

## Transmission

- Contaminated water
- Contaminated food or drink
- Dirty hands
- Vomit and stools of sick people

## Symptoms

- Around one in ten people with cholera will be very sick. Most people with cholera only have mild symptoms or are not sick at all but can still transmit the disease.
- People who have severe cholera will pass large amounts of watery diarrhoea (three or more loose stools per day, watery like rice water), vomit, and have cramps. They quickly lose a lot of body fluids and they can become dehydrated and go into shock. Without treatment, death can occur within hours.
- Children with severe cholera may be drowsy or confused, have seizures or become unconscious.

## Prevention

- Safe, clean water (including a clean, covered water container in the household).
- Use of appropriate sanitation facilities (sound, clean latrines).
- Handwashing with soap (especially after using the toilet or cleaning a baby).
- Good food hygiene (thoroughly cooked food, covered food, clean utensils, etc.).
- Exclusive breastfeeding for the first six months of life.
- Social mobilization and behaviour change.
- Health promotion.

## Vulnerable people

- Malnourished children.
- Children under five.
- Individuals with chronic medical conditions.
- Pregnant women.
- People who do not have easy access to rehydration therapy and health services.
- People living in areas that have poor water, sanitation and hygiene facilities and services.

## If an epidemic occurs

- Initiate community-based surveillance.
- Treat mild cases in the community by providing oral rehydration solution (ORS).
- Detect serious cases and refer them to health facilities.
- Increase social mobilization and behaviour change communication.

- Promote household water treatment for safe drinking water (including a clean, covered water container in the household).
- Promote use of appropriate sanitation facilities (sound, clean latrines).
- Promote good food hygiene (thoroughly cooked food, covered food, clean utensils, etc.).
- Promote handwashing with soap (especially after using the toilet or cleaning a baby).
- Support mass vaccination campaign (oral cholera vaccine).
- Support safe and dignified funeral and burial practices.

## Community-based assessment - questions

Make a map of the community and mark the information you gather on the map. Record other details.

- When did people start to fall sick with cholera or acute watery diarrhoea?
- How many people have fallen sick with cholera or acute watery diarrhoea? Where?
- How many people have died from cholera or acute watery diarrhoea? Where?
- How many people live in the affected community or area? How many children under five years of age live in the area?
- Who and where are the vulnerable people?
- Are children in the affected community generally well nourished?
- Do people always have enough food?
- How common is breastfeeding?
- Where do people obtain their drinking water? Is the source safe? Do people treat their water?
- What sanitation facilities (including communal latrines) are available? Do people use them?
- What hand-washing facilities are available (at households, in markets, etc.)? Do they have soap?
- Where are the local health facilities and services? (Include traditional and community carers.)
- What are the community's habits, practices and beliefs about caring for and feeding sick people? When babies and infants are sick, do women continue to breastfeed them?
- Is a social mobilization or health promotion programme in place?
- What are the community's habits, practices and beliefs about hygiene, sanitation and water?
- Which sources or channels of information do people use most?
- Are rumours or is misinformation about cholera or acute watery diarrhoea spreading in the community?
- Can people identify the signs and symptoms of dehydration?
- Do people know how to make oral rehydration solution (ORS)? Do they have resources at hand to make it?
- Do people know how to treat water?

## Volunteer actions

See the following action tools for more information on what actions to take against cholera:

- 1 - Community-based surveillance
- 2 - Community mapping
- 3 - Communicating with the community
- 4 - Referral to health facilities
- 5 - Volunteer protection and safety
- 7 - Assessment of dehydration

- 8 - Community oral rehydration points
- 9 - Preparing an oral rehydration solution (ORS)
- 10 - Giving oral rehydration solution (ORS)
- 11 - Zinc supplementation
- 13 - Breastfeeding
- 14 - Infant and young child feeding in emergencies
- 15 - Measuring acute malnutrition in emergencies
- 16 - Measuring the height and weight of children
- 17 - Measuring mid upper arm circumference (MUAC)
- 18 - Measuring oedema (water retention) in children
- 19 - Psychosocial support (Psychological first aid (PFA))
- 21 - Safe and dignified burials
- 25 - Mass vaccination campaigns
- 29 - Hygiene promotion
- 30 - Clean, safe household water
- 31 - Good food hygiene
- 32 - Sanitation
- 33 - Building and maintaining latrines
- 34 - Handwashing with soap
- 39 - Preparing and using disinfectants
- 43 - Social mobilization and behaviour change