



GLOBAL TASK FORCE ON
CHOLERA CONTROL

STATE OF PLAY OF
GLOBAL CHOLERA SURVEILLANCE

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21 May 2024

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OVERVIEW

1. WHO's Global Cholera Surveillance Strategy
2. Key Surveillance Outputs
3. From Data to Action
4. Current Challenges
5. The Future of Cholera Surveillance

WHO'S GLOBAL CHOLERA SURVEILLANCE STRATEGY



Data Collection

- Each week, 5-7 epidemiologists at WHO HQ collect data from MoH sitreps, dashboards, and health alerts, entering it into a SharePoint-hosted Excel database.
- Data includes new and cumulative cases and deaths at national and admin 1 levels.
- Data covers outbreaks from the beginning of 2023 onwards.



Data Validation

- Data is reviewed for accuracy and consistency.
- Discrepancies are flagged and investigated.
- WHO HQ, Regional, and Country Offices hold weekly meetings to share epi updates, discuss surveillance data, and exchange best practices.

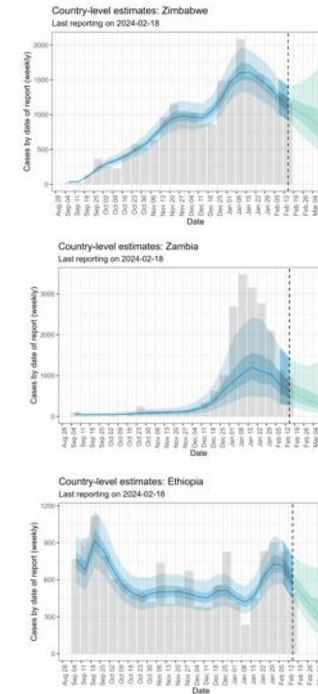


Data Analysis

- Validated data is processed and analyzed using R and ArcGIS.

KEY SURVEILLANCE OUTPUTS

- **In-depth Analyses:** Regularly conducted statistical, trend, and geographic analyses of surveillance data to guide cholera control strategies
- **Situation Reports:** Monthly sitreps with up-to-date information on global cholera outbreaks, informing the public of the current situation and response efforts
- **Interactive Dashboards:** Real-time data visualization tools for monitoring trends, identifying hotspots, and assessing intervention effectiveness



Multi-country outbreak of cholera 
External Situation Report n. 13, published 17 April 2024

Risk assessment: Global risk – Very high Countries / areas / territories affected since 1 January 2023: 31

In this edition:

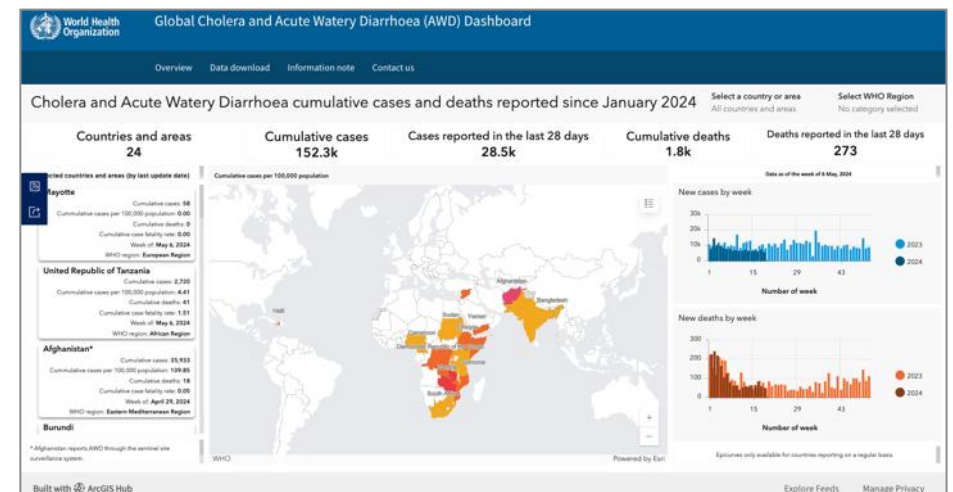
- Overview
- Global epidemiological update
- WHO regional overviews
- Focus on selected subregions and countries
- Operational updates
- Key challenges
- Next steps

Overview

Data as of 31 March 2024

- In March 2024 (epidemiological weeks from 10 to 13), a total of 25 424 new cholera cases were reported from 16 countries across two WHO regions, showing a 32% decrease from the previous month. The African Region registered the highest number of cases, followed by the Eastern Mediterranean Region. The period also saw 189 cholera-related deaths, highlighting a 33% decrease from the previous month globally. The observed declining trends should be interpreted with caution, as they coincide with the Easter holidays observed in some countries, which may have caused delays in reporting. Around the same time last year, 62 199 cases and 326 cholera-related deaths were reported from 22 countries. For the latest data, please refer to the new [WHO Global Cholera and AWD Dashboard](#).
- While no new countries reported cholera outbreaks in March 2024, Comoros has seen a continued increase in cases and deaths since the beginning of the outbreak in early February. As of 31 March 2024, all three islands of the country (Ngazidja, Ndzouani, and Mwali) have been affected, with a total of 178 cases and 17 deaths reported.
- From 1 January 2023 to 31 March 2024, a cumulative total 824 479 cholera cases and 5900 deaths were reported from 31 countries across five WHO regions, with the Eastern Mediterranean region recording the highest numbers, followed by the African Region, the Region of the Americas, the South-East Asia Region, the Western Pacific Region. No outbreaks were reported in the European Region during this time.
- The cholera response continues to be affected by a critical shortage of Oral Cholera Vaccines (OCV). Since January 2023, OCV requests have surged, with 79 million doses requested by 14 countries, double the 40 million doses available during this period. The global stockpile of vaccines was depleted until the beginning of March. As of 15 April, the stockpile has 2.3 million doses, which is below the global stockpile target of five million doses.
- WHO classified the global resurgence of cholera as a grade 3 emergency in January 2023, its highest internal level for emergencies. Based on the number of outbreaks and their geographic expansion, alongside the shortage of vaccines and other resources, WHO re-assessed the risk at the global level as very high and the event remains classified as a grade 3 emergency.
- WHO continues to work with partners at the global, regional, and country levels to support Member States in responding to the outbreaks.
- The dynamics of cholera outbreaks are increasingly complex due to factors that transcend national boundaries, such as population mobility, natural disasters, and climate change. The risk of transnational transmission is often heightened by porous borders with numerous unofficial entry points, inadequate surveillance at border areas, and limited awareness in cholera-affected communities. To address these challenges, countries must prioritize cross-border collaboration by establishing real-time data sharing mechanisms, harmonizing surveillance systems, pooling resources, and implementing joint preparedness and response interventions.

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FROM DATA TO ACTION

- **Early Detection and Rapid Response:** Surveillance data allows the early detection of potential outbreaks, enabling swift deployment of resources and containment measures
- **Data-Driven Decision Making:** Supports targeted interventions, such as vaccination campaigns and WASH improvements
- **Optimized Resource Allocation:** Ensures resources are directed to the most affected areas, maximizing the effectiveness of control measures
- **Informed Public Health Strategies:** Provides evidence-based insights for shaping public health policies and developing long-term cholera control plans



CURRENT CHALLENGES



Manual Data Processes

- Several countries still rely on manual data collection, which is time-consuming and prone to errors and transmission delays
- Global surveillance mainly depends on manual data scraping, which is inefficient and can lead to data quality issues



Inconsistent or No Data Sharing

- Inconsistent case definitions, surveillance practices, and data granularity affect data quality, accuracy, and comparability
- Lack of data sharing by some countries creates gaps in global surveillance.



Insufficient Human Resources

- Current human resources are insufficient for effective surveillance, especially with the worsening global cholera situation



Inadequate Funding

- Insufficient funding hampers cholera surveillance, leading to gaps in data collection, delayed responses, and inadequate outbreak control



Political Instability

- Political instability and logistical hurdles impede surveillance activities in many of the cholera-affected countries

THE FUTURE OF CHOLERA SURVEILLANCE

- **Develop Robust Electronic Systems:** Encourage the implementation of real-time data systems at the country level through the adoption of innovative technologies
- **Strengthen Regional Networks:** Enhance cross-border cooperation through regional networks for improved data sharing and best practices
- **Ensure Sustainability:** Secure long-term investment and capacity building for surveillance training and resource allocation
- **Improve Data Access and Sharing:** Establish a global, secure, user-friendly platform and promote data-sharing agreements between countries



CONCLUSIONS

1. **Comprehensive Data Collection:** WHO's strategy involves weekly data collection from MoH reports, ensuring tracking of cholera cases and deaths at national and sub-national levels
2. **Rapid, Data-Driven Responses:** Surveillance data supports early outbreak detection, data-driven decisions, and resource allocation, which are vital for effective cholera control
3. **Addressing Key Challenges:** Overcoming manual data processes, inconsistent data sharing, and insufficient resources is crucial for effective surveillance and response
4. **Future Directions:** Strengthening national data systems, enhancing regional cooperation, securing sustainable funding, and establishing a secure global data platform are key for advancing cholera surveillance



Thank you

Together we can
#endcholera



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