**Health Emergencies in Large Populations (H.E.L.P.) Course**

**Communicable Diseases: Diarrheal Diseases and Cholera**

**Time allocated: 90 minutes**

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| **Educational Objectives: What should participants be able to do at the end of the course** | **Enabling Objectives: The interim steps that build on each other and lead to the final educational objectives** | **Core Issues / points of reference** |
| 1. *Participants are able to* explain the importance of diarrheal diseases during crisis situations and describe causal factors
 | * 1. *Participants are able to* describe the burden of diarrheal diseases
 | * Defining diarrhoeal diseases
* Spectrum of diarrheal diseases (agents, clinical types)
* Morbidity and mortality
* Worldwide, selected crisis situations
* Most prevalent diarrhoeal diseases in crisis situations
* Population groups most affected
* Main cause of diarrhoeal deaths
* Vicious circle malnutrition – diarrhoeal diseases (chronic diarrhoea) –Link to module Nutrition and livelihood support
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| * 1. *Participants are able to* identify risk factors for diarrheal diseases
 | * Route of transmission
	+ F-diagram -See 2.1. below
* Situations that increase the risk of transmission
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| 1. *Participants are able to* identify an appropriate response to cholera control in acute and protracted crisis situations
 | * 1. *Participants are able to* explain the core components of cholera control in order to reduce morbidity and mortality
 | Core components: * Early detection (surveillance) and immediate response
	+ Confirmation diagnosis
	+ One suspected cholera case means action is needed
* Early case detection and treatment /care
	+ - Case definition -Link to other modules, e.g. ‘Communicable diseases -outbreak investigation and control’; ‘Epidemiology: Surveillance and early warning systems’
		- % of infected people requiring treatment
		- Access to adequate health care (including nutrition)
		- Key numbers for planning treatment/care
* Reducing transmission
	+ Water, sanitation, hygiene
* F-diagram -Link to module ‘Public health engineering’
* Protective hygiene measures
	+ In community, treatment centres; dead body management
	+ Vaccination
* Need for a multidisciplinary /multi-sectorial approach
* Coordination mechanism during acute & protracted crises
	+ Link with GTFCC (see 2.2. hereafter)
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| * 1. *Participants are able to* list key points about the 2017 worldwide initiative to reduce deaths from cholera by 90% by 2030
 | * Global task for on cholera control (GTFCC)
* Ending cholera: A global roadmap to 2030
* Key action points
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