

Cholera Task Force-IRAQ

Update on Current Vibrio Cholera (VC) Outbreak in Iraq.

SITREP – Situation Report – N° 13

08.10.2015 (Epi Week 41)

Today SITREP is the continuation of SITREP 12 and will discuss the overview of cholera spread as of October 8th, 2015 including geographical distribution illustrated in the attached map.

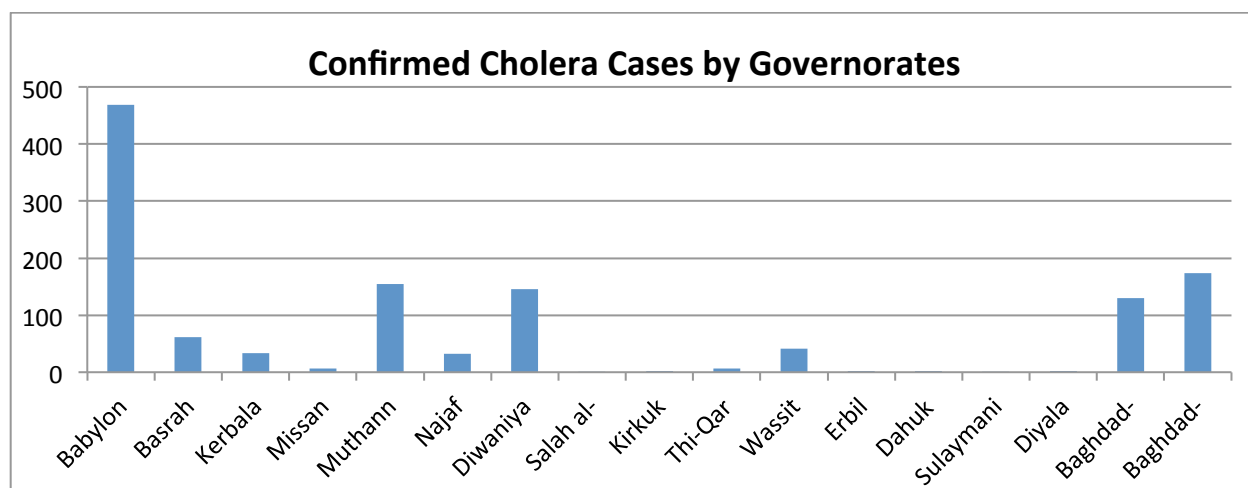
Laboratory Confirmed cases: Total of 1263 cases and one death*

The below table shows the distribution of the cholera positive cases by Governorates confirmed by the Central Public Health Laboratory by Ministry of Health – Baghdad as of 6th Oct, 2015.

Health Governorates	Confirmed Cases
Babylon	469
Basrah	61
Kerbala	33
Missan	6
Muthanna	155
Najaf	32
Diwaniya	146
Salah al-Din	1
Kirkuk	2
Thi-Qar	6
Wassit	41
Erbil	2
Dahuk	2
Sulaymaniyah	1
Diyala	2
Baghdad-Resafa*	130
Baghdad-Karkh	174
Total	1263

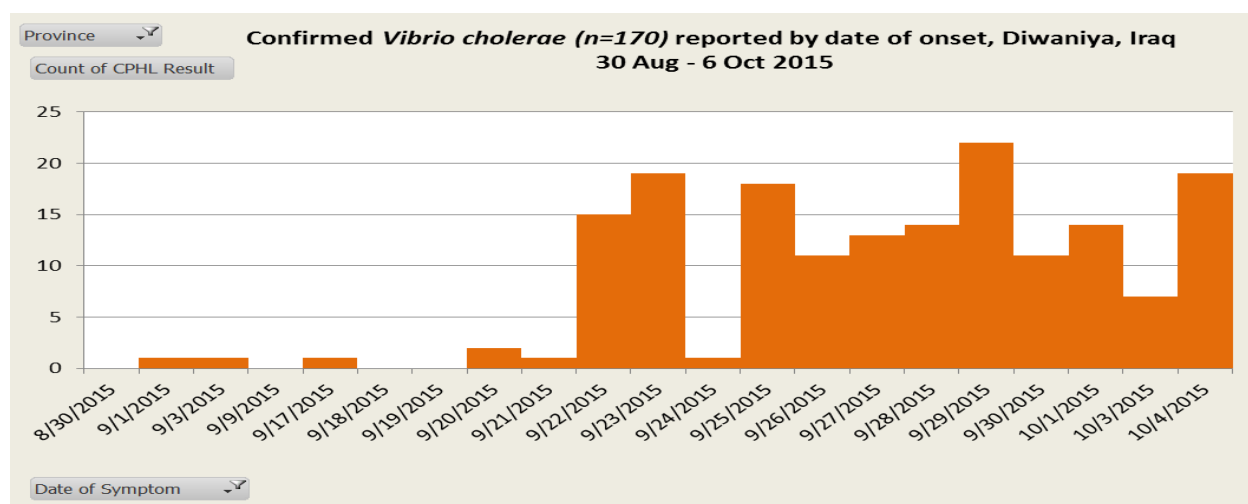
*Death: One confirmed death at Baghdad - Resafa

The bar chart shows the highly affected Governorates.



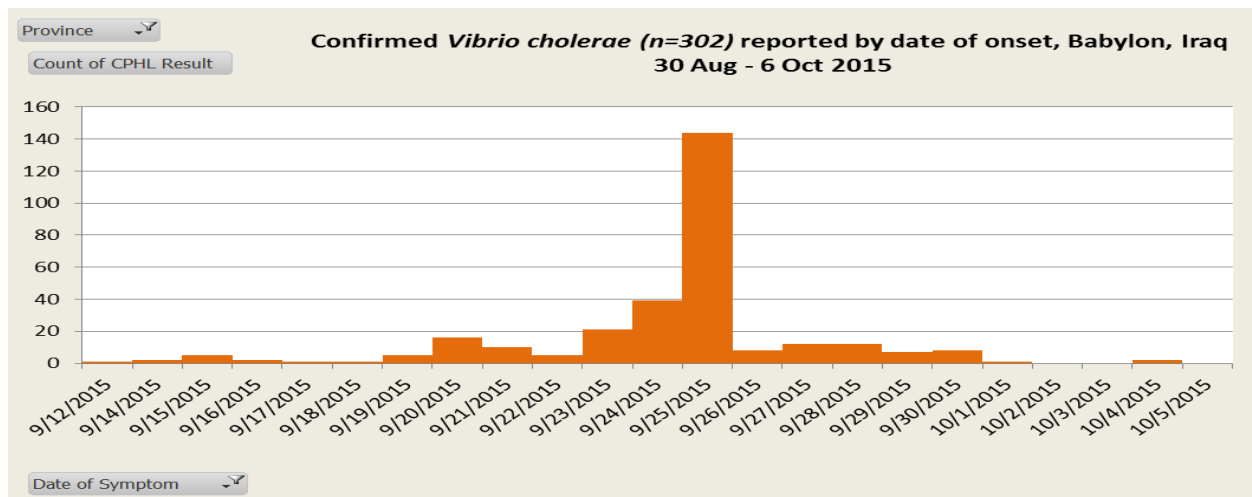
Graph 1: Distribution of confirmed Cholera Cases by Governorate b/w weeks 36-40

The below graphs indicates the trends of the cholera outbreak by Governorate. These graphs can help us predict and focus on the high risk governorates in terms of cholera response through Health and WASH sectors. The below graphs are based on the positive line list provided by Ministry of Health.



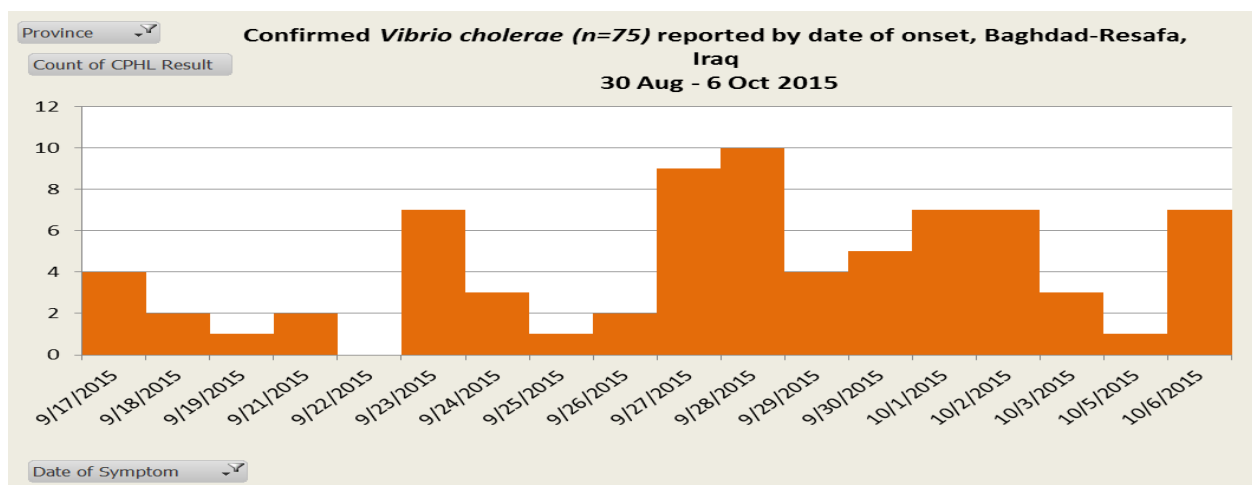
Graph 2: Situation of Cholera outbreak in Diwaniya Governorate since 1st Sept, 2015

The Iraq outbreak started from Diwaniya Governorate according to the onset of symptoms of the first index case (1st September, 2015). The index case/s (clustering) of 5 cases in total belonged from were Ghammas, Al Shamiya district West of Diwanya on Euphrates River, which is at the border of Manathera district of Najaf Governorate. The outbreak started on 30th August and according to the graph the trend indicates that the outbreak is still ongoing as of 4th Oct, 2015.



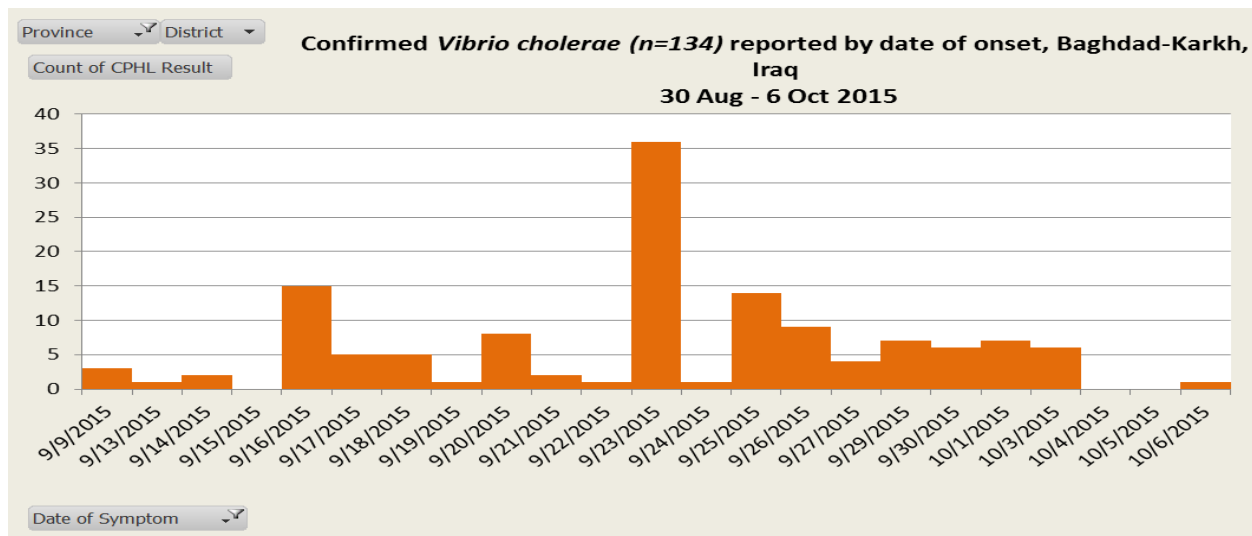
Graph 3: Situation of Cholera outbreak in Babylon Governorate since 1st Sept, 2015

It seems in Babylon the steep peak is on 25th Sept, 2015, indicating that this is due to a point common point source or clustering, the onset for the index case started on 9th September, indicating that this outbreak started after Diwanya outbreak dated 30th August. Babylon has the highest number of cholera cases among all governorates.



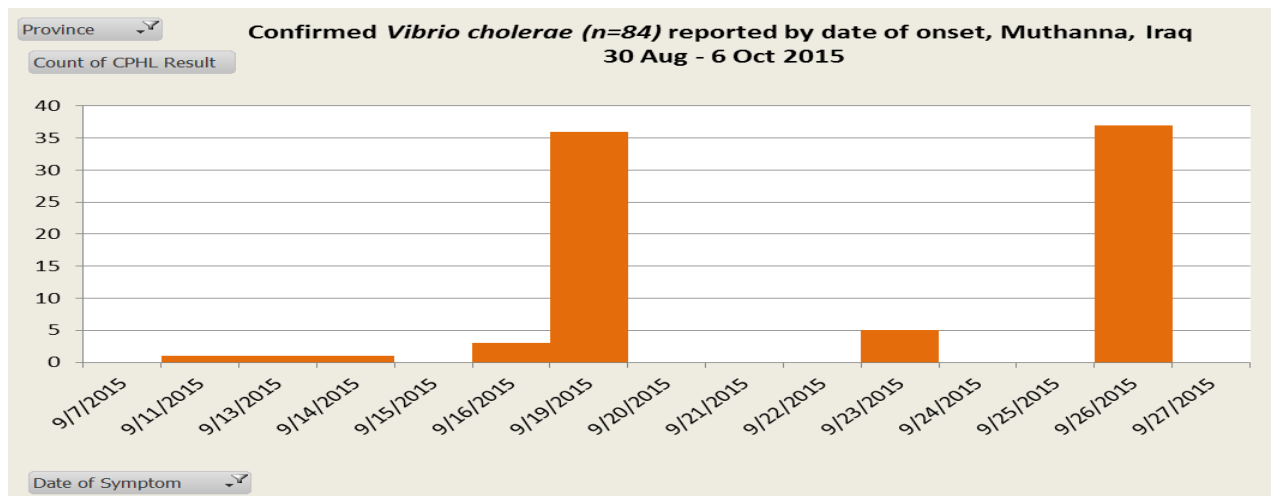
Graph 4: Situation of Cholera outbreak in Baghdad - Resafa Governorate since 1st Sept, 2015

According to the graph above, the outbreak in Baghdad Resafa is still ongoing same as in Kerkh (mentioned below), although the onset first case in this location was reported one week after the Kerkh outbreak. The graph indicates irregular pattern in cases indicating a multiple source contamination and the outbreak is still on-going.



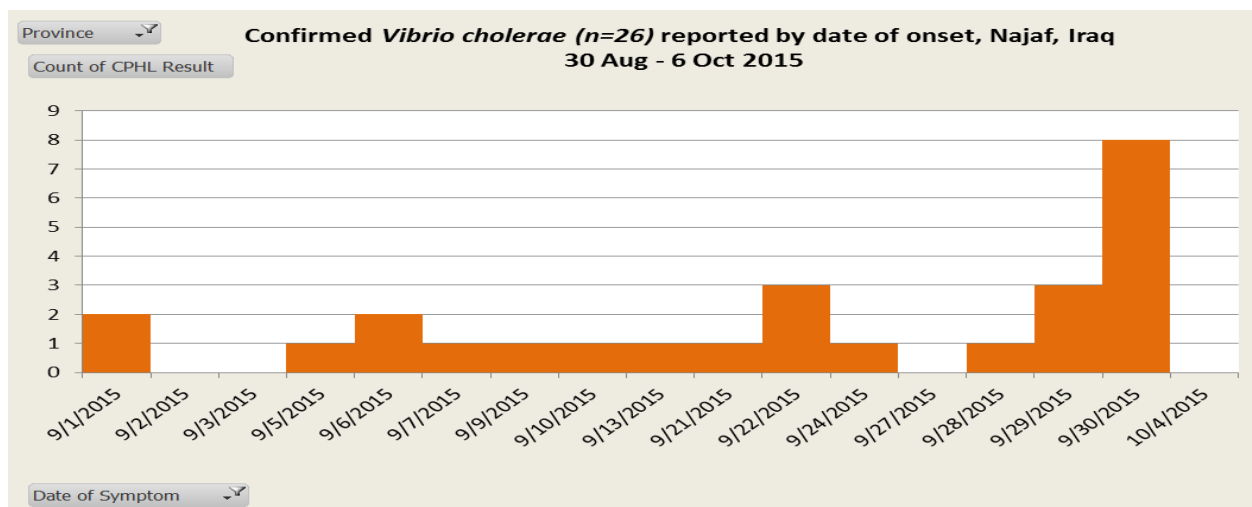
Graph 5: Situation of Cholera outbreak in Baghdad-Karkh Governorate since 9th, Sept, 2015

Baghdad Karkh graph indicates the onset of the index case was on 9th Sept, but due to numerous contaminated water sources there is fluctuation in the cases as shown in the graph (different flat peaks). The outbreak is still ongoing with an average of 10-15 cases daily following the trends as seen in Baghdad Resafa.



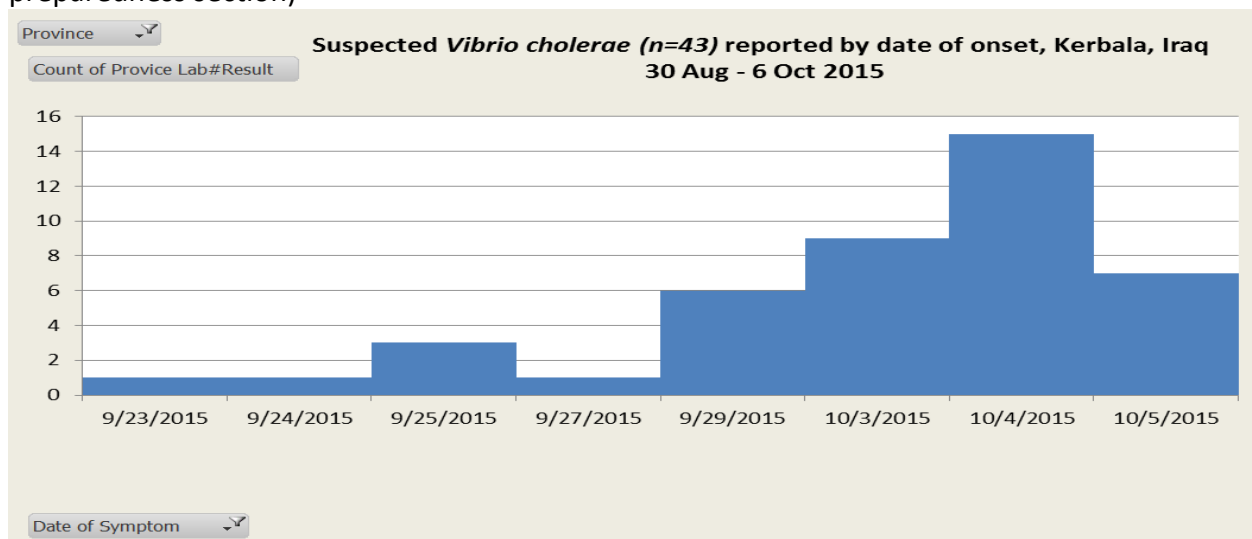
Graph 6: Situation of Cholera outbreak in Muthanna Governorate since 11th, Sept, 2015

The outbreak in Muthanna started one week after the Diwanya outbreak on 7th Sept, completing its incubation time period. The graph indicates that there are more than one source of contamination but seems that the overall trend of cases have reduced as the last case was reported on 27th Sept. According to the incubation period for cholera, if there are no new cases reported after 8th Oct, the chances of the outbreak in Muthanna have decreased.



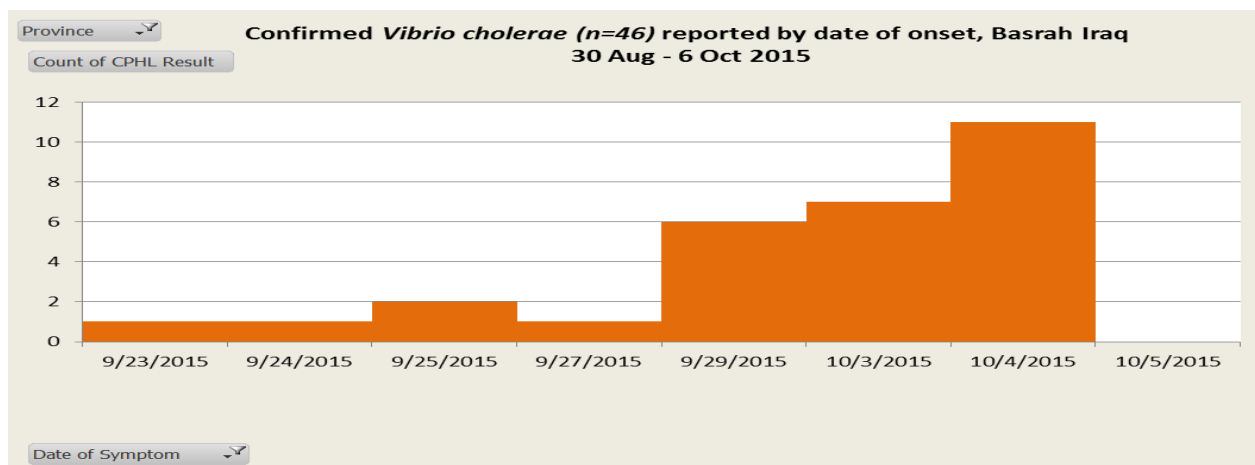
Graph7: Situation of Cholera outbreak in Najaf Governorate since 1st Sept, 2015

Although Najaf reported 39 positive cases but due to the upcoming pilgrim season this governorate is monitored closely. The graph shows two peaks with a time difference (mix incubation) between them indicating that they are from different localities with different water sources. This situation has to be monitored very closely due to the next mass gathering of Ashura on 26th October. Precaution measures are under way in Kerbal and Najaf. (See the preparedness section)



Graph 8: Situation of Cholera outbreak in Kerbala Governorate since 23rd Sept, 2015

Kerbala first case was reported on 23rd Sept, and the cases are increasing which means that the situation is not stable or has a potential for further deteriorate. This current pattern indicates that furthermore prevention and WASH activities are required to stabilize this situation before the Ashura (26th October, 2015).



Graph 2: Situation of Cholera outbreak in Diwaniya Governorate since 1st Sept, 2015

Basrah had its first case on 23rd Sept and it is gradually increasing. According to the graph the risk of further spread from Basrah is high.

Preparedness Plan for Ashura:

In light of the upcoming mass gathering event “Ashura” and in order to prevent, or if necessary manage Cholera cases during this event, WHO encourages public health authorities of Iraq to;

- Ensure proper treatment of water at its source and point of distribution;
- Enhance surveillance to rapidly detect cholera infections and actively find cases;
- Strengthen command and control arrangements that link actions across agencies and sectors;
- Educate pilgrims on the risk of transmission and symptoms of Cholera infection and to consult a healthcare provider when developing Cholera related symptoms;
- Adequately prepare medical facilities according to WHO guidelines to manage cholera cases.

The public health authorities of Iraq in coordination with Cholera Taskforce has prepared IEC messages and sharing these messages with organizers of the mass gathering to facilitate clear and rapid communication in the event that Cholera spread among pilgrims and coordination and collaboration with the media.

Countries neighboring an area affected by cholera are advised to;

- Improve national preparedness to rapidly respond to an outbreak and limit its consequences, should cholera spread across borders;
- Improve disease surveillance to obtain better data for risk assessment and early detection of outbreaks, including establishing an active surveillance system; inspect and destroy potentially infected food items carried by individual travelers;

- Provide information to travelers on risks of cholera, precautions to avoid infection, cholera symptoms, and when and where to report should these symptoms develop and to collaborate with travel and tourism sectors to place educational materials at strategic locations (e.g. airports, public transport stations, travel agent offices).

WHO DOES NOT ADVISE:

- Implementation of embargoes or similar restrictions on trade related to countries affected by cholera outbreaks;
- Routine screening or quarantine of travelers coming from cholera affected areas; that requiring proof of vaccination for entry plays a useful role in preventing the international spread of cholera and therefore, such a requirement is considered as an unnecessary interference with international travel;
- Requiring prophylactic administration of antibiotics or proof of such administration for travelers coming from or going to a country affected by cholera.

Cholera Taskforce Activities:

The Cholera response is based on the following eight strategies which are closely coordinated through Cholera Command and Control Centre (C4) established at MoH with an effective inter sectoral coordination mechanism established with WASH cluster.

Response Strategy: These strategies are case management; Active/Passive Surveillance; Laboratory strengthening; Health and Hygiene promotion; Coordination; water quality; Vaccination and Logistics