Cholera Task Force-IRAQ

Update on Current Vibrio Cholera (VC) Outbreak in Iraq.
SITREP – Situation Report – N° 14
12.10.2015 (Epi Week 42)

Cholera epidemics are not new in Iraq (previous outbreaks occurred in 2007 and 2012). The current situation is difficult because of the country's unstable safety conditions, IDPs and refugees' camps with poor water and sanitation services and cross border movements. Iraq is currently experiencing a large-scale outbreak of cholera in 15 Governorates, with an estimated 1,332 laboratory-confirmed cases, two confirmed deaths and maybe a number of other uncertain deaths caused by suspected cases of cholera at community level from September to October 2015.

Iraq has been experiencing cholera outbreaks since September 7, 2015, but this situation was only declared on September 15, 2015, when cases started to be reported in the Diwaniya Region of Qadissiya's Governorate and quickly spread to the West of Baghdad, in the Abu Ghraib region. Samples from these regions were sent to the national central public health laboratory and six of them tested positive for Vibro Cholera Inaba on September 12, 2015.

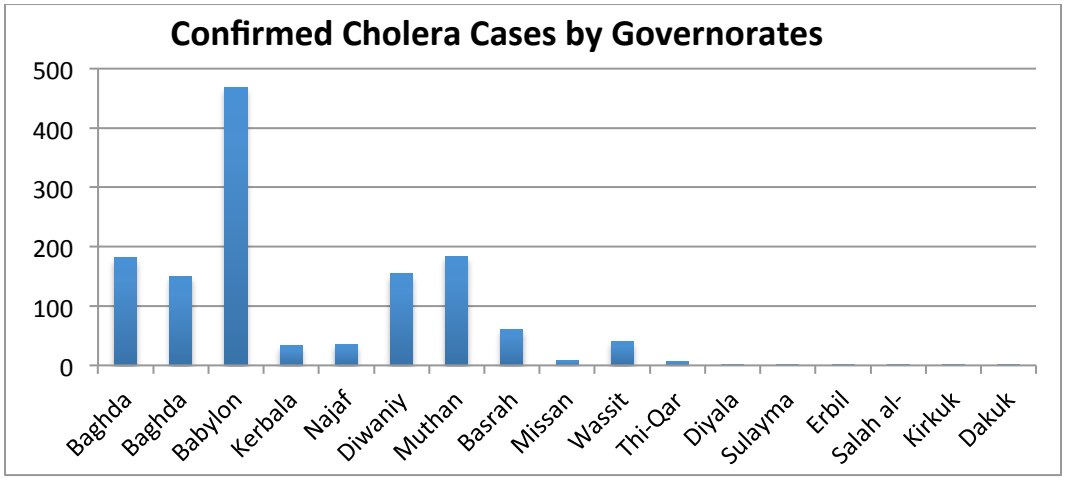
By the third week of September 2015, an upsurge of cases occurred in various other governorates and cases were reported in a large number of communities. On October 1st, Kuwait's first imported cholera case from Iraq was notified to WHO through International Health Regulations (IHR 2005), and there were already five such cases by October 8, 2015. Meanwhile, on October 7, 2015, Bahrain also notified one confirmed cholera imported case from Iraq through the same IHR 2005 mechanism.

The table below shows the distribution of the cholera positive cases by Governorates confirmed by the Ministry of Health's Central Public Health Laboratory – Baghdad as of October 11, 2015.

Serial #	Health Governorate	Confirmed Cases	Deaths
1	Baghdad-Karkh	181	0
	Baghdad-Resafa	150	1
2	Babylon	469	1
3	Kerbala	33	0
4	Najaf	36	0
5	Diwaniya	154	0
6	Muthanna	183	0
7	Basrah	61	0
8	Missan	8	0
9	Wassit	41	0
10	Thi-Qar	6	0
11	Diyala	2	0
12	Sulaymaniyah	1	0
13	Erbil	2	0
14	Salah al-Din	1	0
15	Kirkuk	2	0
16	Dakuk	2	0
Total		**1332**	**2**

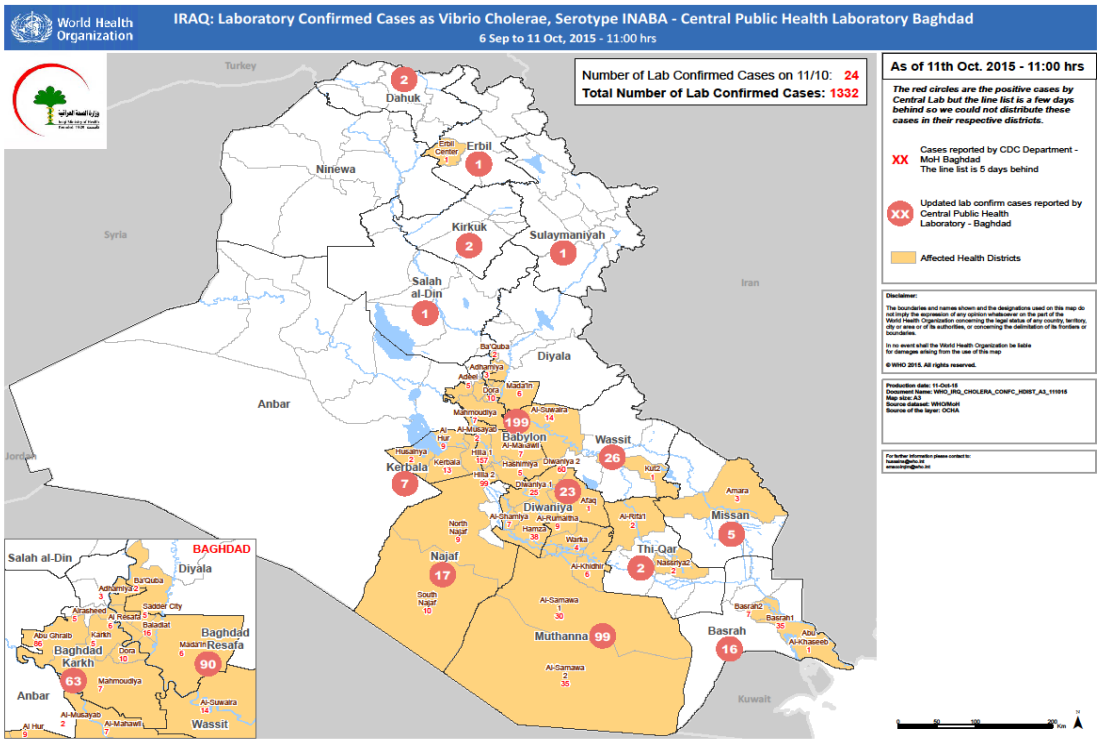
***Death: One confirmed death in Baghdad – Resafa and one in Babylon**

The bar chart shows the highly affected Governorates.



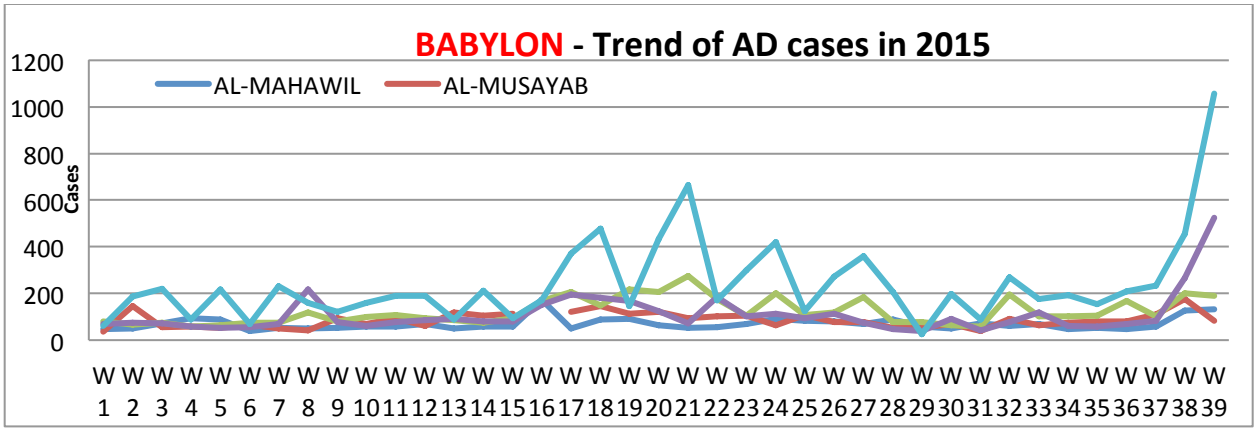
Graph 1: Distribution of confirmed Cholera Cases by Governorate b/w weeks 36-41

Map of Confirmed cases by District in each affected Governorate:

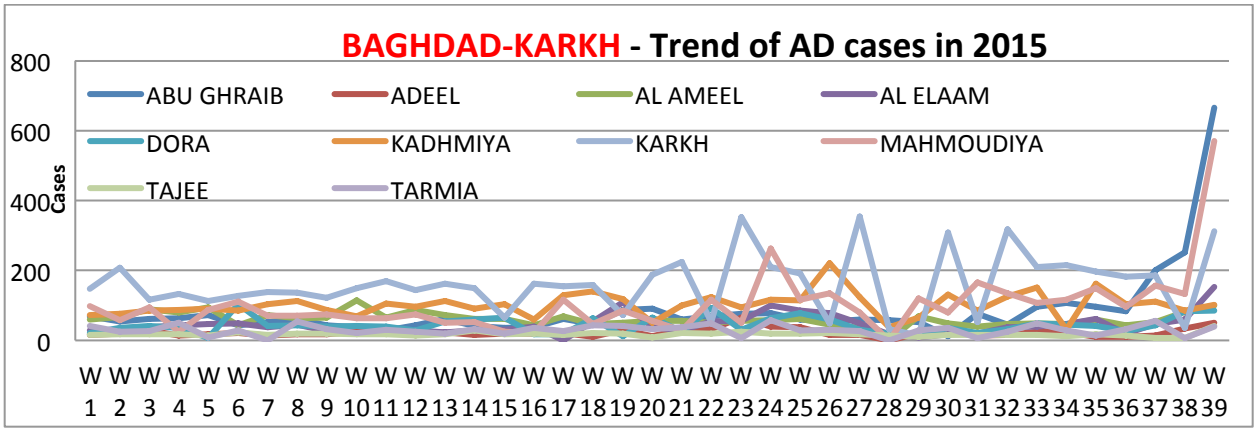


Trends of acute diarrhea in the most affected governorates by district:

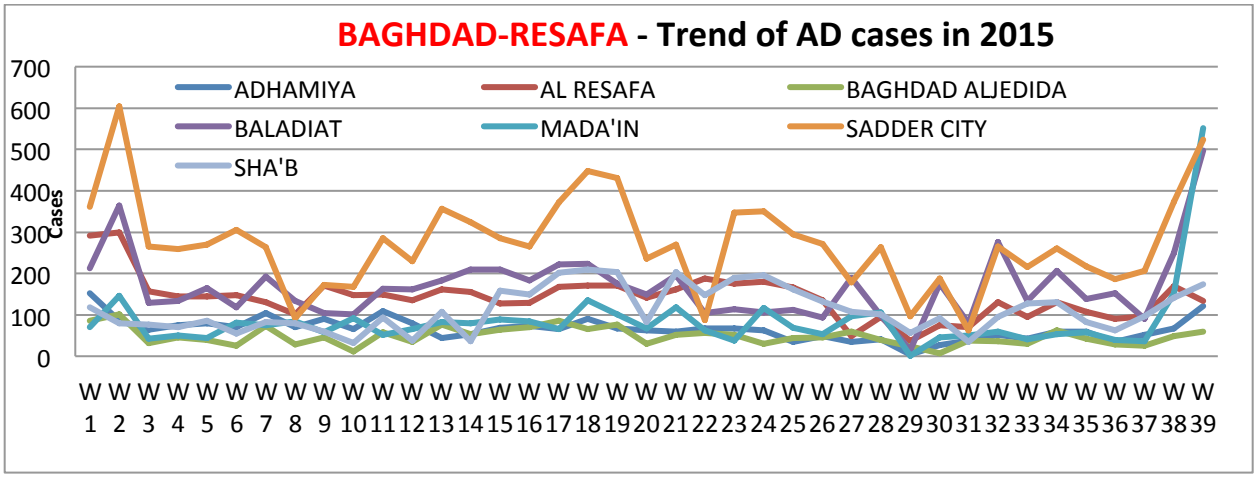
The linear graphs below from graphs 2 - 11 indicate the trends of acute diarrhea cases in their respective governorates by district from week 1 to 39, from which cholera positive cases were detected. Most of the governorates show that the diarrheal caseload has increased fourfold since week 36, overburdening health facilities in terms of human resources, supplies and logistics.



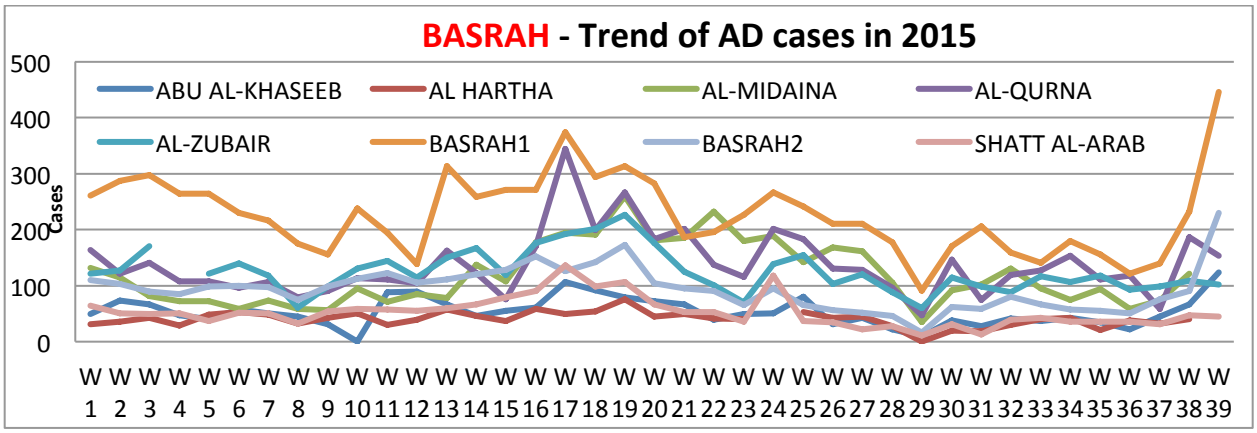
Graph 2: Distribution of acute diarrhea cases by Babylon Governorate b/w weeks 1-39



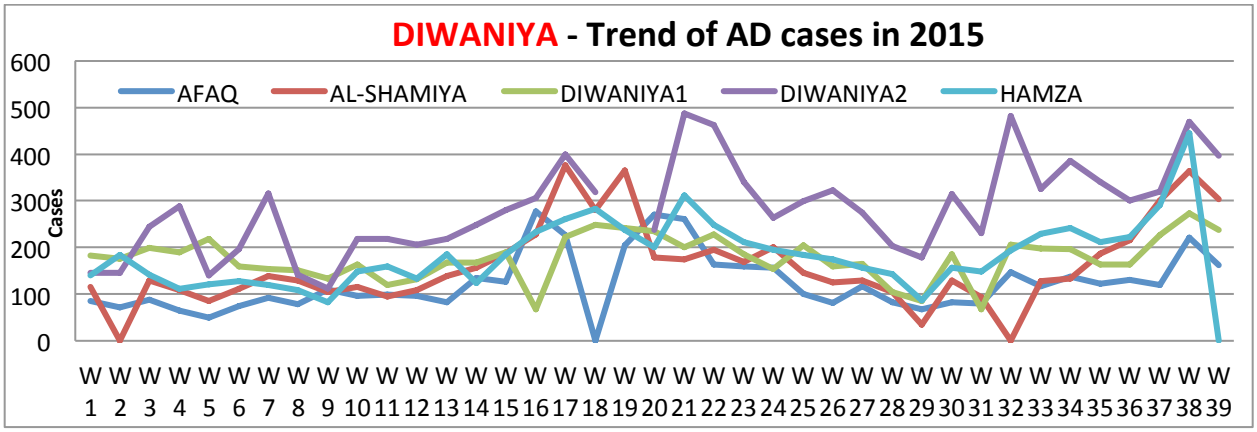
Graph 3: Distribution of acute diarrhea cases by Baghdad - Karkh Governorate b/w weeks 1-39



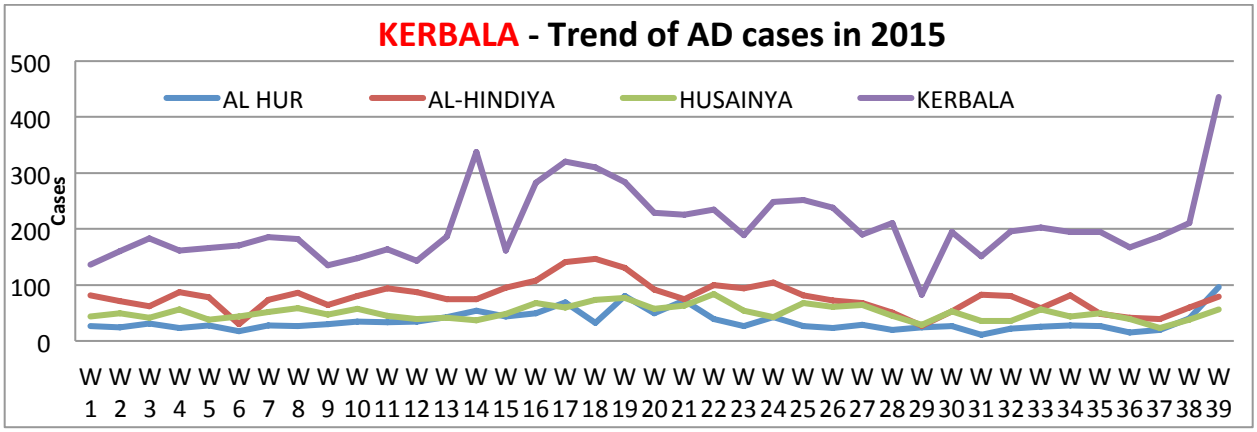
Graph 4: Distribution of acute diarrhea cases by Baghdad-Resafa Governorate b/w weeks 1-39



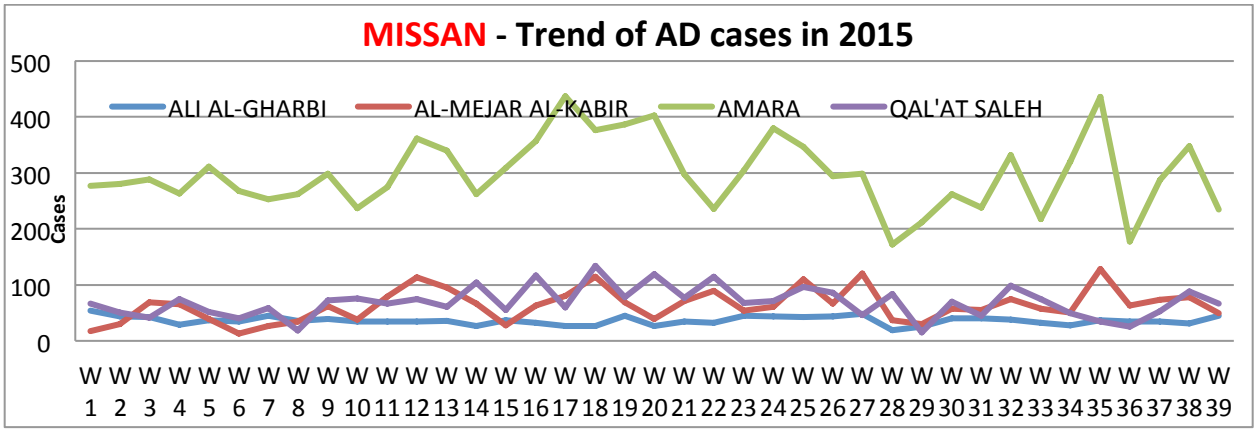
Graph 5: Distribution of acute diarrhea cases by Basrah Governorate b/w weeks 1-39



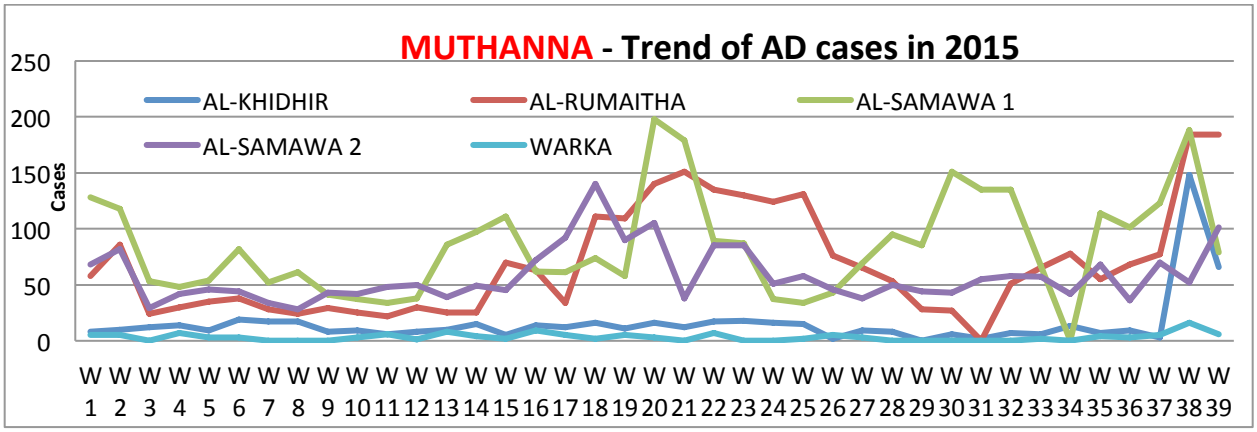
Graph 6: Distribution of acute diarrhea cases by Diwaniya Governorate b/w weeks 1-39



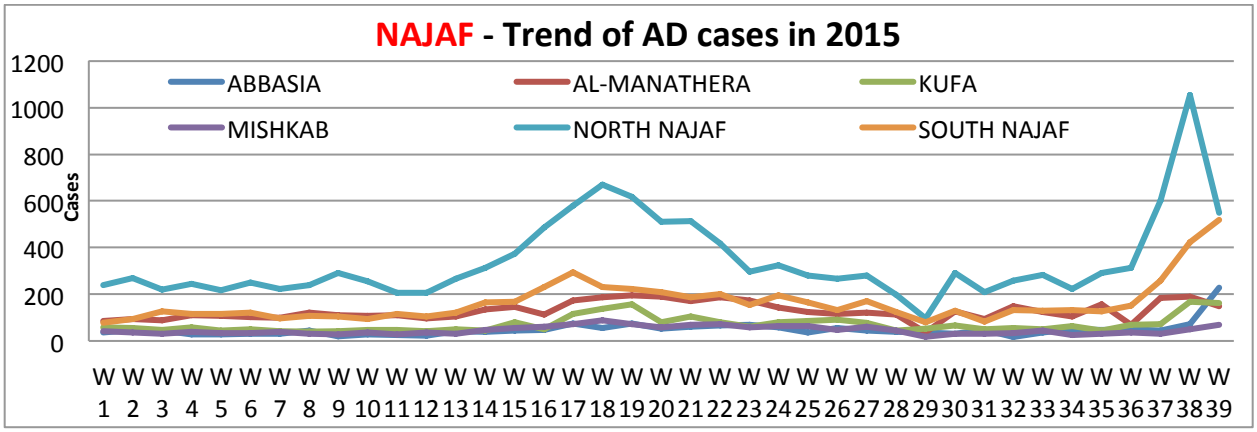
Graph 7: Distribution of acute diarrhea cases by Kerbala Governorate b/w weeks 1-39



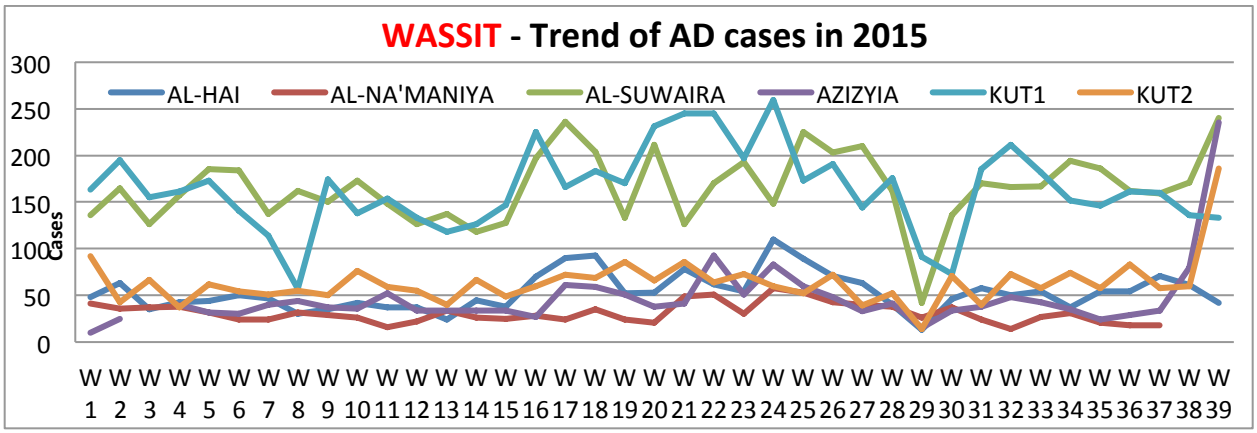
Graph 8: Distribution of acute diarrhea cases by Missan Governorate b/w weeks 1-39



Graph 9: Distribution of acute diarrhea cases by Muthanna Governorate b/w weeks 1-39



Graph 10: Distribution of acute diarrhea cases by Najaf Governorate b/w weeks 1-39



Graph 11: Distribution of acute diarrhea cases by Wassit Governorate b/w weeks 1-39

Integrated Response Activities

Coordination

- Cholera response is based on the following seven strategies which are closely coordinated through the Cholera Command and Control Centre (C4) established at Minister of Health Iraq (MoH) with an effective inter-sectoral coordination mechanism set with WASH cluster.
    - Response Strategy:
    - Case Management;
    - Active/Passive Surveillance;
    - Laboratory Strengthening;
    - Health and Hygiene Promotion;
    - Coordination;
    - Vaccination and Logistics.

Health Sector

Case management/Infection Control

- Refresher training on case management is ongoing for the MoH staff in the central governorates while in the north governorates ICCRD,B staff will be providing a refresher on diarrheal disease cases management for the health cluster partners next week.
- With the support of WHO and partners, the Ministry of Health has established a cholera treatment center in each of the tertiary hospitals receiving the suspected cholera cases in the affected governorates in order to manage the cases.
- WHO has allocated an MoH resource to strengthen case management, active surveillance and revitalization of ORTs with a strong M&E component in the thirteen most affected governorates.

Medical Supplies

- WHO has shipped fifteen (15) Inter Diarrheal Diseases Kits (IDDKs) to MoH on October 1st, enough to cater for 7,000 moderate and 1,500 severe cholera cases. These kits have been distributed to the affected governorates according to the severity of the outbreak with the following priority ranking: Babylon, Qadissiya, Najaf, Kerbala, Muthana, Basra, Baghdad West and East, Wassit and Thi-Qar. An additional 12 IDDKs, enough for 5,600 moderate cases and 1,200 severe cases are in the pipeline in Dubai to replenish the old stock and will be pre-positioned in the central governorates during the Ashura.
- Based on WHO's team assessment, the MoH has submitted a request to the International Coordinating Group (ICG) for 510,000 doses of cholera vaccine targeting 255,000 IDPs and refugees. The ICG has approved the request on October 9, 2015. The microplanning is underway to administer the campaign from October 27, 2015.

Surveillance/laboratory

- Laboratory assessment of the Central Public Health Laboratory (CPHL) will be conducted next week by the ICCRD,B laboratory experts.
- Surveillance at the hospital level is ongoing (please refer to graphs above)

Surge Deployment

- WHO has deployed experts from HQ/Geneva, WHO regional office (EMRO), CDC-Atlanta and ICCRD,B in the field to provide technical support on surveillance, including active case finding as

well as case management, water and sanitation, laboratory and social mobilization interventions and vaccination of the most vulnerable population.

WASH Sector

1: Water Supply:

- Since the onset of the outbreak, advocacy at highest government level is ongoing to ensure provision of adequate quantity of chlorine, aluminium sulphate in the country to cover critical/ongoing needs of all affected/at risk governorates.
- To date one million Aqua tablets, 385 tons of chlorine gas and 200 tons of aluminium sulphate from various sources have been distributed to the affected governorates while efforts continue to be exerted to facilitate the transportation of 1,500 tons of chlorine gas from Jordan, through KSA and Kuwait.
- 200 tons (out of 5300 tons) of chlorine gas were received by GWD from Iran and distributed to all centers & south governorates.
- UNICEF supported delivery of 11 tons of bleaching powder to Salahaldeen water projects.
- 1,000 water tanks, 50,000 jerry cans and 1,000 basic family water kits and 200,000 water bottles have been distributed in cholera-affected critical areas.
- UNICEF started through private supplier the trucking of safe water within the epidemic and surrounding areas of Babel governorate and through IPs (RIRP) and has completed establishing 20 out of 100 distribution points in Abu Ghraib / Al-Naser W Al-Salam.
- Dispatch and delivery of 3,000 HKs and Aqua tabs 1.67g to Missan governorate.
- Delivery of 1,200 Health kits to Al Ataba al Alawiya to be distributed to IDPs during the workshop on hygiene and health in Najaf.
- Dispatch of 5,000 Hygiene Kits and Chlorine Tablets 20 Boxes of 200 tablets, 1.67g each to Qadissiya governorate.
- Ongoing installation of 20 WT in Al Nasir Wasslam sub dist. in Abu Ghraib as water fill points for water trucking.
- UNICEF plans to activate WASH in Schools programs in 20 schools in Babel and Baghdad/Abu Ghraib.

2. Hygiene Promotion:

- Communication for Development (C4D) – country wide coverage established.
- One million Key WASH and Health messages pamphlets and FAQs and translated into Arabic have been published with nationwide dissemination through MoH National Polio Campaign (NIDs) and shared will cluster/government partners. These are also disseminated through electronic media and mobile networks.
- Twenty mobile vans have dedicated to awareness events organized in all the affected governorates with special focus on Kerbala and Najaf because of the upcoming Ashura on 26th October, 2015.

Cholera C4D activities:

- Four mobile screens to move in the main roads disseminating WASH and health messages and distributing brochures on hygiene practices; all messages to be approved by MOH.
- Radio broadcasts through a large network of national and local stations covering Baghdad and all southern governorates from October 15 (1st day of Muharram) to October 31, 2015.

- Designing and producing 60 billboards to be located on the main roads that the Ashora pilgrims are using.
- Printing 1m brochures on Cholera to be distributed to Ashora pilgrims through tents, clinics on the roads.
- SMS campaigns through Zain mobile from October 15. Regular dissemination of messages on cholera is ongoing.
- Discussion of the distribution plan of the 500,000 brochures on cholera and the priority areas.
- Cholera brochures for schools (child-friendly design) are being designed and produced to be distributed to schools from October 15, 2015.
- MoH to take responsibility for messages through Baghdad, Najaf and Basrah airports.
- MoH to be responsible for fixing loudspeakers at clinics along the roads disseminating health and hygiene messages.
- MoH to contact Communication and Media Commission for the free broadcasting of the TV spot on cholera produced by C4D in Iraqi satellite channels.

3. Sanitation:

- Governorate Directorate of Water (GDW), in coordination with UNICEF and MSF-Spain is supporting the disinfection of septic tanks of health facilities in outbreak areas through desludging trucks and disposing of waste in authorized landfills in West Baghdad and Najaf.

UNICEF Prevention cholera activities in Anbar:

- The first shipment (8800 sets) of bottled water reached Al Habanyia TC.
- Initiating distribution of sets of bottled water to all of Amiriyat al Falluja IDP Camps.
- Ongoing clean-up campaign for WASH facilities latrines of IDP camps in Amiriyat.
- Ongoing water trucking in Anbar 331.5m^3.

DRC in Abu Ghraib: Water trucking by DRC 100CM/Day during 1 month - start date October 1st - November 1st in Abu Ghraib center.

DRC in Yousufiya and Mahmoudia in Baghdad and Najaf city: support regular testing/ monitoring of FRC, Turbidity and Biological testing of water sources.

Water trucking by NRC:

- Water trucking activity that had started on October 6, 2015 in Ameriate Al Falujha and HTC.
- For the first three days (Oct 6-8) we had supplied Ameriate Al Falujha camps (Al Rumadi, MoDM and Aml Manshood II, 10 WTs) with 180 m^3 of drinking water on daily basis and, from October 9 onwards, we increased the amount to 300 m^3.
- For HTC we had done the same, since for the first three days (Oct 6-8) we had supplied HTC camps (6 WTs belonging to ICRC's sanitation block plus tanks supplied by other stakeholders, with a 5 m^3 capacity each) with 100 m^3 of raw water on daily basis and, from October 9 onwards, we increased the amount to 120 m^3.
- For HTC provision of drinking water for the first three days (Oct 6-8) we had supplied HTC camps (13 WTs, with a 5 m^3 capacity each) with 80 m^3 of drinking water on daily basis and, from October 9 onwards, we increased the amount to 100 m^3.
- NRC has provided and installed 12 latrines and 12 showers in the Sadr Al-Yusufiya camp.

Challenges:

Remaining challenges include the need to improve water, sanitation and hygiene (WASH) conditions as well as improve stocks of medicines, disinfectants and supplies for case management, active case finding and social mobilization. Regarding WASH challenges, WASH Sector is working hand-in-hand with the Governorate Directorate of Water to ensure safe water to the affected population.

ADVISORY MESSAGES

Prevention preparedness Strategy for Ashura:

In light of the upcoming mass gathering event "Ashura" and in order to prevent or if necessary manage cholera cases during this event, WHO encourages public health authorities of Iraq to;

- Ensure proper treatment of water at its source and distribution point;
- Enhance surveillance to quickly detect cholera infections and actively find cases;
- Strengthen command and control arrangements that link actions across agencies and sectors;
- Educate pilgrims on the risk of transmission and symptoms of cholera infection and to consult a healthcare provider when developing cholera-related symptoms;
- Adequately prepare medical facilities according to WHO guidelines to manage cholera cases.

In coordination with the Cholera Taskforce, Iraq public health authorities have prepared IEC messages and shared these messages with organizers of the mass gathering to facilitate clear and rapid communication in case cholera spreads among pilgrims and for coordination and collaboration with the media.

Countries neighboring an area affected by cholera are advised to:

- Improve national preparedness to rapidly respond to an outbreak and limit its consequences, should cholera spread across borders;
- Improve disease surveillance to obtain better data for risk assessment and early detection of outbreaks, including establishing an active surveillance system; inspect and destroy potentially infected food items carried by individual travelers;
- Provide information to travelers on risks of cholera, precautions to avoid infection, cholera symptoms, and when and where to report should these symptoms develop and to collaborate with travel and tourism sectors to place educational materials at strategic locations (e.g. airports, public transport stations, travel agent offices).

WORLD HEALTH ORGANIZATION – WHO - DOES NOT ADVISE:

- Implementation of embargoes or similar restrictions on trade related to countries affected by cholera outbreaks;
- Routine screening or quarantine of travelers coming from cholera affected areas; that requiring proof of vaccination for entry plays a useful role in preventing the international spread of cholera and therefore, such a requirement is considered as an unnecessary interference with international travel;
- Requiring prophylactic administration of antibiotics or proof of such administration for travelers coming from or going to a country affected by cholera.