



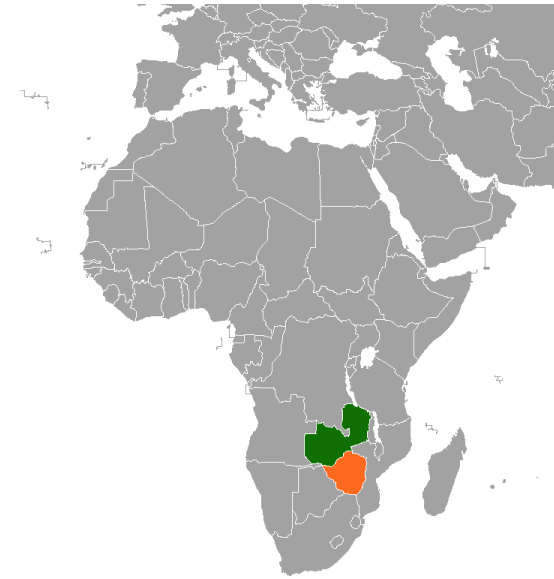
**Crónicas y Reflexiones de una Epidemióloga de Campo.
Luchando contra los Brotes de Cólera para la Equidad en la Salud
Global**

**Seminario Centro Nacional de Epidemiología
20 Junio 2024**

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Dos países similares Dos experiencias diferentes

- Zimbabwe - MSF (Dec 23-Enero 24)
- Zambia – OMS (Feb-Mar 24)



Zimbabue

- 15,2 millones de habitantes (2022)
- Temporada de lluvias, inundaciones
- Respuesta a cólera descentralizada (distritos, provincias, nacional)
- Desplegada con MSF – trabajo de todo tipo (única epidemióloga en el país)



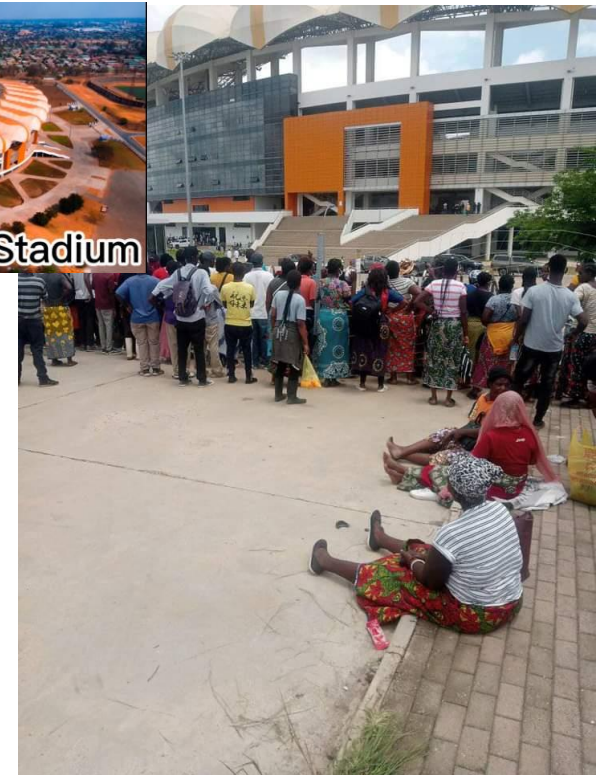
Cómo trabajan los MSF?

- Asistencia de emergencia, trabajo principalmente clínico



Zambia

- Población de 20 millones (2022)
- Sequía extrema en 2023/2024
- Respuesta en principio centralizada (Estadio Heroes)
- Desplegada con OMS – formación, evaluación, apoyo estratégico





SAND BUCKETS

Cómo trabaja la OMS

- “Secretaria” del gobierno local – apoyo estratégico, más a largo plazo

Sobre el cólera



Investigación del brote

Definición de caso

Definición de caso de cólera de la OMS en zonas donde se declara un brote de cólera:

“Cualquier persona que presente o muera a causa de diarrea acuosa aguda”.



Definiciones de casos de cólera

Diarrea acuosa aguda

- La diarrea aguda es una enfermedad en la que:
 - Aguda se define como aquella que dura menos de siete días;
 - Acuosa se definen como heces líquidas sin sangre que pueden contener moco;
 - La diarrea se define como tres o más deposiciones blandas en un período de 24 horas

Deshidratación severa

- Una persona que se presenta con uno o más de los siguientes signos de peligro :
 - letargo, pérdida del conocimiento
 - Pulso ausente o débil
 - dificultad respiratorio
-
- Al menos de los siguientes signos:
 - Ojos hundidos
 - Incapaz de beber o bebiendo mal
 - Pellizco de la piel que retrocede muy lentamente (> 2 segundos)

Cómo identificar un caso de cólera

- **Hay 3 corrientes principales para identificar el cólera:**
 - vigilancia basada en eventos mediante alertas de cólera
 - vigilancia comunitaria por parte de voluntarios de la comunidad, incluida la búsqueda activa del cólera por parte de los equipos de respuesta rápida (RRT)
 - vigilancia del cólera por centros médicos por parte de trabajadores sanitarios.

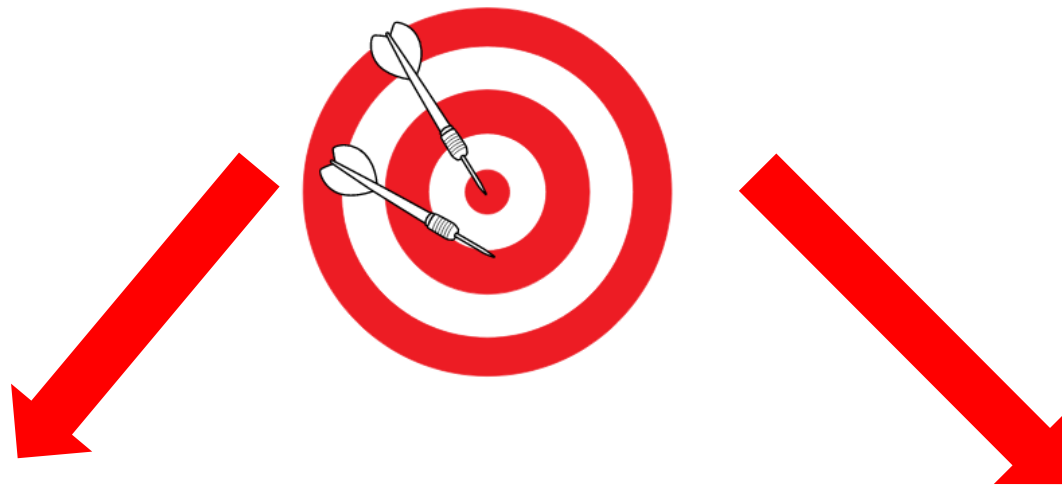
ANÁLISIS EPIDEMIOLÓGICO

- Diariamente y semanalmente
- Indicadores utilizados para:
 - Describir la situación de la epidemia
 - Evaluar y adaptar la intervención

¿Qué indicadores utilizamos?

- **Tasa de incidencia semanal**
- **Tasa de letalidad – semanal y total**
- **Tasa de ataque**

ESTRATEGIAS DE INTERVENCIÓN CONTRA EL BROTE DE CÓLERA



REDUCIR LA MORTALIDAD
Acceso al tratamiento

**REDUCIR LA
PROPAGACIÓN DE LA
ENFERMEDAD**

Principales líneas de intervención

Coordinación

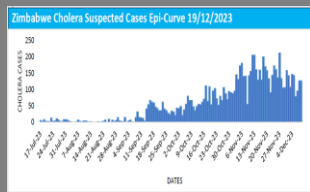


Participación de la comunidad/
Promoción de la salud



**RESPUESTA
AL BROTE DE
CÓLERA**

Vigilancia



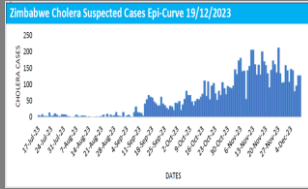
Actividades preventivas



Gestión de casos



Vigilancia

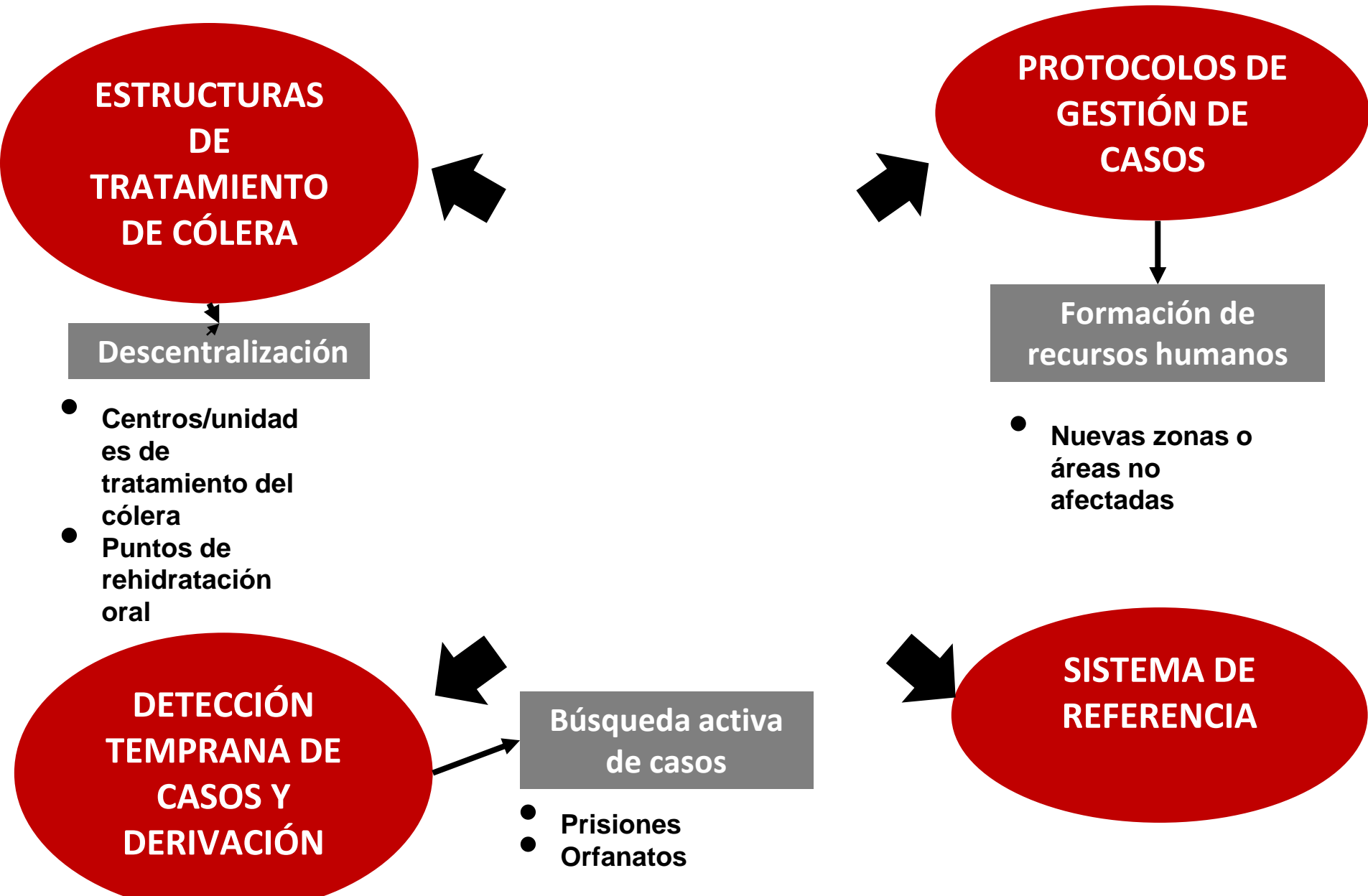


RESPUESTA AL BROTE DE CÓLERA

Principales problemas detectados

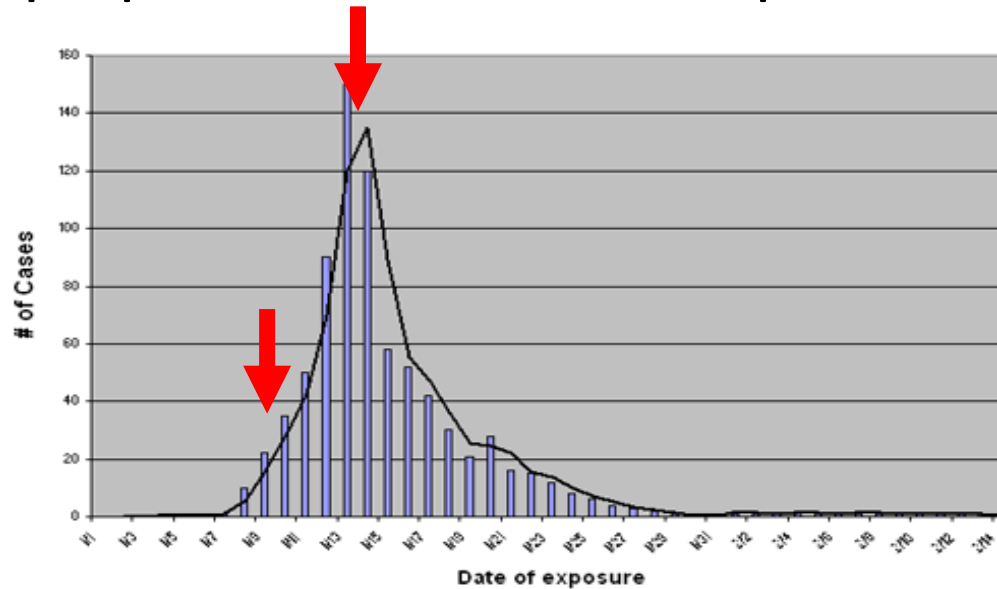
- No se utiliza la definición de casos adecuada – la infranotificación de casos
- No se recogen datos de los puntos de rehidratación oral
- Sin lista de casos estandarizada
- Sin incidencia semanal/ tasa de letalidad semanal (todo en recuentos diarios o totales)
- Sin mapeo de focos
- Datos enviados por whatsapp/gmail, análisis básica en Excel
- Privacidad y confidencialidad mínima!

Gestión de casos



Estimar la capacidad de camas

- Prepararse para el peor momento: pico
- Poco tiempo para desarrollar la capacidad máxima



- El 50% de los pacientes necesitan una cama
- Duración media de la estancia: 2-3 días

Planificación de recursos

Capacidad de camas

Recursos logísticos

- Espacio para el aislamiento
- Equipo logístico (camas, etc.)
- Necesidades en términos de agua
- Letrinas
- Alimento

Suministros médicos

- Suspensión de rehidratación oral/Ringer Lactate
- Medicamentos y otro material médico

Recursos humanos

- Doctores
- Enfermeros
- Limpiadoras
- Etc.

RESPUESTA AL BROTE DE CÓLERA

ACCESO AL AGUA

Chloración en cubeta
Distribución de Aquatab

SANEAMIENTO

HIGIENE

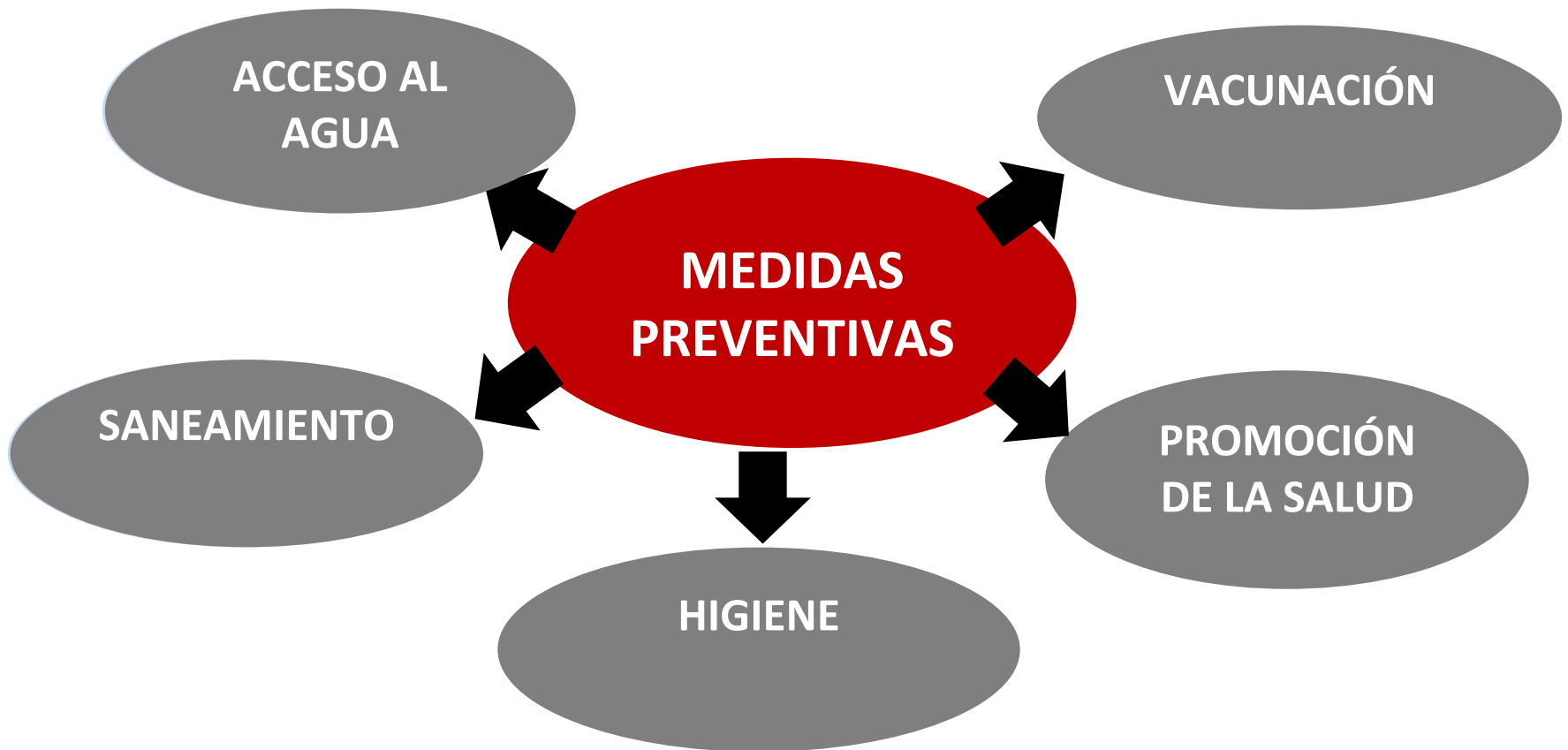
Distribución del kit (jabón, pastillas de cloro etc.)
durante la investigación de casos

VACUNACIÓN

Actividades preventivas



Reducir la propagación de la enfermedad: Estrategias de intervención





Higiene

- Promoción de condiciones y prácticas de higiene.
 - Higiene de manos
 - Higiene alimenticia
 - Higiene del hogar: distribución de kits de higiene del hogar
- Prácticas funerarias y de entierro seguras



Actividades de saneamiento

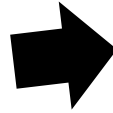
- Eliminación de excrementos
- Eliminación de aguas residuales



Vacuna oral contra el cólera

- Stock global limitado
- Decisión de vacunar: evaluación utilizando criterios demográficos y epidemiológicos
- Selección de población objetivo: población afectada o población altamente vulnerable a la extensión
- Combinando con otras medidas de control del brote
- Se puede utilizar una estrategia de dosis única

RESPUESTA AL BROTE DE CÓLERA



Participación comunitaria/ Protección de la salud



A **FleetWatch** INITIATIVE

URGENT ALERT! CHOLERA CRISIS!

**Cholera
Danger
areas**

The cholera outbreak, which started in August 2008 and has killed over 3 000 people and infected almost 60 000 others in Zimbabwe, has now swept across the entire region affecting Botswana, Mozambique, South Africa and Zambia, with millions of people now living under the threat of contracting the deadly disease.

We urge you to take note of the information below and distribute this poster to all company personnel, especially employees and drivers who travel into neighbouring states or into areas in South Africa affected by the disease. It is also available on e-mail should you wish to print extra for your drivers. Call 011 794 2490/1

What is Cholera?

- Cholera is a sickness caused by germs that attack a person's stomach resulting in a rapid loss of body water through vomiting/diarrhoea.

How do we know that someone has cholera?

- The first sign of cholera is a runny stomach (diarrhoea).
- The person loses a lot of water very quickly, feels weak and complains of cramps in their arms and legs.
- Eventually the skin becomes cold and wrinkled.

Where do cholera germs come from?

- The germs live in the intestines of some people. Sometimes the germs make them sick and sometimes not.

How do the germs spread from one person to another?

- Cholera is spread by poor hygiene. When infected people go to the toilet the germs come out with the stool.
- If infected people go to the toilet in the bush the stool gets onto a person's hands or gets washed into a river which is then used for drinking water or to wash food.
- The germs can spread to other people when they drink the water or eat the food, which may look OK, but contains germs. Once inside the body, it can make that person sick.

How can we stop cholera?

There are a few things that people can do so that germs do not spread from one person to another:

- Toilets should be kept clean.
- Toilets should be far away from any river or stream used for drinking or washing.
- Wash your hands each time you have been to the toilet.

Points to Remember

- Wash your hands before you touch food.
- Wash and peel fruit and vegetables in clean or treated water before you eat them.
- Don't eat raw food.
- Cholera germs like luke-warm food. Cooked food must be eaten as hot as possible.
- Do not use water unless you know that it is clean. If you are not sure, boil the water or add bleach to it first.

If already infected with cholera:

- Avoid taking antacids like "Eno" or "Rennie's"
- Avoid self induced vomiting (u ku gabha)
- Do not share any type of enema.
- Avoid fizzy drinks like Coke and lemonade

Water is very important for recovery:

- A person can die from Cholera very quickly. This is due to loss of water and body salt and sugar. It is important to give an infected person large quantities of a water, salt and sugar mixture.
- Take 1 litre clean water, 8 level teaspoons sugar, half level teaspoon salt. Mix all together. Adults should drink as much as they want but at least one to two cups after each watery stool.
- If you use a lot of water, add 1 teaspoon of Jik or Javel to 25 litres of water and mix it. Leave the water in the container overnight or for at least 2 hours before using the water. If only a little water is needed add 5 drops of bleach to one litre of water and leave it for half an hour before use.

A SIMPLE RULE TO REMEMBER IS

**"BOIL IT, COOK IT,
PEEL IT OR FORGET IT"**

HOW TO MAKE SURE WATER IS SAFE

Boil water for ten minutes and leave to cool

OR

Add one teaspoon of JIK to 25 litres of water

HOW TO TREAT CHOLERA

Replace fluid and salts lost through diarrhoea and vomiting with the following simple mixture:

Mix one litre of clean, boiled water with 8 level teaspoons of sugar and 1/2 level teaspoon of salt

Start to give the infected person as much of this mixture as possible, at least two cups after each stool and seek professional medical attention immediately.

IMPORTANT

If you think you may have contracted cholera, the most important thing to do is to stay hydrated, drink as much clean water as possible - it will save your life.

Go see a doctor immediately for the prescribed antibiotics.



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Acute watery diarrhoea cases detected in Zimbabwe! Only drink safe water. Water is made safe in one of the following ways:

- o Boiling (for at least 1 minute)
- o Chlorination, for example with aquatabs
- o Make sure the water container is clean and properly closed



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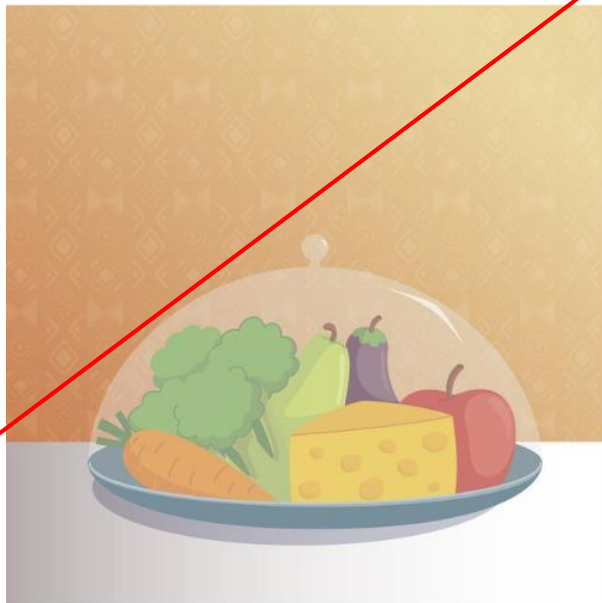
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Acute watery diarrhoea cases detected in Zimbabwe!

Check below tips how to avoid contaminated food.

- Thoroughly wash and peel fruits and vegetables
- Do not eat exposed food at street vendors
- Do not leave food exposed
- Eat only thoroughly heated food (to at least 70° Celsius)



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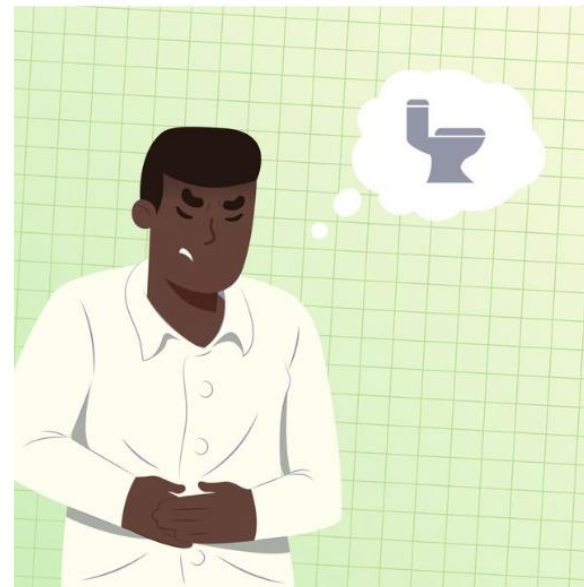
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Acute watery diarrhoea cases detected in Zimbabwe!

Acute diarrhoea disease can lead to dehydration and can even be deadly if left untreated.

If you suffer from watery diarrhoea several times a day, go to the hospital supported by MSF. The doctors can easily treat it as long as you get there on time. In case of an emergency, call the ambulance number.



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Cholera Alert: Drink Safe Water Only!

Ensure your water is safe with these steps:

- Boil Water (at least 1 minute)
- Use Chlorination (e.g., aquatabs)
- Keep Your Water Container Clean & Closed

Your safety starts with safe water!



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Cholera Alert: Keep Your Food Safe!

Follow these essential tips to avoid contaminated food:

- Wash & Peel: Thoroughly wash and peel fruits and vegetables.
- Raw Food Caution: Ensure raw foods are either thoroughly washed or cooked with clean water.
- Cover Up: Do not leave food exposed to the air. Use covers!
- Heat It Right: Eat only thoroughly cooked food while it's still hot.

Stay vigilant and keep your meals safe from cholera!



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Cholera Alert! Know the Signs & Act Fast!

Cholera Symptoms:
Watery Diarrhoea Vomiting (Optional)

If you suspect cholera:

- Act Quickly: Take the sick person to the clinic immediately.
- Hydrate on the Go: Give oral rehydration solution en route to the clinic.
- Free Treatment: Remember, cholera-related treatment is provided at no cost.

Warning: Cholera can be fatal if treatment is delayed. Act swiftly!



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Coordinación



**RESPUESTA
AL BROTE DE
CÓLERA**



Agradecimientos

- Equipo de la OMS y MSF
- Ministerio de Salud de Zambia y Zimbabue
- Voluntarios comunitarios, Cruz Roja, Oxfam, UNICEF



Ninguna persona es una isla; la muerte de cualquiera me afecta, porque me encuentro unido a toda la humanidad; por eso, nunca preguntes por quién doblan las campanas; doblan por ti. (John Donne)



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