CAREC CHOLERA Guidelines

CARIBBEAN EPIDEMIOLOGY CENTRE

(CAREC/PAHO/WHO)
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CAREC CHOLERA Guidelines
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Given the current risk of the introduction of cholera into Caribbean countries, guidelines for preparedness for the possible introduction of cholera and response to the introduction of cases are as follows:

- Strengthen surveillance for gastroenteritis, including increasing awareness of and index of suspicion for cholera among health care providers

- Promotion of good hygiene measures (hand washing, etc) for disease prevention and control among the general public and health care providers

- Response plans (including the identification of appropriate location(s) for the treatment of cholera cases) for public health emergencies must be ready for implementation if necessary

- Ensure there are sufficient supplies for response to the possible introduction of cholera cases, including stocks of Oral Rehydration Salts, Antibiotics and IV Fluids (See attached documents on cholera infection control and clinical management)

- Laboratories should ensure the availability of Cary Blair media for appropriate storage of stool specimens from suspected cases

- Should a suspected case of cholera be detected:

- A case investigation should be done and an investigation form should be completed (See attached Cholera chapter of the Caribbean Communicable Disease Surveillance Manual for Public Health Action)

- A specimen should be collected and tested as outlined in point 7 below

- Appropriate treatment should be administered using proper infection control (See attached documents on cholera infection control and clinical management)

- Contacts should be followed-up and monitored

Please note the following case definitions:

Clinical case definition:

(i) in areas where the disease is not yet present, severe dehydration or death from acute watery diarrhoea in patients aged 5 years or more or

(ii)in areas where there is a cholera epidemic, acute watery diarrhea, with or without vomiting in patients aged 5 years or more.

Case classification:

- Suspected case: clinically compatible disease

- Confirmed case: suspected case confirmed by laboratory.

Source for this case definition is the PAHO Epi Alert for Cholera release of 24 Oct 2010, available at: http://new.paho.org/hq/index2.php?option=com_docman&task=doc_view&gid=10640&Itemid=1091

Please note, that while the case definition refers to cases aged 5 years or more, as part of your enhanced surveillance activities, a high index of suspicion should be maintained for cases of all ages.

7. For stool specimen obtained from a suspected case –

- Send an aliquot stored in Cary Blair media to CAREC for testing as outlined in guidelines previously received (CAREC specimen collection and shipping protocol attached)

- Perform routine Bacteriology work-up and submit the results to CAREC

OR

- For laboratories which are able to perform isolation of Vibrio sp., send the isolate to CAREC for further characterization as outlined in guidelines previously received (See attached CAREC specimen collection and shipping protocol)

- All specimens sent to CAREC must be accompanied by the appropriately completed CAREC Laboratory Investigation Form (See attached form)

8. Measures such as quarantine and embargo of merchandise are ineffective and unnecessary in controlling the spread of cholera.

9.

Should further guidance or assistance be required, CAREC can be reached on either of the emergency numbers, which are available 24/7:

- For general technical assistance: 868-463-5857
- For laboratory specific issues: 868-782-2786

During office hours CAREC can be reached at the usual numbers: 868-622-4261 / 4262

Attachments

Laboratory Investigation Form

Specimen Collection and Shipping Protocol for Suspected Cholera Stool and Isolate Specimens

CAREC Surveillance Manual - Cholera Section

Infection control precautions in Cholera outbreaks

Recommendations for cholera clinical management