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Humanitarian Health Journalism Toolkit

REPORTING ON CHOLERA AND OTHER ACUTE WATERY DIARRHEAL DISEASES

The year 2022 will go down in history as a notorious time for cholera with the alarming global upsurge of cases due to droughts, floods and war. **At least 29 countries have reported cases of cholera to the World Health Organization this year** – a notable increase from the average of fewer than 20 countries over the past five years.

Data from the European Centre for Disease Prevention and Control indicate that in October 2022 approximately 86,154 suspected cholera cases including 293 deaths have been reported worldwide. Countries reporting new cases since September 2022 are Afghanistan, Bangladesh, Cameroon, The Democratic Republic of the Congo, Haiti, Lebanon, Malawi, Mozambique, Niger, Nigeria, Philippines, South Sudan, and Syria.

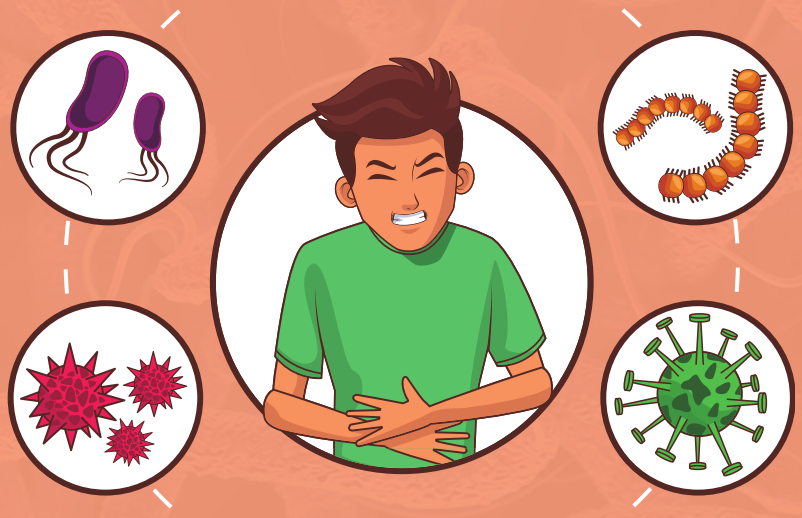
Each year there are an estimated 1.3 to 4.0 million cholera cases. However, cholera remains a neglected and underreported disease. Many cases are not recorded due to limitations in surveillance systems and fears of potential impact on trade or tourism.

The situation in 2022 is dire. Due to the steep increase in cholera cases globally, there is now an acute shortage of vaccines. People can be protected from cholera by taking two doses of a safe, oral vaccine. A single dose offers protection for a shorter period of time but is better than no protection at all. Countries confronting outbreaks of cholera will have to administer half the recommended doses of vaccines because the global resurgence is exhausting international stockpiles, the WHO announced on 19 October 2022.

At a press conference in Geneva, the WHO Director General, Dr Tedros Adhanom Ghebreyesus, said that poverty and climate change were fueling the global resurgence of cholera and that the organization was left with no choice but to recommend the single dose strategy, because the demand for the vaccine is fast outstripping supply.

Acute watery diarrhea (AWD) is a condition characterized by three or more loose or watery bloodless stools, within a 24-hour period. Such episodes can last for up to 14 days*. Acute **viral infections**, mostly due to Rotavirus and Norovirus are the main cause of AWD. Some **bacterial infections** can also cause AWD, the most important among them being **cholera**.

*Diarrhea that continues beyond 14 days is said to be chronic and is usually the outcome of long-standing inflammation, poor absorption in the intestines or is a side effect of some types of medication.



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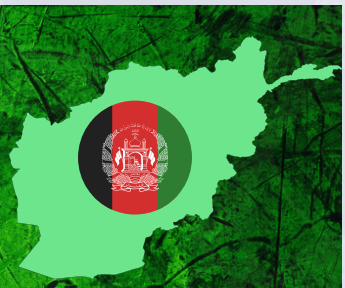
AWD disproportionately affects communities that lack access to clean water, sanitation, and emergency health care. Outbreaks typically occur in new or underserved camps for internally displaced persons or refugees, flood zones and unplanned, unsanitary settlements. Cholera is especially cause for concern in humanitarian settings such as crowded shelters, because the time from when someone gets infected to the time the symptoms begin can be as short as two hours, and extend to five days. Several people can get swiftly infected in a cholera outbreak because of the short incubation period.

The WHO's **Global Alert and Response Network (GOARN),** suggests that cholera outbreaks frequently occur where conflict or natural disaster meet poverty, as shown in Iraq, Bangladesh, Afghanistan, Democratic Republic of the Congo, Sudan, Central African Republic, Yemen, and Haiti among others. The correlation between cholera and conflict or natural disaster presents a major challenges for outbreak management.

IN FOCUS: Afghanistan



2022 has seen an Asia surge in AWD cholera. Afghanistan has recorded a rising caseload since March, following the seasonal pattern but with caseload up to double the three-year average in areas where the outbreak worsened by drought.

The month of May saw over 500,000 cases of AWD. Around 10% of cases present as AWD with dehydration.

The Afghan population is particularly vulnerable to such health events as there is widespread malnutrition due to the drought, then flash floods and economic stresses on the country.

The AWD outbreak in Afghanistan has affected all regions but shows provincial and district variations, with some areas following three-year average trends and others far exceeding them. The potential for further spread is apparent, especially as the case load in Pakistan and the important cultural and trade links between countries means a high volume of traffic between countries.

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While humanitarian settings are hotspots for diarrheal outbreaks, the Global Burden of Disease studies estimated that diarrhea caused more than 1·3 million deaths globally and was the fourth leading cause of death among children younger than 5 years in 2015. One in every 9 deaths among children is caused by diarrhea. Of all the cases of AWD, cholera is classified as a global health emergency. Anywhere between 1.3 to 4.0 million cases are estimated to occur each year and nearly every developing country faces cholera outbreaks or the threat of cholera.

A cholera epidemic in Yemen is ongoing since 2017 and is the largest epidemiologically in recorded history. Cholera affects 47 countries across the globe. The goal of the Global Task Force on Cholera is to reduce cholera deaths overall by 90% and eliminate cholera in 20 of these countries by 2030.

Below are a set of tools to help you report on cholera & other acute watery diarrheal diseases:

1. Get the definitions right:

What it means:	Why it's important
• Acute watery diarrhea and severe dehydration or dying from acute watery diarrhea among anyone aged 2 years or older in areas where a cholera outbreak has not yet been declared. • In areas where a cholera outbreak has been declared, any person presenting with or dying from acute watery diarrhea.	Children under 2 years of age can be severely affected by cholera and need to be treated immediately to prevent death. Journalists need to immediately sound the alert that officials have reported a suspected case, because the infection can spread rapidly in crowded, unsanitary humanitarian settings. Highlight handwashing and taking extra efforts to source clean drinking water and food is key to slowing down a possible outbreak. Stress that cholera has not been confirmed yet and reassure people that AWD is preventable and treatable. Journalists need to verify whether, when a cholera outbreak has been declared, children under 2 years of age who meet the cholera case definition are being recorded in the register, reported to the surveillance unit and figure in the data released by health officials.

What it means:	Why it's important
• Two or more people aged 2 years or older have acute watery diarrhea and severe dehydration, or are dying from acute watery diarrhea, from the same area, within 1 week of one another. • There has been a death from severe acute watery diarrhea in a person aged 5 years or older; and/or • One case of acute watery diarrhea has tested positive for cholera by rapid diagnostic test (RDT) in an area that has not yet detected a confirmed case of cholera. This includes in areas at risk for extension from a current outbreak.	Journalists need to track whether health facilities and community health workers are reporting the cholera alert to the health authorities. Journalists also need to track whether the district health authorities initiate a field investigation to confirm the cholera outbreak and roll out implement control measures in the site. Journalists need to investigate not only the site of the outbreak but the surrounding areas as well.

REPORTING ON CHOLERA AND OTHER ACUTE WATERY DIARRHEAL DISEASES

2. Highlight how inequities put some communities at greater risk of AWD than others:

More than 2 billion people drink water from sources that are fecally contaminated. Over 2.4 billion people lack access to basic decontamination. Illness and death from AWD and cholera is highest where people, particularly children under 5 years of age, are malnourished, and where the prevalence of human immunodeficiency virus (HIV) infection is widespread. Both malnutrition and HIV infection lower immunity to infections and contribute to severe AWD and death.

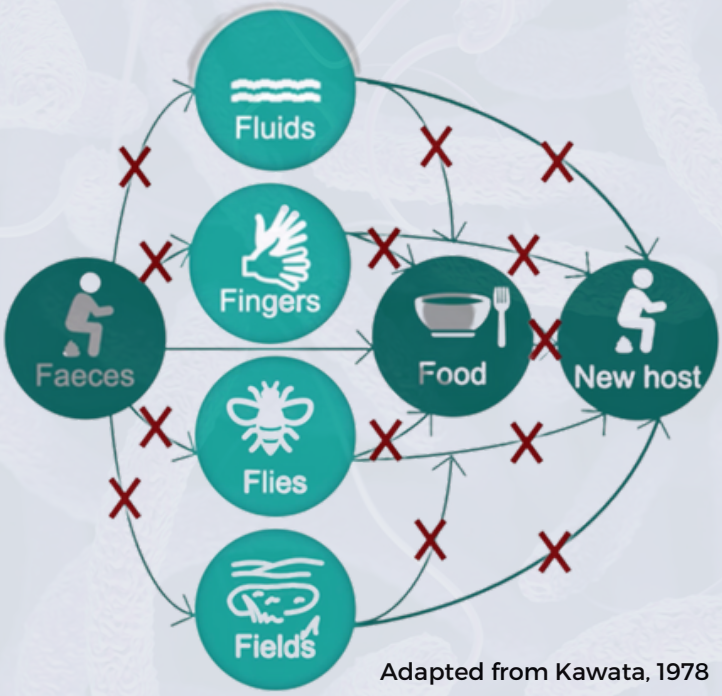
3. Educate audiences on how AWD/cholera spreads and how to protect themselves:

In places where AWD including cholera is spreading rapidly and causing children and adults to fall very sick or die, journalists can provide three main kinds of information that people can easily understand and use. Information should include what cholera is and how it can be prevented, why, when and where to seek help, and how to care for family members with diarrhea.

Help people to understand how AWD/cholera is transmitted:

Below is a simple graphic and explanation from the WHO showing how AWD/ cholera spreads via the fecal-oral route through contaminated water and food.

Faeco-oral route:



Adapted from Kawata, 1978

On the left side of the diagram, you see circle showing a person infected with cholera bacteria.

- If the feces of this person are not properly contained or disposed, feces can get into water and the water may be directly consumed or used to prepare food that is later eaten.
- Feces carrying the cholera germ may also get onto a person's fingers.
- Flies can land on feces and carry particles to good and water that is left uncovered.
- Feces can be left out in the open field, where it may mix with rainwater and reach a water source used by people.
- When contaminated food and water are consumed, another person in turn can get cholera, which is the image on the right.
- What's important to tell audiences is that this cycle of transmission can be stopped at any point along the chain.

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Help people understand what to do to protect themselves and others:

- **Keep fingernails clipped short.**
- **Wash your hands with soap before and after taking care of someone with symptoms and after using toilets and latrines, before preparing food and before eating.**
- **Boil or disinfect the water with chlorine solution.**
- **Only eat freshly cooked food.**
- **Do not defecate near the water sources.**
- **Use latrines and keep them clean.**
- **Isolate the person with AWD.**
- **Talk to family members and neighbors on how to avoid getting infected.**
- **Disinfect water sources with chlorine.**
- **Avoid gatherings.**

Emphasize that early treatment saves lives

When someone has an episode of diarrhea, they lose body water and important electrolytes such as sodium, chloride, potassium and bicarbonate. Left untreated, severe diarrhea, vomiting and the heavy loss of body fluids lead to a situation where the heart cannot pump enough blood to the body, leading to death.

That is why the first thing health care providers do is to assess how dehydrated the patient is. Sunken eyes, dry eyes, mouth and tongue, a skin pinch fills back slowly and great thirst are all sins of dehydration. Patients are immediately treated with Oral Rehydration Solution (ORS), whether there are signs of dehydration or not, as a matter of caution.

ORS Day
is celebrated every year on 29th July

ORS Day highlights the importance of Oral Rehydration Salts (ORS) as a cost-effective method of health intervention. Pitch stories on cholera and AWD to your editor well before the day, to give you time to research and produce a topical story on the day.

Journalists need to highlight that timely rehydration saves lives

Journalists need to explain what ORS contains. It is a solution of sugar and electrolytes, used to replenish the loss of fluids and salts from all types of diarrhea. ORS comes in small packets and is usually distributed by aid agencies during outbreaks in humanitarian settings. The powder in the packet is dissolved in the correct amount of clean water and the patient drinks up this solution.

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Before taking the person to a health care facility:

Care givers in a community setting, refugee camp or at home can themselves give ORS to people with mild dehydration. But they need to take care to bring the water to a rolling boil to kill germs, cooling it and using clean vessels to mix and drink the solution. In case ORS packets are not available, the caregiver can prepare the solution at home by mixing one litre (5 cupfuls of about 200ml. each) with 6 level teaspoons (5 grams each) of sugar and half a level teaspoon of salt. If possible the person may be given banana or coconut water to make up the loss of potassium.

It is recommended that people with severe dehydration are given ORS even before being rushed to the nearest health facility.

At the health care facility:

Stools, vomit, and soiled clothes of patients are highly contagious. Latrines and patients' buckets need to be washed and disinfected with chlorine. Cholera patients have to be in a special ward, isolated from other patients.

The person is rapidly rehydrated with intravenous fluids, usually Ringer's lactate solution, along with the ORS. People with severe dehydration receive ORS and antibiotics by mouth, to reduce the severity and duration of the disease. Children under five years of age with cholera are also given zinc supplements to reduce the severity and duration of diarrhea and prevent future diarrheal events.

Recovery:

After rehydration has helped the person to recover and the person is ready to eat, they are given mild, non-oily small meals that have been prepared following food safety standards. Infants and young children need to continue to be breast-fed.

- Safe funeral practices are an important aspect of preventing the further spread of AWD.
- Disinfect corpses with chlorine solution (2%)
- Fill mouth and anus with cotton wool soaked with chlorine solution
- Wash hands with soap after touching the corpse
- Disinfect the clothing and bedding of the deceased by stirring them in boiling water or by drying them thoroughly in the sun.

REPORTING ON CHOLERA AND OTHER ACUTE WATERY DIARRHEAL DISEASES

4. Learn to tell the difference between cholera and other causes of acute watery diarrhea

Educating your audiences about the differences between cholera and other causes of AWD can help them make quick decisions about what to do, when someone develops AWD. Those decisions can help save lives.

	Cholera	Acute Watery Diarrhea
Cause	Cholera is an infection caused by toxin-producing bacteria belonging to the species Vibrio cholerae. Two sero-types V. cholerae O1 and O139 are known to cause pandemics.	The most common causes of AWD are the Rotavirus and the Norovirus while Adenoviruses are a common cause of it among children, among others. AWD can also be caused by bacteria other than V.cholerae, mainly E coli, Klebsiella, Clostridium perfringens, Giardia species, Cryptosporidium species.
Stool	> 3 whitish loose stools per day, typically resembles rice water	>3 loose stools a day
Fever	None	Sometimes
Abdominal cramps	Yes	Yes
Vomiting	A lot	Not very much.
Rectal pain	None	Usually none

Healthcare providers make a diagnosis of cholera based on these signs and symptoms start treatment immediately. Alongside, they confirm the diagnosis with rapid diagnostic tests, culture and polymerase chain reaction (PCR) tests right at the beginning of the outbreak. They continue to watch the cases and take stool samples to confirm the cause of the outbreak. The samples are sent to the lab for culture to confirm the causative germ of the AWD and the germs are subjected to antimicrobial susceptibility testing, to guide the choice of antibiotics used to treat patients with severe risk factors.
Laboratory confirmation is not necessary for every patient.

REPORTING ON CHOLERA AND OTHER ACUTE WATERY DIARRHEAL DISEASES

5.Track the work of outbreak responders:

Journalists need to continue to play a watchdog role, reporting on the outbreak response. Check on water, sanitation, and hygiene (WASH): In an emergency context, are responders ensuring clean water supplies to the communities at risk? Have ways been put in place to dispose of feces hygienically?

Visit health facilities. Do the health staff have adequate supplies of IV fluids, nasogastric tubes, ORS, antibiotics, soap, chlorine or bleaching powder, rectal swabs and transport medium for stool samples and safe water to rehydrate patients and to wash clothes and instruments?

Ask health workers to describe the surveillance and reporting they are carrying out, to confirm suspected cases and track progress.

Check if oral cholera vaccine (OCV) supplies are available to prevent cholera and protect communities.

Talk to the community to explore misinformation and rumors that may be circulating about AWD. Connect them to accurate and reliable information through your reportage.

6. Choose to use language that is accurate rather than sensational, to describe the outbreaks.

Cholera often goes underreported and neglected and the reason is not always because of patchy surveillance systems or weak diagnostic facilities. The very word 'cholera' can spark panic because of its historical association with mass deaths. In the last 200 years, cholera has caused 6 global pandemics. Cholera also goes underreported because of fears of possible adverse impacts on trade and tourism.

Journalists need to point out that up to 80% of people who are infected with cholera have no symptoms. Among those who have symptoms, about 80% have a mild form of the disease with diarrhea that leads some dehydration. One in five symptomatic patients will have a severe form of cholera that leads to death. The key fact to highlight is that such deaths are entirely preventable with timely rehydration and treatment

7. Stay safe while covering AWD outbreaks

Covering outbreaks in humanitarian settings is a risky business. Not only can access to clean water, food and medical support be hard to come by, the stress of investigating and reporting on ill health and deaths can be disheartening. Journalists can get exposed to the germs that cause AWD while gathering material from community shelters, health facilities and funerals. It is vital for journalists to follow the safety precautions listed in the resource, to avoid getting infected and developing AWD, whilst reporting on the outbreak.

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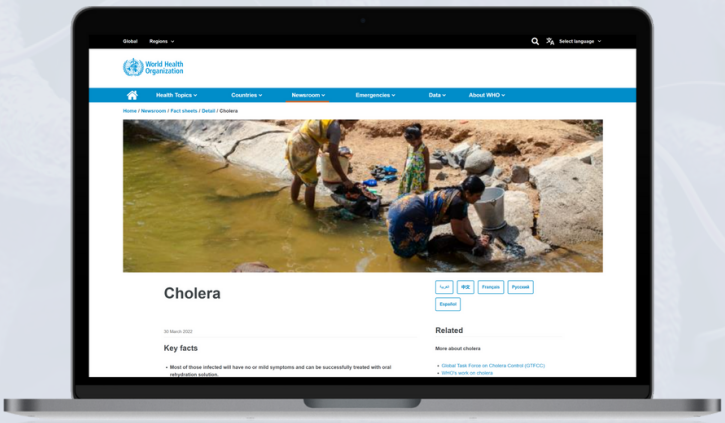
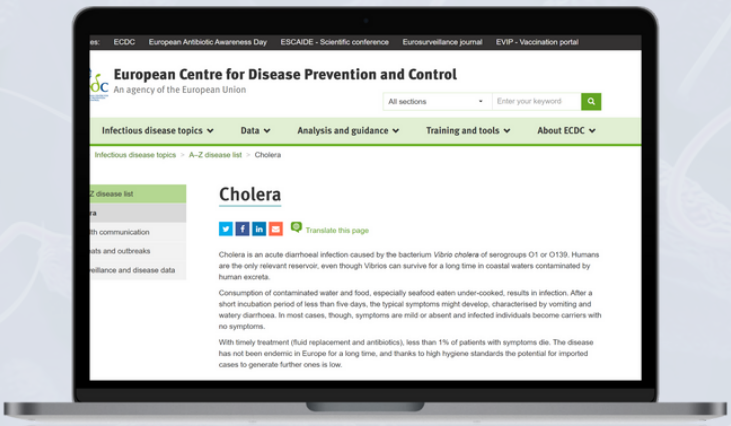
Resources:

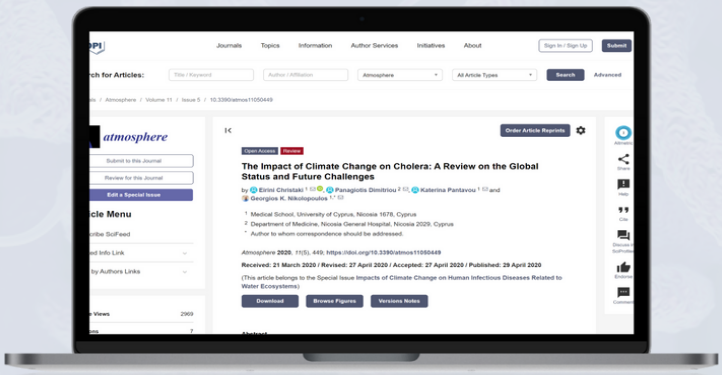
[WHO - Fact Sheet on Cholera]



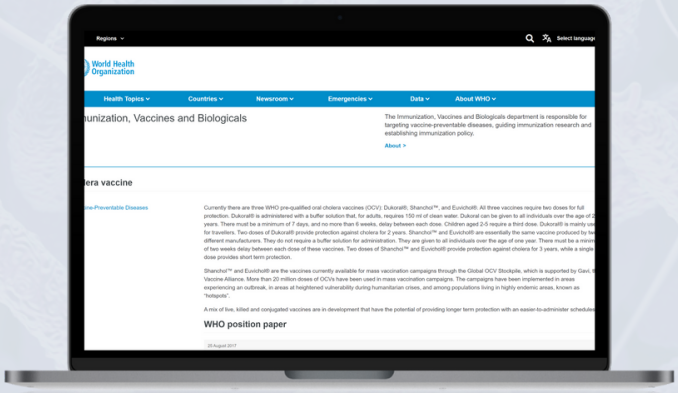
[European Centre for Disease Prevention and Control Cholera surveillance]



[The Impact of Climate Change on Cholera: A Review on the Global Status and Future Challenges]



[Cholera - Immunization, Vaccines and Biologicals]



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[Cholera Resurges in a Perfect Storm of Conflicts, Climate Crisis & Fragile Infrastructure]