

SITUATION UPDATE ON CHOLERA

(Lalitpur, Kathmandu and Kailali)

30 July 2024

Ministry of Health and Population
Department of Health Services
Epidemiology and Disease Control Division
Kathmandu, Nepal



Highlights

As of 30 July 2024, a total of 20 cases of Cholera has been identified from Lalitpur (12), Kathmandu (1) and Kailali District (7) of Nepal.

Total admission in last 24 hours: 2

No deaths associated with **Acute Watery Diarrhea or Cholera** has been reported in current outbreak. Three districts have reported Cholera recently. As of today, no association have been reported between the cases of 3 districts.

Lalitpur:

19 July 2024: 16-year-old male with suspected diarrhea and vomiting undergoing treatment at Sukraraj Tropical and Infectious Disease Hospital (STIDH), confirmed positive on 22 July 2024. Additional 11 cases have been reported, majority from a Rehab center (inhabitants-67) with links to the first case in Godawari Municipality, ward-14.

Kailali:

25 July 2024: 2 cases of culture confirmed Cholera was reported from Dhangadhi Sub-Metropolitan, ward-1, Kailali. Additional investigation identified 7 culture confirmed cases in a congregated area with 6 families. These cases have no linkage with case in Kathmandu Valley.

Kathmandu:

29 July 2024: 1 stool confirmed case of Cholera reported from Tokha Municipality. Active case finding for additional cases undergoing.

Overall predisposing factors contributing to the disease:

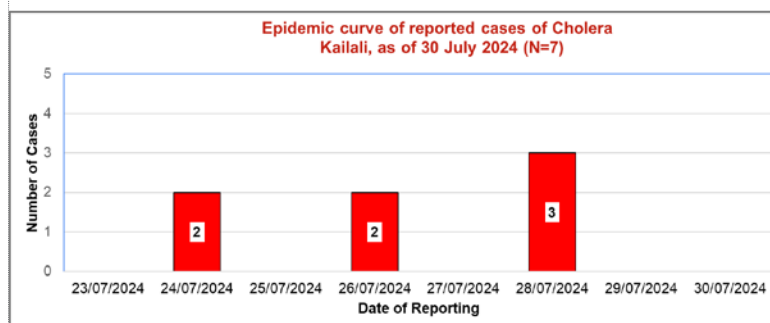
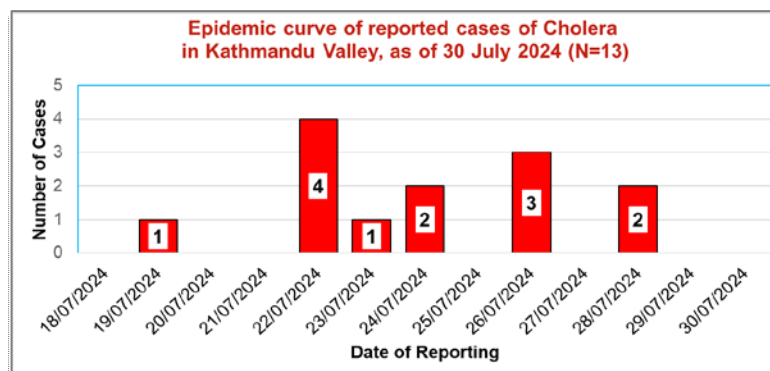
Untreated community supply water used for drinking– fecal coliform detected

Heavy rainfall and drainage overflow causing contamination of well water – Fecal coliform detected

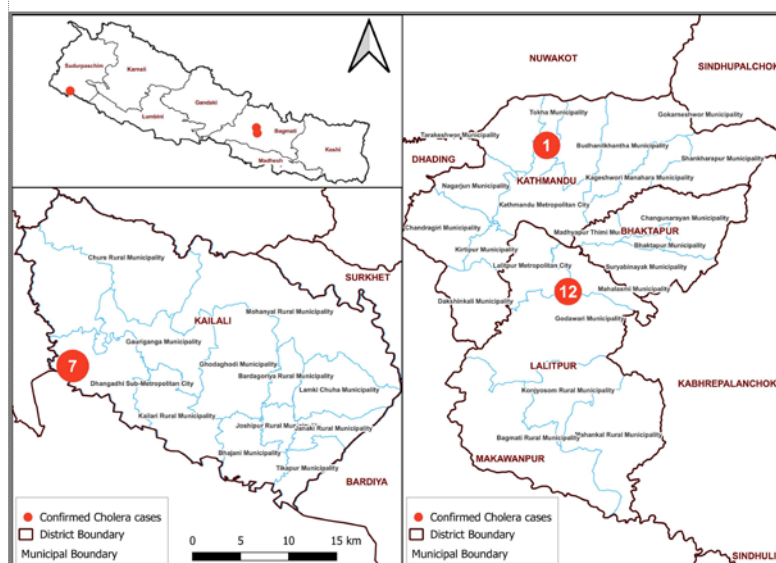
Food washed with contaminated water however, no food sampling done (discarded)

Endemic area for Cholera: Cholera reported in last three years in these sites.

Locality with non-indigenous population (Rapid in and out migration)



Spot Map of confirmed cases (Kathmandu, Lalitpur and Kailali):



Overall ongoing responses in three districts:

- 1. Coordination:** Epidemiology and Disease Control Division (EDCD) coordinating with District Administration Office (DAO), Health Office Chief, District Rapid Response Team (RRT) focal persons, Hospital Directors, PPHL and NPHL, health-coordinators, ward officials
- 2. Surveillance:** Active case finding with detailed exposure history and assessment including water sample testing done. Rapid Diagnostics Test Kit (RDT) distributed. Registry check in nearest hospital for additional cases and sensitization
- 3. Case management:** Case management done at STIDH and Seti Hospital.
- 4. Public health measure:** Water, Sanitation and Hygiene (WASH) activated. Decontamination of probable sources. Handwash activities being carried out. Chlorination of drinking water sources.
- 5. Hospital preparedness:** Logistics and essential drugs being mapped and shared.
- 6. Risk communication:** Risk explained by the investigating team, IECs distributed by EDCC, Public Service Announcements (PSA) developed.
- 7. Laboratory:** Stool sample and enriched sample transported to PPHL, NPHL and Seti Hospital for stool confirmation

Action being carried out	Agencies
1. Monitoring of Surveillance, Response and WASH activities	Provincial HD, PHEOC & EDCC
2. Active case finding	Local and District RRTs
3. WASH	WASH clusters from District and local
4. Risk communication	Local Municipality supported by NHEICC
5. Community engagement	Local Municipality, Local NGOs
6. Water testing	Local and provincial division offices for drinking water
7. Household chlorine distribution and water purification	Local NGOs from WASH
8. Jar and Bottled water monitoring	DFTQC
9. Repair and maintenance water supply line	Local Municipality and drinking water and sanitation project
10. Case management	Nearby Health facilities