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.

Ask for more supplies if needed (see Box 2).

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

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.

IV fluids (Ringer Lactate is the best).

Antibiotics (see Box 1).

Rectal swabs and transport medium.

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

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

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

Breastfeeding of infants and young children should continue.

Chlorine or bleaching powder.

Inform and ask for help to control the outbreak.

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Protect the community.

Don’t wait for laboratory results to start treatment and to protect the community.

Inform your supervisor about the situation.

Ask for more supplies if needed (see Box 2).

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

Disinfect items and instruments.

Latrines and patients’ buckets need to be washed and disinfected with chlorine.

Samples should be collected, carefully packed in a container with transport medium and refrigerated.

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

Collect data on the patients:

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>
<tr>
<td>Abdominal cramps</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Diarrhea</td>
<td>&gt;3 loose</td>
<td>&gt;3 loose</td>
</tr>
<tr>
<td>Stools</td>
<td>watery</td>
<td>bloody</td>
</tr>
<tr>
<td>rice water</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Blood</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Table 2

<table>
<thead>
<tr>
<th>Causes of acute diarrhoea</th>
<th>Cholera</th>
<th>Shigella</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contaminated water</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Contaminated food</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Contaminated medical instruments</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

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?

• The outbreak is defined as occurring when 5 or more people in any community have suffered from acute diarrhoea in 2 consecutive days.

• There is an outbreak in the neighbouring community.

• They are sharing the same water source.

• 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).

• There is an outbreak in the neighbouring community.

2. Is the patient suffering from cholera or shigella?

Acute diarrhoea might 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.

Cholera = acute watery diarrhoea

Shigella dysentery = acute bloody diarrhoea

First steps

For more information: cholera@who.int

http://www.who.int/cholera

WHO GLOBAL TASK FORCE ON CHOLERA CONTROL

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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 frequently the hydration status

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

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**A. Rehydrate depending on severity**

Is the patient dehydrated?

- If NO
  - There is NO dehydration: Give ORS solution (see Box 2)
  - Then
    - When there is NO sign of dehydration: give ORS solution (see Box 2)
    - Monitor the patient
    - Nasogastric tubes can be used for rehydration when the patient cannot drink
    - Give Oral Rehydration Salt

- If YES
  - There is dehydration: Give Oral Rehydration Salt (ORS) solution

Is the dehydration very severe?

- If NO
  - There is some dehydration: Give Oral Rehydration Salt (ORS) solution in the amount recommended in Table 1
  - Number and quantity of stools and vomit in order to compensate for the loss of body fluids
  - Reassess the patient for signs of dehydration regularly during the first six hours:
    - Monitor the patient
    - Give IV drips of Ringer Lactate or if not available, saline

- If YES
  - There is severe dehydration:
    - Perform IV drip to start intravenous rehydration
    - In case this is not possible, rehydrate with ORS
    - In any case, refer the patient to the higher level and rehydration as shown in Box 1

**Eighty percent of the cases can be treated using only Oral Rehydration Salt (ORS)**

**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
- Reassess the patient frequently

**C. Give antibiotics if needed**

When is it useful to give antibiotics?

- In case of acute diarrhoea
  - For all cases of diarrhoea
  - Ideally for all of Shigella dysenteriae cases, but as a priority for the most vulnerable patients: children under five, elderly, malnourished, patients with complications.

**TABLE 2. WHICH ANTIBIOTICS CAN BE GIVEN?**

| Shigella | Children: ciprofloxacin: 12.5 mg/kg 4 times a day for 3 days. Young children: erythromycin 12.5 mg/kg 4 times a day for 3 days. | Adult: ciprofloxacin: 500 mg twice a day for 3 days. Doxycycline: 100 mg daily for 2 weeks. Children: doxycycline: 100 mg/kg twice a day for 3 days. For children below 6 months of age: azithromycin: 10 mg daily for 2 weeks. For children 6-15 years of age: azithromycin: 20 mg/kg daily for 2 weeks. | Note: There is increasing resistance to doxycycline, tetracycline and TMP-SMX. | Note: For children under 5 years of age, doxycycline is contraindicated. For children and adolescents: 1 year of age: azithromycin: 20 mg/kg daily for 2 weeks. For children 6-15 years of age: azithromycin: 20 mg/kg daily for 2 weeks. |