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(U) Location: Al Basrah Governate

Disease Occurrence Worldwide	
(DI-1812-311-03, 24 Mar 2003)	(b)(3):10 USC 424;(b)(3):50 USC 3024(i)
(DI-1012-311-03, 24 Mai 2003)	
General	
(U) The DOWW, published under the auspices of the Defense Intelligence Program (DoDIPP), reflects the Defense Intelligence Pthe designated DoDIPP producer for this subject.	
(U) The weekly DOWW provides timely alerts and upd	lates on militarily significant infectious diseases.
(3):10 USC 424	
(U) Health events from 03/21/2003 through 03/24/2003	3 include:
CENTCOM	
Iraq	
(U) Forecast: Degradation of Water Treatment may L	ead to Increased Disease in Al Basrah
(U) Diseases: Bacterial diarrhea, cholera, typhoid	
(U) Risk Period: March 2003 - December 2003	(b)(3):10 USC 424:(b)

(U) Summary: the complete failure of all water treatment facilities serving the city of Al Basrah on 21 March. International Committee of the Red Cross teams managed to restore water supplies to approximately 40 percent of the city 24 hours later. A loss of power was cited as the primary cause of the interruption in water services. The city cannot tap ground water without desalination, and the Shatt al Arab River also is highly saline and requires desalination, thereby restricting use of easily obtained surface or ground water. Because of its location and the limited availability of fresh water supplies, Al Basrah has a history of potable water shortages.

(3):50 USC 3024(i)

(U) Assessment: Even before Operation Iraqi Freedom, the city's piped municipal water generally was not

potable. Water treatment chemicals, with the exception of chlorine, are lacking. A prolonged loss of water treatment capability will cause widespread health problems for the inhabitants. Attempts to use water from easily available though highly polluted sources also will expose the populace to the variety of enteric diseases. Unless potable water is restored, expect bacterial diarrhea, cholera, and typhoid outbreaks to occur within days to weeks, with a higher than normal mortality rate among the malnourished population, particularly among children under 5.

(U) Potential Risk to US Forces: A very high percentage (greater than 50 percent) of personnel consuming local food, water, or ice could develop symptomatic bacterial diarrheal infections. Infrequent or sporadic numbers of personnel consuming local food, water, or ice could develop symptomatic cholera infection. A small number (potentially as high as 1 percent per month) of unvaccinated personnel consuming local food, water, or ice could develop symptomatic typhoid/paratyphoid infection.

Appendix

- (U) **Request for feedback**: This Center has an ongoing effort to upgrade its worldwide epidemiological intelligence reporting and requests that any feedback be forwarded to the Defense Intelligence Agency, Building 6000, Washington D.C., 20340-5100, Attn: AFMIC, by electronic message to DIRAFMIC FT DETRICK MD, or through the comments/feedback link on the AFMIC home page on Intelink.
- (U) Distribution Statement: This document has been produced for official use within the US Government, and distribution is limited to US Government agencies. Requests for this document from outside the US Government must be referred to the Defense Intelligence Agency, Washington, DC 20340-0001.

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(b)(2)	Mar 2003)			
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(U) The weekly I	OOWW provides timely alerts	and updates on militarily signi-	ficant infectious diseases.	
(U) This product (b)(2)	is now available on the Internation and on Inteli	et at (b)(2) ink at (b)(2)	on SIPRNET at	
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