

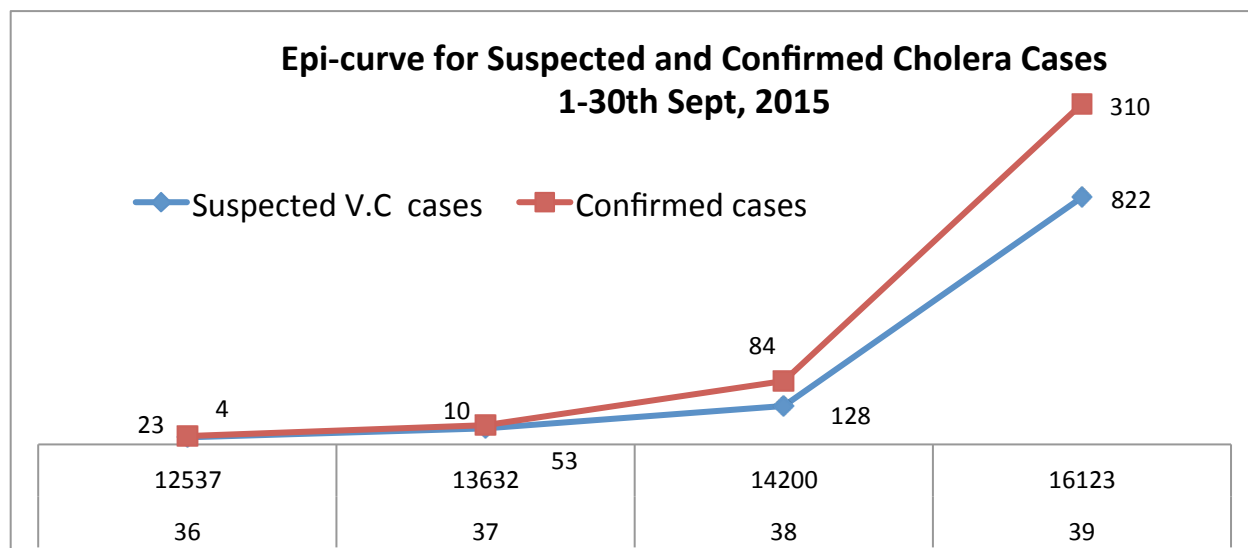
Cholera Task Force-IRAQ

Update on Current Vibrio Cholera (VC) Outbreak in Iraq SITREP – Situation Report – N° 11 01.10.2015 (Epi Week 40)

In continuation of **SITREP** 10 dated 29th Sept, Today **SITREP** focuses on outbreak overview of cholera as of October 1st, 2015 including geographical distribution and Epi-curve for suspected and confirmed Cholera cases since 8th September 2015 and consideration of Oral Cholera Vaccine (OCV) for the most at risk population.

Epidemiological Curve:

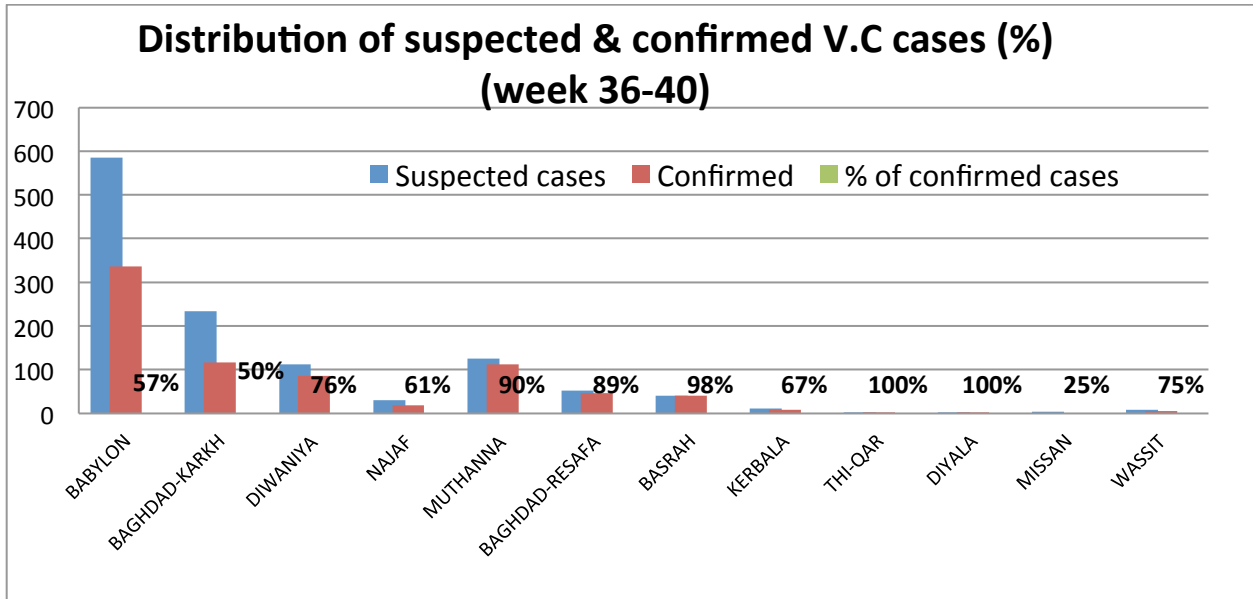
The data received from the Ministry of Health (MoH) indicates that during the week of 36 (31st August – 6th September, 2015), out of 12,537 acute diarrheal cases, there were 23 suspected cholera cases reported through the disease surveillance mechanism out of which four cases were laboratory positive. The number of suspected cases gradually increased in week 37 (7-13 Sept) to 53 out of which 10 were confirmed for VC, followed by 128 suspected VC cases and 84 were positive in week 38 (14-20 Sept, 2015). In week 39 (21-28 Sept) the suspected cases increased to 822 and out of which 310 were tested positive for Vibrio Cholera.



Graph 1: Epi-curve for cholera outbreak between weeks 36-39 (1st - 30th Sept, 2015)

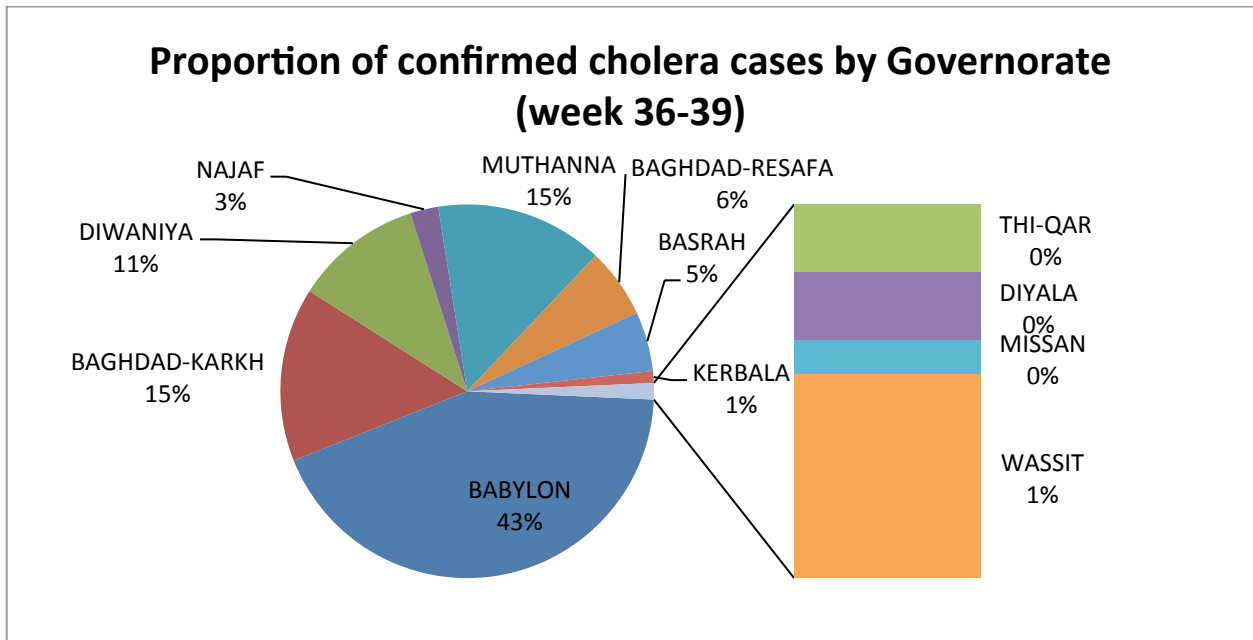
Distribution of cases by Governorate:

The data received from Ministry of Health indicates that the highest numbers of suspected cases are from Babylon, followed by Baghdad – Karkh, Muthanna, Qadissiya – Diwaniya, Baghdad- Resafa, Barsrah and Najaf.



Graph 2: Distribution of suspected & confirmed Cholera Cases by Governorate b/w weeks 36-39

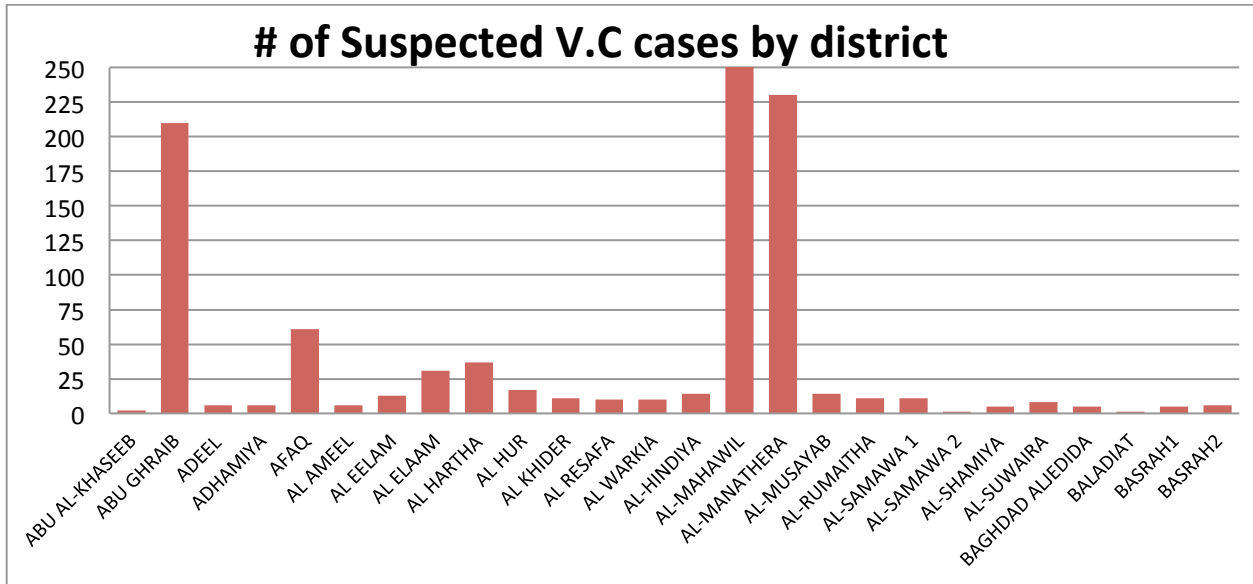
The below pie chart indicates the proportion of confirmed cases by Governorate.



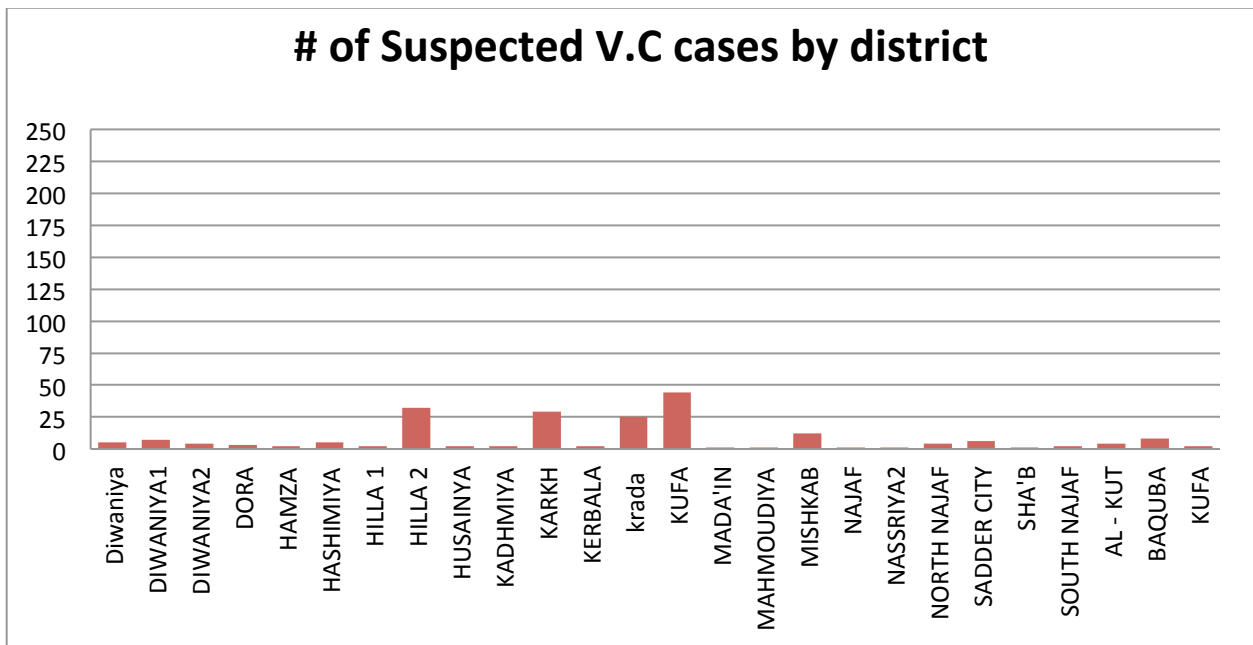
Graph 3: Proportion of confirmed cases by governorate b/w weeks 36-39 (1st - 30th Sept, 2015)

Distribution of cases by district:

Further to enhance the Cholera response, the below data indicates the affected districts per each governorate. Due to the large number of locations, the graph has been divided into two.



Graph 4a: Suspected Cholera cases by District



Graph 4b: Suspected Cholera cases by District

Cholera Taskforce Activities:

Coordination: Cholera Command and Control Centre (C4) established at MoH with an effective inter sectoral coordination mechanism established with WASH cluster. The C4 team is meeting daily at Ministry of Health except on Thursdays. A weekly tele-conference bridge (Thursday) has been linked with the regional office in Cairo and Headquarter in Geneva.

Health Response:**Proposed Vaccination Plan:**

Oral Cholera Vaccination is being considered for some high priority groups as a complementary tool to traditional control measures such as social mobilization, WASH, and patient care in order to control the spread of the disease aiming at controlling the spread of the disease. Given the fact that OCV is given in two doses separated by two weeks, this will mean that 580,000 doses will be given to people at high risk of cholera infection.

On general basis vaccination is NOT being considered for International workers and travelers to Iraq as per recommendations below: ^[i]

It is recommended that international workers and travellers to cholera-affected countries adhere to precautions concerning hygienic practices to reduce their risk of getting cholera.

These include:

- Drinking only safe water and avoiding tap water and ice cubes. If the access to safe water is not possible, water purification tablets, chloramine, portable filters or boiling can be used to make the water safe for drinking. If the water is turbid/dirty, it should be filtered first;
- Washing hands frequently with soap and water or with alcohol hand rub lotions, especially before preparing food and before eating, and after going to the toilet or touching surfaces or items likely to be dirty;
- Eating only safe food by cooking food thoroughly and consuming it while hot, covering the food, separating raw and cooked food, storing food at safe temperatures, using water and raw ingredients that are safe.

In addition, in accordance with the WHO recommendations in the 2012 International Travel and Health,^[i] cholera vaccination of international workers before going to a cholera-affected country is encouraged for those at high risk; that is workers who are likely to be directly exposed to cholera patients or to contaminated food or water, particularly those staying in areas with poor access to health care facilities.

Concerning other (long- or short-term) travellers to cholera-affected countries, vaccination is generally not recommended

^[i] World Health Organization. *International Travel and Health 2012, Chapter 6: Vaccine-preventable diseases and vaccines*. Geneva, Switzerland: World Health Organization, 2012.
