

Current major event

Cholera Risk Assessment in Iraq

WHO conducted a cholera risk assessment among high risk internally displaced population who have been affected by the ongoing escalation of conflict in Mosul. The risk assessment mission took place from 7 to 19 April 2017.

Editorial note

In view of the recent escalation of conflicts in Mosul and following the report of increasing trend of acute diarrhoeal diseases in some of the conflict and besieged areas, WHO conducted a risk assessment in order to step up preparedness for cholera and other epidemic threats.

The mission assessed the local capacity of the Ministry of Health with support from WHO and partner humanitarian agencies to respond in a timely and effective manner in the event of an outbreak. Field assessments were also carried out jointly to determine areas most at risk of cholera outbreak.

Cholera is endemic in Iraq. Two of the last three major outbreaks in 2007 and 2012 were reported in northern Governorates of Suleimaniya and Kirkuk. The most recent outbreak occurred in 2015 and was centered in southern governorates of Diwaniya, Babylon and Baghdad.

Although this unpredictable pattern makes it difficult to determine where the next outbreak could occur in the country, the assessment exercise identified four risk categories from public health point of view-a) Stable non-camp at risk communities such as the high population density areas with poor access to clean water and sanitation; b) Well serviced and managed camps; c) Camps with unreliable services; d) Conflict areas with poor access to clean water that are difficult to access and provide immediate assistance.

The recently liberated East Mosul is currently in the last most at risk category, but this could change over time as access increases or decreases with chang-

Mosul Area Population Displacements



es in the conflict. Some of these areas, including Mosul have not traditionally been areas at risk of cholera, but the damage to infrastructure and movement of population into the area from areas reporting cholera in the past would put these areas at risk if an outbreak were to begin in another area of the country.

Following the risk assessment, essential preparedness measures have been scaled up such as activation of the national cholera taskforce to coordinate prepared efforts; sharing of EWARN surveillance data; Activation of rapid response teams to investigate suspected cases and rumors; enhancing of laboratory capacity to confirm cases early and ascertain antibiotic susceptibility at both national and governorate level; dissemination of case management protocols and refresher training, especially in areas where cholera outbreaks have not occurred for many years and staff may not be familiar with standard case management protocols. Cholera prevention and preparedness measures also put on the agenda of the Health and Water, Sanitation and Hygiene (WASH) clusters to ensure coordination between different partners.

Following the assessment, coordination between the government and partner agencies have been scaled up and health promotion activities on prevention of diarrhoeal disease would be strengthened and maintained through to November, the traditional period for cholera outbreaks in Iraq. In the meantime, surveillance and vigilance would be key to early detect any threat in Mosul.

Update on outbreaks

in the Eastern Mediterranean Region

MERS-CoV in Saudi Arabia; Cholera in Somalia; Cholera in Yemen; Chikungunya in Pakistan.

Current public health events of international concern

[cumulative N° of cases (deaths), CFR %]

Avian Influenza: 2006-2017

| | |
|----------------|---------------------|
| Egypt (A/H5N1) | [358 (122), 34.08%] |
| Egypt (A/H9N2) | [3 (0)] |

Chikungunya: 2016-2017

| | |
|----------|-------------|
| Pakistan | [1,886 (0)] |
|----------|-------------|

MERS-CoV: 2012-2017

| | |
|--------------|----------------------|
| Saudi Arabia | [1,586 (640), 40.4%] |
|--------------|----------------------|

Cholera: 2016-2017

| | |
|---------|-----------------------|
| Somalia | [28,357 (552), 1.9%] |
| Yemen | [24,506 (108), 0.44%] |

Meningococcal disease: 2017

| | |
|---------|---------------------|
| Nigeria | [8,057 (745), 9.3%] |
|---------|---------------------|

Avian Influenza A (H7N9): 2013-2017

| | |
|-------|----------------------|
| China | [1,320 (492), 37.3%] |
|-------|----------------------|

Yellow fever

| | |
|--------|----------------------|
| Brazil | [1,561 (264), 16.9%] |
|--------|----------------------|

Wild poliovirus: 2014-2017

| | |
|-------------|-----------|
| Pakistan | [382 (0)] |
| Afghanistan | [64 (0)] |

Zika Virus Infection: 2015-2017

84 countries and territories have reported transmission so far.