

Current major event

WHO conducts Training on Epidemic Diarrhea Diseases in Northern Iraq

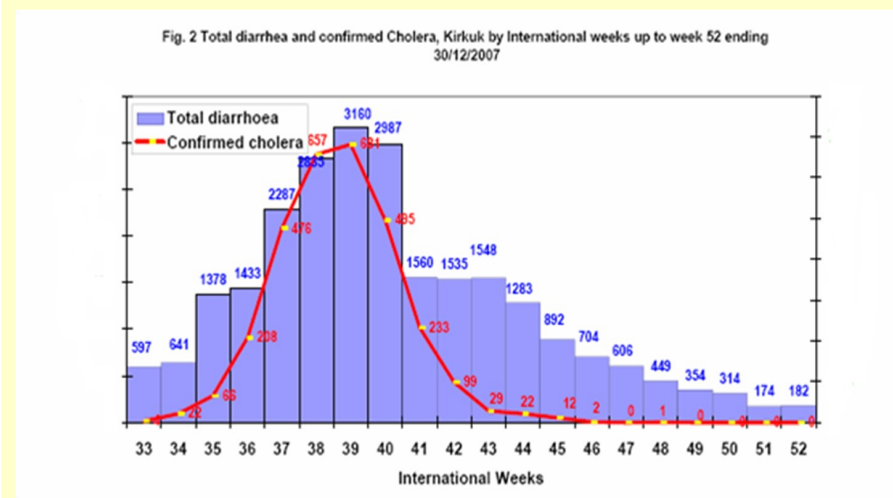
A team from WHO/EMRO and Emergency Management Team (EMST) completed a two-day training workshop in Dohuk, Northern Iraq from 22-23 April 2013. The training was requested by the WHO Country Representative to target staff of the Ministry of Health and health partners involved in providing health services to the Syrian refugees in Iraq. A total of 51 participants representing program managers, clinicians, public health officers and surveillance staff from all the provinces of Kurdistan attended.

Editorial note

In recent days, the incidence of diarrhoeal diseases is reported to be on the rise in the camps hosting Syrian refugees in Iraq. It is feared that, as the summer sets in and the number of the refugees continue to increase in these camps, the cases of diarrhoea will increase and the risk of a Cholera outbreak cannot be ruled out. In 2007, Iraq witnessed a major outbreak of cholera with the epicenter in Kirkuk (*see chart*). It was against this background that the WR requested for this training focusing on epidemic diarrhoea. After two days of intensive training, the team successfully covered the most important aspects of preparedness and control of epidemic diarrhoea during emergency and humanitarian crisis.

This training was organized at the right time because, the situation in Syria is likely to escalate, and more refugees will cross into Iraq. It is feared that, the camps will soon be overpopulation leading to overcrowding, thus causing more strains on the resources offered by the Government and humanitarian agencies. The situation of water and sanitation is likely to deteriorate and personal and camp hygiene will be compromised.

The knowledge acquired in the training must be complimented by availing re-



Laboratory confirmed cases of cholera— Iraq, August—December 2007

Province	Cases	Deaths	CFR (%)
Kirkuk	3007	5	0.2
Sulaymaniyah	1238	14	1.1
Erbil	256	0	0
Baghdad	127	3	2.4
Others	38	2	5.3
Total	4666	24	0.5

sources required to prevent, early detect, and rapidly control any outbreak of cholera in the camps. This will include:

1. Strengthening of the coordination mechanism within the health cluster (if necessary establish a task force for control of acute diarrhoeas)
2. WASH partners to escalate activities to improve water (quality & quantity) and sanitations in the camps. Necessary supplies like chlorine tablets and testing kits must be prepositioned early.
3. Surveillance for epidemic prone diseases (EWARN) with special focus on epidemic diarrhoeal diseases must be strengthened
4. Prepositioning of diarrhea/cholera kits in the provinces as part of preparedness
5. Strengthen health promotion activities including health educations among the refugees
6. This training should be cascaded to the field staff. The WHO country office should provide necessary support.

Update on outbreaks

in the Eastern Mediterranean Region

Novel Coronavirus in Jordan; Saudi Arabia, Qatar & UAE; Hepatitis E: in South Sudan; Meningococcal meningitis in South Sudan.

Current public health events of international concern

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

Avian influenza

Egypt	[172 (62), 36%]
Indonesia	[192 (160), 83.3 %]
Viet Nam	[125 (62), 49.6%]
Cambodia	[31 (27), 87.1%]
Global total	[628 (374), 59.6%]

Hepatitis E

S. Sudan	[10027 (187), 1.8%]#
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Novel coronavirus

Saudi Arabia	[9 (6), 66.6%]
Qatar	[2 (0)]
Jordan	[2 (2), 100%]
UK	[3 (2), 66.6%]
UAE	[1 (1), 100%]

Influenza A (H7N9) virus

China	[126 (24) 19.0%]#
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Meningococcal meningitis

South Sudan	[44 (2), 4.5%]
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CFR=Case-Fatality Rate; # Suspected cases