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 at-risk population;
- define the nature and extent of interventions needed.

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 evolves and once data collection and analysis is complete, the at-risk population must be regularly reassessed.

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.

Preparedness is based on the results of the assessment. The following information is needed and may be obtained from authorities, relief organizations, and United Nations agencies:

- description of the disease (food conflict, war, natural disaster) and its probable evolution;
- geographical description of the affected area (climate, terrain, 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);
- morbidity.

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

- total population;
- an AR of 0.6% in endemic areas with very poor sanitary conditions;
- an AR of 0.2% in endemic areas;
- the attack rate (AR) in previous years, if known.

The at-risk population must be regularly reassessed.

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Preparedness Activities

Preparedness activities are 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:

- morbidity.

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

- the attack rate (AR)

AR = [(total no. of cases)/(population)] x 100. In the context of an emergency, morbidity is paramount.

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1. Critical steps relating to diarrhoeal disease risk factors

1.1 Lack of water

- Use health education to reduce the risk of diarrhoeal disease outbreaks by educating communities on the importance of drinking safe water.
- Find and treat the source of transmission as soon as possible.

ASSESSMENT SOURCE OF INFORMATION REQUIRED MINIMUM PREPAREDNESS PHASE RESPONSE

In collaboration with water authorities, increase more water collection sites, and increase the number of water collection sites and systems that can be treated for water-borne diseases.

In villages:
- Identify the number of potential water collection sites.
- Identify the number of chlorination facilities.

Drinking water may be contaminated by Vibrio cholerae, a bacterium that causes cholera. Vibrio cholerae is spread through contaminated water or food.

- Improve drinking-water quality. To treat water, add chlorine to water sources, treating the individual (non-metallic) wells containers.
- In open situations and during an outbreak, provide chlorinated water during food preparation, storage, and handling practices.
- Look for additional water supply to open wells.
- Provide chlorinated water during household visits.
- Look for additional water supply during home drinkable water treatment.
- During transport:
- Ensure adequate control of food handling practices.
- Strengthen health education on: Cultural population only freshly cooked food. Stress the importance of specific hygiene practices.
- Always washing vegetables with soap, particularly after preparing food.
- Preparing food by street vendors: Ensure that all precautions are well understood and fully observed.
- The corpse should be kept at home.
- Explain necessary precautions: Disinfection of the dead person’s funeral meal?
- The corpse and keeping it at home.
- If possible, a trained village health worker should check that preventive measures are properly applied.
- Explain necessary precautions: Enclosed in plastic bags associated activities.
- Disinfect the dead person’s funeral meal?

2. Critical steps relating to other risk factors

2.1 Inadequacy of health services

- Poor coordination among local population, Ministry of few health staff, health facilities, and NGOs ensures regular water supply to cholera treatment centres and ORS corners, ensure availability of drug supplies and renewal of emergency stocks.

As an example, a trained health staff in charge of case management and international organizations, such as the United Nations, are involved in the management of cholera outbreaks. They work together to ensure that outbreaks are managed effectively.

- Actively involve the early warning system in disease prevention and control.
- Engage with the public on issues related to cholera prevention and control.

2.2 Inaccessibility of health facilities

- Inadequate health facilities and agencies: Local authorities, NGOs, United Nations agencies, and key partners during an outbreak encourage a coordinated multi-sectoral approach to disease prevention and control, and linkages with existing programmes.

- Engage in high-level consultations and meetings to ensure that all necessary health facilities and agencies are involved in the management of cholera outbreaks.

- Coordinate health personnel and other staff involved in disease management and prevention, including health workers, community health workers, and diarrhoeal disease prevention.
- Conduct health education activities that show the importance of specific hygiene practices.
- Provide training to at-risk areas by war, floods, etc. It is essential to:
- Install a good communications network for surveillance.
- Activate communication networks to disseminate information and key messages for cholera prevention and control.

- Provide health education and behaviour change campaigns to increase the number of trained health staff and health facilities involved in the management of cholera outbreaks.
- Distribute soap where it is not affordable.
- Increase the number of culturally appropriate facilities for handwashing.
- At least 2 litres per person per day (for drinking purposes).