

Cholera Task Force-IRAQ

Update on Current Vibrio Cholera (VC) Outbreak in Iraq. SITREP – Situation Report – N° 9 25.09.2015 (Epi Week 39)

Today sit-rep focuses on outbreak overview of cholera as of September 25th, 2015 including geographical distribution, number of consultations on 25th, cumulative admissions and number of deaths since 8th September 2015.

Laboratory Confirmed cases:

The below table shows the cholera positive cases confirmed by the Central Public Health Laboratory by Ministry of Health – Baghdad as of 24th Sept, 2015.

Serial	Governorate	Cities	Laboratory confirmed cases
1	Baghdad	Abu Ghraib, Zaafaranyeh, Karrada, Mahmoudia, Al-Khadraa, Al-Ghazalia, Al-Sihha, Aldoora	67
2	Najaf	Manthera	10
3	Qadisiyyah	Diwaniya	13
4	Babylon	Hilla, Mahawil	41
5	Muthanna	Samawa Center	7
Total			138

Suspected Cholera cases:

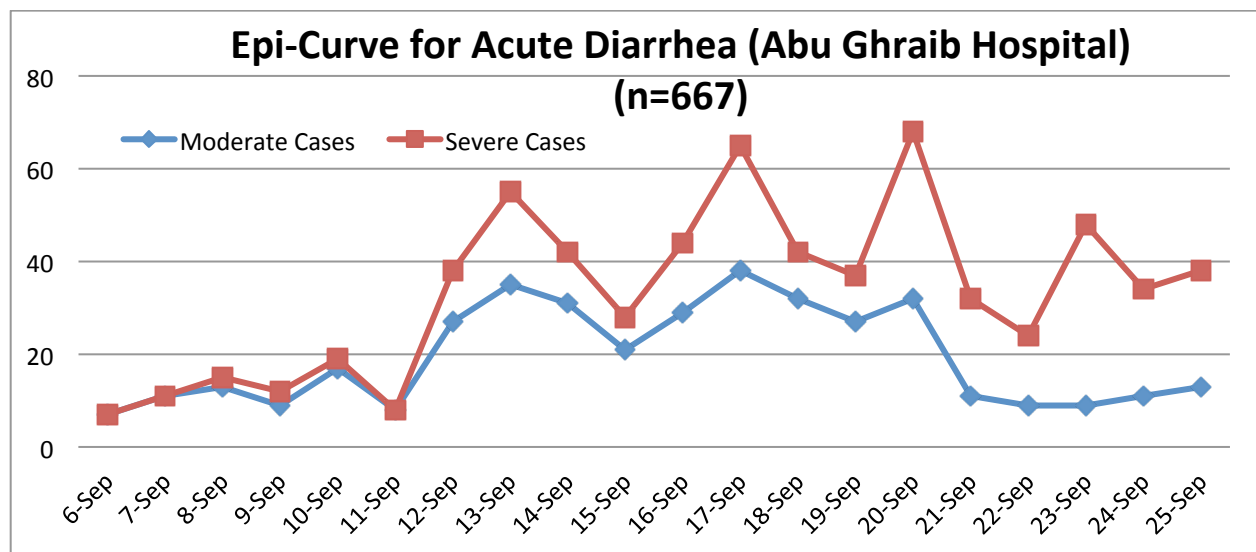
The total number of 1,534 suspected acute watery diarrhea consultations has been in the hospitals from different locations in all the affected Governorates in Iraq.

Governorate	City	Consultations of 25 Sept	Cumulative Admissions since 8 th Sept, 2015	Deaths
Baghdad	Abu Ghraib	38	677	0*
	Al Ghazaliya IDP Camp	0	0	1*
	Zafarania	0	4	0
	Karrada	0	2	0
	Palestine street	0	1	0
	Kadhimiya	0	0	1*
	Hay Al Khadraa	0	1	0
	Al Ghazalia - Security Street	0	1	0
	Hay Al Sihha -Kafaat	0	1	0
	Aldoora – Abu disheer	0	1	0
	Karkh	0	15	0
	Al Resafa	0	5	0

Diwaniya	Ghammas	21	622	0
Najaf	Mantheria	0	138**	0
Babylon	Hilla, Mahawil	?	38	0
Muthana	Samawa- centre	0	19	0
Basrah	Basrah City	0	7	0
Wassit	Al-Suwaira	0	1	0
Thiqar	Al Nasiriyah	0	1	
Cumulative Total		59	1534	7

New Governorate with suspected cholera: Thi-Qar (n=1)

Epi-Curve from Abu Ghraib Hospital as of 25th Sept, 2015, 2100hrs:

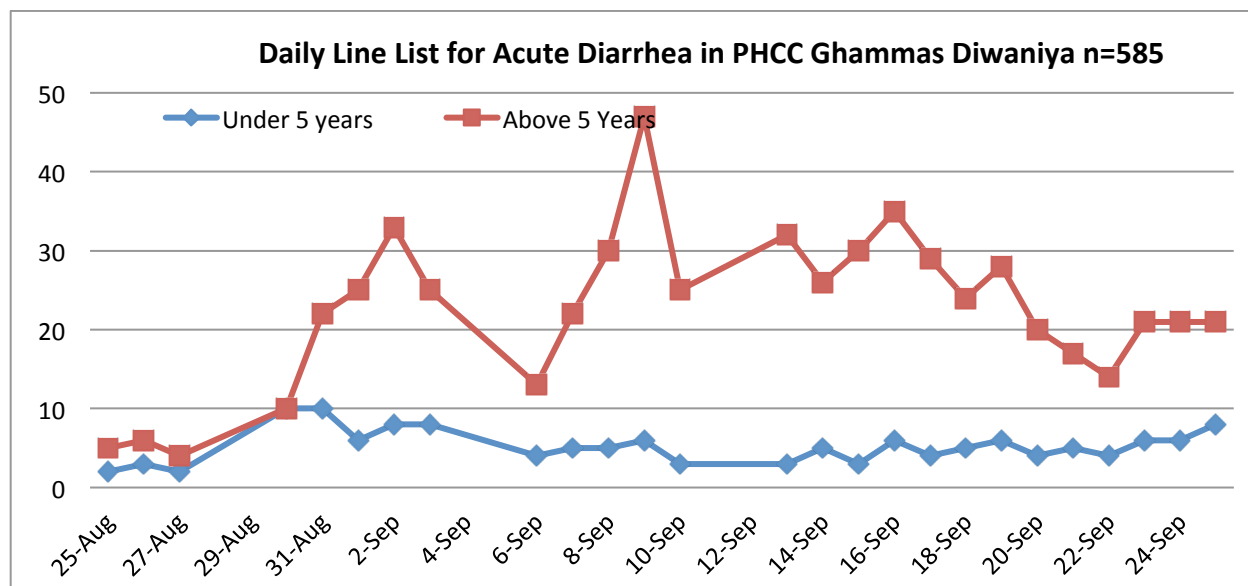


Graph I: Abu Ghraib Hospital - Baghdad Epidemiological Curve (as of 25th September, 2015)

Out of 667 acute watery diarrhoea cases admitted as of 6th Sept, 2015 in Abu Ghraib 58% (n=390) were moderate cases and 42% (n=277) severe. Among the admitted cases 63% were females and 37% males. 45% of the cases are reported from Al-Nasir and 40% from Al-Zaydan, while 15% was reported other locations. 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.

Epi-Curve from PHCC Ghammas-Diwanya as of 25th Sept, 2015, 2100hrs:

Out of 585 acute watery diarrhoea cases admitted as of 6th Sept, 2015 there was a sharp increase in acute watery diarrheal cases among patients more than 5 years of age.



Graph II: PHCC Ghammas - Diwaniya Epidemiological Curve (as of 25th September, 2015)

Field Missions:

A joint MoH, DoH and WHO field visits was scheduled between 24th - 27th September to the following governorates focusing of the clustering of cases, case management and water and sanitation department.

1. Thursday 24th Baghdad Rusafa &Karkh
2. Friday 25th Dewaniya
3. Saturday 26th Abu Gharib ,Mahmodia ,Yousefia
4. Sunday 27th Muthanna (Samaoa)

Finding from the Thursday and Friday joint mission is as below:

Baghdad Rusafa &Karkh

- Cholera taskforce is coordinately working with MoH.
- Distribution of chlorine tabs in the process although there is lack of awareness regarding the use of the aqua tables at the household level.

Diwaniya:

- Refresher on case management of Cholera is required
- There is shortage of chlorine.
- The need for urgent rehabilitation of the water stations projects.
- There is an immense need for educational materials in form of Poster, Pamphlets and health messages.

Cholera Taskforce Activities:

Health Response:

- Health Cluster meeting was held on 21st Sept, 2015 to discuss the way forward
- JCMC and Inter sectoral government High level meets were held to discuss the bottlenecks in the response.
- A detail Cholera Response plan (Health and WASH) has been drafted on the basis of these high level meetings.

MoH response includes:

- 14 million Aqua Tablets distributed at PHC level in various Governorates
- Restocking Diarrheal Diseases Kits to various tertiary and referral hospitals.
- Eight Mobile teams dispatched to Abu Ghraib
- Health Promotion Department (distribution of IEC material, SMS mobile awareness, working with eleven electronic TV channel)
- Prime minister office announced official to postpone the primary school starting day for this year until mid of October for student safety.

WHO and Partners response includes:

- WHO is establishing a Cholera Command Control Center (C4) at MoH
- WHO trained 48 DoH health staff nationwide - Cholera case management and lab confirmation
- WHO procured 1000 Rapid Diagnostic Tests for cholera (as indicator) in pipeline
- WHO is in the process to deliver 15 Diarrheal Disease Kits to MoH at Baghdad, sufficient for 6000 moderate and 1500 severe cases.
- WHO is in the process of deploying Cholera teams from Geneva, Cairo and International Centre for Diarrheal Disease Research, Bangladesh (ICDDR,B)
- Procurement of vaccination under discussion
- Epidemiological field investigation and coordination – ongoing
- ICRC has prepositioned a cholera kit to DoH Najaf

WASH Response:

Water Supply:

- Support to testing/monitoring of chlorine levels & turbidity of water sources at all levels
- Distribution of bottled water in critical areas (Cholera affected and IDP hosting areas):
 - Baghdad: 60,000 sets + 15,000 bottlers (1 ltr) (ongoing);
 - Other affected governorates – needs TBD/Partners TBD
- Distribution of basic family water kits, jerry cans in:
 - Baghdad: 500 water kits (5,000 families); 9,200 jerry cans (9,200 families) (ongoing);
 - Babylon: 10,000 jerry cans (10,000 families) and 8,000 Aquatab (dispatched)
 - Najaf: 250 water kits (2,500 families) (ongoing)
 - Other affected governorates – needs TBD/partners TBD

- Establishment of water distribution points/trucking of clean, chlorinated water
 - Baghdad: Abu Ghraib (Al-Nasir al-Salam) and Mahmoudiya: 100 tanks of 5,000 litres (under installation), daily water tankering (ongoing)
 - Baghdad: Abu Ghraib (Al-Zaydan): 3 tanks (10,000 litres) at water source to boost capacity; 7-10 tanks (5,000 litres) in scattered locations); Daily water trucking (under installation)
 - Al Quadissyah (Diwaniya): installation of 200 tanks (1,000 ltr capacity) and daily water trucking (under installation)
- Define and agree upon Key messages for dissemination – Cholera Task Force
 - Key WASH and Health messages and FAQs defined, translated in to Arabic and shared with cluster/government partners
 - Other key resource documents in Arabic (brochures, video etc.) sourced and shared/or available with WASH Cluster
- Distribution of Hygiene kits (with soap)
 - Baghdad: 11,600 kits to be distributed (planned from 23/09 - alongside Hygiene promotion, water distribution)
 - Najaf: 2,500 to be distributed (ongoing)
 - Dissemination of Key Hygiene & WASH messages:
- The ICRC WatHab team purchased 142 water tanks (1000L) and 58 more in pipeline - tanks will be deployed around Ghammas area, and DoW will do the water trucking.

Health & WASH Key Messages and FAQs shared with IDP call centre

- Door to door campaigns (ongoing)
 - Baghdad, Najaf, Al-Qadisiyyah (Protection partners):
 - Dissemination through 9 women's centres (Planned)
 - Baghdad, Najaf, Al-Qadisiyyah, Babylon, Muthanna (UNICEF C4D):
 - Radio broadcasts (14 days). Initiated 22/09
 - SMS campaign: To start 26/09
 - Mobile events: Planned from 28/09
 - Baghdad, Najaf, Al-Qadisiyyah, Babylon, Muthanna (WASH Networks):
 - Social Media Campaign through WASH networks (Facebook, youtube, twitter)

Immediate Priority Action:

WASH:

1. Ensuring availability of safe drinking water (chlorine treated) and use of HWT option (aqua-tabs) at a household level (for cholera affected and vulnerable/highly at risk IDP populations)
2. Ensuring critical chlorine/aluminium sulphate stocks in country, and continuous monitoring and chlorination of water supply

3. Ensuring availability and use of ORS, soap at household level (for cholera affected and vulnerable/highly at risk IDP populations)

HEALTH:

1. Focusing on the case definition and to avoid under reporting – daily line lists from the hospitals are necessary
2. Proper case management and to avoid over burdening of tertiary hospitals, the case management has to be decentralization from the tertiary hospitals to community level health care by establishing Cholera treatment centers and Oral rehydration Therapy centers
3. Extensive, aggressive promotion of health/WASH messages on Cholera prevention and health seeking behaviors
4. Prophylactic Cholera Vaccination - vulnerable population (Pilgrimage season – Najaf, Kerbala; IDP & Refugee settlements)
5. Addressing gaps in sanitation (treatment of hospital and household waste/sewerage)