

### **General Country Information:**

The Republic of Iraq is located in the Middle East and shares borders with Kuwait, Saudi Arabia, Jordan, Syria, Turkey and Iran. It has a narrow coastline on the Persian Gulf at Umm Qasr. The country is divided in 18 governorates and further subdivided in districts. The Iraqi Kurdistan, a region located in the northern part of the country has a semi-autonomous status.

At the end of World War I, after the dismantling of the Ottoman Empire, Iraq was granted mandate to the United Kingdom by the League of Nations. It gained its independence in 1932 and was ruled by a monarchy until 1958 which was to end by a coup of the Iraqi Army.

In 1968, the Socialist Baath party became the ruling party and Saddam Hussein became president in July 1979 by gradually gaining power within the party.

In 1980, a war broke out between Iraq and Iran that lasted until 1988. In 1990, Iraq invaded Kuwait, leading to a UN led retaliation and economic sanctions. In March 2003, Iraq became a sovereign independent state with occupied forces. Saddam Hussein was removed from power and elections took place in October 2005. Since then Iraq is an independent sovereign country with multinational forces supporting the Government according to the UN Security Council Resolution.

Iraq's economy is dominated by the oil sector and is ranked second after Saudi Arabia in oil reserves. The 2003 invasion has had many consequences for the country, among which increased civil violence, political breakdown and high disruption of basic infrastructure. Since 1990, health indicators have considerably worsened. The mortality rate for children under 5 years of age (per 1000) went from 50 in 1990 to 125 in 2004. Out of the 27 millions Iraqis, there is an estimated 1.9 millions displaced people within the country in addition to the 2 millions in the neighboring countries (Oct. 2007). The health system in Iraq is mainly composed of the governmental sector, there are 19 DoH (health directorates) including 115 health districts.

### **Cholera background history:**

Cholera is considered to be an endemic disease in many parts of Iraq since 1966 when the first cholera cases appeared (227 cases including 20 deaths, case fatality rate 8.8%).

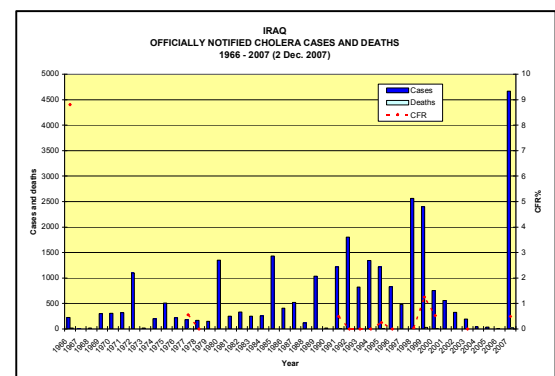
Trends of cholera in the last 40 years show that each epidemic lasted several months followed by a second wave in the next year. Data reflecting the seasonality is not available, but traditionally cholera started in the north and spread to the centre and south.

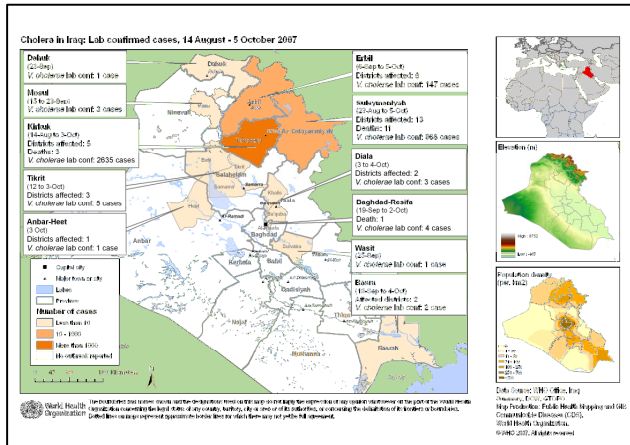
In 1998, the largest cholera outbreak was reported with 2560 cases.

In 2003, a total of 187 cholera cases with no death were reported from three governorates in the Lower South (Basra, Missan and Muthana). In April 2003, a WHO team was sent to support Iraqi health officers in the field. Initial health assessments showed an increased risk for transmission of water-borne diseases in relation to contaminated municipal water. On 14 May, 2003, the first 7 cases were laboratory confirmed. Supplies availability and case-management activities were satisfactory and certainly influenced the absence of fatalities.

### **Cholera in 2007:**

As of 9 December, it is estimated that more than 30 000 people have fallen ill with acute watery diarrhoea, among which 4467 were identified as positive for *Vibrio cholerae*, including 24 deaths. It has to be noted that the number of cases reported are laboratory confirmed cases only which does not necessarily corresponds to the WHO case definition for cholera surveillance. The outbreak was first detected in Kirkuk, Northern Iraq, on 14 August 2007. Since then cases have been reported by 43 districts of 11 governorates. The case fatality rate has remained low throughout the outbreak. Eventhough 91% of all cases were reported from Sulaymaniyah and Kirkuk provinces in northern Iraq, the outbreak has also spread to neighboring provinces of Erbil, Diyala and Tikrit (with respectively 256 laboratory confirmed cases in Erbil, 14 in Diyala, and 5 in Tikrit as of 23 November 2007). Baghdad started to report cases on 19 September and records as of 2 December a total of 127 laboratory confirmed cases (incl. 3 deaths) in the highest risk areas in disadvantaged districts of the capital (Sadder City, Me'dain, Baladiat, Al-Resafa, Al Karach). Sporadic cases were also confirmed in Wassit, Anbar and Basra. Laboratory results confirmed biotype El Tor Inaba. Less frequently biotype El Tor Ogawa was also detected. The surveillance as well as a coordinated outbreak response remains a challenge in the current context of Iraq.





Province	No. districts affected	Date first case reported	Date last case reported	No. deaths reported	No. laboratory confirmed cholera cases
Kirkuk	5	14-Aug	1-Dec	5	3007
Sulaymaniyah	13	23-Aug	17-Nov	14	1238
Erbil	6	06-Sep	22-Nov	0	256
Dahuk	4	07-Sep	28-Oct	0	6
Tikrit	3	12-Sep	07-Oct	0	5
Ninewa	3	15-Sep	15-Nov	1	5
Baghdad	5	19-Sep	1-Dec	3	127
Basra	2	19-Sep	02-Oct	0	2
Wasit	1	20-Sep	20-Sep	0	3
Anbar	1	03-Oct	03-Oct	1	2
Diyala	3	03-Oct	03-Oct	0	15
<b>TOTAL</b>	<b>46</b>			<b>24</b>	<b>4 667</b>

**WHO Support Actions in 2007:**

- WHO has provided technical support to the MoH in the different governorates and at national level for raising awareness and coordination.
- Supplies including 10 Interagency Diarrhoeal Diseases Kits, 5,000 Rapid Diagnosed Tests and 5,000,000 water-treatment tablets and education materials have been shipped.
- Two international WHO epidemiologists have been deployed to Erbil on two occasions

**Demographic and Socio-Economic Data:**

<b>Geography</b>	Total surface	438 317km <sup>2</sup> (58km coastline)
	Capital	Baghdad
	Provinces	18 governorates
<b>Environment</b>	Official Language	Arabic and Kursdish
	Climate	Mostly desert, mild to cool winters, dry and hot summers
	Floods and droughts	Occasional flooding in northern mountainous regions
	Desertification	Desertification, inadequate supplies of potable water
<b>Demographics</b>	Natural resources	Petroleum, natural gas, phosphate and sulfur
	Population	28 807 000 (population growth 2.8%)
	Religions	Islam (97%), Christianity and others (3%)
<b>Economy</b>	Ethnic groups	Arab (80%), Kurdish (15%), Turkoman, Assyrian and other (5%)
	Migrants	1.9 IDPs
	Industry	Oil sector (95% of foreign exchange earnings)
<b>Health Indicators</b>	Farming	Wheat, barley, rice, vegetables, dates, cotton; cattle, sheep, poultry
	Per capita total expenditure on health	64 (2003)
	Life expectancy birth (yrs)	58
	Infant mortality (per 1000)	108
	Physicians (per 1000)	6.6
	Hospital beds (per 10000)	13
<b>Communicable Diseases</b>	Other diarrhoeal diseases, Haemorrhagic fever Two cases of avian flu in January 2006 and one in September 2006 among which two were fatal. HIV prevalence less than 0.1% (2001 estimate)	
<b>Risk Factors for Cholera</b>	Population with safe drinking water supply	61%
	Population with adequate excreta disposal	51%
	In Oct 2007, 25% of the population in Sulaymaniyah governorate has access to water 2 hours/day.	
	Chronic Malnutrition	NA

Sources for Document: WHO Iraq, UNHCR, UNDP



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