



GLOBAL TASK FORCE ON
CHOLERA CONTROL

CHOLERA SITUATION IN PAKISTAN

Pakistan

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CHOLERA EPIDEMIOLOGY PAKISTAN

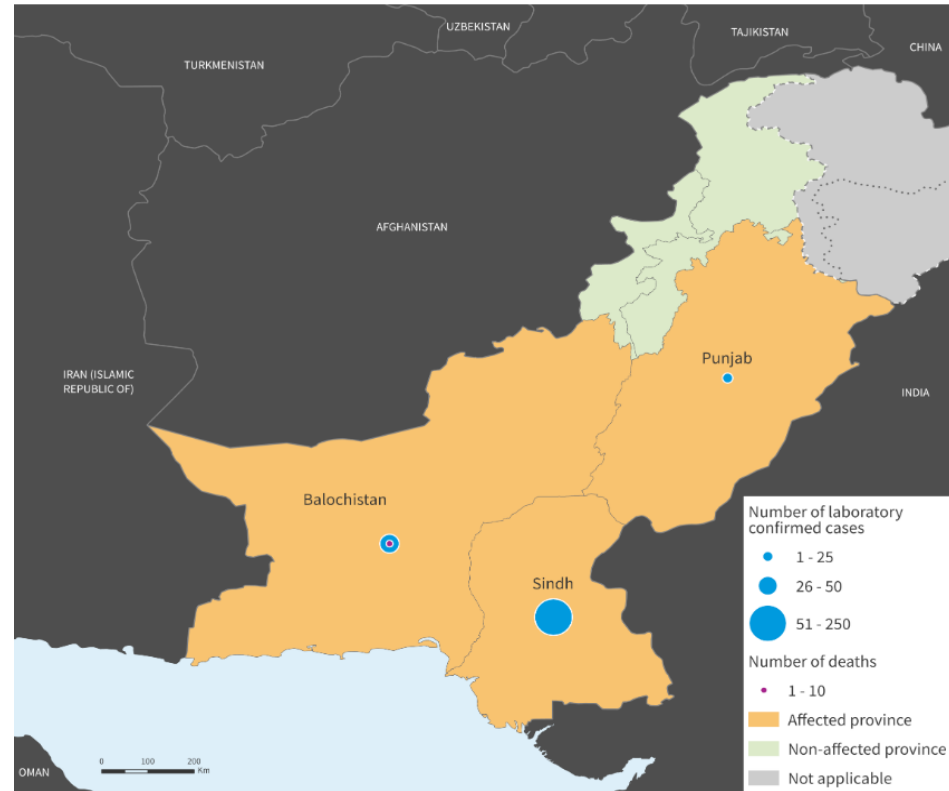
- The last Cholera outbreak in Pakistan was declared in 2010.
- Sporadic cases reported every year during summer and monsoon seasons
- Upsurge of Acute Watery Diarrhea (AWD) observed during March 2022 – 2 Events of concern
 - **Event 1:** A total of 290 lab confirmed cases were reported (*Jan to May 2022*)
 - Half of the cases (49%) were children <9 years
 - 70% environmental samples from public water sources found *Vibrio cholera*
 - **Event 2:** A total of 242 laboratory confirmed cases reported (*Oct 2022 – Jun 2023*)
 - More than half (54%) of the cases were <10 years, while 26% were < 2 years, 19% from 2-5 years, 22% from >50 years
 - Male to female ratio 1.2:1
 - In August 2022, torrential rainfall caused an unprecedented flood in the country lead to multiple small scale cholera outbreak in flood affected districts

CHOLERA SITUATION (2022-2023)

Total **110,309** suspected cases from June 2022 to June 2023

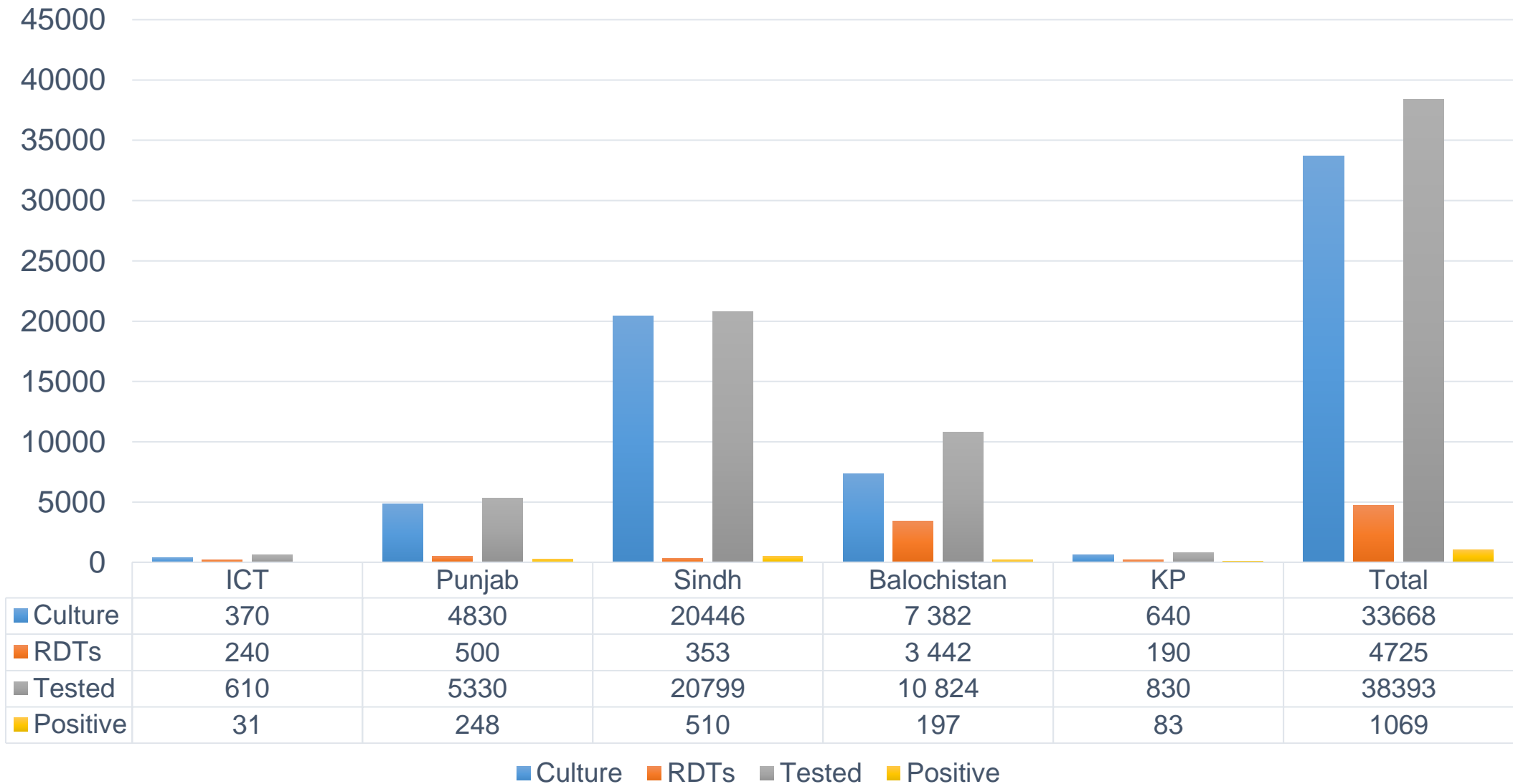
Province	Total Suspected cases
Punjab	33,195
Sindh	23,261
KPK	37,119
Baluchistan	12,991
AJK	2,053
GB	1,690

Source: National Institute of Health, Government of Pakistan (June 2023)



- **57 districts** (Sindh, Balochistan, Punjab, KP and ICT) reported outbreak.
- **38,393** Tested
- **1069** lab & RDT confirmed cholera cases.
- **CFR 0.11%**

Cholera testing from Jan 2022 to June 2023 (n=38393)





1. NATIONAL STRATEGY FOR CHOLERA CONTROL AND PREVENTION

- Ad-hoc arrangement for oversight to strengthen coordination at all levels in response to particular event
- Development of multisectoral response plan (KP)
- Enhanced multisectoral coordination and response to outbreak.
- Early identification, notification and declaration of cholera outbreak.
- Early and effective response to cholera outbreak through surveillance, case management, laboratory, WASH, RCCE and vaccination.



Govt effectively controls Cholera epidemic in Dera Bugti

 **World Health Organization**
COUNTRY OFFICE PAKISTAN

 **Ministry of National Health Services Regulations & Coordination**
GOVERNMENT OF PAKISTAN

Cholera Response Plan Pakistan

August 2022

National Cholera Response Plan developed and implemented



Goal: Reduction of morbidities and mortalities attributed to cholera

2. NATIONAL STRATEGY FOR CHOLERA CONTROL AND PREVENTION

Oversight structure:

- Public Health Emergency Operation Center (PHEOC) at NIH and provinces and
- health cluster (WHO and all stakeholders)

1. Dissemination of guidelines, including IPC and case management
2. Risk communication and community engagement
3. Sensitisation, advocacy and implementation for sustainable WASH strategy
4. Oral rehydration (ORS) and provision of intravenous fluid. Provision of Zinc supplement for children <5 years, and Oral Cholera Vaccine (OCV)

STEPS TAKEN BY NIH FOR CHOLERA

The National Institute of Health (NIH) is the national focal point for IHR and IDSR system and has taken the following steps:

- Implementation of IDSRs for priority diseases, including cholera in more than 125 districts of the country
- Workforce for disease surveillance
- Alert generation and verification of diseases, distribution of Cholera advisory, guidelines and diagnostic protocols.
- Dissemination of IDSR weekly epidemiological report and SAAL
- Facilitates outbreak investigation and diagnostics (both human and environmental samples), including NGS

KEY ACHIEVEMENTS AND SUCCESS FACTORS

KEY ACHIEVEMENTS	SUCCESS FACTORS
Enhanced surveillance capacity for preparedness, early detection and response	IDSR implementation in more than 125 districts
Alert generation, Weekly epidemiological report and SAAL	Surveillance team and national data center at CDC NIH, regular meetings with provinces and partners
Captured the data of 33 priority diseases including cholera during flood	Establishment of Emergency based Disease Surveillance System (EDSS) using existing IDSR system, Flexibility of existing platform (DHIS-2) for data capturing and frequency of reporting
Dissemination of information/guidelines	Timely sharing of advisories, guidelines for prevention and control
Enhanced diagnostics capacity for detection (routine and advanced)	Expansion of Public Health Lab network and support from WHO for smooth supplies for sentinel labs
Workforce development in disease surveillance, outbreak investigation, diagnostics and response	FELTP program, IDSR trainings, lab trainings, RRTs and other short trainings
Strengthen multi-sectoral coordination	IHR & IDSR focal point , NPHI and national PHEOC

KEY ACHIEVEMENTS AND SUCCESS FACTORS

KEY ACHIEVEMENTS	SUCCESS FACTORS
Establishment/strengthening IDSR and AWD sentinel surveillance (813 sites)	Government commitment and collaboration with partners
Enhanced cholera lab testing capacity from 4 to 38 in public & private sector	Partner support (WHO supported with HR , Réagents and supplies for culture)
716 health care workers trained on cholera case management	Government and partner commitment and partnership
Establishment of Cholera treatment units and ORT Corners	Government and partner commitment and partnership
Provision of safe water and water purification tablets	Government committment for WASH implementation
AWD and cholera information desks established at health facilities	Partner support (WHO) in designing and printing of AWD/cholera IEC material
2.9 million population of 1 year and above in targeted UCs/areas vaccinated	Timely coordination and support of ICG and WHO HQ ,RO and Country office

CHALLENGES AND WAY FORWARD

CHALLENGES	SOLUTIONS	REMAINING OBSTACLES
Lacking Formal National Cholera Control and Prevention Strategy	Development and endorsement of National Cholera Control and Prevention Strategy	Alignment of National Cholera Control and Prevention Strategy with global road map 2030
No formal coordination, implementation and monitoring mechanism	Establishment of National Taskforce or Steering body with defined TORs for cholera prevention and control	Identifying appropriate taskforce members and coneving regular/periodic or need based meetings.
No Case-based data for cholera	Collect Case-based data as a priority disease	Integration of event-based surveillence and sentinel laboratories with existing IDSR system
Limited testing sites	Expansion of testing sites for implementaion of testing algorithm	Logistics, HR and finacial constraint
Partial implementation of WASH	WASH should be implemented in all identified hotspot	Targeted and focused risk communication and community engagement interventions with M&E component
Weak Environmental surveillence	Strengthen environmental surveillence in collaboration with Polio program	HR and coordination issues
Relying on donor support	Dedicated and sustainable regular funding for cholera control	Financial constraints

PRIORITIES JUNE 2023-24

- Sensitization and advocacy for ownership and governance at the highest level
- Development of Cholera prevention and control strategy aligned with global road map 2023
- Constitute National Taskforce or Steering body with defined TORs
- Expansion of testing sites with required resources
- Initiate case-based and lab-based surveillance and its integration with existing system. Also, strengthen environmental surveillance

Thank you

Together we can
#endcholera



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