

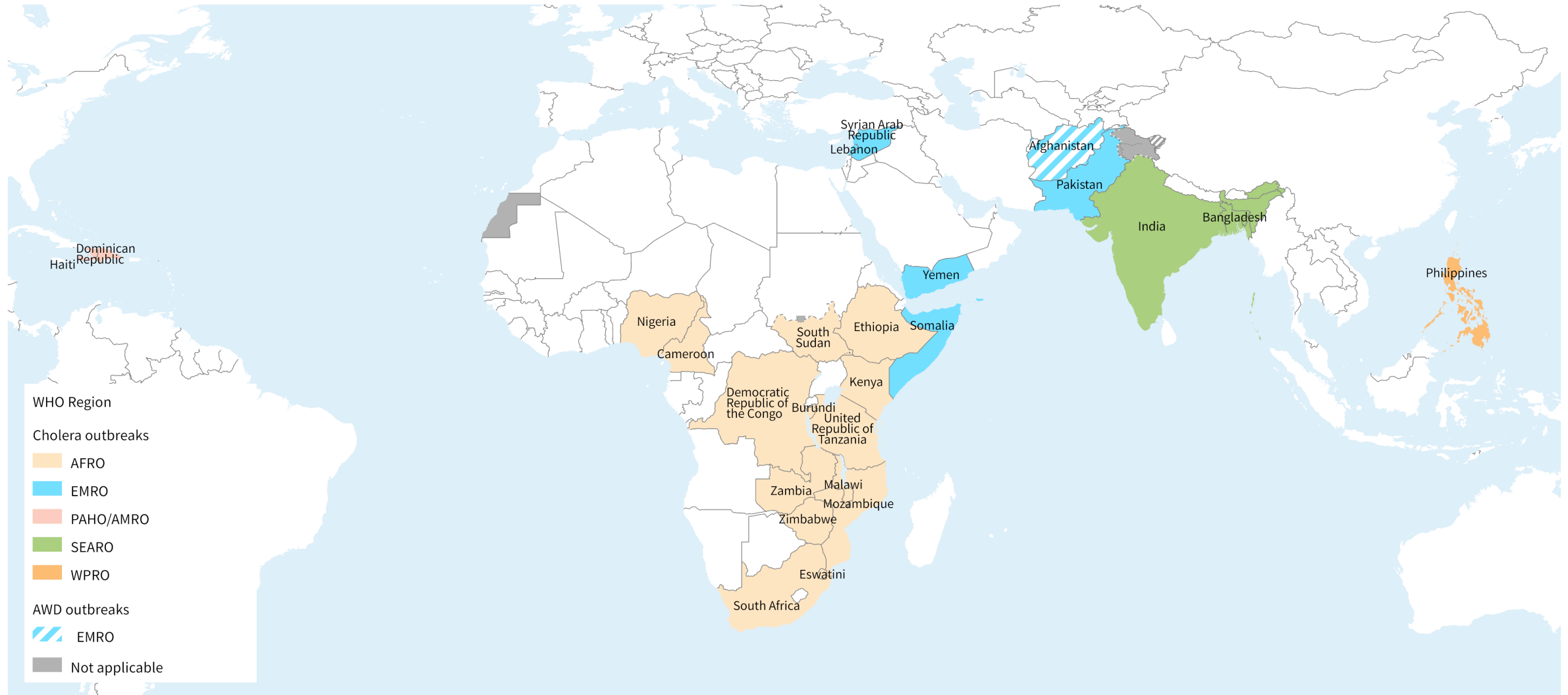
GTFCC Surveillance and laboratory working group

WHO SEARO

2-5 May, 2023

Global situation and active epidemics of cholera and AWD

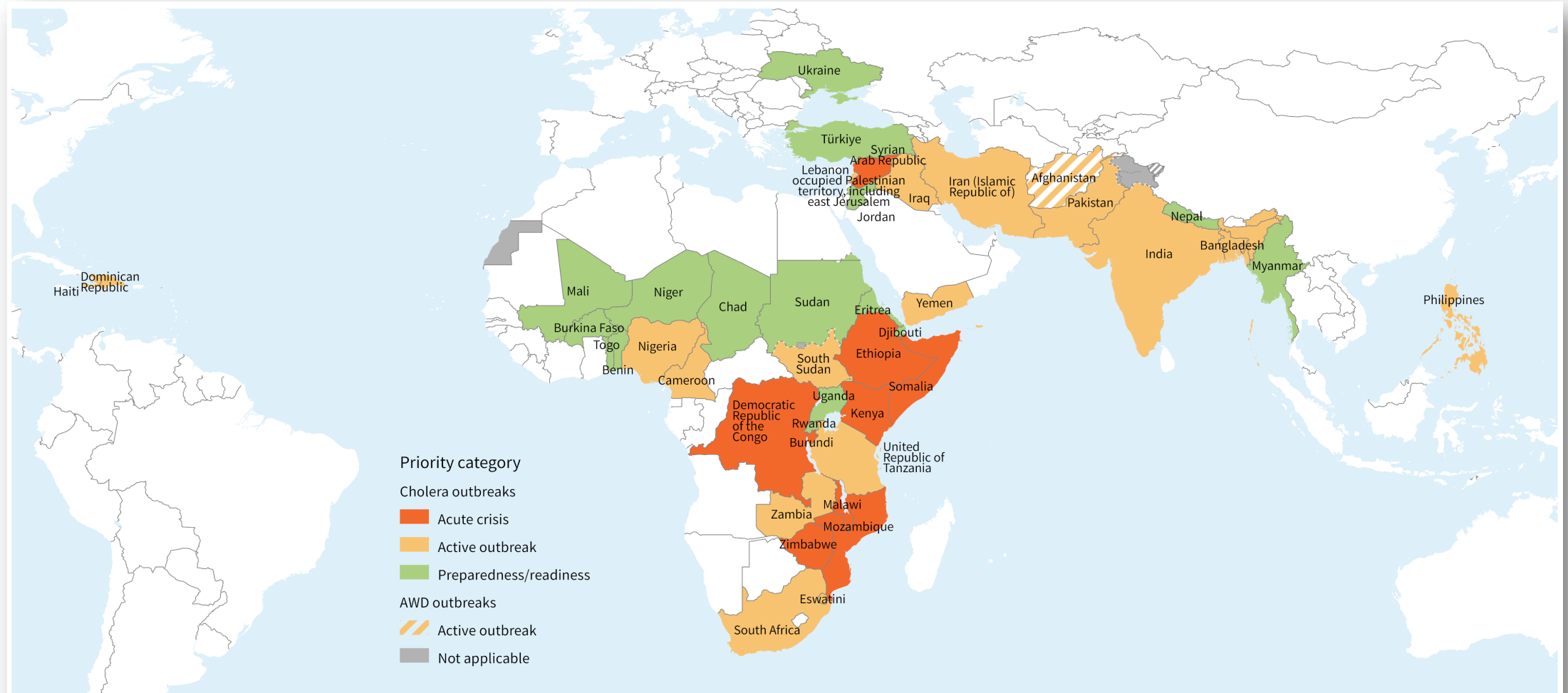
(as of 4 April 2023)



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Data Source: World Health Organization
Map Production: WHO Health Emergencies Programme
Map Date: 4 April 2023

Global country prioritization week 16 of active epidemics of cholera and acute watery diarrhoea as of 19 April 2023



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Data Source: World Health Organization
Map Production: WHO Health Emergencies Programme
Map Date: 19 April 2023



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Note: Countries in white are not reporting ongoing cholera outbreaks as of 19 April 2023

Cholera - Background

- Southeast Asia Region (SEAR) is
 - Endemic for cholera.
 - Introduce cholera to other continents.
- Underreported and underestimated.
- Recent years - increasing number of outbreaks.
- Bangladesh and India- increasing "Active Outbreaks"

ESTIMATED BURDEN OF CHOLERA IN SEAR

- Estimated 500,000–700,000 cholera cases - SEAR labeled as AWD but not reported officially
- 10–30% of diarrhea cases in Bangladesh & India (systematic hospital-based surveillance) due to cholera; substantial number of cases missed as stool culture inadequate
- IEDCR, Bangladesh estimates 450,000 hospitalized cholera cases including 4500 deaths in the country, annually

Surveillance outcomes and their dissemination

Outcomes/dissemination

"Cholera surveillance at regional level"

- WHE (HIM) detects outbreaks and analyzes data daily at the regional level.
- RO works with WCOs to monitor outbreaks and collect related data.
- Regional data published weekly for internal use, soon externally.
- HQ/WCOs collect data for annual cholera report in Weekly Epidemiological Record.
- WHO CC NICED Kolkata compiles burden in the region based on published reports and India's situation.

Weekly Situation Update

WHO Health Emergencies Programme
WHO Regional Office for South-East Asia
16th edition, 21 April 2023
Reporting period: 13 – 19 April 2023



WHO Internal Use

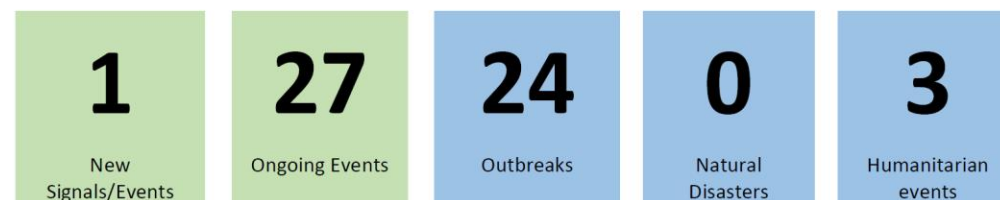


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Weekly Situation Update

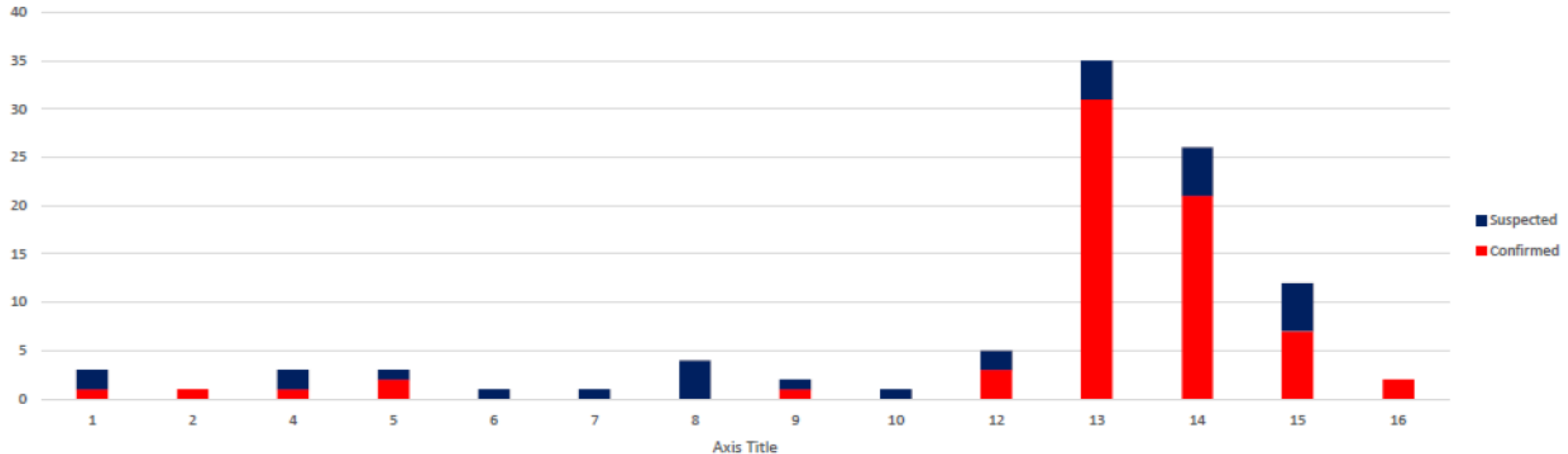
WHO Health Emergencies Programme
WHO Regional Office for South-East Asia
17th edition, 28 April 2023
Reporting period: 20-26 April 2023



WHO Internal Use



Suspected and culture-confirmed cholera cases among forcibly displaced Myanmar nationals (FDMN) and the host population (EW 1-16), 2023 (n=99)



Source: WHO Cox's Bazar Sub Office. Bangladesh

Stakeholders in cholera surveillance

- Municipal agencies and departments of public health engineering
- Ministry of Environment
- WaSH sector, IFRC, iNGO (e.g. Water AID), and other partners (e.g. UNICEF, UNDP, UNRC, CDC, MSF, ECHO project)
- WHO CCs, research institutions and academia (e.g. ICDDR,B, NICODE)

Achievements related to cholera surveillance

- Sustained surveillance (sentinel surveillance); Early alert of outbreak generated
- Regular reporting of AWD and cholera
- Rapid response and outbreak investigation capacity enhanced – IHIP, RRT trainings
- Surveillance data and outcomes inform policy and programs (Action Plans, Task Forces, Multisectoral coordination, Community Mobilization, Vaccination)
- Informed recognition of cholera as priority HTP for the region; reflected in regional (national proposed) diagnostic and genomic sequencing roadmap

Key challenges

- Under reporting
 - Only lab confirmed cholera cases reported; suspected cholera among AWD cases recorded but not reported
 - Standard guidance for surveillance; EWARS and EBS including community-based surveillance need strengthening
 - Economic, social and political disincentives
- Laboratory capacity for confirmatory diagnosis, especially at sub national level; difficult to estimate the proportion of AWD cases that may be due to cholera
 - Limited availability of RDTs, mostly culture and PCR done
- Limited data analysis and interpretation capacity at sub-national level

Key Challenges

- Multi sectoral coordination
 - WaSH related coordination; limited and unsystematic interaction and data sharing between municipal agencies/departments of PHE in peace time
- Human resources and funding
 - Frequent turnover of human resources/vacancies affects capacity and reporting
 - Limited funding to sustain surveillance sites
- Federal structure with variable sub-national capacity and implementation

Thank you