World Health Organization
Regional Office for the Eastern Mediterranean

# Weekly Epidemiological Monitor

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## Current major events

### Cholera in Iraq: The outbreak unfolds

Cholera, reported earlier from Iraq, *(Weekly epidemiological monitor; issue no: 36, dated 07 September 2008)* is still centred around the capital city of Baghdad and the southern provinces of Missan and Babil. However, cholera cases have started to appear in new provinces and compared to last week, more districts are now reporting cases of laboratory confirmed cholera-a sign that the outbreak is gradually moving outward from its epicentre. Since the outbreak first unfolded in Iraq on 15 August 2008, the Ministry of Public Health in Iraq has revised its latest figure on cholera cases. As of 19 September 2008, a total of 171 laboratory confirmed cases of cholera including 5 deaths (CFR: 2.9%) have been officially reported by the government. *Vibrio cholerae* El-Tor 01 serotype *Inaba* has been identified as the causative strain for this current outbreak in Iraq.

## Editorial note

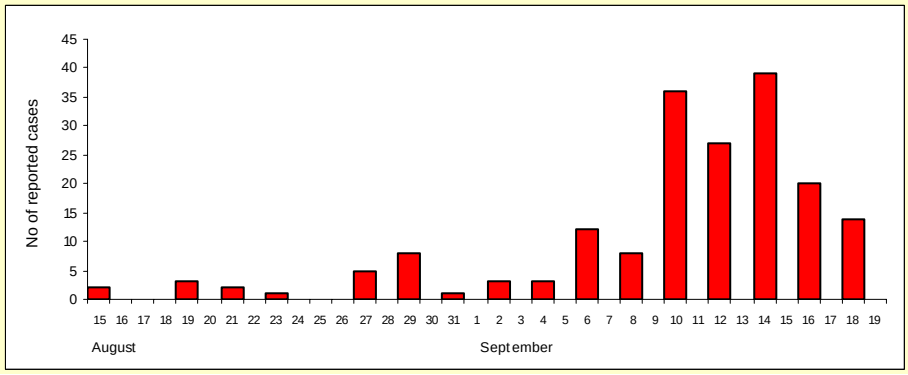
The re-emergence of cholera in Iraq this year was not unexpected following the outbreak last year. The water quality and sanitation situation in the country remains poor as a result of war and protracted conflicts-a factor known to greatly facilitate cholera transmission. Improving water and sanitation infrastructure will remain a social priority for Iraq if cholera has to be prevented from the country in the longer run.

Given the current situation in Iraq, the most important priority would be to undertake immediate public health measures that can reduce exposure and interrupt transmission of cholera organisms. Such as water treatment at the household level as well as improving water storage practices, intensification of personal hygiene in the community, particularly hand-washing with soap and proper case management at the health facilities.

Reports suggest that the Ministry of Health in Iraq, with support from WHO, has reinforced specific control measures in order to reduce the risk of transmission and limit the spread of cholera to other at-risk areas including to any of its neighbouring countries. Building on last year's experience, it is important that the neighbouring countries of Iraq increase their health vigilance, improve overall preparedness and reinforce surveillance for early detection of cases and rapidly respond to cholera should it spreads across the border. Such measures can greatly capture the first cases of cholera enabling a timely response and facilitating the containment of the outbreak at its source.

Routine treatment of a community with antibiotic or mass chemoprophylaxis that has no effect on the spread of cholera is neither recommended nor warranted. There is also no need for restrictions in travel and trade between the countries for the risk of spread of cholera. Past experience clearly showed that quarantine measures and embargoes on movement of people and goods-specially food products are unnecessary. Food commercially imported from the cholera affected countries has never been implicated in cholera outbreak in importing countries.

**Fig-1: Cases of laboratory-confirmed cholera reported from Iraq: 15 Aug-19 Sep 2008**




### WHO's recommendation to unaffected neighbouring countries

- Improve preparedness to rapidly respond to outbreak and limit its consequences;
- Improve surveillance to obtain better data for risk assessment and early detection of cases;
- Avoid routine treatment of community with antibiotics or mass chemoprophylaxis;
- Avoid restrictions in travel and trade between countries;
- Avoid setting up a *cordon sanitaire* at borders;

## Update on outbreaks

*in the Eastern Mediterranean Region*

**CCHF:** in Afghanistan, **Dengue:** in Saudi Arabia. **Cholera:** in Iraq; **Hepatitis –E:** in Sudan

**Current public health events of international concern**
[cumulative N° of cases (deaths), **CFR %**]

| | |
|---|---|
| **Avian influenza** | |
| Egypt | [50 (22), **44%**] |
| Indonesia | [137 (112), **81.7%**] |
| **AWD/Cholera** | |
| Sudan (Gedaref) | [100 (2), **2%**] |
| Iran | [103 (4), 2.9**%**] |
| Afghanistan | [20 (0), 0.0%] |
| Iraq | [171 (5), 2.9%] |
| **Dengue fever** | |
| Saudi Arabia | [533 (?), ?%] |
| Yemen | [1001 (?), **?%**] |
| **Hepatitis E** | |
| Uganda | [6530 (104), **1.6%**] |
| Sudan | [224 (23), **10.2%**]* |
| **VHF** | |
| DRC Congo | [5 (4), **80%**] |
| **Yellow fever** | |
| Cote d' Ivoire | [2 (0), 0%] |
| **Crimean Congo H. Fever** | |
| Afghanistan | [24 (4), 16.6**%**] |

*(*=Unofficial figures)*
*CFR=Case-Fatality Rate*
*? = No data*