



**National Institute of Health - Pakistan**  
**(Field Epidemiology & Disease Surveillance Division)**

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National Focal Point for IHR



**No: F.1-22/Advisory/FEDSD/2022**

Islamabad, 29<sup>th</sup> April 2022

**Subject:       Advisory for Prevention of Cholera**

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Cholera is a bacterial illness caused by consuming food or water contaminated with the bacteria *Vibrio cholerae*. Cholera remains a global threat to public health. According to WHO during year 2020, total 323 369 cases, 857 deaths were notified from 24 countries. Since the last update on 16 February 2022, approximately 30 629 suspected cholera cases including 39 deaths have been reported worldwide. Countries reporting new cases since the previous update are Afghanistan, Bangladesh, Benin, Cameroon, Democratic Republic of Congo, Ethiopia, India, Malawi, and Nigeria. Currently in Pakistan cholera clustering has been noted among children of age group upto 4 years in south and central Sindh. The number of cases gradually increased from February to April. A total of 129 laboratory confirm cases has been reported with male to female ration of 0.8:1. No mortality reported so far.

**Clinical Presentation;** Symptoms may range from mild to severe, including profuse watery diarrhoea (rice water stool), nausea and vomiting. Diarrhoea ranges from mild to severe; which can cause severe dehydration and death within hours of onset if not treated timely.

**Risk Factors;** Cholera transmission is closely linked to inadequate access to clean water and sanitation facilities.

Poor and congested localities are at greater risk of having epidemics of GE/AWD as the water pipes supplying clean treated water are usually old, rusted and damaged while sewage pipes and open sewage lanes are running side by side. All these conditions if not checked, lead to water-borne outbreaks illness. Hot and humid weather also makes the condition favorable for the multiplication of the micro-organisms.

**Transmission;** Cholera is transmitted by the fecal-oral route. Patient get symptomatic after ingesting contaminated food or water. Typical at-risk areas include peri-urban slums, and camps for internally displaced persons or refugees, where minimum requirements of clean water and sanitation are not been met, can increase the risk of cholera transmission.

**Prevention and control;** Such epidemics / outbreaks can be prevented through practices and measures as:

1. A multifaceted approach is the key to control cholera, including surveillance, water, sanitation and hygiene, social mobilization and timely treatment.
2. Regular monitoring of hygiene and cleanliness standards of hotels, restaurants and food points, ice factories, street vendors and water reservoirs.
3. Regular liaison among relevant departments like District Governments, health authorities, WASA etc.
4. Building up hospital capacity for management of patients and ensure stockpiling of essential medicines kits (Establish Diarrhea Treatment Centers (DTCs) at healthcare facilities).
5. Focused health education campaign through active community participation particularly aiming vulnerable populations.
6. Authorities must ensure chlorination of water.


**Personal Measures:**

- i. Wash hands with soap and water regularly, especially after using the toilet, changing diapers and before preparing food or eating.
- ii. Take safe drinking water (boiled or chlorinated or bottled water).
- iii. Do not eat uncooked vegetables and unwashed fruit.
- iv. Prefer taking home made fresh meals.

The NIH has put AWD on **High Alert** vide 52<sup>th</sup> Issue of Seasonal Awareness and Alert Letter (SAAL) issued in February 2022. It is therefore, imperative that the concerned departments be motivated and geared up and the preventive efforts/ steps lead by Health Department be effectively implemented. The situation may please be continuously monitored and updates along with the actions taken by the districts be kindly communicated to the NIH regularly.

For any further assistance please contact:

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**Distribution Overleaf**



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49. Officer Incharge, Provincial Disease Surveillance and Response Unit (PDSRU) at Provincial Health Directorates, Lahore, Hyderabad, Peshawar, Quetta, GB and AJK

**Copies to:**

1. Chief Secretary, Govt of Punjab, Sindh, KPK, Balochistan, GB and AJK.
2. Surgeon General Pakistan Army, GHQ Rawalpindi
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4. SPS to Secretary, M/o NHR&C, Islamabad
5. PS to Director General (Health), M/o NHR&C, Islamabad
6. WHO Country Representative, Islamabad