

Current major events

Cholera in Iraq

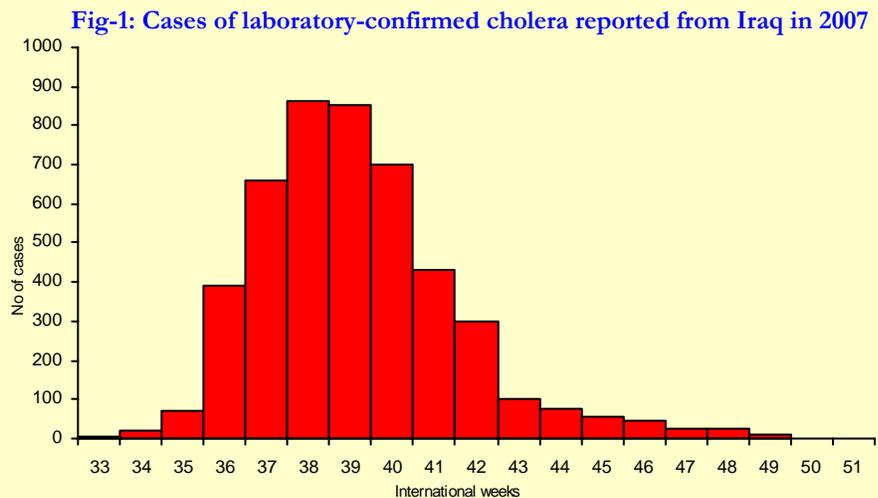
On 25 August 2008, the Ministry of Health of Iraq reported, to WHO, the first laboratory confirmed cases of cholera from Baghdad as well as from Missan-a province in the south of Iraq bordering with Iran. This is the first time this year that Iraq reported cases of cholera. As predicted earlier in the year, (please see *Weekly Epi Monitor*, issue no 31, dated 03 August 2008) the cases came during the month of Autumn (August-September). By 28 August 2008, Iraq reported a total of 62 cases of cholera including 7 deaths (CFR: 11.2%) out of which 7 cases were laboratory confirmed so far. Of these, 6 cases including 1 death were reported from Baghdad while 56 cases including 6 deaths were reported from Missan province. *Vibrio cholerae* El-Tor 01 serotype *Inaba* was identified as the causative strain for both these two clusters of cholera cases in Iraq. The Ministry of Health in Iraq with support from WHO-Iraq has undertaken appropriate public health measures to stop transmission and limit spread of cholera to other at-risk provinces of

Editorial note

As has been predicted before, cholera has returned back to Iraq during the same months the country faced an outbreak of cholera last year. In last year's outbreak, Iraq reported (please see fig-1) 4,697 laboratory confirmed cases of cholera including 24 deaths (CFR: 0.51%) during the period between international week no 33 and 51.

Iraq was continuing to report increasing number of cases of acute watery diarrhoea from all its governorates in recent time. This increasing trend coupled with high level of water contamination found in public water samples raised the concern of an another outbreak of cholera or any other epidemic prone diarrhoeal diseases in the country.

This year, although, the suspected cases reported to the health facilities early (unlike the case last year) with classical signs and symptoms of cholera, report-



WHO's case definitions of Cholera

According to the WHO case definition, a case of cholera should be *suspected* when:

- In an area where the disease is not known to be present, a patient aged 5 years or more develops severe dehydration or dies from acute watery diarrhea;
- In an area where there is a cholera epidemic, a patient aged 5 years or more develops acute watery diarrhea, with or without vomiting.

A case of cholera is *confirmed* when *Vibrio cholerae* 01 or 0139 is isolated from any patient with diarrhoea

ing as well as confirmation were delayed due to lack of laboratory diagnostic capabilities at the governorate level as well as lack of application of WHO's case definition to report a *suspected* cholera case.

This highlights the need for training and re-training of laboratory personnel working at the peripheral level on cholera laboratory diagnostic as well as periodic orientation of front-line health workers on surveillance and early diagnosis of cholera cases in order to detect the first case and quickly put in place appropriate control and containment measures before the situations turns into an outbreak. Once cholera is laboratory confirmed, a clinical diagnosis using WHO standard case definition is sufficient to report cases of cholera with sporadic testing at regular intervals (for antimicrobial testing as well as to confirm the end of an outbreak)

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	[135 (110), 81.4%]

AWD/Cholera

Sudan (Gedaref)	[100 (2), 2%]
Iran	[103 (4), 2.9%]
Afghanistan	[20(0), 0.0%]
Iraq	[62(7), 11.2%]

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%]
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Yellow fever

Cote d' Ivoire	[2(0), 0%]
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Crimean Congo H. Fever

Afghanistan	[10(4), 40%]
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(*=Unofficial figures)
CFR=Case-Fatality Rate