



GLOBAL TASK FORCE ON
CHOLERA CONTROL

**MOZAMBIQUE- TESTING STRATEGY FOR CHOLERA
SURVEILLANCE**

Mozambique

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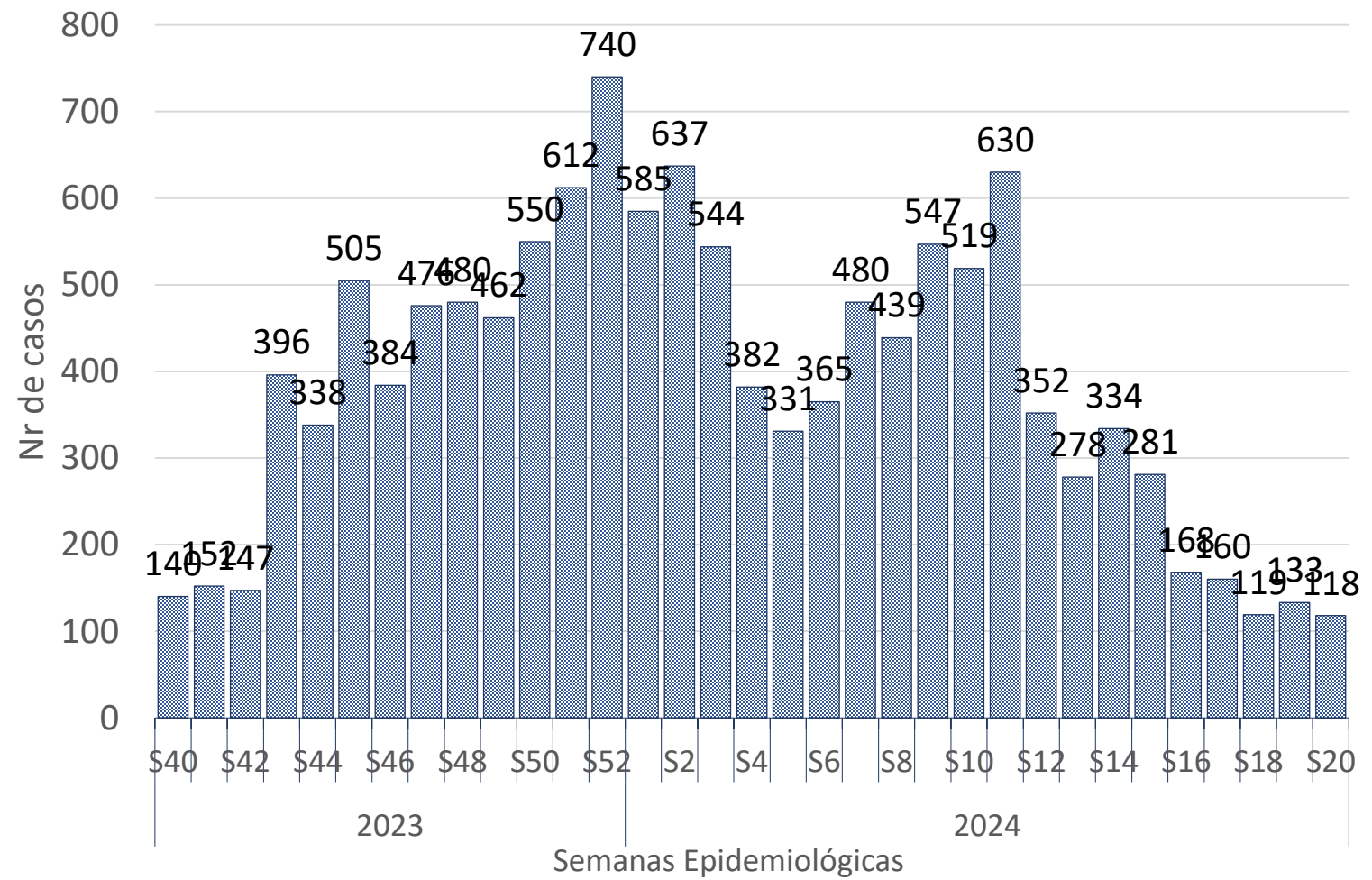
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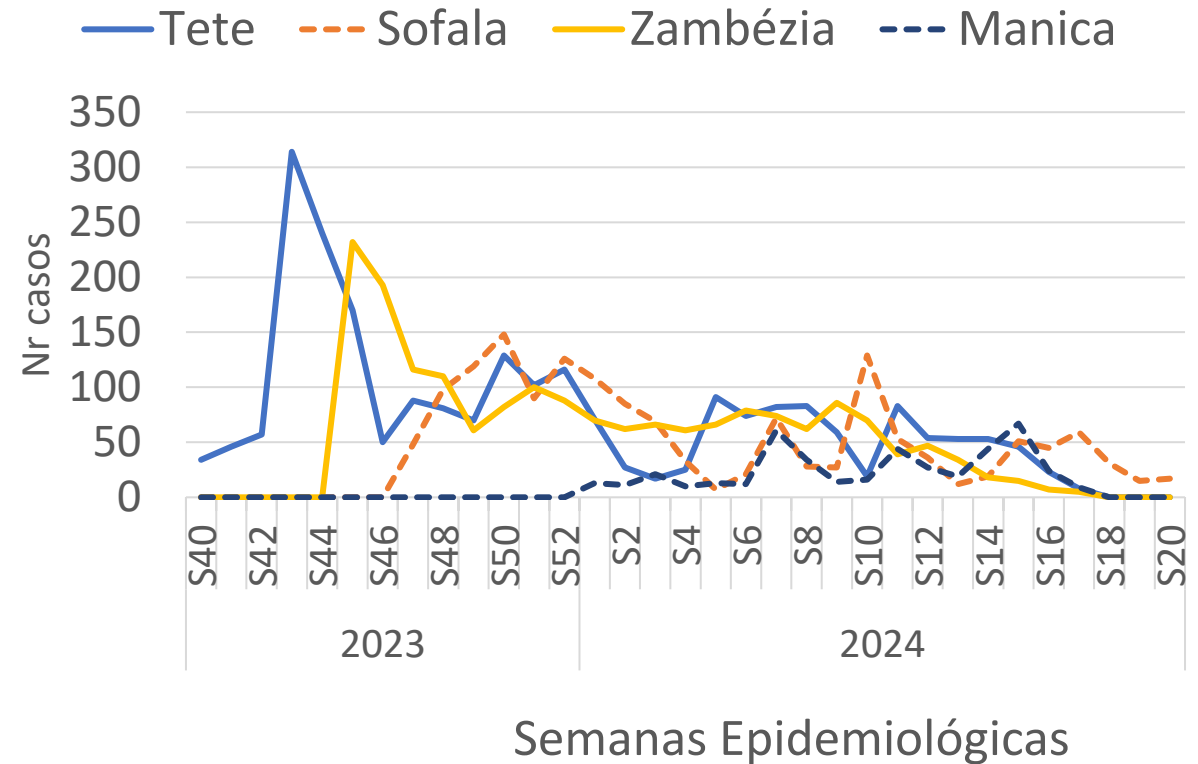
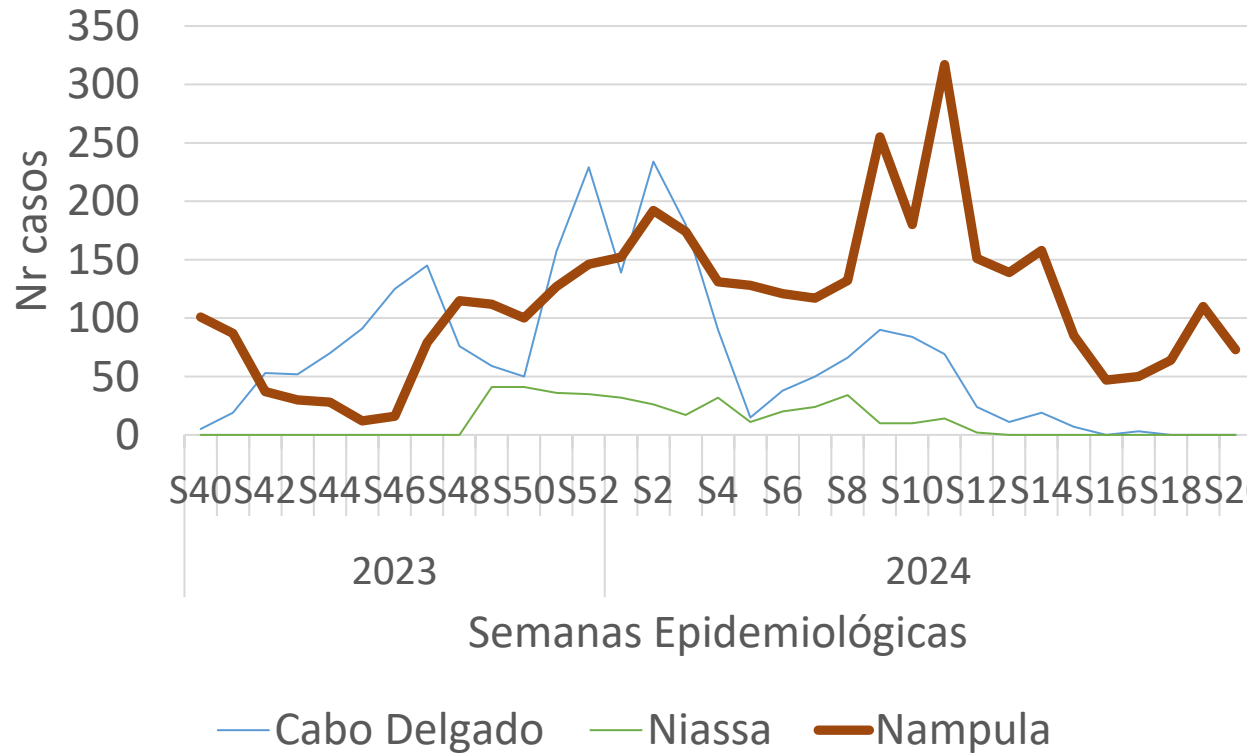
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1. UPDATE ON CHOLERA EPIDEMIOLOGICAL SITUATION



EPIDEMIOLOGICAL SITUATION PER REGION(NORTH AND CENTER)



MOZAMBIQUE CHOLERA OUTBREAK DEFINITIONS:

ALIGNS WITH GTFCC GUIDANCE

Start date

- The **date of onset** of symptoms of the **first** case

End of a suspected outbreak

- **All suspected cholera cases** that triggered the suspected outbreak had a **negative test result** by RDT or culture or PCR

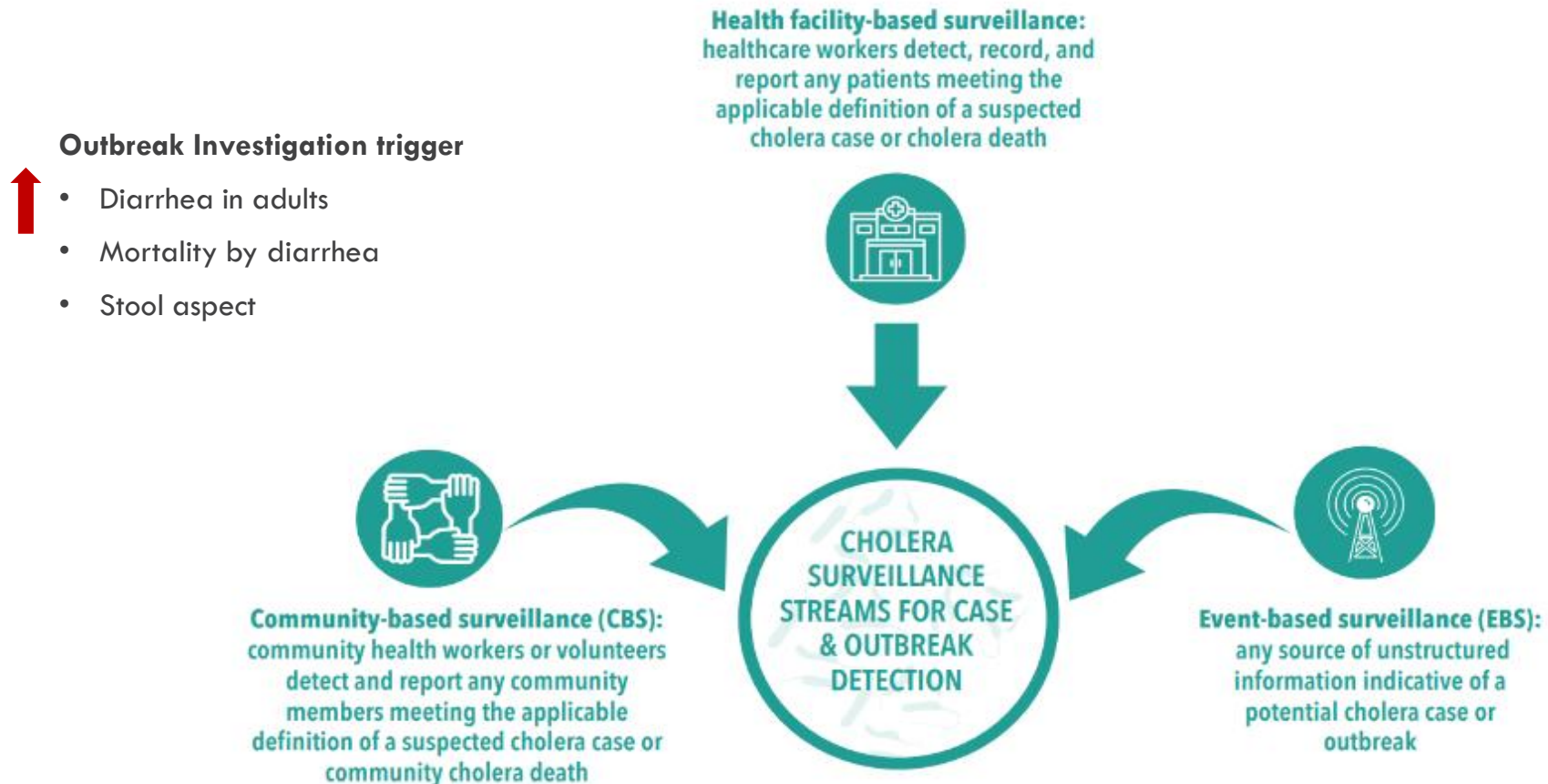
End of a probable or confirmed outbreak

- For a minimum period of **four consecutive weeks** all **suspected cholera** cases (if any) had a **negative test result** by RDT or culture or PCR

Declaration of outbreaks
depends on confirmed
case

Local measures are taken
when facing suspected
outbreak of cholera

IMPACT OF LAB STRATEGY ON SURVEILLANCE AND CASE CONTROL

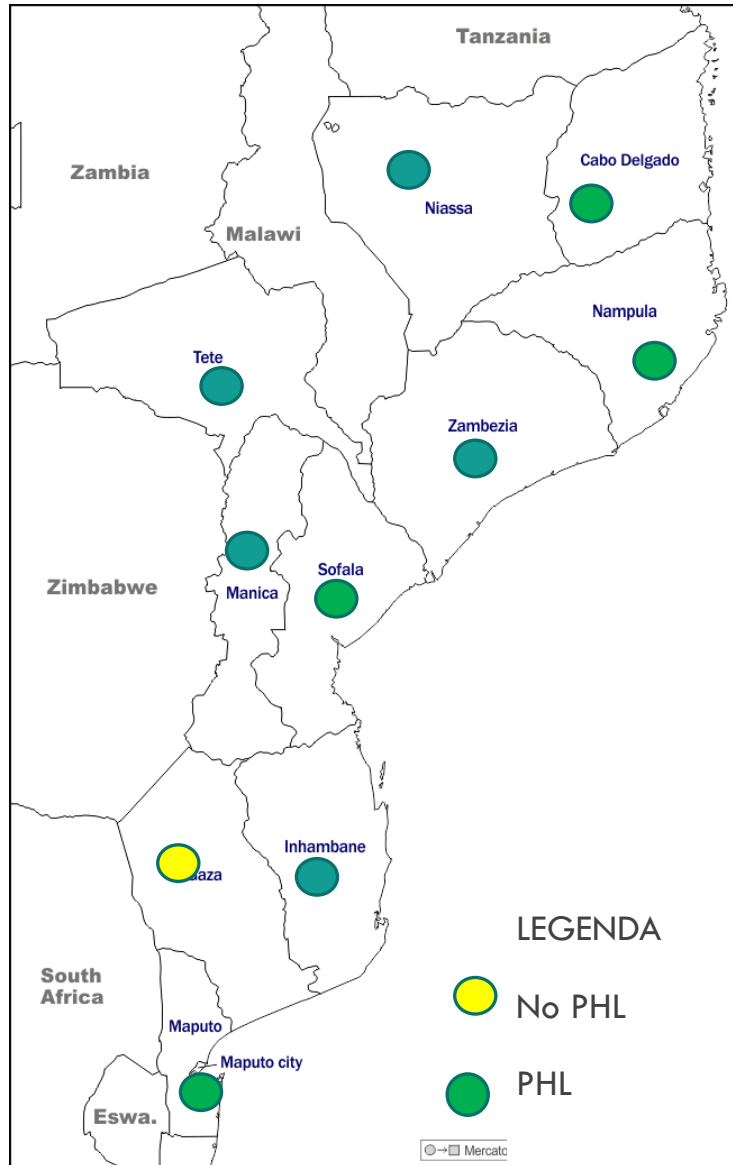


CHOLERA SURVEILLANCE MAIN GOAL FOR MOZAMBIQUE

Among others we can highlight the following:

1. **Early detection:** to detect cholera cases as early as possible to initiate prompt response measures to prevent further spread of the disease.
2. **Monitoring trends:** To monitor trends of cholera cases over time, including the geographic distribution of cases, seasonal variations, and changes in the characteristics of the disease in our country for better planification and use of the minimum resources available.
3. **Outbreak response:** To allow health authorities to quickly identify outbreaks of cholera and implement appropriate control measures such as water and sanitation interventions, vaccination campaigns(whenever is possible), and health education programs.
4. **Risk assessment:** We use surveillance data to identify populations at higher risk of cholera infection, such as areas with inadequate access to clean water and sanitation facilities, armed conflicts , and guide targeted interventions to reduce these risks.

TESTING MASSIFICATION FOR CHOLERA CONTROL



Reference Lab Capacity:

- South Region: Central INS
- Center Region: Sofala
- North Region: Nampula

EM PREPARAÇÃO:

| ACTIVIDADES | MÊS | | | | | | | |
|-------------------------------------------------------------------|-----------|----|----|----|-------|----|----|----|
| | FEVEREIRO | | | | MARÇO | | | |
| | S1 | S2 | S3 | S4 | S1 | S2 | S3 | S4 |
| LSP TETE | | | | | | | | |
| Treino dos técnicos e avaliação de competência | X | X | | | | | | |
| Início das actividades de testagem ou referenciamento de amostras | | X | | | | | | |
| LSP ZAMBÉZIA | | | | | | | | |
| Treino dos técnicos e avaliação de competência | | | X | X | | | | |
| Início das actividades de testagem ou referenciamento de amostras | | | | | X | | | |
| LABORATÓRIO DE MICROBIOLOGIA DE INHAMBANE | | | | | | | | |
| Treino dos técnicos e avaliação de competência | | X | X | | | | | |
| Início das actividades de testagem ou referenciamento de amostras | | | X | | | | | |

TESTING METHODS



Rapid Diagnostic Tests (RDTs) - Screening tool, non-confirmatory

→ Districtal Level

→ Provincial Level



Culture – Diagnostic tool for confirmation of VC O1/O139

→ Provincial Level

→ Regional Level

→ Central level



Polymerase Chain Reaction (PCR) - Diagnostic tool for confirmation of VC O1/O139

→ Central level

TESTING STRATEGIES IN SURVEILLANCE UNITS WITH ABSENCE OF A PROBABLE OR CONFIRMED CHOLERA OUTBREAK

ABSENCE OF A PROBABLE OR CONFIRMED OUTBREAK: Testing strategy for confirmation of cases and characterisation of strains

Testing strategy for confirmation of cases if RDTs are available

| | |
|-------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| RDT testing | Test all suspected cholera cases by RDT |
| Laboratory testing (culture or PCR) | Test all suspected cholera cases with RDT+ results by culture and/or PCR including, if warranted, testing for toxigenicity |

Testing strategy for confirmation of cases if RDTs are unavailable

| | |
|-------------------------------------|-----------------------------------------------------------------------------------------------------------|
| Laboratory testing (culture or PCR) | Test all suspected cholera cases by culture and/or PCR including, if warranted, testing for toxigenicity* |
|-------------------------------------|-----------------------------------------------------------------------------------------------------------|

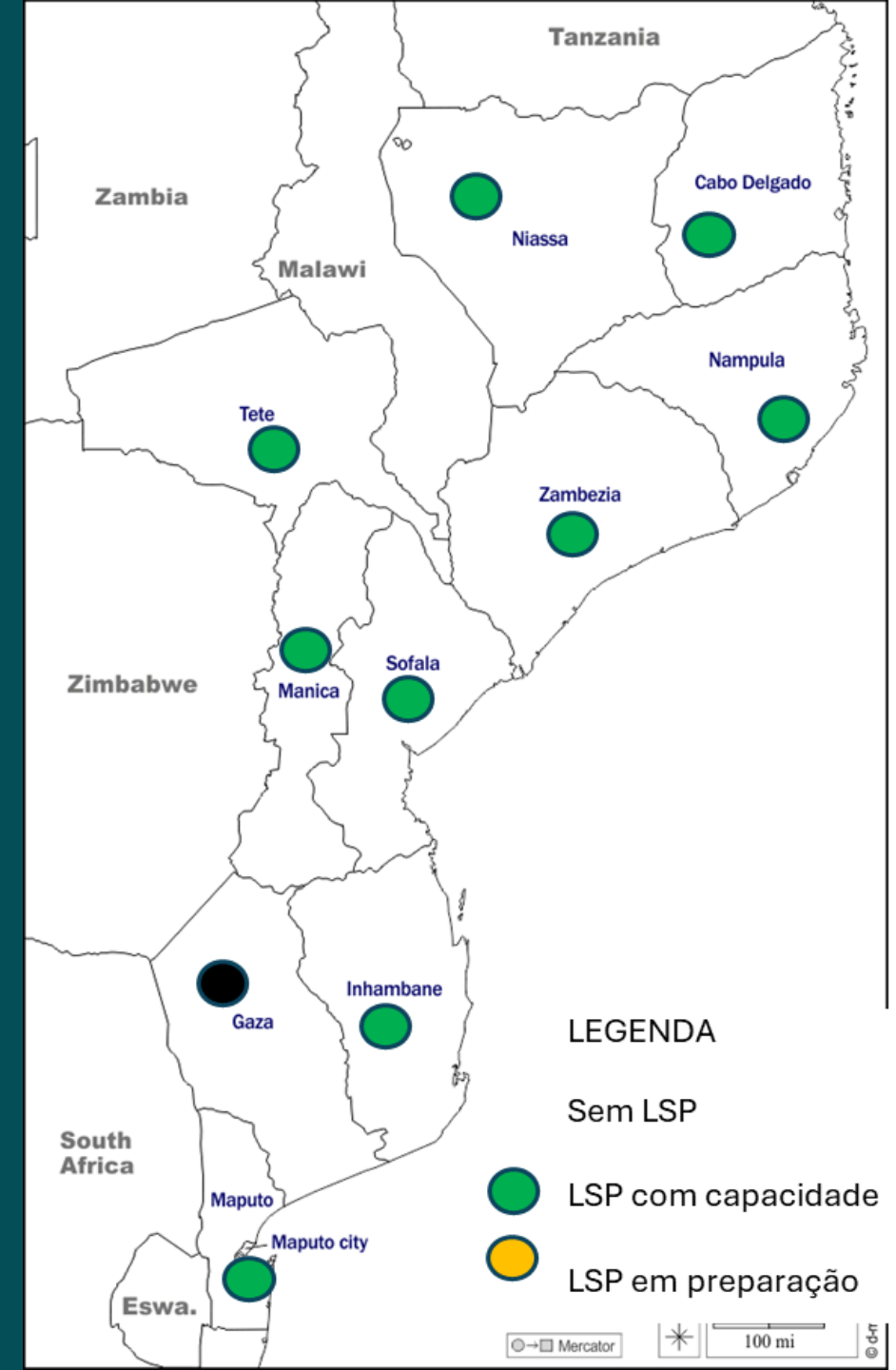
USE OF RDT AND CONFIRMATION STRATEGY

Who does Mozambique want to test with RDTs ?

- Patients with clinically suspect cholera
 - If the patient has more than 2 episodes of diarrhea in 24 hours and clinicians see dehydration or rice water stool
- All suspect cholera cases are screened by RDTs in HUs where there is no culture facility
- RDT screening is not required for HUs where culture is available
 - RDTs in these settings are used primarily for monitoring outbreaks as per GTFCC guidance
- All RDT positive cases are confirmed via culture (or PCR)

COORDINATION OF TDR DISTRIBUTION IN THE PROVINCE

At the provincial level, PHLs will be responsible for receiving the TDRs from the central level and distributing them to the districts according to defined criteria for calculating quantities



Thank you

Together we can
#endcholera



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