

CHOLERA SITUATION UPDATE IN MALAYSIA

**Initiative against Diarrheal and Enteric
Diseases in Asia (IDEA) 5th edition,
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Outline of presentation

Talking Flow:

- Overview and epidemiology update
- Progress in the prevention and control
- Mapping country capacities

Cholera in Malaysia

- Case definition:
 - Confirmatory: symptomatic person with +ve VC culture from their clinical specimen
- Surveillance system:
 - Case notification – syndromic, suspect and confirmed cases. Only confirmed will be registered.
 - CDC Act 1988 with mandatory notification within 24 hrs
 - Web based notification (*eNotis*)
- Prevention and case management:
 - National FWBD Management Guidelines
 - Legal and social support
 - Interdepartmental and community approach

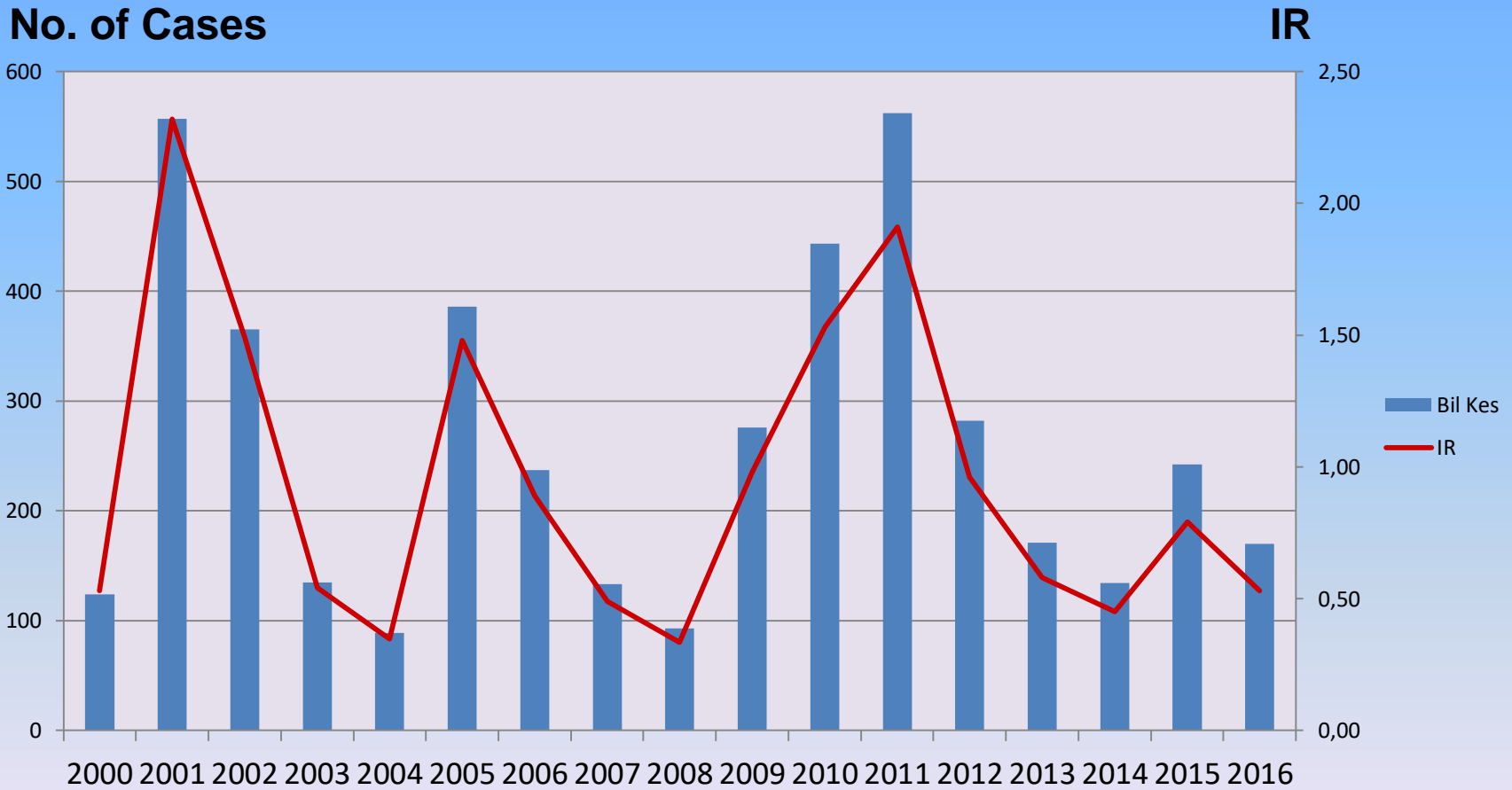
Epidemiology of Cholera in Malaysia

- No longer endemic in Malaysia except Sabah (>90% of cases).
- Coastal areas, populations with poor access to clean water and sanitation.
- Incidence of cholera is cyclical peaked after three years of declining trend.
- Incidence rate remain <1 per 100,000 populations and Case Fatality Rate <1% in recent years
- Malaysian:Foreigners = 80:20

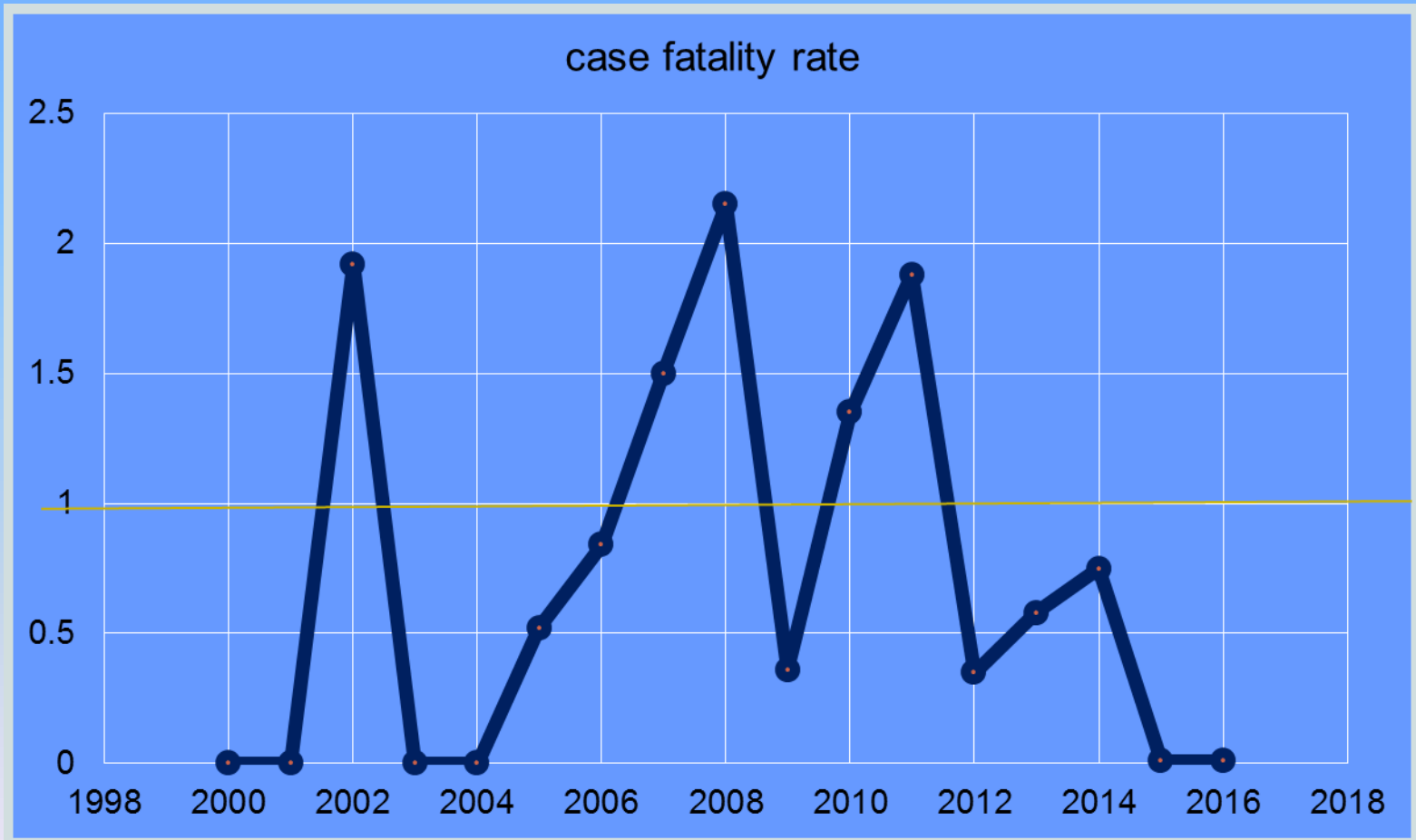
Location of Sabah in Malaysia



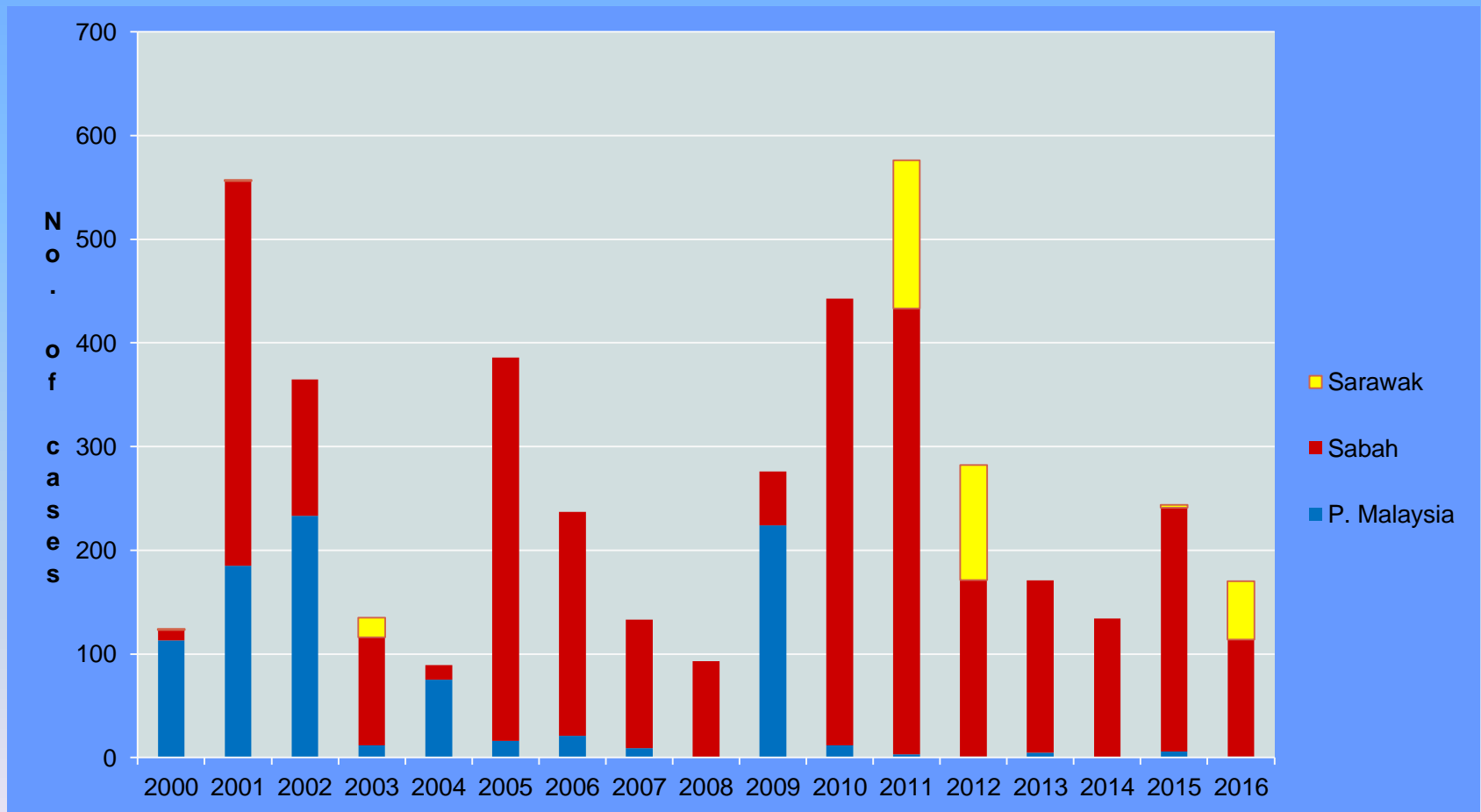
Cholera Cases and Incidence Rate 2000-2016



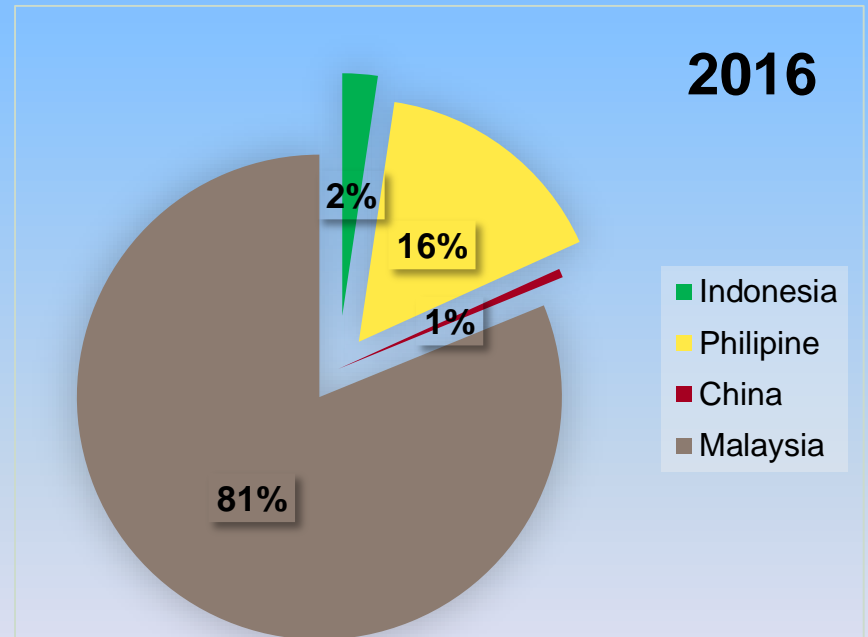
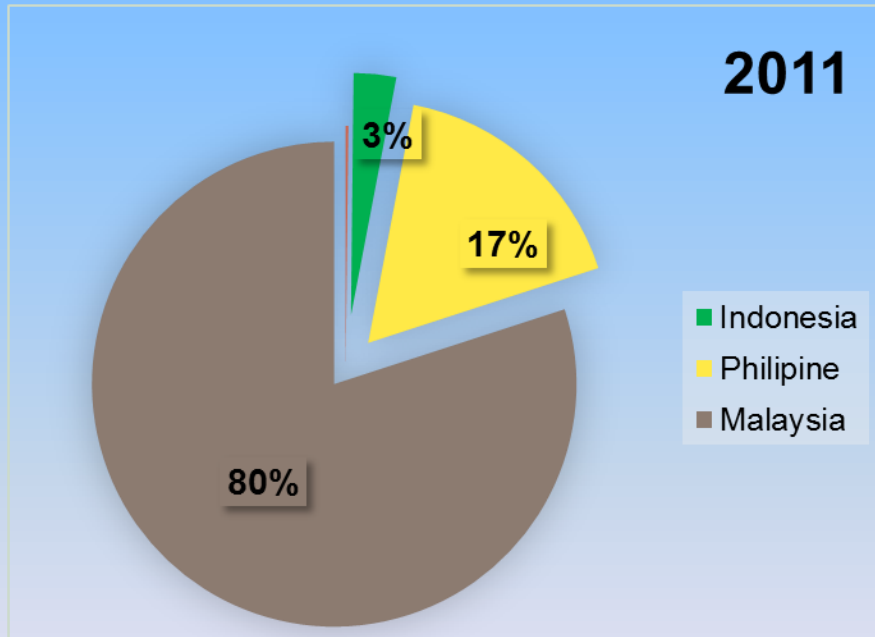
Cholera Malaysia – Case Fatality Rates



Trend of cholera cases in Malaysia 2000-2016 by regions (Peninsular Malaysia, Sarawak and Sabah)



Trend of Sabah cholera cases by nationalities



ISSUES AND CHALLENGES

Pockets of areas with:

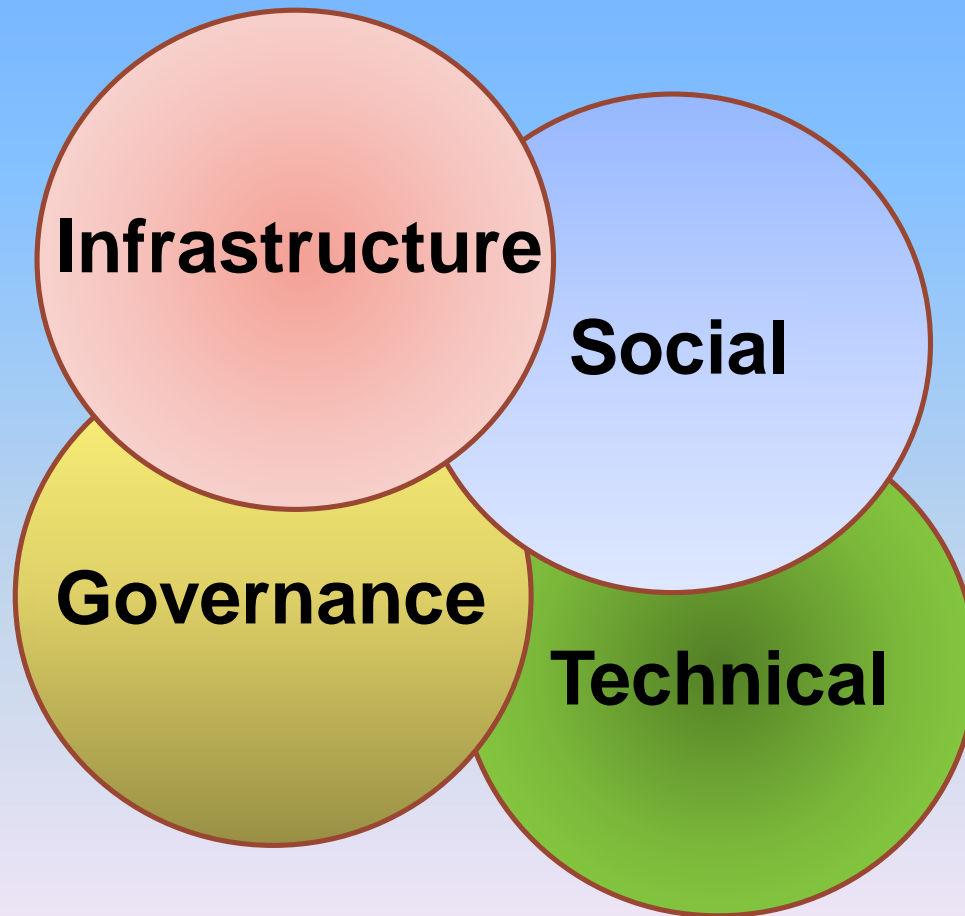
- Scarce safe water supply
- Unresolved environmental issues – excreta, solid waste
- Poor hygiene & food sanitation
- Cross border crossing
- Illegal coastal and urban settlements
- Poverty, illiteracy and language barrier







Handling Challenges For Prevention & Control



Governance

- i. Political commitment, interagency collaboration and coordination
- ii. More financial investment for sanitation and water supply
- iii. Legal approach for child education, case notification and management, food sanitation
- iv. Free treatment (fees act) and quarantine leave for working parents

Technical

- i. Gap analysis – water supply, sanitation, experts and resources
- ii. Capacity building – manpower for clinical and public health management, diagnostic facilities
- iii. Strengthen surveillance system (*eNotis* with legal binding)
- iv. National guidelines for FWBD (+ cholera) case and outbreak Mx

Infrastructure

- i. **Water supply** – interministerial effort, focus on lower scale in rural areas
- ii. Improve **sanitation**
- iii. Subsidy for the poor (rural and urban)
- iv. Ensure accessibility to **affordable healthcare** and **education**, community engagement and empowerment

MOH investment on hygiene provision for rural areas in Malaysia

Project	Allocation (USD)				
	2012	2013	2014	2015	2016
Gravity Feed System	3.2	4.3	1.2	0.8	0.5
Sanitary Well	3.4	1.8	0.9	0.7	0.5
Public/piped water connection	1.1	0.9	0.3	0.3	0.1
Rain Water Harvesting	0.4	0.3	0.1	0.1	0.02
TOTAL	8.1	7.3	2.5	1.9	1.1

Note:

Coverage of rural clean water supply and sanitary toilets remain >95% since the last 10 years

Social

- i. Fight poverty - fund for the poor and deprived
- ii. Fight illiteracy – basic ability to write, read and count
- iii. Restructure settlements with affordable homes
- iv. Extensive promotion on cleanliness, personal hygiene and safe food preparation



Mapping capacity and capability of cholera

- Surveillance
 - *eNotis*: Web based integrated CDC surveillance system
 - Emphasis on local capacity to detect (diagnose) and monitor (collect, compile, and analyse data) cholera occurrence
 - AGE Surveillance as proxy to FWBD outbreak indicators
 - Clinical, Mandatory Notification, Laboratory surveillance, Rumour Surveillance
- Laboratory diagnosis
 - Hospitals and PH Labs
 - Conventional vs newer methods
 - Molecular linkages of source (PFGE)

Mapping capacity and capability of cholera

- Clinical management and Treatment
 - Cholera Management Guidelines, Clinical Practice Guidelines (CPG), regular training of health personnel
 - Improve accessibility to affordable services (mobile clinics – boats, K1Malaysia, flying doctors)
- Crisis preparedness and outbreak control
 - Guidelines and SOP
 - Simulation exercises, capability and capacity building including Epidemic Intelligence Programme (EIP).
 - Establish CPRC at all levels

Mapping capacity and capability of cholera

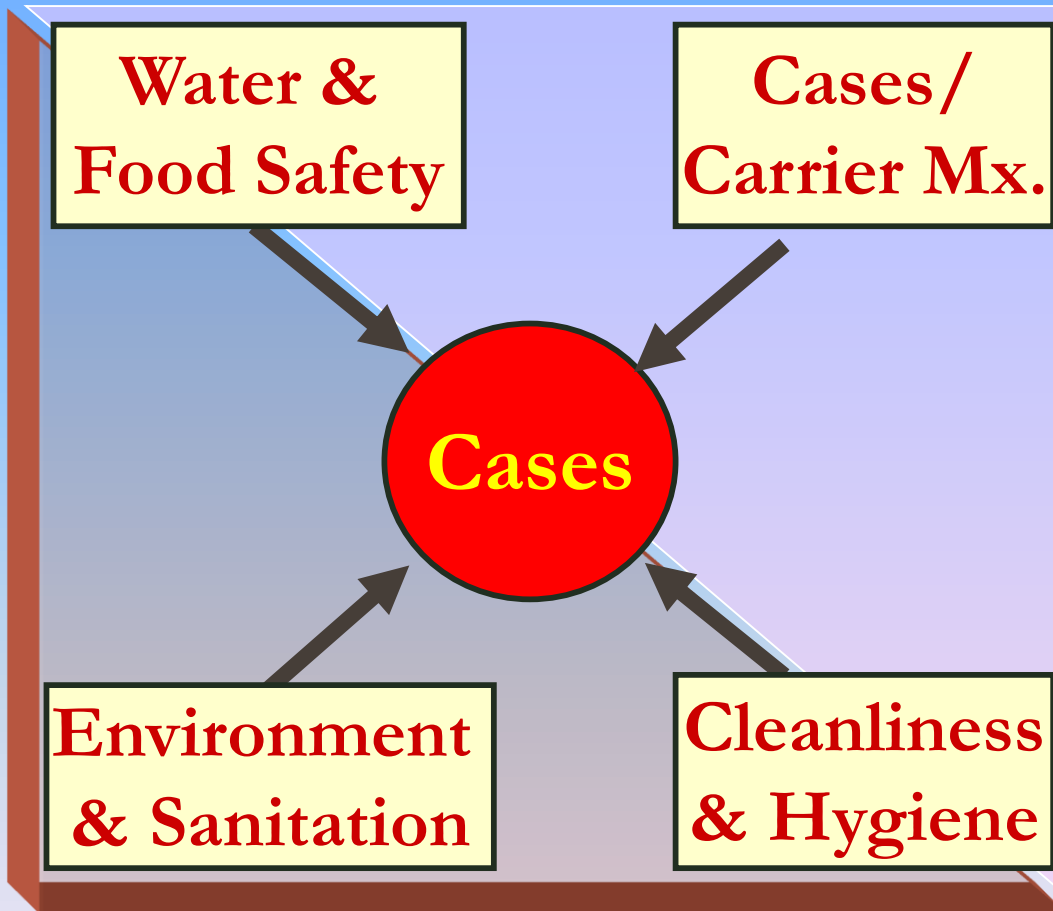
- Prevention
 - A multifaceted approach
 - Access to safe water and sanitation
 - Regulatory Infrastructure – CDC Act 1988, Food Act 1984 and Food Regulations 1985, Food Hygiene Regulations 2009, etc.
- Hygiene Promotion and Social Mobilisation
 - Campaign adapted to local culture
 - Breastfeeding campaign
 - Community empowerment (KOSPEN)
 - Promotion on hand washing

Mapping capacity and capability of cholera

- International Health Regulations
 - No longer mandatory to notify.
 - However assessment against the criteria provided in the regulations must be done to determine whether official notification to neighbouring countries is required.
- Vaccine and antimicrobial prophylaxis
 - Oral vaccine not in National Immunisation Program (NIP) but available in the private health facilities
 - Oral prophylaxis for close contacts and food handlers

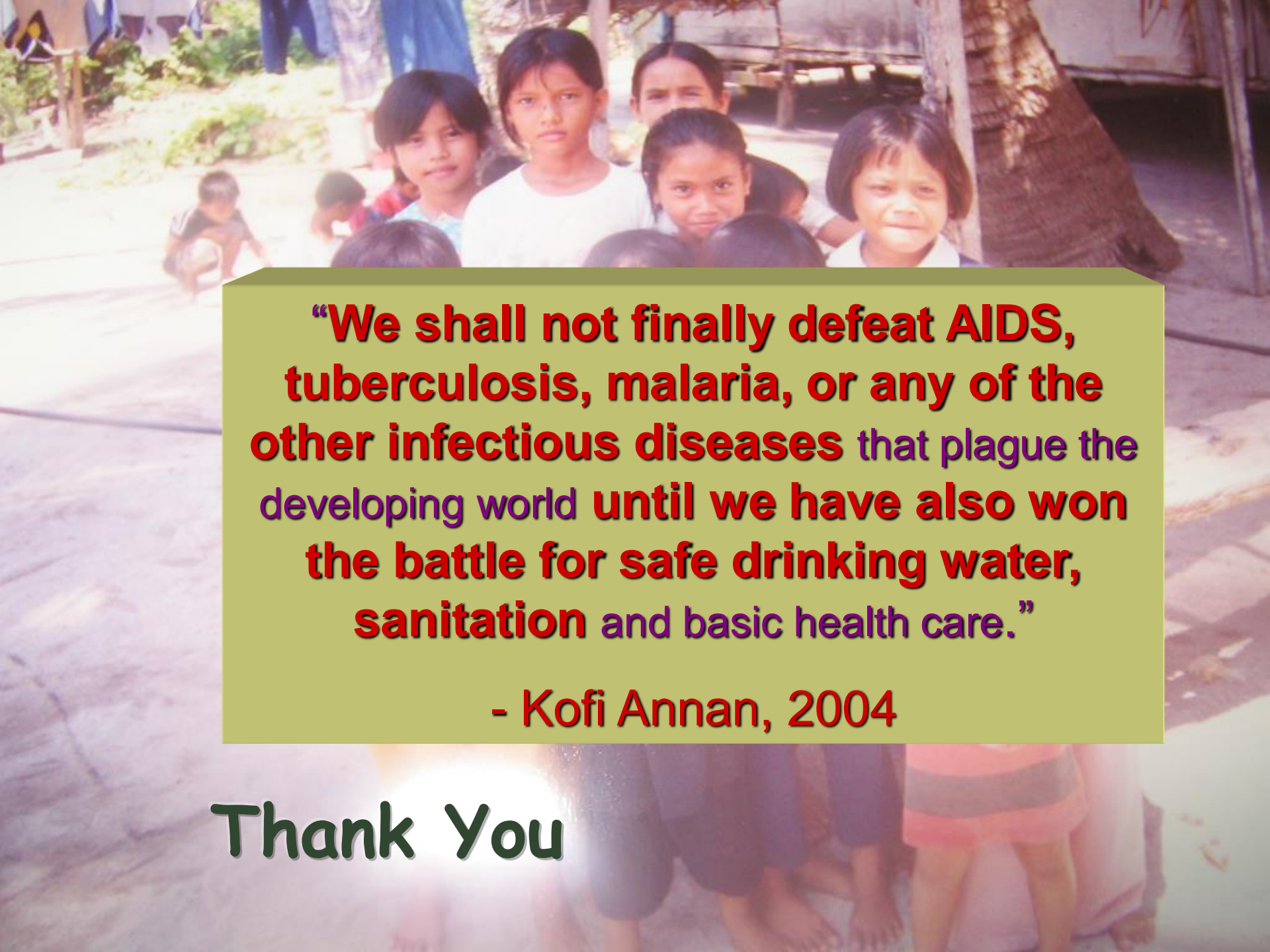
Summary & Conclusion

The Occurrence



Epid./
Clinical

Intersectoral



“We shall not finally defeat AIDS, tuberculosis, malaria, or any of the other infectious diseases that plague the developing world until we have also won the battle for safe drinking water, sanitation and basic health care.”

- Kofi Annan, 2004

Thank You