

Cholera Task Force-IRAQ

Update on Current Cholera Outbreak in Iraq.

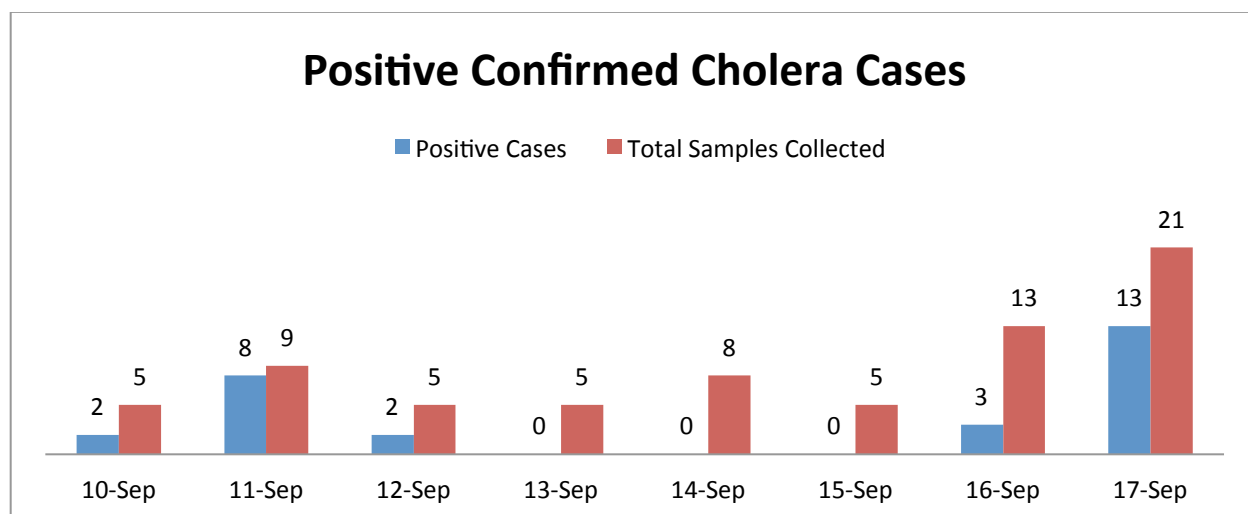
SITREP – Situation Report – N° 5

17.09.2015 (Epi Week 38)

OVERVIEW:

Health:

- The accumulative number for the laboratory confirmed cases are twenty eight (n=28) out of seventy two (n=72) suspected samples which were sent to Central Public Health laboratory (CPHL) Baghdad and results are as following:
 - Ten (n=10) cases from Najaf governorate (including the case diagnosed in Ghammas (Dewaniya governorate) as the patient residence is Najaf.
 - Eighteen (n=18) cases from Baghdad governorate (4 cases from Yousefia, 14 from Abu Ghareeb)
- For today the 17th of September 2015, there are thirteen (n=13) new confirmed cases notified by CPHL and as follows:
 - Eleven cases from Abu Gharib (Eight are female and three are male).
 - Two cases from Yousifia (both female)
 - All the cases are of INABA type
- The percentages of confirmed laboratory cases out of the total samples send are 38%.
- Our procedures are continuous to follow all the cases and the contact, following the health inspection measures and enhancement of cooperation with municipalities.



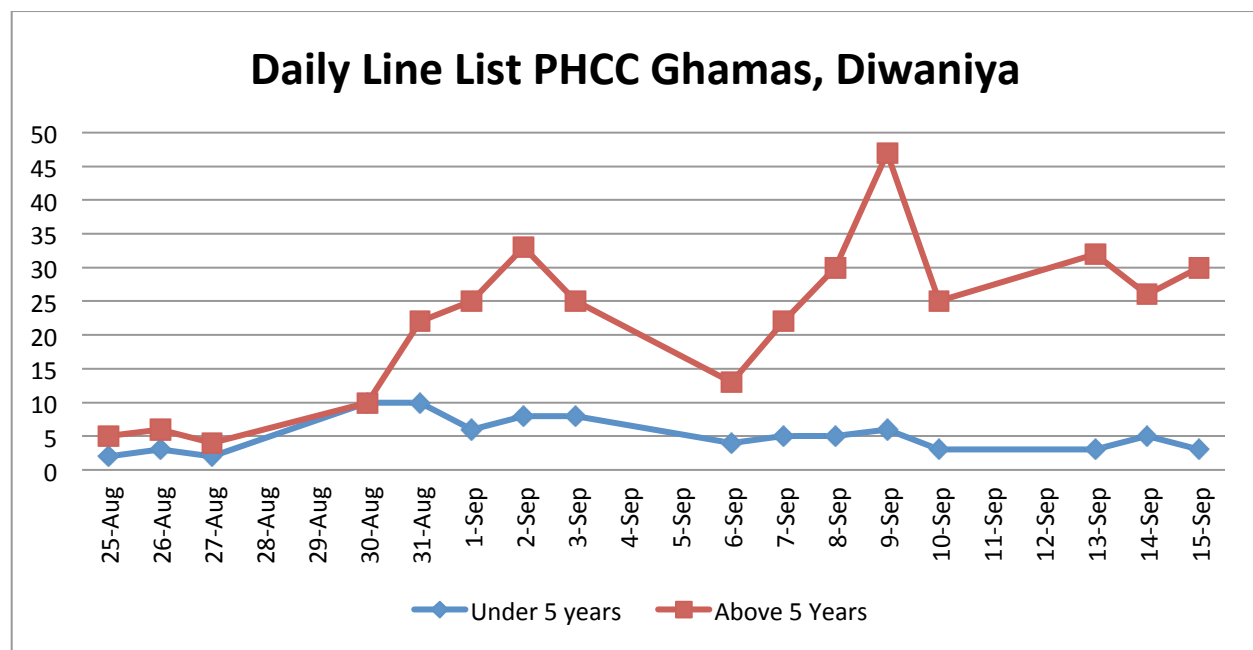
Graph: Number of positive cholera samples b/w 10th Sept – 17th Sept, 2015

Epidemiological Findings:

- All the confirm cases age are between 20 - 45 years and 75% (as of 17th Sept, 15) of these cases are females belonging to Abu-Ghraib - West Baghdad and Mantheria districts of Najaf.
- According to the initial field investigation and history taking; all the females affected are housewives, living in host communities with no travel history and no family dining or gatherings outside their homes.
- With limited government water supply to the community, they have been using alternative unprotected water sources for consumption purposes along.
- Environmental sampling is pending in river sources and public water sources

Line Listing of Acute Diarrhea Cases at PHCC Ghamas; Diwaniya:

There has been an increase in the acute diarrhea cases since 6th Sept, 2015 with a sharp increase on 9th Sept, the stool samples were collected on the same day and dispatched to CPHL Baghdad. The first stool sample was confirmed positive on 10th Sept, 2015. The index case has been identified as an adult male in his thirty's. He was treated according and is stable. No deaths have been reported through the hospitals till date.



Graph: Trend of number of consultation of acute diarrheal cases b/w 25th Aug – 15th Sep, 2015

Health & WASH Interventions:

Coordination:

- WASH and Health Cluster partners met to discuss the cholera response. Participants included concerned authorities (Head of Baghdad Provincial Council, Deputy Public Health MoH, Heads of

Water Quality Department in Majority of Baghdad and General Directorate of Water) as well as NGO and UN partners In addition to UNHCR and WHO.

- Health cluster will be formally meeting on Monday at Baghdad to distribute the tasks for field response to different partners based on their capacities.

Health Response:

- Field investigation teams (n=2) have been established and deployed to Abu Ghraib and Diwaniya/Najaf through the MoH and DoH. An inter-agency (WHO, UNICEF) field visit will be conducted on 20th September, 2015.
- A daily coordination mechanism has been established between the main cholera task force members with a clear line of communication and data sharing.
- The Cholera response is based on the cholera contingency plan. WHO has taken lead in coordination with MoH in terms of case management, surveillance and line listing. Meanwhile health and Hygiene promotion activities at health facilities and community level through Health and WASH partners.

WASH Response:

Water Sources identifications:

- **Abu Ghraib Sources (West Baghdad):**
 - Abu Ghraib Reservoir is the only source feeding both Abu Ghraib water networks and filling points for the water trucking. This reservoir is getting water through the pipeline from the Northern Reservoir in (AL-Rahmainayh quarter in Baghdad) which is getting the water from AL-Karkh main water project in AL-Tarmiyah outskirts of Baghdad. There is no chlorination at Abo Ghraib Reservoir
- **Yousafia Location West Baghdad**
 - The water source is Edhila Compact Unit and Akrad Zobaa CU in Sadar AL-Yousfiyah, where in both units there was not sufficient chlorination
- **Diwaniya (Ghammas Source – Primary)**
 - Ghammas is the end point of the route of the river within Diwaniya (lowest area, high turbidity) so the chlorination is inefficient. Chlorine resources were low, but GWD is now delivering chlorine to cover until the end of the month.
 - Water Directorate of Diwaniyah needs 90 tons of chlorine each month while their monthly quota is 20 tons.
- **Najaf Sources:**
 - The water project is AL-Najaf Unified WTP in AL-Zarqa – The have sufficient chlorine till the end of the month (Sept, 2015) but with limited logistics.

Needs & Recommendation:

HEALTH:

- Proper following the case definition in context to this current outbreak with strengthening of case management and active surveillance.
- Use of FELTP medical staff for field investigation and environmental sampling.
- Strengthening the coordination mechanism within the two hospitals (Abu-Ghriab and Al-Manathria), to receive the daily patients line listing.
- Replenishing of Cholera Kits to DoH Baghdad and Najaf

WASH:

- It was agreed there is an urgent need to identify the gaps at all water sources and ensure chlorination is functioning from source to household levels.
- Taking into consideration the significant increase in the confirmed cases in Abu Ghraib & Yousfaiyah, the gap in chlorination here was flagged as a critical issue and a team formed to join MoB & GDW water Quality control staff in a visit to Abu Ghraib and Al-Yousfiyha to test the water at the feeding reservoir, households and IDPs camps and take immediate remedial measures. Cluster Partners have agreed to undertake advocacy with the concerned government authorities at the highest level to ensure appropriate chlorination of water.
- It was also agreed to ask Ministry of Environment to share updates on raw water test within the epidemic areas.
- Given the high risk of spread to the IDP camps in the affected area, partner will step up monitoring of residual chlorine and turbidity and hygiene promotion and dissemination of cholera messaging for IDPs camps where they are providing services in Baghdad.