



GLOBAL TASK FORCE ON
CHOLERA CONTROL

Outbreak response – Field Manual

Case Management Working Group

Annecy, France. 6 November 2018

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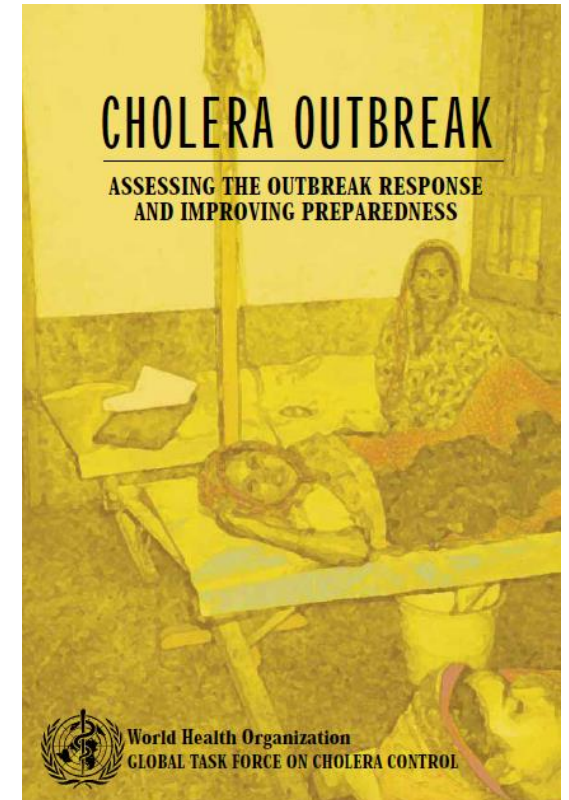
Cholera Outbreak Response

- Surveillance WG meeting in 2015 – Discussed the opportunity to update the booklet:

“Cholera outbreak: Assessing the outbreak response and improving preparedness”



- Integrate procedures, revised concepts and terms used for **cholera outbreak response**
- From assessing tool to a cholera outbreak response manual



Objectives

- This document provides a framework to detect and monitor cholera outbreaks and to organise the response.

Objectives

- to provide a comprehensive overview of cholera outbreak response
 - to improve prevention, preparedness and timely response to cholera outbreaks
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- Based on updated WHO and the GTFCC guidance
 - Axis 1 of the Roadmap: Early detection and response to outbreaks

Target audience

- Public health professionals and programme managers who are directly involved in cholera outbreak detection and response
- Staff working at:
 - Ministries of Health
 - Public health institutions
 - UN agencies, including WHO country offices
 - Non-governmental organizations

Format

- Booklet – pocket format
- Web GTFCC
- Smartphone App (Android and IOS)
 - Offline access
 - Editable and updated
 - Download appendices

Contents

Introduction

Cholera – general

Section 1. Outbreak detection and investigation

Section 2. Outbreak confirmation

Section 3. Organization of the response

Section 4. Monitoring the outbreak

Section 5. Risk Communication and community engagement

Section 6. Cholera treatment facilities

Section 7. Case management in treatment facilities

Section 8. Reducing the spread of the disease in the community

Section 9. Oral Cholera Vaccine

Section 10. Preparedness and long-term actions

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- Appendix 1. Definitions
- Appendix 2. Field investigation and initial response checklist
- Appendix 3. District level supply forecasting supply tool
- Appendix 4. Matrix for coordination of cholera control activities
- Appendix 5. Template of cholera line list
- Appendix 6. Weekly community-based surveillance form
- Appendix 7. Outline of the outbreak situation report
- Appendix 8. Key messages for health education
- Appendix 9. Chlorine solutions according to use
- Appendix 10. CTU/CTC evaluation form
- Appendix 11. Flow chart for case management
- Appendix 12. Admission and triage form
- Appendix 13. Methods for household water treatment
- Appendix 14. Preparation and use of 1% chlorine water for disinfect water
- Appendix 15. Rules for safe preparation of food to prevent cholera

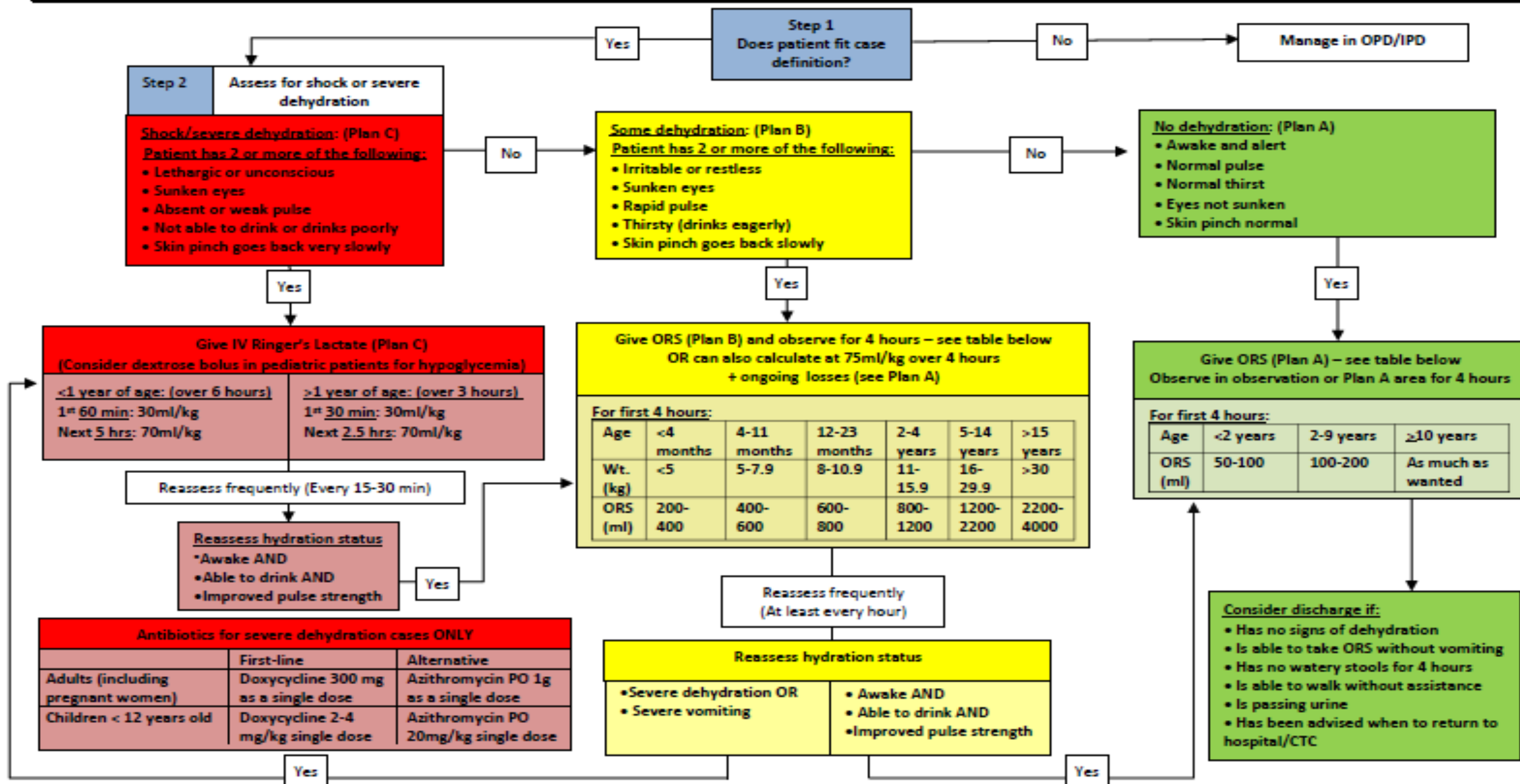
Section 7. Case management

- Introduction
- Assessment and triage of the patient
- Patient registration and admission
- Preparing and administering ORS
- Treatment plans
- Antibiotic therapy
- Zinc supplementation in children
- Discharge criteria
- Case management in children with SAM

Treatment Flowchart for Cholera Cases

Suspected cholera case

In areas where a cholera outbreak has not been declared: Any patient ≥ 2 years presenting with acute watery diarrhea and severe dehydration or dying from acute watery diarrhea
 In areas where a cholera outbreak is declared: any person presenting with or dying from acute watery diarrhea



1. IDENTIFICATION

Patient name _____ Admission date: ___/___/___ Time: ___:___

Age: ___years/months Sex: Male Female; any possibility of pregnancy? No Yes

Address: _____ Closest landmark: _____

2. CLINICAL DATA

Please circle if the patient has any of the following and give the length of time in days

Watery stool x ___days Fever x ___days Bloody stool x ___days

Vomiting x ___days When was the last time the patient vomit? ___hours ago

When did the illness start? ___/___/___ When was the last time the patient urinated? ___hours ago

Any known contacts with anyone else with similar symptoms? No Yes Who? _____

Please list any other symptoms: _____

3. PHYSICAL EXAM AND DIAGNOSIS

General appearance	<input type="checkbox"/> Lethargic or unconscious	<input type="checkbox"/> Restless/Irritable	<input type="checkbox"/> Normal
Thirst	<input type="checkbox"/> Unable to drink or drinks poorly	<input type="checkbox"/> Drinks eagerly, thirsty	<input type="checkbox"/> Normal
Eyes	<input type="checkbox"/> Sunken	<input type="checkbox"/> Sunken	<input type="checkbox"/> Normal
Stitch pinch	<input type="checkbox"/> Goes back very slowly	<input type="checkbox"/> Goes back slowly	<input type="checkbox"/> Normal
Pulse	<input type="checkbox"/> Absent or weak	<input type="checkbox"/> Rapid	<input type="checkbox"/> Normal
	<input type="checkbox"/> If ≥ 2 above are checked \rightarrow Severe dehydration (Plan C)	<input type="checkbox"/> If ≥ 2 above are checked \rightarrow Some dehydration (Plan B)	<input type="checkbox"/> No dehydration (Plan A)

4. TREATMENT

	Severe dehydration (Plan C)	Some dehydration (Plan B)	No dehydration (Plan A)								
Treatment	<ul style="list-style-type: none"> <input type="checkbox"/> IV fluids: Ringer's Lactate bolus <1 year 30ml/kg in 60 min ≥ 1 year 30ml/kg in 30 min <input type="checkbox"/> Repeat after bolus if absent/weak pulse \rightarrow repeat bolus <input type="checkbox"/> IV fluids: Ringer's Lactate bolus <1 year 70ml/kg in 5 hours ≥ 1 year 70ml/kg in 2.5 hours 	<ul style="list-style-type: none"> <input type="checkbox"/> ORS 75ml/kg over 4 hours <input type="checkbox"/> Repeat after ORS - Severe: Give IV fluids - Some: Repeat ORS amount - No dehydration: Discharge with ORS 	<ul style="list-style-type: none"> <input type="checkbox"/> After each loose stool, give: <table border="1"> <tr> <td>Age (in yrs)</td> <td><2</td> <td>2-9</td> <td>≥ 10</td> </tr> <tr> <td>ORS (ml)</td> <td>50-100</td> <td>100-200</td> <td>As much as wanted</td> </tr> </table>	Age (in yrs)	<2	2-9	≥ 10	ORS (ml)	50-100	100-200	As much as wanted
Age (in yrs)	<2	2-9	≥ 10								
ORS (ml)	50-100	100-200	As much as wanted								
Discharge instructions	<ul style="list-style-type: none"> <input type="checkbox"/> Repeat hydration after IV fluids - Severe: Repeat IV fluids - Some: ORS (see "Some" box) <input type="checkbox"/> Give antibiotics Drug & dose: _____ 	<ul style="list-style-type: none"> Consider discharge if: <ul style="list-style-type: none"> - Has no signs of dehydration - Can take ORS without vomiting - No watery stools for 4 hours - Can walk without assistance - Is passing urine - Has been advised when to return to hospital/CTC - Health messaging completed 	<ul style="list-style-type: none"> Before discharge, check following: <ul style="list-style-type: none"> <input type="checkbox"/> Health messaging completed <input type="checkbox"/> ORS given for home <input type="checkbox"/> Assure caregiver can correctly mix and give ORS without supervision 								

1. LABORATORY DATA:

Stool sample taken? No Yes Date taken: ___/___/___ Cholera RDT result: +ve -ve Not conducted

Stool culture sent: No Yes Date stool culture sent: ___/___/___

2. OUTCOME:

Date of outcome: ___/___/___ Discharged Dead Self-discharged Referred (where: _____) Unknown

Name of admitting clinician _____ Signature: _____ Date: ___/___/___

Some points to be discussed..

- ORS must be prepared daily and not be stored up to 12h or 24 h (if refrigerated)
- Sugar Salt Solution (SSS) to be prepared at home
- Zinc supplementation in < 6 months (10 mg/day)
- Treatment Plan B in < 1 years: ORS 75ml/kg + ongoing looses over 6 hours
- Antibiotic treatment in non severe cases
 - high purging or failure of first 4-hour course of rehydration therapy
 - coexisting conditions (e.g. pregnancy) or co-morbidities (e.g. SAM, HIV)
- Danger signs – life-threatening condition may require emergency resuscitation with aggressive rehydration



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MERCI

**Meeting of the Case Management Working Group
Annecy, France. 6 November 2018**

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