ASSESSMENT

Assessment of the situation is the basis for any plan of action. Its objectives are to:
- assess the extent of the emergency, the communicable disease threat to the population, and the size of the population exposed
- define the nature and extent of interventions needed.

Assessment is also critical for the preparation of an adequate response. The following information is needed and may be obtained from local authorities, relief organizations, and United Nations agencies:
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- accessibility of the area (road quality, especially in the rainy season, local harbour or airport, security problems)
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PREPAREDNESS

The preparedness phase is the period of development and implementation of preventive action and of definition of needs for responding to an outbreak. Preparedness activities will be based on the results of the assessment.

RESPONSE

The response to an outbreak is the implementation of all planned activities. If the outbreak of disease happens very rapidly, there may be no time for a preparedness phase. However:
- an assessment remains essential, initial data must be collected rapidly and analysed before completion of the assessment
- the response must be started quickly; it may need to be adapted as the situation evolves and once data collection and analysis is complete

The population at risk for diarrhoeal diseases, including cholera, is based on:
- the at-risk population must be regularly reassessed.

For more information contact:
Global Task Force on Cholera Control
World Health Organization
20 Avenue Appia • 1211 Genève-27 • Switzerland,
E-mail cholera@who.int

The plan of action – critical steps

THE PURPOSE

This leaflet is designed to help:
- Identify key issues relevant to cholera control in complex emergencies
- Prepare and guide the response to an outbreak

THE PROBLEM

A complex emergency is a situation affecting large civilian populations facing war or civil strife, food shortages, and population displacement resulting in excess mortality and morbidity. In endemic areas, all disasters, natural and man-made, that adversely affect water supply and sanitation can result in outbreaks of acute diarrhoeal diseases. The disease is usually transmitted by fecally contaminated water or food. Outbreaks may be of two kinds:
- acute bloody diarrhoea
- acute non-bloody diarrhoea

KEY MESSAGES

- Ensure the safety of the population
- Reinforce surveillance and case management processes
- Maintain the security of the population
- Improve health information systems

CASE MANAGEMENT

- Personal care
- Treatment of diarrhea
- Treatment of severely dehydrated children

PREVENTION

- Reduce the risk of exposure to the disease
- Reduce the risk of transmission
- Reduce the risk of infection

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Acute diarrhoeal diseases in complex emergencies: CRITICAL STEPS
Decision-making for preparedness and response

THE PURPOSE
This leaflet is designed to help:
• Identify key issues relevant to diarrhoeal disease control in complex emergencies
• Prepare and guide the response to an outbreak

THE PROBLEM
A complex emergency is a situation affecting large civilian populations facing war or civil strife, food shortages, and population displacement resulting in excess mortality and morbidity. In affected areas, all disasters, natural and man-made, that adversely affect water supply and sanitation can result in outbreaks of acute diarrhoeal disease. The disease is usually transmitted by faecally contaminated water or food. Outbreaks may be of two kinds:
- acute bloody diarrhoea: cholera
- acute bloody diarrhoea: Shigella dysentery

KEY MESSAGES
• Follow the development of the situation closely so that the plan of action can be adapted regularly.
• Use data to guide prevention, preparedness, and response.
• Early warning and preparedness for outbreaks results in better and faster containment of cholera and Shigella dysentery.
• Good coordination among the various operational partners is paramount.
• A good communications network is a valuable tool for surveillance.

CASE MANAGEMENT
• Proper case-management saves lives.
• Oral rehydration salts must be available at village level.
• Oral rehydration using ORS is critical.

PREVENTION
• Find and treat the source of transmission as soon as possible.
• Keep the population alert and drinking clean water during outbreaks.
• To maintain health and reduce the risk of diarrhoeal disease outbreaks in refugee camps, water supply will be the first objective.
• A proper sanitary environment prevents the spread of diarrhoeal diseases.
• Rapid behaviour change will change only with strong community involvement.
• Cook it, peel it, or leave it.
• Early rehydration using ORS is critical.
• Proper case management saves lives.
• Find and treat the source of infection as soon as possible.
• Reinforce the use of safe drinking-water during outbreaks.
• A good communications network is a valuable tool for surveillance.
• Oral rehydration using ORS is critical.
• Use data to guide prevention, preparedness, and response.
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THE PLAN OF ACTION – CRITICAL STEPS
ASSESSMENT
Assessment of the situation is the basis for any plan of action. Its objectives are to:
• assess the extent of the emergency, the communicable disease threat to the population, and the size of population at risk
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• an assessment remains essential; initial data must be collected rapidly and analysed before completion of the assessment
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— an AR of 0.6% in endemic areas with very poor sanitary conditions
— an AR of 0.2% in endemic areas

For more information contact: Global Task Force on Cholera Control World Health Organization 20 Avenue Appia • 1211–Geneva-27 • Switzerland E-mail: cholera@who.int

cholera website http://www.who.int/cholera

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Acute bloody diarrhoea
Acute diarrhoea
Cholera
Cholera control
Global Task Force on Cholera Control
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http://www.who.int/cholera

For more information contact:
Global Task Force on Cholera Control
World Health Organization
20 Avenue Appia • 1211–Geneva-27 • Switzerland
E-mail: cholera@who.int
### 1. Critical steps relating to diarrhoeal disease risk factors

#### 1.1 Lack of water

- **Find and treat the source of transmission as soon as possible.**

### ASSESSMENT SOURCE OF INFORMATION REQUIRED MINIMUM PREPAREDNESS PHASE RESPONSE

<table>
<thead>
<tr>
<th>Source of water</th>
<th>Local authorities, aid agencies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality of water</td>
<td>At least one water point per 1000 people per person</td>
</tr>
</tbody>
</table>

**In refugee camps,** ensure:

- **Quantity and quality of water**
  - **In areas of high risk,** provide at least 20 litres per person per day.
  - **Good water storage conditions**
    - **For water in containers,** use local materials.
    - **For water in open areas,** use protection from contamination.

**General distribution in towns**

- Ensure water is available in all areas.
- Use local distributors and community leaders to facilitate distribution.

**Contamination**

- **Clean water sources,** especially in refugee camps.
- **Provide chlorine disinfection,** especially during outbreaks.

**Sudden rise in population**

- **Increase water storage facilities,** especially in crowded situations.

**Sudden rise in water use**

- **Increase water supply,** especially in crowded situations.

**Lack of trained cholera treatment centres or ORS**

- **Identify appropriate sites for cholera treatment services,** especially in crowded situations.
- **Increase hygiene and disinfection**
  - **During transport,** provide chlorinated water.
  - **During home storage,** provide clean, closed containers.
  - **During home use,** provide clean, closed containers.

### 1.2 Improper sanitation

- **Lack of latrines**
  - **Designate latrines,** especially in refugee camps.
  - **Train health personnel,** especially in refugee camps.

### ASSESSMENT SOURCE OF INFORMATION REQUIRED MINIMUM PREPAREDNESS PHASE RESPONSE

<table>
<thead>
<tr>
<th>Site visit, site visit, site visit</th>
<th>— if possible, site visit, site visit, site visit</th>
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<tbody>
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<td>— if possible, site visit, site visit, site visit</td>
</tr>
</tbody>
</table>

- **Poor hygiene**
  - **Regular handwashing,** especially in refugee camps.
  - **Provide soap or ash for washing,** especially in refugee camps.

**Dissemination of cholera prevention methods.**

- **Train health personnel,** especially in refugee camps.
- **Train health personnel,** especially in refugee camps.

- **Fresh cholera deaths**
  - **Identify and train a burial team,** especially in refugee camps.
  - **Reinforce all hygiene measures,** especially in refugee camps.

### 1.3 Improper food safety

- **Poor food safety practices**
  - **Strengthen health education on food preparation,** especially in refugee camps.
  - **Provide emergency stocks,** especially in refugee camps.

**Number of health facilities**

- **Increase health facilities,** especially in refugee camps.
- **Increase availability of ORS corners,** especially in refugee camps.

**Number of reports of availability of ORS corners**

- **Ensure ORS availability,** especially in refugee camps.
- **Ensure availability of other medical activities,** especially in refugee camps.

**Number of ORS corners**

- **Increase availability of ORS corners,** especially in refugee camps.
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**Number of reports of availability of ORS corners**

- **Ensure ORS availability,** especially in refugee camps.
- **Ensure availability of other medical activities,** especially in refugee camps.

**Number of trained health staff**

- **Increase trained health staff,** especially in refugee camps.
- **Increase trained health staff,** especially in refugee camps.

### 1.4 Inadequate food services

- **Insufficient food supplies**
  - **Provide food supplies,** especially in refugee camps.
  - **Increase food supplies,** especially in refugee camps.

**Number of health facilities**

- **Increase health facilities,** especially in refugee camps.
- **Increase availability of ORS corners,** especially in refugee camps.

**Number of reports of availability of ORS corners**

- **Ensure ORS availability,** especially in refugee camps.
- **Ensure availability of other medical activities,** especially in refugee camps.

**Number of trained health staff**

- **Increase trained health staff,** especially in refugee camps.
- **Increase trained health staff,** especially in refugee camps.

### 1.5 Funeral practices for cholera victims

- **Disseminate information and messages**
  - **During an outbreak,** disseminate information and messages.
  - **During an outbreak,** disseminate information and messages.

**Public health surveillance**

- **Provide support and feedback,** especially in refugee camps.
- **Provide support and feedback,** especially in refugee camps.

**Number of cases**

- **Increase number of cases,** especially in refugee camps.
- **Increase number of cases,** especially in refugee camps.

**Number of health facilities**

- **Increase health facilities,** especially in refugee camps.
- **Increase availability of ORS corners,** especially in refugee camps.

### 2. Critical steps relating to other risk factors

#### 2.1 Inadequacy of health services

**Lack of trained cholera treatment centres or ORS**

- **Identify appropriate sites for cholera treatment centres,** especially in refugee camps.
- **Increase availability of ORS corners,** especially in refugee camps.

**Number of reports of availability of ORS corners**

- **Ensure ORS availability,** especially in refugee camps.
- **Ensure availability of other medical activities,** especially in refugee camps.

**Number of trained health staff**

- **Increase trained health staff,** especially in refugee camps.
- **Increase trained health staff,** especially in refugee camps.

### 2.2 Inaccessibility of health facilities

- **Train health personnel,** especially in refugee camps.
- **Train health personnel,** especially in refugee camps.

**Rights of patients**

- **Provide support and feedback,** especially in refugee camps.
- **Provide support and feedback,** especially in refugee camps.

**Number of reports of availability of ORS corners**

- **Ensure ORS availability,** especially in refugee camps.
- **Ensure availability of other medical activities,** especially in refugee camps.

**Number of trained health staff**

- **Increase trained health staff,** especially in refugee camps.
- **Increase trained health staff,** especially in refugee camps.
1. Critical steps relating to diarrhoeal disease risk factors

1.1 Lack of water

- Use all available channels to ensure drinking water during outbreaks.
- To maintain health and reduce the risk of diarrhoeal disease outbreaks in refugee camps, water supply will be the first objective.
- Find and treat the source of transmission as soon as possible.
- Use health education to reinforce use of safe drinking-water during outbreaks.

1.2 Inappropriate sanitation

- A proper sanitary environment prevents the spread of diarrhoeal diseases.
- Improving awareness among the population is critical for diarrhoeal disease prevention, including correct care or a patient.
- Local authorities and NGOs should conduct interviews, in refugee camps and for the soil type, and affordable.

1.3 Inadequate hygiene

- Lack of water: ensure chlorination of drinking-water.
- At least 20 litres per person per day. 
- Clean, closed, non-metallic containers properly. 
- Increase control of quality of water storage.
- — good water storage conditions in local authorities.

1.4 Inadequate food safety

- Local authorities, during outbreak, eat only freshly cooked foods.
- During the initial stage of a serious epidemiological situation, the disease might be cholera.

1.5 Funeral practices for cholera victims

- Local population and others should be aware of high risk of contamination through handling the corpse.
- Inform people of the high risk of contamination associated activities.
- Corpse should be filled mouth and anus of corpse with cotton soaked in chlorine solution.

1.6 Early warning system

- Laboratory, field investigations, data analysis, and early warning system activate.
- Send investigation teams for confirmation of outbreak and to find source of transmission.
- Early warning: form for non-medical personnel, feedback, and introduction of standardized "rumour form." 

2. Critical steps relating to other risk factors

2.1 Inadequacy of health services

- Health care: visiting corners, case management, ORS corners, and train health personnel and other staff.
- Case management: ORS corners, IV fluids, chlorine, transport and stocks.
- Staff: health personnel, health care providers, and NGOs.

2.2 Inaccessibility of health facilities

- Health staff: distribute national guidelines if available.
- Training and consultation: programmes, consultations, etc.
- Communication network: short-range and long-range. 
- Feedback: using all medical activities.
1. Critical steps relating to diarrhoecal disease risk factors

1.1 Lack of water

- Use of water for hygiene purposes is strictly discouraged.
- To ensure safe water, and to decrease the risk of disease outbreaks, water supply will be the first objective.
- Hand and footwashing is imperative at all phases.

1.2 Inappropriate sanitation

- Local authorities must ensure access to sanitation facilities.
- An adequate sanitation arrangement is essential.
- Latrines should be built in every household.
- There must be enough latrines for the population.
- During the very early stages of an outbreak, designated pit latrines should be dug as soon as possible.

1.3 Inadequate hygiene

- During the outbreak, specific hygiene measures should be reinforced.
- Handwashing and footwashing are essential.
- Chlorine should be used to disinfect drinking water.
- Hygiene rules should be reinforced and re-emphasized.

1.4 Inadequate food safety

- Regular handwashing should be practiced.
- Boiled, peeled, reheated food should be used.
- Raw vegetables should be peeled before use.
- Regular handwashing and footwashing are essential.

2. Critical steps relating to other risk factors

2.1 Inadequacy of health services

- An adequate number of health service providers should be available.
- Health centers should have sufficient supplies of oral rehydration solution.
- The emergency supplies of oral rehydration solution should be available.
- Health centers should be equipped with adequate infrastructure.

2.2 Inaccessibility of health facilities

- Health facilities may not be accessible to all.
- Supervision of health facilities should be increased.
- Health services should be available in all locations.
- Health facilities should be accessible to all population groups.

WHO
### 1. Critical steps relating to diarrhoeal disease risk factors

#### 1.1 Lack of water
- Use all available channels (local civic, media, educational, etc.)
- Hold regular meetings to share information
- Ensure good coordination among stakeholders

#### 1.2 Improper sanitation
- As proper sanitary environment prevents the spread of diarrhoea

#### 1.3 Inadequate hygiene
- Improving awareness of the population
- Personal hygiene behaviour will change only with strong community involvement

#### 1.4 Inadequate food safety
- Strengthen the surveillance system
- More health education on food safety, especially during disasters

#### 1.5 Funeral practices for cholera victims
- Keeping corpse at home
- If possible, a trained village health worker should perform the burial

### 2. Critical steps relating to other risk factors

#### 2.1 Inadequacy of health services
- Strengthen the surveillance system
- More health education on food safety, especially during disasters

#### 2.2 Insufficiency of health facilities
- Adequate number of culturally acceptable, appropriate, and affordable latrines
- Try to find a type of latrine that is culturally acceptable, appropriate, and affordable
- At least four latrines per 100 people

#### 2.3 Inadequate provision of health services
- Open cholera treatment centres
- Identify and train a burial team

### ASSESSMENT SOURCE OF INFORMATION REQUIRED MINIMUM PREPAREDNESS PHASE RESPONSE

<table>
<thead>
<tr>
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**Notes:**
- Obtain clear and standardized case definitions.
- Distribute "rumour form" (alert form) for non-medical personnel.
- Early warning systems.
- Use clear and standardized case definitions.
- Distribute national guidelines if available, or WHO guidelines.
- Identify appropriate sites for cholera treatment.
- Ensure availability of drug supply and management guidelines to the local authorities.
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1 The population at risk for diarrhoeal diseases, including cholera, is based on: |
| ■ at-risk populations and vulnerable groups (nomadics, returnees, displaced, IDPs, prisoners); |
| ■ an age of 20% in children under 5; |
| ■ an age of 20% in women aged 15–49 years; |
| ■ at-risk populations are determined based on defined criteria (WHO, 1992) in the context of an emergency, that is, the affected population at risk of disease is defined based on the specific characteristics of the situation. |

**THE PURPOSE**

**The leaflet is designed to help:**

■ Identify key issues relevant to diarrhoeal disease control in complex emergencies

■ Prepare and guide the response to an outbreak

**Key Messages**

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**CASE MANAGEMENT**

■ Proper case-management saves lives. |
| Cook it, peel it, or leave it. |
| Personal hygiene behaviour will change only with strong community involvement. |
| A proper sanitary environment prevents the spread of diarrhoeal diseases. |
| Proper case management will change only with strong community involvement. |
| Cook it, peel it, or leave it. |
| Distribution and hygiene measures are essential during fences. |

**PREVENTION**

■ Find and treat the source of transmission as soon as possible. |
■ Knowledge of the age of drinking water during outbreaks. |
■ To maintain health and reduce the risk of diarrhoeal disease outbreaks in refugee camps, water supply will be the first imperative. |
| A proper sanitary environment prevents the spread of diarrhoeal diseases. |
| Practices that change slowly will change only with strong community involvement. |
| Cook it, peel it, or leave it. |
| Distribution and hygiene measures are essential during fences. |

---

**WHO GLOBAL TASK FORCE ON CHOLERA CONTROL**

For more information contact: |
| Global Task Force on Cholera Control |
| World Health Organization |
| 20 Avenue Appia |
| 1211 Geneva-27, Switzerland, |
| E-mail: cholera@who.int |

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**Acute diarrhoeal diseases in complex emergencies: CRITICAL STEPS**

**Decision-making for preparedness and response**

---

**THE PROBLEM**

A complex emergency is a situation affecting large civilian populations facing war or civil strife, food shortages, and population displacement resulting in excess mortality and morbidity. In endemic areas, all disasters, natural or man-made, that adversely affect water supply and sanitation can result in outbreaks of acute diarrhoeal disease. The disease is usually transmitted by faecally contaminated water or food. Outbreaks may be of two kinds:

■ acute bloody diarrhoea: *Shigellosis*

■ acute bloody diarrhoea: *Shigella dysentery*
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This leaflet is designed to help:

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- Prepare and guide the response to an outbreak

Acute diarrhoeal diseases in complex emergencies: CRITICAL STEPS

Decision-making for preparedness and response

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- acute bloody diarrhoea: Shigella dysentery

KEY MESSAGES

- Follow the development of the situation closely so that the plan of action can be adapted regularly.
- Take data on preparedness, programmes, and response.
- Early warning and preparedness for outbreaks results in faster and better containment of cholera and Shigella dysentery.
- Good coordination among the various operational partners is paramount.
- A good communications network is a valuable tool for surveillance.

CASE MANAGEMENT

- Proper case-management saves lives.
- Oral rehydration salts must be available at village level.
- A proper sanitary environment prevents the spread of diarrhoeal diseases.
- Early recognition and treatment can change outcome for those affected.
- A good sanitary environment prevents the spread of diarrhoeal diseases.

PREVENTION

- Find and treat the source of transmission as soon as possible.
- Early rehydration using ORS is critical.
- Reinforce the use of safe drinking-water during outbreaks.

For more information contact:

Global Task Force on Cholera Control

World Health Organization

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- an assessment remains essential; initial data must be collected rapidly and analysed before completion of the assessment;
- the response must be started quickly; it may need to be adapted as the situation evolves and once data collection and analysis is complete.

The population at risk for diarrhoeal diseases, including cholera, is based on:

- estimation of total population; for total population, the formula AR = [(total no. of cases)/(population)] x 100 is used, with AR = attack rate
- estimation of population size (permanent population, displaced/refugee population, distribution by age and sex, estimated number and expected date of new arrivals)
- geographical description of the affected area (climate, whether terrain is mountainous or flat, accessibility of the area (road quality, especially in the rainy season, local harbour or airport, security problems)
- population size (permanent population, displaced/refugee population, distribution by age and sex, estimated number and expected date of new arrivals)

ACUTE DIARRHOEAL DISEASES

- cholera
- acute bloody diarrhoea: Shigella dysentery

THE PLAN OF ACTION – CRITICAL STEPS

ASSESSMENT

Assessment of the situation is the basis for any plan of action. Its objectives are to:

- assess the extent of the emergency, the communicable disease threat to the population, and the size of population at risk
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PREPAREDNESS

Preparedness is the phase of the development and implementation of prevention action and of definition of needs for responding to an outbreak. Preparedness activities will be based on the results of the assessment.

Responding

The response to an outbreak is the implementation of all planned activities. If the outbreak of disease happens very rapidly, there may be no time for a preparedness phase. However:

- an assessment remains essential, initial data must be collected rapidly and analysed before completion of the assessment;
- the response must be started quickly; it may need to be adapted as the situation evolves and once data collection and analysis is complete.

The population at risk for diarrhoeal diseases, including cholera, is based on:

- estimation of total population; for total population, the formula AR = [(total no. of cases)/(population)] x 100 is used, with AR = attack rate
- estimation of population size (permanent population, displaced/refugee population, distribution by age and sex, estimated number and expected date of new arrivals)

ACUTE DIARRHOEAL DISEASES

- cholera
- acute bloody diarrhoea: Shigella dysentery

THE PLAN OF ACTION – CRITICAL STEPS

ASSESSMENT

Assessment of the situation is the basis for any plan of action. Its objectives are to:

- assess the extent of the emergency, the communicable disease threat to the population, and the size of population at risk
- define the nature and extent of interventions needed.

Assessment is also critical for the preparation of an adequate response. The following information is needed and may be obtained from local authorities, relief organizations, and United Nations agencies:

- description of the disaster (local conflict, war, natural disaster) and its probable evolution
- geographical description of the affected area (climate, whether terrain is mountainous or flat, accessibility of the area (road quality, especially in the rainy season, local harbour or airport, security problems)
- population size (permanent population, displaced/refugee population, distribution by age and sex, estimated number and expected date of new arrivals)

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