



Iraq crisis

Situation report no. 6
25 – 29 July 2014

1.5 million TOTAL IN NEED OF ASSISTANCE

1 million TARGETED POPULATION

500,000 BENEFICIARIES OF MEDICINES PROVIDED BY WHO

18.5 million CUMULATIVE NUMBER OF CHILDREN VACCINATED AGAINST POLIO MARCH-JUNE 2014

11 HEALTH CLUSTER PARTNERS

65 WHO STAFF IN COUNTRY

6 WHO OFFICES AND SUB-OFFICES



A family's rented living quarters in Darbandikhan, Suleimaniyah. The photo was taken during a WHO/MoH assessment visit on 27 July. Photo: Azad Tawfiq

HIGHLIGHTS

- **Hospitals and primary health care centres across Iraq are experiencing shortages in fuel, electricity, medicine and medical supplies.**
- **Water authorities have reported severe shortages in chlorine in Ninewa and Anbar governorates.**
- **Disruption to internet is compromising the reporting data of health facilities for disease surveillance.**
- **Directorates of Health are providing essential medical supplies, generators for hospitals and chlorine tablets to communities for the treatment of water.**

HEALTH SITUATION

NINEWA

Mosul is still experiencing severe shortages in fuel and electricity impacting the functioning of its health facilities and cold chain.

Water authorities in Mosul have reported that stocks of chlorine gas for water plants in Ninewa governorate will be depleted within 2 – 3 weeks.

Thirteen hospitals in Mosul are functioning. Primary health care centres (PHCCs) are functioning and providing services including immunization and maternal and child health care.

There is still a shortage of certain medicines for the treatment of non-communicable diseases and chronic conditions.

Routine vaccination activities continue to take place but vaccine stocks are low—enough to last the next month only.

The surveillance system in Mosul is still only semi-functional. Many PHCCs are unable to share surveillance data with CDC of Mosul due to limited internet connectivity.

ANBAR

DoH clinics in hospitals and PHCCs are working at 50% staffing capacity during Eid.

There is a shortage of fuel across the governorate. Due to this and the volatile security situation, it is becoming increasingly difficult to transport patients to hospitals.

Electricity shortages are being experienced throughout Anbar, in particular in Habbaniyah, Falluja, Amerriat Al Falluja. This has resulted in increased reliance on hospital generators.

Water samples from various districts across the governorate have shown an absence of chlorine. Anbar water authorities confirmed that this is due to a shortage of soluble chlorine.

Ambulance travel and services are still restricted to within the governorate with limited ability to transfer patients to other areas.

Al-Qaim general hospital has resumed its normal work after being rehabilitated. The hospital and PHCCs in the area report shortages in staff, with many having left the area.

Some hospitals and PHCCs are experiencing disruption to internet connectivity compromising the reporting of data for disease surveillance.

KARBALA

There is still no exact figure of the number of IDPs in Karbala. The number is between 20,000 and 40,000 people and is increasing by hundreds each day.

There are several fixed clinics in areas of Karbala, including in camps. A hospital referral system is in place.

A clinic on Najaf road (at Pillar 1007, 12 kms from Karbala), opened a few days ago. The clinic lacks refrigeration (a major deficiency in the majority of clinics in the area). Gastroenteritis, allergies, skin diseases (scabies) are the most frequent complaints among IDP patients.

The city of Attaba Abbasia at Najaf Road (pillar 1238), hosts 800 IDPs. A need for more ambulances and medication for chronic diseases in the city has been identified, as well as additional health personnel to deal with increasing case loads.

Kurdistan Region of Iraq

DOHUK

Garmawa camp now reports a population of 1,794

IDPs.

Health facilities are overburdened and are experiencing shortages of health personnel.

SULEIMANIYAH

A visit to Darbandikhan revealed that the local PHCC and hospital are providing medical and preventative services to the community and 500 – 600 IDPs. However, a precise number of consultations is not known as IDPs have no registration records. Hospital admission for diarrhoeal cases is rare. Stool samples are being taken to test for cholera but on a limited scale. There is a need to strengthen monitoring and supervision of PHCCs focusing on surveillance, and train health volunteers to be able to communicate health messages to IDPs and communities and report on emerging events. WHO is in contact with DoH to improve the quality of patient registration and health services.

HEALTH RESPONSE

Mosul DoH engineers are assessing the physical damage of Ibn Sena general hospital which is in need of rehabilitation.

Two million chlorine tablets, shipped by WHO from Dohuk to Sinjar and Telkaif, are being distributed for the treatment of drinking water.

On 25 July, International Medical Corps provided essential medicines to Zumar PHCCs.

A contingency plan for Eid was prepared by Anbar DoH increasing the number of specialist doctors on duty in the main hospitals. Extra blood supplies were provided to hospitals. At least one PHCC in each district is open during the holiday period in addition to the 24 PHCCs operating in the governorate.

Fuel and emergency medical supplies are being provided to hospitals by Anbar DoH. Anbar DoH also supplied Muhamady PHCC with a new ambulance.

Anbar DoH provided new generators and fuel to the two main hospitals in Ramadi city.

Anbar DoH is providing chlorine / aqua tabs to IDP and host community populations, and instruction on the proper treatment of drinking water.

Patients are being treated in Garmawa camp for vari-

ous conditions. OPV, MMR and Hepatitis B vaccines amongst others are being administered to children.

Water testing for chlorine is ongoing in Darbandikhan, Suleimaniyah.

MoH mobile teams are operating in Karbala and routine visits of multispecialty teams are being conducted.

WHO continues to work closely with the MoH and health partners to monitor and analyse disease trends through its disease early warning alert and response system (EWARS). Technical information products produced by WHO are being used to guide health response interventions in Iraq.

COMMUNICABLE DISEASES

During week 27 of 2014 the completeness of communicable disease reporting was 100 % in 14 DoHs. No data was received from DoHs Ninewa, Anbar, and Salah Al-Din. Partial data was received from Diyala and Kirkuk.

A total of 22 samples were examined for influenza and corona viruses from 29 June - 5 July.

Seasonal virus = 16 samples

H1N1=5 samples

Corona virus = 1 sample

Laboratory examination revealed only one positive case (H1N1) and all other cases were negative.

Acute diarrhoea:

During this week (all provinces except Ninewa, Anbar and Salah Al-Din), the total number of reported cases of acute diarrhoea was 11,013 which was lower than the alert threshold (calculated on percentile of 90% and equal to 18,377 cases). In the previous week, total number of reported cases was 13,802. The same week in 2013 reflected 16,263 reported cases.

Approximately 54% of cases were children below five years of age. Stool samples were taken from 44% of cases and tested for vibrio cholera. All samples tested negative.

MoH and WHO continue to monitor cases of acute watery diarrhoea and other communicable diseases via sentinel sites.

WHO, MoH and health partners are providing hygiene

promotion, ORS and training of health staff to detect and respond to cases of acute watery diarrhoea.

Cases of fever with rash (suspected measles and rubella):

There were 47 cases reported during the week. Number of cases reported in previous week = 55. Number of cases reported in the same week of 2013 = 50. The total number of confirmed measles cases at the end of the week was 818.

Pertussis:

42 cases were reported during this week. Number of cases reported in previous week = 28. Number of cases reported in the same week of 2013 = 75.

Zoonotic diseases:

Visceral leishmaniasis: There were 2 cases reported during this week. No cases reported in previous week. Number of cases reported in the same week of 2013 = 8.

Cutaneous leishmaniasis: There were 2 cases reported this week. Number of cases reported in previous week = 4. Number of cases reported in the same week of 2013 = 4.

Zero reporting for the following diseases:

Hemorrhagic fever, H5N1, rabies, diphtheria, anthrax, confirmed H1N1, confirmed corona virus, malaria, neonatal tetanus, confirmed meningococcal meningitis, cholera and confirmed cholera carrier.

Viral hepatitis:

All governorates sent their reports except Anbar, Misan, Wassit, Salah Al-Din, Ninewa, Suleimaniyah, Erbil and Duhok. Detail of reporting as follows:

Total number of Hepatitis cases, 1 Jan 2014—6 July 2014				
Hepatitis A	Hepatitis B	Hepatitis C	Hepatitis D	Total
1234	752	366	146	2498

Polio

Immunization awareness campaigns started on the first day of Eid. Advocacy messages are being communicated in mosques. The next immunization round is scheduled in KRG and in central and southern parts of Iraq for 10-14 August.

COORDINATION

WHO and health partners are taking a multi-faceted approach to reduce morbidity and mortality in this crisis. Specifically, WHO and the health cluster is working to:

1. Introduce a minimum health service package to be provided to IDPs in PHCCs and mobile health clinics;
2. monitor the vulnerability of IDPs on a weekly basis through use of a comprehensive reporting mechanism, under the coordination of OCHA;
3. deliver mobile clinic services to IDPs in hard-to-reach areas;
4. together with health authorities on central and district levels, improve the surveillance system and enhance the outreach of the disease early warning alert and response system (EWARS).

DONORS AND FUNDING

There is no change in the contributions for the reporting period. WHO estimates that approximately USD 130 million is required to respond to the health needs of 5 million beneficiaries (1.5 million IDPs and 3.5 million from host communities).

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