

Cholera

Cholera is an acute enteric infection caused by the ingestion of the bacterium *Vibrio cholera* found in faecal-contaminated water and food. It is linked to inadequate access to safe water and poor sanitation. In 2007, 106 141 cases and 2 172 deaths were reported to WHO AFRO by 30 countries. As at November 2008, 84 704 cases and 1 989 deaths had been reported in 26 countries with an average CFR of 2.4%. The African region accounts for 90% of the cases reported to WHO. In many countries where outbreaks occur, unacceptably high CFR's of between 1% and 7.4%, where 1% is the maximum acceptable threshold, occur. A great deal needs to be done to lower CFR's and decrease prevalence and incidence of cholera in the region.

Cholera is characterized in its most severe form by a sudden onset of acute watery diarrhoea that can lead to death by severe dehydration. The extremely short incubation period (two hours to five days) enhances the potentially explosive pattern of outbreaks, as the number of cases can rise very quickly. About 75% of people infected with cholera do not develop any symptoms. However, the pathogens stay in their faeces for 7 to 14 days and are shed back into the environment, possibly infecting other individuals. Cholera is an extremely virulent disease that affects both children and adults. Unlike other diarrheal diseases, it can kill healthy adults within hours. Individuals with lower immunity, such as malnourished children or those living with HIV, are at greater risk of death if infected by cholera.

The Role of the Epidemic and Pandemic Alert and Response (EPR) Programme

- Distribute Oral Cholera Vaccine(OCV) in complex emergencies;
- Provide countries with OCV stock for preparedness and response;
- Investigate the impact of herd protection and herd amplification through immunization and vaccinations;
- Develop integrated early warning system for cholera surveillance.

Challenges

- **Access to Healthcare:** Due to a build-up of unprotected populations, and environmental conditions favourable to multiplication of and increased contact with vector mosquitoes, resurgence of the disease has been observed in recent years.
- **Proper surveillance:** Qualified and trained staff responsible for outbreak detection and response is lacking.
- **Multi Sectoral Approach:** Response and control need to be dealt with jointly by the health, water, sanitation, education and communication sectors, to ensure efficient and effective solutions.
- **Lack of infrastructure:** The provision of safe water and sanitation is a formidable challenge but remains the critical factor in reducing the impact of cholera outbreaks.
- **Under reporting of cholera cases:** This underestimates the incidence of the disease and contributes to a rise in cases and ill preparedness of public health systems to manage outbreaks.



What WHO/AFRO is doing to combat Cholera

WHO/AFRO is working towards the decrease in cholera related mortality and morbidity. This is achieved through the treatment of cholera infected patients with Oral Rehydration Salts (ORS) as well as the stockpiling of ORS therapy in cholera endemic areas. The development of OCV for use in complex emergencies such as: natural disasters; political; humanitarian and socio-cultural when cholera infection is widely spread within national boundaries.

WHO has increasingly focused on national public health awareness and preparedness so as to facilitate efficient and effective response to outbreaks, this accompanied by the education of at-risk populations on water purification techniques, and providing of purification tablets and solutions to these communities.

Our Goals

- To develop and implement a multi-sectoral preparedness and response plan;
- To build support for cholera outbreak and management;
- To implement prevention and control activities before, during and after an epidemic;
- To have a focal person for cholera within EPR for regional strategy development and implementation follow up.

Our Partners

Core partners in tackling cholera in the African region include national governments; the CDC; UNICEF; the Global Alliance for Vaccines and Immunization (GAVI) and associated partners to ensure that the countries incorporate and implement strategies to decrease cholera related mortality and morbidity.

Helpful Resources or Websites

- www.who.int/cholera/publications/cholera_vaccines_emergencies_2005.pdf
- www.who.int/cholera/technical/WHOPolicyNovember2008.pdf
- www.afrolib.afro.who.int/
- www.who.int/topics/vaccines/en/

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