

Weekly Surveillance Report Up to week 42

1. Table (1) AFP cases with date of onset more than 90 days and still pending follow up:

This week we have one case IRQ Dy 07007, that passed 90 days and still pending follow up. Case sheet was requested by the NEG ,fortunately DR. Salwa (Diala focal point) attended the meeting & the problem will be solved next week IN Shaa Allah

2. Non-polio entero-virus isolation rate (Target 10%)

The non-polio entero-viruses were isolated from 13% of specimen which is acceptable compared to previous years where this rate was consistently above 15%.

Fig (1) NPEV isolation rate 1999-2007*
for week 42 ending 21 October

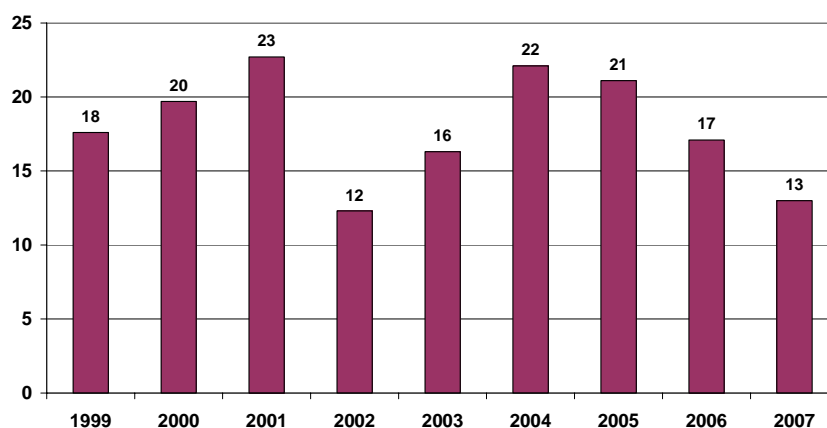


Fig (2) NPEV isolation rate by province, 2007*
up to week 42 ending 21 October

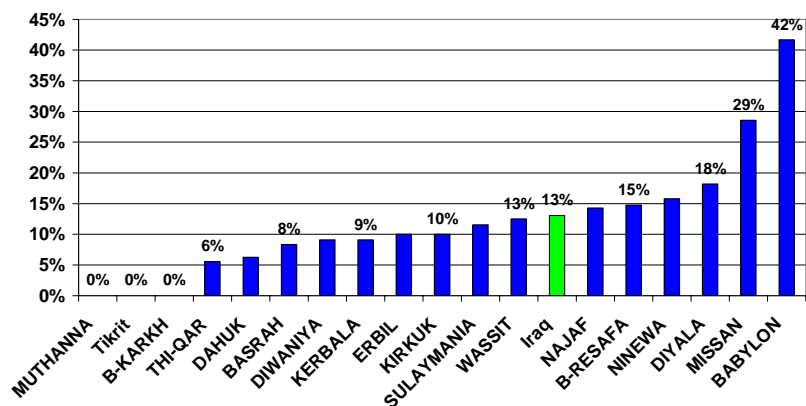
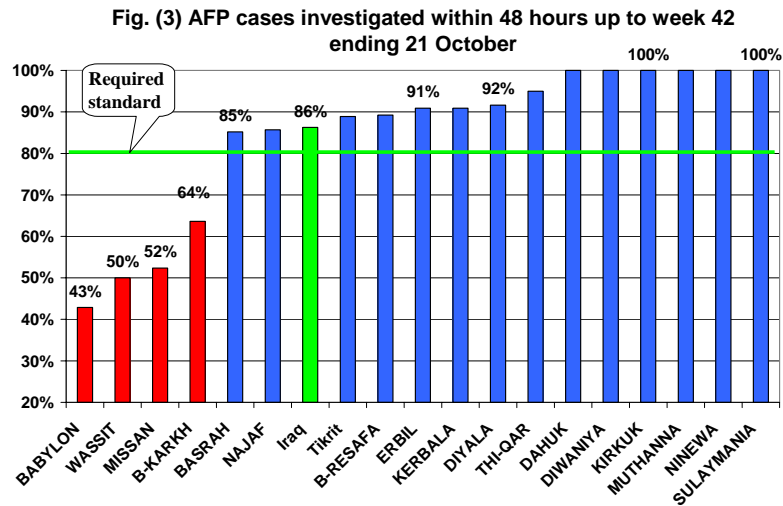


Fig (2) show NPEV isolation rate by province in the first 42 weeks of 2007. Enteroviruses were isolated from stool specimens sent from all DoHs except Muthana, Tikrit and Baghdad-Kerkh. Isolation of enterovirus is an excellent indication that stools are reaching the NPL in a condition that will permit the isolation of poliovirus if it is there. Strange enough That the 3 DoHs with zero enterovirus isolation are the nearest to NPL, I hope Dr. Hasim will exert some effort in ensuring that the collection, storage and transport is done according to the standard recommendation. A similar problem was noted with cholera isolates recently, it is an indication that both hospital and public health laboratory staff needs more orientation on collection, storage and transport of specimens.



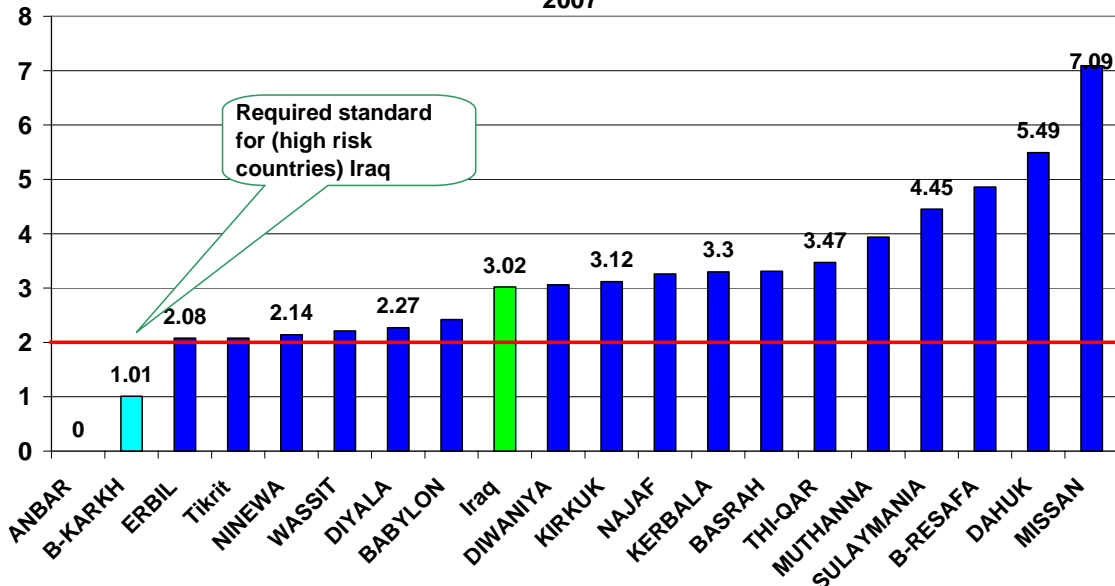
3. Percent of AFP cases with period between date of notification and date of investigation \leq 2 days (TARGET = 80%)

86% of cases were investigated within 48 hours of notification during the first 42 weeks of 2007 compared to 86% last week and 89% in 2006. (Fig 3) above shows the % of cases timely Investigated by province. It is clear that Babil, Wasit, Missan and Baghdad-Kerkh with 43%, 50%, 52% and 64% of cases timely investigated need to exert more effort to ensure the timely investigation of cases.

4. Annualized AFP (Fig. 4):

During the first 42 weeks of 2007, 321 AFP cases were reported from 18 DoHs. One DoH remained silent. The annualized AFP rate of \Rightarrow 2 per 100,000 under 15 year population {please consult the attached AFP rate, Fig (4)} have been attained for the country as a whole and another 17 DoHs. The most important development in this weeks is that Erbil crossed the critical 2/100,000 level. At the same time, Ninewah improved its position above the border line while B. Kerkh need to exert more effort in advocacy and active surveillance to cross the standard 2 cases/100000 population barrier.

Fig (4) Annualized AFP rate by province, up to week 42 ending 21 October 2007



The annualized AFP rate is still below the expected especially in:

- Baghdad Kerkh is expected to report 22 AFP cases but reported only 11 cases.

Table (2) Expected and reported AFP cases by province up to week 40

<i>Province</i>	<i>Reported cases</i>	<i>Expected cases</i>
ANBAR	0	10
BAGHDAD-KARKH	11	22
MUTHANNA	8	4
MISSAN	21	6
KERBALA	11	7
DAHUK	19	7
KIRKUK	11	7
DIWANIYA	11	7
WASSIT	8	7
NAJAF	14	9
Tikrit	9	9
ERBIL	11	10
DIYALA	12	10
THI-QAR	20	11
BABYLON	14	11
SULAYMANIA	26	12
BASRAH	27	16
NINEWA	23	21
B-RESAFA	65	26
Iraq	321	212

Activities in silent Areas

The training workshop for the high risk and lagging behind Anbar province expected to take 12—16 August 2007 was delayed for one month because all surveillance staff were denied entry to Jordan. We are considering holding the workshop in Syria

5. Reported monthly AFP:

Table (3) Monthly reported AFP cases, 2004 -2007 up to week 40

Month	2004	2005	2006	2007
January	25	31	40	26
February	28	21	42	21
March	27	29	24	32
April	25	30	51	50
May	19	28	49	33
June	20	39	27	45
July	36	31	23	32
August	14	25	20	29
September	32	20	22	40
October	9	11	12	13
Total	235	265	310	321

The number of AFP cases reported up to the end of week 42 year 2007 (321 cases) is more than what was reported in all previous years.

6.

Table (4) OVERDUE FOLLOW-UP RESULTS.

PROVINCE	Expect FUP	Late FUP
<i>BABYLON</i>	2	0
<i>BAGHDAD-RESAFA</i>	1	0
<i>BASRAH</i>	1	0
<i>DIYALA</i>	1	1
<i>MUTHANNA</i>	2	0
<i>SALAH AL-DIN</i>	1	0
<i>SULAYMANIYAH</i>	2	2
<i>WASSIT</i>	0	1
<i>Grand Total</i>	10	4

Late FUP = 76+ days since onset and no follow-up

4 cases are pending FUP for more than 76 days since DONSET. As reflected in the above table; these 4 cases are from DIALA; Sulymania and Wassit.

Expect FUP = 55+ days since onset and no follow-up. AFP surveillance officers are expected to arrange for 60 days follow up during this week and make sure that NPL results are received.

7. Stool adequacy,

Chart 5 below show that all DoHs that reported cases during the months of January-October have achieved the standard target of >= 80% except; Dahuk (68%) There is good progress in stool adequacy this week in DIALA. Please review map at end of document.

Chart (5) % AFP cases with 2 stool apецimens collected within 14 days of onset and at least 48 hours apart up to week 42

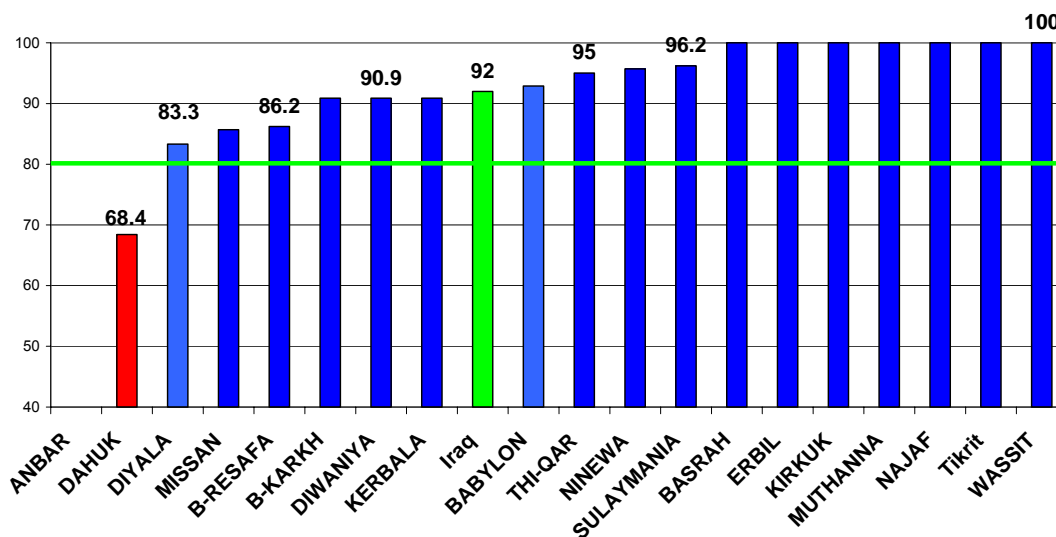
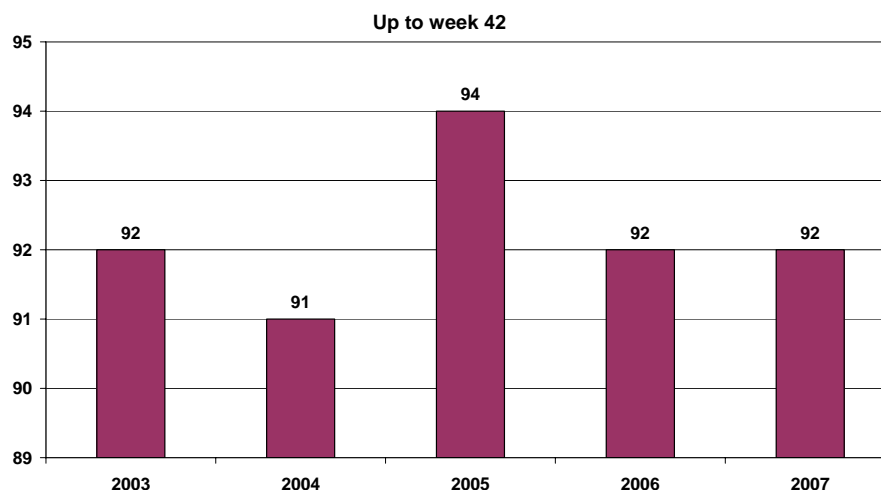


Chart (6) Stool adequacy, Iraq, 2003-2007



8. Time between collection of first stool and receipt in the NPL

Table (5) below and chart 7 & 8 show the period in days between receipt of stool specimens in NPL and collection of first stools. As shown in chart 7 only Kerbala, Thi Qar and Erbil attained the required standard of sending at least 80% of specimen to the NPL within 3 days of collection of first stool specimens. The distribution of these 3 DoHs; Erbil in the extreme North, Thi Qar in the south and Karbala in the center clearly indicates that the security is not the only limiting factor. Chart 8 shows that 7 DoHs failed to send their stool specimens to NPL within 7 days of collection of first stools.

9. Table (5) Time between receipt of stool specimens in NPL and collection of first stools

PROVINCE	Time in days				Total cases	% reaching NPL within 3	% reaching NPL within 7
	<= 3	>=4 and <= 7	>= 8 and <= 14	> 14			
DAHUK	0	4	5	7	16	0%	25%
BABYLON	3	3	8	0	14	21%	43%
MUTHANNA	0	4	2	2	8	0%	50%
Tikrit	1	4	4	0	9	11%	56%
NINEWA	8	5	7	0	20	40%	65%
MISSAN	9	5	6	1	21	43%	67%
DIYALA	4	4	3	0	11	36%	73%
B-KARKH	5	3	2	0	10	50%	80%
Iraq ==>	167	80	49	11	307	54%	80%
BASRAH	19	2	4	0	25	76%	84%
NAJAF	11	1	2	0	14	79%	86%
WASSIT	2	5	1	0	8	25%	88%
KIRKUK	7	2	1	0	10	70%	90%
DIWANIYA	7	3	0	1	11	64%	91%
THI-QAR	17	1	1	0	19	89%	95%
SULAYMANIA	9	16	1	0	26	35%	96%
B-RESAFA	47	15	2	0	64	73%	97%
ERBIL	9	1	0	0	10	90%	100%
KERBALA	9	2	0	0	11	82%	100%

Chart (7) % stool specimens received in NPL within 3 days of first stool collection first 42 weeks

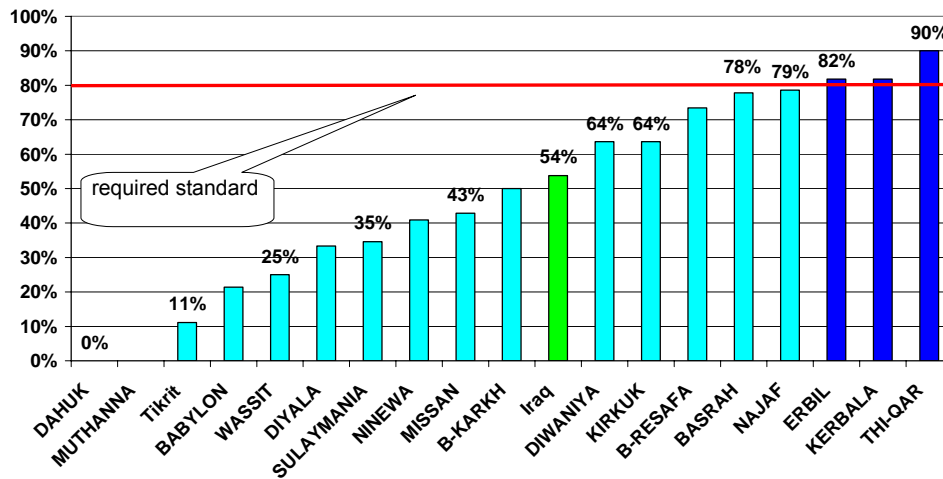
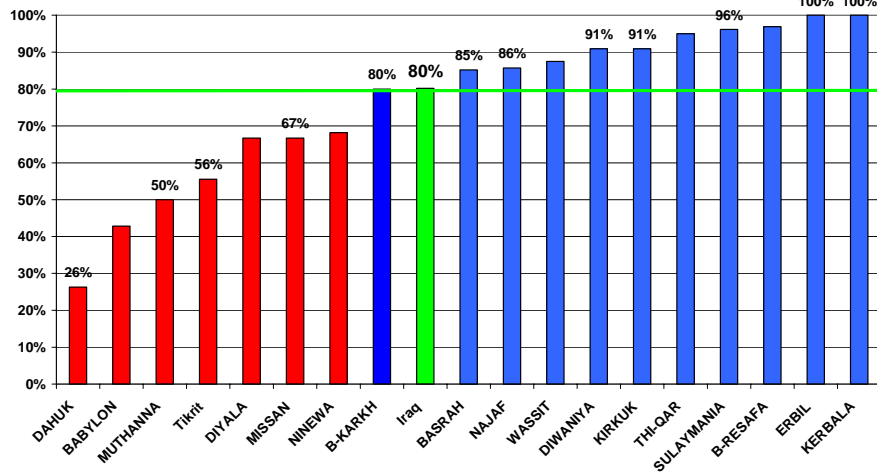


Chart (8) % stool specimens received in NPL within 7 days of first stool collection in the first 42 weeks



10. The cholera outbreak:

As of 21 October 2007 (week 42), 24 districts of Northern Iraq and 14 districts in the south and centre have reported laboratory-confirmed cases of cholera. In northern Iraq, 13 out of the 14 districts of Sulaymaniyah governorate, all five districts of Kirkuk governorate, 6 of seven districts of Erbil governorate, one district in Dahuk. As for the centre and south: the affected districts are: 3 districts in each of Tikrit; Mosul and Diyala, 2 districts in Basra as well as one district in each of Wassit, Baghdad and Anbar. The results of the samples of vibrio cholerae isolates from Sulaymaniyah were received by the U.S. Naval Medical Research Unit No. 3 (NAMRU-3) laboratory, Cairo. NAMRU-3 results confirmed Sulaymaniyah- and Central Public Health Laboratory (CPHL) results, showing vibrio cholerae O1 El Tor Inaba.

99% of Iraq's cholera cases were reported from Kirkuk, Sulaymaniyah and Erbil, northern Iraq. Sporadic cases with definite history of travel and food consumption in Kirkuk were reported from Tikrit province; however, isolated cases with no epidemiological link to northern Iraq were also confirmed in Mosul, Wassit, Baghdad, Anbar and Basra.

One of the important features in this outbreak is that most of the cases seen have mild to moderate signs and symptoms. The traditional signs and symptoms of severe dehydrating diarrhoea were seen only very occasionally, out of the 4,356 laboratory-confirmed cholera cases; 21 deaths were reported, most of the deceased had other, serious underlying morbidity.

Specific control measures to contain this ongoing outbreak and limit its spread to other areas have been reinforced by the concerned governmental departments of the affected provinces, with technical support from WHO. In non-epidemic

provinces, during the period 14 August - 21 October 2007, 17 cholera cases were discovered.

Table 1 and the map show the distribution of confirmed cholera case by district in Iraq.

Table 1: Laboratory confirmed cholera Cases, Iraq, 14/08-21/10/2007

Province	No. districts affected	Date first case reported	No. deaths reported	No. laboratory-confirmed cholera cases
Kirkuk	5	14/08/2007	4	2,936
Sulaymaniyah	13	23/08/2007	14	1,187
Erbil	6	05/09/2007	0	211
Dahuk	1	07/09/2007	0	1
Tikrit	3	12/09/2007	0	5
Mosul	3	15/09/2007	1	3
Baghdad-Resafa	1	19/09/2007	1	4
Basra	2	19/09/2007	0	2
Wasit	1	20/09/2007	0	1
Anbar	1	03/10/2007	1	1
Diyala	3	03/10/2007	0	5
Total	39		21	4,356

