霍乱 - 全球形势

2023年2月11日

全球概况

当前形势

自2022年12月16日发布关于全球霍乱形势的首份疾病暴发新闻以来，全球形势进一步恶化，有更多国家报告了病例和疫情。

自2021年年中以来，世界正面临第七次霍乱大流行的急剧上升，其特点是疫情数量、规模和同时发生，传播到几十年来没有霍乱的地区，以及死亡率高得惊人。

有23个国家在2021年报告了霍乱疫情，主要发生在世卫组织非洲区域和东地中海区域。这一趋势一直持续到2022年，世卫组织六个区域中五个区域的30个国家在这一年报告了霍乱病例或疫情。其中，14个国家在2021年没有报告霍乱病例，包括非流行国家（黎巴嫩和叙利亚）[i,ii]或三年内没有报告过病例的国家（海地和多米尼加共和国），而其余大多数国家报告的病例数和病死率高于往年。

截至2023年2月1日，至少有18个国家继续报告霍乱病例（表1 A和B）。根据季节性模式，世界大部分地区目前处于低传播期或疫情间传播期，因此，这一数字在未来几个月可能会增加。

与这些疫情相关的死亡率尤其令人关切，因为许多国家报告的病死率高于前几年。2021年全球报告的霍乱病死率平均为1.9%（非洲为2.9%），远高于可接受的水平（<1%），是十多年来的最高记录。初步数据显示，2022年和2023年也有类似的趋势。

疫情的潜在驱动因素和影响应对活动的挑战在上一份《疾病暴发新闻》中得到了强调。多起霍乱疫情同时发展，在面临复杂人道主义危机、卫生系统脆弱的国家变得更加复杂，并因气候变化而加剧，这给疫情应对带来挑战，并有可能进一步蔓延到其他国家。

由于全球缺乏包括口服霍乱疫苗在内的应对资源以及公共卫生和医务人员因为同时应对多种疾病暴发而不堪重负，应对多起疫情同时暴发的整体能力依然紧张。

根据目前的情况，包括疫情数量的增加及其地理扩张，以及缺乏疫苗和其他资源，世卫组织评估全球一级的风险非常高。

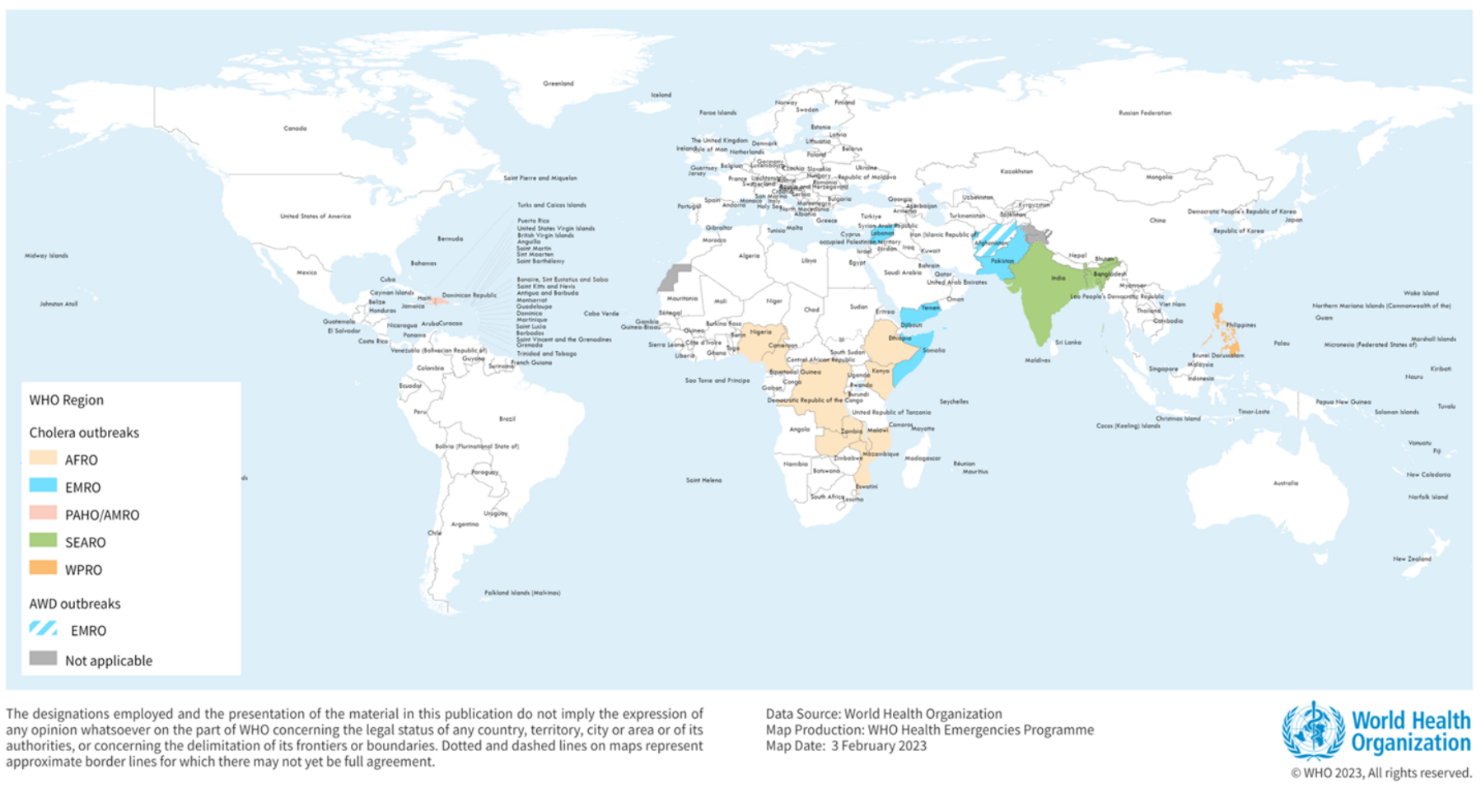
流行病学

霍乱是一种急性腹泻感染。严重时，其特征是极度水样腹泻和可能致命的脱水。霍乱是因为摄入被霍乱弧菌污染的食物或水引起的。其潜伏期很短，从十二小时到五天不等。大多数人不会出现症状，或只出现轻至中度症状；约20%的病人出现急性水样腹泻伴严重脱水，有死亡风险。尽管很容易使用补液进行治疗，但霍乱仍是一个全球性的健康威胁，因为该病在缺乏适当卫生保健的弱势人群中发病率和死亡率很高。

在过去两个世纪里，记录了七次不同的霍乱大流行。第七次大流行至今仍在持续，被认为始于1961年。在最初的二十年里，很多国家在疾病（重新）传入之后转变为霍乱流行国家。虽然全球发病率在1990年代末出现了大幅度下降，但霍乱在非洲和亚洲部分地区仍然流行。

霍乱的全球负担在很大程度上是未知的，因为大多数病例没有报告，不过，先前的研究估计每年有290万例病例，9.5万人死亡。

图-1：截至2023年2月1日全球霍乱和急性水样腹泻流行情况



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Data Source: World Health Organization
Map Production: WHO Health Emergencies Programme
Map Date: 3 February 2023

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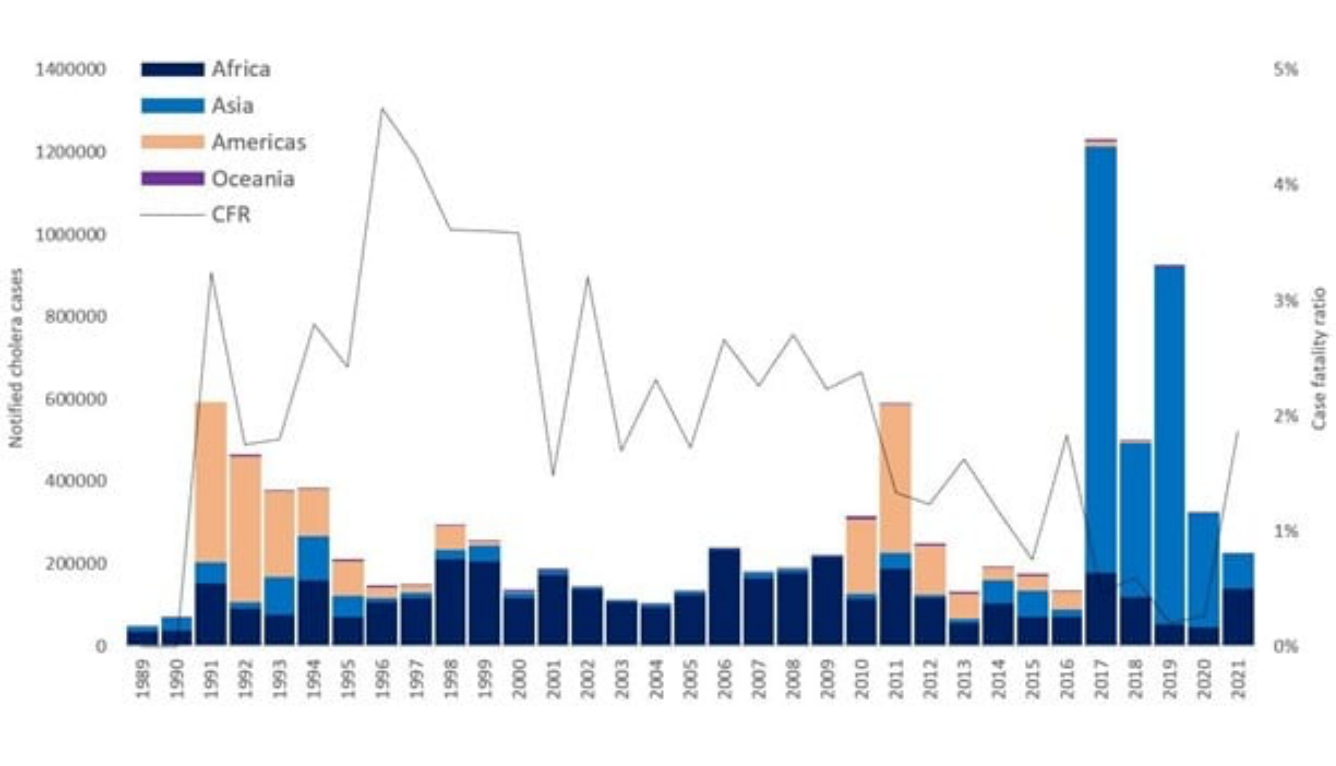
注：截至2023年2月1日，白色区域的国家没有报告正在发生的霍乱疫情。

图-2：1989-2021年按年份和大洲向世卫组织报告的霍乱病例*和全球病死率**



* 在2017和2019年，也门分别占到所有霍乱病例的84%和93%（2018年、2020年《疫情周报》）。

** 由于(i)数据不完整，(ii)临时估计数字，疫情曲线中不包括2022年数据。预计将在年底向世卫组织正式报告每个国家的病例数，并将在年度报告中进行合并。

需要注意的是：关于霍乱的数据往往不完整，漏报属于常见现象。一些国家没有霍乱报告制度。这就是为什么无法提供发生疫情的完整国家名单，也无法提供准确的病例和死亡人数。

区域概况

下表描述了受监测的国家。这些国家包括霍乱疫情活跃的国家和在2022年报告疫情的国家。其他因素，包括疫情的持续时间、脆弱人群的规模以及总体环境挑战，也被考虑在内。

世卫组织非洲区域：2022年最后几个月，刚果民主共和国北基伍省持续不断的冲突导致越来越多的境内流离失所者涌入戈马附近的营地。难民营缺乏水和卫生设施，助长了霍乱的持续暴发。此外，雨季使东部其他省份的霍乱形势恶化，增加了区域传播的风险。布隆迪最近宣布，位于坦噶尼喀湖沿岸、刚果民主共和国南基伍省边境附近的布琼布拉市暴发霍乱疫情。虽然喀麦隆和尼日利亚等2022年广泛暴发疫情的国家报告的病例数目前正在下降，但马拉维的情况在2023年初继续恶化，每天报告600多例新发病例。该国正在经历历史上最致命的霍乱疫情，自2022年3月以来，病死率持续居高不下(>3%)。此外，邻国莫桑比克自2022年12月中旬以来登记的病例和警报急剧增加，报告的病例来自五个省份，包括与马拉维接壤的省份。

2023年1月26日，赞比亚向世卫组织通报了与马拉维和莫桑比克接壤的东部省暴发霍乱的情况。传播到包括坦桑尼亚和津巴布韦在内的该区域其他国家的风险仍然很高。此外，非洲之角的三个国家（东地中海区域的埃塞俄比亚、肯尼亚和索马里）报告正在发生霍乱疫情。持续的干旱促使人口流动，增加了霍乱传播的风险，并导致严重的营养不良，这增加了该地区霍乱疫情出现严重后果的风险。由于其他突发公共卫生事件（COVID-19、mpox、营养不良），存在多起定级突发事件以及资源和人力捉襟见肘的情况。许多受影响的地区非常不安全，接触民众的机会有限，这限制了民众获得卫生保健的机会。气候变化正在导致非洲一些地区出现干旱，另一些地区发生洪水，导致人口流离失所增加，获得清洁水的机会减少。对多起疫情报告了高病死率。在雨季/飓风季节即将来临的南部非洲和由于不安全因而应对能力有限的乍得湖流域，区域蔓延的风险都很高。

世卫组织美洲区域：海地西部省（包括太子港大都会区）的形势趋于稳定。该省占2022年10月至11月高峰期报告的确诊病例的三分之一。然而，疫情尚未得到控制，该国所有十个省继续报告疑似和确诊霍乱病例。此外，邻国多米尼加共和国首都圣多明各报告了输入病例和有限的本地传播。

当地人口的流动虽然由于该国极不安全和缺乏燃料而受到限制，但继续带来疫情在国内和国际上扩散的风险。从海地向美洲区域其他国家和领地输出更多病例是可能的。根据2022年12月2日的美洲区域办事处快速风险评估，伊斯帕尼奥拉岛的风险被评估为非常高，区域风险被评估为中等。目前正在努力提高该区域的监测和实验室能力。伊斯帕尼奥拉岛正在开展霍乱疫苗接种运动。

世卫组织东地中海区域：该区域许多国家的监测系统（如哨点、医院监测）薄弱，使得数据的解释具有挑战性。该区域的特点是，由于复杂的人道主义危机和训练有素的工作人员移居国外，工作人员能力捉襟见肘。该区域的疫情正在蔓延，同时冲突、气候变化、干旱和洪水加剧了人口流动。2022年，黎巴嫩和叙利亚报告了10多年来的首次霍乱疫情，而巴基斯坦则记录了几十年来最大规模的疫情。阿富汗、黎巴嫩、巴基斯坦和索马里的病例数目前正在下降，该区域2022年报告疫情的其他国家，如伊拉克和伊朗，仍在接受监测。阿拉伯叙利亚共和国部分地区的大范围暴发仍在继续，进一步蔓延到该区域内外其他国家的风险依然存在。

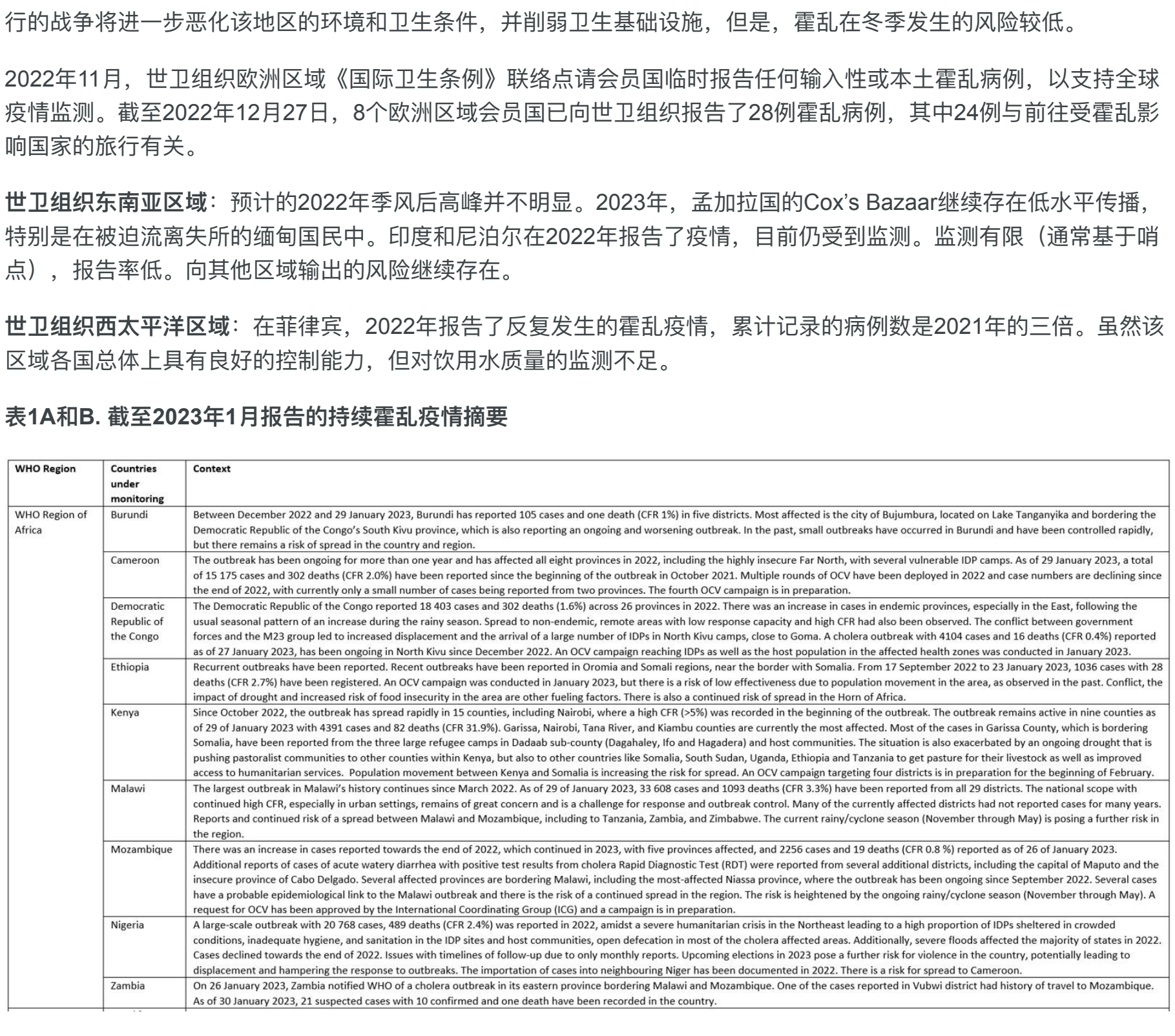
世卫组织欧洲区域：霍乱在世卫组织欧洲区域不是地方病。目前健全的公共卫生系统，包括社区和卫生保健设施达到适当的个人卫生和环境卫生标准，加上监测和应对能力，降低了输入后进一步传播的风险。然而，与报告大规模持续暴发的叙利亚和黎巴嫩接壤的国家，在特定环境中，例如在难民和流离失所者中，输入和继续传播的风险可能会升高（土耳其）。鉴于2023年2月6日袭击该国南部和中部地区并对基础设施造成毁灭性影响的大地震，土耳其暴发霍乱的风险预计会加大。此外，2022年11月，以色列向世卫组织报告，在流入以色列的Yarmuch河的环境样本中检测到有毒霍乱弧菌O1。以色列已采取实质性积极措施防止霍乱的传入和传播，因此，总体风险被认为较低。乌克兰境内正在进行的战争将进一步恶化该地区的环境和卫生条件，并削弱卫生基础设施，但是，霍乱在冬季发生的风险较低。

2022年11月，世卫组织欧洲区域《国际卫生条例》联络点请会员国临时报告任何输入性或本土霍乱病例，以支持全球疫情监测。截至2022年12月27日，8个欧洲区域会员国已向世卫组织报告了28例霍乱病例，其中24例与前往受霍乱影响国家的旅行有关。

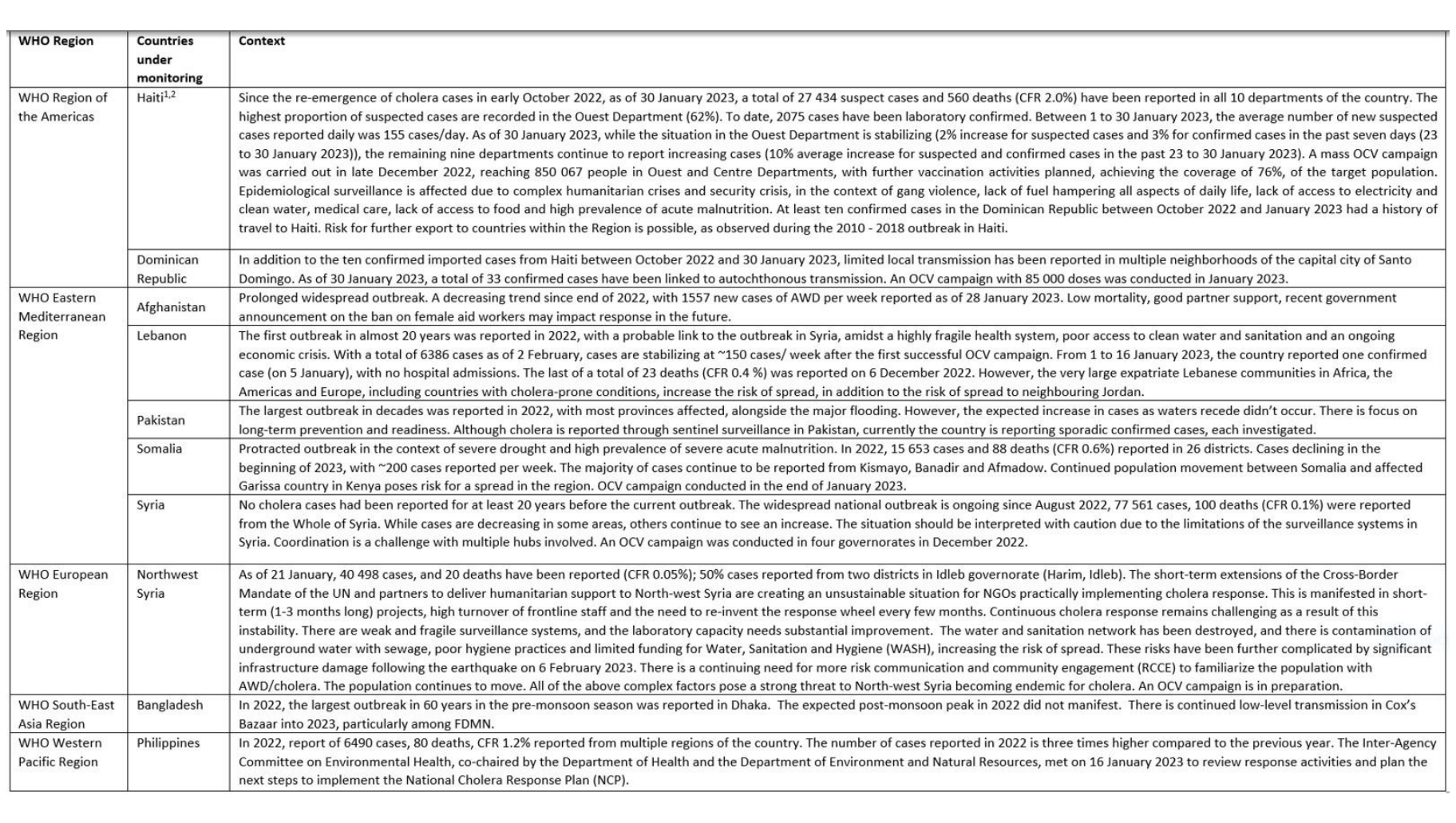
世卫组织东南亚区域：预计的2022年季风后高峰并不明显。2023年，孟加拉国的Cox's Bazaar继续存在低水平传播，特别是在被迫流离失所的缅甸国民中。印度和尼泊尔在2022年报告了疫情，目前仍受到监测。监测有限（通常基于哨点），报告率低。向其他区域输出的风险继续存在。

世卫组织西太平洋区域：在菲律宾，2022年报告了反复发生的霍乱疫情，累计记录的病例数是2021年的三倍。虽然该区域各国总体上具有良好的控制能力，但对饮用水质量的监测不足。

表1A和B. 截至2023年1月报告的持续霍乱疫情摘要



WHO Region	Countries under monitoring	Context
WHO Region of Africa	Burundi	Between December 2022 and 29 January 2023, Burundi has reported 105 cases and one death (CFR 1%) in five districts. Most affected is the city of Bujumbura, located on Lake Tanganyika and bordering the Democratic Republic of the Congo's South Kivu province, which is also reporting an ongoing and worsening outbreak. In the past, small outbreaks have occurred in Burundi and have been controlled rapidly, but there remains a risk of spread in the country and region.
	Cameroon	The outbreak has been ongoing for more than one year and has affected all eight provinces in 2022, including the highly insecure Far North, with several vulnerable IDP camps. As of 29 January 2023, a total of 15 175 cases and 302 deaths (CFR 2.0%) have been reported since the beginning of the outbreak in October 2021. Multiple rounds of OCV have been deployed in 2022 and case numbers are declining since the end of 2022, with currently only a small number of cases being reported from two provinces. The fourth OCV campaign is in preparation.
	Democratic Republic of the Congo	The Democratic Republic of the Congo reported 18 403 cases and 302 deaths (1.6%) across 26 provinces in 2022. There was an increase in cases in endemic provinces, especially in the East, following the usual seasonal pattern of an increase during the rainy season. Spread to non-endemic, remote areas with low response capacity and high CFR had also been observed. The conflict between government forces and the M23 group led to increased displacement and the arrival of a large number of IDPs in North Kivu camps, close to Goma. A cholera outbreak with 4104 cases and 16 deaths (CFR 0.4%) reported as of 27 January 2023, has been ongoing in North Kivu since December 2022. An OCV campaign reaching IDPs as well as the host population in the affected health zones was conducted in January 2023.
	Ethiopia	Recurrent outbreaks have been reported. Recent outbreaks have been reported in Oromia and Somali regions, near the border with Somalia. From 17 September 2022 to 23 January 2023, 1036 cases with 28 deaths (CFR 2.7%) have been registered. An OCV campaign was conducted in January 2023, but there is a risk of low effectiveness due to population movement in the area, as observed in the past. Conflict, the impact of drought and increased risk of food insecurity in the area are other fueling factors. There is also a continued risk of spread in the Horn of Africa.
	Kenya	Since October 2022, the outbreak has spread rapidly in 15 counties, including Nairobi, where a high CFR (>5%) was recorded in the beginning of the outbreak. The outbreak remains active in nine counties as of 29 of January 2023 with 4391 cases and 82 deaths (CFR 31.9%). Garissa, Nairobi, Tana River, and Kiambu counties are currently the most affected. Most of the cases in Garissa County, which is bordering Somalia, have been reported from the three large refugee camps in Dadaab sub-county (Dagahaley, Ifo and Hagadera) and host communities. The situation is also exacerbated by an ongoing drought that is pushing pastoralist communities to other counties within Kenya, but also to other countries like Somalia, South Sudan, Uganda, Ethiopia and Tanzania to get pasture for their livestock as well as improved access to humanitarian services. Population movement between Kenya and Somalia is increasing the risk for spread. An OCV campaign targeting four districts is in preparation for the beginning of February.
	Malawi	The largest outbreak in Malawi's history continues since March 2022. As of 29 of January 2023, 33 608 cases and 1093 deaths (CFR 3.3%) have been reported from all 29 districts. The national scope with continued high CFR, especially in urban settings, remains of great concern and is a challenge for response and outbreak control. Many of the currently affected districts had not reported cases for many years. Reports and continued risk of a spread between Malawi and Mozambique, including to Tanzania, Zambia, and Zimbabwe. The current rainy/cyclone season (November through May) is posing a further risk in the region.
	Mozambique	There was an increase in cases reported towards the end of 2022, which continued in 2023, with five provinces affected, and 2256 cases and 19 deaths (CFR 0.8 %) reported as of 26 of January 2023. Additional reports of cases of acute watery diarrhea with positive test results from cholera Rapid Diagnostic Test (RDT) were reported from several additional districts, including the capital of Maputo and the insecure province of Cabo Delgado. Several affected provinces are bordering Malawi, including the most-affected Niassa province, where the outbreak has been ongoing since September 2022. Several cases have a probable epidemiological link to the Malawi outbreak and there is the risk of a continued spread in the region. The risk is heightened by the ongoing rainy/cyclone season (November through May). A request for OCV has been approved by the International Coordinating Group (ICG) and a campaign is in preparation.
	Nigeria	A large-scale outbreak with 20 768 cases, 489 deaths (CFR 2.4%) was reported in 2022, amidst a severe humanitarian crisis in the Northeast leading to a high proportion of IDPs sheltered in crowded conditions, inadequate hygiene, and sanitation in the IDP sites and host communities, open defecation in most of the cholera affected areas. Additionally, severe floods affected the majority of states in 2022. Cases declined towards the end of 2022. Issues with timelines of follow-up due to only monthly reports. Upcoming elections in 2023 pose a further risk for violence in the country, potentially leading to displacement and hampering the response to outbreaks. The importation of cases into neighbouring Niger has been documented in 2022. There is a risk for spread to Cameroon.
	Zambia	On 26 January 2023, Zambia notified WHO of a cholera outbreak in its eastern province bordering Malawi and Mozambique. One of the cases reported in Vubwi district had history of travel to Mozambique. As of 30 January 2023, 21 suspected cases with 10 confirmed and one death have been recorded in the country.



WHO Region	Countries under monitoring	Context
WHO Region of the Americas	Haiti[1,2]	Since the re-emergence of cholera cases in early October 2022, as of 30 January 2023, a total of 27 434 suspect cases and 560 deaths (CFR 2.0%) have been reported in all 10 departments of the country. The highest proportion of suspected cases are recorded in the Ouest Department (62%). To date, 2075 cases have been laboratory confirmed. Between 1 to 30 January 2023, the average number of new suspected cases reported daily was 155 cases/day. As of 30 January 2023, while the situation in the Ouest Department is stabilizing (2% increase for suspected cases and 3% for confirmed cases in the past seven days (23 to 30 January 2023)), the remaining nine departments continue to report increasing cases (10% average increase for suspected and confirmed cases in the past 23 to 30 January 2023). A mass OCV campaign was carried out in late December 2022, reaching 850 067 people in Ouest and Centre Departments, with further vaccination activities planned, achieving the coverage of 76%, of the target population. Epidemiological surveillance is affected due to complex humanitarian crises and security crisis, in the context of gang violence, lack of fuel hampering all aspects of daily life, lack of access to electricity and clean water, medical care, lack of access to food and high prevalence of acute malnutrition. At least ten confirmed cases in the Dominican Republic between October 2022 and January 2023 had a history of travel to Haiti. Risk for further export to countries within the Region is possible, as observed during the 2010 - 2018 outbreak in Haiti.
	Dominican Republic	In addition to the ten confirmed imported cases from Haiti between October 2022 and 30 January 2023, limited local transmission has been reported in multiple neighborhoods of the capital city of Santo Domingo. As of 30 January 2023, a total of 33 confirmed cases have been linked to autochthonous transmission. An OCV campaign with 85 000 doses was conducted in January 2023.
WHO Eastern Mediterranean Region	Afghanistan	Prolonged widespread outbreak. A decreasing trend since end of 2022, with 1557 new cases of AWD per week reported as of 28 January 2023. Low mortality, good partner support, recent government announcement on the ban on female aid workers may impact response in the future.
	Lebanon	The first outbreak in almost 20 years was reported in 2022, with a probable link to the outbreak in Syria, amidst a highly fragile health system, poor access to clean water and sanitation and an ongoing economic crisis. With a total of 6386 cases as of 2 February, cases are stabilizing at ~150 cases/ week after the first successful OCV campaign. From 1 to 16 January 2023, the country reported one confirmed case (on 5 January), with no hospital admissions. The last of a total of 23 deaths (CFR 0.4 %) was reported on 6 December 2022. However, the very large expatriate Lebanese communities in Africa, the Americas and Europe, including countries with cholera-prone conditions, increase the risk of spread, in addition to the risk of spread to neighbouring Jordan.
	Pakistan	The largest outbreak in decades was reported in 2022, with most provinces affected, alongside the major flooding. However, the expected increase in cases as waters recede didn't occur. There is focus on long-term prevention and readiness. Although cholera is reported through sentinel surveillance in Pakistan, currently the country is reporting sporadic confirmed cases, each investigated.
	Somalia	Protracted outbreak in the context of severe drought and high prevalence of severe acute malnutrition. In 2022, 15 653 cases and 88 deaths (CFR 0.6%) reported in 26 districts. Cases declining in the beginning of 2023, with ~200 cases reported per week. The majority of cases continue to be reported from Kismayo, Banadir and Afmadow. Continued population movement between Somalia and affected Garissa country in Kenya poses risk for a spread in the region. OCV campaign conducted in the end of January 2023.
	Syria	No cholera cases had been reported for at least 20 years before the current outbreak. The widespread national outbreak is ongoing since August 2022, 77 561 cases, 100 deaths (CFR 0.1%) were reported from the Whole of Syria. While cases are decreasing in some areas, others continue to see an increase. The situation should be interpreted with caution due to the limitations of the surveillance systems in Syria. Coordination is a challenge with multiple hubs involved. An OCV campaign was conducted in four governorates in December 2022.
WHO European Region	Northwest Syria	As of 21 January, 40 498 cases, and 20 deaths have been reported (CFR 0.05%); 50% cases reported from two districts in Idleb governorate (Harim, Idleb). The short-term extensions of the Cross-Border Mandate of the UN and partners to deliver humanitarian support to North-west Syria are creating an unsustainable situation for NGOs practically implementing cholera response. This is manifested in short-term (1-3 months long) projects, high turnover of frontline staff and the need to re-invent the response wheel every few months. Continuous cholera response remains challenging as a result of this instability. There are weak and fragile surveillance systems, and the laboratory capacity needs substantial improvement. The water and sanitation network has been destroyed, and there is contamination of underground water with sewage, poor hygiene practices and limited funding for Water, Sanitation and Hygiene (WASH), increasing the risk of spread. These risks have been further complicated by significant infrastructure damage following the earthquake on 6 February 2023. There is a continuing need for more risk communication and community engagement (RCCE) to familiarize the population with AWD/cholera. The population continues to move. All of the above complex factors pose a strong threat to North-west Syria becoming endemic for cholera. An OCV campaign is in preparation.
WHO South-East Asia Region	Bangladesh	In 2022, the largest outbreak in 60 years in the pre-monsoon season was reported in Dhaka. The expected post-monsoon peak in 2022 did not manifest. There is continued low-level transmission in Cox's Bazaar into 2023, particularly among FDMN.
WHO Western Pacific Region	Philippines	In 2022, report of 6490 cases, 80 deaths, CFR 1.2% reported from multiple regions of the country. The number of cases reported in 2022 is three times higher compared to the previous year. The Inter-Agency Committee on Environmental Health, co-chaired by the Department of Health and the Department of Environment and Natural Resources, met on 16 January 2023 to review response activities and plan the next steps to implement the National Cholera Response Plan (NCP).

公共卫生应对行动

世卫组织正在与全球、区域和国家各级合作伙伴开展合作，支持会员国开展以下霍乱疫情应对活动：

协调

- 总部霍乱事件管理系统小组已经成立。
- 2023年1月26日，多区域的霍乱事件在全球一级被定为3级突发事件，即最高等级。
- 通过全球霍乱控制专题小组的协调为交流技术专长提供一个论坛，并且合作开展与霍乱有关的活动以加强国家预防和控制霍乱的能力。
- 为所有正在发生的疫情提供技术支持（实验室、病例管理、口服霍乱疫苗、感染防控、水卫项目）。
- 与主要合作伙伴（儿基会、无国界医生组织）合作，协调供应和获取供应品的最佳渠道。
- 利用资源支持霍乱大流行的全球监测工作，向各国提供技术支持，加强数据收集和报告，加强宣传，并向有需要的国家提供医疗和非医疗物品，特别是用于病例管理和诊断的物资。
- 通过全球疫情警报和反应网络和待命伙伴支持部署专家。
- 通过集体服务处激活风险沟通和社区参与合作伙伴。
- 开展宣传和资源调动活动，以支持国家、区域和全球各级的霍乱预防和控制工作。

监测

- 加强监测，包括加强诊断算法、使用快速诊断检测、收集和运输样本，以及加强培养霍乱弧菌的实验室能力。

疫苗接种

- 在供应严重受限的情况下，提供指导，确定接种疫苗的目标人群，并通过国际协调小组机制申请疫苗。
- 支持开展宣传活动，以增加口服霍乱疫苗的生产和吸引新的疫苗生产企业。
- 与各国合作，确定最需要接种疫苗的地区/热点。[3]

病例管理

- 通过建立专门的卫生保健设施（霍乱治疗中心和霍乱治疗单位）增加患者获得护理的机会并提高护理质量，这些设施提供：1) 高质量的分流；2) 集中和规范的临床管理；3) 并发症的识别和处理。这需要熟练的人力和明确的临床路径，通过培训卫生工作者和提供技术指导来确保。社区也需要参与进来，确保对疑似霍乱患者的快速补水支持和快速就医行为。
- 将口服补液点纳入应对措施以提供早期干预，从而降低重症风险，并在需要住院时改善转诊流程。
- 协调临床数据收集、报告，并通过病例报告表和通用文档实现质量改进和审核

感染预防和控制

- 支持各国在卫生机构中评估和实施以安全和护理质量为重点的干预措施，以降低卫生保健相关霍乱感染的风险

风险沟通和社区参与

- 与社区、会员国和合作伙伴密切合作，建立纳入更广泛的疫情应对措施的风险沟通和社区参与协调机制，对合作伙伴进行摸底，确定高危社区和可信赖的渠道/有影响力者（特别是水卫项目干预措施、病例管理、疫苗接种运动和社区监测）。
- 提供支持，以维持和建立信任，管理社区对疾病、其症状、相关风险、应采取的预防措施以及何时确保适当补水和症状出现时寻求治疗的风险认知和知识。
- 收集、分析和使用社会和行为数据应为疫情应对工作提供信息，以了解传播的行为驱动因素、有效的干预措施以及一段时间内的认知、态度和做法。

水、环境卫生和个人卫生（水卫项目）

- 与社区、会员国和合作伙伴密切合作，通过包括感染预防和控制以及饮用水质量监测指导在内的多部门机制，加强水、个人卫生和环境卫生系统。
- 支持各国实施有效的霍乱控制策略和监测进展情况。
- 支持社区倡导、规划和实施可持续的水卫项目干预措施，以减少霍乱暴发的风险并支持应对工作。

业务、支持和后勤

- 与供应商密切合作，确保霍乱试剂盒的安全、采购其他水卫项目用品以及建立散装物品运输管道。

世卫组织的风险评估

霍乱风险在区域、国家之间或国家内部分布不均。霍乱的风险随着获得清洁水和卫生设施的机会减少而增加。

然而，世卫组织所有六个区域（非洲区域、美洲区域、东地中海区域、欧洲区域[iii]、东南亚区域[iv]、西太平洋区域）同时发生了一些疫情，导致整体的疫情应对能力紧张。长期的霍乱疫情正在使公共卫生应对人员精疲力竭并耗尽全球和地方资源。

包括喀麦隆、埃塞俄比亚、海地、黎巴嫩、尼日利亚（该国东北部）、巴基斯坦、索马里、叙利亚和刚果民主共和国（该国东部）在内的一些国家正处于复杂的人道主义危机之中，卫生系统脆弱，清洁水和卫生设施不足，应对疫情的能力不足。气候变化和缺乏发展也助长了疫情的暴发。

此外，许多受影响国家的人口流动性很大，可能将霍乱传播到邻国（例如，在马拉维和莫桑比克之间以及向坦桑尼亚、赞比亚和津巴布韦传播的风险很高；刚果民主共和国北基伍省和南基伍省病例激增增加了传播到布隆迪、卢旺达、乌干达的风险；在索马里，包括难民/寻求庇护者在内的人员与邻国，特别是埃塞俄比亚、肯尼亚、吉布提和也门不受控制的跨境流动；巴基斯坦—阿富汗、伊拉克—伊朗之间的大量人口流动；叙利亚的疫情已蔓延到黎巴嫩，并有继续蔓延到约旦的风险）。通过前往塞拉利昂和利比里亚等霍乱暴发高风险国家的国际旅行，霍乱也有可能传播到目前未受影响的地区。在2022年10月至2023年1月期间报告了至少10例来自海地的输入病例后，邻国多米尼加共和国在2023年继续报告与本地传播有关的病例。美洲存在进一步传播的风险。跨境人口流动和取消与COVID-19相关的限制后全球旅行增多，增加了发生进一步国际传播的风险。

2022年10月，国际协调小组做出了前所未有的决定，即暂停使用第二剂口服霍乱疫苗以应对疫情，原因是全球口服霍乱疫苗短缺，并且这种情况将持续到2023年。虽然有效，但单剂策略将导致疫苗诱导免疫的持续时间缩短，特别是在五岁以下儿童中，使人群在来年容易感染霍乱。

根据目前的情况，特别是：1) 疫情数量的增加和地理范围的扩大；2) 许多危机的复杂人道主义背景；3) 持续传播风险；4) 疫苗缺乏，应对能力有限（供应、人力资源），**全球一级的风险被评估为非常高**，霍乱仍对全球公共卫生构成威胁，也是不平等和缺乏社会发展的指标。

世卫组织的建议

世卫组织建议改进霍乱病例的适当和及时管理，增加安全饮用水和卫生基础设施的供应，以及完善卫生保健设施内的感染预防和控制措施。这些措施与在受影响社区宣传潜在霍乱病例的迅速补水和就医行为以及预防性卫生习惯和食品安全相结合，是控制霍乱的最有效手段。关键是倾听和理解社区的关切、需求、挑战和能力，并将社区定位为规划和实施应对工作的合作伙伴。这包括了解和解决影响采取保护行为的障碍，污名化和歧视的影响以及对卫生系统、行为者和当局的信任问题。了解社区认知和能力，并系统地让社区参与加强水卫项目、社区监测、病例管理以及安全和有尊严的埋葬做法，将建立信任，并有助于使卫生系统应对工作与社区需求保持一致。为卫生工作者提供条件，使他们能够与社区合作，确保快速就医行为和举行安全和有尊严的葬礼，这对于维持社区与卫生系统之间的信任至关重要。

使用口服霍乱疫苗应与改善水和卫生设施相结合，以控制霍乱疫情并在已知霍乱风险高的目标地区进行预防。鉴于全球口服霍乱疫苗供应有限，风险沟通和社区参与以及疫苗需求方面的工作应成为疫苗接种运动的关键部分，以确保最大限度地接种。

世卫组织建议会员国加强和保持对霍乱的监测，特别是在社区一级，以便及早发现疑似病例，并提供适当治疗，防止霍乱蔓延。早治疗和适当治疗可将患者的病死率控制在1%以下。

根据目前掌握的信息，世卫组织不建议对会员国实施任何旅行和贸易限制。不过，由于疫情也影响到一些存在大量跨境流动的边境地区，世卫组织鼓励会员国确保在本组织的所有级别开展合作和定期分享信息，以便能够迅速对任何跨境传播进行评估并加以遏制。

更多信息

- 霍乱实况报道
- 消除霍乱：到2030年的全球路线图（英文）
- 疾病暴发新闻|霍乱—刚果民主共和国
- 疾病暴发新闻|霍乱—海地（英文）
- 疾病暴发新闻|霍乱—马拉维
- 疾病暴发新闻|霍乱—全球形势
- 全球霍乱控制专题小组（英文）

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2. Cholera- Haiti [WWW Document], n.d. URL https://www.who.int/emergencies/disease-outbreak-news/item/2022-DON427 (accessed 12.15.22).
3. About the International Coordinating Group (ICG) on Vaccine Provision [WWW Document], n.d. URL https://www.who.int/groups/icg/about (accessed 12.12.22).

[i] 霍乱流行区是指在过去三年里发现霍乱确诊病例并有本地传播证据的地区（即病例不是从其他地方输入的）。霍乱疫情/流行可能发生在流行国家，也可能发生在不经常出现霍乱的国家。

[ii] 黎巴嫩和叙利亚不属于流行国。资料来源：全球霍乱控制专题小组《消除霍乱：到2030年的全球路线图》。

[iii] 叙利亚西北部

[iv] 孟加拉国

可引用参考：世界卫生组织（2023年2月11日）。疾病暴发新闻；霍乱——全球形势。可查阅：https://www.who.int/zh/emergencies/disease-outbreak-news/item/2023-DON437

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