

# Epidemiological Bulletin

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## Cholera Situation in the Americas

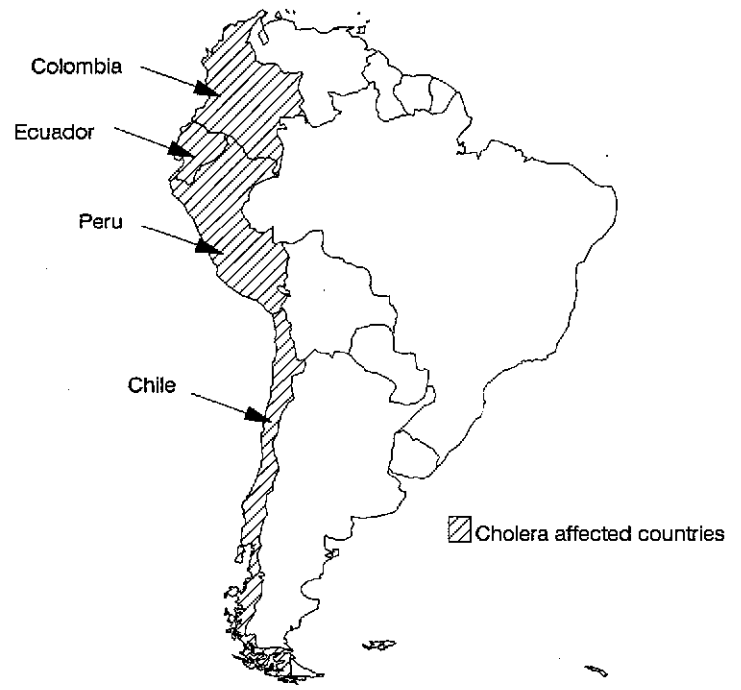
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Between February and 20 April 1991 there have been confirmed cases of cholera in Peru, Ecuador, Colombia and Chile (Figure 1), thus adding the American Hemisphere to the list of regions to which the seventh pandemic has spread since 1961.

The prognosis for the course in the epidemic in the affected countries and in other countries of the Region is guarded, since it is impossible to prevent the transmission of cholera from one country to another. The living conditions of the population are a crucial factor in determining the intensity and manner in which cholera epidemics spread, and at this time in the Region the majority of the people are living in marginal conditions. Preparedness for dealing with the situation necessarily involves the medical, environmental, educational, and economic aspects of the problem.

The present issue of the *Epidemiological Bulletin*, devoted exclusively to cholera, is part of the Pan American Health Organization (PAHO) effort to disseminate technical information on this subject. Through the *Bulletin* and other mechanisms, information is being distributed on the occurrence of the disease in the affected countries. At the same time, the updating of personnel is being promoted

Figure 1. Countries affected by cholera outbreak. South America, through 20 April 1991.



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through the provision of current guidelines for the prevention, control, and treatment of cholera.

In addition, PAHO is providing direct technical assistance to the countries; promoting the in-service training of personnel, especially laboratory

personnel; participating in the coordination of assistance from international agencies; and facilitating the countries' procurement of supplies and equipment for laboratories and other health services.

## Cholera Epidemic in Peru

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Since January 23, 1991, Peru has suffered a severe cholera epidemic marked by high morbidity and wide geographical extension. The first cases were reported in Chancay, a town on the Pacific coast in the environs of Lima, and almost simultaneously, in Chimbote, another coastal town located 400 kms north of Chancay. In both places there was an increase in the number of adults seeking medical care for acute diarrhea. Since cholera was suspected, the National Institute of Health was authorized to do the appropriate laboratory studies, resulting in the rapid isolation of the causal agent.

Over the next few days cases were reported in the cities of Piura and Lima, and then in other localities on the coast or near it (Figure 2). It was noteworthy that the disease appeared almost simultaneously in communities located along a 1,200 km length of coastline. The mountain and tropical forest regions also have been affected, approximately 16 and 29 days respectively after the start of the epidemic. The agent isolated from the feces of patients in the affected areas is the *Vibrio cholerae*, serovariant 01, biotype El Tor, serotype Inaba. It is considered quite probable that this epidemic forms part of the

seventh pandemic of cholera which began in 1961. The genetic studies that make it possible to establish this relationship were carried out by the United States Centers for Disease Control.

Since it is impossible to perform bacteriological tests on all patients, the epidemiological monitoring requirements established by the Ministry of Health for the health services call for reporting cases of acute diarrhea. These are considered probable cases of cholera.

Figures 3 and 4 show the tally of reported cases, hospitalized cases and deaths due to acute diarrheal disease in the country from the start of the epidemic until March 20, 1991.

The laboratory at the Health Ministry's National Institute of Health isolated the cholera agent in the feces of patients from each of the affected localities. Once this confirmation was obtained, epidemiological monitoring was carried out to assess the extent of the disease in the affected area.

The distribution of cases by age group corroborates the diagnosis of cholera. The data on age come from a survey carried out in Chancay during the first weeks of the epidemic, in which it was noted that 81% of the patients were five years old

Figure 2. Areas affected by cholera outbreak, by Department, Peru, through 20 March 1991.

