



Detecting & monitoring cholera outbreaks

Pivotal role of health authorities



Key role of (local) health authorities to ensure that surveillance generates reliable and timely information to respond to cholera

• Are cholera cases reported and tested as they should?

Ensure that cholera cases are detected, reported, and tested the way they should

Different **case definitions**, **reporting** timelines, **testing** strategies apply depending on whether there is a probable or confirmed cholera outbreak

Ensure that **all surveillance stakeholders** (e.g., health facility workers, community health workers, laboratories):

- **Know** what, how, and when to report, and who to test and how
- **Have the tools**, supplies, skills they need
- **Implement** cholera surveillance and testing according to applicable strategies (i.e., monitor surveillance performance indicators)

• What is the cholera situation?

Analyze epidemiological data and test results

Compile, clean, analyze the data reported by health facility-based surveillance, community-based surveillance, laboratories as well as signals detected by event-based surveillance:

- **Daily to detect** rapidly a (suspected, probable or confirmed) cholera outbreak
- **Weekly to monitor** and interpret the dynamics of cholera outbreaks (time, place, person; morbidity & mortality)

• Is more information needed to understand the situation?

Collect additional information to better assess the situation

Collect additional information as needed to better assess and understand the cholera situation

- **Verification:** Contact the source(s) to validate the information
- **Case investigation:** Interview the cases to collect additional information on the origin of infection, risk factors, potential source(s) of exposure, epidemiological links between case(s)
- **Field investigation:** Perform an onsite assessment and combine it with immediate response measures

• To whom and how to disseminate information?

Disseminate information

- **Prepare** updates on the cholera situation
- **Disseminate** them across multiple sectors
- Ensure they are used to continuously **guide the response**



Important points

• What should be reported?

Where there is no probable or confirmed cholera outbreak

A suspected cholera case is a person **≥ 2-year-old**:
- with **AWD** and **severe dehydration** or
- who **died** from AWD

All suspected cases are **reported within 24 hours**

Where there is a probable or confirmed cholera outbreak

A suspected cholera case is **any person** with **AWD** or who **died** from AWD

All suspected cases are **reported at least weekly**

• Who should be tested?

Where there is no probable or confirmed cholera outbreak

All suspected cases are tested

- **Specimen collection should not delay rehydration**
- **RDTs** can be used to **rule out cholera** but cannot be used to confirm individual cholera cases
- If **RDTs** are available they are used for **triaging RDT+** samples for laboratory confirmation
- Laboratory **confirmation** is by **PCR and/or culture**

Where there is a probable or confirmed cholera outbreak

A subset of suspected cases are tested

• How to characterize the cholera situation?

Definition

Response

Suspected cholera outbreak

≥ 2 suspected cholera cases reported in a surveillance unit within 7 days
or 1 suspected cholera case RDT+

Immediate public health **measures for acute diarrhoeal diseases** without waiting for laboratory confirmation

Probable cholera outbreak

Number of suspected cholera cases tested RDT+ in a surveillance unit in the past 14 days achieves or surpasses a threshold

# RDT+	# suspected cases tested
≥ 3 RDT+	3-7
≥ 4 RDT+	8-10
≥ 5 RDT+	11-14
≥ 6 RDT+	15-17
≥ 7 RDT+	18-21

Rapid, comprehensive, and multisectoral **cholera outbreak response** without waiting for laboratory confirmation

Confirmed cholera outbreak

At least **one locally acquired confirmed** cholera case

Rapid, comprehensive, and multisectoral **cholera outbreak response**

End of a cholera outbreak (probable or confirmed)

For a minimum of **4 consecutive weeks**, all suspected cholera cases have a **negative test result** by RDT, culture, or PCR.

