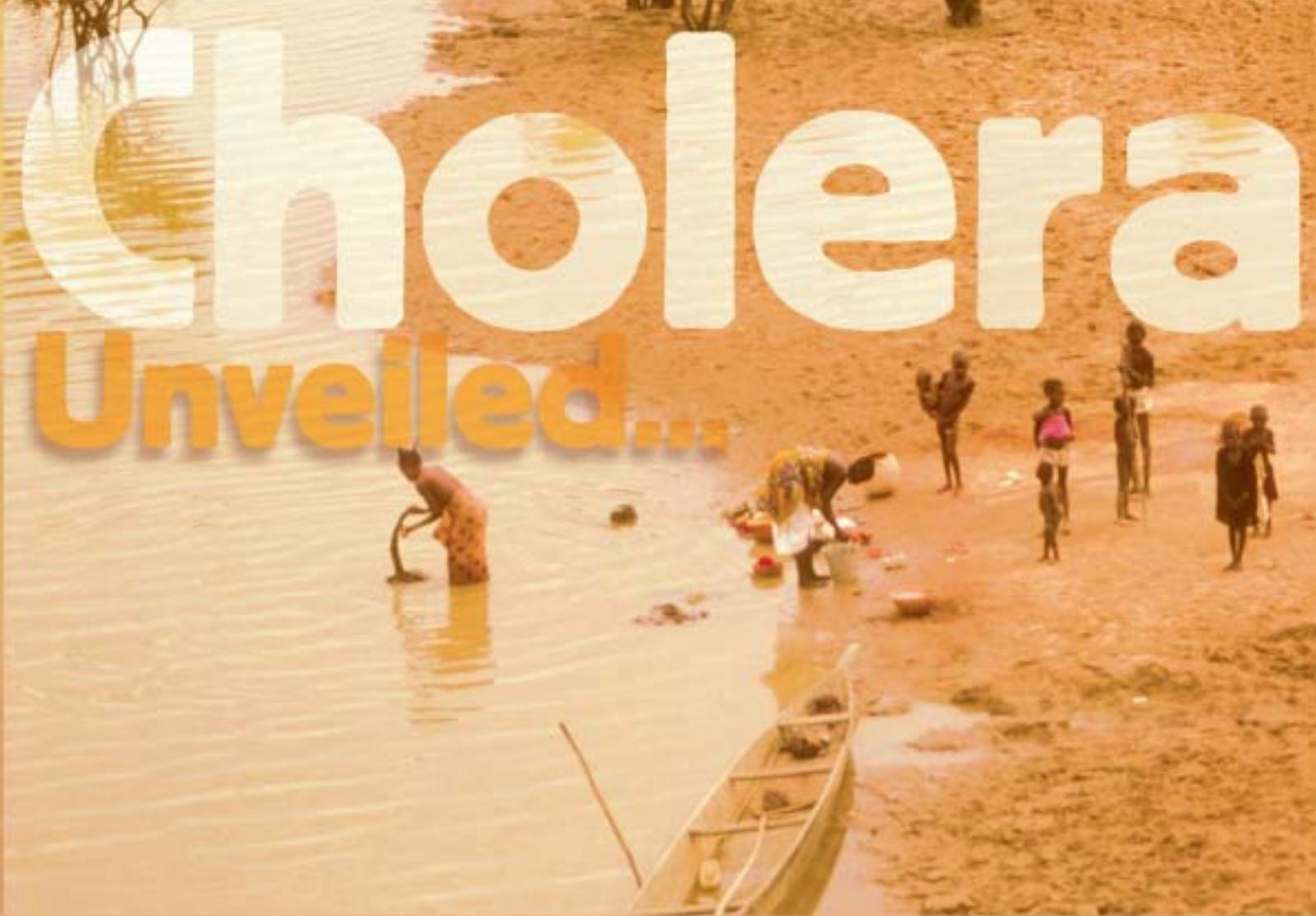


Cholera

Unveiled...



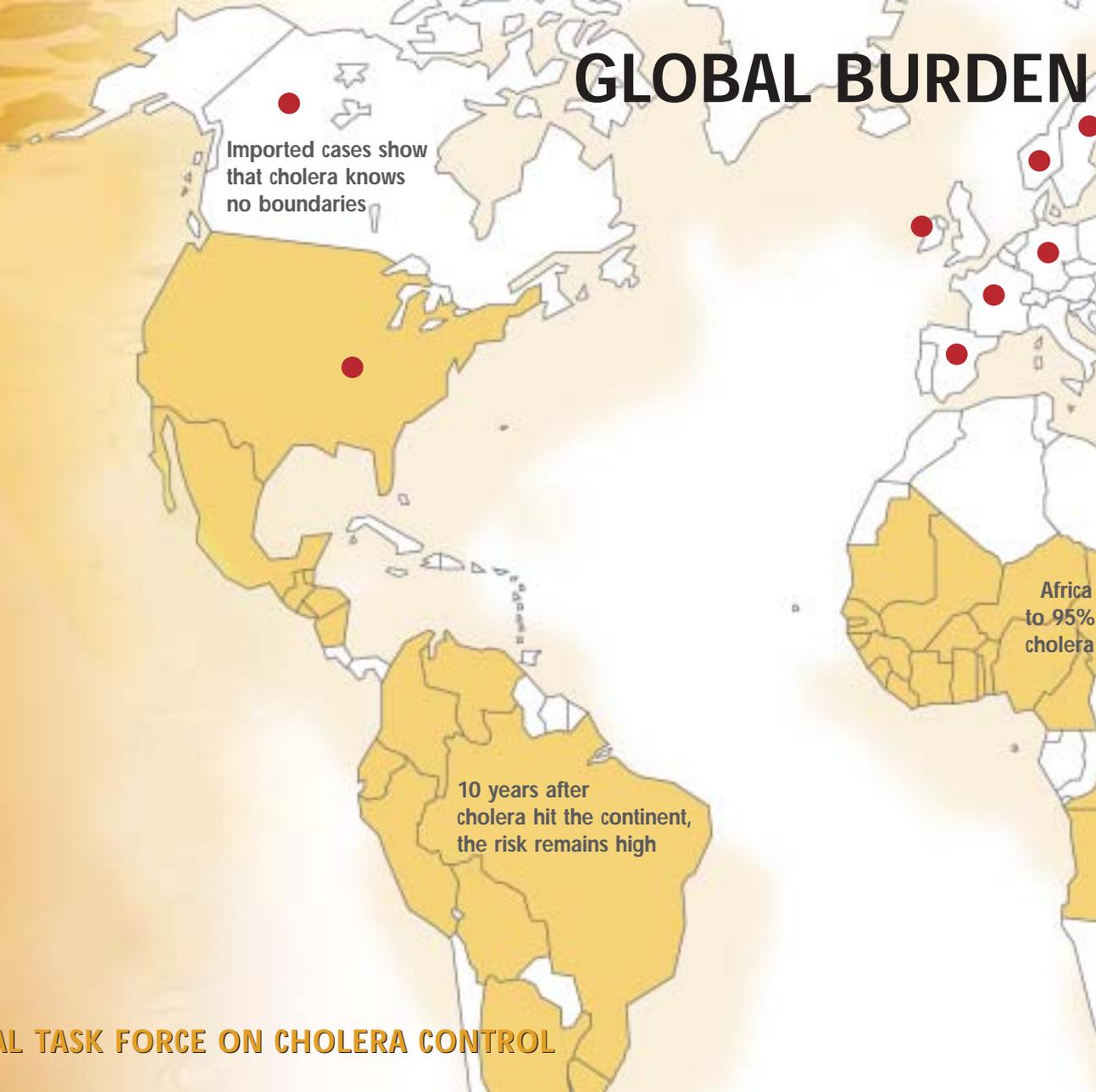
GLOBAL TASK FORCE ON CHOLERA CONTROL



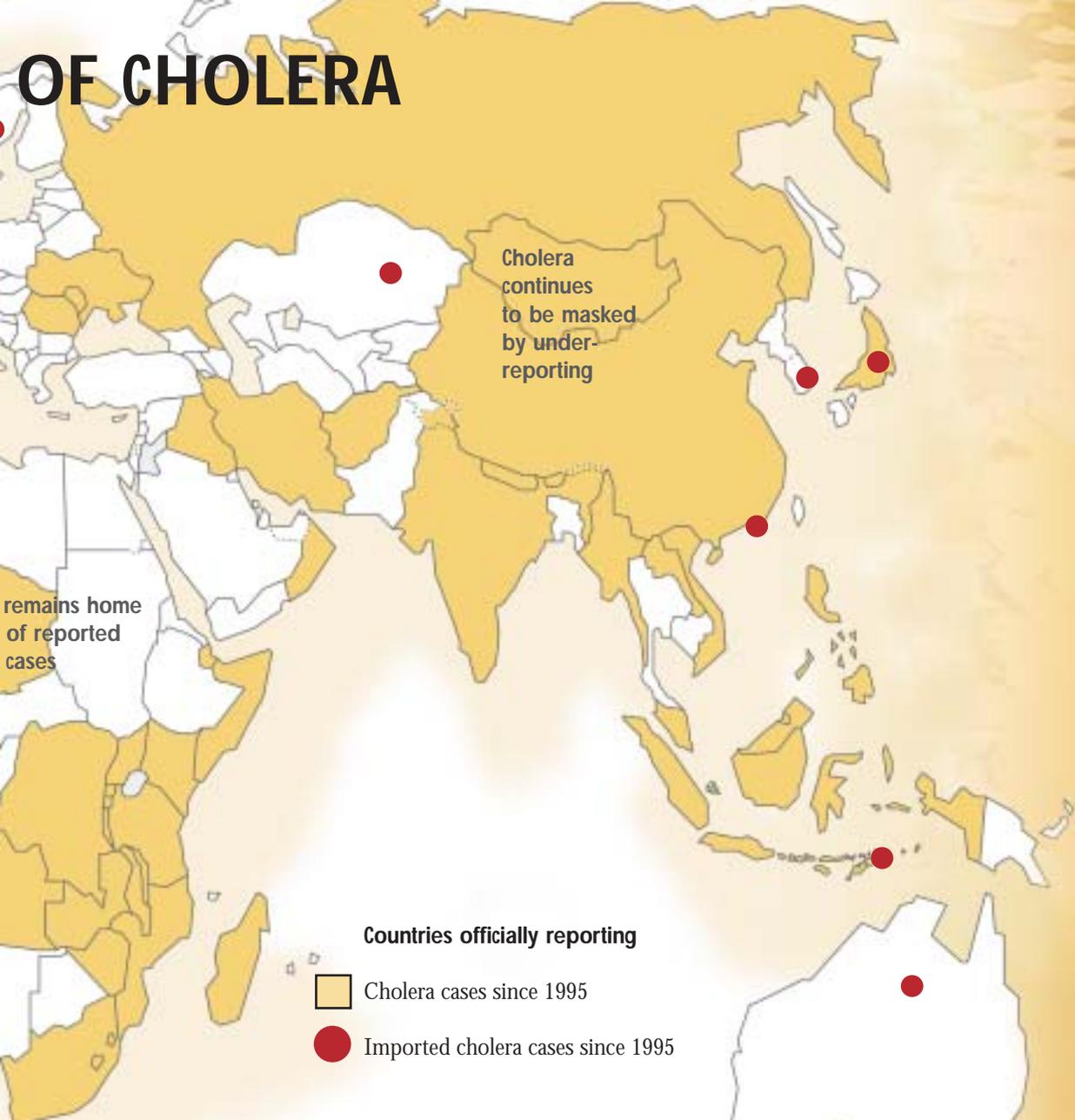
World Health
Organization

cholera

GLOBAL BURDEN



OF CHOLERA



unveil

A PERSISTENT THREAT

Cholera is one of the oldest and best known diseases in the world, yet it continues to cause considerable suffering and needless deaths. In its severe form, left untreated, **it can cause death within 24 hours of the onset of symptoms.**

Cholera is an intestinal infection and spreads through contaminated water or food. Outbreaks are linked to crowded living conditions, inadequate or unprotected water supply and poor sanitation. These conditions are rampant in many of the developing countries, making **almost every developing country vulnerable** to cholera outbreaks.

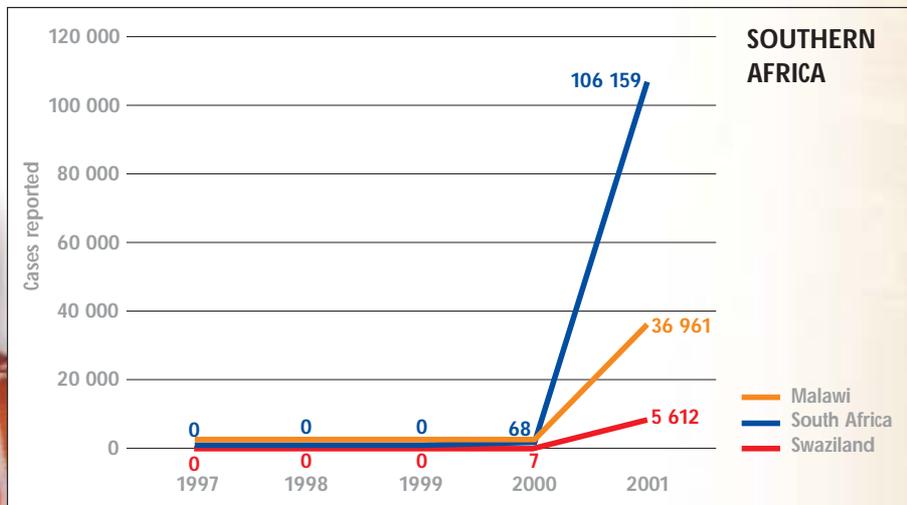
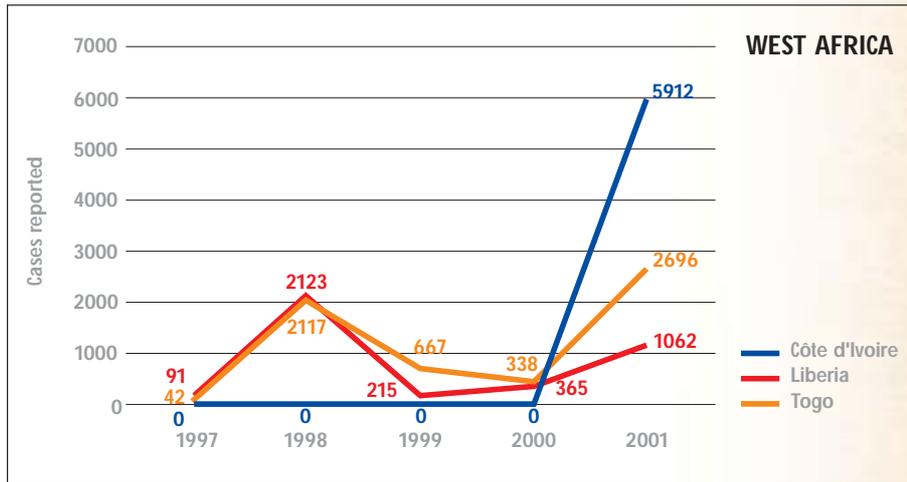
The risk of cholera epidemics is intensified during man-made and natural disasters, such as conflicts and floods, and when large populations are displaced. Explosive outbreaks with large numbers of deaths are often the result. For example Malawi, which has repeatedly suffered from floods since the year 2000, experienced several outbreaks of cholera with up to 36 000 cases.

Despite the efforts of many countries, **cholera is again on the rise worldwide.** In 2001, 58 countries officially reported more than 184 000 cases and just under 3 000 deaths; 94% of these cases occurred in Africa. This is just the tip of the iceberg, however, because poor surveillance and fear of international sanctions lead to serious under-reporting of actual cholera cases. It is estimated that in reality **120 000 people die of cholera each year**, with probably 100 times more cases than are officially reported.

Cholera outbreaks usually cause unjustified panic, leaving affected countries to deal with a double burden of economic consequences: those that are the direct result of **travel and economic sanctions** imposed by other countries, and the cost of managing the epidemic. In 1991, for example, the cholera outbreak in **Peru cost the country's economy an estimated US\$ 770 million** in lost trade and travel income.



CHOLERA ON THE RISE



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THE STRATEGY

The current response to cholera is often reactive and takes the form of an emergency response with inadequate preparedness. Although these responses can prevent many deaths, they fail to prevent cholera cases on a long-term basis. Improvements in water supply and sanitation represent the most sustainable approach to protecting against cholera and other diarrhoeal diseases.

Cholera can be controlled. WHO recommends the following approaches to control and prevent cholera outbreaks and manage epidemics more effectively.

- **Improved surveillance** to obtain better data for risk assessment and the early detection of outbreaks.
- **Improved preparedness** to provide a rapid response to outbreaks and limit their spread.
- **Improved case management** to reduce deaths among cases.
- **Improved environmental management** to enhance prevention.
- **Accelerated research** on the burden of cholera and how best to manage the growing problem of drug resistance.
- **Use of available vaccines** according to evidence-based guidelines.
- **Partnerships** with politicians, the media and the community.
- **Health education** focused on behavioural change.



KEY MESSAGES

- Interventions should be targeted to allocate scarce resources efficiently.
- Disease prevention is the key to minimizing the impact of outbreaks.
- Proper case management saves lives.
- Available vaccines should be used appropriately.
- Commitment from politicians, the media, and the community is paramount.
- Transparency is essential to avert over-reaction.



surveillance

THE STRATEGY: TURNING ADVERSITY INTO SUCCESS

When cholera occurs in an unprepared community, deaths among those affected can reach 50%. In contrast, a well organized and adequate response in an affected country can limit this death rate to less than 1%. In mid-2000, over a period of 6 months, **South Africa** experienced an exceptionally large cholera outbreak: 106 000 cases were reported – more than half the number of reported cases worldwide for 2000. The number of deaths reported was 254 (0.2% of cases) – a figure lower than in any other recorded outbreak of such magnitude. Dealing with cholera in an open and transparent way has contributed to **demystifying the disease**. It is very encouraging to note that South Africa did not experience any travel or trade sanctions in relation to this cholera outbreak.

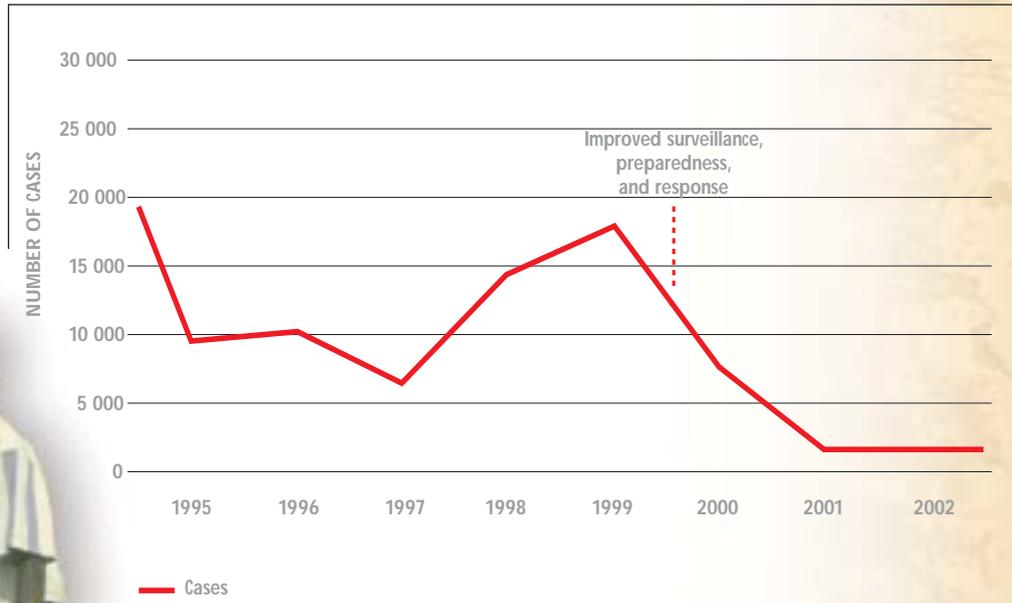
A multisectoral approach to the control of cholera is essential: factors that contribute to limiting the spread of the disease include access to safe water and proper sanitation, improved food safety and health education.

During 1995–2000, **Somalia**, a country with no formal safe water supply and limited health facilities, suffered predictable seasonal epidemics of up to 17 000 cases per outbreak. In response, WHO, together with several NGOs and the Somalia Aid Coordination Board, established an early warning system. Mechanisms for rapid investigation of suspected outbreaks were set up, with training workshops for epidemic preparedness and improved case management. These were supported to promote both access to safe water and improvements in water use, sanitation and food preparation practices. Cholera task forces were set up in each region, and emergency supplies were stocked in high-risk areas. In 2001, cholera struck Somalia again but this time only 1800 cases occurred, a 76% decline from the previous year.



CHOLERA CASES IN SOMALIA

Years 1995–2001



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SCALING UP CHOLERA CONTROL

Effective control of cholera demands multisectoral collaboration; it cannot be achieved in isolation. Recognizing this, WHO has brought together a consortium of partners and established the Global Task Force on Cholera Control. The Task Force is a coalition of nongovernmental organizations, United Nations agencies, and scientific institutions; its purpose is coordination of cholera control activities.

The main goals of the Task Force are:

- to reduce the number of cases and deaths caused by cholera;
- to reduce social and economic consequences for affected countries.

Achievements of the Task Force to date include:

- technical guidance and support to countries for cholera control and prevention, including outbreak response;
- development of guidelines and training material, including videos, for cholera control;
- recommending that inappropriate sanctions are not imposed on cholera-affected countries.

The French Ministry of Foreign Affairs, together with WHO, assisted Côte d'Ivoire by improving access to safe water. Additionally, a group of sanitation engineers and experts is being made available to provide support to affected countries on sanitation and safe water.

Another key partner of the Task Force collaborated with WHO by providing Mozambique with advice on how to avoid economic sanctions. This was done through ensuring improved food safety practices during manufacture of fish products intended for export.



HOW CAN **YOU** CONTRIBUTE TO THE FIGHT AGAINST CHOLERA?

IF YOU ARE A DONOR

- Support global activities and programmes aimed at providing technical support to national and subregional cholera prevention and control programmes.
- Support activities for the appropriate use of oral cholera vaccines.
- Support risk assessment activities so that countries are better prepared for cholera epidemics.

IF YOU ARE A HEALTH CARE PROVIDER

- Provide adequate health education to patients and the community.
- Ensure availability of guidelines and timely training for proper case management in order to reduce deaths.
- Ensure appropriate surveillance for early warning and response.

IF YOU ARE A POLICY-MAKER OR A POLITICIAN

- Provide open and transparent information to the media and the community.
- Facilitate coordination of different sectors for preparedness and response.
- Ensure availability of necessary funds to support cholera control activities.

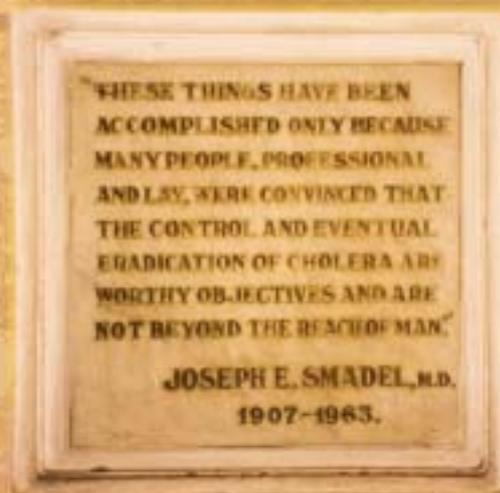
IF YOU ARE A COMMUNITY LEADER

- Facilitate adaptation and application of health education messages to improve sanitation and water use practices.
- Encourage the community to participate in the early detection of cholera cases.
- Facilitate the availability at household level of oral rehydration salts to ensure early rehydration of cholera patients.



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GLOBAL TASK FORCE ON CHOLERA CONTROL



For further information on cholera contact:

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World Health Organization, Geneva