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

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, whether water resources are available)
- 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)

PREPAREDNESS
Preparedness 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 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

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
- In emergencies, 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
- Early rehydration using ORS is critical
- Reinforce the use of safe drinking-water during outbreaks
- Proper case management saves lives
- Personal hygiene behaviour will change only with strong community involvement
- A good communications network is a valuable tool for surveillance
- A proper sanitary environment prevents the spread of diarrhoeal diseases
- Early rehydration using ORS is critical
- Use data to guide prevention, preparedness, and response

PREVENTION
- Find and treat the source of transmission as soon as possible
- Use data to guide prevention, preparedness, and response
- To maintain health and reduce the risk of diarrhoeal disease outbreaks in refugee camps, water supply will be the top priority
- A proper sanitary environment prevents the spread of diarrhoeal diseases
- Early rehydration using ORS is critical
- Use data to guide prevention, preparedness, and response
- Use data to guide prevention, 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 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

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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 disease. The disease is usually transmitted by faecally contaminated water or food. Outbreaks may be of two kinds:

■ acute 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 result 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.
■ Early rehydration using ORS is critical.

PREVENTION

■ Find and treat the source of transmission as soon as possible.
■ Educate the local working population during crises.
■ 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.
■ Frequent behaviour change only with strong community involvement.
■ Cook it, peel it, or leave it.
■ Personal hygiene behaviour will change only with strong community involvement.

Acute watery diarrhoea:

■ Acute watery diarrhoea
■ Cholera

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1. Critical steps relating to diarrhoeal disease risk factors

1.1 Lack of water

- Ensure good coordination among aid agencies for water supply.
- Use health education to reinforce use of safe drinking-water during outbreaks.
- In collaboration with water authority, aid agencies should ensure that drinkable water is available, particularly in areas of high risk.
- Source of water: 
  - Protected well
  - Borehole
  - Open waterource
  - Tap, etc.
- Alternatives: 
  - Water tanker
  - Water treatment

1.2 Inadequate sanitation

- Lack of latrines
- Poor hygiene
- Inadequacy of health services
- Environmental health workers should be vigilant in inspecting food during preparation and storage.
- Poor food safety practices should be strengthened.

1.3 Inadequate food safety

- Food could be supplied by tanker or treated in the water supply system from catchment to household level. Until new wells can be dug, aid agencies should consider increasing the number of protected wells and using plastic containers.
- Water quality should be monitored and improved, especially during transport and storage.

1.4 Funerals practices for cholera victims

- Keeping corpse cool and covered
- Inform people of the high risk of infection during the burial ceremony.
- Corpse should be put in a sealed or air-tight container and placed in a latrine or burial pit.
- Use of effective disinfectant solutions.

2. Critical steps relating to other risk factors

2.1 Inadequate health services

- Medical diagnosis and treatment: 
  - Public health department
  - Ministry of Health
- Public health department: 
  - Case of ORS
  - Laboratory and diagnostic services
- Ministry of Health: 
  - All facilities
  - Mobile medical units

2.2 Inaccessibility of health facilities

- Activation of early warning system: 
  - Min. of health
  - Public health department
  - W.H.O.
- Early warning system: 
  - Activated
  - Case of ORS
  - Laboratory and diagnostic services

2.3 Inadequate risk awareness

- Health education: 
  - Community health worker
  - Radio
  - Television

2.4 Other risk factors

- Food or food consumption: 
  - Traditional dishes
  - Eat fruits that can be peeled.
  - National programme on food safety should be strengthened.

2.5 Human excreta sources

- Human excreta: 
  - By floods
  - Other non-metallic containers
  - Be vigilant in inspecting food during preparation and storage.
- Health education: 
  - Create specific messages for cholera and other diarrhoeal diseases and their prevention:
  - Correct care of a patient in caring for staff responsible for case management.

2.6 Indigenous practices: 

- Inadequate food safety: 
  - Eat fruits that can be peeled.
  - National programme on food safety should be strengthened.
  - Environmental health workers should be vigilant in inspecting food during preparation and storage.

2.7 Environmental health workers

- Environmental health workers: 
  - Food or food consumption
  - National programme on food safety should be strengthened.
  - Environmental health workers should be vigilant in inspecting food during preparation and storage.

2.8 Inadequate awareness: 

- Health education: 
  - Create specific messages for cholera and other diarrhoeal diseases and their prevention:
  - Correct care of a patient in caring for staff responsible for case management.

2.9 Information, education, and communication

- Information, education, and communication: 
  - Advise on basic washing and purifying procedures.

2.10 Lack of trained staff

- Lack of trained staff: 
  - Ministry of Health
  - 3 trained health staff worker per ORS corner
  - Coordination
  - Obtain and share information from different sources.
1. Critical steps relating to diarrhoeal disease risk factors

1.1 Lack of water

- Ensure access to water for drinking, sanitation and hygiene, and the ability to prepare food.
- Water should be clean and safe to drink, and distribution points should be available in the affected community.

1.2 Inappropriate sanitation

- Provide adequate sanitation facilities, especially latrines, to prevent the spread of diarrhoeal diseases.
- Encourage proper handwashing and the use of chlorinated water.

1.3 Inadequate hygiene

- Emphasize the importance of personal hygiene, including proper handwashing and the use of chlorinated water.
- Promote the use of boiled or chlorinated water for drinking.

1.4 Inadequate food safety

- Ensure proper food handling, storage, and preparation to prevent the spread of diarrhoeal diseases.
- Encourage the use of chlorinated or boiled water for drinking.

1.5 Funeral practices for cholera victims

- Implement proper burial practices to prevent the spread of diarrhoeal diseases.
- Provide appropriate burial materials and equipment.
- Ensure proper disposal of bodies to prevent the spread of the disease.

2. Critical steps relating to other risk factors

2.1 Inadequacy of health services

- Improve the availability and accessibility of health services.
- Ensure proper medical care and treatment for diarrhoeal diseases.

2.2 Inaccessibility of health services

- Increase the availability and accessibility of health services.
- Ensure proper medical care and treatment for diarrhoeal diseases.

3. Global task force on cholera control

- Implement a coordinated and comprehensive approach to cholera control.
- Ensure proper medical care and treatment for diarrhoeal diseases.
1. Critical steps relating to diarrhoeal disease risk factors

1.1 Lack of water

Ensure coordination among:

- Source of water — safe
- Water treatment — safe
- Distribution — safe
- User behavior — safe

Contamination:

- In water supply
- In food
- In human excreta

- Water quality

- Chemicals
- Biochemicals
- Physical

- Wastewater

- Water treatment:
  - Chlorination
  - Filtration
  - Disinfection

- Food treatment:
  - Boiling
  - Peeling
  - Refrigeration

- Sanitation:
  - Latrines
  - Handwashing

- Water supply:
  - In refugee camps
  - In villages
  - In open situations

- Distribution:
  - Piped system
  - Wells
  - Containers

- Water supply in towns:
  - Implement new safe water
  - Strengthen control of water quality
  - Ensure quality of water

- Water supply in villages:
  - Increase number of protected wells
  - Introduce chlorine disinfection

- Water supply in open situations:
  - Strengthen control of water sources

- Water supply in crowded situations:
  - Site visit

- Use health education to reinforce use of safe 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.

- Address the water supply needs of the population

- Address water quality concerns

- Address water distribution concerns

- Maintain or improve water quality

- Ensure adequate water supply

- Ensure reliable water supply

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2. Critical steps relating to other risk factors

2.1 Inadequacy of health services

1. Identification and definition of the problem

2.1.1 Public health surveillance

- Identify and define the problem
- Increase the level of awareness

2.1.2 Primary health care services

- Strengthen public health surveillance
- Improve the level of health care at the community level

2.1.3 Laboratory services

- Improve laboratory services in the area
- Increase the level of awareness

2.1.4 Health education

- Strengthen health education programs
- Increase the level of awareness

2.1.5 Immunization

- Strengthen immunization programs
- Increase the level of awareness

2.1.6 Repair of health centers

- Repair and improve health centers
- Increase the level of awareness

2.1.7 Health facilities

- Strengthen health facilities
- Increase the level of awareness

3. Prevention

3.1.1 Prevention of disease

- Prevent the spread of disease
- Increase the level of awareness

3.1.2 Treatment of disease

- Treat the disease
- Increase the level of awareness

3.1.3 Control of disease

- Control the disease
- Increase the level of awareness

4. Control

4.1.1 Control of disease

- Control the disease
- Increase the level of awareness

4.1.2 Treatment of disease

- Treat the disease
- Increase the level of awareness

4.1.3 Prevention of disease

- Prevent the spread of disease
- Increase the level of awareness

5. Assessment

5.1.1 Assessment of disease

- Assess the disease
- Increase the level of awareness

5.1.2 Assessment of treatment

- Assess the treatment
- Increase the level of awareness

5.1.3 Assessment of control

- Assess the control
- Increase the level of awareness

6. Follow-up

6.1.1 Follow-up of disease

- Follow-up of disease
- Increase the level of awareness

6.1.2 Follow-up of treatment

- Follow-up of treatment
- Increase the level of awareness

6.1.3 Follow-up of control

- Follow-up of control
- Increase the level of awareness

7. Evaluation

7.1.1 Evaluation of disease

- Evaluate the disease
- Increase the level of awareness

7.1.2 Evaluation of treatment

- Evaluate the treatment
- Increase the level of awareness

7.1.3 Evaluation of control

- Evaluate the control
- Increase the level of awareness

8. Improvement

8.1.1 Improvement of disease

- Improve the disease
- Increase the level of awareness

8.1.2 Improvement of treatment

- Improve the treatment
- Increase the level of awareness

8.1.3 Improvement of control

- Improve the control
- Increase the level of awareness

9. Advocacy

9.1.1 Advocacy of disease

- Advocate for disease
- Increase the level of awareness

9.1.2 Advocacy of treatment

- Advocate for treatment
- Increase the level of awareness

9.1.3 Advocacy of control

- Advocate for control
- Increase the level of awareness

10. Communication

10.1.1 Communication of disease

- Communicate about disease
- Increase the level of awareness

10.1.2 Communication of treatment

- Communicate about treatment
- Increase the level of awareness

10.1.3 Communication of control

- Communicate about control
- Increase the level of awareness

11. Training

11.1.1 Training of health workers

- Train health workers
- Increase the level of awareness

11.1.2 Training of community volunteers

- Train community volunteers
- Increase the level of awareness

11.1.3 Training of health managers

- Train health managers
- Increase the level of awareness

12. Research

12.1.1 Research on disease

- Research on disease
- Increase the level of awareness

12.1.2 Research on treatment

- Research on treatment
- Increase the level of awareness

12.1.3 Research on control

- Research on control
- Increase the level of awareness

13. Conclusion

13.1.1 Conclusion of disease

- Conclude about disease
- Increase the level of awareness

13.1.2 Conclusion of treatment

- Conclude about treatment
- Increase the level of awareness

13.1.3 Conclusion of control

- Conclude about control
- Increase the level of awareness

14. References

14.1.1 Reference of disease

- Reference about disease
- Increase the level of awareness

14.1.2 Reference of treatment

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15. Appendix

15.1.1 Appendix of disease

- Append disease
- Increase the level of awareness

15.1.2 Appendix of treatment

- Append treatment
- Increase the level of awareness

15.1.3 Appendix of control

- Append control
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THE PROBLEM

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- acute bloody diarrhoea: cholera
- acute bloody diarrhoea: Shigella dysentery

KEY MESSAGES

- Personal hygiene behaviour will change only with strong community involvement.
- A proper sanitary environment prevents the spread of diarrhoeal diseases.
- Reinforce the use of safe drinking-water during outbreaks.
- Early rehydration using ORS is critical.
- Oral rehydration salts must be available at village level.
- A good communications network is a valuable tool for surveillance.
- Find and test the source of transmission as soon as possible.
- Most outbreaks of acute bloody diarrhoea occur during emergencies.
- To maintain health and reduce the risk of diarrhoeal disease outbreaks in refugee areas, water quality will be the first requisite.
- A proper sanitary environment prevents the spread of diarrhoeal diseases.
- Rapid behaviour change will be achieved only with strong community involvement.
- Cook it, peel it, or leave it.
- Personal hygiene behaviour will change only with strong community involvement.
- Disinfection and hygiene measures are essential during funerals.

PREVENTION

- Find and test the source of transmission as soon as possible.
- Most outbreaks of acute bloody diarrhoea occur during emergencies.
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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.
- 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 care-management saves lives.
- Oral rehydration salts must be available at village level.
- Early intervention using ORS is critical.

PREVENTION

- Find and treat the source of transmission as soon as possible.
- Use effective measures to control drinking water during outbreaks.
- To maintain health and reduce the risk of diarrhoeal disease outbreaks in refugee areas, water supply will be the first objective.
- A proper sanitary environment prevents the spread of diarrhoeal diseases.
- Personal hygiene behaviour will change only with strong community involvement.
- Cook, peel, or leave it.
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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 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;
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