### WHAT TO DO IF YOU SUSPECT AN OUTBREAK

**Inform and ask for help**

The outbreak can evolve quickly and the rapid increase of cases may prevent you from doing your daily activities.

- Inform your supervisor about the situation.
- Ask for more supplies if needed (see Box).
- Ask for help to control the outbreak among and outside the community.

### DON'T FORGET ...

**Protect yourself from contamination**

- Wash your hands with soap before and after taking care of the patient.
- Cut your nails.

**Isolate cholera patients**

- Stools, vomit and soiled clothes of patients are highly contagious.
- Latrines and patients' buckets need to be washed and disinfected with chlorine.
- Cholera patients have to be in a special ward, isolated from other patients.

**Continuous provision of nutritious food**

- Provide frequent small meals with familiar foods during the first two days rather than infrequent large meals.
- Provide food as soon as the patient is able to take it.
- Breastfeeding of infants and young children should continue.

**Isolate shigella patients**

- Provide food as soon as the patient is able to take it.
- Provide frequent small meals with familiar foods during the first two days rather than infrequent large meals.
- Provide food as soon as the patient is able to take it.
- Breastfeeding of infants and young children should continue.

**Protect the community**

- The outbreak can contaminate the community through contaminated water, unsafe food, dirty hands and vomit or stools of sick people.
- Other causes of diarrhoea may produce severe illness.
- Shigella dysentery = acute bloody diarrhoea
- Cholera = acute watery diarrhoea

**Inform and ask for help**

- There is an outbreak in the neighbouring community.
- They have eaten the same food (at a burial ceremony for example).
- They are living in the same area or location.
- They have similar clinical symptoms (watery or bloody diarrhoea).

**First steps for managing an outbreak of acute diarrhoea**

- Is this the beginning of an outbreak?
- Is the patient suffering from cholera or shigella?

**This leaflet aims at guiding you through**

**The very first days of an outbreak**

### First steps for managing an outbreak of acute diarrhoea

#### Before you get the laboratory results

1. **Is this the beginning of an outbreak?**
   - You might be facing an outbreak if you have seen an unusual number of acute diarrhoea cases this week and the patients have the following points in common:
     - They have similar clinical symptoms (watery or bloody diarrhoea)
     - They are living in the same area or location
     - They have eaten the same food (at a burial ceremony for example)
     - They are sharing the same water source
     - There is an outbreak in the neighbouring community
   - You have seen an adult suffering from acute watery diarrhoea with severe dehydration and vomiting.
   - You have seen statistical information from previous years or weeks verify if the actual increase of cases is unusual over the same period of time.

2. **Is the patient suffering from cholera or shigella?**
   - Acute diarrhoea could be a serious symptom. Therefore it is important to differentiate between shigella or cholera in order to improve case management and to estimate needed supplies.
   - Establish a clinical diagnosis for the patient you have seen (RFATI).
   - Do the same for the other family members who are suffering from acute diarrhoea.
   - Try to take stool samples and send them for immediate analysis.
   - If it is not possible to send the sample immediately, collect stool specimens in Cary Blair or TCBS transport medium and refrigerate. Don't wait for laboratory results to start treatment and to protect the community.

### The table of symptoms

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Cholera</th>
<th>Shigella</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fever</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Diarrhoea</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Stools</td>
<td>&gt;3 loose</td>
<td>&gt;3 loose</td>
</tr>
<tr>
<td>Stool colour</td>
<td>Watery like with blood</td>
<td>Watery like with blood</td>
</tr>
<tr>
<td>Cramps</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Abdominal pain</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Abdominal distension</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Vomiting</td>
<td>Yes a lot</td>
<td>No</td>
</tr>
<tr>
<td>Rice water diarrhea</td>
<td>No</td>
<td>Yes</td>
</tr>
</tbody>
</table>

**Other causes of diarrhoea may produce severe illness for the patient, but will not produce outbreaks which represent an immediate threat to the community.**

### Collect data on the patients

Complete the following form on the patients and to wash clothes and soiled items.

#### Table 1

<table>
<thead>
<tr>
<th>No</th>
<th>Name</th>
<th>Address</th>
<th>Symptoms</th>
<th>Age</th>
<th>Sex</th>
<th>Date</th>
<th>Outcome</th>
</tr>
</thead>
</table>

Collect data on the patients and wash clothes and soiled items.

### Check the supplies you have

- Rectal swabs and transport medium
- Chlorine or bleaching powder
- Oral Rehydration Salt (ORS)
- Antibiotics (see instruments)
- Nasogastric tubes
- Drips
- Safe water is needed to rehydrate patients and to wash clothes and soiled items.
- IV fluids (Ringer Lactate is the best)
- Stools, vomit and soiled clothes of patients are highly contagious.
- Breathing of infants and young children should continue.

### Be prepared to face a sudden increase in numbers of cases

- If you have some statistical information from previous years or weeks verify if the actual increase of cases is unusual over the same period of time.

### WHO

**Global Task Force on Cholera Control**

http://www.who.int/cholera
DON’T FORGET ...

PROTECT YOURSELF FROM CONTAMINATION

- Wash your hands with soap before and after taking care of the patient
- Cut your nails

ISOLATE CHOLERA PATIENTS

- Stools, vomit and soiled clothes of patients are highly contagious
- Latrines and patients’ buckets need to be washed and disinfected with chlorine
- Cholera patients have to be in a special ward, isolated from other patients

CONTINUOUS PROVISION OF NUTRITIOUS FOOD

- Treat the patients

TREAT THE COMMUNITY

- Provide food as soon as the patient is able to take it
- Provide frequent small meals with familiar foods during the first two days rather than infrequent large meals
- Breastfeeding of infants and young children should continue

DON’T FORGET ...

- Wash your hands with soap before and after taking care of the patient
- Cut your nails

THE FIRST TWO QUESTIONS ARE:

1. Is this the beginning of an outbreak?

2. Is the patient suffering from cholera or shigella?

1. Is this the beginning of an outbreak?

- You might be facing an outbreak very soon if you have seen an unusual number of acute diarrhoeal cases this week and the patients have the following points in common:
  - They have eaten the same food (at a burial ceremony for example)
  - They have similar clinical symptoms (watery or bloody diarrhoea)
  - They are living in the same area or location

2. Is the patient suffering from cholera or shigella?

Acute diarrhoea could be a common symptom. Therefore it is important to differentiate between shigella or cholera in order to improve case management and to estimate needed supplies.

- Establish a clinical diagnosis for the patient you have seen (FAST):
  - Do the same for the other family members who are suffering from acute diarrhoea
  - Try to take stool samples and send them for immediate analysis. If it is not possible to send the sample immediately, collect stool specimens in Cary Blair or TCBS transport media and refrigerate.

DON’T FORGET ...

- Wash your hands with soap before and after taking care of the patient
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WHAT TO DO IF YOU SUSPECT AN OUTBREAK

1. Inform and ask for help
2. Protect the community
3. Treat the patients

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WHAT TO DO IF YOU SUSPECT AN OUTBREAK

1. Inform and ask for help
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Treat the patients

Summary of the treatment
A. Rehydrate with ORS or IV solution depending on the severity
B. Maintain hydration and monitor the patient
C. Give antibiotics if needed

A. Rehydrate depending on severity

Is the patient dehydrated?

- The patient is having a lot of thirst because of the dehydration.
- The patient feels very hot because of the dehydration.
- The patient has marked loss of weight because of the dehydration.
- The skin pinch goes back very slowly
- The patient has no tears.
- His radial pulse is weak
- He is unable to drink
- The patient is lethargic, unconscious or floppy
- He is losing a lot of fluids because of the dehydration

When dehydration is severe in addition to the above-mentioned signs:

- 100 ml/kg in 6 hours
- 200 ml/kg in the first hour

When dehydration is severe in addition to the above-mentioned signs and:

- The patient is thirsty and drinks eagerly
- Dry mouth and tongue
- Absence of tears
- The skin pinch goes back very slowly

If YES, check if the dehydration is very severe

Is there a severe dehydration?

- Put an IV drip (if available) intravenously
- Give single dose of Ringer lactate or normal saline
- Give IV drips of Ringer lactate or if not available
- Give IV drips of 5% glucose solution
- Give IV drips of 5% glucose solution

Give IV drip of Ringer lactate or if not available

- 180 ml/kg in three-hour period (in children for children aged less than 1 year)
- Start rapidly (30 ml/kg within 30 min)
- Then 100 ml/kg in three-hour period

Total amount per day: 200 ml/kg during the first 4 hours

- 200–400 ml
- 400–600 ml
- 600–800 ml
- 800–1200 ml
- 1200–2200 ml
- 2200–4000 ml

Age

Less than 4 4–11 12–23 2–4 5–14 15 years

Approximate amount of ORS solution to give in the first 4 hours

C. Give antibiotics if needed

Table 2. Which antibiotics can be given?

<table>
<thead>
<tr>
<th>Antibiotic</th>
<th>Patient Category</th>
<th>Dosage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ciprofloxacin</td>
<td>Children</td>
<td>12.5 mg/kg 4 times/day for 3 days</td>
</tr>
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<td></td>
<td>Adults</td>
<td>500 mg 2 times/day for 3 days</td>
</tr>
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B. Maintain hydration and monitor the patient

Reassess the patient for signs of dehydration regularly during the first six hours:

- Monitor and quantity of urine and void in container to compensate for the loss of body fluids.
- Reassess the patient for signs of dehydration regularly during the first six hours.
- 80% of the cases can be treated using only Oral Rehydration Salt (ORS)

If NO, THEN

Are there other signs of dehydration?

- 5% glucose solution increases
- The patient is losing a lot of fluids because of the dehydration

If YES, THEN

Box 4. There is severe dehydration

Box 3. There is no sign of dehydration

If NO, THEN

Are there other signs of dehydration?

- 5% glucose solution

If YES, THEN

Box 2. There is no sign of dehydration

If NO, THEN

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- Start rapidly (30 ml/kg within 30 min) and then

Total amount per day: 200 ml/kg during the first 4 hours

Oral rehydration solution (Box 2)

<table>
<thead>
<tr>
<th>Salt</th>
<th>Sugar</th>
<th>Solution (2%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>8 g</td>
<td>10 g</td>
<td>1 L</td>
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Reassess the patient for signs of dehydration regularly during the first six hours:

- Monitor and quantity of urine and void in container to compensate for the loss of body fluids
- Reassess the patient for signs of dehydration regularly during the first six hours
- 80% of the cases can be treated using only Oral Rehydration Salt (ORS)

C. Give antibiotics if needed

If YES, is it useful to give antibiotics?

For children: with severe dehydration

- ideally for all of the above-mentioned cases, but in priority for the most severe cases: children under five, elderly, malnourished, patients with complications.

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For children: with severe dehydration

- ideally for all of the above-mentioned cases, but in priority for the most severe cases: children under five, elderly, malnourished, patients with complications.
A. Rehydrate depending on severity

In the patient dehydrated?

• The patient is lethargic, unconscious or floppy
• The patient is unable to drink
• The skin pinch goes back very slowly

If YES, check if dehydration is very severe

In the dehydration very severe?

• For dehydration very severe (Box 3)
• Reassess the patient for signs of dehydration regularly during the first six hours:
  • Number and quantity of stools and vomit in order to compensate for the loss of body fluids
• Is the dehydration very severe?

If YES THEN

There is severe dehydration:

• Put an IV drip to start intravenous rehydration
• Give ORS solution increases
• Maintain hydration and monitor the patient
• If ORS sachets are available: dilute one sachet in one litre of safe water
• Add Zinc

If NO THEN

There is NO dehydration:

• Give Oral Rehydration Salt (Box 2)

B. Maintain hydration and monitor the patient

When is it useful to give antibiotics?

• For choled as cases with severe dehydration only.
• For all of the above

When there is NO sign of dehydration: give Oral Rehydration Salt (ORS) solution (Box 1) three times a day:

• Child less than 2 years old: 50–100 ml (1/4–1/2 cup)
• Child between 2 and 5 years old: 100–200 ml

C. Give antibiotics if needed

When there is some sign of dehydration: give Oral Rehydration Salt (ORS) solution (Box 1) three times a day:

• Child less than 2 years old: 50–100 ml (1/4–1/2 cup)
• Child between 2 and 5 years old: 100–200 ml

Approximate amount of ORS solution to give in the first 6 hours

<table>
<thead>
<tr>
<th>Age</th>
<th>Less than 6 months</th>
<th>6–11 months</th>
<th>12–23 months</th>
<th>24 months–5 years</th>
<th>5 years and older</th>
</tr>
</thead>
<tbody>
<tr>
<td>ORS solution to give</td>
<td>20–40 ml</td>
<td>60–120 ml</td>
<td>120–240 ml</td>
<td>240–360 ml</td>
<td>360–720 ml</td>
</tr>
</tbody>
</table>

When there is severe dehydration:

• Give IV fluids of Ringer lactate or if not available 5% dextrose saline (or normal saline):
  • 100 ml/kg in three-hour period (in children, for children aged less than 1 year)
  • Start rapidly (30 ml/kg within 60 minutes) and then 100 ml/kg/hour

Total amount per day: 200 ml/kg during the first 6 hours

<table>
<thead>
<tr>
<th>Weight (kg)</th>
<th>5 kg or less</th>
<th>6–7.9 kg</th>
<th>8–10.9 kg</th>
<th>11–15.9 kg</th>
<th>16–29.9 kg</th>
<th>30 kg or more</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ringer lactate</td>
<td>100 ml/kg/hour</td>
<td>100 ml/kg/hour</td>
<td>100 ml/kg/hour</td>
<td>100 ml/kg/hour</td>
<td>100 ml/kg/hour</td>
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• Put an IV drip to start intravenous rehydration
• Give ORS solution increases
• Maintain hydration and monitor the patient
• If ORS sachets are available: dilute one sachet in one litre of safe water
• Add Zinc

If NO THEN

There is NO dehydration:

• Give Oral Rehydration Salt (Box 2)
Protect the community

HOW TO PROTECT THE COMMUNITY

1. Isolate the sick cases.
2. Provide information — on how to avoid cholera through simple messages — on the outbreak
3. Disinfect water sources with chlorine
4. Promote water disinfection at home using chlorine
5. Avoid gatherings

STOOL AND VOMIT ARE HIGHLY

■ PRECAUTIONS FOR FUNERALS
■ HOW TO PROTECT THE COMMUNITY
■ DISINFECT THE CLOTHING
■ WASH HANDS WITH SOAP AFTER TOUCHING THE CORPSE
■ FILL MOUTH AND ANUS WITH COTTON USING CHLORINE SOLUTION
■ DISINFECT CORPSES WITH CHLORINE SOLUTION
■ AVOID GATHERINGS
■ PROMOTE WATER DISINFECTION AT HOME
■ DISINFECT WATER SOURCES WITH CHLORINE SOLUTION
■ AVOID DRINKING FROM SOURCES
■ ISOLATE THE SEVERE CASES

A. Rehydrate depending on severity

In the patient dehydrated?

• The patient is belling a lot because of diarrhoea and vomiting.

Does the patient have some or all of the following signs?

• The body weight has reduced significantly:
  — sudden
  — expectrative
  — dry mouth and tongue

• The patient is thirsty and drinks eagerly

• The skin pinch goes back slowly

Is there dehydration?

■ THERE IS DEHYDRATION: Give Oral Rehydration Salt (ORS)
■ THERE IS NO DEHYDRATION: give ORS solution (see Box 1)

B. Maintain hydration and monitor the patient

If YES THEN

• Monitor the patient
• Nasogastric tubes can be used for rehydration when the patient cannot drink
• Give Oral Rehydration Salt (ORS)
• Give ORS solution in ml

100–200 ml
200–400 ml
400–600 ml
600–800 ml
800–1200 ml
1200–2200 ml

12 hours
6 hours
3 hours
3 hours
2 hours
1 hour

PER KG OR OVER

Patient of 10 years of age or more
Up to approximately 1 litre a day.

Patient 10 months to 10 years
Up to approximately 1/2 litre a day.

Child less than 2 years old
Up to approximately 1/4 litre a day.

Child between 2 and 9 years old
50–100 ml (1/4–1/2 cup)

If NO

• 100 ml/kg in three-hour period

• 100 ml/kg or more in each stool

• 100 ml/kg or more in each stool

The lack of water in his body results in:

• Diarrhoea and vomiting.
• Dry mouth and tongue
• Absence of tears
• Less urine

The patient is losing a lot of fluids because of:

• Diarrhoea
• Vomiting

Is the dehydration very severe?

• The lack of water in his body results in:
  — sudden
  — expectrative
  — dry mouth and tongue
  — absence of tears
  — less urine

When there is NO sign of dehydration:

• Give ORS solution (see Box 1)

C. Give antibiotics for severe cholera cases and for shigella cases

A. Rehydrate with ORS or IV solution depending on the severity

Is the patient dehydrated?

• The skin pinch goes back very slowly
• His radial pulse is weak
• He is unable to drink

Does he have two or more of the following signs?

• The patient is losing a lot of fluids because of:
  — diarrhoea
  — vomiting

Is the dehydration very severe?

• The skin pinch goes back slowly
• The patient is thirsty and drinks eagerly
• The lack of water in his body results in:
  — sudden
  — expectrative
  — dry mouth and tongue
  — absence of tears
  — less urine

When there is NO sign of dehydration:

• Give ORS solution (see Box 1)

Give IV drips of Ringer Lactate or if not available

• 500 ml
• 1000 ml

Total amount per day: 100 ml/kg during the first 6 hours

Total amount per day: 200 ml/kg during the first 6 hours

The patient is losing a lot of fluids because of:

• Diarrhoea
• Vomiting

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• 500 ml
• 1000 ml

Total amount per day: 100 ml/kg during the first 6 hours

80% of the cases can be treated using only Oral Rehydration Salt (ORS)
A. Urge people to:  
1. Wash hands with soap after eating, using latrines or cleaning the community
2. Fill mouth and anus with cotton in case of severe cases
3. Wash hands with soap before preparing and after using food
4. Use latrines and keep them clean
5. Isolate the severe cases
6. Only eat freshly cooked food
7. Wash your hands with soap — before preparing food and after using toilets and latrines
8. Do not defecate near the water
9. Use latrines and keep them clean
10. Disinfect water sources with chlorine
11. Disinfect the clothing
12. Provide information

B. Give antibiotics if needed
   - For severe cases with severe dehydrations
   - For all of all age groups

C. Give antibiotics if needed
   - For all age groups
   - For children under five
   - For children under 15

<table>
<thead>
<tr>
<th>TABLE 1. WHICH ANTIBIOTICS CAN BE GIVEN?</th>
<th>TABLE 2. WHICH ANTIBIOTICS CAN BE GIVEN TO CHILDREN?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Type</strong></td>
<td><strong>Antibiotics</strong></td>
</tr>
<tr>
<td>Shigella dysenteriae</td>
<td>Ciprofloxacin</td>
</tr>
<tr>
<td>for children under 15</td>
<td></td>
</tr>
</tbody>
</table>
| | | | Give IV drips of Ringer Lactate or if not available use 100 ml/kg in three-hour period (in children for children aged less than 1 year)
| | | | *For children under 6 months of age: 50 mg daily for 1 day*
| | | | *For children under 6 to 15 years: 20 mg/kg twice a day for 3 days*
| | | | *For children under 6 to 15 years: 20 mg/kg twice a day for 3 days*
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The outbreak can evolve quickly and the rapid increase of cases may prevent you from doing your daily activities.

Inform your supervisor about the situation and ask for needed supplies. If needed, ask for help to control the outbreak among and outside the community.

Don't wait for laboratory results to start managing the outbreak, but will not produce outbreaks which represent an immediate threat to the community.

You might be facing an outbreak very soon if:

1. Is this the beginning of an outbreak?
2. Is the patient suffering from cholera or shigella?

Two types of emergencies regarding acute diarrhoea exist:

1. Acute diarrhoeal disease
2. Shigellosis

Both are transmitted by contaminated water, unsafe food, dirty hands and stools of sick people. Other causes of diarrhoea may produce severe illness for the patient, but will not produce outbreaks which represent an immediate threat to the community.

Acute diarrhoeal disease = acute watery diarrhoea
Shigellosis = acute bloody diarrhoea

For more information: cholera@who.int
http://www.who.int/cholera

1. Is this the beginning of an outbreak?
2. Is the patient suffering from cholera or shigella?

Isolate Cholera Patients

Protect Yourself from Contamination

Don't forget…

Isolate Cholera Patients

Stools, vomit and soiled clothes of patients are highly contagious

Latent and patients' buckets need to be washed and disinfected with chlorine

Cholera patients have to be in a special ward, isolated from other patients

CONTINUOUS PROVISION OF NUTRITIONAL FOOD is important for all patients, especially for those with shigella dysentery.

Provide frequent small meals with familiar foods during the first two days rather than infrequent large meals

Provide food as soon as the patient is able to take it

Breastfeeding of infants and young children should continue

If you have some statistical information from previous years or weeks verify if the actual increase of cases is unusual over the same period of time.

Acute diarrhoeal disease
Shigellosis

Table 1

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Cholera</th>
<th>Acute watery diarrhoea</th>
<th>Shigella</th>
<th>Acute bloody diarrhoea</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fever</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Abdominal pain</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Diarrhoea</td>
<td>&gt;3 loose stool per day</td>
<td>&gt;3 loose stool per day</td>
<td>&gt;3 loose stool per day</td>
<td>&gt;3 loose stool per day</td>
</tr>
<tr>
<td>Vomiting</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Rectal pain</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>稻米水 or pus</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Stools</td>
<td>&gt;3 loose stool per day</td>
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Acute diarrhoeal disease
Shigellosis

Don't wait for laboratory results to start treatment and to protect the community. But all the cases need to be laboratory confirmed.

For more information: cholera@who.int
http://www.who.int/cholera

1. Is this the beginning of an outbreak?
2. Is the patient suffering from cholera or shigella?

WHO • GLOBAL TASK FORCE ON CHOLERA CONTROL

THE FIRST TWO QUESTIONS ARE:
1. Is this the beginning of an outbreak?
2. Is the patient suffering from cholera or shigella?

WHAT TO DO IF YOU SUSPECT AN OUTBREAK
Inform and ask for help
Protect the community
Treat the patients

INFORM AND ASK FOR HELP
THE OUTBREAK CAN EVOLVE QUICKLY AND THE RAPID INCREASE OF CASES MAY PREVENT YOU FROM DOING YOUR DAILY ACTIVITIES
INFORM YOUR SUPERVISOR ABOUT THE SITUATION AND ASK FOR NEEDED SUPPLIES. IF NEEDED, ASK FOR HELP TO CONTROL THE OUTBREAK AMONG AND OUTSIDE THE COMMUNITY.
WHAT TO DO IF YOU SUSPECT AN OUTBREAK

Inform and ask for help
Protect the community
Treat the patients

DON’T FORGET ...

Inform and ask for help

The outbreak can evolve quickly and the rapid increase of cases may prevent you from doing your daily activities

Inform your supervisor about the situation

Ask for more supplies if needed (see Box)

Ask for help to control the outbreak among and outside the community

Check the supplies you have

Inform and ask for help

■ Rectal swabs and transport medium
■ Chlorine or bleaching powder
■ Oral Rehydration Salt (ORS)
■ Nasogastric tubes
■ Drips
■ Breasts of infants and young children should continue

CONTINUOUS PROVISION OF NUTRITIOUS FOOD

ISOLATE CHOLERA PATIENTS

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DON’T NEGLECT ⌜

PROTECT YOURSELF FROM CONTAMINATION

Wash your hands with soap before and after taking care of the patient

Use non-latex gloves

Rectal pain

Cramps

Abdominal pain

Fever

Rice water or pus

Watery like with blood

Diarrhoea

Diarrhoea

No

Yes

No

Yes

No

Yes

No

Yes

Diarrhoea

Diarrhoea

> 3 loose

> 3 loose

Stool

Stool

Symptoms

Cholera = Shigella =

Table 1

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<th>Name</th>
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<th>Symptoms</th>
<th>Age</th>
<th>Sex</th>
<th>Date</th>
<th>Outcome</th>
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Note carefully the following data that will help to investigate the outbreak

Collect data on the patients

For more information: cholera@who.int

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Don’t forget

First steps for managing an outbreak of acute diarrhoea

THIS LEAFLET AIMS AT GUIDING YOU THROUGH

THE VERY FIRST DAYS OF AN OUTBREAK

Two types of emergencies regarding acute diarrhoea exist:

Cholera: acute watery diarrhoea

Shigella dysentery: acute bloody diarrhoea

Both are transmitted by contaminated water, unsafe food, dirty hands and vomit or stools of sick people.

Other causes of diarrhoea may produce severe illness for the patient, but will not produce outbreaks which represent an immediate threat to the community.

The very first questions are:

1. Is this the beginning of an outbreak?
2. Is the patient suffering from cholera or shigella?

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