GLOBAL TASK FORCE ON
CHOLERA CONTROL

IMPROVING SURVEILLANCE: HOW TO REPORT CHOLERA CASES AND DEATHS?

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PUBLIC HEALTH SURVEILLANCE FOR CHOLERA

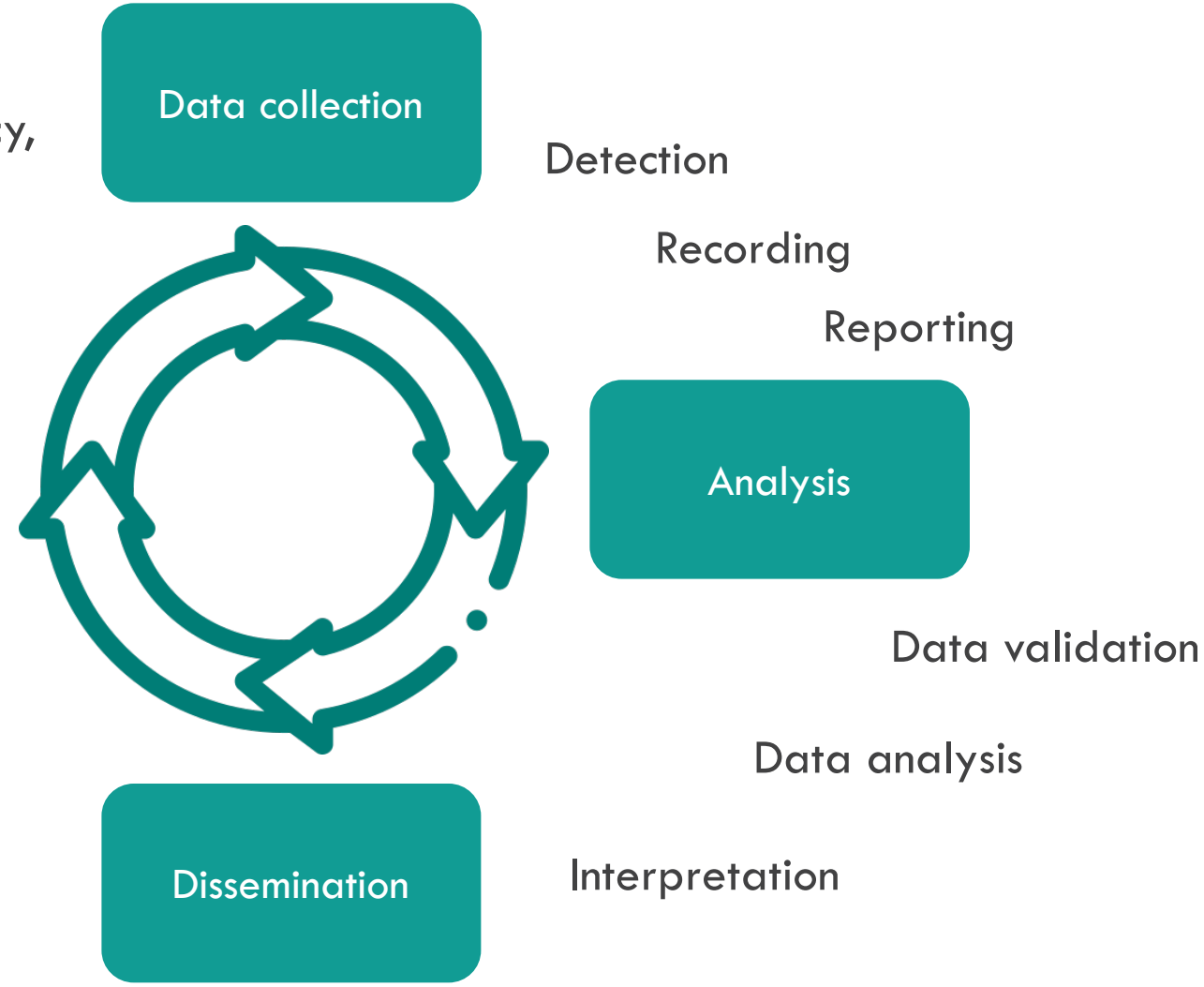
Timely and reliable cholera surveillance data critical to:

- Support early detection and **quick response** to contain outbreaks
- Inform targeted multisectoral strategies in **National Cholera Plans**
- Track **progress and impact** (monitoring and evaluation)

GTFCC Epidemiology Working Group

- Extensive ongoing work to update Feb 2023 provisional GTFCC surveillance guidance
- Goal: define minimum recommendations for fit for purpose cholera surveillance in-country

SURVEILLANCE CYCLE



DETECTION OF SUSPECTED CHOLERA CASES

- **Suspected cholera cases**
  - Patients meeting standard definitions based on clinical criteria

For early detection

In surveillance units where there is no probable or confirmed cholera outbreak

A person ≥ **2 years:** with **AWD** and **severe dehydration,** or who died from AWD with no other known cause of death.

For monitoring

In surveillance unit where there is a probable or confirmed cholera outbreak

Any person with or dying from **AWD**.

- **Detected in:**
  - Health facilities (“health facility-based surveillance”)
  - The community (“community-based surveillance”)

RECORDING & REPORTING DATA
Health facility-based surveillance

- **"Health facilities" (as defined for the purpose of health-facility surveillance)**
  - Any institution (public, private, NGOs or faith-based organizations) with outpatient and/or inpatient facilities
  - Includes: health centres, hospitals, clinics, private practices, CTCs, CTUs, ORPs

- **Standard case-based data**
  - Collected on all suspected cholera cases using a standard case report form/line list
    - Patient information: *age, sex, place of residence*
    - Clinical information: *symptom onset, inpatient/outpatient, dehydration level, outcome [alive, died at health facility, dead on arrival]*
    - Laboratory information: *tests performed, results*

RECORDING & REPORTING DATA
Community-based surveillance

- **Standard aggregated dataset**
  - Cases and deaths by age group <2 years old or ≥2 years old and sex
  - Referral to health facility

- **"Community cholera death"**
  - Occurred in the community
  - Includes suspected cases who died **on their way to the health facility** (to be recorded as "Dead on arrival at health facility" and analyzed in CBS stream).

HOW TO CLASSIFY DEATHS

- If someone dies in a health facility they are classified as a **facility death**, regardless of how much time they spent in the facility.
- If someone arrives at a health facility dead, they should be recorded and analysed as a **community-based death**.

ANALYSIS OF SURVEILLANCE DATA

Data from health facilities and CBS programmes are **reported and analyzed separately but should be interpreted in conjunction**

- **Description of cases and deaths by**
  - Person (age groups, sex)
  - Place (spatial distribution)
  - Time (epicurve)
- **Monitoring of key indicators**
  - Incidence
  - Hospitalizations (% inpatient)
  - Levels of dehydration
  - Case fatality ratio (clinic-based only)

DISAGGREGATED DATA NEEDED TO UNDERSTAND DEATHS

- **Who is dying from cholera in health facilities?**
  - Are there specific age-groups dying (careful not to report age groups that are too wide)?
  - Are there specific facilities that have higher CFRs than others?
  - Are there time trends in mortality risk within clinics (e.g., could point towards the importance of pre-emptive training in case management)

- **Not currently captured by minimum recommendations:**
  - Are people arriving late at facilities?
  - Are people with specific comorbidities dying of cholera?
  - Are pregnant women dying more often than others from cholera?

- **Who is dying from cholera in the community?**
  - Specific age groups?
  - Limited access to care?
  - Trends over time?
  - Specific locations?

HOW SURVEILLANCE DATA CAN HELP WITH CASE MANAGEMENT

- **To inform case management interventions during an outbreak:**
  - Set up CTC/CTU/ORP & referral systems in specific locations to improve access to care
  - Estimate CTC/CTU capacities needs
  - Adaptive positioning treatment supplies and quantify needs
  - Trigger investigation of indicators of late access to health care/inadequate case management to determine appropriate corrective actions
  - Community engagement messages tailored to affected groups to promote appropriate behavior (preparation of ORS, healthcare seeking)
- **To support preparedness and inform mid- to long-term planning:**
  - Document groups at higher risk of death to inform prevention and control strategies at national and global levels
  - Assess the impact of interventions at population-level
  - Track progress towards the Global Roadmap targets

KEY MESSAGES

- Improving cholera surveillance (of cases and **deaths**) is critical to generate necessary data to **inform evidence-based and effective cholera prevention and control strategies**
- **Health workers are at the frontline** to improve cholera surveillance by **detecting, documenting** (in accordance with a standard dataset), and **reporting** all suspected cholera cases
- New **GTFCC guidance** for improved cholera surveillance is being prepared and we want your input!


Thank you
Together we can
#endcholera
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