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URGENT WHO INTERREGIONAL
MEETING ON CHOLERA,
HORN OF AFRICA

Nairobi, 18 and 19 December 1997



WORLD HEALTH ORGANIZATION

Emerging and other Communicable Diseases
Surveillance and Control

**REPORT ON THE
URGENT WHO INTERREGIONAL MEETING ON
CHOLERA, HORN OF AFRICA
NAIROBI, 18 AND 19 DECEMBER 1997**

Most of the countries in the Horn of Africa Region are affected by severe cholera outbreaks. Djibouti, Kenya, Somalia, Tanzania and Uganda have reported cholera outbreaks to WHO with high numbers of cases and unnecessary high case fatality rates (see attached figures).

In view of the threat of the spread of the epidemic to other countries, the serious public health impact of this regional outbreak, and the strong negative, social and economic consequences that the current cholera situation can have for the affected countries, an urgent WHO interregional meeting was held in Nairobi on 18 and 19 December 1997, to enable decision makers and other partners, to take rapid, appropriate and coordinated measures to control this regional problem.

Almost all the countries in the region host refugees or have internally displaced populations. The risk of cholera outbreaks among these very vulnerable populations is often very high due to the poor sanitary conditions and overcrowding prevailing in such temporary settlements. Potential outbreaks among these people will have serious public health and social impacts.

Due to the acuteness of the problem and the critical stage, the meeting was attended by representatives from the Ministries of Health, agencies involved in cholera control activities and representatives of WHO country offices in the region. Participating countries were Djibouti, Eritrea, Ethiopia, Kenya, Somalia, Sudan, the United Republic of Tanzania and Uganda.

At the meeting the "Horn of Africa Initiative for the control of cholera and other epidemic diarrhoeal diseases" was presented. This initiative seeks to develop and implement a coordinated and action-oriented common regional strategy for epidemic preparedness and control in the countries in and around the Horn of Africa.

The objectives of the meeting were:

1. To ensure a rapid, appropriate and coordinated response to the current cholera regional situation;
2. To improve regional cholera supplies procurement and distribution system;
3. To enhance information exchange mechanisms;
4. To avoid, through the provision of accurate information to the public, inappropriate cholera control measures, like travel or trade restrictions;
5. To agree to standardized effective prevention and treatment policies for cholera.

Creating a regional mechanism for cholera preparedness and response

To ensure a standard case definition it was agreed that for the purposes of detection, a cholera outbreak should be suspected if :

- a patient older than 5 years develops severe dehydration or dies from acute watery diarrhoea; or
- there is a sudden increase in the daily number of patients with acute watery diarrhoea.

The clinical case definition for health workers is as follows: acute watery diarrhoea with or without vomiting.

Once cholera has been confirmed, all cases should be reported using the standard reporting format of the country and should specify the age group concerned, e.g. population over 5 years/under 5 years if this information is available. Under the International Health Regulations, it is mandatory for Member States to report cholera cases and deaths to WHO.

Ways of notification and sharing of information

The countries stated that there were no political constraints concerning the notification of cholera to WHO. All countries wished to receive information on suspected or confirmed cholera outbreaks from neighbouring countries. They were also prepared to provide other countries with information on cholera outbreaks. WHO will assist in informing neighbouring countries through the WHO country representatives.

Various methods of information sharing are currently being used e.g. through Ministries of Health (MOH) , WHO country and regional offices, NGOs, embassies and the media but no formal information exchange system exists between countries of the Horn of Africa. NGOs were encouraged to communicate any data on cholera outbreaks to the MOH .

The role of WHO in information exchange needs to be strengthened. Currently only official confirmed data received from the MOH are reported by WHO in the Weekly Epidemiological Record. However, WHO is taking a more proactive role in investigating suspected outbreaks.

The media should be viewed as partners in cholera control and can play a considerable role in disseminating health education messages to the public. The MOH should provide the media with timely information from the beginning of a cholera outbreak. WHO could assist in providing additional information on inappropriate control measures such as travel or trade restrictions which have no impact on cholera control but can have serious economic consequences.

Laboratory / Drug Resistance

The role of the laboratory in cholera control is:

- 1) At the beginning of an outbreak: To confirm that suspected cases are caused by *V.*

cholerae. The testing of large numbers of samples after cholera has been established is not beneficial and only puts unnecessary stress on laboratories.

- 2) During the epidemic: To monitor the sensitivity of the *Vibrio* against *recommended* antibiotics (note: Nalidixic Acid and other, newer quinolones are not among the antibiotics recommended and testing for sensitivity against these drugs should thus *not* be done).

WHO will continue its technical support to national reference laboratories. It will investigate what additional support can be offered in the field of laboratory supplies' procurement.

Difficulties in collection and transport of specimens need to be identified and adequately addressed by the MOH and/or NGO's involved in cholera control activities.

WHO will assist in collection/exchange of data on drug resistance from the various laboratories and will help to disseminate this information to neighbouring countries.

Due to the serious risk of the development of antibiotic resistance the use of antibiotics should be limited to the treatment of severe cases only, and it should be well supervised. Data from other countries of the region (Mozambique, Kenya) do, however, show that resistance has developed and the situation will need continued monitoring.

Calculation of expected cholera attack rates for the region

To estimate the needs of supplies and equipment for cholera control, it was agreed that an attack rate of 0.5% would be used for urban areas, 0.2 % for rural areas and 1-2% for refugee/displaced populations as a worst case scenario. These rates were based on WHO recommendations and the experience of the previous years in endemic countries. Countries presented information on the predicted number of cholera cases and estimated supplies and equipment accordingly.

Pre-positioning of essential supplies for the response to predictable health emergencies

WHO will, together with the Ministries of Health of the countries in the Horn of Africa, facilitate the constitution of an International Cholera Control Group.

This group will ensure that in each country an appropriate level of supplies needed for emergency response is maintained at all times.

The items to be stocked will include: Ringers Lactate, ORS, and appropriate antibiotics.

The amount of stock to be kept will be calculated according to the current need estimates for countries which are already affected by the current cholera epidemic or be based on predicted needs for the initial response in countries which so far have been spared (i.e. based on population size, expected attack rates and WHO recommendations for supplies needed to treat a given number of patients).

As soon as the critical lowest level of stocks to be maintained by each country is reached as a result of rational use in response to the epidemic, they should be replenished. The appropriate threshold level for replenishment will need to be established for each country as soon as possible taking into consideration procurement and distribution time.

The responsibility for the distribution within the country will be given to a national Cholera Task Force, in which all major players, i.e. MOH, international agencies and NGOs, will be represented.

Inappropriate control measures

- The mainstay and life saving part of cholera treatment is rapid fluid replacement. Antibiotics play a very minor role and should only be given to the most severely dehydrated patients, where they are helpful in shortening the duration of the disease. Overuse of antibiotics will not benefit patients but result in the fast development of antibiotic resistance.
- Chemoprophylaxis is *not effective* and should be avoided, since it can rapidly lead to the development of antibiotic resistance.
- Most patients do not need IV treatment and will recover when given oral fluids only. For cases not severely dehydrated, IV treatment has no advantage at all. Overuse of IV fluid should be avoided to minimize the potential danger associated with its use and to reduce costs and logistical problems.
- All countries represented agreed that although isolation precautions are important for cholera treatment centres, quarantine measures are not recommended.
- During a cholera outbreak, control measures should concentrate on those which have proven to be effective and inappropriate measures should be avoided. Preventive measures to avoid food contamination should be taken with particular reference to street vendors, e.g. provide street vendors with soap, chlorine and distribute health education messages.
- A number of countries represented stated that their country nationals were requested to provide a cholera vaccination certificate for international travel. However, it was stressed that this was an inappropriate control measure. It was agreed that if a country national was requested to provide such certificates, that country would immediately inform WHO.
- The group stressed that the use of parenteral cholera vaccine is inappropriate and should not be used as a preventive measure. Due to the limitations of the new oral cholera vaccines related to the price and short duration of protection, their use in this region was not considered as an effective public health tool at this stage.
- It was discussed and agreed that trade and travel restrictions should be avoided. They do not prevent the spread of cholera and will only disrupt severely the economy of a country.

Options for external support

A national Cholera Task Force is functioning, in most cases, in the affected countries with a multi-sectoral representation. The meeting agreed that all external support requests related to cholera should pass through this national coordinating body. In addition feedback information must be provided to the task force on all donations received .

Since almost all countries represented at the meeting host refugee and displaced populations, it is stressed that there is a need to ensure preventive measures and epidemic contingency plans should be in place for this highly vulnerable group.

Latest update on the cholera situation in the Horn of Africa (09 Jan.1998)

Country	Date of onset	Cases	Deaths
Djibouti	Nov.	2,131	43
Ethiopia		0	0
Eritrea		0	0
Kenya	Sept/Oct	17,200	555
Somalia	April/Mai	6,724	248
Sudan		0	0
Uganda	Nov.	600	27
United Republic of Tanzania	Jan. 97 (increase Oct.)	34,526	1,882
(Zanzibar	Dec. (Some cases earlier)	1,065	123)

LIST OF PARTICIPANTS

Djibouti

Dr Mohamed Ali Kamil, Chief, Health Information Systems,
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Eritrea

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Ethiopia

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Dr Taddese Molla, Ministry of Health, Ethiopia
Dr Wedson Mwambazi, WR Ethiopia

Kenya

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Somalia/Somaliland

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Agencies/organizations

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Dr Maria Neira, Coordinator, Global Task Force on Cholera Control, EMC

AGENDA

Thursday, 18 December

08.45 **Registration**

09.00- 09.15 **Opening**

09.15- 12.30 **Morning session**

- Regional overview, Horn of Africa
- Definition of cholera cases (suspect/confirmed)

10.30- 11.00 **Coffee**

- Identification of effective treatment policy
- Antimicrobial resistance patterns in the region
- Ways of rapid notification and information exchange

12.30- 14.00 **Lunch**

14.00- 17.00 **Afternoon session**

- Laboratory confirmation
- The role of National laboratories / Regional Reference Laboratory

15.00-15.30 **Coffee**

- How to estimate regional supply needs using expected attack rates
- Identification of countries emergency supplies and other support needs.
- International response coordination (supplies, technical expertise, avoiding duplication)

Friday 19 December

09.00- 12.30 **Morning session**

- Oral cholera vaccines: an update
- Inappropriate control measures
- Issues related to tourism and travel restrictions

10.30- 11.00 **Coffee**

15.30-17.00 - Appeal to interested donors (if considered relevant)
 - final discussion and summary