Cholera Task Force-IRAQ

Update on Current Cholera Outbreak in Iraq.
SITREP – Situation Report – N° 15
15.10.2015 (Epi Week 42)

During the current cholera outbreak, Iraq reported, as of 15 October, 1,655 confirmed cases including 2 reported deaths (CFR 0.12%). The reported cases were from 15 out of a total of 18 governorates. The most affected governorate is Babil where almost 40% of the confirmed cases were reported. All the samples have been confirmed at the Central Public Health Laboratory (CPHL) of sero-group 01 biotype Eltor and serotype Inaba. The samples were sensitive to all the tested antibiotics including tetracycline, doxycycline, ciprofloxacin and erythromycin.

The current cholera outbreak has been declared on September 15, 2015 by the Ministry of Health. Cases were first reported from Diwaniya Governorate on September 1st, followed by Najaf and Baghdad governorates.

Cholera is endemic in Iraq and cases are notified on an annual basis in that country. The most recent epidemic was in 2012, in which 293 confirmed cases were reported from Suleiymaniyah and Kirkuk. Sporadic cases were also notified in 2010 (one case), 2011 (one case) and 2013 (2 cases).

On October 2, Kuwait reported to WHO, through International Health Regulations (IHR 2005), the first Iraq-imported cholera case, and this number increased to five cases as of October 8, including one case involving a Bahraini national with recent travel history to Iraq.

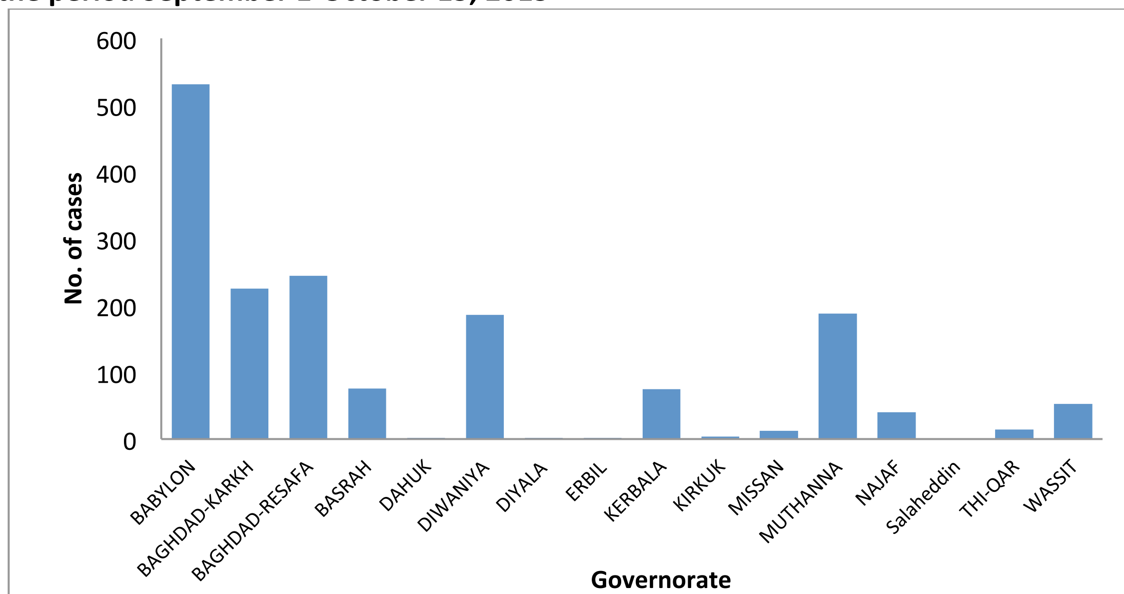
In response to the current outbreak, WHO supported the Ministry of Health with provision of 15 Integrated Diarrheal Disease Kits. These kits have been distributed to the affected governorates. In addition, WHO deployed international consultants, including experts from the WHO Collaborating Center International Center for Diarrhea Diseases and Research, Bangladesh (ICDDR, B) to assist Iraq in case management and laboratory issues. Furthermore, epidemiologists from WHO regional and headquarter offices were sent to Iraq to support intervention activities, including the preparation and conducting the mass preventive immunization campaign using Oral Cholera Vaccine (OCV).

Similarly, UNICEF is supporting WASH activities in the highly affected areas. Both WHO and UNICEF are working to assist the MoH in hygiene promotion activities and in ensuring that appropriate level of preparedness for Ashura (mass gathering of pilgrims in the holy cities of Kerbala and Najaf in October) is in place. MoH has distributed medical supplies to health facilities dealing with cholera in all affected governorates. Table 1 shows the distribution of the CPHL confirmed cholera cases by governorate for the period October 1-11, 2015.

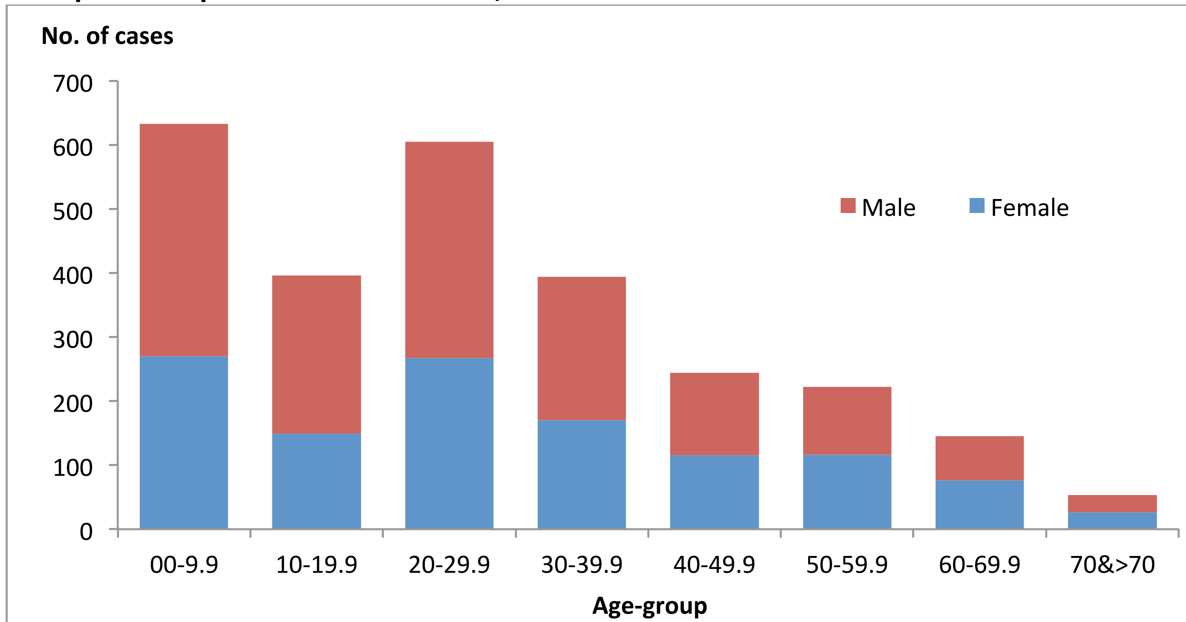
Serial #	Governorate DOH	Confirmed cases and deaths as of October 15		
		Cases	Deaths	CFR
1	Baghdad-Karkh	225	0	0
	Baghdad-Resafa*	244	1	0.7
2	Babylon*	531	1	0.2
3	Kerbala	75	0	0
4	Najaf	40	0	0
5	Diwaniya	186	0	0
6	Muthanna	188	0	0
7	Basrah	76	0	0
8	Missan	12	0	0
9	Wassit	53	0	0
10	Thi-Qar	14	0	0
11	Diyala	2	0	0
12	Erbil	2	0	0
13	Salah El-Din	1	0	0
14	Kirkuk	4	0	0
15	Dahuk	2	0	0
Total		**1655**	**2**	**0.12**

***Death: One confirmed death in Baghdad/Resafa and one in Babylon**

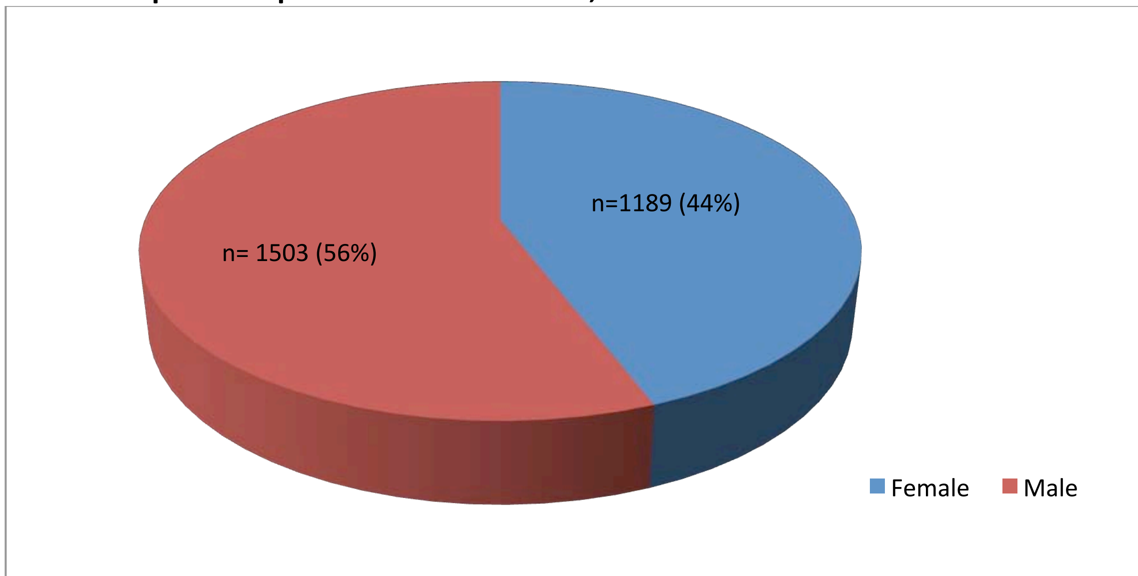
Graph 1 shows the cumulative distribution of cholera confirmed cases in Iraq by governorate for the period September 1-October 15, 2015



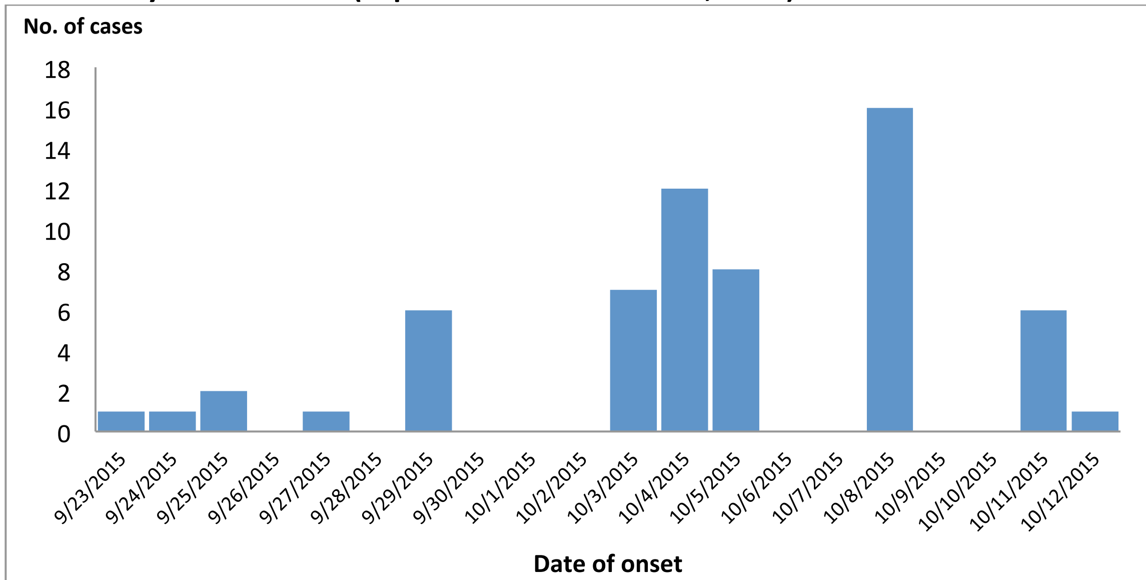
Graph 2 shows the distribution of reported cholera suspected cases by age group and gender for the period September 1-October 12, 2015



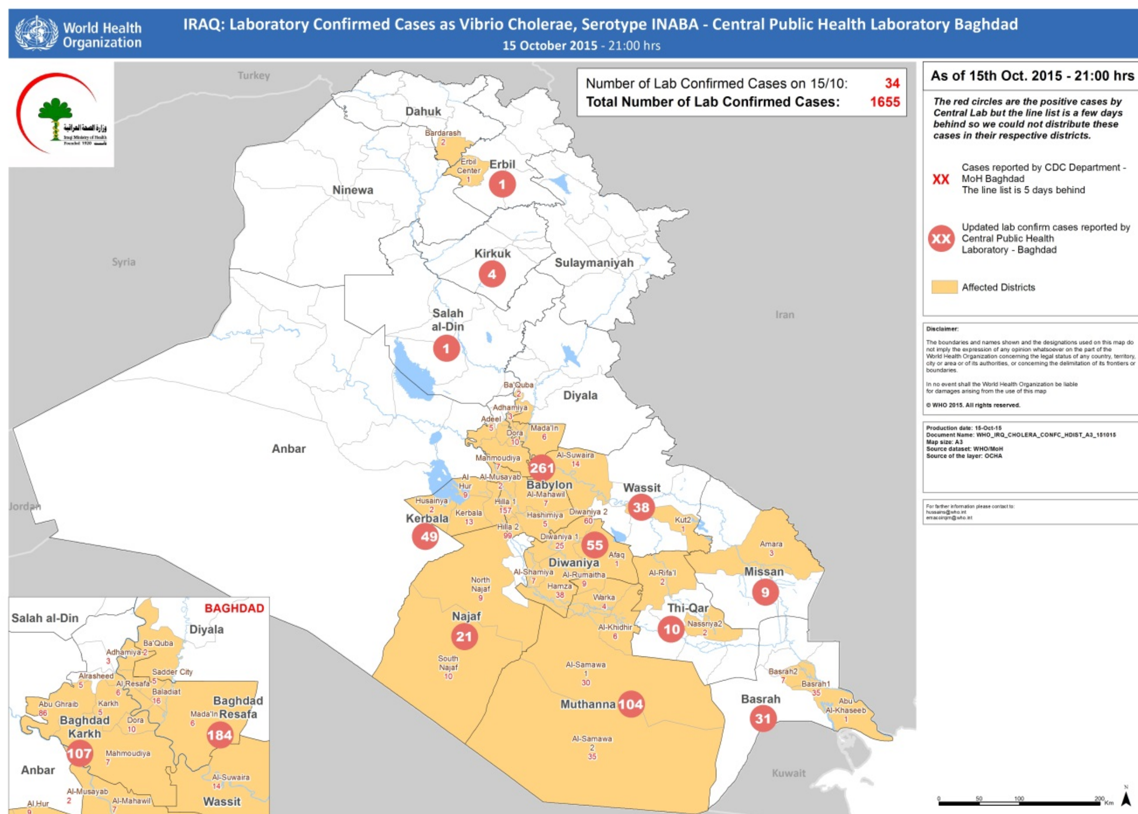
Graph 3 below indicates the cumulative distribution of reported cholera suspected cases by gender for the period September 12-October 12, 2015



Graph 4 shows the distribution of reported cholera confirmed cases (61) from Kerbala governorate by date of onset (September 23-October 12, 2015)



Map 1: Confirmed cases by district in each affected governorate:



Integrated Response Activities

Coordination

Cholera response is based on the following eight strategies which are closely coordinated through the Cholera Command and Control Centre (C4) established at MoH with an effective inter-sectoral coordination mechanism including WASH cluster. The strategies include (1) Case management; (2) Active/Passive Surveillance; (3) Laboratory strengthening; (4) Health and Hygiene promotion; (5) Coordination; (6) Monitoring of water quality and safety of food and sanitation resources; and (8) Vaccination and Logistics.

Health Sector Response

Case management/Infection Control

- Refresher training on case management has been conducted in the northern part of Iraq and organized by IMC, and facilitators availed through WHO (WHO staff from EMRO and Country office and WHO consultants from ICDDR, B). WHO consultants assessed the situation in selected hospitals designated to treat cholera cases. The preliminary findings of the assessment reveal that there were enough capable health cadres in all visited facilities designated for cholera treatment with reasonable infection control measures. The medical supplies stock was at acceptable level. However, it was found that areas for improvement included standardization of case management and rationalization of antibiotic treatment, in addition to raising the awareness of the community to use the ORS at household level when the patient develops diarrhea regardless of his/her age.
- With the support of WHO and partners, the Ministry of Health opened one cholera treatment center in each of the designated tertiary hospitals.
- WHO has allocated substantive amount of funding to MoH to improve active and passive surveillance, case management and revitalization of ORTs with a strong M&E component in the thirteen most affected governorates.

Medical Supplies

- WHO has delivered fifteen (15) Integrated Diarrheal Diseases Kits (IDDKs) to the MoH on October 1st, enough to cater for 6,000 moderate and mild cases in addition to 1,500 severe cholera cases. These kits have been distributed to the affected governorates according to the outbreak's burden and with the following priority ranking: Babylon, Diwaniya, Najaf, Kerbala, Muthana, Basra, Baghdad/Resafa, Baghdad/Karkh, Wassit and Thi-Qar. An additional 12 IDDKs, enough for the treatment of 5,600 moderate and mild cases and 1,200 severe cases are in the pipeline for replenishing the depleted stock and will be pre-positioned in the central governorates during the Ashura event.
- Based on the WHO team assessment, the MoH has submitted a request to the International Coordinating Group (ICG) for 510,000 doses of oral cholera vaccine (OCV) targeting 255,000 IDPs and refugees. The ICG has approved the request on October 9, 2015. The micro planning is underway to administer the campaign tentatively scheduled on October27, 2015.

Surveillance/laboratory

- Surveillance at health facility level is ongoing (refer to the graphs 2-4 above), although the active case finding is partially functioning in the highly affected areas.
- Laboratory assessment of the Central Public Health Laboratory (CPHL), regional public health laboratory of Erbil, hospital laboratory of Yermouk Teaching Hospital has been conducted by the

ICCRD,B laboratory experts (WHO consultants). The preliminary findings reveal that all the laboratories assessed at the three levels were well equipped and had qualified cadres and the capacity to test and confirm *Vibrio cholera* through culture and serotyping, except for Erbil laboratory where the serotyping could not be performed due to insufficient stock of antisera. The assessment also evidenced that laboratories were not equipped to identify and confirm other vibrio other than cholera. Similarly, it was found that the genotyping techniques were not also used as appropriate equipment and reagents for DNA sequencing were lacking. WHO is exploring the possibility of supporting these laboratories by sending samples to specialized centers that are WHO collaborating Centers.

Surge Deployment

- WHO has deployed experts from HQ/Geneva, WHO regional office (EMRO), CDC-Atlanta and ICCRD,B in the field to provide technical support on surveillance, including active case finding as well as case management, water and sanitation, laboratory and social mobilization interventions and logistics and vaccination of the most vulnerable population.

WASH Sector

- UNICEF through Implementing Partners (IPs) such as the Rebuild Iraq Reconstruction Programme RIRP) has completed establishing 20 out of 100 points of distribution in Abou Ghraib/Al-Naser W Al-Salam whereas the Norwegian Refugee Council (NRC) started filling the tanks with safe water.
- UNICEF, through RIRP, continues the cleaning and dislodging campaigns in Al-Takia camp for IDPs.
- UNICEF, through RIRP, has also started installation of additional water compact units of 15m3/hour along with T95 tanks in Al-Habbaniyah tourist city.
- IOM started installing potable water production points, through Reverse Osmosis (RO) units of $3m^3$/hr in Al-Takia camp in Baghdad.
- UNICEF, through RIRP, has distributed hygiene materials along with cholera prevention messages to IDPs in formal and informal settlements. In the same operation, 1,699 Hygiene kits and 1699 Jerry cans and 665 boxes of garbage bags (15 rolls each) along with key messages for cholera prevention through hygiene promoters were delivered to 1,329 IDP families in Baghdad camps (Al-Ahal and Al-Amal Al-Manshoud, and other locations where there are about 50 to 120 IDP families).
- UNICEF, through RIRP, continues delivering $8m^3$/day of water to IDP camp in Sader Yousfiyah.
- UNICEF, through Jannat and Ferdous (JF), has delivered and distributed 700 Hygiene kits and hand sanitizers to Samarra (Salah Al-Deen governorate).
- UNICEF, through RIRP, has delivered and distributed 68 garbage bins to Takiya Community Center (CC) and 50 to Owereij new camp in Yousifiya sub-district (Mahmoudiya district).
- UNICEF, through RIRP, has delivered and distributed 80 family hygiene kits to the minority families in Al Mansour-Baghdad.
- DRC continues to provide 100 m^3/day through water-trucking in Abou Ghraib center and support water quality testing.
- 10 schools were selected in Babil governorate to integrate WASH activities in School programs through local NGO.

Recommendations from the C4 meeting of October 14, 2015:

- Finalization of the OCV micro plan at the next Monday meeting.
- There is a need to raise awareness regarding the coming OCV campaign, especially at the camp setting level before the actual campaigns.
- There is a need to raise awareness at airport levels in light of the mass gathering events in Najaf and Kerbala.
- There is a need to update on a regular basis stocks and identify and fill up the gaps.
- There is a need to conduct refresher training courses for the laboratory cadres and support the labs to have some reagents that are critically required.