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CIRCULAR

To: All Doctors, Nurses and Health Care Workers at governmental and Private Hospital /Clinics

Subject: Cholera Alert

In view of the recent reporting of cholera cases in Iraq, all doctors are requested to be on the alert for cases of cholera in the coming period and increase vigilance among returned traveler from Iraq.

Cholera is an acute bacterial enteric diseases characterized by sudden onset, profuse painless watery stools, occasional vomiting, and in untreated cases, rapid dehydration, acidosis, circulatory collapse, hypoglycemia renal failure may occur.

We strongly recommend that stool examination for V. Cholera in all cases of watery diarrhea for those who have recently arrived from Iraq, should be done.

At the same time we would like to remind you of urgent notification of positive cases to the following address: Diseases Control Section - Communicable Disease Unit, Hot line 66399868 / Fax No. 17279268, 17279290.

Thanking for your cooperation.

Yours sincerely,

Mr. Maher Mahmood Al-Onais
Assistant Undersecretary for Financial and Technical Affairs
Ag. Assistant undersecretary for Primary Healthcare and Public Health

Cholera Guidelines

An acute bacterial enteric disease characterized in its severe form with sudden onset of profuse painless watery stools and occasional vomiting. In untreated cases dehydration, acidosis, circulatory collapse, renal failure and death may occur.

Infectious Agent:

- Vibrio cholera serogroups O1, O139.
- The term non-Vibrio cholera (NVC) refers to cases of cholera like illness caused by organisms other than the O1 or O139 Vibrio species. These infections are not notifiable. Most non-O1/O139 strains do not secrete enterotoxin but can cause sporadic disease.

Mode of transmission:

- Through ingestion of food or water contaminated with feces or vomitus of infected persons.
- large outbreaks are usually caused by a contaminated water supply.
- Direct person to person transmission is rare.

Incubation period:

- From few hours to 5 days, usually 2-3 days.

Period of Communicability:

- For the duration of the stool-positive stage (acute stage) and for a few days after recovery.
- By the end of the first week 70% of patients are non-infectious and by the end of the third week 98% are non-infectious. However intermittent shedding of organisms may occasionally last for several months to years in the carrier state as a result of chronic biliary infection.

Case Definition

Suspected case

- In an area where the disease is not known to be present, severe dehydration or death from acute watery diarrhea in a patient aged 5 years or more
- or
- In an area where there is a cholera epidemic, acute watery diarrhea, with or without vomiting in a patient aged 5 years or more.
 - Cholera does appear in children under 5 years, however, the inclusion of all cases of acute watery diarrhea in the 2-4 year age group in the reporting of cholera greatly reduces the specificity of reporting.
 - For management of cases of acute watery diarrhea in an area where there is a cholera epidemic, cholera should be suspected in all patients.

Laboratory criteria for diagnosis

- Isolation of Vibrio cholera O1 or O139 from stools in any patient with diarrhea.

Confirmed case

- A suspected case that is laboratory-confirmed.

Exclusion:

- Until certified free from infection by collecting 3 consecutive stool specimens on alternate days starting 48 hours after completion of antibiotic treatment.

Notification:

- Group A disease, notification should be done within 24 hours. cholera should be reported immediately by telephone. **Hot line: 66399868**

Preventive measures

- Travelers to endemic areas should be advised about water and food safety, personal hygiene and careful food and water selection.
- Also they should be advised to carry oral rehydration powder which must be reconstituted with boiled or sterilized water if needed.

Management of Case(s)

- Adequate fluid and electrolyte therapy with oral rehydration therapy (ORS) for mild to moderate illness.
- Intravenous fluid for patients with severe dehydration. Such patients also require appropriate antibiotics to shorten the duration of diarrhea, reduce the volume of rehydration fluids needed, and shorten the duration of bacterial excretion.