Cholera Summary Sheet

What do I need to know?

- Increased risk results from overcrowding, poor sanitation and inadequate water supplies.
- Caused by the bacterium *Vibrio cholerae* 01 or 0139.
- Outbreaks generally last 3 weeks to 3 months, or can be endemic.
- A high mortality rate if left untreated.
- Re-hydration of the infected patient used for treatment.
- All persons, regardless of age, are susceptible to cholera infection.
- One single laboratory confirmed case constitutes an outbreak.
- Planning for a cholera outbreak should be done well before the appearance of the first case.
- Vaccines are not yet universally available in emergency situations.
- Transmitted by fecally contaminated water or food.
- High risk in refugee and emergency-affected populations without access to safe water supply.

What is the case definition?

Rapid onset of severe watery diarrhea, usually with vomiting, resulting in severe dehydration

When do I need to worry?

- When cholera is newly introduced to an area or an increase in cases is detected in an endemic area.
- When access to safe water supply is low in a population at risk from cholera.
- Among infected persons:
  - 75% will have no symptoms
  - 20% will have mild or moderate diarrhea
  - < 5% will have severe clinical cholera infection
- Attack rate varies from 1-2% in open situations, to > 5% in emergency situations.
- Up to 50% of patients may die in the absence of treatment, but with proper treatment CFR can be <1%

How do I plan for an outbreak?

- Active public health surveillance.
- The number of diarrhea cases in adults and children should be recorded daily.
- Establish a standard, clinically-based, case-definition.
- Identify a reference laboratory, and collect materials for stool sampling.
- Establish cholera treatment units:
  - Identify and prepare sites
  - Arrange for drugs and materials
  - Organize potential patient flow
  - Position pre-made cholera treatment kits which may be obtained from MSF.
- Standardize water supply and sanitation measures.
- Ensure adequate quantity of safe water
- Monitor drinking water quality.
- Promote safe storage of drinking water supplies.
- Train staff in cholera detection, rehydration techniques, disease prevention, and supervision of defecation fields/latrines.

	• Mobilize the community. • Monitor spread of outbreak to new geographic area. • Monitor antibiotic sensitivity.
Surveillance	• Report total number of cases and deaths for each reporting unit. • Calculate attack rates and case fatality rates. • May be seasonal. • Maintain the cholera treatment units and supplies described above. • Ensure hygienic disposal of human feces. • Ensure an adequate supply of safe drinking water. • Encourage good food and personal hygiene. • Goal is a CFR 1-2%.
When do I not need to worry?	• When new cases are no longer detected. • When there is no increase in the number of cases in endemic regions. • When case fatality rate remains low – below 1%.
How do I work with the community?	• Inform the population about the services available. • Put preparations in place in case of an increase in cases. • Community health workers should be trained to work in or run oral rehydration units. • Encourage the community to practice good personal hygiene. • Discourage physical contact with contaminated corpses. • Inform the public of key prevention measures.

- **Document adapted from Médecins Sans Frontières Refugee Health: An Approach to Emergency Situations (1997); and the World Health Organization Fact Sheet No. 107 (March 2000).**
- **World Health Organization: cholera guideline**

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