**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 |
| * 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 |
| 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) |
| * 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 |