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CIRCULAR

**To: All Doctors, Nurses, Pharmacists and Health Care Workers in the Health Centers,
Public and Private Hospitals and clinics.**

Subject: Guideline for Management of Suspected or Confirmed Cholera

In reference to above subject, and in view of reporting of cholera cases in Iraq . you are kindly requested to follow the attached Guideline for Management of Suspected or Confirmed Cholera.

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Kingdom of Bahrain
Ministry of Health

Guideline for Management of Suspected or Confirmed Cholera



Guideline for Management of Suspected or Confirmed Cholera

1- Case definitions of cholera:

A. Suspected case:

- Any patient presenting with watery diarrhea and/or vomiting **and coming from Iraq.**
- or**
- Watery diarrhea in epidemiologically linked to **cholera confirmed case**

B. Confirmed Case

a clinically compatible case that is laboratory confirmed.

2- Diagnosis and Laboratory testing:

- A.** Fresh stool should be collected in sterile container & reach the laboratory as soon as possible (within 2 hours from collection).
- B.** The physician should fill manually the card request with clearly written clinical summary (Suspected Cholera) for suspected cases as well as contact telephone number of the patient.
- C.** The patient should be instructed to go directly to SMC Emergency laboratory in order to give the sample along with the request to A/E laboratory supervisor.
- D.** A/E laboratory will receive samples from health facilities at any time.
- E.** SMC microbiology laboratory will inform public health staff about the result and it will be entered in the system.

3- Recommendations for cholera therapy and prophylaxis:

Treatment

- A.** Cholera is an easily treatable disease. Oral or intravenous hydration is the mainstay of cholera treatment
- B.** Up to 80% of people can be treated successfully through prompt administration of oral rehydration solution.
- C.** In conjunction with hydration, treatment with antibiotics is recommended for severely ill patients. It is particularly recommended for patients who are severely or moderately dehydrated and continue to pass a large volume of stool during rehydration treatment.



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- D. Antibiotic treatment is also recommended for all patients who are hospitalized.
- E. An effective antibiotic can reduce the volume of diarrhea in patients with severe cholera and shorten the period of shedding of bacteria. Additionally, it usually stops the diarrhea within 48 hours.
- F. Antibiotic treatment if indicated:
for adults, **one** of the following drugs:
- Doxycycline 300 mg single dose.
 - Azithromycin 500 mg once daily for 3 days.
 - Tetracycline 500 mg QID for 3 days.
 - for pregnant women: erythromycin 250 mg TID for 3 days
- for children, **one** of the following drugs:
- Azithromycin 10 mg/kg/day once daily for 3 days.
 - erythromycin 30mg/kg/day divide in 3 doses for 3 days.

Prophylaxis for close contacts

antibiotics prophylaxis for cholera prevention is not recommended

4- Sick leave recommendations:

Sick leave should be issued till the diarrhea stops.

Food handlers should be certified free from infection before returning to work (by collecting 3 consecutive stool specimens on alternate days starting 48 hours after completion of antibiotic treatment).

5- Notification and reporting

- A. Health care providers should immediately notify any suspected case to communicable disease group hotline 66399868
- B. SMC microbiology laboratory should immediately report receiving any sample for stool culture of suspected cases of cholera to communicable disease group hotline 66399868
- C. SMC microbiology laboratory should immediately report any positive culture for Vibrio cholera O1 or O139 to communicable disease group hotline 66399868



6- Infection Control Precaution for inpatients with cholera

In addition to Standard Precaution , Contact Precaution should be part of inpatient case management, to avoid any chance of nosocomial spread: Single room with attached toilet is preferred(if available) , stress on implementing other contact precaution as follow:

- Practice proper hand hygiene after any contact with the patient or his environment by using alcohol rub or washing with soap & water.
- Wash hands with soap & water if soiled with any patient secretion .
- Gloves & Gown are required upon entering room, change gloves after contact with contaminated secretions.
- Noncritical items should be dedicated to use for a single patient if possible, or to ensure proper cleaning after each patient use.

7- Cholera vaccination

Currently there are 2 oral cholera vaccines (OCVs), however WHO didn't issue recommendation regarding using the vaccine in countries that are not endemic for cholera. For travelers, the main preventive measures are safe water and food and adherence to personal hygiene measures.



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Suspected Case of Cholera at primary care:
Any case with watery diarrhea and coming from Iraq or epidemiologically linked to cholera case

Suspected cases of cholera from all health facilities.

Health facility

- Collect Fresh stool sample from the case
- Fill the microbiology request form (C/S) manually and write clinical summary (**suspected cholera**)
- Patient should give the collected sample directly to the supervisor of SMC A/E laboratory

Microbiology Lab SMC

- Sample will be received at microbiology Lab SMC
- Result of Test will be reported immediately to Disease control section
- Result will be entered in the system

Health facility

Report immediately to Communicable Disease Hotline 66399868

Communicable Disease group

- Report suspected case to Microbiology LAB on 7668 to ensure receiving of the sample.
- Conduct case investigation immediately
- fill cholera case investigation form
- Generate daily report and submitted it to head of communicable disease group

head of communicable disease group

Daily feedback to chief of Disease Control Section and public health director

For further information you can contact Dr Kubra S. Nasser 36662055/Dr Adel Al Sayyad 39687214 chief of DCS/Dr Mariam Al Hajari 39671228 Public Health Director/ or CDC on 17282258/17283348



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