

Cholera Task Force-IRAQ

Update on Current Cholera Outbreak in Iraq. SITREP – Situation Report – N° 16

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Situation Update

During the current cholera outbreak, Iraq reported 1,942 confirmed cases including 2 reported deaths (CFR 0.1%) from the 1st September to 22nd October 2015. This current cholera outbreak has been officially declared on 15th September 2015 by the Ministry of Health. The cases were first reported from Diwaniya governorate on 1st September, followed by Najaf and Baghdad governorates.

All samples from suspect cases are confirmed at the Central Public Health Laboratory (CPHL). Confirmed cases are reported from 15 out of 18 governorates. To-date, the most affected governorate is Babylon (40% of the confirmed cases). All the samples which have been confirmed at the CPHL are sero-group 01 biotype Eltor and serotype Inaba. The samples were sensitive to all the tested antibiotics including tetracycline, doxycycline, ciprofloxacin and erythromycin.

Preparation activities for upcoming Ashura have been conducted; this event will involve thousands of people mainly from Iraq travelling to Kerbala next Saturday, 24th October. The Government of Iraq is preparing preventive measures to mitigate any possibility of spread of cholera among visitors during this time, and is working to avail safe water, safe food and sanitation resources. In addition, the Kerbala DOH and the Municipality deployed health auditors to monitor the quality of water, food and sanitation. Medical teams will be deployed to assist the health facilities within Kerbala to obtain the medical services. The surveillance system has been sensitized at all the health facilities in Kerbala to immediately report any suspected cholera case.

Ministry of Health, with WHO support, will conduct a targeted Oral Cholera Vaccine (OCV) mass preventive immunization campaign for vulnerable populations in refugee and internally displaced person (IDP) camps throughout the country. This is the first time Iraq will introduce the OCV Shanchol vaccine. It is also the first time since more than 2 decades to apply a fixed center vaccination strategy and not the house-to-house strategy. The target population is 247,319 including above one year old in selected IDP and refugee camps. The vaccine has been shipped to Baghdad (first batch arrived today (Thursday) and the second batch will arrive Friday). There will be two rounds of OCV vaccination campaigns. The first round is planned for 31st October – 1st November (2 day period). The second round is currently tentatively scheduled for 7th – 8th December.

A C4 meeting took place this Thursday to discuss the upcoming Ashura preparation and OCV campaign planning. In addition, WASH response activities were addressed by MOH and UNICEF. There was presence of the US Embassy and experts from the US CDC in this meeting.

Table 1: Distribution of CPHL confirmed cholera cases by governorate and outcome from 1st September - 22nd October 2015 in Iraq

Serial #	Governorate DOH	Cumulative Cholera Confirmed cases			Confirmed cases and deaths during week of Sit Rep 16		
		Cases	Deaths	CFR	Cases	Deaths	CFR
1	Baghdad-Karkh	291	0	0	66	0	0
	Baghdad-Resafa	313	1	0.7	69	0	0
2	Babylon (Babil)	580	1	0.2	49	0	0
3	Kerbala	79	0	0	4	0	0
4	Najaf	40	0	0	0	0	0
5	Diwaniya	246	0	0	60	0	0
6	Muthanna	201	0	0	13	0	0
7	Basrah	85	0	0	9	0	0
8	Missan	16	0	0	4	0	0
9	Wassit	53	0	0	0	0	0
10	Thi-Qar	17	0	0	3	0	0
11	Diyala	2	0	0	0	0	0
12	Erbil	9	0	0	7	0	0
13	Salah El-Din	1	0	0	0	0	0
14	Kirkuk	7	0	0	3	0	0
15	Dahuk	2	0	0	0	0	0
Total		1942	2	0.10%	287	0	0%

Table 1 shows Babylon and Baghdad are the most affected governorates during this current outbreak, including the current week. Additionally, Diwaniya reported high number of confirmed cholera cases this week. Kerbala reported new confirmed cases (4) during the current week, and hence highlighting the urgent need for high vigilance and implementation of preparation plans during the Ashura.

Figure 1: Cumulative distribution by governorate of CPHL confirmed cholera cases from 1 September- 22 October 2015 in Iraq

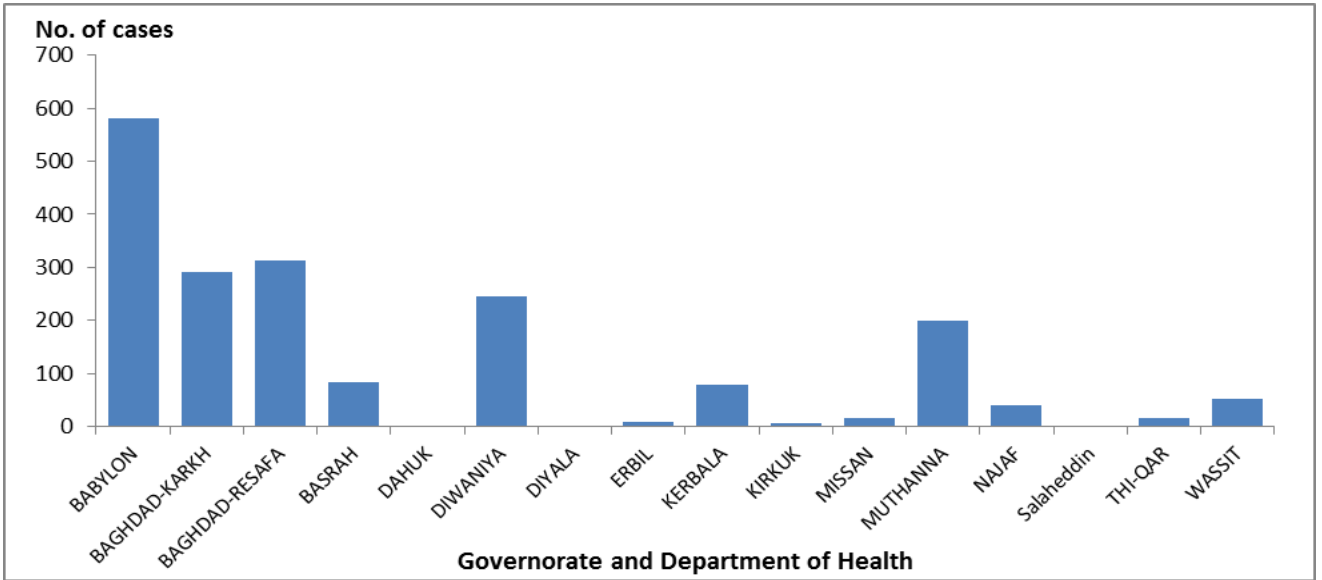


Figure 2: Epidemiological curve of CPHL confirmed cholera cases by date of symptom onset from 1 September- 22 October 2015 in Iraq

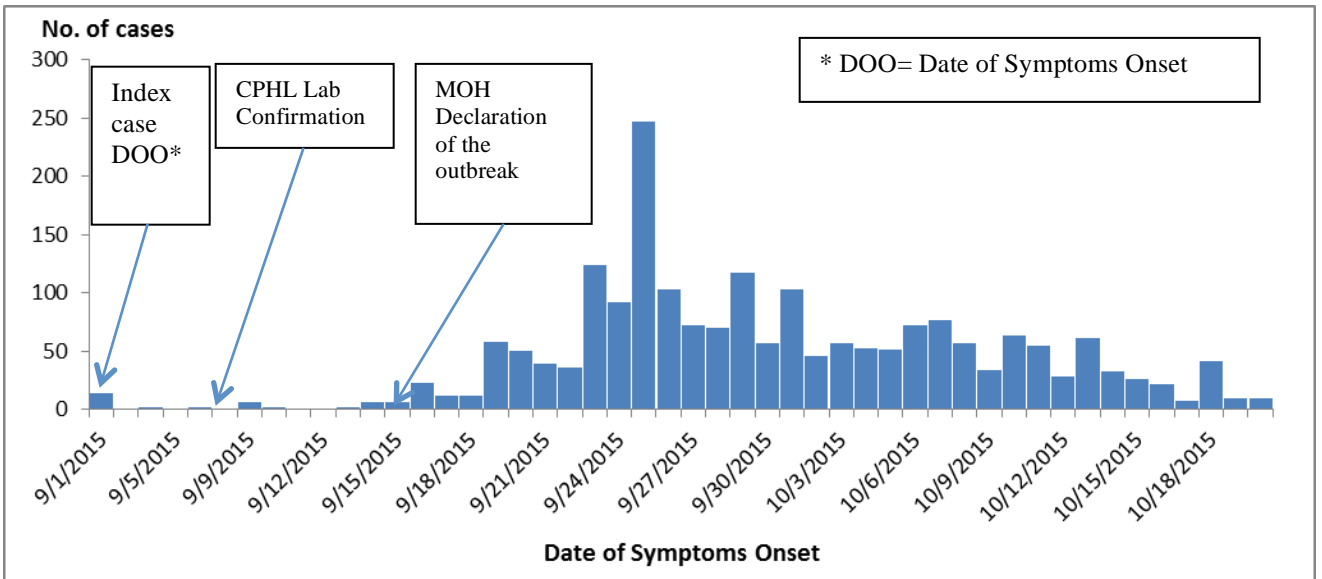


Figure 3 below show Distribution of reported cholera suspected cases by age-group and gender for the period of 1 September -22 October 2015

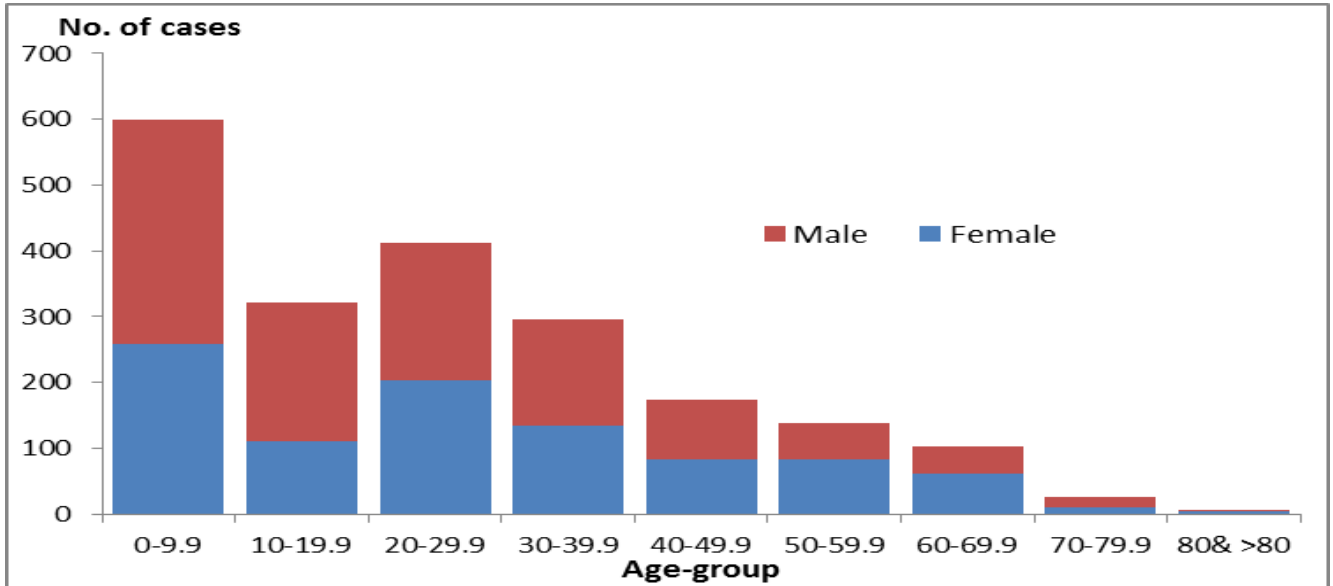
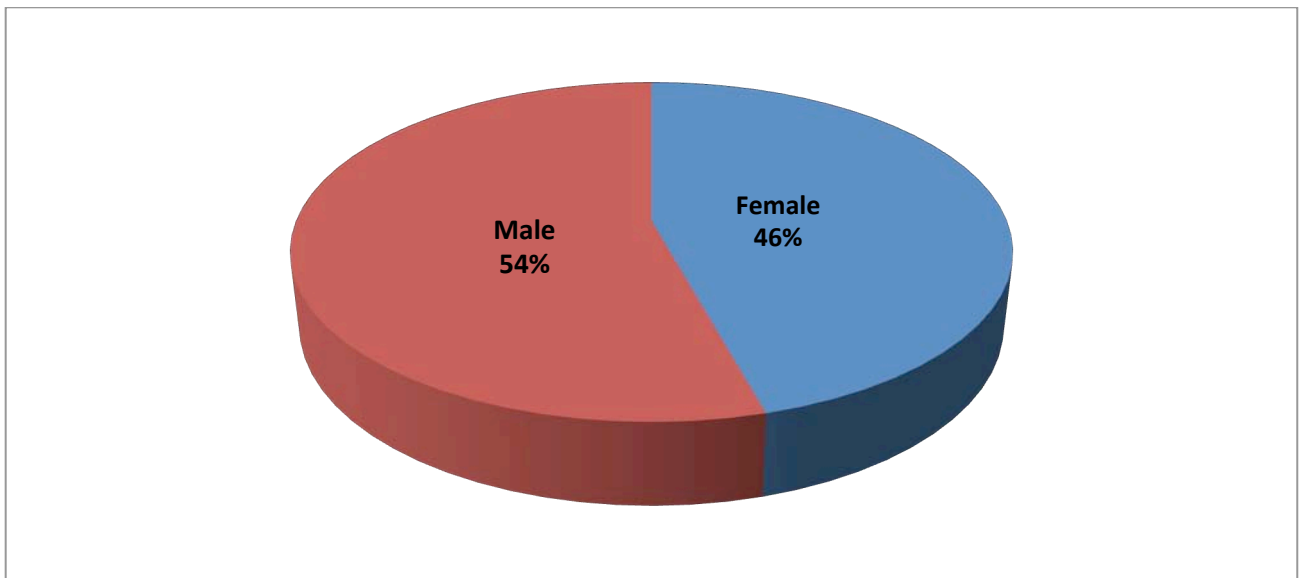
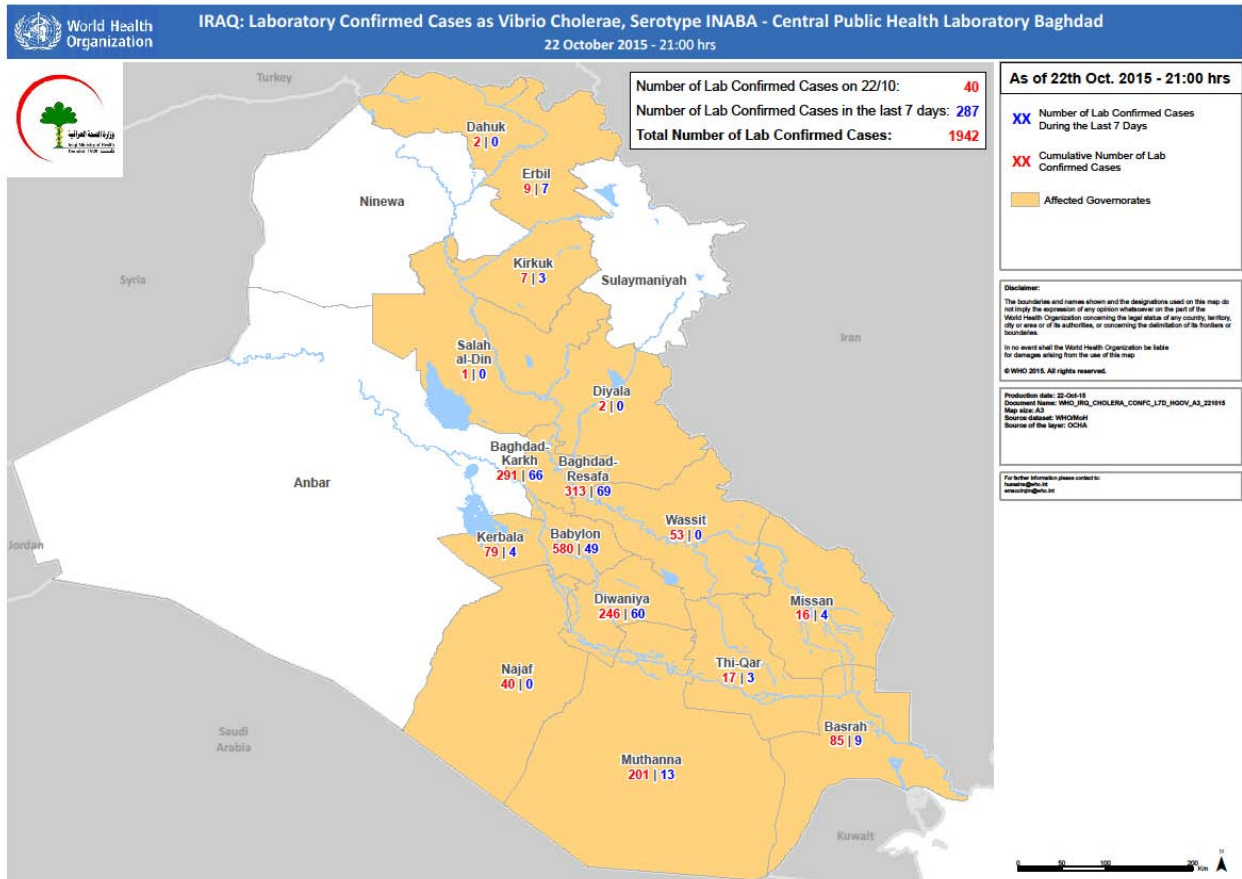


Figure 4 below indicates the cumulative distribution of reported cholera suspected cases by gender for the period of 12 September to 22 October 2015



Map 1: Cumulative confirmed cases and new cases by governorate:



Integrated Response Activities

Coordination

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-sectorial 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

- WHO consultants visited hospitals admitting cholera patients in Baghdad/Resafa and Baghdad/Karkh. Key findings are that there were adequate human resources and logistic support in all the visited hospitals and laboratories at these hospitals were well equipped. However, the case management protocol in all the hospitals

has to be standardized to meet WHO guidelines; specifically, ORS has to be prescribed as part of rehydration plan to avoid misuse of IV fluids, and there should be rationalization for the use of antibiotics. Further, standard cholera beds were not available in the hospitals visited.

Surveillance

- Surveillance at health facility level is on-going, although the active case finding is only partially functioning in the highly affected areas.
- The official data shared by the ministry of health only refer to the laboratory confirmed cases as reported by the Central Public Health Laboratory. This data cannot give the full picture and magnitude of the current outbreak.
- Although the trend of the outbreak as per the previous epidemiological curve shows declining of confirmed cases, this could be misleading as other cases responding to the case definition and not laboratory testes might not be reflected in this epidemiological curve.

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 logistic and technical support related to the OCV mass vaccination campaign targeting the most vulnerable population.

WASH Sector Response

Given the spread of the outbreak in 15 out of the 18 governorates in Iraq, including confirmed cases in the northern governorates of Iraq (Erbil, Dahuk) WASH Cluster partners have stepped up coordinated preparedness and response activities across the country, with a particular focus on highly affected areas and areas particularly vulnerable, as they host a significant number of IDPs. Specific activities per geographical area are outlined below:

Center and South Governorates:

Baghdad:

- UNICEF through its implementing partner, Rebuild Iraq Reconstruction Programme (RIRP), displayed 200 billboards with cholera prevention messages in schools and PHCs in Abu Ghraib, and along the Baghdad/Kerbala, Kerbala/Najaf highways and other high risk areas which will be used by thousands of people while travelling over the upcoming pilgrimage period
- UNICEF through RIRP, conducted desludging of septic tanks in Abu Ghraib main hospital, and waste collection/latrine cleaning campaigns in Al-Takia collective center

- UNICEF disseminated cholera prevention messages in 10 schools and one health center in al Nasir Wassalam and four schools in Khan Dhari, Abu Ghraib
- UNICEF through RIRP, distributed 8,650 sets of bottled water to vulnerable IDP households in Al Ahal camp, Al Tabadol Al Tijari camp, Khaimat Al Iraq camp, and Al Nasir Wal Salam caravans and hygiene kits, jerry cans and garbage bags/bins to IDP households in Electrical Cable Factory and unfinished buildings in Al Nasir WalSalam, Abu Ghraib and informal settlements within Al Ghazaliya quarter
- UNICEF through Jannat Foundation installed 13 of 20 water tanks (5,000 ltrs each) to establish water distribution points for safe, chlorinated water in Khan Dhari and Abo Mnesier, Abu Ghraib, and also delivered jerry cans to 200 families in Khan Dhari.
- UNICEF through UIMS and RIRP distributed hygiene kits in addition to the dissemination of cholera prevention messages to 1,368 at risk households in Al Zaidan and al-Nasir Walsalam
- Norwegian Refugee Council (NRC) is conducting daily trucking of chlorinated water to 20 water distribution tanks (5,000 L each) in al Nasir Wassalam and Abu Ghraib.
- Danish Refugee Council (DRC) is undertaking daily trucking of chlorinated water in Hameed Sha'ban quarter, Abu Ghraib

Qadissiya

- UNICEF through Directorate of Health is distributing hygiene kits, together with cholera prevention messages to 3,000 at risk households in Hamza, Ghammas and Diwnaiya districts.

Najaf

- UNICEF through Al Ataba al Alawiya foundation is distributing hygiene kits, alongside cholera prevention messages, to 4,000 at risk households in Najaf, Manathera and Kufa districts.
- DRC has distributed hygiene kits, alongside cholera prevention messages to 600 at risk households in Najaf

Anbar (as part of the prevention activities in this high risk, high IDP hosting area)

- UNICEF has dispatching 30,000 sets of bottled water and 4,300 jerry cans to al Madinal al Siyahiya
- UNICEF, through RIRP, is maintaining daily trucking of chlorinated water in Amiriya, Nukhyb and Habbaniya collective centers and Habbaniyah Tourist City, al Madina al Siyahiya
- NRC is undertaking daily trucking of chlorinated water to Ramadi camp, MoDM camp and al Amal al Manshood II camp in Amiriyat Al-Faluja and Habbaniyah Tourist City, al Madina al Siyahiya

Norther Governorates:

Dahuk

- With two cases so far confirmed, and 21 suspected cases pending confirmation, the pattern of outbreak appears sporadic and mostly concentrated in Dahuk and Summel districts.
- The government has initiated coordination at the highest level, with all relevant government departments, community and camp leaders and all UN and NGO partners involved. Active surveillance has been increased in the health units and in the community, including in 16 IDP and four refugee camps. Health inspection and health awareness campaign activities have been stepped up, including, regulating eating places, public sales of food and drinks. Chlorine dosing levels have been increased (doubled) in municipal water supplies. Also as part of the prevention measures, water trucking from unknown and unsafe sources has been banned
- The WASH Cluster has activated the Cholera Preparedness and Response Plan, and mobilized all partners who have strengthened cholera preparedness activities in all the camps, including monitoring of the level of free residual chlorine and hygiene promotion
- The following supplies have been prepositioned with Directorate of Water for use of by any WASH agencies for response: 5,800 boxes of aquatabs, 25 pool testing kits, 250 boxes of DPD1, 250 boxes of phenol red and 22,000 bars of soap
- The following WASH stocks have also been made available through UNICEF to support any WASH agencies for response: 40,000 bars of soap, 37,000 hygiene kits, 900 boxes of DPD1, 1,000 boxes of Phenol red and 40,000 boxes of aquatabs
- UNICEF has also supported Directorate of Water with 2 months stock of chlorine gas and powder for water networks in all IDP/refugee camps, and has in the pipeline procurement of a one year stock of chlorine for all IDP/refugee camps
- The September/October distribution of hygiene kits has been undertaken preemptively to 11,200 households in Akre, Gawilan, Bersive 2, Dawdia, Esyan and Kabarto 1 &2 camps.
- Hygiene promotion activities by UNICEF Communication for Development teams and CCCM has been ongoing in 10 camps (Mamilan, Domiz 1&2, Chamiskho, Bajed Kandala, Akre, Dawdia, Esyan, Sharia & Khanke), and will be scaled up to cover all camps.

Erbil:

- Through the Joint Crisis Coordination Center (JCCC), regular coordination has been initiated at the highest level, with all relevant government departments, and Clusters (Health, WASH and CCCM) involved.
- An agreement is being facilitated between the Ministry of the Interior and Ministry of Water to facilitate and expedite the importation of chlorine gas for water networks, with the JCC mobilizing partners to support the Directorate of Water to fund chlorine gas supplies.
- The WASH cluster is reviewing contingency stocks to enhance the response capacity of all partners, and include prepositioning of stocks and resource mobilization for stocks where gaps are identified.

- WASH partners are reinforcing water quality surveillance in all camps, particularly in communal tanks filled by boreholes and in water trucks. Daily testing of turbidity, pH and chlorine is being conducted.
- Hygiene promotion activities by UNICEF Communication for Development teams and CCCM have been reinforced in camps and door to door with the local community

National

- The WASH cluster is developing a practical training session on WASH Cholera response in emergencies for partners that have identified a knowledge gap among their staff. Sessions will be designed to train members but also define technical approaches on issues including:
 - Use and advocacy of HWTS solutions, including local perspective for appropriate solutions
 - Hygiene items distribution policy: vulnerabilities, blanket distributions, content of kits
 - Alerts for WASH response when suspicious cases are raised: coordination with health, minimum package to deliver
 - Water surveillance and water control at all levels (water networks, private wells, camps)
 - Safe desludging services

Once agreed upon, endorsed approaches and training will be scaled up to all affected areas and used to update the cholera response plan

- The WASH cluster is also advocating for filling gaps in certain camps water supply could be at risk, including in areas like Kalar and Kanaqin

Recommendations from the C4 meeting of 22nd October 2015

- EPI/MOH to provide during the next C4 meeting an update on the detailed operational plan for the upcoming OCV campaign;
- CDC/MOH to share all suspect cholera cases data for current cholera outbreak by Monday next week, including all samples tested (positive and negative laboratory results) by district and governorate from 1st September to current date;
- CPHL to present the water quality data from the MOH to C4 in the next meeting;
- Invitation will be sent to representatives from the Ministry of Municipalities and Directorates of Water to the next meeting.