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CHOLERA

1. INTRODUCTION

In resolution WP/RC14.R5 adopted at the fourteenth session of the Regional Committee, the following three recommendations were made:

- "(1) the problem of adequate vaccination of the personnel of fishing boats and similar ships moving casually from country to country should be referred to the Regional Director for appropriate action;
- (2) the Organization should encourage and co-ordinate further studies on the problem of carriers;
- (3) the Directors of the WHO Regional Offices for the Western Pacific, South-East Asia and Eastern Mediterranean should consult together and explore ways and means of securing closer integration of anticholera work, with the ultimate aim of eradicating the disease from the entire area".

2. ACTION TAKEN

Brief summaries of the action taken to implement these recommendations are given below.

2.1 Adequate vaccination of the personnel of fishing boats and similar ships moving casually from country to country

Appropriate advice was published under "Sanitary Measures" in the Weekly Epidemiological Record No. 46 of 15 November 1963. The full text is given in Annex 1.

2.2 Studies on the problem of carriers

Information has been collected on studies being carried out in the Region on the problem of carriers arriving in non-infected areas and

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further studies of the problem encouraged. However, limitations of personnel and of laboratory facilities have hampered the fuller investigation of the problem in many areas, where the need for combatting the current outbreaks of cholera has placed an additional burden on the health services.

WHO Headquarters, as part of its cholera research programme, is encouraging and assisting certain countries by means of research grants. Agreement was reached and plans and protocols prepared for joint WHO/Japan/Philippines cholera El Tor carrier studies. The role of the carrier in spreading the infection and simple and quicker methods for the diagnosis and treatment of carriers will be investigated. The project will also include controlled field trials of cholera El Tor vaccine and an adjuvant cholera vaccine, and studies of the survival of vibrios on different foodstuff under various conditions. Field and laboratory studies started in the Philippines in May 1964 and laboratory studies will also be conducted in Japan.

### 2.3 Co-ordination of anticholera work in the Western Pacific, South-East Asia and Eastern Mediterranean Regions

After preliminary discussions with the Director of the South-East Asia Region, a meeting was held in Geneva on 22 January 1964 to consider this part of the Committee's resolution. The meeting was attended by Dr. P.M. Kaul, Assistant Director-General, the Regional Directors for the Eastern Mediterranean, South-East Asia and Western Pacific Regions, and the appropriate staff of the Communicable Diseases Section, WHO Headquarters.

At this meeting it was stressed that the modern management of cholera based on rehydration therapy [described in the WHO Bulletin (1963) 28, 297-305, and elsewhere] is highly effective. Further progress has recently been reported as a result of the combined use of rehydration therapy and antibiotic treatment. In this connection, it was recommended that:

- (1) a national centre (or centres) for the treatment of cholera should be established in each country;
- (2) national training courses for medical personnel and auxiliaries should be organized in such centres;
- (3) rehydration fluid of good quality should be produced and the fluid properly packed, so that it could be readily and easily used not only in hospitals, but also in the field.

The meeting also stressed the importance of sanitation and considered that although sanitation, and in particular the provision of an adequate and safe water supply is a long-term and costly undertaking, this is certainly the most radical measure for cholera control which is available at present. If a high priority were given to this development, particularly in places where cholera is endemic, this

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would lead to the more rational and effective use of available resources. It would also benefit not only the country's health but also its economic development, since the presence of cholera has an immediate ill-effect on trade and national income, as well as on manpower resources and working efficiency.

The meeting also suggested that other measures, such as immunization and quarantine, should be more vigorously pursued than in the past. Since these practices had been introduced and accepted long ago in all countries, their application depends more on the extension and intensification of existing measures and efforts than on the introduction of new knowledge and practices.

On the question of the need for the further improvement of anti-cholera measures, it was pointed out that much more scientific information is needed on the epidemiology and control of cholera in order to carry out a sound and effective cholera campaign. The exact role of carriers in the transmission of the disease has been rather underestimated, this must be studied further and the whole problem re-examined. The effectiveness of various types of cholera vaccines in the prevention of classical cholera and cholera El Tor must also be evaluated in properly organized and controlled trials.

In recognition of the urgency and importance of the cholera problem in the three regions, WHO Headquarters provided the services of a consultant who visited a number of cholera areas, including those in the Western Pacific Region. He also studied the spread of cholera, the survival of vibrios on foodstuff and the research being done. His report will be made available in due course.

A WHO inter-regional cholera research team is expected to be formed shortly and an inter-regional cholera seminar and a scientific group meeting on cholera will take place in Manila in the latter part of 1964 under the auspices of WHO Headquarters.

#### CHOLERA SANITARY MEASURES

On 14 November 1963 cholera infected areas exist in Burma, East Pakistan, Hong Kong, India, Indonesia, Macao, Malaya, Philippines, Sarawak, Singapore and Thailand. (See Infected Area List, Weekly Epidemiological Record). Crews of ships having stopped in cholera infected areas of any of these countries will usually be required to possess a vaccination certificate at ports-of-call they reach in the succeeding five days.

It is expected that health administrations and port health authorities will keep international shipping advised of requirements of countries for vaccination certificates. (See Vaccination Certificate Requirements for International Travel).

As regards fishing boats and similar vessels moving casually from one country to another or not intending to call at foreign ports but having to do so for emergency reasons, their crews may be required to possess a cholera vaccination certificate on arrival at such ports, depending on the area in which the ships operate; therefore crews of these ships should be advised to maintain a currently valid cholera vaccination certificate.

Current cholera vaccination for persons having visited cholera infected areas is one preventive measure to limit the spread of the disease.