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Subject: PRO/EDR> Cholera, diarrhea & dysentery update (69): Africa, Asia

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CHOLERA, DIARRHEA AND DYSENTERY UPDATE (69): AFRICA, ASIA

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A ProMED-mail post

<http://www.promedmail.org>

ProMED-mail is a program of the  
International Society for Infectious Diseases

<http://www.isid.org>

In this update:

Africa

[1] Cholera - Ghana (Eastern Region)

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Asia

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[1] Cholera - Ghana (Eastern Region)

Date: Wed 24 Sep 2014

Source: Ghana Web [edited]

<http://www.ghanaweb.com/GhanaHomePage/health/artikel.php?ID=327198>

The Akim Oda Government Hospital has recorded 49 cholera cases from August to September 2014, with 2 deaths. Ms Anastasia Atiogbe, Birim Central Municipal Director of Health Services, disclosed this in interview with the GNA-STAR Ghana Media Auditing and Tracking of Development projects team at Akim Oda in the Eastern Region.

The project is an initiative to promote participatory democracy and development of district assemblies and communities in the country. Ms Atiogbe explained that the 2 patients who died did not report early to the hospital and urged cholera patients to get to health facilities early before their condition deteriorates.

She said investigations revealed that some of the patients had previously travelled to Accra, adding that the hospital had set up an isolation ward for cholera cases. "We have embarked on an intensive education at the churches and the local radio stations to educate people on the nature of cholera," she said.

She advised people to observe hygienic practices such as washing their hands with soap after visiting the toilet, washing vegetables thoroughly before eating, and drinking clean water. Ms Atiogbe also advised people to chlorinate well water before drinking it.

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[A ProMED HealthMap is available at <http://healthmap.org/promed/p/53>.]

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[2] Cholera - Ghana (Western Region)

Date: Thu 25 Sep 2014

Source: Ghana News Agency [edited]

<http://www.spyghana.com/wr-records-120-cases-of-cholera/>

The Western Regional Director of Ghana Health Service, Dr Emmanuel Tinkorang, on Thursday [25 Sep 2014] disclosed that cholera cases in the region are increasing steadily. He said that, so far, 120 cases have been recorded in 9 districts, with one death, and warned residents to ensure personal hygiene and maintain proper sanitary conditions to avoid the infection. "You should wash your hands with soap and running water, eat hot meals and maintain proper hygiene to avoid infections," he explained.

Dr Tinkorang made the disclosure at the launch of this year's [2014] Family Planning Week Celebration in Takoradi.

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[A ProMED HealthMap is available at <http://healthmap.org/promed/p/53.>]

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[3] Cholera - Nigeria (Borno State), IDPs

Date: Thu 25 Sep 2014

Source: The Guardian [edited]

<http://allafrica.com/stories/201409250788.html>

About 6 persons were feared dead Tuesday [23 Sep 2014] as a result of an alleged cholera outbreak at the resettlement camps in Maiduguri, following the influx of over 58 000 Internally Displaced Persons (IDPs) from Bama, Konduga, Damboa, Dikwa and Marte over recent attacks by Boko Haram in the state. According to National Emergency Management Agency (NEMA) and Nigeria Red Cross (NRC) officials, the camps are at Women Day Teachers College and 2 others in the metropolis.

Speaking on the incident on 24 Sep 2014, Chairman of the state National Youths Service Corps (NYSC) orientation camp Bukar Amsami said that 30 persons, including children, were affected and taken to the state specialists hospital for treatment; 6 of them, however, died.

"The remaining 24 patients are, however, responding to treatment in the hospital, while the premises of the affected camps were fumigated by the Borno State Environmental Protection Agency (BOSEPA) to prevent further spread of cholera in the camps," he said.

However, the Chief Medical Director (CMD) Dr. Salisu Kwayabura denied any outbreak of cholera in the state. "No, it is not a cholera outbreak but a suspected case of diarrhea and vomiting. Cholera is proved after taking a sample or victim to a medical laboratory for diagnosis, testing and isolation. For your information and to the general public, we were able to prove that it was an outbreak of diarrhea and vomiting. The state government has provided adequate drugs free of charge to the infected persons, and they are responding to treatment," explained the CMD.

[Byline: Njadvara Musa]

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[A ProMED HealthMap is available at <http://healthmap.org/promed/p/62.>]

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[4] Cholera - Nepal (Kathmandu)

Date: Fri 26 Sep 2014

From: Sher Bahadur Pun <drsherbdr@yahoo.com> [edited]

\_Vibrio cholerae\_ O1, serotype Ogawa has continued to be detected in patients with acute gastroenteritis since 10 Jul 2014 in Kathmandu. Five stool samples were tested positive for \_Vibrio cholerae\_ O1, serotype Ogawa between 10 to 20 Jul 2014. An additional 14 diarrheal cases (between 23 Jul to 26 Sep 2014) were found to be associated with \_Vibrio cholerae\_ O1, serotype Ogawa. Of these, 57 percent were male. The median age was 35.5 years. All the patients were treated in Sukraraj Tropical and Infectious Disease Hospital and recovered uneventfully.

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[ProMED thanks Dr. Pun for this report of cholera in Kathmandu, Nepal.

As a review, the flagellar (H) antigens of \_V. cholerae\_ are shared with many water vibrios and, therefore, are of no use in distinguishing strains causing epidemic cholera. The O (somatic) antigens, however, do distinguish strains of \_V. cholerae\_ into 139 known serogroups. Almost all of these strains of \_V. cholerae\_ are nonvirulent. Until the emergence of the Bengal (O139) strain (which is "non-O1"), a single serogroup, designated O1, has been responsible for epidemic cholera.

There are 3 distinct O1 serotypes, named Ogawa, Inaba, and Hikojima, each of which may display the "classical" or El Tor phenotype (or biotype). The biotypes are distinguished by their expression of surface antigens A, B, and C. Ogawa contains antigens A and B; Inaba antigens A and C; and Hikojima antigens A, B, and C. The latter serotype is relatively rare.

The mortality from cholera is related to non-replacement of fluid and electrolytes from the diarrheal illness.

As cited in Lutwick LI, Preis J: Cholera. In: Tropical Pediatrics. Roach RR, Greydanus DE, Patel DR, Homnick DN, Merrick J (eds), 2014, Nova Science Publishers, 2015 (in press), oral rehydration therapy can be life-saving in outbreaks of cholera and other forms of diarrhea:

As reviewed by Richard Guerrant and colleagues (1), it was in 1831 that cholera treatment could be accomplished by intravenous replacement and, although this therapy could produce dramatic improvements, not until 1960 was it 1st recognized that there was no true destruction of the intestinal mucosa, and gastrointestinal rehydration therapy could be effective, and the therapy could dramatically reduce the intravenous needs for rehydration. Indeed, that this rehydration could be just as effective given orally as through an orogastric tube (for example, references 2 and 3) made it possible for oral rehydration therapy (ORT) to be used in rural remote areas and truly impact on the morbidity and mortality of cholera. Indeed, Guerrant (1) highlights the use of oral glucose-salt packets in war-torn Bangladeshi refugees, which reduced the mortality rate from 30 percent to 3.6 percent (4) and quotes sources referring to ORT as "potentially the most important medical advance" of the 20th century. A variety of formulations of ORT exist, generally glucose- or rice powder-based, which contain a variety of micronutrients, especially zinc (5).

The assessment of the degree of volume loss in those with diarrhea to approximate volume and fluid losses can be found in reference 6 below. Those with severe hypovolemia should be initially rehydrated intravenously with a fluid bolus of normal saline or Ringer's lactate solution of 20-30 ml/kg followed by 100 ml/kg in the 1st 4 hours and 100 ml/kg over the next 18 hours with regular reassessment. Those with lesser degrees of hypovolemia can be rehydrated orally with a glucose or rice-derived formula with up to 4 liters in the 1st 4 hours, and those with no hypovolemia can be given ORT after each liquid stool with frequent reevaluation.

## References

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6. WHO: The treatment of diarrhoea, a manual for physicians and other senior health workers. 4th ed. 2005; available at <http://whqlibdoc.who.int/publications/2005/9241593180.pdf>.

An illustration (supplied by Mod.JW) of how to make a "home brew" oral rehydration solution can be found at <http://rehydrate.org/images/diy3.gif>.

- Mod.LL

A ProMED HealthMap is available at <http://healthmap.org/promed/p/139.>

## See Also

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- Cholera, diarrhea & dysentery update (67): Africa, Asia [20140918.2783653](#)
- Cholera, diarrhea & dysentery update (65): Americas, Africa, Asia [20140909.2753852](#)
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