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- 1- Manuscripts preparation: the format of the Iraqi Medical Journal complies with the "Uniform Requirement for Manuscripts Submitted to Biomedical Journals" published by the International Committee of Medical Journal Editors (ICMJE) in Vancouver, British Colombia, in 1979 and its last update in 2016, available on the website www.icmje.org.
- 2- Four clear and complete copies (including figures and tables) should be submitted. Manuscripts and figures will not be returned to the authors irrespective of the editorial decision to accept, revise or reject them.
- 3- Manuscripts must be accompanied by a covering letter signed by all authors that the paper has not been published and will not be submitted to another journal if accepted in the Iraqi Medical Journal.
- 4- The title page should include:
 - Title of the paper in Arabic and English.
 - Correct first name, middle name and family name of all authors in Arabic and English as well as a maximum of two highest academic degrees for each author.
 - Name (s) and address (es) of the institution (s) where the work was carried out.
 - The name and address of the author responsible for correspondence together with telephone number, fax number and e-mail address (if any).
- 5- Abstracts for original articles should contain a structured abstract of not more than 250 words in Arabic and English. Abstract headings include: Background (تمهيد) , Objectives (الأهداف) , Methods (الطرائق) , Results (النتائج) and Conclusions (الاستنتاجات) . Abstracts in Arabic and English of review articles and case reports should be unstructured and of not more than 150 words.
- 6- Three to ten keywords should be provided on the same page as the abstract in English and Arabic. As far as possible, the keywords should be selected from the National Library of Medicine, Medical Subject Headings.
- 7- The main text of the original article should be divided into sections, each section should be started on a new page after the title page:
 - A. Introduction: should state clearly the purpose and rationale of the study.
 - B. Methods: should include selection of subjects, identifications of the methods, apparatus and chemicals used and include statistical analysis.
 - C. Results: presented in a logical sequence preferably with tables and illustrations emphasizing in the text only the important observations.
 - D. Discussion: emphasizes new findings of the study, implications and reference to other relevant studies.

- E. Acknowledgements: only to persons who have made substantive contribution to the study.
- F. References: should be in the Vancouver style. They should appear in the text by numbers in the order. List all authors when six or less; when seven or more, list only first six and add et al. journal titles should be abbreviated in accordance with Index Medicus. Examples of correct reference forms are given as follows:
Journal: Al-Salihi AR, Hasson EH, Al-Azzawi HT. A short review of snakes in Iraq with special reference to venomous snake bite and their treatment. Iraqi Med J 1987; 36: 57-60.
Book chapter: Pen AS. Immunological features of myasthenia gravis. In: Aguayo AJ, Karapti G, editors. Topics in Nerves and Muscle Research. 31st ed. Amsterdam: Experta Medica; 1975. p.123-32.
- 8- Illustrations: photographs unmounted on glossy paper should be provided with magnification scale if appropriate. Lettering should be in either letraset or stencil of comparable size. Illustrations should be marked on the back with the figure number, title of the paper and name(s) of the author(s) with soft pencil. All photographs, graphs and diagrams should be referred to as figures and should be numbered consecutively in the text in Arabic numerals. The legends to illustrations should be typed on a separate sheet. Tables should be numbered consecutively in the text in Arabic numerals and each typed on a separate sheet. Vertical lines normally will not be printed.
- 9- Measurements are preferably expressed in SI units.
- 10- Authors are advised to follow the Webster's Collegiate Dictionary in spelling.
- 11- Articles and abstracts written in Arabic should follow the Unified Medical Dictionary (Council of Arab Ministers of Health/WHO/Arab Medical Union/ALESCO, 3rd edition).
- 12- Use only standard abbreviations in the title and abstract. The full term for which the abbreviations stand should precede its first use in the text.
- 13- After the manuscript has been accepted for publication, authors are required to supply the final version of the manuscript on CD in MS Office Word 2007 and more.
- 14- Page proof will be sent to the corresponding author for proof correction. Major alterations from the text cannot be accepted.
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Condolence

In the memory of death of our beloved Professor Nazar Taha Makki, the former Editor of the Iraqi Medical Journal.

As we lost one of the pioneers of surgery in Iraq and one of the most efficient professors of surgery, we feel deeply sad to this big loss of Prof. Makki.

He was one of the leading figures in his field (General Surgery), both as a surgeon and as a professor of surgery. He was rigid and systematic in his career. He was careful and keen to his patients, serious and helpful to his students.

After he got the fellowship in surgery from the UK, he went back to Iraq. He became a teacher of general surgery at the College of Medicine in the University of Mosul for many years. He gained a very good reputation there and became one of the well-known figures of surgery in Mosul. Then he returned to Baghdad, worked in Al-Nahrain University, and he became one of the leading figures of surgery in Baghdad.

After his retirement, he was named as the Editor of the Iraqi Medical Journal in 2009. He remained in this position until 2017. During this period, and in spite of him getting older, he was still active, precise, assiduous and scientific. He was so active; he attained and participated in organizing most of the scientific conferences held by the Iraqi Medical Association.

We, in the Editorial Board of the IMJ, got many benefits and gained valuable experience while working with Prof. Makki during the years of his Editorial presidency.

To all the patients who were under the care of Prof. Makki one day,

To all students both the under and postgraduate who learned from Prof. Makki a time ago,

To his family,

I, and on the behalf of the Editorial Board of Iraqi Medical Journal, present my deep solace and I pray for God the most Merciful to accept Prof. Makki in His wide Mercy and make the Paradise his permanent home.

Bassam Hameed Al-Jarrah

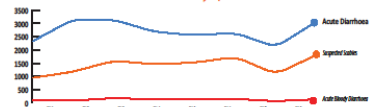
From epidemiological week (also known as "Epi week") 05 to 08 (29 January to 25 February 2018), a total of 379,883 consultations were reported from health facilities covered by the EWARN system in Iraq, with an average of 94,971 patients per week. In February, the number of sites submitting their weekly epi-reports varied by week, ranging from 147 to 171 sites.

Forty-one percent (41%) of the 156,475 reported communicable disease cases were in children below five years of age while 65% were reported among males.

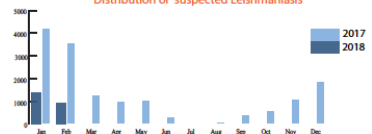
The common diseases reported through EWARN were acute upper respiratory tract infection 33% (123,813 cases) followed by acute diarrhea at 3% (10,432 cases), acute lower respiratory infection at 3% (9,618 cases), suspected scabies at 2% (6,182 cases) and suspected chickenpox at 1% (3,012 cases).

Eight alerts were generated during this period. The alerts were investigated by Departments of Health, WHO and health partners in the field and responded to within 72 hours. The reported alerts included seven (7) suspected cases in Ninawa: four (4) suspected meningitis, two (2) of which were verified as true alerts and the other two (2) as false alerts; two (2) suspected measles cases, which were verified as false alerts; one (1) unusual communicable disease event (influenza), which was verified as a false alert. In addition, there was one (1) suspected meningitis case in Dahuk, which was verified as a false alert.

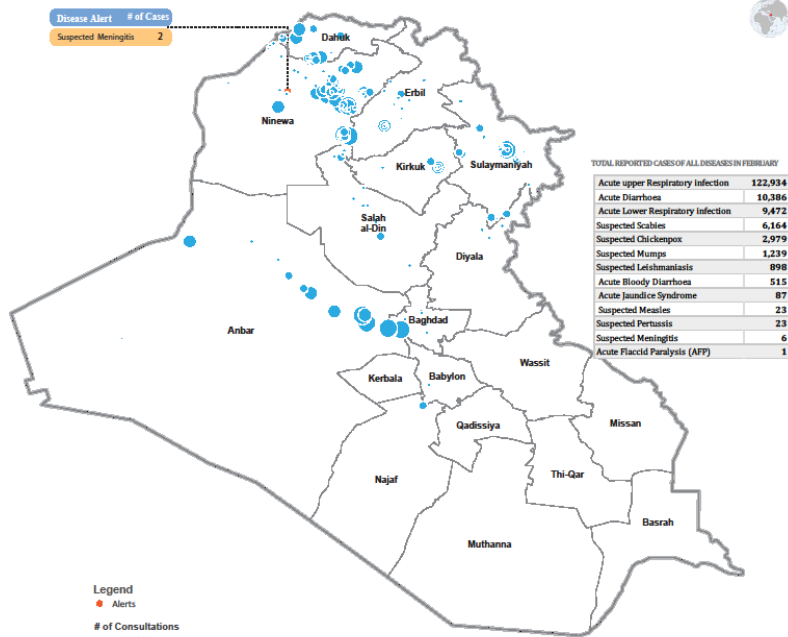
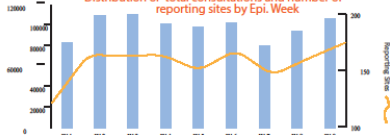
Disease trend by Epi. Week



Distribution of suspected Leishmaniasis



Distribution of total consultations and number of reporting sites by Epi. Week



TOTAL REPORTED CASES OF ALL DISEASES IN FEBRUARY

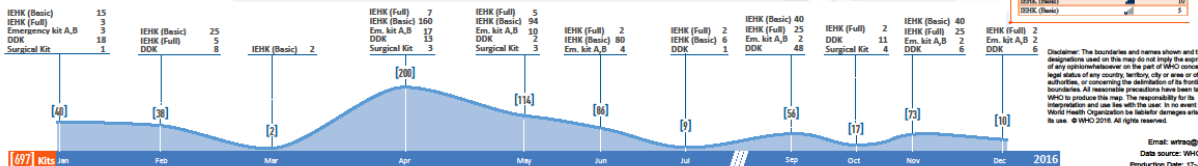
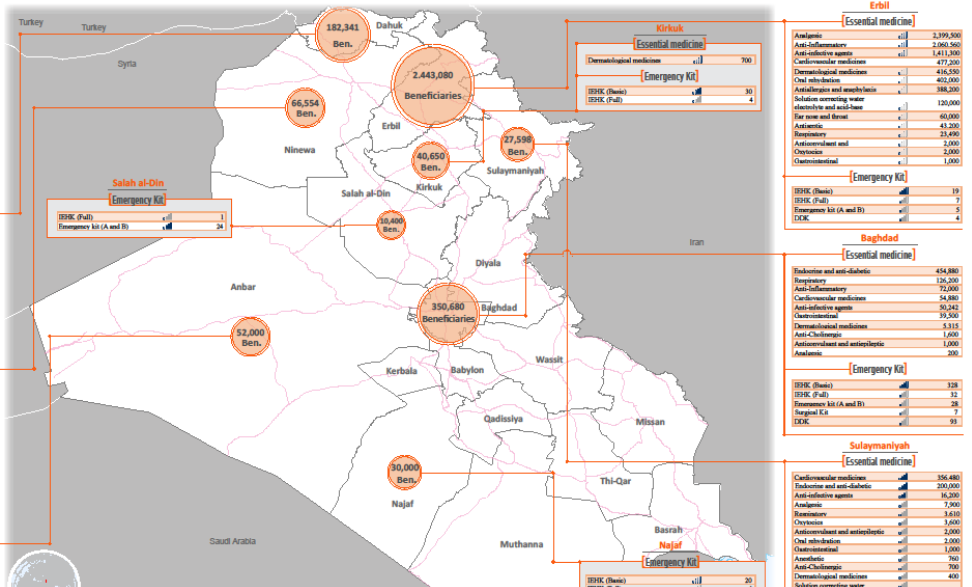
Acute upper Respiratory Infection	122,934
Acute Diarrhea	10,386
Acute Lower Respiratory Infection	9,472
Suspected Scabies	6,164
Suspected Chickenpox	2,979
Suspected Mumps	1,239
Suspected Leishmaniasis	898
Acute Bloody Diarrhea	515
Acute Jaundice Syndrome	87
Suspected Measles	23
Suspected Pertussis	23
Suspected Meningitis	6
Acute Flaccid Paralysis (AFP)	1

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Medical Kits

440	Interagency Emergency Health Kit (Basic)
60	Interagency Emergency Health Kit (Full)
118	Disaster Disease Kit (DDK)
68	Emergency Kit (A and B)
1	Surgical Kit

Province	Essential medicine	Emergency Kit	DDK	Surgical Kit
Dahuk	Cardiovascular medicines: 123,560 Insulin and anti-diabetic: 42,500 Anti-infective agents: 80,470 Anticancer: 5,762 Anti-inflammatory: 5,000 Dermatological medicines: 560	IEHK (Basic): 18 IEHK (Full): 4 DDK: 17 Emergency kit (A and B): 1		
Ninawa	Cardiovascular medicines: 124,760 Insulin and anti-diabetic: 78,000 Respiratory: 20,040 Anticancer: 1,000 Anti-inflammatory: 1,000 Anticancer: 1,000 Anti-inflammatory: 1,000 Anti-infective agents: 1,000 Anticancer: 1,000 Anticancer: 1,000	IEHK (Basic): 15 IEHK (Full): 1 DDK: 3		
Anbar	Cardiovascular medicines: 124,760 Insulin and anti-diabetic: 78,000 Respiratory: 20,040 Anticancer: 1,000 Anti-inflammatory: 1,000 Anticancer: 1,000 Anti-inflammatory: 1,000 Anti-infective agents: 1,000 Anticancer: 1,000 Anticancer: 1,000	IEHK (Basic): 15 IEHK (Full): 1 DDK: 3		



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