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

DON’T FORGET …

Note carefully the following data that will help to investigate the outbreak

Collect data on the patients

WHAT TO DO IF YOU SUSPECT AN OUTBREAK

Inform and ask for help
Protect the community
Treat the patients

Check the situation
You have a lot of or record available quantities
Chlorine
Drugs
Drips
Soap
Abdominal pain
Nausea
Vomiting
Diarrhoea
Abdominal cramps
Reduced urine
Fever
Other clinical symptoms

Inform your supervisor about the situation

As for more supplies if needed (see box)

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

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
Latent and patients’ baskets 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

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

DON’T FORGET …

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

Isolate cholera patients

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WHO • GLOBAL TASK FORCE ON CHOLERA CONTROL

WHO • GLOBAL TASK FORCE ON CHOLERA CONTROL

The outbreak can evolve quickly and the rapid increase of cases may present 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

First steps for managing an outbreak of acute diarrhoea

Table 1

<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>
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<td>Yes</td>
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<tr>
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<td>Yes a lot</td>
<td>No</td>
</tr>
<tr>
<td>Abdominal cramps</td>
<td>Yes</td>
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</tbody>
</table>

This leaflet aims at guiding you through

The very first days of an outbreak

Table 2

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Shigella</th>
<th>Cholera</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rectal pain</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Dysentery</td>
<td>Yes</td>
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</table>

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

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WHAT TO DO IF YOU SUSPECT AN OUTBREAK

Inform and ask for help

Protect the community

Treat the patients

Inform and ask for help

DON'T FORGET ...

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

Cut your nails

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

CONTINUOUS PROVISION OF NUTRITIOUS FOOD

Protect the community

ISOLATE CHOLERA PATIENTS

Stools, vomit and soiled clothes of patients are highly contagious

Latinas and patients’ buckets need to be washed and disinfected with chlorine

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

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


do not forget ...
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


c. Give antibiotics if needed

B. Maintain hydration and monitor the patient

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 patient dehydrated?
  - No:
    - There is NO dehydration
    - Give ORS solution (see Box 1)
  - Yes:
    - There is some sign of dehydration:
      - Check if the dehydration is very severe
        - Yes:
          - There is severe dehydration
          - Give ORS solution (see Box 1)
        - No:
          - There is NO severe dehydration
          - Give ORS solution (see Box 2)
    - There is severe dehydration
      - Give ORS solution (see Box 1)
      - Add zinc if needed
      - For vulnerable patients: children under five, elderly, malnourished, patients with complications.

C. Give antibiotics if needed

When is it useful to give antibiotics?

For cholera cases with severe dehydration only.

- Usually for all of moderate severity cases, but in a priority for the most severe cases of cholera, for children under five, elderly, malnourished, patients with complications.

TABLE 2. WHICH ANTIBIOTICS CAN BE GIVEN?

<table>
<thead>
<tr>
<th>Age group</th>
<th>Anti-cholera antibiotics</th>
<th>Anti-Shigella antibiotics</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-56 months</td>
<td>250 mg/15 kg twice a day for 3 days</td>
<td>250 mg/15 kg twice a day for 3 days</td>
</tr>
<tr>
<td>57-115 months</td>
<td>500 mg/15 kg twice a day for 3 days</td>
<td>500 mg/15 kg twice a day for 3 days</td>
</tr>
<tr>
<td>116-175 months</td>
<td>1000 mg/15 kg twice a day for 3 days</td>
<td>1000 mg/15 kg twice a day for 3 days</td>
</tr>
<tr>
<td>176-235 months</td>
<td>2000 mg/15 kg twice a day for 3 days</td>
<td>2000 mg/15 kg twice a day for 3 days</td>
</tr>
<tr>
<td>≥ 236 months</td>
<td>4000 mg/15 kg twice a day for 3 days</td>
<td>4000 mg/15 kg twice a day for 3 days</td>
</tr>
</tbody>
</table>

Note: None of these medications are EPA-AIDS.

For non-pregnant women: ampicillin and tetracycline are not contraindicated.

Shigella is usually resistant to ampicillin and TMP-SMX.

- For children 6 months to 5 years of age: 20 mg daily for 10 days
- For children below 6 months of age: 10 mg daily for 10 days

Ciprofloxacin or erythromycin may be useful for severe, complicated cases with severe dehydration only.

80% of the cases can be treated using only Oral Rehydration Salt (ORS)
A. Rehydrate depending on severity

In the patient dehydrated?

• The patient is lacking a lot of fluid because of:
  • Diarrhoea
  • Vomiting
  • Loss of sweat
  • Blood

Does he have two or more of the following signs?

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

Is the dehydration very severe?

When dehydration is very severe, treatment is based on the
above mentioned symptoms.

• The patient is thirsty and drinks eagerly
• Dry mouth and tongue
• Absence of tears
• Sunken eyes
• The skin pinch goes back very quickly

There is no dehydration:

See Oral Rehydration Salt (Box 2)

To avoid cholera and shigellosis

■ Wash your hands with soap — after eating and preparing food — before eating
■ Boil or disinfect the water with chlorine solution
■ Only eat freshly cooked food
■ Use latrines and keep them clean

In case of acute diarrhoea

Start oral rehydration with ORS (Box 1 and 2) before going to the health centre

Summary of the treatment

A. Rehydrate with ORS or IV solution depending on the severity
B. Maintain hydration and monitor frequently the hydration status
C. Give antibiotics for severe cholera cases and for shigella cases

B. Maintain hydration and monitor the patient

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
• Radial pulse: if it remains weak, IV rehydration has to be continued

C. Give antibiotics if needed

When is it useful to give antibiotics?

For cholera: cases with severe dehydration

■ Ideally for all of the following cases: children under five, elderly, malnourished, patients with complications.

TABLE 2. WHICH ANTIBIOTICS CAN BE GIVEN?

<table>
<thead>
<tr>
<th>Condition</th>
<th>Antibiotic</th>
<th>Dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shigella dysenteriae</td>
<td>Doxycycline</td>
<td>250 mg/15 kg twice a day for 3 days</td>
</tr>
<tr>
<td></td>
<td>Tetracycline</td>
<td>12,5 mg/kg 4 times/day for 3 days</td>
</tr>
<tr>
<td></td>
<td>Chloramphenicol</td>
<td>200 mg twice a day for 3 days</td>
</tr>
<tr>
<td></td>
<td>Trimethoprim-sulfamethoxazole</td>
<td>120 mg/800 mg twice a day for 3 days</td>
</tr>
</tbody>
</table>

Note:

• Enfant:
  • for children 6 months to 5 years of age: 20mg daily for 10 days
  • for children below 6 months of age: 10 mg daily for 10 days

• Adults:
  • for children aged less than 1 year: 500 mg twice a day for 3 days
  • for children aged 1 year or more: 1 gram daily for 3 days

• Shigella: for children 6 months to 5 years of age

• Add zinc: for children aged less than 5 years of age

Note:

• There is an increasing resistance to doxycycline, tetracycline and TMP-SMX.

There is an increasing resistance to doxycycline, tetracycline and TMP-SMX.

Rapidly evolving antibiotic resistance to doxycycline, tetracycline and temporary resistance to chloramphenicol.

Give IV fluids of Ringer lactate, if not available saline solution (normal salted)

• 180 ml/kg in three-hour period (in children for children aged less than 1 year)
• Start rapidly (180 ml/kg within 6 hours) and then

Total amount per day: 240 ml/kg for the first six hours

80% of the cases can be treated using only Oral Rehydration Salt (ORS)

Box 3. THERE IS SEVERE DEHYDRATION

Give IV fluids of Ringer lactate, if not available saline solution (normal salted)

• 180 ml/kg in three-hour period (in children for children aged less than 1 year)
• Start rapidly (180 ml/kg within 6 hours) and then

Total amount per day: 240 ml/kg for the first six hours

Table 1. Which antibiotics can be given

<table>
<thead>
<tr>
<th>Antibiotic</th>
<th>Dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ringers lactate</td>
<td>500 ml 1-12 kg/day</td>
</tr>
<tr>
<td>Saline solution</td>
<td>500 ml 1-12 kg/day</td>
</tr>
<tr>
<td>Oral rehydration salt (ORS)</td>
<td>500 ml 1-12 kg/day</td>
</tr>
</tbody>
</table>

Note:

• For children aged less than 1 year
• For children aged 1 year or more

Note:

• For children aged less than 1 year

Note:

• For children aged 1 year or more

Note:

• For children aged less than 1 year

Note:

• For children aged 1 year or more

Note:

• For children aged less than 1 year

Note:

• For children aged 1 year or more
Precautions for funerals

- Disinfect the clothing
- Wash hands with soap after touching the corpse
- Wool soaked with chlorine solution

Treating the patients

Summary of the treatment
A. Rehydrate with ORS or IV solution depending on the severity
B. Maintain hydration and monitor frequently the hydration status
C. Give antibiotics for severe cholera cases and for shigellosis cases

A. Rehydrating depending on severity

- Is the patient dehydrated?
  - The patient is losing a lot of fluids because of diarrhoea and vomiting.
  - Check if the dehydration is very severe.

- There is no dehydration:
  - Give Oral Rehydration Salt (ORS) solution

- There is severe dehydration:
  - Put an IV drip if diarrhoea is uncontrollable.
  - Give 100 ml/kg in 3 hours, up to 2 litres a day.
  - Give IV drips of Ringer Lactate or if not available cholera saline (or normal saline)

Rehydration in acute diarrhoea

1. Maintain hydration
2. Rehydrate depending on severity
3. Give antibiotics if needed

How to prepare home-made ORS solution

<table>
<thead>
<tr>
<th>Salt</th>
<th>Sugar</th>
<th>Water</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/2 small spoon (2.5 grams)</td>
<td>2.5 grams</td>
<td>1 litre</td>
</tr>
</tbody>
</table>

Box 1. How to prepare home-made ORS solution

In case of acute diarrhoea

- Start rapidly (30 ml/kg within 30 min) and then
- 100 ml/kg in three-hour period

Box 2. There is NO sign of dehydration

- Give ORS solution in ml
  - 200–400
  - 400–600
  - 600–800
  - 800–1200
  - 1200–2200
  - 2200–4000

Box 3. There is severe dehydration

- Give IV drips of Ringer lactate
- Give 100–200 ml.

Box 4. There is severe dehydration

<table>
<thead>
<tr>
<th>Age</th>
<th>Less than 4–11</th>
<th>12–23</th>
<th>2–4</th>
<th>5–14</th>
<th>15 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>ORS solution to give in the first 4 hours</td>
<td>200–400</td>
<td>400–600</td>
<td>600–800</td>
<td>800–1200</td>
<td>1200–2200</td>
</tr>
</tbody>
</table>

Box 5. Summary of the treatment

- Give antibiotics for severe cholera cases and for shigellosis cases
- Maintain hydration and monitor frequently the hydration status
- Rehydrate depending on severity

Rehydration in acute diarrhoea

- Start rapidly (30 ml/kg within 30 min) and then
- 100 ml/kg in three-hour period

Box 6. Summary of the treatment

- Give antibiotics for severe cholera cases and for shigellosis cases
- Maintain hydration and monitor frequently the hydration status
- Rehydrate depending on severity
- Give antibiotics if needed

How to give ORS solution to children

- Give 100 ml/kg in the first hour
- 100 ml/kg in the second hour
- 100 ml/kg in the third hour
- 50 ml/kg in the fourth hour

If ORS sachets are available: dilute one sachet in one litre of safe water
- Give a small spoon (1.5 grams) of ORS solution
- Give 100 ml/kg in the first hour
- Give another 100 ml/kg in the second hour
- Give another 50 ml/kg in the third hour
- Give another 50 ml/kg in the fourth hour

Note: There is an increasing resistance to doxycycline, tetracycline and TMP-SMX.

<table>
<thead>
<tr>
<th>Antibiotic</th>
<th>Children below 6 months of age</th>
<th>Children 6 months to 5 years</th>
<th>Children 5 to 15 years</th>
<th>Adolescents</th>
</tr>
</thead>
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<tr>
<td>Ciprofloxacin</td>
<td>250 mg twice a day for 3 days</td>
<td>500 mg twice a day for 3 days</td>
<td>500 mg twice a day for 3 days</td>
<td>1,000 mg twice a day for 3 days</td>
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<tr>
<td>Doxycycline</td>
<td>250 mg/15 kg twice a day for 3 days</td>
<td>500 mg/15 kg twice a day for 3 days</td>
<td>1,000 mg twice a day for 3 days</td>
<td>2,000 mg twice a day for 3 days</td>
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<tr>
<td>Erythromycin</td>
<td>12,5 mg/kg 4 time/day for 3 days</td>
<td>20 mg/kg 4 time/day for 3 days</td>
<td>20 mg/kg 4 time/day for 3 days</td>
<td>40 mg/kg 4 time/day for 3 days</td>
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<tr>
<td>Gentamicin</td>
<td>2.5 mg/kg 4 times a day</td>
<td>10 mg/kg 4 times a day</td>
<td>10 mg/kg 4 times a day</td>
<td>20 mg/kg 4 times a day</td>
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<td>Tetracycline</td>
<td>250 mg/15 kg twice a day for 3 days</td>
<td>500 mg/15 kg twice a day for 3 days</td>
<td>1,000 mg twice a day for 3 days</td>
<td>2,000 mg twice a day for 3 days</td>
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<tr>
<td>TMP-SMX</td>
<td>12,5 mg/kg 4 time/day for 3 days</td>
<td>20 mg/kg 4 time/day for 3 days</td>
<td>20 mg/kg 4 time/day for 3 days</td>
<td>40 mg/kg 4 time/day for 3 days</td>
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Note: There is no recommendation for chloramphenicol and trimethoprim.

C. Give antibiotics if needed

- It is useful or give antibiotics?
- For cholera cases: very severe cholera cases
- As a priority for the most vulnerable patients: children under five, elderly, malnourished, patients with comorbidities.

How to protect the community

- Promote water disinfection at home
- Isolate the severe cases
- Provide information — on how to avoid cholera through simple messages — on the outbreak
- Provide information — how to avoid cholera through simple messages
- Wash hands with soap after preparing food
- Disinfect water sources with chlorine
- Avoid gatherings

If there is an increasing resistance to doxycycline, tetracycline and TMP-SMX.
B. Maintain hydration and monitor the patient
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
• Rectal palpatation if retention cannot be compensated for the loss of body fluids

C. Give antibiotics if needed
Is it useful if you give antibiotics? 
• For diarrhoea: cases with severe dehydration only.
• Ideally for all of 24+ antigen positive cases, but as a priority for the most severe cases of dehydration in children under five, elderly, malnourished, patients with comorbidities.

<table>
<thead>
<tr>
<th>TABLE 3</th>
<th>WHICH ANTIBIOTICS CAN BE GIVEN</th>
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<tr>
<td>Disease</td>
<td>Antibiotics</td>
</tr>
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<td>---------</td>
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<tr>
<td>Cholera</td>
<td>Tetracycline, ciprofloxacin</td>
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<td>Shigella</td>
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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 present 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

PROTECT YOURSELF FROM CONTAMINATION

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

Get your nails

Cut your nails

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

DON’T FORGET …

CONTINUOUS PROVISION OF NUTRITIOUS FOOD

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

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 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

Stools, vomit and soiled clothes of patients are highly contagious

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

Breastfeeding of infants and young children should continue

Stools, vomit and soiled clothes of patients are highly contagious

Inform and ask for help

For more information: cholera@who.int

http://www.who.int/cholera

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 if you have seen an unusual number of acute diarrhoeal cases this week and the patients have the following points in common:

• They have similar clinical symptoms (watery or bloody diarrhoea)
• They are in the same office or area
• 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

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.

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

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Breastfeeding of infants and young children should continue

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 (FAVAT)

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.

But all the cases need to be laboratory confirmed.

Collect data on the patients

Note carefully the following data that will help to investigate the outbreak

*Name*

Address

Symptoms

Age

Sex

Date

Outcome

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WHO • GLOBAL TASK FORCE ON CHOLERA CONTROL

GLOBAL TASK FORCE ON CHOLERA CONTROL

WHO/CDS/CSR/NCS/2003.7 Rev.2

WHO GLOBAL TASK FORCE ON CHOLERA CONTROL

THE VERY FIRST DAYS OF AN OUTBREAK

This leaflet aims at guiding you through

The 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.

Table 1

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Cholera</th>
<th>Shigella</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rectal pain</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Vomiting</td>
<td>Yes, a lot</td>
<td>No, No</td>
</tr>
<tr>
<td>Abdominal pain</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Rectal pain</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Fever</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Rectal pain</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Diarrhoea</td>
<td>Severe, watery like, with blood</td>
<td>Severe, bloody like, with blood</td>
</tr>
<tr>
<td>Stools per day</td>
<td>8+</td>
<td>5+</td>
</tr>
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WHAT TO DO IF YOU SUSPECT AN OUTBREAK

Inform and ask for help

Protect the community

Treat the patients

Inform and ask for help

If 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

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

Inform and ask for help

DON’T FORGET …

PROTECT YOURSELF FROM CONTAMINATION

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

Cut your nails

Wear shoes

Wait until you are healthy

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ISOLATE CHOLERA PATIENTS

Stools, vomit and soiled clothes of patients are highly contagious

Latinas 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

Isolate cholera patients

Produce 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

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<th>Age</th>
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Collect data on the patients

Note carefully the following data that will help to investigate the outbreak

Check the symptoms you have and record all available quantities

Stools

Vomiting

Nausea

Rectal pain

Fever

Nausea

Vomiting

Dribble

Stools per day

Symptoms

Cholera = Shigella =

Acute watery diarrhoea

Acute bloody diarrhoea

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Don’t forget to face a sudden increase in number of cases

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