

### Weekly Surveillance Report Up to week 34

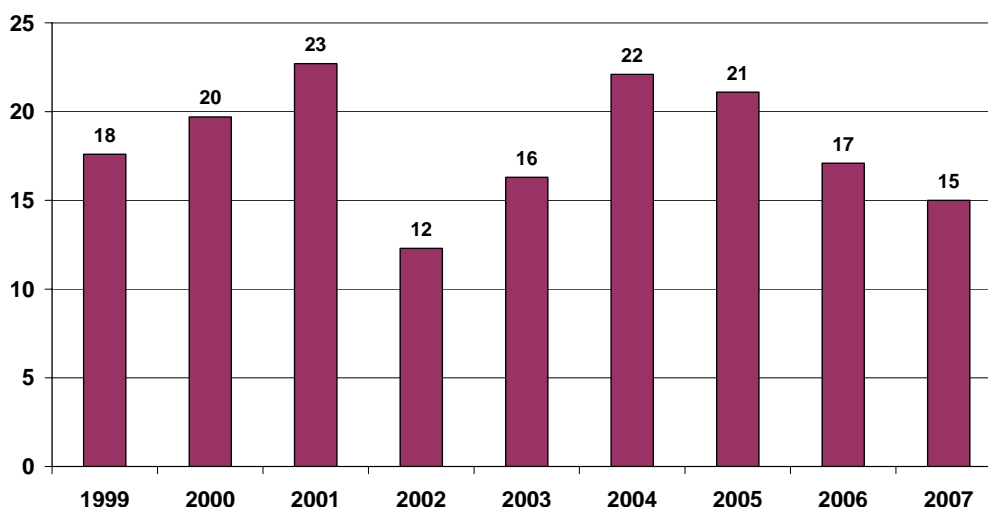
#### 1. Table (1) AFP cases with date of onset more than 90 days and still pending follow up

IDCODE	DISTRICT	DONSET	DFUP	P1	P2	P3	ENTERO
IRQDU07013	DAHUK	5/15/2007	8/9/2007	4	4	4	2
IRQDY07003	BALADROOZ	4/26/2007	7/24/2007	4	4	3	2
IRQBG07030	ADHAMIYA	4/21/2007	6/21/2007	4	4	4	2
IRQQA07003	DIWANIYA	4/15/2007	6/20/2007	4	4	4	2

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

The non-polio entero-viruses were isolated from 15% 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 36 ending 9th of September



**Fig (2) NPEV isolation rate by province, 2007\***  
up to week 36 ending 9th of September

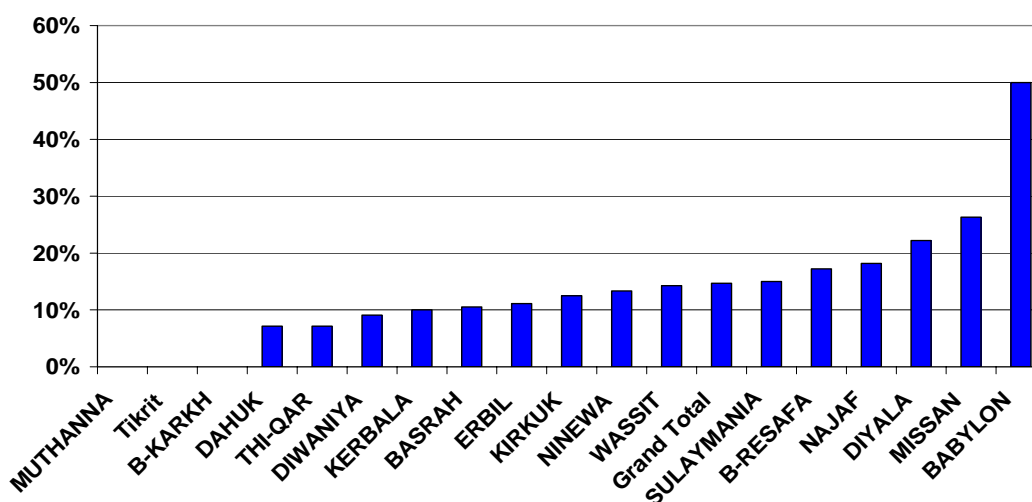
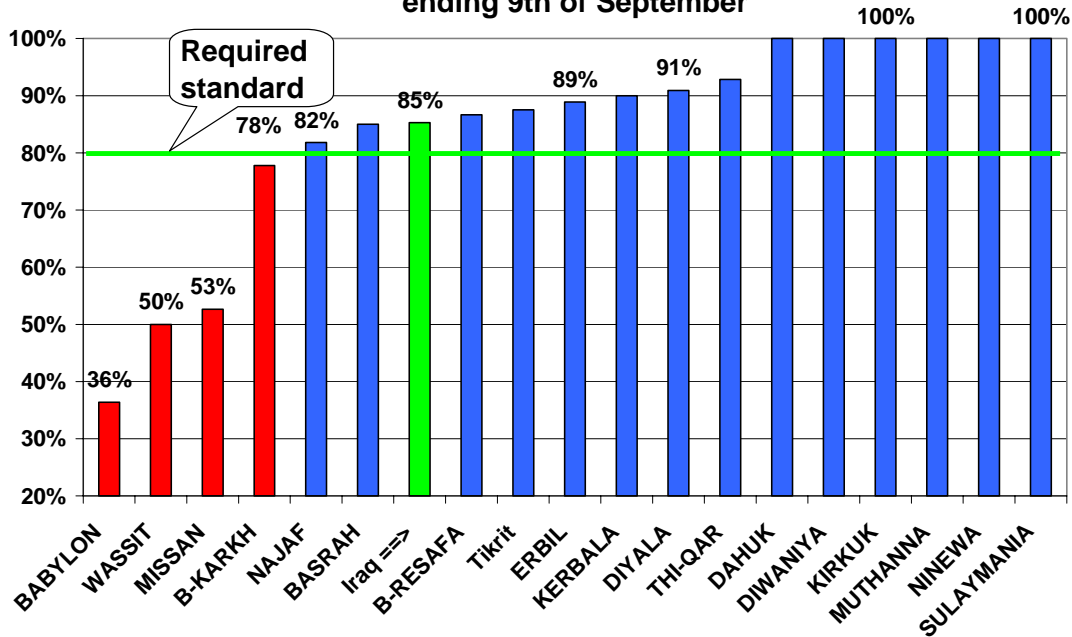


Fig (2) show NPEV isolation rate by province in the first 36 weeks of 2007. Enteroviruses were isolated from stool specimens sent from all DoHs except Muthana, Tikrit and Baghdad-Kerkh. Isolation of enterovirus show that stools are reaching the NPL in a condition that will permit the isolation of poliovirus if it is there.

**Fig. (3) AFP cases investigated within 48 hours up to week 36 ending 9th of September**



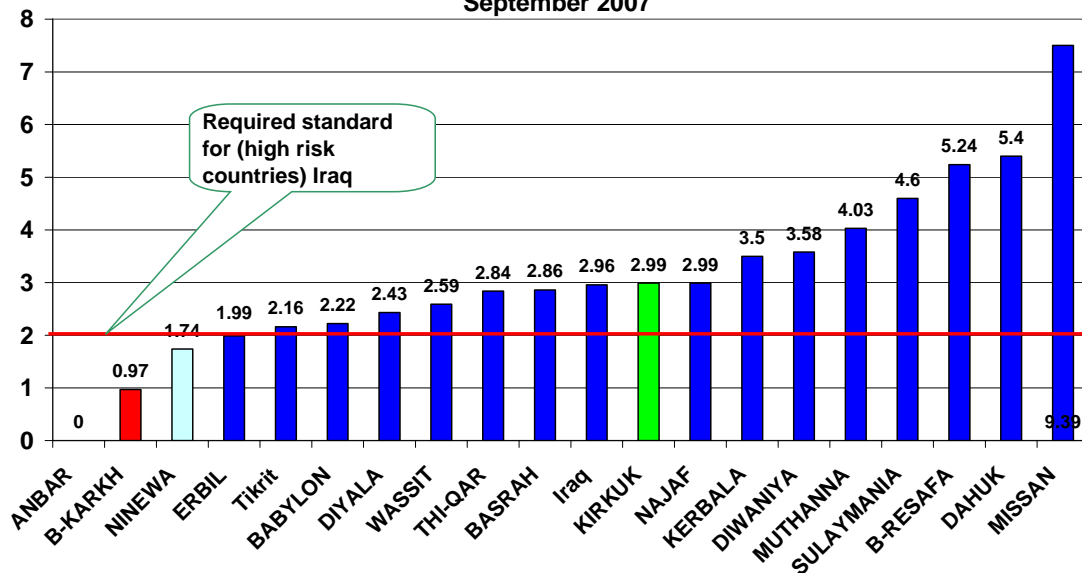
**3. Percent of AFP cases with period between date of notification and date of investigation <= 2 days (TARGET = 80%)**

85% of cases were investigated within 48 hours of notification during the first 36 weeks of 2007 compared to 85% 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 36%, 53%, 57% and 75% of cases timely investigated need to exert more effort to ensure the timely investigation of cases.

**4. Annualized AFP (Fig. 4):**

During the first 36 weeks of 2007, 272 AFP cases were reported from 18 DoHs. One DoH remained silent. The annualized AFP rate of => 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 16 DoHs. The most important development in the last weeks is the slipping of Erbil below the critical 2/100,000 level. At the same time, Ninewah and B. Kerkh need to exert more effort in advocacy and active surveillance to cross standard 2 cases/100000 population barrier.

**Fig (4) Annualized AFP rate by province, up to week 36 ending 9th of September 2007**



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

- Baghdad Kerkh is expected to report 18 AFP cases but reported only 9 cases.
- Ninewah expected to report 18 and reported 16
- Erbil reported what is expected.

**Table (2) Expected and reported AFP cases by province up to week 32**

<i>Province</i>	<i>Reported cases</i>	<i>Expected cases</i>
<b>ANBAR</b>	0	9
<b>BAGHDAD-KARKH</b>	9	18
<b>NINEWA</b>	16	18
<b>ERBIL</b>	9	9
<b>BABYLON</b>	11	10
<b>B-RESAFA</b>	60	23
<b>BASRAH</b>	20	14
<b>DAHUK</b>	16	6
<b>DIWANIYA</b>	11	6
<b>DIYALA</b>	11	9
<b>Tikrit</b>	8	7
<b>KERBALA</b>	10	6
<b>KIRKUK</b>	9	6
<b>MISSAN</b>	19	5
<b>MUTHANNA</b>	7	3
<b>NAJAF</b>	11	7
<b>SULAYMANIA</b>	23	10
<b>THI-QAR</b>	14	11
<b>WASSIT</b>	8	6
<b>Iraq</b>	272	183

**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 35**

<b>Month</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>
January	25	30	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	10	25	19	28
<b>Total</b>	<b>190</b>	<b>233</b>	<b>275</b>	<b>267</b>

The number of AFP cases reported up to the end of week 35 (267 cases) is more than what was reported in 2004 and 2005 however it is less than what was reported during the same period in 2006.

**6. Table (4) OVERDUE FOLLOW-UP RESULTS.**

<b>PROVINCE</b>	<b>Expect FUP</b>	<b>Late FUP</b>
<b>BABYLON</b>	0	0
<b>BASRAH</b>	0	0
<b>DAHUK</b>	0	0
<b>DIWANIYA</b>	2	0
<b>DIYALA</b>	1	1
<b>ERBIL</b>	0	0

<b>KERBALA</b>	<b>1</b>	<b>0</b>
<b>KIRKUK</b>	<b>0</b>	<b>0</b>
<b>MISSAN</b>	<b>2</b>	<b>0</b>
<b>MUTHANNA</b>	<b>0</b>	<b>0</b>
<b>NAJAF</b>	<b>3</b>	<b>0</b>
<b>NINEWA</b>	<b>0</b>	<b>0</b>
<b>SALAH AL-DIN</b>	<b>0</b>	<b>0</b>
<b>SULAYMANIYAH</b>	<b>0</b>	<b>0</b>
<b>THI-QAR</b>	<b>1</b>	<b>0</b>
<b>WASSIT</b>	<b>0</b>	<b>0</b>
<b>BAGHDAD-RESAFA</b>	<b>6</b>	<b>0</b>
<b>BAGHDAD-KARKH</b>	<b>2</b>	<b>2</b>
<b>Grand Total</b>	<b>18</b>	<b>3</b>

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

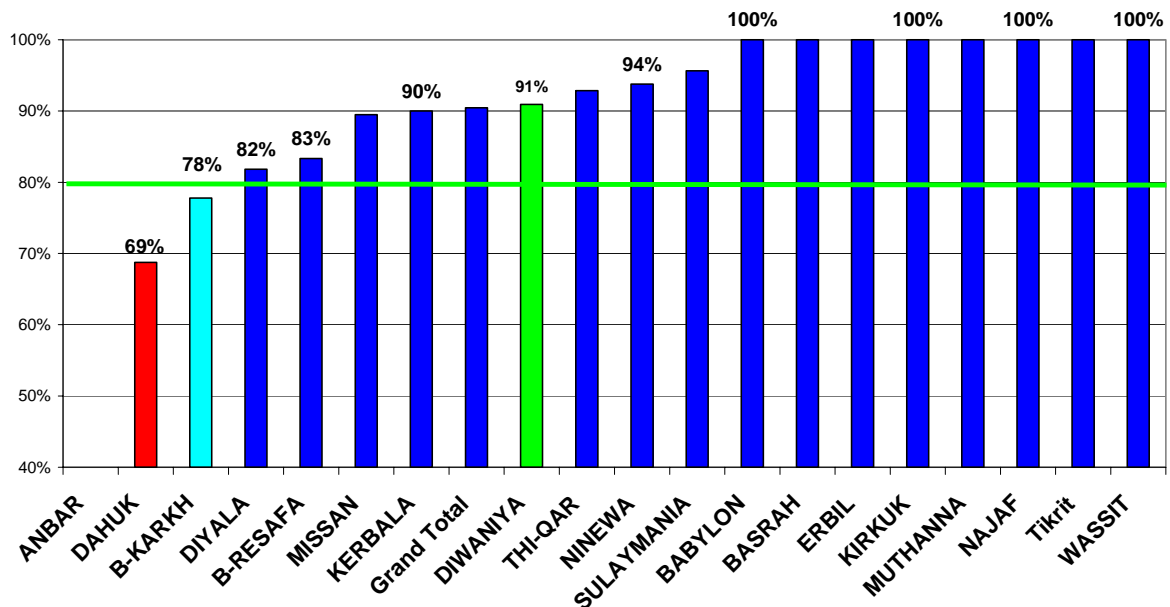
3 cases are pending FUP for more than 76 days since DONSET. As reflected in the above table; these 3 cases are from DIALA and Baghdad-Karakh.

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

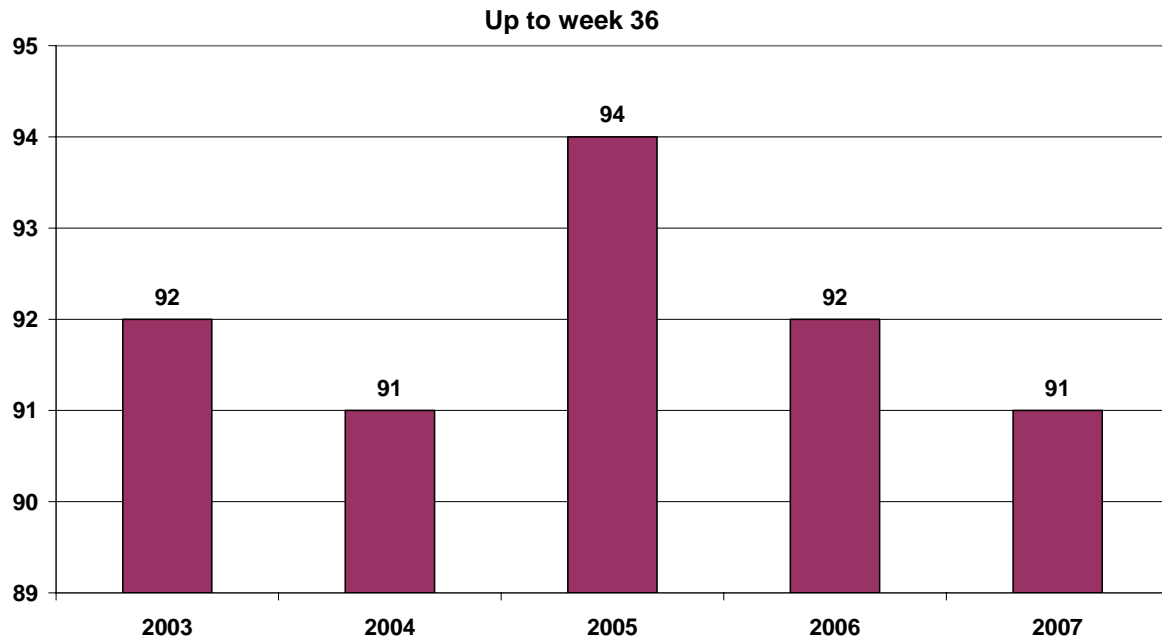
#### 7. Stool adequacy,

Chart 5 below show that all DoHs that reported cases during the months of January-August all DoHs have achieved the standard target of  $\geq 80\%$  except; Dahuk (69%) and Baghdad/Karakh 78. There is good progress in stool adequacy this week in Karaba. Please review map at end of document.

**Chart (5) % AFP cases with 2 stool specimens collected within 14 days of onset and at least 48 hours apart up to week 36**



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



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

Table (5) below and chart 6 & 7 show the period in days between receipt of stool specimens in NPL and collection of first stools. As shown in chart 6 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 7 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%
MUTHANNA	0	3	2	2	7	0%	43%
Tikrit	1	3	4	0	8	13%	50%
BABYLON	3	3	5	0	11	27%	55%
MISSAN	7	5	6	1	19	37%	63%
NINEWA	7	3	5	0	15	47%	67%
DIYALA	4	4	3	0	11	36%	73%
BASRAH	14	2	4	0	20	70%	80%
Iraq <==	144	72	42	11	269	54%	80%
NAJAF	8	1	2	0	11	73%	82%
B-KARKH	4	3	1	0	8	50%	88%
WASSIT	2	5	1	0	8	25%	88%
KIRKUK	6	2	1	0	9	67%	89%
DIWANIYA	7	3	0	1	11	64%	91%
THI-QAR	12	1	1	0	14	86%	93%
B-RESAFA	44	13	2	0	59	75%	97%
ERBIL	8	1	0	0	9	89%	100%
KERBALA	8	2	0	0	10	80%	100%
SULAYMANIA	9	14	0	0	23	39%	100%

Chart (7) % stool specimens received in NPL within 3 days of first stool collection first 36 weeks

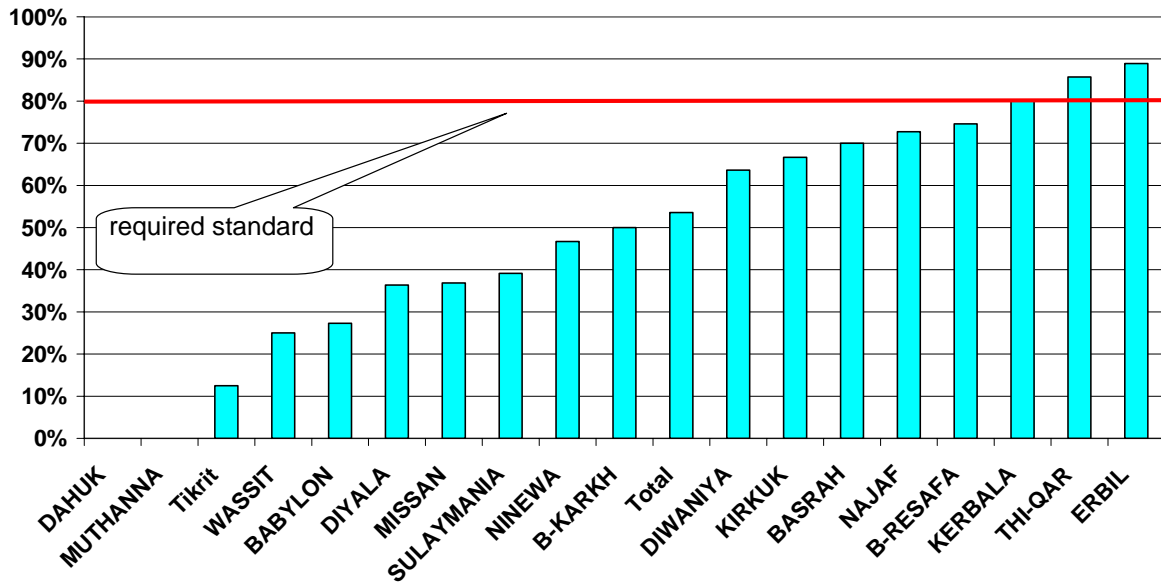
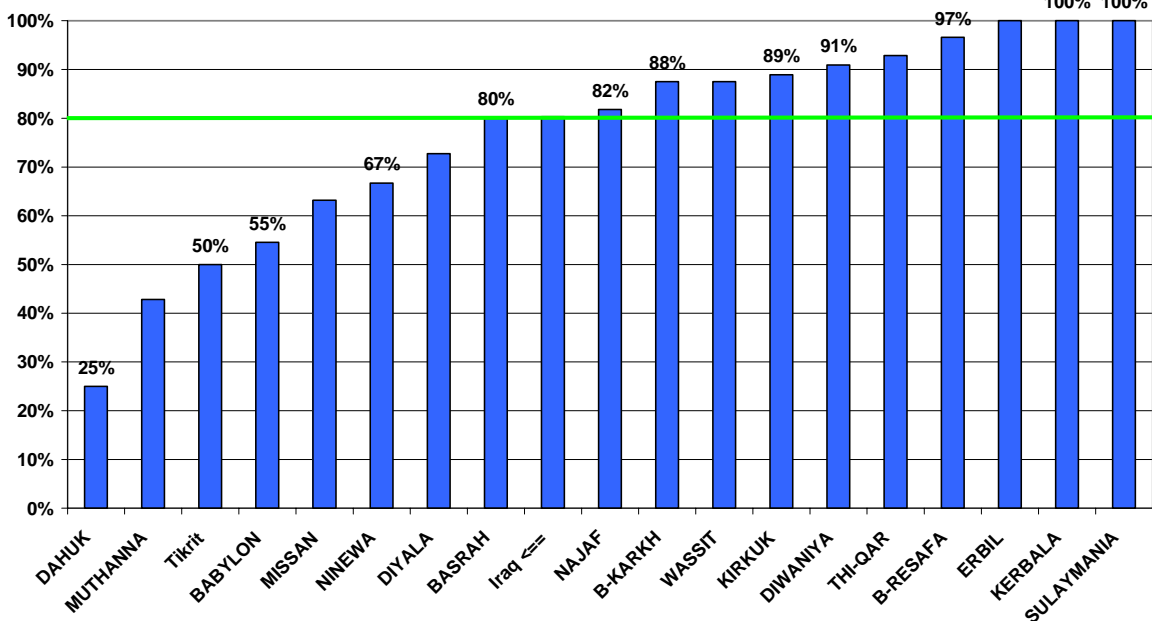


Chart (8) % stool specimens received in NPL within 7 days of first stool collection in the first 36 weeks



**10. The cholera outbreak:**

As of 12th of September 2007, twenty one districts of Northern Iraq have reported laboratory-confirmed cases of cholera putting over 3.5 million people exposed to risk from this ongoing outbreak. 12 out of 14 districts of Sulaymania province, all five districts of Kirkuk province and two out of seven districts of Erbil province are now affected by this cholera outbreak in Northern Iraq.

This outbreak, first unfolded in Kirkuk province on 14 August when the first 01 vibrio cholera of the inaba type was isolated. On 23 August the disease was confirmed in Sulaymania province and then 6th of September the first case was confirmed in Erbil province. The disease claimed 10 lives so far and continues to be of major threat to public health in the region.

Specific control measures to contain this ongoing outbreak and limit its spread to other areas have been reinforced by the health authorities of the affected provinces with technical support from WHO.

The number of laboratory confirmed cholera cases reported up 12<sup>th</sup> of September are as follows:  
 Kirkuk 630; Sulaymaniyah 392 and Erbil 33 cases.

Daily reports received from Mosul, Tikrit, Basra, Thi Qar, Diwaniya, Basra, Babil and Falluja hospital indicate that these DoHs are still free from Cholera organism despite fairly good diarrhea disease surveillance system. The situation in the remaining DoHs is not known to us.

sulaymaniyah

