

CHOLERA OUTBREAK

**ASSESSING THE OUTBREAK RESPONSE
AND IMPROVING PREPAREDNESS**



**World Health Organization
GLOBAL TASK FORCE ON CHOLERA CONTROL**

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Introduction

OBJECTIVES

Cholera outbreak response generally focuses on medical aspects that are important for lowering mortality. However, a more comprehensive response is needed to limit the spread of the disease. As the outbreak response is often led by medical professionals, other aspects, such as environmental or communication issues, might tend to be neglected.

This document offers a framework for the assessment of a cholera outbreak response, which will help to:

- provide a comprehensive overview of the outbreak response;
- pinpoint the main strengths and weaknesses of the response;
- improve preparedness for and response to future outbreaks;
- provide accurate recommendations based on WHO official guidelines.

It is intended primarily for:

- technical staff of ministries of health;
- health professionals in WHO country offices;
- consultants responsible for undertaking a cholera outbreak assessment.

WHEN CAN IT BE USED?

This document can be used at the end of the outbreak, for retrospective evaluation which is essential to plan for improved prevention and response in the future. Additional tools are given in Appendices 1 and 2 to help with the evaluation report.

The document can also be used during an outbreak to check whether any of the aspects of cholera control has been overlooked.

STRUCTURE OF THE DOCUMENT

The document contains a general section on cholera, plus 14 technical sections, each with the following format:

- *Keywords* reflecting the principal topic(s) covered.
- *Assessment of the outbreak* listing the questions that should be addressed during the evaluation.
- *Useful comments for improved preparedness* particularly useful if there are recurrent outbreaks of cholera on a seasonal basis (usually in the rainy season).
- *Tips* highlighting the main issues relating to cholera outbreaks.

Cholera – general

Cholera is a diarrhoeal disease caused by infection of the intestine with the bacterium *Vibrio cholerae*, either type O1 or O139. Both children and adults can be infected.

About 20% of those who are infected develop acute, watery diarrhoea. 10-20% of these individuals develop severe watery diarrhoea with vomiting. If these patients are not promptly and adequately treated, the loss of such large amounts of fluid and salts can lead to severe dehydration and death within hours. The case-fatality rate in untreated cases may reach 30-50%. Treatment is straightforward (basically rehydration) and, if applied appropriately, should keep case-fatality rate below 1%.

Cholera is usually transmitted through faecally contaminated water or food and remains an ever-present risk in many countries. New outbreaks can occur sporadically in any part of the world where water supply, sanitation, food safety and hygiene

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