

General Country Information:

The Independent State of Papua New Guinea is located in the Southwestern Pacific Ocean. It occupies the eastern half of the island of New Guinea and several offshore islands, (the western half of the island of New Guinea belongs to Indonesia and constitute the provinces of Papua and West Papua)

At the end of World War I, the country was split into two parts. In the north, the former German New Guinea and in the south the British New Guinea renamed Papua. Even though, both parts had entirely separate administrations, they were both controlled by Australia. The two territories were combined into the Territory of Papua New Guinea after World War II and the country gained its independence from Australia in September 1975.

Nowadays the country remains a member of the Commonwealth and Queen Elizabeth is the Head of State.

Only 18% of the population lives in urban conditions. The very mountainous and rugged geography makes it difficult for the country to develop transportation infrastructure. In some areas, airplanes are the only mode of transport.

Papua New Guinea ranks 149 in the UNDP Index.

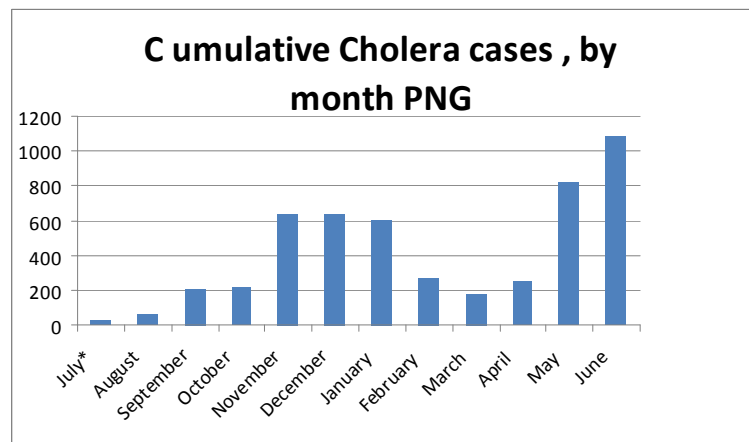
Cholera Background History:

Cholera has never been reported by the Independent State of Papua New Guinea before 2009.

Cholera Outbreak in 2009 and 2010:

Between 22 July and 18 June 2010, Papua New Guinea reported 5039 cases including 79 deaths (case fatality rate of 1.57%) in 7 provinces: Morobe, Madang, East Sepik, West Sepik, Eastern highlands, Central provinces and the National Capital district. The case fatality rates vary from 0% in Eastern highlands where no ongoing transmission was identified to 3.80% in Morobe.

The first cases were reported in two coastal villages in Morobe province located in the north of the country: Lambutina and Nambariwa. By mid-August three additional villages had reported cases. Cases have also been identified among people living in squatter settlements near the city of Lae.



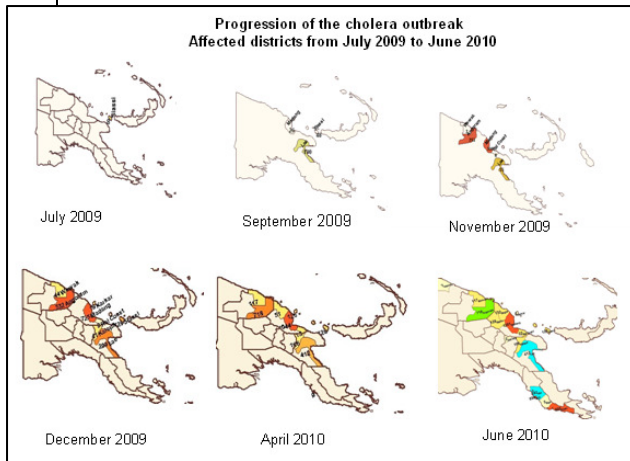
The neighbouring Madang province, reported its first cases on 22 September. So far, Madang has reported the highest number of cases with community level transmission, yet not the highest case fatality rate.

By mid-November, cholera was identified in remote areas along the Sepik River, East Sepik province and by the beginning of December, the first cases were reported from Wewak, the capital of the province. Water samples collected from the river (shore and mid-river) indicated high levels of contamination with *Vibrio cholerae*.

On 19 April 2010, the outbreak moved towards the southern part of the country where the first case of cholera was reported in the National Capital District Port Moresby. On 4 May, cases were also reported in the nearby Central province.

Possible transmission pathways have varied between communities with funeral related practices, lack of access to town water and poor hand hygiene associated with infection in settlements of Madang.

The control measures were made difficult because of the remoteness of some affected sites, many of which are only accessed by boat or plane.



WHO Support Actions

- Ongoing technical and logistics support provided to MoH (Ministry of Health) since the early phase of outbreak
- Deployment of epidemiologists and wat/san engineers, clinicians, logisticians, communication officers and public health coordinators.
- Many activities in the areas of coordination, epidemiological surveillance, case management, health information and education, emergency stock, food safety, provision of safe drinking water and sanitation.

Demographic and Socio-Economic Data:

Geography	Total surface	462,840 sq km (coastline of 5,152km)
	Capital	Port Moresby
	Provinces	18 plus an Autonomous Region and the National Capital District
	Official Language	Tok Pisin, English, and Hiri Motu (some 860 indigenous languages spoken (over one-tenth of the world's total))
Environment	Climate	Tropical; northwest monsoon (December to March), southeast monsoon (May to October); slight seasonal temperature variation
	Rainy season	October to May
	Floods and droughts	Floods in Dec. 2002 and March 2005, drought in Sept. 2004
	Desertification	1990: First national forum on drought and desertification
Demographics	Natural resources	Gold, copper, silver, natural gas, timber, oil, fisheries
	Population	6'057'263 (July 2009)
	Religions	Roman Catholic 27%, Evangelical Lutheran 19.5%, United Church 11.5%, Seventh-Day Adventist 10%, Pentecostal 8.6%, Evangelical Alliance 5.2%, Anglican 3.2%, Baptist 2.5%, other Protestant 8.9%, Bahai 0.3%, indigenous beliefs and other 3.3% (2000)
	Ethnic groups	Melanesian, Papuan, Negrito, Micronesian, Polynesian
Economy	Migrants	10'000 refugees from Indonesia
	Industry	Copra crushing, palm oil processing, plywood production, wood chip production; mining of gold, silver, and copper; crude oil production, petroleum refining; construction, tourism
Farming	Farming	Coffee, cocoa, copra, palm kernels, tea, sugar, rubber, sweet potatoes, fruit, vegetables, vanilla; shell fish, poultry, pork
	Health Indicators	Per capita total expenditure on health
Life expectancy birth (yrs)	Males: 60	Females: 64 (2006)
	Child mortality (per 1000)	Males: 77 Females: 69 (2006)
Communicable Diseases	Food or waterborne diseases: bacterial diarrhea, hepatitis A, and typhoid fever	
	Vectorborne diseases: dengue fever and malaria	
Risk Factors for Cholera	HIV prevalence (2005): 1.62%	
	Population with access to improved water source	40% (2008)
Population with access to proper sanitation facilities	45% (2008)	
Chronic Malnutrition	- % (2002-2004)	

Sources for Document: WHO, UNHCR, UNICEF, UNDP, CIA Fact book



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