

Weekly Epidemiological Monitor

Districts affected by recent flood in Pakistan

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Regional Office for the Eastern Mediterranean

Current major events

Cholera in Pakistan

The Ministry of Health in Pakistan has reported laboratory-confirmation of 99 cases of *Vibrio cholerae* 01 in the country since the flood began in late July. These cases were reported sporadically from a wide geographical areas of the flood affected provinces of Sindh, Punjab and Khyber Pakhtunkhwa (KPK) provinces. The Ministry, supported by WHO and other health partners has mobilized intensive efforts to control transmission of cholera in the affected areas and also to prevent its spread to new areas.

Editorial note

Cholera remains endemic in Pakistan. In the past, cases of laboratory-confirmed *Vibrio cholerae* were reported from various parts of the country with seasonal spikes.

After the recent flood in Pakistan, a large number of populations were displaced and the people were forced to take shelter temporarily in camps with crowded conditions. There were limited or no access to safe water and sanitation services. The hygiene conditions were severely compromised and the risks of cholera outbreak was always feared. Currently, all the reported cases are localized in only few flood affected districts and the geographic spread seems to be limited.

Cholera is a preventable disease although it is one of the oldest disease still haunting the human civilization. Experience has shown that the introduction of cholera into a country cannot be prevented. Its spread within a country, however, can be contained by appropriate control measures. During the past three decades, intensive research has contributed substantially to our understanding of the epidemiology and clinical management of cholera. It is now a known fact that any death from cholera can be prevented if treated timely and properly.

Cholera is characterized in its most severe form by a sudden onset of acute watery diarrhoea that can lead to deaths by severe dehydration. The extremely short incubation period of the disease-(two hours to five days) enhances the

Balcohistan Balcohistan Bodus river Fixed affected districts Province boundary

Key messages on cholera

- Cholera is transmitted through contaminated water or food;
- In more than 80% of cases, cholera is mild and can be treated successfully by ORS alone;
- Provision of safe water, proper sanitation and food safety are critical for preventing occurrence of cholera;
- Vaccination, mass chemoprophylaxis and cordon sanitaire are in effective in preventing or controlling outbreaks;
- Imposing travel and trade restrictions have proven inefficient in preventing outbreak;

potentially explosive pattern of outbreaks, as the number of cases can rise very quickly. Therefore, once cholera is confirmed, quick access to treatment and rapid correction of dehydration of patients hold the key for averting deaths from cholera. Standardized case management has proven effective in reducing case-fatality rate.

Measures for prevention of cholera mostly consists of providing clean water and proper sanitations to populations who do not have access to basic services. Communities should be reminded of basic hygiene behaviours as well. Health education and social mobilization remain critical for preventing cholera

Past experience has clearly showed that restrictions on trade and travel are in effective in preventing spread of cholera to the neighbouring countries. Improving surveillance for early detection of cases and improving preparedness for rapid response are the two most recommended measures that are helpful to the neighboring countries to prevent spread.

Update on outbreaks

CCHF, Dengue fever and Cholera in Pakistan; **Kala-Azar** in southern Sudan;

Current public health events of international concern

[cumulative N° of cases (deaths), CFR %]

Avian influenza	
Egypt	[112 (36), 32.1%]
Indonesia	[170 (141), 82.9 %]
Viet Nam	[119(59), 49.6%
China	[39 (26), 66.6%]
Global total	[507(302), 59.5%]
CCHF	
Pakistan	[26(3), 11.5%]
AWD (Cholera)	
Haiti	[1500(138), 9.2%]
Chad	[2508 (111), 4.4%]
Cameroun	[7869 (515), 6.5%]
Nigeria	[29115(1191), 4%]
Kala-Azar (Visceral Leishmaniasis)	
S. Sudan	[6363(303). 4.7%]
Dengue fever	
Pakistan	[1500(15), 1%]#

CFR=Case-Fatality Rate # Laboratory-confirmed cases only