**Annex 3B – Cholera outbreak rapid assessment template (adapted from USAID cholera prevention and control, Ethiopia MoH, MSF and AFRO IDSR)**

1. **General Information**

**Date of visit:**

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**Location:**

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| **Province** | **District**  | **Town** | **Village/area** | **Treatment facility name(s)** |
|  |  |  |  |  |

**Key persons met (local and partners)**

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| --- | --- | --- | --- |
| **Names** | **Functions**  | **Organisation** | **Telephone** |
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**Members of the assessment team**

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| **Names** | **Functions**  | **Organisation** | **Telephone** |
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**Outbreak scale and progress in assessment location**

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| Approximate size of the affected area to-date (number of villages/districts) |  |
| Approximate size of the population in the affected area  |  |
| Approximate population density in the affected area |  |
| Total number of reported cases in affected area both facility and community (note age and sex), note if zero  |  |
| Total number of reported deaths in affected area both facility and community (note age and sex), note if zero  |  |
| Cases mainly coming from (name of places) |  |
| Information on the trend in cases and deaths (over past weeks, months) |  |
| Number of health facilities or treatment centres receiving and treating patients with suspected cholera in the area  |  |
| Are there any specific places affected (schools, prisons, displaced camps, gatherings) or notable changes in context such as population movements, mass gatherings, flooding, security  |  |
| Is this an area with specific trade routes (specify such as fishing trade) and associated traffic |  |
| Suspected reason/s for the outbreak |  |

1. **Rapid assessment in facilities (health and WASH)**

**Cases and deaths**

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| Date of first case  |  |
| Details of first cases if known including:-name, age, sex, address, onset of symptoms, number ill in same household-detection place (facility or community) -within 3 days of illness what were the water source/s used by the first case/s (list them and investigate in community) -within 3 days of illness what were the food items eaten by the first case/s (list them and investigate in community) -within 3 days of illness did the first case/s attend any funerals or social gatherings (note where and investigate in community) -exposure to any known risk factor: specify risk factor  |  |
| Total number of cases at the facility  |  |
| Number of new cases presented today |  |
| Number of cases currently admitted |  |
| Number of cases going up/down |  |
| Total number of deaths in the health facility or treatment center since first case |  |
| Total number of deaths in the community (outside health facilities) since first case |  |
| Number deaths in the past 7 days |  |
| Are the number of deaths in the community registered at facility  |  |

**Outbreak confirmation**

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| Were laboratory tests taken on a sample of patients (what kind, stool for culture, RDT) |  |
| If laboratory samples were collected note when and where they were sent for analysis  |  |
| If already received what were the results of the laboratory test  |  |

**Surveillance and reporting**

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| Which case definition was used: note it here  |  |
| Are children 0-2 years old included in the cases reported |  |
| Presence of a registration book/line listing (please get a copy or take a photo of it and attach) |  |
| Is there a system to rapidly report suspected cases for immediate verification within 24 hours, what are the difficulties  |  |
| What method of communication is being used to report cases and deaths (landline, mobile phone, radio, other or none), are community cases and deaths reported at the facility, note any problems with reporting cases for alerts and for regular reporting  |  |
| How often are cases reported to central level  |  |

**Rapid facility assessment**

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| Health catchment population total |  |
| Average walking distance to facility ( <5 hours, >5 hours), is the treatment facility accessible to the community, if no, why |  |
| Service hours of operation  |  |
| Are services for cholera given for free, if not, please note cost  |  |
| Facility number of rooms, beds and capacity to expand  |  |
| Number and position of staff at the facility and have they been trained on cholera control (see Annex 8G staffing)  |  |
| Are guideline/flowcharts illustrating proper management of cholera cases available to health care workers and used  |  |
| Quantity of ORS, IV fluids, antibiotics, zinc and medical supplies, chlorine, buckets, cholera cots used in the past 3 days and are stock available (please note quantity) |  |
| Is triage/classification done before entering the treatment facility, or everybody was admitted |  |
| Are the cholera patients isolated from other patients, if so how is this done |  |
| Number of functioning latrines in facility and mechanisms of safe disposal of excreta and vomit, are they clean |  |
| Are the health care workers aware of and following proper infection control to avoid contamination (hand-washing, etc.)  |  |
| If it is a CTC/CTU, is it fenced off |  |
| Are there hand-washing facilities with chlorinated (0.05%) water and soap available in the treatment facility and at points of entry and exit (please note gaps) |  |
| Is there footbath at points of entry and exit with 0.2% chlorinated water  |  |
| How often is the water in the footbath changed |  |
| How is the water treated, what are the chlorination rates and regime |  |
| How is water supplied in the facility, distance of water source from the facility, treatment practices and is there any storage |  |
| How many litres of water per patient are available in the center |  |
| Are clothes and bedding disinfected, if yes, with what |  |
| How is the waste water disposed or treated |  |
| Is there a system of waste management (pit, incinerator) |  |

**Resources and Supplies needs**

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| Are there an appropriate amount of supplies at the facility, any stock-outs of ORS, IV fluids, antibiotics, zinc, cholera beds, chlorine)  |  |
| Have any supplies been requested, if so to whom and when |  |
| Are there enough staff for case management, infection control and support services (see Annex 8G for staff in facilities)  |  |
| Does the facility have the necessary funding to continue services and accept a larger case load |  |
| Does the facility have enough space to accommodate more patients |  |
| Are resources needed (cell phone access, phone line, internet) for communicating alerts and sending regular data |  |
| What is missing urgently (supplies, staff, funding, space)  |  |
| What is missing for medium term |  |

1. **Rapid assessment outside health facilities**

**Water supply**

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| What types of water sources are available and being used (wells; borehole, pond, open river, rainwater harvesting)-how has this changed recently (water supply shut off, drought, flood, population influx)  |  |
| Is there a system that measures free residuals, is there a % target |  |
| Is there a system that measures turbidity, Coliforms, how often are these variables measured |  |
| Observe water sources and undertake a quick sanitary survey to identify key sources of contamination - are there any interruptions in water supply-are there any broken water sources in the area for drinking or non-drinking water sources - is the community using the same water sources that are likely to be contaminated, if so what sources (river, borehole)-are there any sanitation breaks or changes in the system or infrastructure that can lead to contamination |  |
| What are the measures undertaken to treat bulk drinking water supplies or water sources at community level-is there a system to monitor chlorine levels and who is responsible -are they working properly or has this changed recently |  |
| Observe or ask about type of water source used (spring, well, tap, water venders, stream, lake, river) and what they are used for (drinking, cooking, bathing), how has this changed |  |
| What are the measures undertaken at household level to treat/make drinking water safe (boiling; chlorination; filter through a cloth; ceramic filter; other method; none) -are these functioning or has this changed recently -are chlorination materials available for household water disinfection and does the community have access to these  |  |
| How is water stored in the home-has this changed recently |  |
| What is the average quantity of drinking water per day-has this changed and why |  |
| What is the average quantity for other uses including cooling per day |  |
| Are there standard guidelines for chlorination of community sources and are they at the community/household level  |  |

**Excreta collection and disposal**

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| Are latrines are being used and are they being used correctly |  |
| Are latrines placed to avoid contamination of water supply  |  |
| Are septic tanks used, where are their contents emptied |  |
| Is disposal of septic tank contents adequate for preventing disease transmission |  |
| Are sewers are used, where does the wastewater go, is it treated |  |
| In areas without latrines or flush toilets, where do people defecate, is there evidence of open defecation |  |
| Is there evidence of overflowing latrines, septic tanks, broken sewage pipes |  |
| Are latrines, septic tanks, sewers close to water systems: note distance  |  |

**Waste disposal**

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| Is there a central waste collection service-have there been any changes or interruptions |  |
| Is waste disposal close to habitation-any change in proximity  |  |
| Is solid waste contained |  |
| Is the contamination of the solid waste with human faeces evident |  |

**Community and household hygiene and health promotion practices**

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| Do people have knowledge of what cholera is, how it is transmitted, how to detect and treat it and what to do -how to protect themselves-what to do when someone gets sick-what ORS is and how to use it-do households have ORS or where to get it -when and how to wash hands -how to safely dispose of feces  |  |
| Is information concerning, handwashing, defecation, excreta disposal practices and household disinfection of water available |  |
| What are the practices that may be leading to spread of cholera and increased illness and death, and what are the reasons for people to engage or not engage in them |  |
| Do households have access to soap, to chlorine, in which formDo they know how to use the cholorine |  |
| ***In schools***-does the school have treated water -are there latrines, if so are they clean and have handwashing facilities -is food prepared and under hygienic measures-do teachers know what to do in the event of cholera |  |
| ***At funerals and gatherings (specify)*** -is food served at gatherings-are precautions undertaken to prevent cholera transmission at burials or gatherings (if so what)-have any burials occurred in the community, if so where and when  |  |
| ***In restaurants and markets,***-is food served hot, freshly cooked and stored in hygienic manner -is handwashing practiced by food servers- are there any measures for hygiene and quality control regarding food vendors in the community and have these changed  |  |
| How are dead bodies disposed of-do family member come in contact with the body during burial ceremonies-are bodies transported  |  |

**Resources and supplies**

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| Are there sufficient stocks of chlorine, buckets with lids or Jerrycans, soap, IEC materials, medical equipment -please detail any stockout in the last month |  |
| Have any supplies been requested, to whom, when |  |
| How many stockouts has the center experienced in the last month |  |
| Are there enough staff (hygiene promoters, sanitation engineers)  |  |
| What is missing that is urgently required |  |
| What is missing for medium term |  |

1. **Organization of the response**

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| Is there a cholera coordination committee at district level, is it multi-sectoral, note the key organizations and leadership |  |
| Is there a response plan  |  |
| Has a list of needs been established according to assessment  |  |

1. **Potential sources of contamination**

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| 1. Drinking water source 1
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| 1. Drinking water source 2
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| 1. Drinking water source 3
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| 1. Non-drinking water source 1
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| 1. Non-drinking water source 2
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| 1. Food source 1
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| 1. Food source 2
 |
| 1. Other source 1
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**ACTIONS TO BE TAKEN**

**Short term and URGENT**

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**Medium to long term**

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