

# Cholera Task Force-IRAQ

## Update on Current Cholera Outbreak in Iraq.

### SITREP – Situation Report – N° 7

20.09.2015 (Epi Week 38)

Today sit-rep focuses on the joint mission of WHO and UNICEF conducted in Abu Ghraib today (20<sup>th</sup> Sept, 2015) and the outcome of the meeting between WHO/UNICEF and Ministry of Health to discuss the cholera response.

The field mission visited Abu Ghraib Hospital and Water and Sanitation Department. The purpose of the mission was to investigate the sudden increase of acute diarrheal cases in Abu Ghraib focusing on the following three objectives:

- To find the epidemiological link between the admitted cholera cases and the source of water by identify the locations of the cases in Abu Ghraib.
- To obtain the line-listing of the moderate and severe cases on daily bases.
- To coordinate with the water and sanitation department for supply of safe drinking water.

#### Preliminary findings:

- Clustering of cases were identified from two major locations (Al-Nasir al-Salam and Al-zaydan) both communities of Abu Ghraib District.
- Analysis of the line list provided shows a peak on 13<sup>th</sup> Sept, 2015 in the epidemiological curve (see graph-1 below).
- In coordination with International Medical Corps (IMC) and the administrator of the hospital; it has been agreed that IMC mobile clinic will do the outreach in Al-Naser Al-Salam location while ICRC will cover Al Zaydan through their health work force.
- Water sources chlorination data has been obtained which will be used by the WASH working group at Abu Ghraib for distribution of the chlorinated water tankers to the affected areas where there is a need. UNICEF is coordinating this process.

#### Details on Abu Ghraib:

##### Health:

At Abu Ghraib Hospital, the line list was obtained for the period 6-20 Sept, 2015. The admitted cholera positive cases were interviewed to find out the epidemiological link between the patients, their locations and source of water. All residents were from Abu Ghraib district West

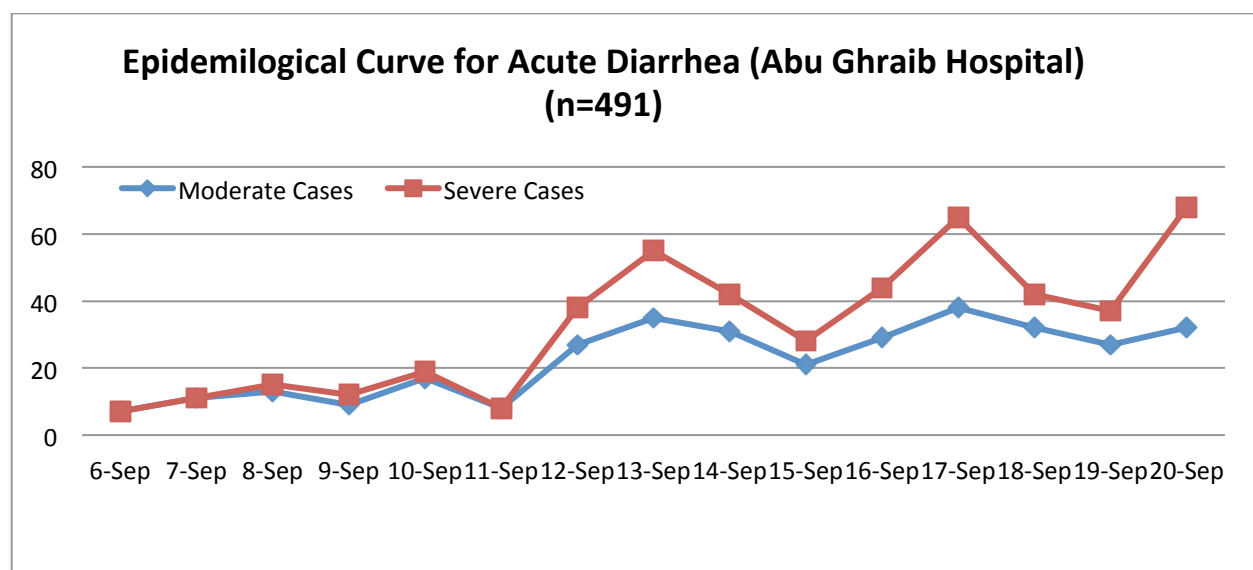
Baghdad. Clustering of cases were identified from two major locations (Al-Nasir al-Salam and Al-zaydan) both communities of Abu Ghraib District.

It was found that both these locations are supplied water by tankers and most of the houses in these communities have internal filters installed, while some of the houses have internal water-bore (wells) inside their verandas. The cases which were admitted confirmed that their houses water filters were out of order and were consuming water supplied through truckers.

Both these communities (Al-Nasir al-Salam and Al-Zaydan) are twenty kilometers away from the hospital with two checkpoints on the way to the hospital. It was recommended that decentralization of the case management centers is necessary to save precious time. Therefore IMC and ICRC mobile medical clinics and healthcare teams will be covering these affected communities without duplication. IMC will be covering Al-Nasir Alsalam community while ICRC will cover Al-Zaydan community. The team examined the medical store of the hospital. Inter Diarrheal Diseases kits have been provided to Abu Ghraib Hospital (15000 each Ringer Lactate and 15000 Saline) on 19th Sept, 2015.

#### **Epi-Curve from Abu Ghraib Hospital as of 20<sup>th</sup> Sept, 2015, 2100hrs:**

The line listing indicates that a total of 423 acute diarrhoea cases were admitted in Abu Ghraib hospital, out of which 296 (70%) were females and 127 (30%) males. 45% of the cases were from Al-Nasir, 40% from Al-Zaydan while the remaining 15% are from the other locations within the community. Out of these 423 cases, 305 (72%) were classified as moderate cases and were rehydrated and kept in observation. Meanwhile, 118 (28%) were classified as severe cases and were given IV Ringer Lactate. The peak of the cases occurred between 10<sup>th</sup> and 11<sup>th</sup> Sept, 2015.



**Graph 1: Epidemiological curve for acute diarrhoea from Abu Ghraib Hospital as of 20<sup>th</sup> Sept, 2015, 2100hrs**

## **WASH**

From the visit to the Water and Sanitation Department (WSD) which is located two kilometers east of the Abu Ghraib Hospital, it was confirmed that due to damaged water supply network since March 2014, this sector does not supply water to any community directly but it is a distribution point for tankers. It was also found that this sector receives its water from the Baghdad water reservoir and it distributes this water through water tankers to the various communities of Abu Ghraib including Al-Nasir alsalam and Al-Zaydan communities. The chlorination residual was 0.8ppm at this point.

WASH working group has been established at WSD at Abu Ghraib. The water distribution points have been identified and UNICEF will be doing daily chlorine monitoring. 100 water tankers (cleaned and flushed) of 5000 litres capacity each are in the process of being dispatched to Abu Ghraib. The monitoring of these water tankers to various locations will be coordinated by UNICEF along with their partners.

Distribution of bottled water for Al-Naser W alsalam has started, 2,150 basic water family kits were delivered to the same area and its distribution will start soon; 3,000 sets of bottled water were delivered and distributed in Al-Tabadel Caravan camp in Baghdad which hosts 360 families. Water and Sanitation department at Baghdad Central laboratory has started water testing campaign in Abu Ghraib jointly with UNICEF field staff (test waters)

### **Meeting at Ministry of Health:**

During the meeting between WHO/UNICEF and Ministry of Health various issues were discussed regarding the cholera response, including case definition, cases management, availability of chlorine and other supplies, water quality monitoring, health and hygiene promotion, laboratory capacities, preparation to mass gathering events and options for use of cholera vaccination in vulnerable population location it areas were no case of cholera has been detected. The following are the main recommendations:

### **Recommendations & Expectations:**

- Case definition and under reporting (importance of line listing for all cases – probable, suspected, confirmed and deaths) for effective response
- Case management and decentralization
  - Cholera treatment centers, ORTs establishments at community level, ORS availability, Ringer Lactate, Zinc provision for children
  - Establishing CTC or CTU in the center of affected areas,
  - Mobilize the human and logistical support to the affected areas within Abu-Ghraib to reduce the mortality rate among the infected patients.
- Addressing availability of safe drinking water, ORS and aqua tablets at household level especially focusing on the high risk communities.
  - Installation of community water tanks and start water trucking (with chlorination) in the most vulnerable areas
- Need for extensive health and hygiene promotion at community level
- Provision of safe drinking water to the community

- Chlorine gas
  - Chlorine powder
- Enhancing Capacity of Laboratories and Health care providers;
  - Use of Field Epidemiology and Laboratory Training Program (FELTP medical staff for field investigation and environmental sampling.
  - Strengthening laboratory capacity
- WHO recommendation of cholera Vaccination for vulnerable/high risk groups – and protection of outer rings
  - Pilgrimage Season (Najaf, Kerbala)
  - IDPs and refugees and settlement areas