

Cholera Task Force-IRAQ

Update on Current Cholera Outbreak in Iraq. SITREP – Situation Report – N° 3 15.09.2015 (Epi Week 38)

OVERVIEW:

SUMMARY:

- Active coordination mechanism has been established, with health and water/sanitation departments in Baghdad under the leadership of MOH/DG Public Health and PHCS in Iraq. ICRC also attended the meeting along with WHO and UNICEF.
- Ministry of Health has issued a declaration of Cholera Outbreak, under the Annex II of International Health Regulation (2005) to reflect the transparency for management of the current outbreak; (www.moh.gov.iq)
- DG-Public Health and PHCS Iraq will be the spokesperson for all information distribution in coordination with WHO.
- Line-listing of cases will be provided on daily bases from the DG-Health to WHO at noon every day, which will be incorporated in the daily sit-rep by 5pm.
- Health education and orientation activities for healthcare providers and community (print and media) along with Chlorine and chlorine pool tests are amongst priority interventions (details see section IV).



Picture: Joint Cholera Task Force meeting chaired by MOH/DG-Public Health and PHCS (15 Sept. 15)

I. Summary :

Health response and Cholera epidemiological situation:

Abu Ghraib Hospital: Forty three (n=43) acute diarrhea cases from Abu Ghraib community were examined at Abu Ghraib Hospital – Baghdad, out of which twenty one (n=21) were mild to moderate dehydrated and were admitted and treated following cholera management protocols (already distributed by MoH) while the remaining twenty two (n=22) were given Oral Rehydration Solution (ORS). Epidemiological graph based on the line listing will be provided with sit-rep #4. Random stool samples have been collected from the admitted patients and dispatched to the Central Public Health Laboratory (CPHL). All the cases are stable and under observation with no case from IDP camps.

Deaths: No deaths from cholera have been reported from any governorate according to MoH.

Till date twelve samples have been positive for Vibro Cholera. Details are as below:

1. The confirmed cases

- 12 confirmed cases, 9 of them in Najaf governorates, one of them is a citizen from Najaf but he is working in Ghamas and center of Dewaniya governorate, 3 cases are from Baghdad (two in Yousefia and one in Abu Ghraib).

2. Age Groups:

- The age group of cases is between 8-65 years.
- All cases are of genetic type INABA.
- Number of females is nine representing 75% of cases and the male 3 (25%).
- One of these cases is an IDP residing in Ya- Hussein representing 0.8% of the total cases

3. The distribution of cases are as follows;

- The number of cases less than 15 years of age is three representing 25% of the caseload.
- The number of cases between 15-35 years of age is five representing 42%
- The number of cases between 35-60 years of age are two representing 17%
- The cases of more than 60 years age group are two representing 16%

4. All the cases of cholera are stable and treatment was given; contacts are under investigation and no death was reported.

II. Health Response:

Coordination:

- Active coordination mechanism has been established, with health and water/sanitation departments in Baghdad under the leadership of DG Public Health and PHCS Iraq.
- Ministry of Health has issued a declaration of Cholera Outbreak, under the Annex II of International Health Regulation (2005) to reflect the transparency for management of the current outbreak; (www.moh.gov.iq)
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Response:**Immediate:**

- MoH field teams along with local staff have been dispatched to the affected areas from where cases were confirmed for field investigation.
- Surveillance: Field investigation teams have started case investigation, (following the updated case definition, case investigation, contact tracing and case management protocols).
- Case Management: Both the hospitals have established a diarrheal treatment ward with Oral Rehydration Therapy (ORT) center.
- Cholera Kits have been dispatched from MoH warehouse to Abu Ghraib hospital in Baghdad and Manathera Hospital Najaf. Sufficient ringer lactate and non-consumable items are available at these hospitals, although there will be a need to replenish these kits
- Daily surveillance has been established at Abu Ghraib and Manathera hospitals, a detailed line list will be provided by the MoH starting from tomorrow (16th Sept, 2015).

III. WASH Response:**Coordination:**

- WASH Cluster has started to coordinate with the concerned water authorities at national and subnational level to identify the water sources for the epidemic areas (Baghdad, Najaf, Qadaissayah) and cover the gaps.
- WASH to coordinate with Health to activate Hygiene promotion among the epidemic and its surrounding locations
- Coordinate with relevant authorities so as to activate water quality monitoring.

Response:

- Enhance capacity of the local authorities that are dealing with water service delivery.
- Advocate and prompt GDW to ensure increase of affordable chlorine percentage to keep it at 4 ppm at source and not less than 0.5 ppm at tap/end user, and support the delivery of purification materials to water project within the epidemic area.
- WASH to continue delivering lifesaving supplies (Bottled water, Water family kits, and Hygiene kits) to the most vulnerable areas.
- WASH to utilize the coming Global handwashing day activities to disseminate awareness messages for children in schools
- Focus to be put on health inspection measures related to Reverse Osmosis and on ensuring availability and use of proper clean water supply and applying all procedures for safe water and food supply.
- WASH to support awareness campaigns for the operators of water projects. Initiate water trucking service to the most vulnerable community.
- WASH to focus on the needs in IDPs camps, providing safe water, Hygienic latrines, Hygiene materials.

IV. Needs**Health**

- Cholera Kits are required periodically to replenish the existing pre-positioned stock.
- Provision of Rapid Diagnostic Tests as indicators.
- More refresher trainings on standard case management especially for South and Central governorates.

- Health education and orientation activities for healthcare providers and community (print and media).
- Enhancing field and laboratory based surveillance system including continued biological testing of specimens to determine the strain antibiotic sensitivity by CPHL.
- Focus on media campaigns and health education urgently required.
- Strengthening of Diarrheal treatment wards in the referral hospitals with special focus on Najaf Governorate due to the pilgrims

Note: In terms was preparedness MOH is prepared in terms of HR staff and hospitals. They need financial assistance for health education and community awareness, capacity building of Lab staff including reagents, Logistic capacity is limited assistance is required. MoH will be providing WHO a draft budget for health education for healthcare providers and community awareness.

WASH

- Chlorine and chlorine pool tests required in Qadissiya.
- Installation of Reverse osmosis in all IDPs camps:
 - WASH response partners are working with ICRC for installation of RO Units (Reverse Osmosis)
- Distribution of chlorination tablets in a coordinated manner to all areas with shortage of proper water supply.
- River Euphrates water sampling required along with specific focus on Najaf Governorate due to the pilgrims

V. Way Forward:

- WASH Cluster meeting will be conducted on Thursday the 17th of September at Al-Rasheed Hotel from 2:00-6:00PM in Baghdad. MoH confirmed their participation.
- Ad Hoc Health Cluster meeting focusing on Cholera Response to be held next week before Eid in Baghdad (date to be confirmed (22nd or 23rd September, 2015)
- Joint field visit by WHO and UNICEF to Abu-Ghraib Hospital and water/sanitation department on 20th Sept, 2015 (pending security approval)