



DIRECTORATE GENERAL HEALTH SERVICES SINDH, HYDERABAD
Communicable Disease Control-CDC-IV (Water Borne Diseases)
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NO.AD / CDC-IV / WBD / -1075/83

Dated: 23-05-2023

To,

1. The District Health Officers, _____ All
2. The Medical Superintendents / Civil Surgeons, _____ All

SUBJECT: GUIDELINES / ADVISORIES FOR PREVENTION AND CONTROL OF ACUTE WATERY DIARRHEA AND CHOLERA.

Diarrhoeal disease is the second leading cause of death globally in children under five years old and is responsible for killing around 525000 children every year. Acute diarrhoeal disease is common in Sindh during summer/Monsoon seasons. The most common source of diarrheal disease is contaminated water.

Keeping in view the sensitivity of disease burden and seasonal trend, you are advised to take preventive measures regarding control of AWDs and Cholera.

The guidelines / advisories issued by NIH regarding prevention and control of AWDs and Cholera are enclosed herewith and may be circulated to all health facilities for proper investigation, case management and outbreak management.

ADDITIONAL DIRECTOR
Communicable Disease Control-IV (WBD)
Directorate General Health Services Sindh

Copy for information:

- The Secretary Government of Sindh, Health Department, Karachi
- The Director General Health Services Sindh @ Hyderabad
- The CEO, Sindh Healthcare Commission, Karachi
- The Deputy Director General CDC, DGHSS, Hyderabad
- The Director Health Services-All
- The Incharge, PDSRU, DGHSS Hyderabad.
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WHO AND UNICEF JOINT STRATEGY TO CONTROL EPIDEMICS OF DIARRHOEA.

A seven point plan for comprehensive Diarrhoea control (2 point treatment and 5point preventative package).

Treatment Package:

1. Fluid replacement Oral Rehydration Therapy preferably with low Osmolar ORS.
2. Zinc Supplementation.
3. Measles and Rotavirus vaccination.
4. Promotion of early and exclusive breast feeding and vit. A supplementation.
5. Promotion of hand washing with soap.
6. Improved water supply quality and quantity including treatment and safe storage of house hold water.
7. Community wide sanitation promotion.

What is Diarrhoea?

The number of stools normally passed a day varies with the diet and the age of the child. In Diarrhoea, stools contain more water than normal they are often called loose or watery stools. They may also contain blood in which case the Diarrhoea is called dysentery. The definition of Diarrhoea is 3 or more loose or watery stools in a day.

Please note that: Frequent passing of normal stools is not Diarrhoea and babies who are breast feed often have stools that are soft this is not Diarrhoea.

Brief treatment guidelines for Diarrhoea child age <5years (for complete guidelines please follow IMNCI strategy).

The most important parts of treatment of Diarrhoea are:

- Prevent dehydration from occurring if possible by given low Osmolar ORS.
- Treat dehydration quickly (Following IMNCI Strategy) if it does occur.
- Give Zinc supplement for 10 days in dose of 20 mg from age 6months and above up to 5 years and 10mg below of 6months. Zinc is an important micronutrient for child's overall health and development. Zinc is lost in greater quantity during Diarrhoea so it is necessary to recover it and to keep to child healthy. The Zinc supplement will also help to reduce the severity of episode and to reduce the incidence of Diarrhoea in the following 2 to 3 months.

Other Treatments:

There is **no specific drug** at the present time which will safely and effectively stop Diarrhoea.

- **Antibiotics** are not effective against most Diarrhoea causing organisms. The indiscriminate use may increase resistance of some disease causing organisms to antibiotics. Their appropriate use for **dysentery** and **cholera** is clear in IMNCI strategy.
- **Adsorbents** like kaolin, pectin, etc are not useful for treatment of acute Diarrhoea. The roll is only to induce slight change in consistency however they do not reduce fluid and salt losses.
- **Antimotility drugs** may be harmful especially in children less than 5 years of age. They temporarily reduce cramps and pain but delay elimination of organisms causing Diarrhoea, and may prolong the illness. They can be dangerous and even fatal if used improperly in infants.
- That's why it is suggested to follow the IMNCI strategy properly which will be helpful in managing the Diarrhoea cases in proper way.



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National Focal Point for IHR



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Islamabad, 29th April 2022

Subject: Advisory for Prevention of Cholera

Cholera is a bacterial illness caused by consuming food or water contaminated with the bacteria *Vibrio cholerae*. Cholera remains a global threat to public health. According to WHO during year 2020, total 323 369 cases, 857 deaths were notified from 24 countries. Since the last update on 16 February 2022, approximately 30 629 suspected cholera cases including 39 deaths have been reported worldwide. Countries reporting new cases since the previous update are Afghanistan, Bangladesh, Benin, Cameroon, Democratic Republic of Congo, Ethiopia, India, Malawi, and Nigeria. Currently in Pakistan cholera clustering has been noted among children of age group upto 4 years in south and central Sindh. The number of cases gradually increased from February to April. A total of 129 laboratory confirm cases has been reported with male to female ration of 0.8:1. No mortality reported so far.

Clinical Presentation; Symptoms may range from mild to severe, including profuse watery diarrhoea (rice water stool), nausea and vomiting. Diarrhoea ranges from mild to severe; which can cause severe dehydration and death within hours of onset if not treated timely.

Risk Factors; Cholera transmission is closely linked to inadequate access to clean water and sanitation facilities.

Poor and congested localities are at greater risk of having epidemics of GE/AWD as the water pipes supplying clean treated water are usually old, rusted and damaged while sewage pipes and open sewage lanes are running side by side. All these conditions if not checked, lead to water-borne outbreaks illness. Hot and humid weather also makes the condition favorable for the multiplication of the micro-organisms.

Transmission; Cholera is transmitted by the fecal-oral route. Patient get symptomatic after ingesting contaminated food or water. Typical at-risk areas include peri-urban slums, and camps for internally displaced persons or refugees, where minimum requirements of clean water and sanitation are not been met, can increase the risk of cholera transmission.

Prevention and control; Such epidemics / outbreaks can be prevented through practices and measures as:

1. A multifaceted approach is the key to control cholera, including surveillance, water, sanitation and hygiene, social mobilization and timely treatment.
2. Regular monitoring of hygiene and cleanliness standards of hotels, restaurants and food points, ice factories, street vendors and water reservoirs.
3. Regular liaison among relevant departments like District Governments, health authorities, WASA etc.
4. Building up hospital capacity for management of patients and ensure stockpiling of essential medicines kits (Establish Diarrhea Treatment Centers (DTCs) at healthcare facilities).
5. Focused health education campaign through active community participation particularly aiming vulnerable populations.
6. Authorities must ensure chlorination of water.

Personal Measures:


- i. Wash hands with soap and water regularly, especially after using the toilet, changing diapers and before preparing food or eating.
- ii. Take safe drinking water (boiled or chlorinated or bottled water).
- iii. Do not eat uncooked vegetables and unwashed fruit.
- iv. Prefer taking home made fresh meals.

The NIH has put AWD on **High Alert** vide 52th Issue of Seasonal Awareness and Alert Letter (SAAL) issued in February 2022. It is therefore, imperative that the concerned departments be motivated and geared up and the preventive efforts/ steps lead by Health Department be effectively implemented. The situation may please be continuously monitored and updates along with the actions taken by the districts be kindly communicated to the NIH regularly.

For any further assistance please contact:

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Distribution Overleaf


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47. Executive Director, Maroof International Hospital, Islamabad
48. Coordinator, FELTP, Pakistan, Islamabad
49. Officer Incharge, Provincial Disease Surveillance and Response Unit (PDSRU) at Provincial Health Directorates, Lahore, Hyderabad, Peshawar, Quetta, GB and AJK

Copies to:

1. Chief Secretary, Govt of Punjab, Sindh, KPK, Balochistan, GB and AJK.
2. Surgeon General Pakistan Army, GHQ Rawalpindi
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4. SPS to Secretary, M/o NHR&C, Islamabad
5. PS to Director General (Health), M/o NHR&C, Islamabad
6. WHO Country Representative, Islamabad