

WHO Representative's Office in Iraq

Situation Report on Cholera Outbreak in Northern Iraq

Date of Reporting: 5th of September 2007

1. Overview

So far between 23 August and 03 September 2007, the cumulative number of cases of acute watery diarrhoea reported from four out of eleven districts of Sulaymaniyah province stands at 3,182¹ including 9 deaths with an overall case fatality rate of 0.28%. Of these reported cases, *Vibrio cholerae* has been laboratory confirmed in 195 stool specimens.

While during the period from 29 July to 2 September 2007, the health authority of Kirkuk province reported a total of 3,728 cases of acute diarrhoeal disease including 1 death (CFR: 0.026%). The first index case of cholera, confirmed by laboratory test, was reported from Kirkuk province on 14 August 2007.

Although there is a fairly reliable diarrhoeal disease surveillance system in place through out Iraq, *Vibrio cholerae* has never been reported in recent time from anywhere in Iraq excepting the fact that one stool specimen was tested positive for *Vibrio cholerae* serogroup 01 Ogwa in April 2007 in Basra (Southern Iraq)

Information gathered from the weekly surveillance report of other Directorates of Health has revealed that, except in Northern Iraq (Sulaymaniyah and Kirkuk province), *Vibrio cholerae* has not been reported from any other province of Iraq. In order to limit the spread of cholera to other high risk provinces, the Undersecretary of Health has directed all provincial health authorities to strengthen surveillance throughout the province to provide an early alert to any outbreak and undertake all necessary preventive public health measures. Some of the specific measures include strengthening active surveillance, pre-positioning essential medical supplies, scaling up stool sample collection from high risk areas (not yet reporting any suspected case of cholera) for laboratory detection of enteric pathogens, maintaining appropriate surge capacity at the provincial level for rumour verification and field investigation and improving overall preparedness for epidemic control.

2. Update on Cholera Situation in Sulaymaniyah Province

The cumulative number of cases, from 23 August to 03 September 2007, reported from Sulaymaniyah province stands at 3,182 with 9 related deaths (CFR: 0.28%). However, aggregate data on case counts for the last 48 hours are not available.

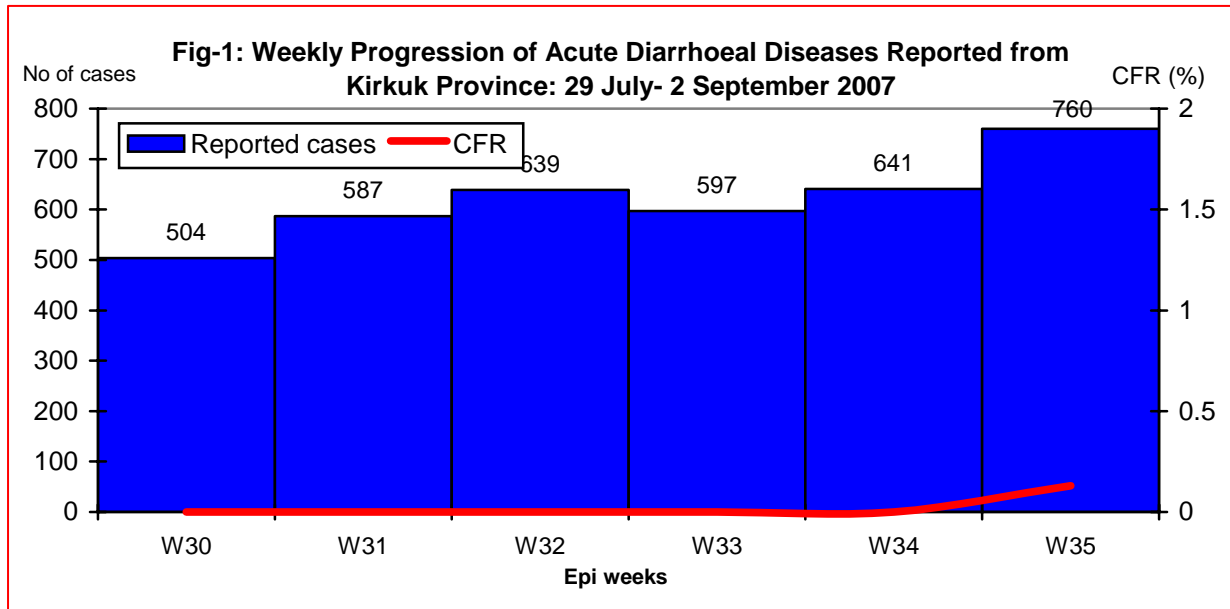
3. Update on Cholera Situation in Kirkuk Province

The first index case of cholera from Kirkuk province, confirmed by laboratory test, was reported on 14 August 2007². However due to the strong routine surveillance system for diarrhoeal diseases which was in place in all hospitals of Kirkuk province even before the first index case was reported, no major shift in case load was noticeable as compared to the diarrhoeal disease cases reported during the same period in 2006. During the period 29 July to 2 September 2007 (epi week no 30 to 34), the health

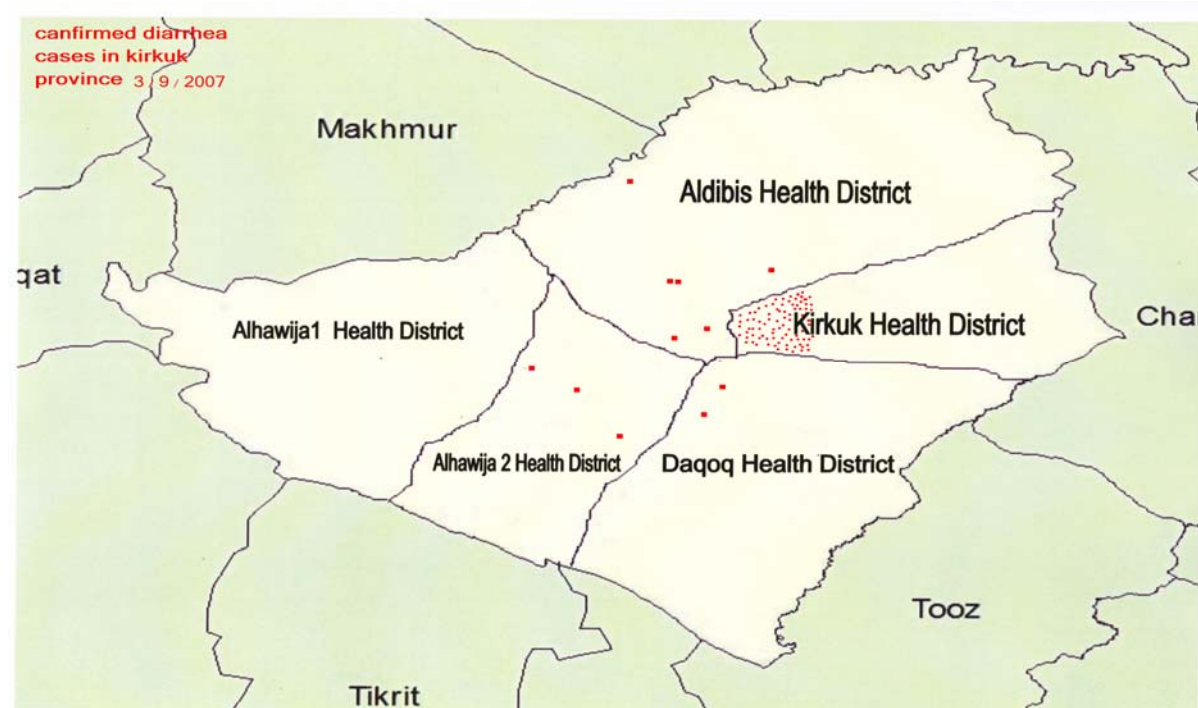
¹ The figure has been revised since the publication of sitrep-1 which is quoted from an official report of MOH, Iraq

² The information provided in sitrep-1 on the date of reporting of first index case stands corrected. Previously it was reported that the first index case of cholera which was confirmed by laboratory testing was reported on 19 August 2007.

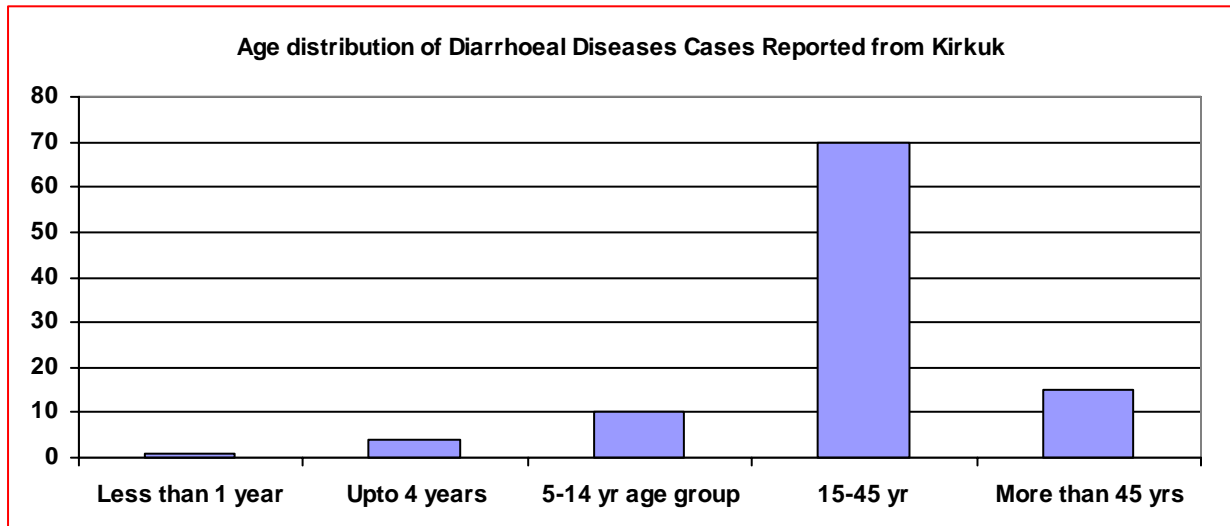
authority of Kirkuk province reported a total of 3,728 cases of acute diarrhoeal disease including 1 death (CFR: 0.026%). Since the reporting of first index case of cholera falls in epidemiological week no 33, and moreover only aggregate data on case counts of all diarrhoeal diseases are available from the field at this point in time, it is still not possible to elucidate how many of these reported cases of diarrhoeal disease syndrome are attributable to cholera. As the surveillance systems for cholera improves throughout the province with better quality of data available from the field, the real extent of the burden of cholera in the province could be determined. However, the weekly progression of cases (Figure-1) clearly indicates that the cases are increasing as compared to the preceding weeks.



So far, from the Kirkuk province, a total of 161 stool specimens have been tested positive for *Vibrio cholerae*. Although laboratory confirmed cases of cholera have been reported from all seven districts of the province, majority of the positive cholera cases are concentrated in Kirkuk district.



In an another report received from the field, it was observed that the majority of the cases (70%) reported from Kirkuk province are in the 15-45 year age group (Figure-2)



3. Strategic actions undertaken to improve quality of data collection and reporting

Although in general, the surveillance system for cholera has been strengthened in recent time in two affected provinces of Northern Iraq, the quality of data coming from the field are still inconsistent and incomplete. A number of specific measures have been undertaken by WRO-Iraq office in Amman to improve the situation with regards to standardize data collection and reporting on a daily basis:

- Necessary data collection and data reporting instruments have been developed and shared with the field staff to report back on the situation from the field so that a standard flow of quality data are available at any given point in time.
- The Cholera Disease Surveillance System Software which was used in Sudan last year during the cholera outbreak is being adapted for use in Iraq for this current outbreak. After this system is introduced in the affected districts after some modifications in the software, it is expected that more intelligence could be applied to better understand the progression of the epidemic. Risk assessment of the situation real-time could also be made possible.
- A data entry form (Rec file) for data entry and analysis of information collected during the field investigation has been developed in EPI-Info and being shared with the field staff for easing the task of analysis of epidemiological data being collected during the field investigation

4. Coordination of response

Overall, a coordinated response has been mounted with the Ministry of Health of Iraq taking the lead in emergency operations. A high level national committee on cholera preparedness and outbreak has been established in Iraq under the chairmanship of H.E. Dr Abdul Samad, the Acting Minister of Health. The committee, since formed, has convened three meetings so far. The committee draws members from all related sectors and disciplines who are involved in response operations. The OIC of WHO Office in Baghdad is also a member of this committee. WR-Iraq would be attending the next meeting of the committee in Baghdad.

The committee undertakes important strategic decisions to guide specific cholera containment measures in the affected provinces and review the situations on a regular basis. Necessary operational

support in terms of mobilizing financial, logistics and human resources are also being extended by this high level committee to the health authorities of the affected provinces.

Similar mirror image committees are set up in all Directorates of Iraq chaired by the respective Governors while technical committees backing up these committees in terms of operational response which are chaired by the Director General of Health Services.

5. Urgent needs for combating the cholera epidemic in Northern Iraq

The urgent needs specified in sitrep-1 are being revised in light with discussion with WR-Iraq who is currently in the field.
