

CHOLERA



+ Impact goal

Elimination as a public health problem

+ Elimination target

Absence of community transmission of epidemic *Vibrio cholerae* for at least three consecutive years

+ Programmatic targets

100% of districts mapped for cholera risk using historical case data; water, sanitation, and hygiene (WASH) coverage; and population vulnerability

100% investigation of suspected cases reported within 24 hours

100% of outbreak alerts investigated and responded

Action steps to achieve elimination

① Water, sanitation, and hygiene (WASH):

– Improve access to safe water (chlorination, filtration, piped systems) and basic sanitation (latrines, sewage management); promote handwashing with soap; and engage communities in WASH infrastructure design and upkeep

② Effective epidemiological surveillance:

– Monitor acute diarrheal diseases with emphasis on adults; track hotspots and seasonal trends to guide response; and implement real-time reporting and community-level alert systems

Best buys

③ Early response to outbreak alerts:

– Ensure immediate investigation of suspected cases and clusters; use rapid diagnostic tests and confirm diagnoses with laboratory testing; and use oral cholera vaccine as a targeted, complementary control measure in relevant settings

④ Rapid diagnosis and case management:

– Train health workers in early cholera recognition and treatment; ensure availability of oral rehydration solutions, intravenous fluids, and stockpiled supplies; and mobilize communities to seek timely care

More information

· Global Task Force on Cholera Control. Public health surveillance for cholera. . [place unknown]: GTFCC; 2024. Available from: <https://gtfcc.org/wp-content/uploads/2024/04/public-health-surveillance-for-cholera-guidance-document-2024.pdf>.

· Pan American Health Organization. Cholera: Technical guidelines and resources. Washington, DC: PAHO; 2025 [cited 29 May 2025]. Available from: <https://www.paho.org/en/haiti-humanitarian-crisis-grade-3/cholera-technical-guidelines-and-resources>.



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