

SITUATION UPDATE ON CHOLERA

(Lalitpur, Kathmandu and Kailali)

31 July 2024

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



Highlights

As of 31 July 2024, a total of 22 cases of Cholera has been identified from Lalitpur (14), Kathmandu (1) and Kailali District (7) of Nepal.

New cases in the last 24 hours: 2 cases from Imadol, Lalitpur
Total admission in last 24 hours: 0

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 was confirmed as cholera on 22 July 2024. Additional 10 cases have been reported with links to the first case, from a Rehab center (with inhabitants-67) 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:

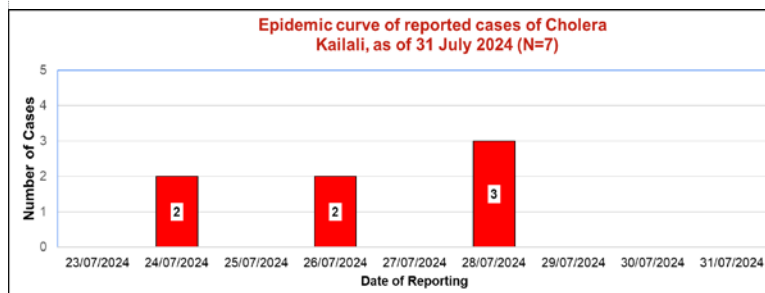
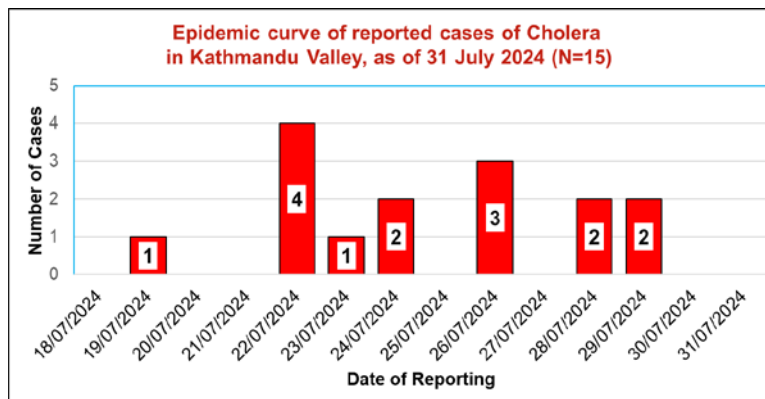
Untreated community supply water used for drinking– fecal coliform detected

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

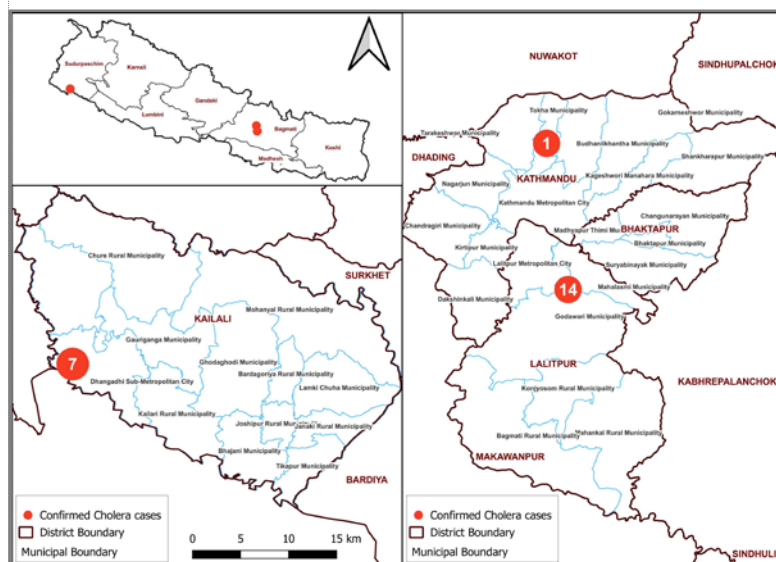
Food washed with contaminated water however, no food sampling done (discarded)

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):



Action points from WASH cluster meeting at EDCCD:

WASH activities

- Initiate hygiene programs at school and household levels.
- Disseminate and share information about water quality, chlorination, and WASH activities
- Establish a regular chlorination campaign to ensure consistent water treatment.
- Implement a vigilance and monitoring system for water quality
- Assess third-party laboratory for water quality testing.

Training and Capacity Building support

- Orient and train drinking water and sanitation consumer committees on chlorination processes and regular water testing in collaboration with local municipalities.
- Provide technical support for maintaining adequate free residual chlorination (0.2 to 0.5mg/l) at the consumer level.
- Collaborate with WHO/ UNICEF to provide technical backup for water purification and maintenance.
- Train district-level personnel on field level on-site water sample testing.
- Engage with DFTQC to build technical capacity for food sampling and testing and joint surveillance during outbreak
- Mobilize FETP graduates

