were recorded. One case is under 5 years old. The response action to be taken accordingly.
- The National Immunization Week between 21st and 30th of April were held targeting drop-out children under 5 years old.

**Case Distribution by Age Group**

Week 17, 2019

Health Condition	Age Group		Total in week 16	Age Group		Total in week 17
Acute diarrhea (AD)	<5	269	412	<5	244	450
	≥5	143		≥5	206	
Bloody diarrhea (BD)	<5	6	6	<5	29	31
	≥5	0		≥5	2	
Acute watery diarrhea (AWD)	<5	0	0	<5	0	0
	≥5	0		≥5	0	
Acute jaundice syndrome (AJS)	<5	5	8	<5	8	24
	≥5	3		≥5	16	
Influenza like illness (ILI)	<5	432	885	<5	511	995
	≥5	453		≥5	484	
Acute flaccid paralysis (AFP)	<5	0	0	<5	0	0
	≥5	0		≥5	0	
Suspected measles (SM)	<5	2	3	<5	3	7
	≥5	1		≥5	4	
Suspected meningitis (SMN)	<5	0	0	<5	0	1
	≥5	0		≥5	1	
Severe acute respiratory infection (SARI)	<5	1	1	<5	1	3
	≥5	0		≥5	2	
Others	<5	29	75	<5	47	131
	≥5	46		≥5	84	
Total sum of <5	<5		744	<5		843
Total sum of ≥5	≥5		646	≥5		799
<b>Total</b>			1390			1642

*For inquiries, please contact the following:*

Dr. Rasmieh Allahham, World Health Organization  
 Mobile: +963 (0) 953 888 551 | Email: [allahhamr@who.int](mailto:allahhamr@who.int)