



GLOBAL TASK FORCE ON
CHOLERA CONTROL

REGIONAL & GLOBAL CHOLERA SURVEILLANCE
Towards a harmonized dataset

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NEED FOR A REGIONAL AND GLOBAL OVERVIEW ON CHOLERA SITUATION

- Regional and global overviews critical to
 - detect and monitor cross-border epidemiological relations
 - provide a single document for partners to inform operational decisions
 - classify and prioritize between different cholera situations

■ Practices pre-2023

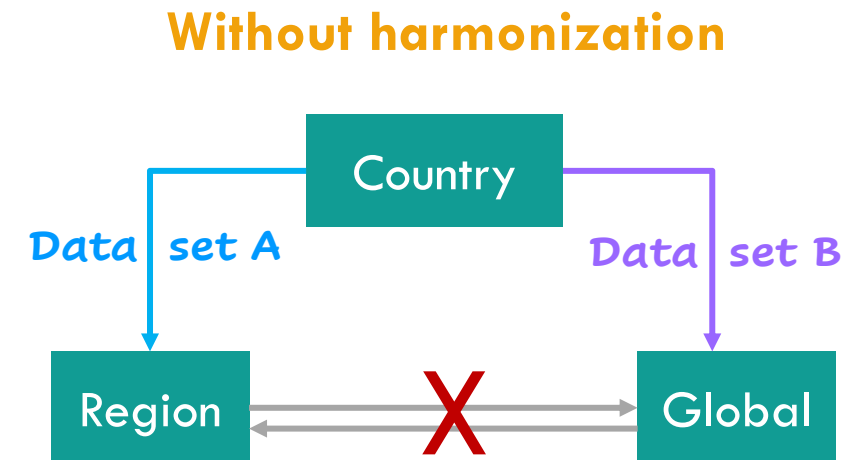
- Yearly official reporting to WHO HQ, compiled & published in the year after
- Weekly WHO internal updates (not distributed externally)
- Some regional & subregional actors compiling cholera situation in their area

■ Improved practices since 2023

- Weekly global overview confidentially shared with GTFCC partners
- Monthly public multi-country sit rep (<https://www.gtfcc.org/about-cholera/cholera-situation/>)
- Public dashboard (<https://who-global-cholera-and-awd-dashboard-1-who.hub.arcgis.com/>)
- Challenge: different formats and datasets received from countries

BENEFITS OF HARMONIZED RECOMMENDATIONS FOR REPORTING TO THE REGIONAL & GLOBAL LEVELS

- **Clarity and simplicity for countries**
 - Without harmonized recommendations reporting can only be confusing for countries
 - « Doing it right » would require distinct reporting of distinct datasets
- **Prerequisite for setting up streamlined, simple, and effective reporting mechanisms**



2023 INTERIM RECOMMENDATIONS

- **Interim GTFCC recommendations** for cholera reporting to the regional and global levels released in 2023
- **Heavy reporting requirements**
 - 36 variables for weekly reporting at surveillance unit level
 - 32 metadata variables at surveillance unit level
 - 21 metadata variables at national level
- **Challenging for countries to implement**
 - Limited uptake
 - **Need for simplification**



PROPOSAL FOR UPDATED GTFCC RECOMMENDATIONS

Preferred data set

- Simplification of the 2023 recommendations
- 6 variables
- Allow for the monitoring of key indicators for reasonably informative regional and global surveillance

Minimum data set

- Even more simplified version for countries facing difficulties in reporting preferred data set
- 3 variables
- Allow for the monitoring of critical indicators for minimum regional and global surveillance
- Envisioned as a temporary reporting stage until transition to reporting of preferred data set

PREFERRED DATASET

- **Time & space**

- Weekly reporting
- Aggregate at surveillance unit level (e.g., Admin-2) or Admin-1 level (for discussion)

- **Data**

- Number of suspected **cholera cases** reported through HFBS **by age group** (< 5 , ≥ 5)
- Number of **health facility cholera deaths**
- Number of **community cholera deaths**
- Number of suspected cholera **cases tested by culture or PCR**
- Number of suspected cholera cases tested positive by culture or PCR (i.e., **confirmed cases**)
- +/- Number of suspected cholera cases tested by RDT & Number of suspected cholera cases tested positive by RDT (for discussion)

- **Metadata**

- Definition(s) of suspected cholera case
- Definition of confirmed cholera case

MINIMUM DATASET

- **Time & space**

- Weekly reporting
- Aggregate at Admin-1 level

- **Data**

- Number of **cholera cases** reported through HFBS (suspected & confirmed combined)
- Number of **health facility cholera deaths**
- Number of **community cholera deaths**

- **Metadata**

- Definition(s) of suspected cholera case

LET'S DISCUSS!

- Opinions on the benefits of harmonized recommendations for reporting to the regional & global levels?
- Opinions on the proposed approach (preferred vs minimum)?
- Countries' views on feasibility?
- Collegial consolidation of preferred data set
- Collegial consolidation of minimum data set

Thank you

Together we can
#endcholera



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Supplementary slides

2023 RECOMMENDATIONS

Data

For each surveillance unit:

- Number of suspected cholera **cases**
- Number of suspected cholera cases **tested**, stratified by test method (i.e., Rapid Diagnostic Test (RDT), culture and seroagglutination, Polymerase Chain Reaction (PCR) for serogroup)
- Number of suspected cases tested **positive**, stratified by test method (i.e., RDT, culture and seroagglutination, PCR for serogroup)
- Number of cholera **cases*** stratified by **sex** and **age group** (see below)
- Number of cholera cases* **hospitalized** for treatment (i.e., admitted to health facility for at least one night)
- Number of cholera cases* with **severe dehydration** (i.e., treatment plan C - intravenous rehydration)
- Number of cholera **deaths*** stratified by place of death (i.e., in health facility, on arrival at health facility, in the community)
- Number of cholera **deaths*** that occurred at health facility stratified by **sex** and **age group** (see below)

The following age categories (in years) are requested: 0-4, 5-59, 60 and over.

* Combining suspected cholera cases and confirmed cholera cases

2023 RECOMMENDATIONS

Metadata (1/2)

National level metadata

The following metadata should be provided at the national level:

- Case and outbreak **definitions** used by the country and the date these definitions came into effect
- Cholera **surveillance strategy** in place in the country (description of surveillance streams and assessment of their respective coverage)
- **Testing** strategy(ies) in place in the country
- Information on frequency and distribution of **situation reports** (including links if available)

In addition, a shapefile of surveillance units in the country should be provided.

2023 RECOMMENDATIONS

Metadata (2/2)

Surveillance unit metadata

The following metadata should be provided for each surveillance unit in the country.

▪ Minimum metadata

- **Geographic information:** administrative level of the surveillance unit and hierarchy of each surveillance unit up to the first administrative level
- **Demographics:** population stratified by sex and by age-groups (0-4, 5-59, 60 and over) and date of last population census
- **Reporting health facilities:** number of health facilities expected to report cholera cases

▪ Additional recommended metadata

- **Oral Cholera Vaccination (OCV):** year of last OCV campaign (if applicable)
- **Health facilities:** number and type of health facilities (e.g., Cholera Treatment Centers (CTCs) or Cholera Treatment Units (CTUs), Oral Rehydration Points (ORPs))
- **Setting:** rural, urban, periurban
- **Accessibility:** presence of remote or difficult to reach areas
- **Humanitarian setting:** including man-made or natural disasters
- **Vulnerable populations:** presence of internally displaced people (IDP) camps or of refugee camps, and population in camps
- **Additional contextual information:** description of any other contextual factors that may increase the risk of cholera transmission (e.g., climatic events) or the impact of the disease (e.g., prevalence of malnutrition, other ongoing outbreak(s))