

Cholera Task Force-IRAQ

Update on Current Cholera Outbreak in Iraq. SITREP – Situation Report – N° 20

22.11.2015 (Epi Week 47)

Highlight:

- The overall trends for cholera outbreak in most of the governorates has continued to decline over the past three weeks with a few cases being reported from the affected districts or governorates, suggesting improvement in detection, testing and response to the outbreak by health authorities and partners.
- Since the first laboratory-confirmed case of cholera in Iraq was notified officially to WHO on 15 September 2015 in Alshamiya district in Diwaniya governorate, the Ministry of Health has collected 119,983 stool samples for suspected cholera.
- A total of 4,864 cases tested at provincial laboratories have been reported from the country, with 2 related deaths as of 22 November 2015. The positive stool samples were re-tested at the central public health laboratory (CPHL) in Baghdad for quality purposes and only 2,810* stools samples were found to be positive for *Vibrio cholerae* 01 Inaba.
- Currently, 17 out of the 18 governorates in Iraq have reported laboratory-confirmed cases. The central public health laboratory has identified that the causative strain of this outbreak is *Vibrio cholerae* 01 Inaba.
- The strain has been found to be sensitive to commonly-used antibiotics, including tetracycline, doxycycline, ciprofloxacin and erythromycin. A total of 16 vibrio cholera isolates have been sent to the Pasteur Institute in France for genotyping and other advanced testing.
- Nearly 11 districts within Baghdad, Babylon, Diwaniya and Kerbala governorates have reported over 73% of all laboratory-confirmed cholera cases, and most of these districts receive their water supply solely from the Euphrates River.
- The trends in cholera cases in the all the affected governorates and the most affected districts have been declining significantly in recent weeks. Likewise, district and governorate's specific attack rates have clearly shown a downward trend in the last few weeks.
- Considering the available surveillance data, there is no evidence that cholera is spreading to new communities or districts.

*Cholera taskforce has been reporting the provincial and central confirmed cases, although the number of central public health laboratory cases (CPHL) is lower than the provincial public health laboratory cases; this number will gradually increase as the CPHL clears the backlog.

Table 1: CPHL confirmed cholera cases by governorate and outcomes

| Serial # | Governorate | Cumulative cases and deaths | | | Cases and deaths week 45 | | |
|--------------|-----------------|-----------------------------|----------|--------------|--------------------------|----------|-----------|
| | | Cases | Deaths | CFR | Cases | Deaths | CFR |
| 1 | Baghdad-Karkh | 357 | 0 | 0 | 15 | 0 | 0 |
| | Baghdad-Resafa | 583 | 1 | 0.3 | 32 | 0 | 0 |
| 2 | Babylon (Babil) | 675 | 1 | 0.2 | 1 | 0 | 0 |
| 3 | Kerbala | 157 | 0 | 0 | 5 | 0 | 0 |
| 4 | Najaf | 46 | 0 | 0 | 0 | 0 | 0 |
| 5 | Diwaniya | 442 | 0 | 0 | 13 | 0 | 0 |
| 6 | Muthanna | 287 | 0 | 0 | 2 | 0 | 0 |
| 7 | Basrah | 102 | 0 | 0 | 2 | 0 | 0 |
| 8 | Missan | 21 | 0 | 0 | 2 | 0 | 0 |
| 9 | Wassit | 68 | 0 | 0 | 9 | 0 | 0 |
| 10 | Thi-Qar | 20 | 0 | 0 | 0 | 0 | 0 |
| 11 | Diyala | 3 | 0 | 0 | 0 | 0 | 0 |
| 12 | Erbil | 10 | 0 | 0 | 0 | 0 | 0 |
| 13 | Salah El-Din | 2 | 0 | 0 | 0 | 0 | 0 |
| 14 | Kirkuk | 19 | 0 | 0 | 5 | 0 | 0 |
| 15 | Dahuk | 16 | 0 | 0 | 0 | 0 | 0 |
| 16 | Sulaimaniya | 1 | 0 | 0 | 0 | 0 | 0 |
| 17 | Ninewa | 1 | 0 | 0 | 0 | 0 | 0 |
| Total | | 2,810 | 2 | 0.07% | 86 | 0 | 0% |

Figure 1: Epidemic Curve of Laboratory Confirmed Cholera Cases by Date of Onset

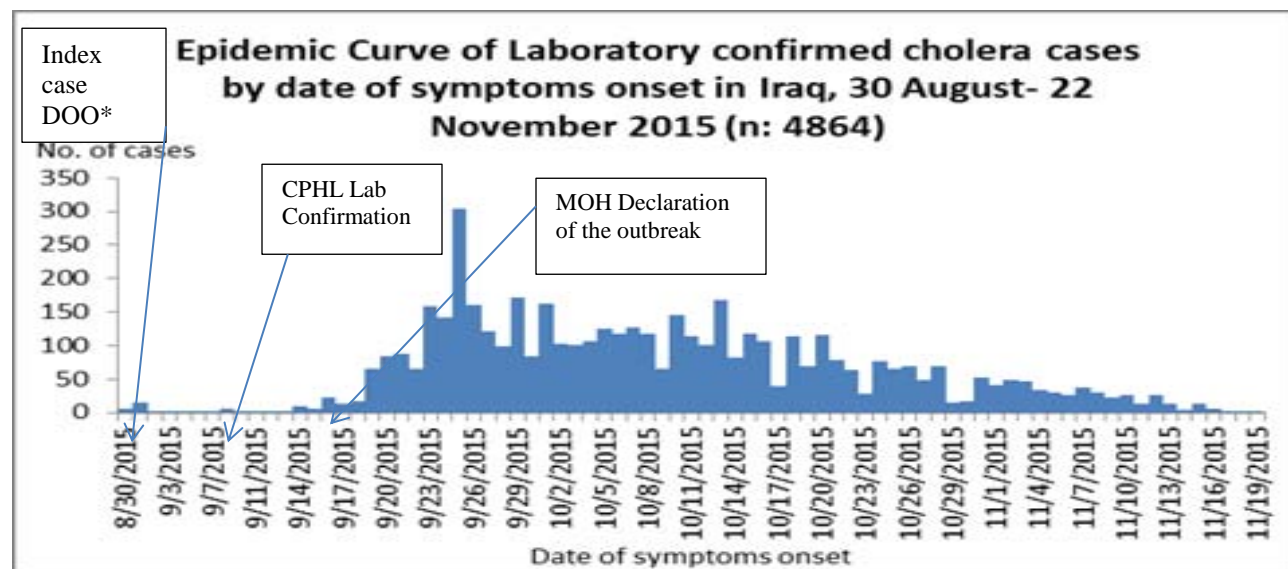


Figure 1 shows the declining trends in the number of laboratory-confirmed cholera cases reported daily based on the date of symptoms onset in Iraq between 30 August and 22 November 2015.

The cumulative cholera attack rate consistently trended downward from 3.91 per 100 000 population on week 39 to 0.07 per 100,000 population on week 47. There is evidence that the number of cholera cases reported has been decreasing in the last three weeks. The epidemic curve peaked in week 39 and 40 then declining gradually until week 47 (figure 2).

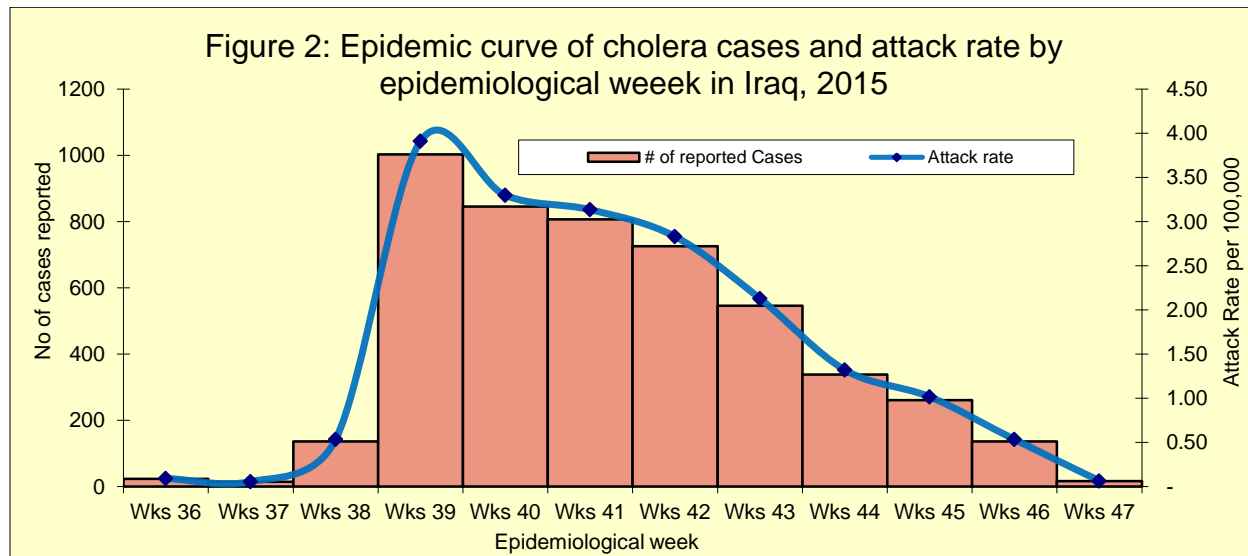
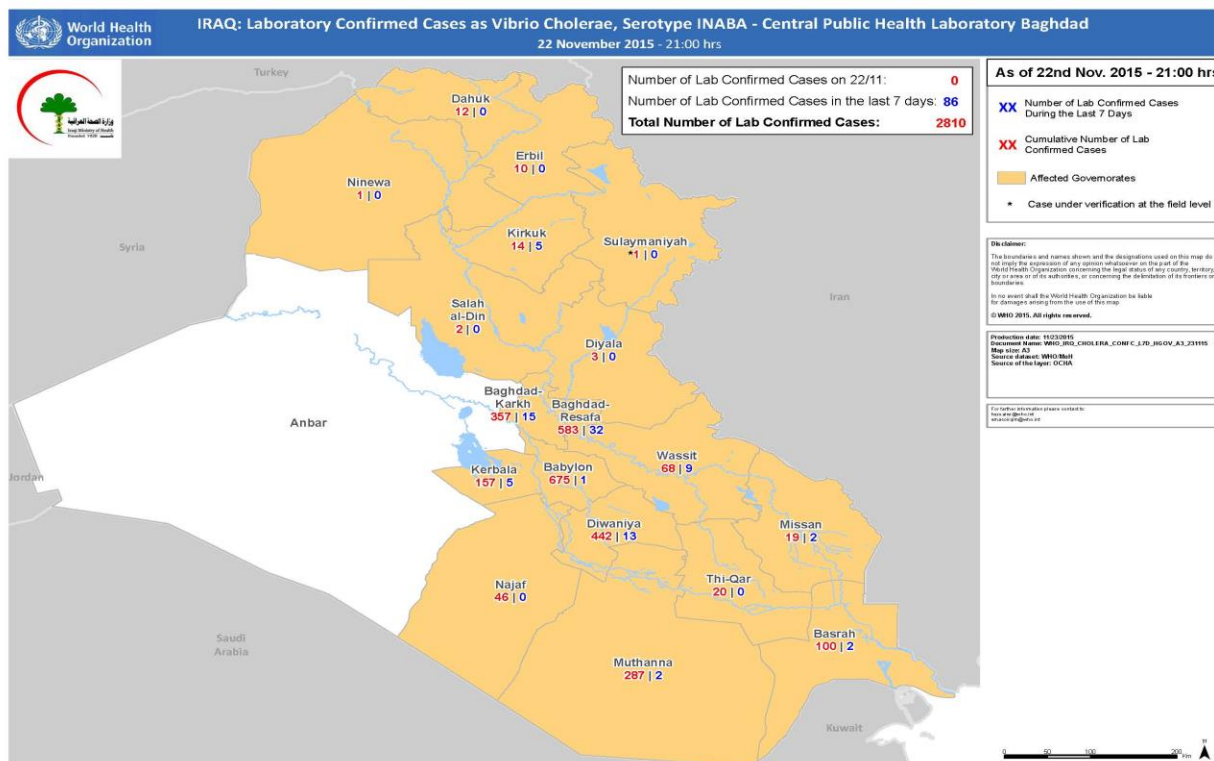
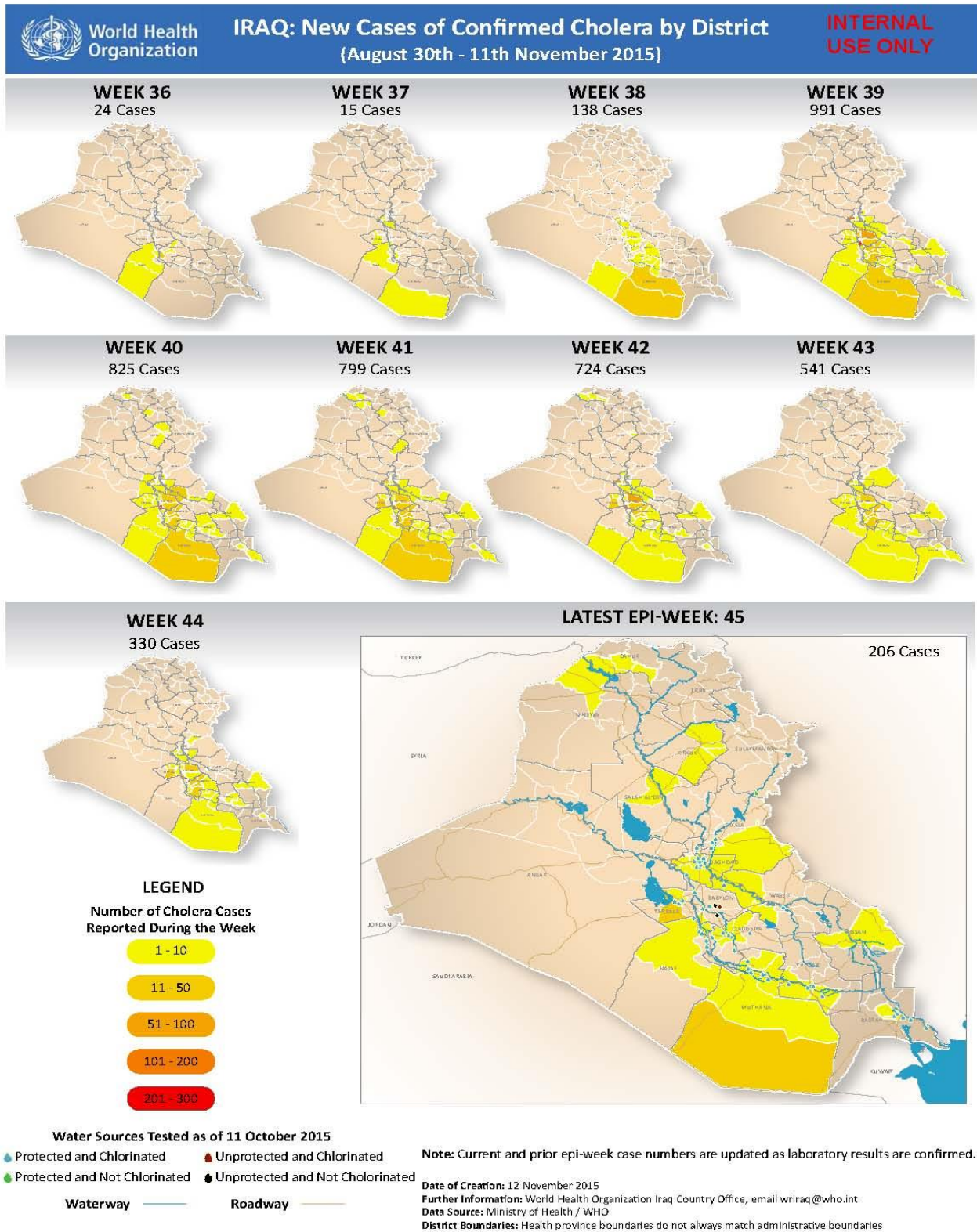


Figure 2 shows the declining trends in the number of laboratory-confirmed cholera cases reported weekly in Iraq between week 36 and 47 in 2015.

Map 1: Cumulative CPHL confirmed cases by Governorate



Timeline for spread of disease by week:



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Updates on Health Response:

The Ministry of Health together with WHO, UNICEF and other stakeholders (health and WASH cluster partners) are continuing to step up implementation of comprehensive and multi-sectoral cholera response interventions to contain the current situation and prevent the further spread of cholera.

- Holding regular coordination meetings under the umbrella and guidance of the National Task Force in Baghdad;
- WHO released 6 IDDKs to support the preparedness for Arbaeen mass gathering in Kerbala;
- Organizing joint health and WASH cluster meetings in Baghdad on a weekly basis;
- Enhancing disease surveillance and laboratory support across all affected governorates;
- Ensuring the availability of safe drinking-water, sanitation and food in affected districts;
- Providing extensive chlorine monitoring and water testing at household and community levels to ensure adequate chlorine residual;
- Intensifying the public awareness raising campaign through all available communication channels;
- Ensuring the availability of adequate and essential medical and non-medical supplies;
- Deploying international experts to provide technical support to Iraqi health authorities in the areas of risk assessment, surveillance, case management, laboratory support, OCV campaign and WASH.

Mass immunization campaign:

As part of the public health interventions to contain the spread and interrupt transmission, the first round of the mass vaccination campaign using Oral Cholera Vaccine (OCV) has been completed in 62 high-risk IDP and refugee camps achieving vaccination coverage of over 93% among the target population. Other ongoing response activities include the following:

The proposed activities are in line with the planning and implementation of the Round 2 of Oral Cholera Vaccine campaign. The following activities are already planned together with CDC colleagues in relation to the coverage survey:

- Iraqi Red Crescent Society (IRCS) will be contracted to carry out the coverage survey in the south, central and northern governorates
- Colleagues from CDC are preparing the coverage survey protocol and training materials
- IRCS supervisors and data collectors will be trained in the first week of December in Erbil
- The actual coverage survey will take place right after the 2nd round of the OCV (tentatively 13-15 December); 2015

Updates on WASH Response:

Water, Sanitation and Health & Hygiene Promotion

Continuing preparedness for Al Arbaeen, Awareness campaigns and dissemination of key messages on cholera prevention are planned by UNICEF and MOH, mobilizing 200 youth centers in the Center and South Governorates.

Training of UNICEF facilitators to conduct a similar survey in KRG-I on the impact of communication efforts for the Oral Cholera Vaccination (OCV) has been completed and the survey is ongoing.

Mass media broadcasts, SMS messaging on cholera preparedness and control continue across Iraq. In preparation for Al Arbaeen, large-scale public information efforts are underway, including fixing of 60 billboards in strategic locations across central and southern governorates.

Cholera Communication activities

With the completion of the first phase of a community-based cholera assessment, combining social mobilization and WASH questions, the following key results were found;

- 93% of those surveyed said that they have heard public messages on cholera in the past month
- 64% treat drinking water at home: 50.6% use disinfectants, 32.5% use water filters, 16.9% boil water
- 56% have chlorination tablets at home (47% bought from pharmacies, 27% received from hospitals and 26% from PHCs)
- 98% use soap to wash their hands
- 46% said ORS is readily available in their community, 43% said they didn't know if it was available (C4D intervention to improve ORS usage at health provider and community level ongoing)
- 41% said they get ORS from pharmacies, 31% from PHCs and 27% from hospitals

Joint Assessment Mission to Babylon

On 17th November UNICEF undertook a joint mission (WASH, Health and Communication) to Babylon Governorate.

It was noted that despite the major challenge being faced, good efforts have and continue to be made by the local authorities - there appears good understanding of the cholera outbreak, including the epicenter response and control and prevention measures. Ongoing efforts for Arbaeen appear well planned.

Key recommendations for action include:

- Undertaking of PHCC training for cholera, diarrheal diseases case management for Babylon and Baghdad and refresher training in 2016 for all governorates critically affected during the cholera outbreak as part of the preparedness for potential new outbreaks in spring

- Close monitoring of the status of cholera cases in Babylon and all the other Cholera affected Governorates through which the pilgrims will pass following Al Arbaeen.
- Support to critical rehabilitation works for Al Nekhila water plant and advocacy with government to rehabilitate key water supply and distribution systems in the governorate.
- Joint training (Health, WASH and C4D) for PHCC case investigation teams for the Governorate

CONSULTATIVE MEETING ON STRATEGIC APPROACH FOR CHOLERA PREPAREDNESS AND RESPONSE IN THE EASTERN MEDITERRANEAN REGION, AMMAN, JORDAN, 17–19 NOVEMBER 2015

A three days strategic meeting was held for cholera preparedness and response in the Eastern Mediterranean Region cholera in Amman, and over 40 representatives from endemic countries in the region, WHO, UNICEF and INGOs actively participated in the meeting. Besides the representatives from health authorities, the participation of WHO and UNICEF staff from HQ, Regional Office and Country offices were very impressive.

In the early days of the cholera outbreak in Iraq, WHO had initiated a dialogue with UNICEF in Amman to collaborate the cholera response in Iraq and other regional activities which are relevant for both organizations. The collaborative initiative had paid off, and WHO and UNICEF have been working very closely in response to the ongoing cholera outbreak in Iraq as well as the cholera preparedness in the neighboring countries. The collaboration has reached up to the Regional Director (RD) level, and both RDs have been discussing the progress and challenges of the cholera response in Iraq.

The process of communicating directly with the Minister of Health of the Government of Iraq (GOI) by the two RDs is ongoing in order to address some of the shortcomings in the response, and encourage the government's effort to scale up the control efforts, especially the shortage of chlorine gas, rehabilitation of water treatment plants, provision of clean water to the community, rational use of antibiotics for cholera patients, improving surveillance, and regular information sharing.

The aim of the meeting was to discuss the current cholera situation in the region, and the development of the regional cholera preparedness and response framework. All expected outcomes were achieved accordingly, and participants had actively discussed on priority interventions for the prevention and control of cholera epidemics, as well as the group discussions on the framework development.