

MODULE

Diarrheal Diseases

For the Ethiopian Health Center Team



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UNIT ONE

INTRODUCTION

1.1 Purpose and The Use of Module

The scarcity of relevant teaching or learning materials in the higher training institutions of Ethiopia has been one of the bottlenecks in affecting efficient task oriented and problem solving training. Preparation of a teaching material that will meet the aforementioned mission is an activity that should in no way be postponed or delayed.

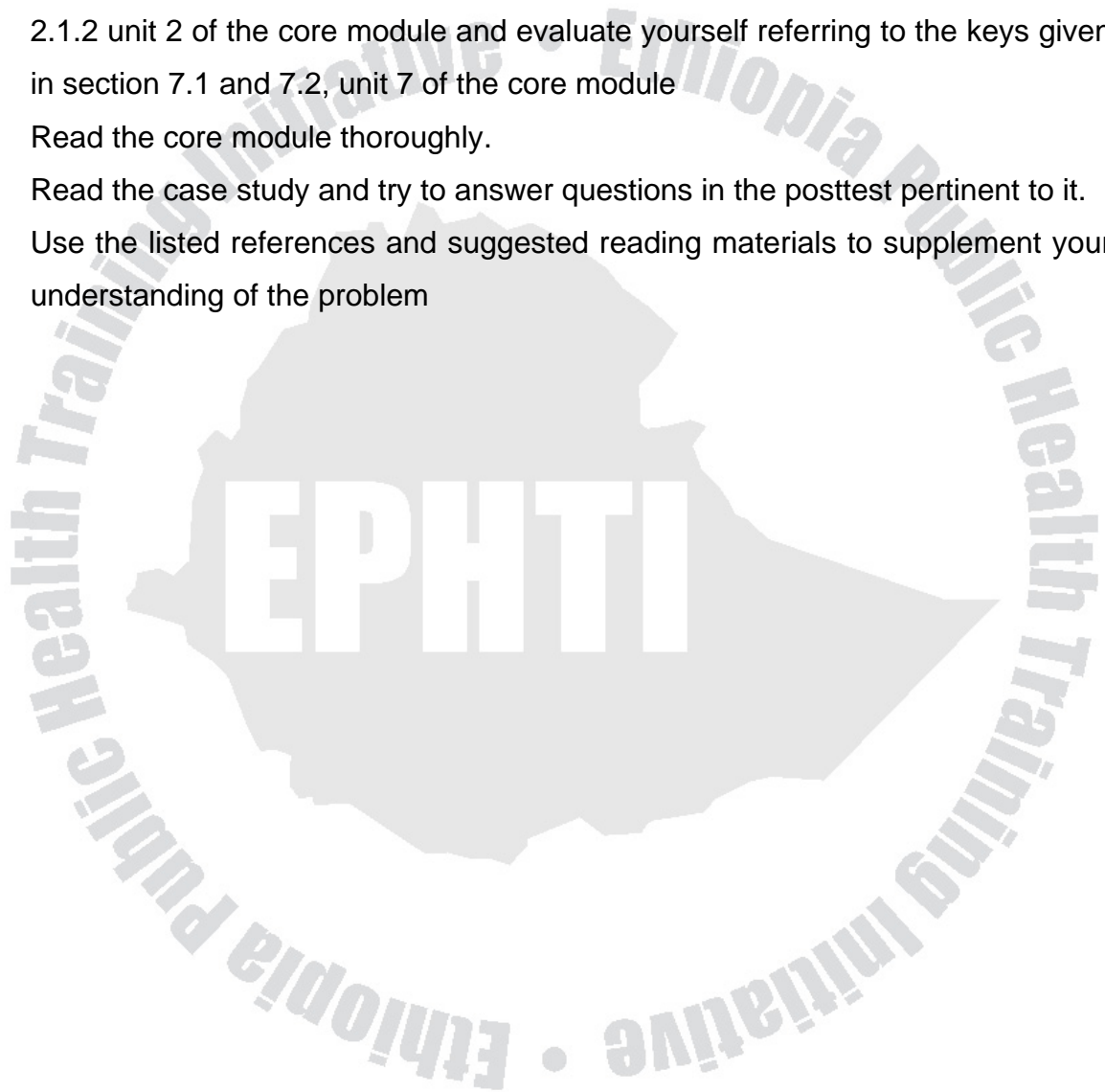
Therefore, the purpose of this module is to enable students to develop adequate knowledge, attitude and practical skills through interactive and participatory learning. This module will help the health center team comprising of health officers, public health nurses, laboratory technicians and sanitarians to correctly identify cases of diarrhoea and manage them effectively as team members. For this reason separate satellite modules are prepared for each professional category of the health center team based on the tasks expected of them.

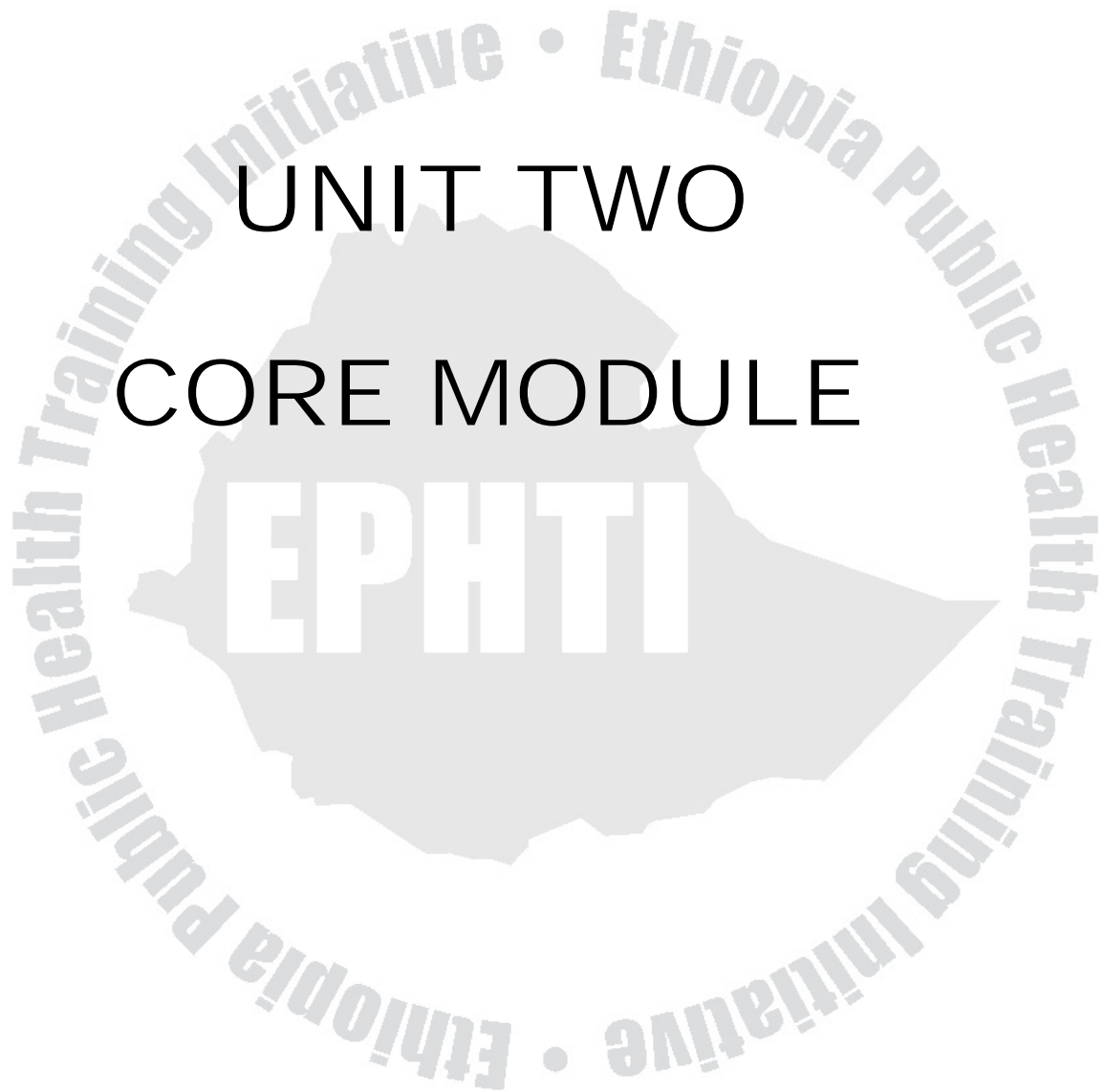
The module can also be used for training of the health center team who are already in the service giving sectors, in the basic training of clinical nurses, community health workers and caregivers. However, the module is not intended to replace standard textbooks or other reference materials.

1.2 Direction For Using The Module

In order to make maximum use of the module the health center team should follow the following directions:

- Do the pretest for all categories of the health center team in section 2.1.1, unit 2 of the core module and the pre-test for your professional category under section 2.1.2 unit 2 of the core module and evaluate yourself referring to the keys given in section 7.1 and 7.2, unit 7 of the core module
- Read the core module thoroughly.
- Read the case study and try to answer questions in the posttest pertinent to it.
- Use the listed references and suggested reading materials to supplement your understanding of the problem





UNIT TWO
CORE MODULE

EPHTI

2.1 Pre and Post Test

2.1.1 Pre and Post Test For All Categories of the Health Center Team

1. Dagmawi is a 9 months old infant and was healthy until he developed diarrhoea 3 weeks ago. The episode began with stools that were loose and sometimes watery. Dagmawi had vomited several times in the past week. His mother said that he does not eat as much as usual and seems to have lost weight. He was weaned from breast milk to cow's milk 3 months ago. What type of diarrhoea does he have?
 - A. Acute diarrhoea
 - B. Chronic diarrhea
 - C. Dysentery
 - D. Persistent diarrhoea

2. Which of the following agents are important causes of acute diarrhea or dysentery in young children in most developing countries? (there may be more than one correct answers)
 - A. Entamoeba Histolytica
 - B. Yersinia enterocolitica
 - C. Shigella species
 - D. Giardia lamblia
 - E. Enterotoxogenic E. coli

3. Which of the following factors can reduce the incidence and severity of diarrhea in young children? (There may be more than one correct answer)
 - A. Washing hands after defecation and before preparing food.
 - B. Bathing the child frequently
 - C. Exclusive breast - feeding for the first 4 -6 months of life.
 - D. DPT immunization
 - E. Immunization against measles

4. Which of the following can enhance the absorption of sodium in the intestine (there may be more than one correct answer)
- A. Cooked rice water
 - B. Cereal based ORT
 - C. Plain sugar
 - D. Some amino acids
 - E. Glucose
5. For which of the following situations is ORT using ORS solution or food based ORT effective? (there may be more than one correct answer)
- A. Maintenance therapy for an infant with Rota virus diarrhea
 - B. Rehydration of a child with cholera who is alert and able to drink
 - C. Rehydration of a child with diarrhea and paralytic **illius** with abdominal distension
 - D. Rehydration of a comatose child with severe dehydration and shock due to rotavirus diarrhea
 - E. Maintenance therapy of a child with cholera, after being rehydrated
6. Which of the following are signs of severe dehydration?
- A. The skin pinch goes back slowly (within 2 seconds)
 - B. The child is very lethargic
 - C. The child is unable to drink
 - D. The eyes are slightly sunken
 - D. The mouth & tongue are very dry
7. Which of the following is not an etiological agent responsible for the development of diarrhea?
- A. Giardia lamblia
 - B. Vibrio cholera
 - C. Shigella dysenteriae
 - D. E.histolytica
 - E. None of the above

8. Bacillary dysentery is caused by
- A. Viruses
 - B. Bacteria
 - C. Parasites
 - D. Fungus
 - E. All of the above
9. The specimen used for microscopic investigation of the causes of diarrhoeal diseases is
- A. Blood
 - B. Stool
 - C. Urine
 - D. Sputum
10. Extra intestinal amebiasis is caused by
- A. E.histolytica
 - B. G.lambliia
 - C. Shigella
 - D. Viruses
 - E. All of the above
11. Which one of the following statements is not true?
- A. Microorganisms can cause acute or chronic diarrhea
 - B. Acute diarrhea is caused by microorganisms only
 - C. Microorganisms are not the only causes of acute or chronic diarrhea
 - D. A and B
 - F. A and C
12. What is the common way of diarrhoeal disease transmission
- A. Through contaminated water
 - B. Through contaminated food
 - C. Through contaminated spoil
 - D. Through contaminated hand

- E. All of the above
13. In the Ethiopian context what are the hazards in the living environment that promote the transmission of diarrhea.
- A. when toxic material is deposited in the open field
 - B. when people defecate in the open field
 - C. When lead and mercury are ingested
 - D. When people use biomass fuel
 - E. None of the above
14. What are the important practices one should follow after constructing a latrine?
- A. Cleanliness of the latrine
 - B. Covering the hole
 - C. Ventilation to avoid bad odor
 - D. Hand washing practice after defecation
 - E. All of the above
15. If one does not have soap what other material can he use to wash his hands after defecation?
- A. Oil
 - B. Ash
 - C. Dirt
 - D. Dung
 - E. All of the above
16. What social problem can you identify for the cause of Kadija's death?
- A. lack of road
 - B. lack of health facility
 - C. Poverty
 - D. All of the above
 - E. None of the above

17. When you are teaching and demonstrating how to prepare ORS at home, Which one of the following is wrong?
- A. Washing of hands before and after preparation of ORS solution.
 - B. The ORS Should be mixed with 500 ml of clean water.
 - C. Instructing the mother to give frequent small sips using a cup or spoon.
 - D. Instructing the mother to continue giving extra fluid until diarrhea stools.
18. Which one of the following is wrong procedure about rehydration using nasogastric tube?
- A. Using clean NG tube
 - B. Moistening the tube with water-soluble lubricant or oil.
 - C. Passing the tube through the nostril and gently advancing it until the tip is at the back of the throat.
 - D. Placing the patient on his back with the head slightly tilted backward.
19. Which of the following is true about cereal based ORT?
- A. Absorption of sodium is better as compared to glucose based ORT.
 - B. The energy and protein contents are higher than glucose based ORT.
 - C. Osmotic diarrhea is higher in the case of cereal based ORT.
 - D. A and B.

2.1.2 Pre and Post Test for Specific Categories of The Health Center Team

2.1.2.1. For Health Officers

1. In which of the following situation is it correct to give an antibiotic to a child with diarrhoea (there may be more than one correct answer)
 - A. The child has had bloody diarrhoea with fever for 2 days.
 - B. The child has had watery diarrhoea with fever for 2 days.
 - C. The child has fever, dehydration from acute watery diarrhoea and cases of cholera
 - D. The child has had diarrhoea for 12 days and shows signs of dehydration and weight loss.
 - E. A child who has rota virus diarrhea
2. Which one of the following complications of severe diarrhoea is most dangerous?
 - A. Potassium depletion
 - B. Anorexia
 - C. Base-deficit acidosis
 - D. Fever
 - E. Hypovolaemia
3. which of the following are features of hypertonic dehydration?
(There may be more than one correct answer.)
 - A. Extreme thirst
 - B. Serum sodium concentration of 140mmol/liter
 - C. Very irritable child
 - D. Serum potassium concentration of 3.8 mmol/ liter
 - F. Lethargic child

4. Kadija, who is a 2 years old child is brought to you because she has had a diarrhea for three days. When you examine her you note that she is irritable and fussy and that her skin pinch goes back rather slowly. Other findings most consistent with her degree of dehydration would be:
- A. Normal eyes, tears are present when she cries, the mouth and tongue are moist
 - B. The eyes are very sunken, tears are absent when she cries, and she is unable to drink
 - C. The eyes are somewhat sunken, she drinks water eagerly from a cup, the mouth and the tongue are (rather dry)
 - D. She has fever of 38.5°C , her stool contains some blood, she is not interested in drinking water.
5. A mother brings her 2 year old daughter Kadja to you because she has had diarrhoea for two days. When you examine her you note that she is irritable and fussy, her eyes are not sunken, she has tears when she cries, her mouth is somewhat dry, and she takes water eagerly from a cup, her skin pinch goes back rather slowly. She does not appear to be under nourished. Based on these findings, what conclusions would you draw about Kadja's condition and how she should be treated. (There may be more than one correct answer)
- A. Kadija has severe dehydration
 - B. Kadija has no signs of dehydration
 - C. Kadija has some dehydration
 - D. Kadija should be treated according to treatment plan A
 - E. All, are correct
6. Which of the following is not the sign of severe dehydration?
- A. Low urine output
 - B. Lethargy
 - C. Irritability
 - D. Drinking eagerly
 - E. Hypotension

7. List the different types of diarrhea by pathogenesis
- A.
- B.
- C.
- D.
8. What is the possible diagnosis in child with bloody diarrhea, tenesmus, fever, abdominal cramp and there were members of his family with this manifestation in the last 4 days?
- A. Giardiasis
- B. Amebiasis
- C. Bacillary Dysentery
- D. Food poisoning
- E. A & C
9. Could there be any possibility of occurrence of an outbreak in this family's village?
- A.
- B.
10. What could be the complication of such kinds of diarrhea?
- A. Dehydration and shock
- B. Reactive arthritis
- C. Toxic mega colon
- D. Hemolytic uraemic syndrome
- E. All can be the possible complications

2.1.2.2 For Public Health Nurse

Multiple choice: Circle the correct Answers.

1. In acute diarrhea the primary concern is to rapidly replace losses of body fluid and:

- A. Sodium, chloride, potassium and bicarbonate
 - B. Sodium, Potassium, zinc and Iron
 - C. Sodium, phosphate, calcium and magnesium
 - D. Iron, Sodium, Zinc and calcium.
2. Reasons why diarrhea may lead to malnutrition are:
- A. Loss of appetite
 - B. Damage to small bowel mucous, resulting in malabsorption
 - C. Food withdrawal
 - D. All of the above
3. The oral rehydration salts (ORS) solution recommended by WHO and UNICEF contains:
- A. Sucrose, water, sodium chloride, organic flavour and potassium chloride
 - B. Glucose, water, sodium chloride and sodium bicarbonate.
 - C. Glucose, water, sodium chloride, potassium chloride and trisodium citrate dehydrate
 - D. Glucose, water and sodium chloride.
4. One packet of ORS packaged by UNICEF should be mixed in:
- A. An amount of water depending on the degree of dehydration
 - B. 500 ml of water.
 - C. 1000 ml of water
 - D. 1500 ml of water
5. Indications for intravenous therapy in the treatment of acute diarrhea are:
- A. Some dehydration, fever, nausea, and vomiting.
 - B. Severe dehydration with shock, stupor or coma, persistent vomiting or paralytic illness.
 - C. Any dehydration with fever and pneumonia
 - D. None of the above

6. ORS (oral Rehydration salt) is:
- A. A physiological fluid for rehydration and maintenance body fluid and electrolyte in diarrhea
 - B. A food during diarrhoea
 - C. Indicated only in diarrhea with fever and tenesmus
 - D. Useful only in very mild cases
 - E. A replacement for IV fluid whenever there is severe dehydration.
7. Oral fluid can be administered by:
- A. Cup and spoon
 - B. Catheter
 - C. Nasogastric tube(NGT)
 - D. A and C
8. The correct home treatment of diarrhea is:
As soon as diarrhea starts,
- A. Give more fluid than usual, discontinue feeding and look for signs of dehydration.
 - B. Give more fluid than usual especially Food based ORT , continue feeding, and give anti-diarrhoeal agents.
 - C. Look for more signs that indicate a child should be taken to a health worker.
 - D. Reduce fluid intake, discontinue feeding, look for signs of dehydration.
9. Effective ORT use for the treatment of diarrhea dehydration can reduce:
- A. Hospital diarrheal disease case-fatality rates.
 - B. The proportion (or percentage) of cases treated with intravenous fluids.
 - C. Hospital admission rates for diarrhea diseases
 - D. All of the above.
 - E. None

10. Three key signs of dehydration in children are:
(there are more than one answer)
- A. Increased crying spells.
 - B. Increased thirst, eagerness to drink
 - C. Restless, irritable condition
 - D. Sunken eyes.
 - E. Reduced ability of skin to retract.

2.1.2.3 For Laboratory Technicians

Directions: Choose the letter of the answer that best suits

1. One of the following is not included under macroscopic examination of stool specimen?
- A. Consistency of stool
 - B. Elemental composition of stool
 - C. Ova and cyst stages of parasites in the stool
 - D. Color and odor of stool specimen
 - E. None of the above
2. In acute diarrhoeal disease the usual stage of *E. histolytica* and *G. lamblia* that is found in diarrheic stool sample
- A. Cyst
 - B. Trophozoites
 - C. Larvae
 - D. A and B
 - E. None of the above
3. In macroscopic and chemical tests examination of amoebic dysentery, the stool appears to be
- A. Acidic pH
 - B. Bloody
 - C. Mucoid
 - D. Offensive odor
 - E. All of the above

4. Stool specimen for the investigation of diarrhoeal disease can be collected in
- A. Cary-Blair transport medium
 - B. A waxed cardboard box
 - C. Plastic box
 - D. A glass Jar designed for stool collection
 - E. All of the above
5. Diarrhoeal stool specimen should be
- A. Examined immediately
 - B. Examined macroscopically only
 - C. Referred to specialized laboratories for culture and biochemical tests
 - D. Preserved in suitable medium
 - E. All of the above
6. Usually methylene blue fecal smear preparation helps to investigate
- A. Fecal leukocytes
 - B. Stages of parasites
 - C. Bacteria
 - D. Viruses
 - E. All of the above
7. Modified Ziehl-Nelsen staining of fecal smear helps to detect and identify stages of
- A. T.trichiura
 - B. E.vermicularis
 - C. Cryptosporidium
 - D. histolytica
 - E. None of the above
8. Basic fuchsin fecal smear preparation mainly helps to investigate
- A. Campylobacters
 - B. Hookworms
 - C. Rotaviruses

- D. G.lamblia
- E. None of the above

2.1.2.4 For Sanitarians

Directions: Give short answers for the questions stated below.

1. What are the causative agents of diarrhoea that are related to viral agents?
2. If feces is deposited in the open area how would it reach our food source?
3. What are the common ways of diarrhoeal transmission?
4. Even if individuals are supplied with clean water it may be contaminated in the home. How would that happen?
5. Mention three transmission routes of diarrhea and describe how the disease is transmitted through that route?
6. How is food contaminated by diarrhoea causing germs :
 - At the source
 - During preparation
 - During storage
7. In the Ethiopian context what are the hazards in the living environment that promote the transmission of diarrhea?
8. What personal hygiene practice plays a major role in preventing the transmission of diarrhoeal disease?
9. What two methods do you know in giving health education ?
10. What are the important practices one should follow after constructing a latrine?
11. Where do you site a pit latrine? Why?
12. What hygienic behavior contribute to diarrhoeal disease transmission when drawing water from water storage

2.1.2.5 Pre and Post Test for PHWs/CHWs

Directions: Choose the letter of the answer that best suits (there could be more than one answer)

1. The cause of diarrhoeal diseases is
 - A. Germs
 - B. Evil eye
 - C. Taking more third diet
 - D. Tooth extraction
 - E. None

2. One method of preventing diarrhoeal disease is:
 - A. Keeping personal hygiene
 - B. Proper waste disposal
 - C. Immunization
 - D. Food hygiene
 - E. All

3. Which of the following is the most life saving for a child with watery diarrhea
 - A. Antibiotic
 - B. ORS including Food Based ORT
 - C. Charcoal
 - D. Antibiotic
 - E. Injection

4. How is ORS prepared?
 - A. Mixing one sachet in 500ml of clean water and using it only for 12 hours
 - B. Mixing two sachets in a liter of clean water and using it in 24 hours period
 - C. Mixing a sachet of ORS with a liter of pure water and using it as long as it is needed in 24 hours
 - D. All

- E. A & b only
5. Suppose there are over 10 children who developed bloody diarrhea with fever and tenesmus in your surrounding over a period of 5 days, what will you do first?
- A. Give contrimoxazole to all of them
 - B. Give ORS to all of them
 - C. Alert the health center team and try to work out the cause and means of prevention
 - D. B & C
 - E. None
6. What factors exposed Kedija to diarrhoeal disease?
- A. Poor feeding
 - B. Poor environmental hygiene
 - C. Harmful traditional practices
 - D. Economic problems
 - E. All are correct
7. From the story in the core module unit 2, section 2.4, what would you have done to prevent to development of diarrhoeal disease?
- A. _____
 - B. _____
 - C. _____
 - D. _____
 - E. _____

2.2 Significance and Brief Description of the Problem

Diarrhoeal diseases are one of the top (major) leading causes of under five morbidity, mortality and under nutrition in developing countries. In African countries including Ethiopia, each child on average suffers from five episodes of diarrhoea per year while the two-weeks prevalence ranges from 10 to 40% in different parts of Ethiopia.

Diarrhoeal diseases have persistently been the first or the second causes of visits to health units in the country. In general, diarrhoea alone contributes to 19% of the under five deaths globally, while 22.5% of hospitalization and up to 20% of all outpatient visits in children. Diarrhoeal death ratio, i.e number of deaths of children due to diarrhea over the total number of deaths of children due to any cause is 46%.

The dangers of diarrhoea are related to dehydration and malnutrition while, dysentery is another important causes of death due to the fatal complications associated with it. The main objectives of control of diarrhoeal diseases (CDD) in Ethiopia are reduction of morbidity and mortality due to diarrhoeal disease in children under 5 years of age. The control and prevention can be achieved through effective curative, preventive, promotive and rehabilitative services. These services can be rendered effectively by a properly trained health center team-which is the whole theme of this module.

2.3 Learning Objectives

2.3.1 General Objectives:-

The purpose of this module is to equip the students (trainees) with the appropriate knowledge, attitude and skills required to correctly identify and effectively manage diarrhoeal cases as well as prevent and control diarrheal diseases.

2.3.2 Specific Instructional Objectives:-

For correct identification and effective management of diarrhoeal cases, as well as prevention and control of diarrhoeal diseases, students are expected to achieve the following specific objectives:-

1. Identify and define the types of diarrhoea
2. Enumerate the causes and risk factors of diarrhoea
3. Describe the magnitude and contribution of diarrhoea to the overall child health problems both locally and throughout the country

4. Describe the pathogenesis of diarrhea
5. Identify and describe the clinical manifestations of diarrhea and its Complications
6. Demonstrate the process of assessing a child with diarrhoea
7. Identify and demonstrate the clinical manifestations/complications in a child with diarrhea
8. List the diagnostic methods and procedures for diarrhoeal cases
9. Describe the principles and methods of treatment of diarrhoea
10. Select the appropriate treatment plan for a case of diarrhoea
11. Describe the methods of preparing an ORT for use at home
12. Demonstrate the preparation of ORS
13. Demonstrate methods of preparing cereal based ORT at home
14. Identify and manage or refer timely when needed, a case of diarrhoea
15. Demonstrate the appropriate management of cases with diarrhea
16. Value and retain positive attitudes towards the role of rehydration and nutrition in the management of diarrhoea.
17. Describe the limitations and situations where antibiotics are used in the management of diarrhoea .
18. Demonstrate to the mothers and care givers methods of control and prevention of diarrhoeal diseases
19. Describe the factors for occurrence and severity of diarrhoeal diseases
20. Describe the major preventive measures of diarrhoeal diseases

2.4 Case Study (Learning Activities)

2.4.1 The Story of Kedija

Ato Ahmed and Fatuma were married 12 years ago. Fatuma gave birth to her first child three years after marriage, but thereafter she delivered more frequently. Her first born was a girl, the second a boy, and the last was Kedija. Kedija was beautiful, vibrant and somehow always happy and cheerful until she got sick.

The village where Kadija was born and live is isolated. Moreover, it has no safe water supply, health facility, school nor convenient communication. The family lives in a one roomed traditional house together with other animal such as chicken, goats and cows. The dirty floor, the animal waste, and poor ventilation makes the living environment unsanitary.

Since Kadija's mother and father are farmers, they spend most of their time in the field, hence, Kadija and the other kids have never been taken care of by the mother. The elder daughter who is a small girl herself is responsible to look after the little ones.

The family has a small plot of land to farm. If they have a good harvest they may be able to eat one meal a day for some months but not for the whole year. It is during the rainy season, and when food is scarce among other things that Kadija developed bloody diarrhea with fever, tenesmus, abdominal cramp and vomiting .

The family had experienced many unhappy days in the past. Children were getting sick very frequently, Fatuma herself has never been a healthy mother. She has no rest even when she is pregnant as she has to help her husband in the farm. In this time of the year (rainy season), many farm activities take place. Kadija's diarrhoea, although not a new phenomenon in the family is another family burden.

Kadija's diarrhoea worried the mother, nevertheless they did not do any thing to alleviate her problem the first day. The following morning, Fatuma and her husband drank their coffee and left to their farm living Kadija behind with her elder sister. Fatuma returned in the afternoon to take some food to her husband. She also tried to feed Kadija who refused to eat because she had become very weak and sick. When Fatuma returned to the field, she told her husband that Kadija is getting very weak. He told his wife not to worry, "she would be ok" he would not say more and continued to work.

Late in the afternoon the second day, both Kadija's father and mother went home and looked at their sick daughter after which they become worried and scared. Ato Ahmed left immediately to see the village TBA and ask her for help. She told him that she can only deliver babies but does not know how to treat the sick. Nevertheless, she advised

him to visit a traditional healer some distance from their village. He went there in the dark and found the traditional healer who has given him a small quantity of plant juice, Kedija was forced to drink it, but she threw most of it away.

The third day, a woman in the neighborhood who had the same bad experience in the past advised the family to take Kadija to the health center which was found at a distance from their village. Since Ato Ahmed had no money to pay for transport he had to walk to the health center. He started walking very early carrying Kadija in both his arms, his wife following him. The whole trip, Kadija never moved or made any sound. She was very weak. They arrived at the health center around 10:00 a.m. but the guard told them that they are too late. He informed them that they have to return very early the following day. Although they begged and pleaded it was to no avail. They told the guard “she won’t survive the night, please let us in “. He ignored them. So, Fatuma and Ato Ahmed with Kadija in his arms had to sit outside the health center under the fence for several hours thinking, whether they should go back or not and discussing “ Where would we spend the night if we stayed here?”. Tears dribbled from their eyes, lumps swelled in their throat, but no solution. It is then that Ato Ahmed felt a jerky movement in his arms. He looked down at Kadija, terrified. He saw her dying. Kadija died.

In the small funeral service, everyone was talking about children that died in the past. They think God is angry at them. One elder said, “God gives and takes, we should just ask for his mercy”. Another added to the conversation “all are dying within two to three days sickness.” they all know what is happening, but they do not know why.

2.5 Definition

Diarrhea is defined as a passage of three or more loose or watery stools in a 24 hours period. However, mothers may use a variety of terms to describe diarrhoea depending upon whether the stool is loose, watery, bloody or mucoid or there is vomiting (Readings on diarrhoea, 1992). Diarrhea that begins acutely and lasts less than 14 days is called **acute diarrhea** . If diarrhoea begins acutely and lasts longer duration, usually over 14 days, it is called **persistent diarrhoea**.

2.6 Epidemiology of Diarrhoeal Disease

2.6.1. Magnitude and Severity of The Problem

Diarrhoeal diseases are a leading cause of childhood morbidity and mortality in developing countries where an estimated five million deaths occur each year in children under 5 years of age. Children under 5 years of age may experience as many as 5 episode of diarrhoea per year, although a rate of 3-4 episode is more common. Most of the diarrhoeal episode occurs in children in the first 2 years of life. In some areas young children spend 15 -20% of their time with a diarrhoeal illness. Diarrhoeal episodes result in approximately 5 million deaths each year. About 80% of these deaths occur in children in the first 2 years of life. Most diarrhoeal illnesses are acute, lasting not more than 2 weeks; however, about 5% of these illnesses last longer. These persistent diarrhoea cases require care that is expensive and often ineffective, and they may cause as many as 25% of all diarrhoeal associated deaths.

In addition to causing high rates of morbidity and mortality, diarrhoeal diseases are one of the main causes of childhood malnutrition. Also as many as 30% of pediatric beds in developing countries are occupied with children with diarrhoeal diseases. As a result, diarrhoeal diseases levy a very heavy burden on health facilities and national health budgets .

2.6.2 Mode of Transmission and Risk Factor

2.6.2.1 Mode of Transmission

Usually the indirect mode of transmission through vehicles like water and food is common. Sometimes, direct transmission takes place as in the case of auto infection where poor personal hygiene, especially failure to wash hands after defecation, is responsible. Examples of behaviors that help enteric pathogens to spread are: preparing food with hands that have been soiled during defecation without washing; or

allowing an infant to crawl, or a child to play in an area where human or animal feces are present.

2.6.2.2 Risk Factors for Diarrhea

2.6.2.2.1 Host Factors

2.6.2.2.1.1 Behavioral Factors That Increase the Risk of Diarrhea

A number of specific behaviors help enteric pathogens to spread and thus increase the risk of diarrhea.

These Include:

- Failing to breast-feed exclusively for the first 4-6 months of life. The risk of developing severe diarrhea is many times greater in non-breast fed infants than in infants who are exclusively breast -fed. The risk of death from diarrhea is substantially greater.
- Using infant feeding bottles. They easily become contaminated with bacteria and are difficult to clean. When milk is added to a contaminated bottle, it becomes a fertile ground for bacterial growth
- poor weaning practice (abrupt and/or early weaning with dilute and dirty formula)
- Storing cooked food at room temperature and using them without heating adequately. When food is cooked and then stored to be used later, it may be easily contaminated, for example, by contact with contaminated surface, or container if not covered, or when a contaminated hand comes in to contact with water being used for drinking or food preparation in the kitchen.
- Failing to wash hands after defecation, after handling feces or before handling food.

- Failing to dispose feces off (especially infant feces) hygienically. It is often believed that infant feces is harmless, whereas it may actually contain large numbers of infectious viruses or bacteria. Animal feces also can transmit enteric infections to humans.

2.6.2.2.1.2 Host Factors That Increase Susceptibility To Diarrhea (biological factors)

Several host factors are associated with increased incidence, severity, or duration of diarrhea. They include:

- Malnutrition : the severity and duration is increased in under nourished children, especially those with severe malnutrition.
- Failure to get children immunized for measles:- diarrhea and dysentery are most frequent or severe in children with measles or who have had measles in the previous four weeks. This presumably results from immunological impairment caused by measles. Its association with diarrhea accounted for one-third or more of diarrhea related deaths in young children. Measles predisposes to diarrhea by:
 - a. Direct effect of the virus on the intestinal epithelium
 - b. Inducing immune suppression
- Immunodeficiency or immunosuppression:- This may be temporary, due to certain viral infections (e.g. measles) or it may be prolonged, as in persons with the acquired Immunodeficiency syndrome (AIDS). When immunosuppression is severe, diarrhea can be caused by unusual pathogens and may also be prolonged.
- **AGE** - Most diarrheal episodes occur during the first two years of life. Incidence is highest in the age group 6-11 months, when weaning often occurs. This pattern reflects the combined effects of declining levels of antibodies acquired from the mother, lack of active immunity in the infant, introduction of food that may be contaminated with fecal bacteria, and direct contact with

human or animal feces when the infant starts to crawl. Most enteric pathogens stimulate at least partial immunity against repeated infection or illness, which helps to explain the declining incidence of disease in older children and adults.

2.6.2.2.2 Environmental Factors

- **Seasonality:-** Distinct seasonal patterns of diarrhea occur in many geographical areas. In temperate climates, bacterial diarrheas occur more frequently during the warm season, whereas viral diarrheas, particularly diseases caused by rotavirus, peak during the winter. In tropical areas, rotavirus diarrhea occurs throughout the year, increasing the frequency during drier, cool months, whereas bacterial diarrhea follows the same seasonal pattern as that of acute watery diarrhea.
- Inadequate food intake due to different reasons
- Poverty and poor living conditions

2.7 Etiology and Pathogenesis

The Commonest Etiologies of Diarrhoeal Diseases Are:-

Virus

- Rota virus
- Measles

Bacteria

- E.coli(enterotoxigenic and enteropathogenic)
- Vibrio cholera
- Shigella
- Salmonella
- Staphylococcus aureus
- Clostridium perferengis
- Yersinia enterocolytica

Protozoa

- Cryptosporidium
- Giardia lamblia
- Entamoeba histolytica
- Iospora belli

Metazoa

- Schistosoma mansoni and other parasites

2.7.1 Pathogenesis

Whichever pathogen is the cause of diarrhea, the mechanism of its development can be grouped into the following parts:-

1. **Secretory Diarrhea**

This occurs when absorption of sodium in the villi is impaired while the secretion of chloride in the crypt cells continues to increase. This situation occurs in infection with cholera and Enterotoxigenic E. coli (ETEC), food poisoning etc. in which case the toxins from the microorganisms stimulate secretion of fluid.

2. **Invasive Diarrhea**

This occurs when there is disruption of the intestinal mucosal cells as a result of invasion by bacteria, protozoa, or parasites (see causative agents)

3. **Motility Diarrhea**

This occurs due to increased motility (peristaltic action) of the gastrointestinal tract (GIT) resulting in a decrease in the transit time of food or drink across the GIT. This gives less chance for the contents to be absorbed, example thyrotoxicosis, Hyperkalemia and use of purgatives.

4. **Osmotic Diarrhea**

This occurs due to decreased absorption of osmotically active substance which draws fluid in the GIT with it by osmosis and makes the stool to be loose or watery, example Lactose intolerance and Laxatives.

5. **Malabsorption Syndrome**

This occurs because of decreased absorption of nutrients as a result of abnormality in the absorptive surface area (example sprue, gluten induced enteropathy, seatorhea, enzyme deficiencies, etc...)

2.8 Clinical Features(Signs and Symptoms)

2.8.1. Symptoms :

Symptoms

- ◆ Passage of loose stool
- ◆ Increased frequency of passage of stool
- ◆ Loose, watery consistency of stool
- ◆ Low urine out put
- ◆ Increased volume of stool
- ◆ Vomiting

Signs

- ◆ Sunken eye ball
- ◆ Dry tongue and ducal mucosae
- ◆ Poor skin turgor
- ◆ Low blood pressure
- ◆ Lethargy
- ◆ Weight loss

2.8.2. Using Clinical Signs to Determine the Degree of Dehydration

As indicated in table 1 below, the degree of dehydration dictates as to which treatment plan one should follow based on the signs of dehydration.

Table 1. Major Signs and Grades of Dehydration

1. LOOK AT CONDITION	Well, alert	* Restless, irritable	* Lethargic or unconscious; floppy
Eyes	Sunken	Sunken	very sunken and dry
Tears	Present	Absent	Absent
Mouth & tongue	Moist	Dry	Very dry
Thirst	Drinks normally, not thirsty	* thirsty, drinks eagerly*	* Drinks poorly or not able to drink*
2. FEEL SKIN PINCH	Goes back quickly	*goes back slowly*	*goes back very slowly*
3. DECIDE	The patient has NO signs of dehydration	If the patient has two or more signs including at least one *sign* there is some DEHYDRATION	If the patient has two or more signs, including at least one *sign* there is severe DEHYDRATION
4. TREAT	Use treatment plan A	Weight the patient, if possible, and use treatment plan B	Weight the patient and use treatment plan C URGENTLY

Adopted from reading on diarrhoea, WHO, 1992

Complications :-

- Dehydration
This is the most common acute complication which accounts for 70% of deaths due to diarrhea
- Malnutrition
- Electrolyte imbalance

Key sign *

For two or more of the above signs plus one key sign (*) indicates severe dehydration and requires urgent treatment, according to treatment plan C.

(* key sign for some dehydration and ** key sign for severe dehydration)

Poor skin Turgor Indicates Severe Dehydration

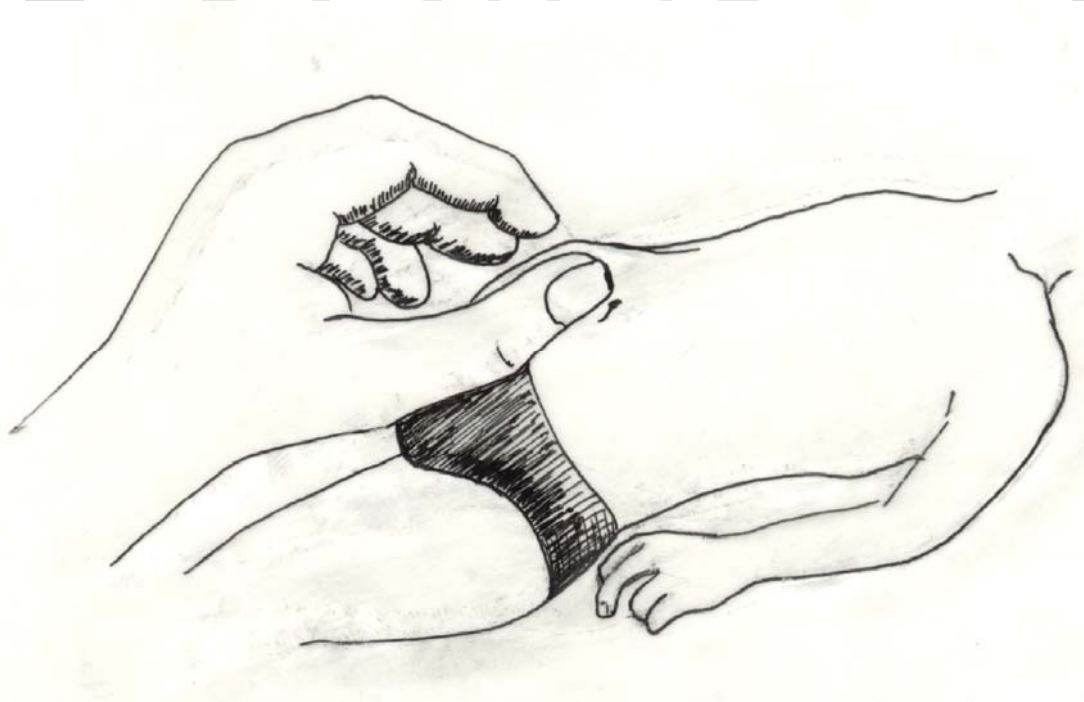


Figure 1. Skin Pinch assessment to detect dehydration

2.9 Diagnosis

2.9.1 Clinical Diagnosis

Mainly from medical history and physical examination (see page 28)

2.9.2 Laboratory Diagnosis

Macroscopic and microscopic examination of stool is sufficient for starting treatment of diarrhoeal disease. A well equipped laboratory is required for culture sensitivity tests and electrolyte determination, but at a primary health care unit(PHCU) level basic laboratory service like stool examination is adequate

2.10 Case Management (see table one page 30)

1. Replace fluid & electrolytes - irrespective of the etiology (give ORS or food based ORT)
2. Continue feeding give increased fluid during diarrhea
3. Anti-microbial and anti-parasites are not required except for Diarrhea due to cholera, severe bacillary dysentery and parasites(for the fluid regimen and the dose and choice of antibiotics, refer to the satellite module for health officers in unit 2, section 2.10).

Giving ORS is Life Saver to a Child With Diarrhea



Figure: 2 Mother giving ORS with spoon



Figure: 3 Mother giving ORS with cup

2.11 Control and Prevention

Diarrhoeal disease occurrence is closely connected with individual and community hygienic practice and thus hygiene education coupled with environmental and water sanitation is the major preventive strategy. The objectives of health education should be to enhance proper case finding and treatment both and in the home as well as at health institution level, and to promote and strengthen the preventive practices related to diarrhoeal diseases.

The effectiveness, feasibility and cost of each of the many possible interventions for the reduction of diarrhea morbidity and mortality in children under 5 years of age was assessed by WHO/CDD supported researchers. Among the interventions, the following seven could markedly reduce the rates of both morbidity and mortality due to diarrhoeal diseases in young children.

1. **Breast Feeding:** during the first 4-6 months infants should exclusively breast fed. This means the baby should receive breast-milk and no other fluids such as water, juice or formula. During the first six months of life, the risk of having severe or fatal diarrhea is 30 times greater for infants who are not breastfed than for infants who are exclusively breastfed. During the second six months of life infants should be partially breastfed. Partial breast feeding reduces the risk of severe diarrhea and diarrhoeal death.
2. **Improved Weaning Practices:** when the child is about 4-6 months old breast feeding should continue but the child should be introduced to a few soft, mashed foods twice per day. From one year of age continue breast feeding as desired and give all foods, suitably prepared, 4 to 6 times per day. Suitable nutritious weaning food recipes should be developed and promoted. Extreme care and safe hygienic practice should be exercised in the preparation and storage of weaning foods.

Breast Feeding is essential for Prevention of Diarrhoea



Figure:4 Mother Breast Feeding

3. **Use of Plenty of Clean Water:** Using plenty of clean water helps protect families from diarrhea. Families can reduce their risk of diarrhea by using the cleanest available water and protecting it from contamination, at the source and in the home.
4. **Hand Washing:** Good hand washing means use of soap (or local substitute), use of plenty of water and careful cleaning of all parts of the hands. (all family members should wash their hands well).
 - After cleaning child who has defecated
 - After defecation
 - After performing and cleaning work
 - Before preparing food
 - Before eating
 - Before feeding a child

Proper Hand Washing Essential for Prevention of Diarrhoea

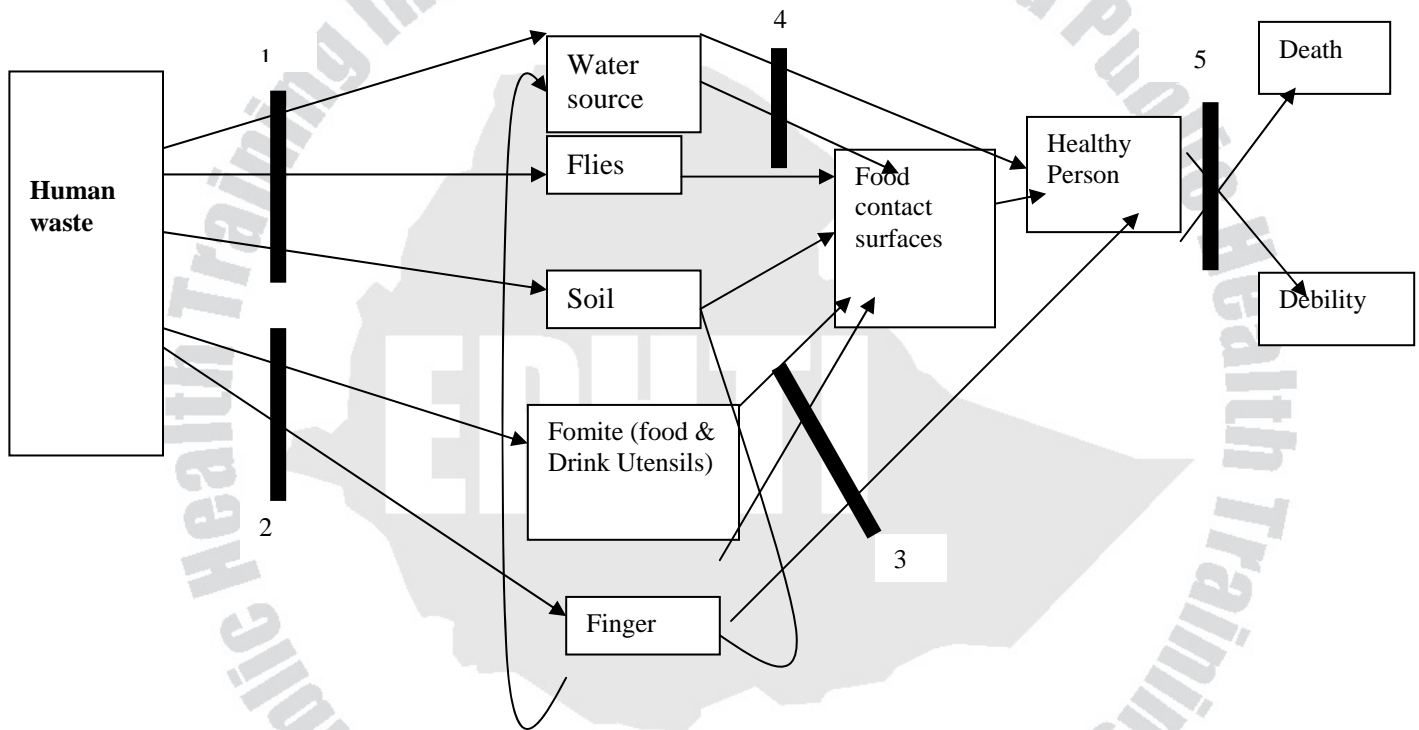


Figure:5 Proper Hand Washing

5. **Use of Latrines:** Diarrhoeal diseases are faeco-oral in transmission. Therefore, disposing of faeces more safely reduces the spread of diarrhea. Latrine ownership and use of latrine are associated with reduced risk of diarrhea.
6. **Proper Disposal of the Stools of Young Children:** Hygienic disposal of the faeces of young children is important. These stools are particularly dangerous because they transmit diseases to other children and parents.
7. **Measles Immunization:** In preventing measles, measles immunization also prevents the diarrhea that often accompanies or follows it. Diarrhea which is associated with measles is particularly severe, is often dysentery, and is more likely to lead to death than most diarrhoea in children. Up to 10% of children with measles and diarrhoea die.

Since diarrhea due to infection (the commonest type) is transmitted by fecal-oral route through food and drink, it may be generally classified as a disease of poor health promoting behavior (especially poor sanitation). This indicates that the disease, can be prevented successfully through a proper sanitation.

This is summarized by the “ 5F” diagram (as it involve: Feces, Food/Fluid , Flies, fomites (utensils) and Finger) below.



- 1 = Barrier No.1(Constructing a sanitary latrine)
- 2 = Barrier No.2(Promote hygiene education for behavioral change)
- 3=Barrier No.3 (Proper washing, storing of utensils and hand washing before handling food)
- 4= Barrier No.4 (Protect water source)
- 5= Barrier No.4(Early case detection and treatment)

The Example of '5F' Diagram Indicates That

1. Human waste exposed to flies and food
2. Human waste contaminating water sources and food
3. Contaminated water, contaminates food or directly a healthy person.
4. Flies that have an access to human waste contaminate food.
5. Poor hygienic practice contaminates the cooking and eating utensils.
6. Flies could contaminate water and fomites
7. Flies could contaminate food
8. Contaminated food could be a health hazard for a healthy person.
9. The overall result will be debility or death

Barriers

In order to stop the transmission of diarrhea from the source, in this case the human waste, there could be two barriers:

1. Physical
2. Behavioral

1. *Physical*

Feces can be disposed by using an excreta disposal system. This discourages the breeding of flies and nuisance conditions created by the feces. It protects the soil from contamination and ultimately surface or ground water pollution by filth and pathogens (see barrier 1)

2. *Behavioral*

If barrier 1 is not available individuals and communities should get a safe water supply from a protected water source so that food preparation and drinking water will at least be safe(see barrier 2). Even if there is excreta disposal system (latrine) unless people use it persistently and wash their hands with soap after they come out of the latrine, it may be useless. A mother, or

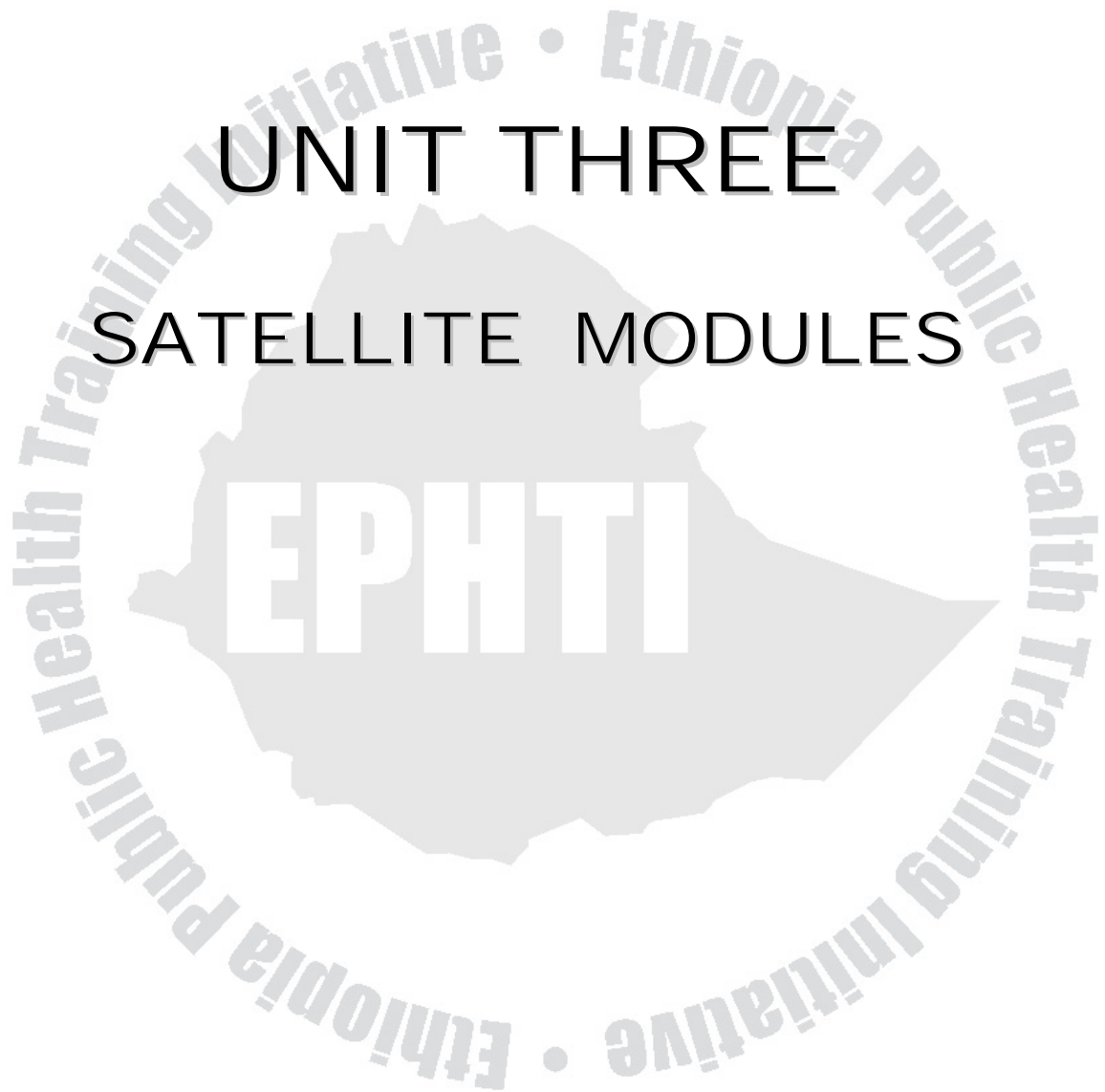
caretaker who does not wash her hands after visiting toilet may contaminate food, food utensils and

other food contact surface (Barrier 3). As one can see from the above diagram, diarrhea prevention strategy should include all the five environmental domains, which are:-

- a. Proper disposal of human feces
- b. Protecting sources of water
- c. Water and personal hygiene
- d. Food protection and hygiene
- e. Domestic and environmental hygiene

2.12 Learning Activities (Case Study) Continued

1. Read case study - the story of Kadija to start discussion on the problems faced by a family such as Kadija's.
 - What caused Kadija's sickness
 - What were the factors that exposed her to the infection
 - Can you enumerate the physical, social, and biological factors that contributed to Kadija's death?
 - What should have been performed by the family immediately after Kadija was sick?
 - What should people in Kadija's village do to save their children from sickness and death?
 - What would be the government's share to alleviate such common problem?
2. Cut all the boxes in the chart that shows transmission routes of diarrhoeal diseases and barriers, and ask groups to reassemble them again.
3. Use also the disease transmission posters for discussion of how that transmission in the poster actually happened.
4. What determines behaviors that promote diarrhoeal disease?



UNIT THREE

SATELLITE MODULES



UNIT 3.1

SATELLITE MODULE FOR HEALTH OFFICERS

UNIT:1 INTRODUCTION

1.1 Purpose Of The Module

The ultimate purpose of this training module is to produce Competent Health Officers who can correctly identify and effectively manage diarrhoeal cases both in clinical and community settings.

1.2 Direction For Using The Satellite Module

This satellite module can be used in the basic training of Health Center team particularly health officers who are in the training and service programs. In order to make maximum use of the satellite module, the health officer should follow the following directions.

- 1.2.1** *Do the pretest for satellite module of Health Officers in section 2.1.2.1 and unit two of the core module*
- 1.2.2** *Check or read the core module very thoroughly*
- 1.2.3** *Read the case study and try to answer questions pertinent to it*
- 1.2.4** *Use listed references and suggested reading materials to supplement your understanding of the problem.*
- 1.2.5** *For total and comprehensive understanding of the causes (Ethnology/Pathogenesis), Epidemiology and prevention of diarrheal disease the health officer students are advised to refer to the core module.*
- 1.2.6** *Evaluate yourself by doing post-test in section 2.1, 2.1 unit 2 of the core module and compare your score by referring to the key given in unit seven section 7.2.1.*

UNIT:2 SATELLITE MODULE FOR HEALTH OFFICERS

2.1. Pre and Post Test for The Satellite Module of Health Officers

See the pre and post tests for the health officers in the core module under unit 2, section 2.1.2.1

2.2. Significance and Brief Description of The Problem

See the part under unit 2 section 2.2 in the core module

2.3 Learning Objectives

For effective case management of diarrhoeal disease, the health officer student will be able to do the following at the end of the training.

1. Demonstrate the process of assessing a child with diarrhea
2. identify and describe the clinical manifestations complication in a child with diarrheal disease
3. List the diagnostic methods and procedures for a case with diarrhea
4. Describe the principles and methods of treatment of diarrheal disease
5. Select the appropriate treatment plan for a case of diarrhea
6. Identify and manage or refer timely, a case of diarrheal disease when needed
7. Demonstrate the appropriate management of cases of diarrheal disease
8. Describe the limitations and situation were antibiotics are use in the management of diarrheal disease

2.4 Learning Activity

Read Kedija's story in the core module so that you will be able to answer questions in unit 2, section 2.12 of this module

2.5 Definition

Refer to the core module unit 2, section 2.5

2.6 Epidemiology

Refer to the core module unit 2, section 2.6

2.7 Etiology and Pathogenesis

Refer to the core module unit 2, section 2.7

2.8 Clinical Features(Symptoms and Signs)

Diarrheal diseases could have different symptoms and clinical signs depending upon the type of etiology and pathogenesis. The following are summaries of the symptoms and signs of diarrheal disease:

Symptoms

- *Three or more loose(watery, mucoid and/or bloody) stool in 24 hours*
- *Abdominal cramp*
- *Nausea and vomiting*
- *Tenesmus*
- *Anorexia*
- *Thirst*
- *Weakness*
- *Fever*
- *General malaise*

Signs

- *Rapid and feeble pulse*
- *Poor skin turgor*
- *Sunken eye ball*
- *Depressed fontanel in children less than 18 months*
- *Dry tongue and buccal mucosa*
- *Fever*
- *Lethargy*
- *Restlessness*
- *Drinking eagerly / poor interest to drink*

Complications of Diarrhea

Acute

- Electrolyte imbalance(sodium, potassium depletion)
- Dehydration, Hypovolemia, shock and Acidosis

In case of Bacillary dysentery

- Toxic mega colon
- Hemolytic uremic syndrome
- Reactive arthritis

Chronic

- Malnutrition

2.9 Diagnosis of Diarrhoeal Diseases

The clinical work up of diarrhoeal diseases is mainly based on four assessment methods, which do contribute to accurate diagnosis and management. These are:

- Detailed and pertinent history
- Meticulous physical examination
- Epidemiological considerations
- Laboratory findings

The Following Tables Summarize The Differential Diagnosis for Etiology of Diarrhoeal Diseases, Clinical, Epidemiological and Laboratory Features

Differential Diagnosis				
	Viral	Travelers	Staphylococcal Food poisoning	Salmonella Food Poisoning
a. Epidemiology	Often occurs in epidemics. Most common cause of non-infantile diarrhea	Occurs in newcomers to an area	Occurs 1-6 hours after eating contaminated food	Occurs 8-48 hours after eating contaminated food.
b. Onsets	Abrupt	Abrupt	Explosive	Abrupt
c. Systemic signs	Fever and chilliness in children. No or mild fever in adults	No fever	No fever Marked prostration	Fever 39-40° Chill often present
d. Abdominal signs	Mild to moderate cramping	Mild to moderate cramping	Moderate to severe cramping	Crampy abdominal pain. There may be localized pain with rebound tenderness.
e. Vomiting	Common in children. Rare after first day in adults	Infrequent	Always present Severe and Continues_It may contain blood	Usually present
f. Diarrhea	May be profuse and watery. Up to 20x day stools loose and watery	May be profuse and watery. Up to 20 x day stools loose and watery	May or may not be present. If present it may be severe Stools loose and watery	Severity varies. May have up to 30-40 stools day Stools loose & watery. May contain mucous, RBC and WBC
g. Tenesmus	Absent	Absent	Absent	Usually absent
h. Lab	Normal	Normal	Normal	Normal
i. Course	Self limited. It is over in 2-4 days	Self-limited. It is over in 1-3 days	It is over in 6 hours	Symptoms subside spontaneously in 2-5 days

2. DYSENTERIES

	Shigellosis	Amebiasis	Severe amebiasis	Schistosomiasis	Malaria	Relapsing Fever
a. Epidemio-logy	Often other cases in family or village usually 48 hours or more	_____	_____	Patient comes from endemic area	Patient comes from endemic area	Occurs during "Season"
b. Onset	Abrupt	Gradual	Abrupt	Gradual	Abrupt	Abrupt
c. Systemic signs	Fever 40-41° chill often present. Severe dehydration may be present patient looks "toxic".	No or mild fever. No dehydration. Patient looks well	Fever 40-41° Severe dehydration. Patient looks "toxic"	Fever may or may not be present. May have cough, urticaria and myalgia. Portal hypertension may be present	Classic paroxysms usually present. However, fever may be absent	Cough, nose bleeding petacchiae Jaundice may be present
d. Abdominal signs	Crampy abdominal pain, generalized tenderness, most severe over lower quadrants,	Liver enlarged and tender in 25%. Mild abdominal . Pain. Some tenderness over ascending colon	As in amebiasis except abdominal pain is severe and distention present. Peritonitis is frequent	Crampy abdominal pain. Liver usually enlarged and often tender. Spleen may be very large.	May resemble shigellosis. Spleen often enlarged.	Crampy abdominal pain. Enlarge tender spleen
e. Vomiting	Usually present	Absent	Frequent	Rare	Occasionally	Rare
f. Diarrhea	Usually more than 20 stool a day. Stool lose and watery for the first few days may be Mucous and blood present. Many WBC in stool	3-10 stools a day. Stools have mucous and blood but maintain feculent nature. No WBC.	More than 20 stools day. Stools mall blood, mucous.	Usually less than 20 stools/day. Blood and mucous present	May closely resemble shigellosis. The stools may also be free of blood and resemble those of cholera	Usually less than 20 stool per day
g. Tenesmus	Common	Rare	Common	Occasionally	Rare	Rare
h. Laboratory	WBC 10,000 -15,000	WBC 12,000 - 25,000 Trophozoites of E.histolytical with ingested RBC seen in stool	WBC 12,000 - 25,000 Trophozoites of E.histolytical with ingested RBC seen in stool	WBC 15,000 or more with marked eosinophilia during toxic allergic phase. Otherwise WBC normal. Ova of S.mansoni seen in stool.	Positive blood smear for malaria	Positive blood smear for R.F
i. Course	Self limited ends after 7-10 days	Often history of several previous episodes of dysentery. Liver and brain abscess may develop later	Often ends in death. Liver and brain abscess may develop later	Exacerbations and remissions every 2-3 weeks. Portal hypertension, cirrhosis (?) and chronic fistulas may form	Self limited course. May end in death.	Self limited course

Source: Roberson D.Bibliography No 21.

3.9 Case Management

GIVE EXTRA FLUID FOR DIARRHOEA AND CONTINUE FEEDING

▪ **Plan A: Treat Diarrhoea at Home**

Counsel the mother on the 3 Rules of Home Treatment

- **Give Extra Fluid**
- **Continue Feeding**
- **When to Return**

1. **Give extra Fluid (as much as the child will take)**

- *Tell the mother:*
 - Breastfeed frequently and for longer at each feed
 - If the child is exclusively breastfed, give ORS/cereal based ORT or clean water in addition to breast milk.
 - If the child is not exclusively breastfed, give one or more of the following : ORS/, food-based fluids (such as soup, gruel(Atmit), rice water and yogurt drinks), or clean water.

It is especially important to give ORS/ Cereal Based ORT at home when;

- The child has been treated with plan B or plan C during this visit
- The child cannot return to a clinic if the diarrhoea gets worse.
- ◆ Teach the mother how to mix and give ORS. Give the mother 2 packets of ORS to use at home.
- ◆ Show the mother how much fluid to give in addition to the usual fluid intake:

Up to 2 years	50 to 100 ml after each loose stool
2 years or more	100 to 200 ml after each loose stool
- ◆ Tell the mother to:
 - Give frequent small sips of fluid from a cup.
 - If the child vomits, wait 10 minutes. Then continue, but more slowly
 - Continue giving extra fluid until the diarrhoea stops.

2. **Continue feeding** (With home made cereal based foods like "Atmit", "Genfo" , Juice especially made of pineapple.)

3. **When to return**

- When child develops fever
- If the child is getting weaker
- If the diarrhea does not decrease within three days

▪ **Plan B Treat Some Dehydration with ORS**

Give in clinic recommended amount of ORS over 4 hours period

- Determine amount of ORS to give during first 4 hours

Age	Up to 4 months	4 month up to 12 months	12 months up to 2 years	2 years up to 5 years
Weight	<6 kg	6 -10 kg	10 - 12 kg	12 - 19 kg
In ml	200-400	400 – 700	700 – 900	900 – 1400

**Use the child's age only when you do not know the weight. The approximate amount of ORS required (in ml) can also be calculated by multiplying the child's weight (in kg) times 75.*

- If the child wants more ORS than shown, give more.
- For infants under 6 month who are not breastfed, also give 100-200 ml clean water during this period.

▪ **Show the mother how to give ORS solution**

- Give frequent small sips from a cup.
- If the child vomits, wait 10 minutes. Then continue, but more slowly
- Continue breastfeeding whenever the child wants

▪ **After 4 Hours**

- Reassess the child and classify the child for dehydration
- Select the appropriate plan to continue treatment
- Begin feeding the child in clinic

- **If the mother must leave before completing treatment**
 - Show her how to prepare ORS and food based ORT such as 'Atmit' at home
 - Show her how much ORS to give to finish 4-hours treatment at home
 - Give her enough ORS packets to complete dehydration. Also give her 2 packets as recommended in Plan A
 - Explain the 3 rules of Home Treatment

1. Give extra fluid

2. Continue feeding

3. When to return

See Plan A for recommended fluid

- **Plan C Treat Severe Dehydration Quickly**
- Dehydration therapy using IV fluids or NG tube is recommended only for children who have severe dehydration.
- When giving IV therapy give large quantity of fluid quickly to replace the bodies large fluid loss.
- If the child can drink give ORS or Food based ORT by mouth until the drip is running.
- Then give
 - 30 ml / kg within 60 minutes for infant
 - 30 ml / kg within 30 minutes for children
 - 70 ml / kg more slowly to complete rehydration
- Reassess the child every 1-2 hours. If hydration status is not improving, give the IV drip more rapidly.
- Also give ORS (about 5 ml /kg /hour) or food base ORT as soon as the child can drink.
- Reassess an infant after 6 hours and a child after 3 hours. Then choose the appropriate plan.
(A, B or C) to continue treatment.

3.10 Prevention

Refer to section 2.11 in the unit 2 of the core module

3.11 Post Test

See the pretest in the core module pertaining to health officers

4.0 Role and Task Analysis

Refer to unit 4 of the core module for the tasks expected of you.

5.0 Glossary and Abbreviations


Refer to unit 5 of the core module

6.0 References

Refer to unit 6 of the core module

7.0 Annexes

Refer to unit 7 of the core module for answer keys and other materials



UNIT 3.2

SATELLITE MODULE FOR
PUBLIC HEALTH NURSES

UNIT:1 INTRODUCTION

Any person who experiences diarrhea for more than a day or two is urged to seek medical advice. The symptom should not be ignored, since it may be an early manifestation of a serious condition.

1.1 Directions For Using The Satellite Module

In order to effectively utilize this satellite module the public health nurse should follow the following direction

- Do pretest in section 2.1.2, in the unit 2 of the core module
- Read or refer the core module critically
- Read Kedija's case history and try to answer the questions in your satellite module
- Evaluate yourself by doing post tests in section 2.1.2 in unit 2 of the core module and comparing your score by referring the key given in unit 7, section 7.2.2.

UNIT 2: SATELLITE MODULE FOR PUBLIC HEALTH NURSES

2.1 Pre and Posttest

See the pre and posttest for public health nurses in the core module unit 2, section 2.1.2.2

2.2 Significance And Brief Description Of The Problem

See the core module unit 2, section 2.2

2.3. Learning objectives

The purpose of this satellite module is to equip the students (trainees) with the appropriate knowledge, and skills required to effectively identify and manage, control and prevent diarrhea diseases. At the end of this session the public health nurse students will be expected to:

- Define and describe diarrhea
- Perform physical assessment on a client with diarrhea
- Manage patients with diarrhea appropriately.
- Advise or counsel community health workers, mother or care givers how to prepare and administer ORT/ORS

2.4 Learning Activities : Case Study

Read Kedija's story very thoroughly so that you will be able to discuss questions that are posed in section 2.12 of this module

2.5 Definition

Refer to the core module unit 2, section 2.5

2.6 Epidemiology

See the core module unit 2, section 2.6

2.7 Etiology and Pathogenesis

See the core module unit 2, section 2.7

2.8 Clinical Features (Symptoms and Signs)

See the core module, unit 2, and section 2.8.

2.9 Diagnosis

See the core module unit 2, section 2.9

2.10 Case management

The best way to learn about dehydration and how patients respond is to check a dehydrated patient repeatedly during the entire four hours or longer course of therapy. The public health nurse (PHN) needs to know the signs and symptoms of dehydration very well. Try to see as many dehydrated patients as possible to learn how the signs can appear in different patients. Observe the different possible methods for administering rehydration solutions in use and administer the solution at the appropriate rate.

Classify Diarrhea

There are three possible classification of dehydration in a child with diarrhea

- No dehydration
- Some dehydration
- Severe dehydration

Nursing Management of Diarrhea

To replace water and salts lost in diarrhea select one of the following three treatment plans

1. Plan A-to treat diarrhea at home
2. Plan B-to treat some dehydration at the health facility with ORS
3. Plan C-to treat severe dehydration quickly with IV or NG rehydration

The Role Of PHN In Management Of Diarrhea At Home (Treatment Plan A)

Advise the mother to:

* Give extra fluid

- Breast-feed more frequently and longer time
- Offer ORS or clean water
- If not exclusively breast-fed advice to give one of the following
- ORS solution
- Food based fluids (Gruel made out of available cereals)
- Clean water
- Teach the mother how to mix and give ORS

* Steps for making ORS solution:

- Wash your hands with soap and water
- Pour all the powder from one packet in clean container
- Measure 1 liter of clean water
- Pour the water into the container
- Explain to the mother that she should mix fresh ORS or food based ORT each day in a clean container, keep the container covered and through away any solution remaining from the day before.
- Instruct the mother to:

- Give frequent small sips from a cup or spoon
- Wait 10 minutes before giving more fluid if the child vomits
- Resume giving the fluid, but more slowly
- Continue giving extra fluid until the diarrhea stops.
- Give only ORS solution or Food based ORT and plain water in addition to breasts milk. if the child is under 6 months old and taking only breast milk

****Instruct the mother when to return***

- *passes many watery stools
- Vomit is repeatedly
- Is very thirsty
- Eats or drinks poorly
- Has fever
- Has blood in stool

**The responsibility of PHN in managing some dehydration at ORT Corner with ORS:
(Treatment plan B)**

An ORT corner is an area in a health facility available for oral rehydration therapy (ORT). This area is needed, because mothers and their children who need ORS solution will have to stay at the clinic for several hours. When there are dehydrated patients, this conveniently located and adequately equipped ORT corner will help the staff to manage the patients easily.

Where to Locate ORT Corner:

- Locate in an area where staff frequently pass by but not in a passage way
- Near a water source
- Near a toilet and a washing facility
- In a pleasant and well ventilated area

The PHN is Responsible to Equip The ORT Corner With The Following Facilities And Supplies:

- Table for mixing ORS solution and holding supplies.
- Shelves to hold supplies
- Bench or chair with a back for mother to sit comfortably while holding the child.
- Small table for cup of ORS solution
- ORS packets
- Bottles that will hold the correct amount of water for mixing the ORS solution.
- Cups
- Spoons
- Droppers (for small infants)
- Soap (for hand washing)
- Waste basket
- Food available (so those children may be offered food or eats at regular meal times)

To determine the amount of ORS to be given during the first 4 hours use the child's age

- Up to 4 months = 200-400ml
- 4-12 months = 400-700ml
- 12 months-2years =700-800ml
- 5 years = 900-1400ml
- If the child wants more ORS, give more
- For infants less than 6 months that are not breast-fed, also give 100-200ml of clean water during this period.

After four hours of rehydration:

- Reassess and classify the child for dehydration
- Select the appropriate plan to continue treatment
- Begin feeding the child in clinic
- If the mother must live before completing rehydration
- Show her how to prepare ORS solution at home
- Show her how much solution to give to finish the 4 hours treatment at home
- Give her enough ORS packets to complete rehydration
- Explain to the mother the three rules of home treatment
- 1. Give extra fluid
- 2. Continue feeding with home made cereal based fluids such as gruel (Atmit)
- 3. When to return

The responsibility PHN in treating severe dehydration: (Treatment Plan C)

- Dehydration therapy using IV fluids or NG tube is recommended only for children who have severe dehydration.
- When giving IV therapy give large quantity of fluid quickly to replace the body's large fluid loss.
- If the child can drink give ORS by mouth until the drip is running.
- Then give
 - 30 ml / kg within 60 minutes for infant
 - 30 ml / kg within 30 minutes for children
 - 70 ml / kg more slowly to complete rehydration
- Reassess the child every 1-2 hours. If hydration status is not improving, give the IV drip more rapidly.
- Also give ORS (about 5 ml /kg /hour) as soon as the child can drink.
- Reassess an infant after 6 hours and a child after 3 hours. Then choose the appropriate plan

(A, B or C) to continue treatment.

Steps in Naso-gastric (NG) Tube Rehydration:

1. Use a clean rubber or plastic NG tube
2. Place the patient on his or her back with the head slightly tilted.
3. Measure the length of tube to be inserted by placing the tip just above the nose.
4. Moisten the tube with water-soluble lubricant or plain water, do not use oil.
5. Pass the tube through the nostril and gently advance it until the tip is in the back of the throat.
6. If the patient chocks, coughs repeatedly or has trouble breathing the tube has probably passed into the trachea. Pull it back 2-4cm until the coughing stops and the patient is comfortable. Wait a minute and then try to insert the tube again.
7. Advance the tube each time when the patient swallows until the mark reaches the nose.
8. Look into the patient's mouth to be certain that the tube is not coiled in the back of the throat. Confirm that the tube is in the stomach by attaching a syringe and withdrawing a little stomach fluid.
9. Fasten the tube to the face with tape and attach IV tubing that is connected to a clean IV bottle containing ORS solution. Regulate the infusion to a rate of 20-ml/ kg per hour or less.
10. If an IV bottle is not available, a syringe (with the barrel removed) can be attached to the tube and used as a funnel. Hold the syringe above the patient's head and pour the solution into it at regular interval.

2.11 Prevention and Control

An important job of the public health nurse is to help people to prevent diarrhea by teaching some simple facts such as :

- Breast-feeding:- whenever the baby wants to feed breast feeding should be given. This is very important in the first 4-6 months of life to help in preventing infection including diarrhea. Breast-feeding should continue for at least two years.

- When breast-feeding is not possible, milk formulas must be given. It is better to give formulas with a cup and spoon than bottle.
- Feeding babies milk from bottles is not good, because it is very difficult to keep bottles clean.
- At four – six months all babies should start to have other foods other than milk or milk formulas soft smashed foods are best.
- All foods should be fresh and prepared in a clean place using clean pots and utensils.
- Cooked food should be eaten while still hot or well heated again before eating.
- Uncooked food should be washed in clean water before eating.
- N.B. do not give drugs for diarrhea unless recommended by health worker.
- Giving freshly prepared foods and clean drinking water
- Having all family members' wash hands after passing stool and before preparing or eating food.
- ** Dispose young child's stool in a latrine.*
- Have your child immunized against measles, at the recommended age.

2.12 Learning Activity (Case Study) Continued

Refer to Kedija's history in the core module and discuss on the following questions in the classroom. The instructor will help you.

1. What pertinent history you ask Kedija's parents?
2. What pertinent physical signs would you look for?
3. What is your diagnosis for the story?
4. What other causes do you consider for your diagnosis?
5. What are the complications of diarrhea in relation to Kedija's story?
6. How do you manage the problem of Kedija?
7. What are the general prevention measures of diarrhea?

2.13 Role and Task Analysis

See unit 4 of the core module for the tasks expected to you

2.14 Glossary and Abbreviation.

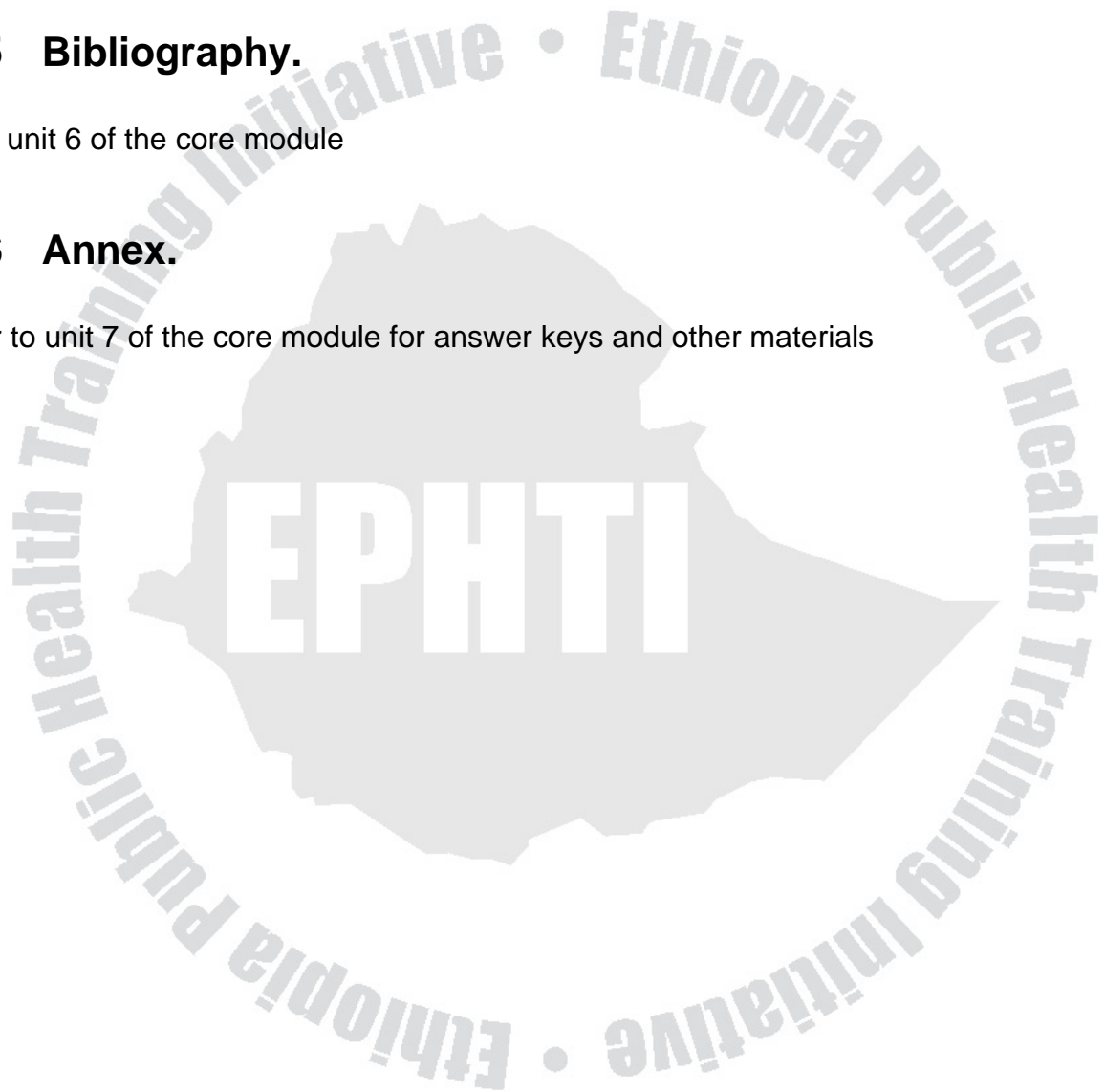
Refer to unit 5 of the core module

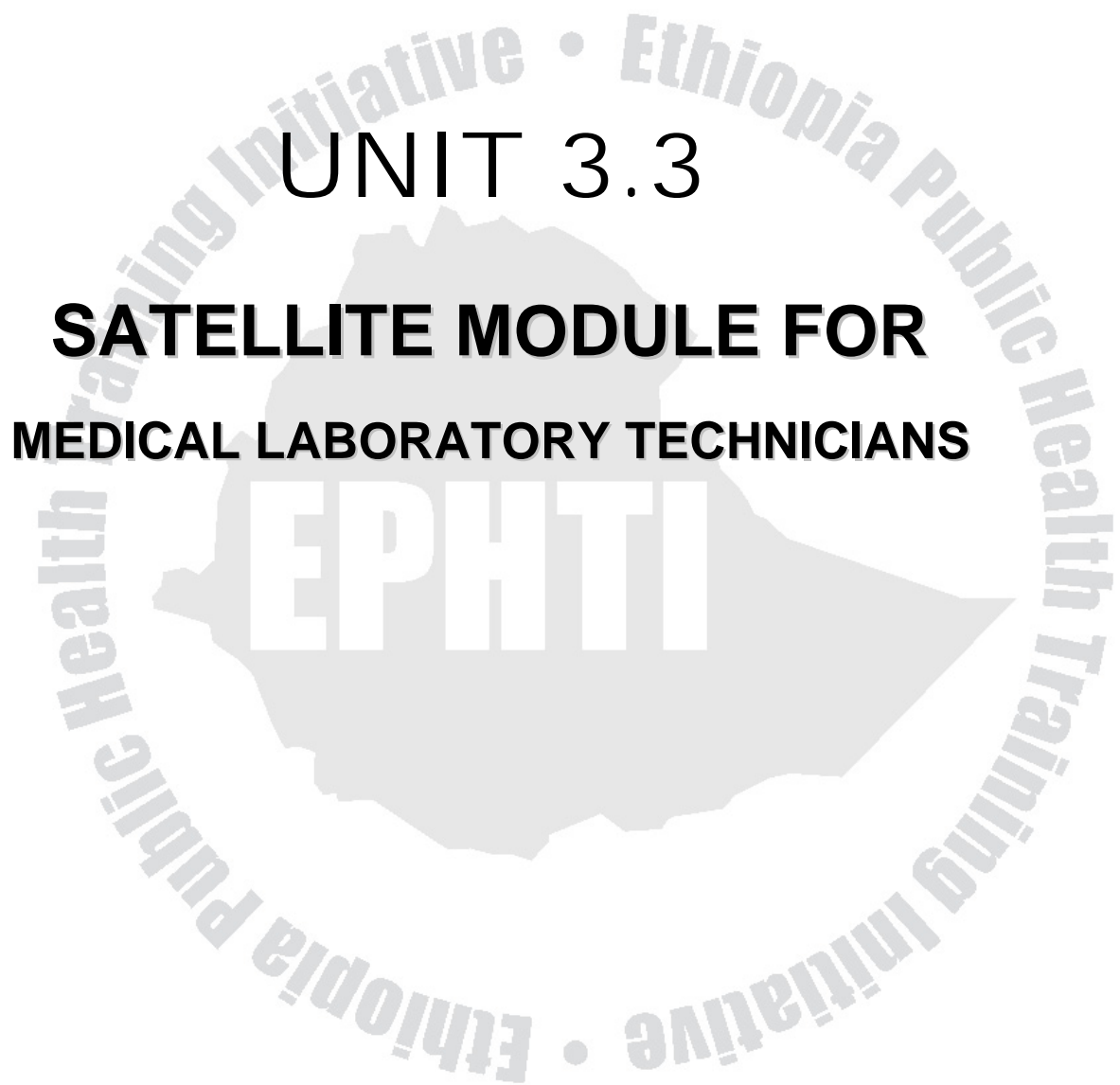
2.15 Bibliography.

Refer unit 6 of the core module

2.16 Annex.

Refer to unit 7 of the core module for answer keys and other materials





UNIT 3.3

SATELLITE MODULE FOR MEDICAL LABORATORY TECHNICIANS

UNIT 1: INTRODUCTION

1.1 Purpose of The Module

This module helps laboratory technicians to participate in the team management of diarrheal disease, with a particular emphasis on the laboratory investigations. The module is designed to be used by the medical laboratory technicians as a member of the health center team for both the pre-service and in-service training levels.

1.2 Direction for Using the Satellite Module

1. Do the pretest in section 2.1.2.3. in unit 2 of the core module
2. Read the core module thoroughly
3. Use listed references and suggested reading materials to supplement your understanding of the problem
4. Read Kedija's story in the core module and discuss the questions related to your profession
5. Do the post test in section 2.1.3 in unit 2 of the core module and evaluate yourself by referring to the key in unit 7, section 7.2.3.

UNIT 2: THE SATELLITE MODULE

2.1 Pre and Posttest

Refer to the core module unit 2, section 2.1.2.3

2.2 Significance and Brief Description of the problem

Refer to the core module unit 2, section 2.2.

2.3 Learning Objectives

At the completion of this module and with appropriate experience in the laboratory you should have acquired the skills and competence that will enable you to:

- Describe the procedures of collecting, labeling and handling stool specimens
- Describe the appearance of stool specimen in some diarrhoeal Diseases
- Describe and demonstrate the laboratory procedures for routine microscopic examination of stool specimens with normal saline and iodine solution and when to refer stool specimens
- Describe and demonstrate how to prepare methylene blue fecal smear Preparation
- Describe and demonstrate how to prepare basic fuchsin fecal smear preparation
- Describe and demonstrate how to prepare modified Ziehl- Nelson staining of fecal smear
- Describe and draw the morphological features of some diarrhea causing agents
- Demonstrate proper recording system of results of stool examination

2.4 Learning Activities(Case Study)

Refer to kedija's story in the core module and discuss on the following questions in the class. The instructor can assist you.

1. How is stool specimen collected?
2. What could be the etiology of diarrhea?
3. What could you identify on visual inspection of the stool specimen?
4. What microscopic laboratory investigations could be done at the health center level?
5. What materials are required to carry out the investigations?
6. What should be reported in the laboratory request form?

2.5 Definition

Refer to the core module unit 2, section 2.5.

2.6 Epidemiology

Refer to the core module unit 2, section 2.6

2.7 Etiology and Pathogenesis

Refer to the core module unit 2, section 2.7

2.8 Laboratory Diagnosis

2.8.1 Collection and Handling of Stool Specimen

The accurate laboratory diagnosis and the reliability of the results of fecal specimen examinations will depend largely on the care taken in collecting and handling of the stool specimens. The following precautions should be taken into consideration while collecting and handling of stool specimens for examinations of diarrheal diseases.

1. **Collect a Sufficient Quantity of Stool Specimens.**

The specimen should contain at least 4ml(4cm³) to prevent rapid drying of stools.

2. **Provision of a Container For Collection Of Stool Specimens.**

Specimen containers should be leak-proof, clean, dry and free from traces of disinfectant. One of the following types of containers for the collection of specimen may be given to the patient, the caregiver or to the mother:- A Waxed cardboard box, an empty tin with a lid, a light plastic box, a glass jar specially designed for stool collection, with a spoon attached to the stopper

3. **Labeling of Specimen Containers**

Ensure that the container is labeled correctly with :the date, the patient's name, the patients number (code), the time of collection and the type of specimen.

4. **Protect and Transport Specimen Adequately.**

Protect specimen from contamination with urine, dust, water, etc. and transport it to the laboratory in a suitable container.

5. **Examine Stool Specimen While it is Fresh**

A dysenteric fecal specimen should be examined immediately as it may contain motile forms of *E.histolytica* and *G.lambliia*. If large numbers of specimens are received at a time, pick out liquid stools and those containing mucus and/or blood should be examined first.

Things Not to Do While Handling a Stool Specimen!

1. Never leave stool specimens exposed to the air in containers with out Lids.
2. Never set aside stool specimen for examination at the end of the

morning (i.e. 2 or 3 hours later).

3. Never accept stools mixed with urine (e.g. in a pot or bedpan)
4. Never place the container with the stool specimen on the examination request form.

6. Referral of Stool Specimen For Examination.

When there are epidemic outbreaks of diarrhoeal disease and persistent diarrhea caused by etiologic agents, if there are no facilities in health center laboratories for the investigation, the specimen should be sent to the referral laboratories in a suitable medium or preservative for microscopic examination and culture. For each type of examination it is important to know which containers and preservatives to use, how much of the stool specimen to send, and how long the stool specimen will be kept.

Stool specimen for all cultures including vibrio cholera can be collected in Cary-Blair transport medium. It preserves for four weeks and a stool specimen for all cultures except vibrio cholera, can be preserved in buffered glycerol-saline in a bijout bottles for two weeks.

Stool specimen for parasite eggs, larvae and cysts can be handled in 30ml bottle containing 15ml of 10% formaldehyde solution. About 5ml of stool can be preserved and it keeps the stool almost indefinitely. The vegetative form of amoebae and Giardia can be preserved in 10ml tube thiomersal, iodine and formlddehyde solutions or polyvinly alcohol. The specimen can be kept indefinitely.

2.8.2. Laboratory Diagnosis Of Diarrhoeal Diseases

Usually the most important specimen for the diagnosis of acute diarrhoeal diseases is stool. In the case of persistent (chronic) and epidemic diarrheal diseases a well equipped laboratory is required for culture, sensitivities, serum electrolytes (Na, K, CO₂) and other testing, which are not typically available at the health center level. Macroscopic and microscopic examination of stool is sufficient for the health center based management of

diarrhoeal disease. Macroscopic and microscopic investigations are carried out in the diagnosis of diarrhoeal diseases.

1. Macroscopic Examination of Stool

Direct visual and chemical (pH) examinations of diarrhoeal stools may provide important clues as to the nature and causes of the disorder, it helps to know:-

1. Presence of adult worms in stool -- *Ascaris lumbricoides*, *E.vermicularis*, segments of *Taenia*.
2. Consistency (degree of moisture) of stool -- Hard, formed, semiformal, soft, mushy, loose, Diarrheic, watery,
3. Gross elements in the stool-- Fibers, mucus, blood, pus, etc.
4. Color of the stool-- Black, Darkbrown, Brown, Green, Yellow, etc.
5. Pathologic odor of the stool-- Offensive, non-offensive
6. PH (with litmus paper) of the stool-- Acidic (pH<7) or alkaline (pH>7)

Appearance of fecal specimens in some diarrhea disorders.

Possible cause	Appearance of stool
Rotaviruses Norwalk viruses Adenoviruses	Watery
Shigella dysenteriae Shigella flexineri	Watery, containing little mucus and blood in the early stage of infection. But consists entirely of pus and blood mixed with mucus in the later stage of infection. It is odorless, adheres to the container and alkaline pH with litmus paper unlike amoebic dysentery.
<i>Campylobacter jejuni</i> <i>Campylobacter coli</i>	Unformed stool, containing pus and mucus mixed with blood
Enterotoxigenic E. coli (ETEC)	Watery (secretory) diarrhea
Vibrio cholerae 01	"Rice water" stool with mucous flakes.
Salmonella	Unformed or watery and sometimes with blood, mucus, and pus.
Yersinia enterocolitica Clostridium perfringens Clostridium difficile	Dysentery with blood and mucus
Entamoeba histolytica	Diarrheic or dysenteric type with blood and mucus that does not adhere to the container. Offensive odor with acidic pH.
Giardia lamblia	Unformed or watery, bulky, pale-colored, frothy, offensive smelling, often contain mucus and floats on water (high fat content or steatorrhea)
Isospora belli	Watery, mucoid, offensive smell, No pus cells
Cryptosporidium	Watery diarrhea
Schistosoma mansoni	Unformed or semi-formed, often with blood and mucus.
Hookworms	Unformed or semiformal black stool (positive occult blood test)
Strongyloides stercoralis	Diarrheic with blood and mucus
Trichuris trichiura	Diarrheic often with blood

2. Microscopic Examination of Stool.

Routine microscopic examination of stool specimen with physiological saline and Dobell's iodine solution helps to detect and identify the stages of some parasitic organisms that may cause diarrheal diseases. Methylene blue smear preparation of fecal specimen helps to detect fecal mononuclear or polymorphonuclear leukocytes (pus cells) that are mainly found in invasive diarrhea diseases caused by Shigella, Salmonella, Campylobacters. A Few leukocytes may be seen in amoebic dysentery and invasive strain of *Escherichia coli* (EIEC). Basic fuchsin smear preparation of stool specimens containing mucus, pus cells, or blood helps to detect Campylobacters.

2.8.3. Laboratory Procedures for Routine Microscopic Examination of Diarrhoeal Stool Specimens

2.8.3.1 *Direct Microscopic Examination of Stool Specimen with Physiological Saline and Dobell's Iodine Solutions*

Direct Microscopic Examination of stool specimens with Physiological saline and Dobell's Iodine solutions is used especially for the detection and identification of stages of intestinal parasites such as trophozoite and cyst of *E.histolytica* and *G.lambliia*, oocysts of *I.belli*, eggs of *A.lumbricoides*, *T.trichiura*, *S.mansoni*, and hookworms, and larvae of *S.stercoralis*. Also other intestinal parasites.

Materials Needed: Wooden applicator sticks, Microscopic slides, Cover slips, Dropping bottles containing physiological saline(0.85%w/v) and Dodell's , Iodine solutions, Microscope and Pasture pipette

Procedure:

1. Place a drop of physiological saline (0.85%w/v) in the center of the left half of the slide and place a drop of Dodell's Iodine solution in the center of the right half of the slide.
2. With an applicator stick, pick up a small portion of the feces (approximately) 2mg which is about the size of a match head) and add it the drop of saline.

Add a similar portion of stool sample to the drop of iodine.

3. Mix the feces with the drops to form suspensions.
4. Cover each drop with a cover slip by holding the cover slip at an angle of 30°, touching the edge of the drop, and gently lowering the cover slip onto the slide so that air bubbles are not produced.
5. Examine the saline preparations using the 10X objective for motile forms of parasites especially for trophozoite stages of *E.histolytica* and *G.lambliia*. The trophozoite stage of *E.histolytica* ingests host's red blood cells.
6. Examine the iodine solution preparation using 40X objective to identify the cyst stages of protozoa. The iodine will stain the nuclei and the Glycogen mass of the cyst.

2.8.3.2 Methylene Blue Fecal Smear Preparation

Methylene Blue Fecal Smear Preparation helps to detect fecal leukocytes (pus cells). Normally leukocytes (white blood cells) are not found in stool. Microscopic examination of the feces for leukocytes usually helps in differentiating between bacterial dysentery that cause inflammation of the large intestine such as *Shigellae*, *Salmonellae*, and *Campylobacters* from amoebic dysentery, and diarrhea caused by invasive strain of *Escherichia coli* (EIEC), toxigenic *Escherichia coli* (ETEC), rotavirus and cholera in which there are a few or no leukocytes in the feces.

Materials Needed: Methylene blue staining solution, Slide, Cover glass, Microscope, Applicator stick and Pasture pipette.

Procedure:

1. Place a drop of methylene blue stain at the center of a slide.
2. Mix a small amount of stool specimen with the stain.
3. Cover it with a cover glass.
4. Examine the entire preparation using the 40X objective for fecal mononuclear

(not lobed) and polymorphnuclear (a nucleus with two or more lobes) leukocytes.

2.8.3.3 Basic Fuchsin Fecal Smear Preparation

Basic fuchsin fecal smear preparation helps to detect Campylobacters in diarrhoeal stool specimens.

Materials Needed

1. 10g/l basic fuchsin
2. Slide
3. Microscope
4. Applicator stick
5. Pasture pipette
6. Sprit lamp
7. Distilled water
8. Immersion oil

Procedure:

1. Make a tin smear of the specimen on a slide
2. When dry , gently heat fix
3. Stain by covering the smear with 10g/l basic fuchsin for 10-20 seconds
4. Wash well with water
5. Examine the smear for Campylobacters using the 100X oil immersion objective.

2.8.3.4 Modified Ziehl-Neelsen Staining of Fecal Smear

Modified Ziehl-Neelsen Staining of fecal smear helps to detect oocysts of Cryptosporidium in acute watery or persistent diarrhea diseases.

Materials Needed

1. Carbol fuchsin stain
2. Malachite green stain
3. 1% acid alcohol
4. Slides
5. Cover slip
6. Microscope

Procedure:

1. Prepare a thin fecal smear on a slide
2. Air dry the smear
3. Fix the smear with methanol for 2-3 minutes
4. Stain the smear with cold carbol fuchsin for 5-10 minutes
5. Wash off then stain with clean tap water
6. Decolorize with 1% acid alcohol for 10-15 seconds until no more color floods from the Smear
7. Rinse off the decolorizer with clean tap water
8. Counter stain with 0.5% malachite green for 30 seconds
9. Wash off the stain with clean tap water
10. Stand the slide in a draining rack for the smear to dry
11. Examine the smear microscopically for oocysts using a lower power of magnification to detect the oocysts and the 100X oil immersion objective to identify them.

Morphology of some Diarrhea Causing Agents and other supportive investigations under the Microscope

Note:- Students are advised to refer atlas of bacteriology, parasitology and hematology for the detection and identification of the following objects in stool specimens.

Cryptosporidium

Oocyst

Size: 4-6 Nm in diameter

Shape: Round to oval

Color: Pink red, older oocysts stain pale

Campylobacters:- Are small, delicate, spiral curved, S-shaped, short spirochaetal forms.

Leukocytes in Stool:

Size : 10-20Nm
Shape: rounded or slightly elongated, with an irregular outline
Content: refractive, clear and granular cytoplasm

Entamoeba Histolytica

Trophozoite

25Nm by 20Nm
Irregular in shape
Finger like pseudopodia
Active directional amoeboid movement
Single nucleus with central karyosome and chromatin granules on the nuclear membrane contains ingested host's red blood cells

Cyst

10Nm by 6Nm
Oval
2-4 nuclei
Contains remains of axonemes and parabasal bodies
Thread like remains of flagella

Giardia Lamblia: -

Trophozoite

10-12Nm by 6Nm
Pear-shaped
Sucking disc
Eight flagella
Two nuclei
Parabasal bodies
Axonemes
Active falling leaf type of motility

Cyst

10Nm by 6Nm
Oval
2-4 nuclei
contains remains of axonemes & parabasal

***Isospora Belli:* -**

Oocyst

20-33Nm by 10-19Nm

Oval

Usually immature

Mature Oocyst contain two sporocyst each with four sporozoites

Schistosoma mansoni: -

Egg

150Nm by 60Nm

Oval

Pale, yellow-brown

Lateral spine

Contain fully developed miracidium

***Ascaris lumbricoides:* -**

Eggs

Fertilized:

60Nm by 40Nm

Oval or rounded

Yellow-brown

Has albumin coat

Unsegmented fertilized ovum

Decorticated:

No albuminous coat

Smooth shell

Colorless or pale-yellow

Unfertilized:

Darker

Elongated

***Trichuris Trichiura:* -**

Egg Barrel shape

50Nm by 25Nm

Yellow-brown

Colorless protruding mucoid plug at each polar end

Unsegmented ovum

***Hookworms:* -**

Egg Colorless

Thin eggshell

Oval

65Nm by 40Nm

Strongyloides Stercoralis: -

Larva Rhabditiform

200-300Nm by 15Nm

Actively motile

Rhabditiform bulbed esophagus

Short buccal cavity

Reporting and Recording of Results.

The following details should be reported

- Age of the patient
- Sex of the patient
- Address of the patient
- Result of laboratory investigation:
- Macroscopic examinations
- Microscopic examinations, if there are parasites, specify the scientific name of the parasites and stages, presence of leukocytes (pus cells) and other abnormalities.

2.9 Prevention and Control

Refer to section 2.11 in the unit 2 of the core module

2.10 Post Test

See the pretest in the core module pertaining to medical laboratory technicians

2.11 Role and Task Analysis

Refer to unit 4 of the core module for the tasks expected of you.

12. Glossary and Abbreviations

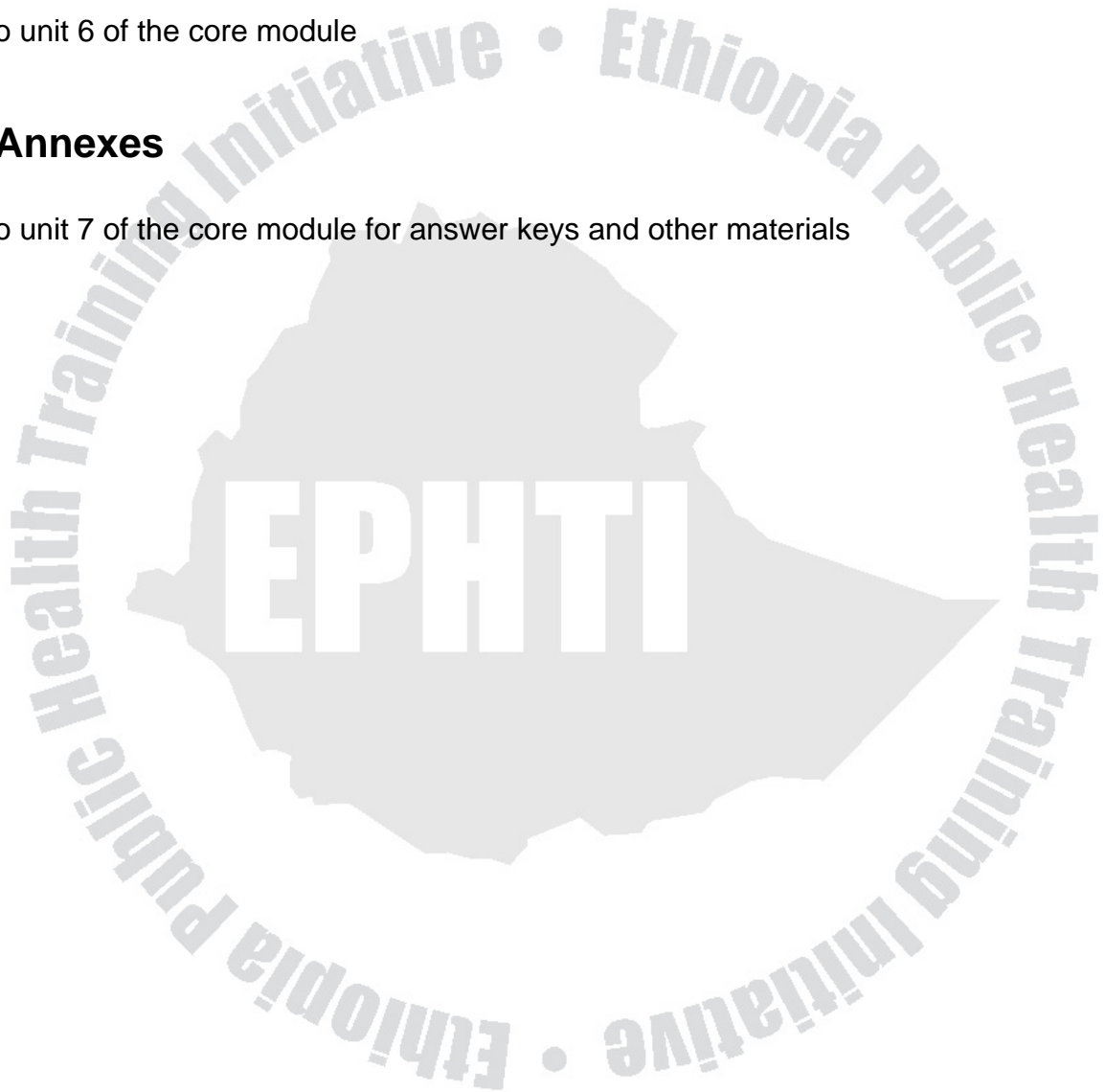
Refer to unit 5 of the core module

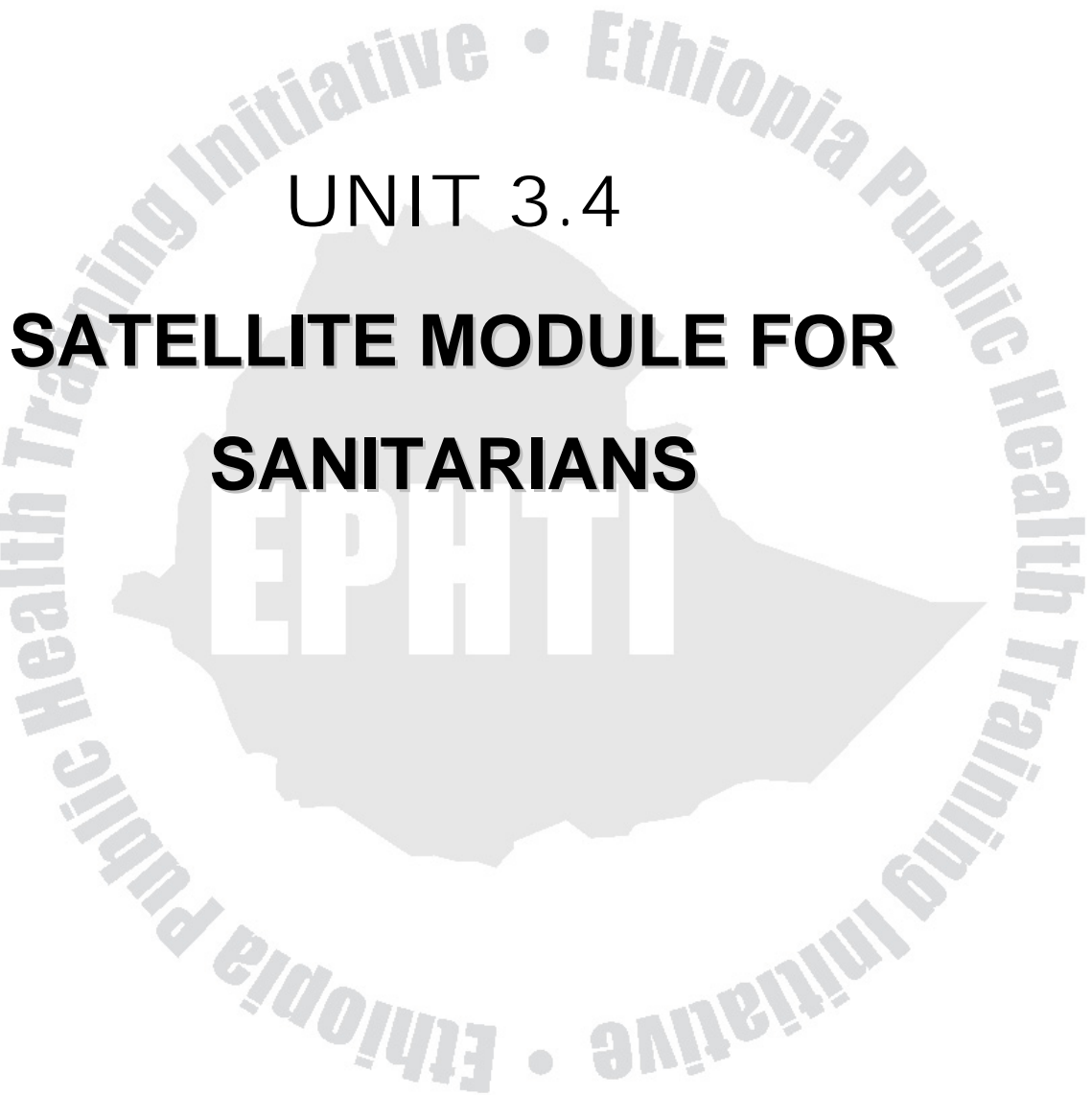
13. References

Refer to unit 6 of the core module

14. Annexes

Refer to unit 7 of the core module for answer keys and other materials





UNIT 3.4

**SATELLITE MODULE FOR
SANITARIANS**

UNIT 1: INTRODUCTION

Diarrhoea is one of the killer diseases especially for underfive children in Ethiopia. According to the ministry of health, annual report 250,000 children of under five years of age die from diarrhoea.

The disease could be prevented and eliminated with successful sanitation program. Since diarrhoea is transmitted through a fecal/oral route, it may be generally classified as sanitation and behaviour related disease.

The main activities of the sanitarian with regard to diarrhoeal diseases are to apply primary prevention measures. Therefore, the role of the sanitarian concerning diarrhoeal disease is to work towards creating barriers so that disease causing organisms will have no chance to reach the healthy person.

1.1 Purpose and Use of the Module

This module can be used in the training of Sanitarians that are in actual training or those already in service for management of diarrheal diseases.

1.2 Directions for using the module

- Do the pretest pertaining to your profession in section 2.1.2.4 of the core module
- When using this satellite module, it would be profitable if the sanitarian follows the knowledge gained from the core module with his knowledge of the community he is working in.
- The sanitarian should also read the core module thoroughly first and when referred in this module
- Read the reference materials listed to supplement your understanding
- In addition, the sanitarian could be successful in using this module if he/she works with other team members and intersectorally with other development workers (agriculture extension agents, development workers, home economists etc.)
- Do the post test pertaining to your profession in section 2.1.2.4 of the core module and evaluate yourself by referring to the keys in unit 7 section 7.1.2.4

UNIT 2 : SATELLITE MODULE FOR SANITARIANS

2.1 Pretest and Post Test

Please refer to section 2.1.2.4 in the core module

2.1.2 Significance and Brief Description of the Problem

Please refer to section 2.2 in the core module

2.3 Learning Objectives

The objective of this module is to equip the sanitarian with the appropriate knowledge, attitude and skills required to effectively prevent diarrhoeal diseases and conduct hygiene education to targets for sustainable behavioral change. Therefore, at the end of this module, the sanitarians are expected to:-

- Describe the routes of diarrhoeal disease transmission from waste matter and the logical barriers
- Describe five environmental health domains that are important on prevention of diarrhoea.
- Describe the importance of existing hygiene behaviours in the transmission of diarrhoeal diseases.

Describe the importance of identifying target audiences to effectively teach hygiene for positive behaviour change

2.4 Learning Activity (Case Study)

“The story of Kedija”: Please refer to the story in section 4.1 in the core module and the exercise to section 2.9 in this unit.

2.5 Definition

Please refer to section 2.5 in the core module

2.6 Epidemiology:

Please refer to section 2.6 in the core module

2.7 Etiology and Pathogenesis;

Please refer to section 2.7 in the core module.

2.8 Primary Prevention and Control

Routes of Disease Transmission

The main routes of diarrhoeal disease transmission is fecal oral through contamination of food or drink by improperly disposed waste which contaminates:-

- Flies
- Surface runoff
- Contamination of soil

Even if there is a proper waste disposal facility, poor hygienic practice could contaminate:

- The hand
- Eating and drinking utensils

The food we eat , the water we drink, and the utensil we use to eat and drink could be contaminated from diarrhoea causing organisms. (see Figure1. In the core module)

The sanitation measures that has to be taken so that diarrhoeal disease transmission will not occur are to create barriers. The barriers should aim at:

❖ **Isolating the Feces so That:**

- Flies will not breed
- Soil will not be contaminated with diarrhoea causing germs
- Water will not be contaminated with runoff.

❖ **Protecting the Water Sources**

- At the source
- At home during storage and taking out from storage.

❖ **Personal Hygiene Practice**

- Hand washing after visiting toilet
- Hand washing after cleaning work
- Hand washing before starting to cook or eat.

❖ **Protecting Food**

- Proper food handling
- Proper cover
- Not eating left over food unless properly heated.

The five main environmental health domains elaborated below serve as a barrier, against diarrheal disease transmission and should be employed in the prevention of diarrheal diseases by the sanitarian.

1. Proper Disposal of Human Feces

Human feces contains many types of disease causing organisms including those that could cause diarrhoea. Isolating feces is one of the most essential barriers (first

barrier) for diarrhoea. Isolation of feces can be effected by many types of latrine technologies such as the pit latrines. However, the most important thing to consider is not only to have latrines but:

- The latrine should be sited away from water source sources (about 30 meters) and dwelling or kitchen (20 meters)
- The latrine should guarantee privacy and safety
- It should be cleanable and cleaned regularly
- The latrine hole should be covered or vented to avoid fly breeding
- There should be a hand washing facility attached to the latrine so that users will practice hand washing.

2. Water Protection and Use

Though water is essential for life it is incremented in harboring many disease causing organisms. Water is contaminated in many different ways at many different areas. The areas of contamination are:

- At the source by surface runoffs, animals, from an underground infiltrations
- When it is transported
- From the cover used during transportation or storage
- During storage
- During water drawing from storage

Therefore, the second important barrier in the prevention of diarrhoea is to prevent of the contaminant (diarrhoea causing organisms) not to have access to water. The methods of prevention are:

- Protection of the water sources so that there will not be contamination from the surface, subsurface or animals.
- Cleaning water containers before fetching water
- Using clean covering materials
- Pouring water in clean containers is better than dipping

- Drawing water from storage using ladle or pour than dipping

3. Personal Hygiene

Personal hygiene especially hand washing is the most important factor in diarrhoeal disease transmission. Mothers or caregivers could contaminate food and drinks unless they practice proper hand washing.

What is proper hand washing? It is washing hand using soap, ash or any other cleansing materials:

- After using latrines
- After cleaning child bottom or clean child feces
- After cleaning houses.
- Before starting to cook food
- Before eating

This behavioural barrier, must be practiced by every one in the family and more so by the caregivers.

4. Food Hygiene

Food is one of the meanses for the transmission of diarrhoeal diseases. This is usually from handling the food, cooking and preserving practices.

Food could be contaminated:

- From the source
- During preparation:
 - When touched by unwashed hand
 - When contaminated by flies
 - When displayed in dirty food contact surfaces
 - When left at room temperature and exposed to flies and dirt
 - When left over is eaten with no proper heating

5. Domestic and Environmental Sanitation

Many disease causing organisms arise from the human environment. The immediate human environment his house and its surrounding. Over 85% of the Ethiopian population lives in the rural areas. Most of the rural people are farmers. By and large the society have animals or chicken that they raise and live with. Such animals produce waste matters, which may contribute to human infections. Waste materials such as animal dung, animals urine, solid waste, open defecation in the compound are causes of the propagation of diarrhoea and other infectious diseases.

Based on the above domains the role of the sanitarian in the prevention and control of diarrhoea is to design a hygiene education program.

Hygiene Education

It has to be understood that one of the problem for the spread of diarrhoea is lack of knowledge or information on simple preventive measures such as hand washing.

Hygiene education program should therefore be planned to help community members understand the importance of hygienic practices on the prevention of diarrhoeal diseases and promotion of health. To be successful in hygiene /health education program we should focus on the following facts.

- Hygiene education should be targeted
- Hygiene education should be simple (short and to the point facts has to be given to the targets)
- The hygiene education program should be Convincing (target should be able to get the point and demonstrate it)
- Hygiene education program should be timely (proper time, place, and condition should be selected).

In addition preparation for hygiene education should start from the behaviour analysis. Behaviour is culture bound and hence each culture may have to be checked against norms. Establishing hygiene education program in a community for a change of behaviour that is too deeply imbedded in their culture may be difficult to have result over night.

1. Behavioral Analysis Means Understanding what the Current Behaviour of People in the Communities are with Regard to:

- Hand washing
- Food sanitation
- Having latrine or latrine use
- Water hygiene

2. Select target Behaviour

There are many ideal or feasible behaviours that health professionals want to see people practicing, but, it may not be practical to achieve all. It is therefore necessary to select target behaviours from among many ideal ones to act upon.

For example in the case of diarrhoeal disease prevention the ideal behaviours among many will be to teach mothers on frequent hand washing after cleaning, after visiting toilet before feeding the child etc. With this target behaviour 40-50 % of diarrhoeal disease transmission will be avoided.

3. Are There Approximations that you Want to Build on

Building on local knowledge and practices is much better and short cut than to introduce new behaviours or practices.

- For example people wash hands with soap after eating but not before eating
- People wash hands before eating but not after latrine use

4. Communication Methods

Messages can be transmitted in many different ways. The different types of communications are:-

- Person to person or what is called interpersonal communication

- Group communication
- Mass communication
- Interpersonal

❖ **Channels of Communication**

Channels are tools and means by which message is communicated to the intended audience. The hygiene educator should prepare not only the messages but also the channels so that messages will be effectively delivered and understood by the target audiences. Channels are different for each method of communication. For example for mass communication we may have to use radio, TV or newspaper, but for person to person communication we should use posters, or flip charts. Some of the channels used for hygiene education are:

- Posters
- tape recorders
- flip charts
- TV
- Radio
- Newspaper
- Drama
- Songs
- Folk tales etc

❖ **Selecting Targets for Hygiene Education**

Selecting targets for hygiene education is the other important thing that has to be considered when organizing hygiene education. Targets are selected by asking the following questions?

- To whom is this message appropriate
- When and where should it be given

Past effort in disease prevention taught us that diseases such as diarrhoea are transmitted because of sanitary defects and practices in the living environment. Unsanitary conditions and practices are performed in the house by those who are actively engaged in cleaning work, food preparation, water vending, child feeding etc. These members of the household (mothers, caretakers) are the logical primary targets.

Usually the right time and place for addressing diarrhoeal disease problem is to conduct hygiene education using an interpersonal approach and at times when the primary targets are actively engaged in households activities. Examples could be used from the actual performance of the primary audiences. The right person for this task is a person that could speak the language, share the culture but trained in hygiene education methods and principles.

2.9 Learning Activities (Case Study) Continued

Read the story of Kadija and answer the questions below

2.9.2 What was the Causative Agent (Etiological Agent) for Kedija Illness.?

2.9.2 How did she Acquired the Disease

- Playing in dirty environment
- From the water she drunk
- From the food she ate
- By using unwashed hands when eating

2.9.3 How did Contamination Occur?

- from open defecation
- water contaminated by runoff
- Open defecation encourages fly breeding

- From fomite and finger

2.9.4 What should have been performed by the family immediately after Kedija was sick

2.9.5 What should the community affected do in the future in order to save their children from dying from causes of diarrhoea?

- Improve living conditions
- Change their hygiene practices
- Construct appropriate latrines
- Protect water sources
- Proper food hygiene

2.9.6 What should the health professionals do to alleviate such common problems ?

- Give hygiene education to all community members
- Encourage community members to construct latrines.

2.9.7 What should the government do to alleviate such common problems?

- Resources Allocation
- Addresses the problem
- Health policy

2.9.8 What factors contributed to kadja,s death ?

2.10 Role and task Analysis

Refer to the core module unit 4

2.11 Glossary & Abbreviation

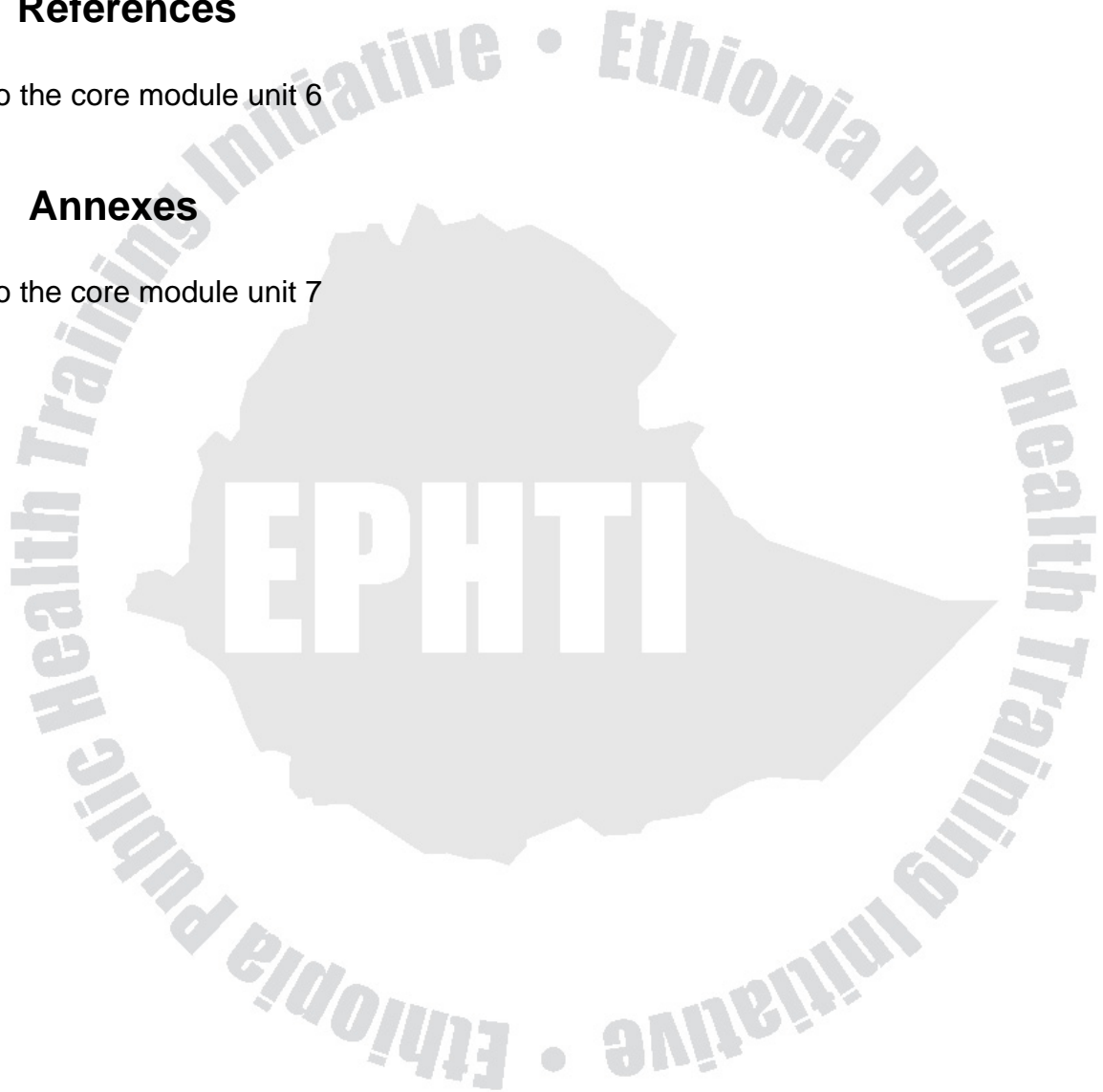
Refer to the core module Unit 5

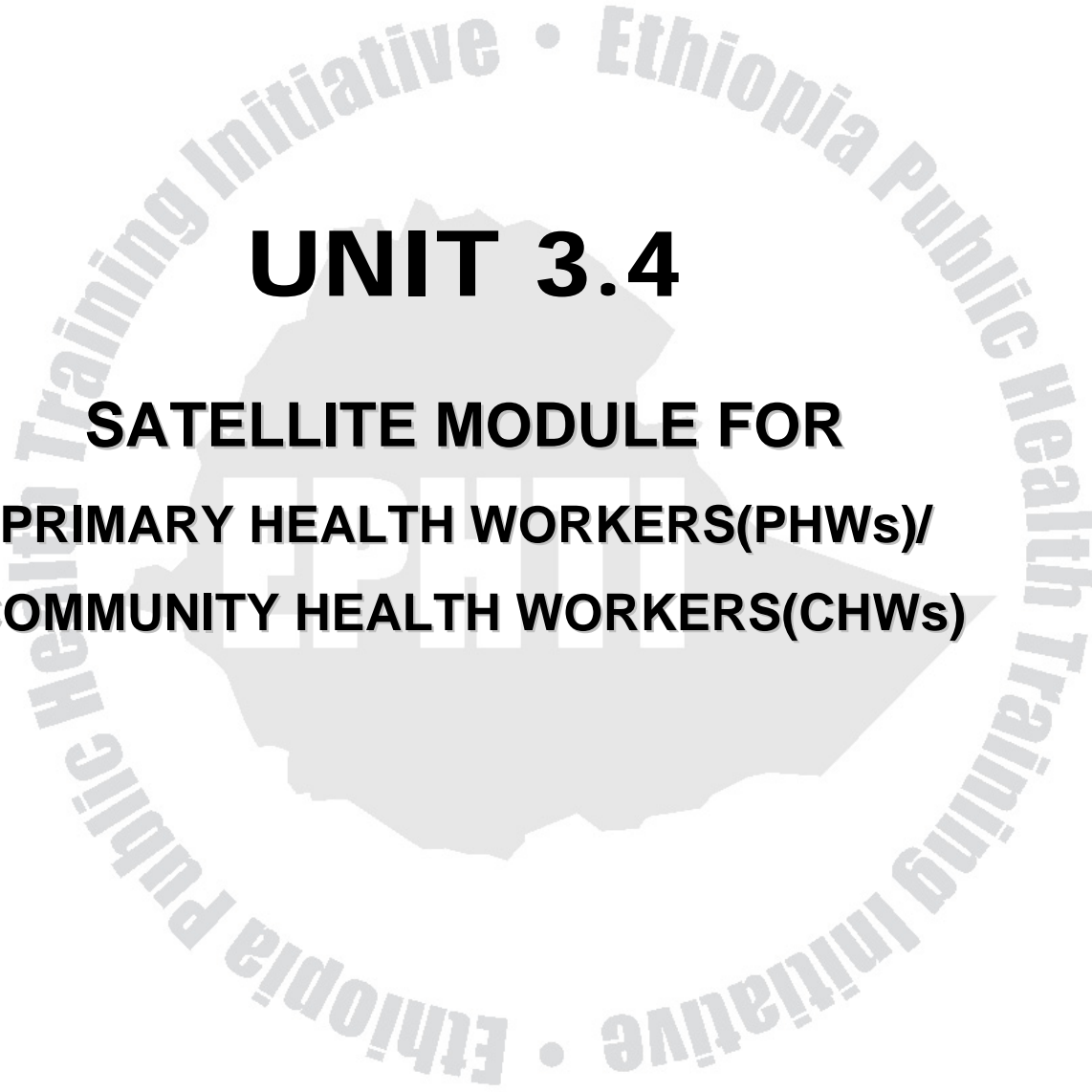
2.12 References

Refer to the core module unit 6

2.13 Annexes

Refer to the core module unit 7





UNIT 3.4

**SATELLITE MODULE FOR
PRIMARY HEALTH WORKERS(PHWs)/
COMMUNITY HEALTH WORKERS(CHWs)**

UNIT 1 : INTRODUCTION

1.1 Purpose & Use of the Module

Materialization of the Community based management of diarrheal diseases is made possible through training of PHWs/CHWs that are well equipped with the basic knowledge attitude and skill of diagnosing, treating, timely referring, controlling and preventing diarrheal diseases. Therefore, this satellite module will be utilized in the training of CHW to fulfil the aforementioned purposes.

1.2 Direction for the Use of the Module

1. Administer the pretest in section 2.2.5. in unit 2 of the cord module.
2. The satellite module can be used in the training or refreshment of PHWs/ CHWs by the health center team, NGOS and other like organizations.
3. Read the core module thoroughly before using this satellite module for the training of PHWs/CHWS
4. Read the story of Kedija and try to pose practical questions to the PHW/CHWS
5. Use more participatory and simple methods of training for this group.
6. Re-administer the post-test at the end of the training
7. Interpret this satellite module into the local language for better understanding if need arises

UNIT 2 : THE SATELLITE MODULE

2.1 Pre and Post Test

See the pre and post test for PHW/CHW in the core module section 2.1.2.5

2.2 Significance and Brief Descriptions of the Problem

The user of this module for training PHWs/CHW is highly advised to refer to the core module sections 2.2.

2.3 Learning Objectives

At the end of completing these modules the PHW/ CHWS will be able to:

- a) Identify and define types of diarrhoeal diseases
- b) Identify danger signs in a child with diarrhea and refer timely.
- c) Demonstrate preparation of ORS and other food based ORT solutions
- d) Treat a child with mild to some dehydration
- e) Give health education on the prevention of diarrhoeal diseases and importance of ORS/ Food based ORT in the management of diarrhoeal diseases
- f) Advise mothers/care takers on the importance of continued feeding during diarrhea

2.4 Learning Activities (Case Study)

Read kedija's story for the class(make them read) thoroughly so that they will be able discuss questions in unit 2, section 2.12 of this module.

2.5 Definition

Diarrhea is defined as passage of 3 or more loose (mucoid, bloody or water) stools in 24 hours. Sometimes the mothers' definition can be taken.

2.6 Epidemiology

Diarrheal diseases result in the death of five million children under five years of age. About 80% of these deaths occur in the first two years of life. Children in this age group may have 5-10 attacks of diarrhea each year.

2.7 Causes

Diarrhea is caused by different germs that get in to our body through food or drink that is not hygienically handled. Unhygienic practices like not hand washing before eating and after visiting a toilet, not keeping food hygiene, not collecting, storing and using drinking water hygienically, not disposing human waste including that of children's properly and not keeping environmental hygiene.

2.8 Clinical Feature

A child with diarrhea may have the following symptoms and signs: –

He/she may be lethargic, restless, fail to drink or eager to drink, fail to produce tears upon crying, he or she may have dry tongue, buccal mucosa, fever, vomiting, poor skin turgor & low urine output.

2.9 Diagnosis

In diagnosing the types of diarrhea & the hydration status of the child, use the following modalities:

History

- Dietary history
- Frequency of diarrhea
- Volume of diarrhea
- Consistency of diarrhea
- History of passing urine in the last 24 hours
- History of Vomiting
- History of fever

Physical Examination

- Vital signs –Pulse rate, Respiratory rate, Weight
- Buccal Mucosa – wetness of tongue
- Presence of tears upon crying
- Irritability
- Skin turgor

2.10 Case Management

- Discuss and demonstrate food based ORT
- Advise the mother/care to give more fluid without interruption
- Breast feeding with other supplementary foods should continue
- Give ORS/ Food based ORT solution to a child with diarrhea

If the child has dangers signs of dehydration such as

- Poor skin turgor
- Low urine output
- Fever

- Loss of interest to drink and
- Bloody diarrhea refer to the next health institution urgently.

2.11 Prevention & Control

Give hygiene education on the prevention and risk factors of diarrhea

- Personal hygiene (hand washing)
- Environmental hygiene (housing & compound)
- Food hygiene (preparation & storage)
- Water hygiene (at source & at home)
- Waste disposal
 - Solid waste (proper disposal of refuse)
 - Human excreta (latrine construction and latrine cleanness)
- Importance of ORS/Food based ORT in saving lives of Children with diarrhea
- Importance of immunization on prevention of diarrhea
- Importance of proper nutrition in prevention of diarrhea
- Report to next level health facility (health center team) in the case of unusual occurrence cases of diarrhea in excess of the normal expectancy (epidemic). In so doing the CHW/PHWs are part of the diarrhea prevention and control team and participant in the whole process.

2.12 Learning Activities (Case Study) Continued

Read kedija's story for the class(make them read) if need arises, translate it into the major local languages and discuss the following question in the class.

1. How does Kedija's Parent's taking her to the traditional healer contribute to her death from diarrhea?
2. If Kedija's parents come to see you first what would you do to address her problem?
3. What other factors contribute to development of diarrhea
4. What do you think are the preventive measures?

2.13 Role and Task Analysis

Refer to the core module unit 4

2.14 Glossary & Abbreviation

Refer to the core module Unit 5


2.15 References

Refer to the core module unit 6

2.16 Annexes

Refer to the core module unit 7





UNIT 3.6

**TAKE HOME MESSAGE FOR
THE MOTHERS/CAREGIVERS**

TAKE HOME MESSAGE FOR MOTHERS/ CAREGIVERS

The care giver should bear in mind the following messages:-

- a. The three rules for home treatment of diarrhea , these are:
 - Give more fluid continuously to a child with diarrhea including food based ORT according to the recipe
 - Continue breast feeding and giving other supplementary foods specially more fluid diet to a child with diarrhea
 - Take the child immediately to the nearest health institution if he/she has fever, vomiting, convulsion, refusal to drink or drowsiness with diarrhea
- b. Get your child immunized for measles
- c. Dispose the human waste (including children's excreta) and other wastes properly
- d. Avoid bottles for feeding of children and infants. Instead use cup & spoon.
- e. Keep the hygiene of your house and compound
- f. Keep the hygiene of drinking water both at the collection site, and storage levels until it is served.
- g. Keep the hygiene of food during preparation, storage and during serving.
- h. Exclusively breast feed children up to 4-6 months based on their demands

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UNIT FOUR

ROLE AND TASK ANALYSIS

**Table 4.1. Knowledge Objectives and Essential Tasks of the Health Center Team
(Health Officer, Public Health Nurse, Laboratory Technician and Sanitation)**

	Learning objective (expected out come)	HO	PHN	EH	MLT	Activity
Knowledge	Define and describe types of diarrhea	Define and describe types of diarrhea	Define and describe types of diarrhea	Define and describe types of diarrhea	Define and describe types of diarrhea	Define diarrhea and characteristics types
	List causes and risk factor of diarrhea diseases	List different causes of diarrhea and there association with the different risk factors.	List different causes of diarrhea and there association with the different risk factors	List different causes of diarrhea are their association with the different risk factors.	List different causes of diarrhea	List the different causes of diarrhea and characterize with the different risk factors.
	Describe the magnitude and contribution of DD (Diarrhea Diseases) to over all childhood health problems locally and nationally	Pin point the prevalence of diarrhea and its contribution to morbidity and mortality in children locally and nationally	Pin point prevalence of diarrhea and its contribution to morbidity and mortality in children locally and nationally.	Pin point prevalence of diarrhea and its contribution morbidity and mortality in children locally and nationally.	Describe the microscopic prevalence of causes of DD.	* Explain the burden of DD morbidity and mortality in children * Describe the commonest Ethologic agents of DD locally.

**Table 4.2. Knowledge Objectives and Essential Tasks of the Health Center Team
(Health Officer, Public Health Nurse, Laboratory Technician and Sanitation)**

	Learning Objective (Expected out come)	HO	PHN	EH	MLT	Activities
Knowledge	Describe the assessment of DD and its investigation	Enumerate the clinical manifestation and complications of diarrhea disease	Describe the complication and their manifestation	----	Describe the different methods of laboratory investigation for diarrhoeal diseases	. Perform soap (subjection objective .Assessment plan) of patients and investigate macroscopically and microscopically and record and report result.
	• Describe the principal treatment methods of diarrhoeal diseases.	• Explain how to treat DD and the principles underlying it	• Describe how to administer the treatment and advising the mother or care givers.	Together with the treatment principle advise the preparation and keeping ORS safe before giving to mothers or care givers.	----	List the different methods of Diarrhoeal diseases treatment Describe what advises should be given to the care givers.

**Table 4.3 Knowledge Objectives and Essential Tasks of the Health Center Team
(Health Officer, Public Health Nurse, Laboratory Technician and Sanitation)**

	Learning Objective (Expected out come)	HO	PHN	EH	MLT	Activities
Knowledge	Describe the pathogenesis of diarrheal diseases	-Elaborate the mechanism or development of different types of diarrheal diseases.	---	---	---	Indicate the different steps existing in the development of different types of diarrheal diseases
	Elaborate methods of preparing ORT (oral rehydration treatment) for use at home.	Elaborate methods of preparing ORT (Oral rehydration) treatment for use at home	Elaborate methods of preparing ORT (oral rehydration ttherapy) for use at home.	-----	-----	Describe the different ORT preparation at home (oral rehydration solution ,and cereal based home fluid).
	List the major information methods , and targets for health education in diarrhoeal diseases.	<ul style="list-style-type: none"> Describe methods of giving health education on DD and identify targets groups areas of focus. 	Describe methods of giving health in formation on management and prevention of diarrheal diseases	Describe methods of giving health information on management and prevention of diarrhoeal diseases.	Describe methods of giving health information on prevention and management of DD.	<ul style="list-style-type: none"> Identify current behavior Identify target behavior Identify target audience List methods of teachings

Table 4.4 Attitude Objectives and Essential Tasks of the Health Center Team (Health Officer, Public Health Nurse, Laboratory Technician and Sanitation)

	Learning Objective (Expected out come)	HO	PHN	EH	MLT
Attitude	Advocate the utilization of ORS & food based ORT in reducing mortality due to DD.	Instruct CHW (community health workers) mothers and care gives in reducing mortality due to dehydration	Instruct CHW (Community health workers) mothers, and care givers in reducing mortality due to dehydration	Instruct CHW (community health workers) mothers and care givers in reducing mortality due to dehydration	Instruct CHW community health workers mothers and care givers. i reducing mortality due to dehydration
	Promote feeding of infants (children) with case of DD	Advocate continued feeding of a child regard less of DD.	Advocate continued feeding of a child regard less of DD.	Advocate continued feeding of a child regard less of DD.	Advocate continued feeding of a child regard less of DD.
	Promote utilization of health service facilities for the treatment of diarrheal diseases in children.	Advise mothers care giver, and CHW to promote utilization of health services in DD of children.	Advise mothers care givers and CHW to promote utilization of health services. DD.	Advise mothers ,care gives and CHW to promote utilization of health services for DD in children	Advise mothers care givers and CHW to promote utilization of health services for DD it children
	Up hold the idea that diarrhea is caused by micrograms not by evil eye or gods cures	Educate mothers, care givers and CHW that diarrhea is caused by microorganisms	Educate mothers care givers and CHW that diarrhoea is caused by microorganisms	Educate care givers and CHW that diarrhoea is caused by microorganisms	Educate care givers and CHW that diarrhoea is caused by microorganism

Table 4.5. Practice Objectives and Essential Tasks of the Health Center Team (Health Officer, Public Health Nurse, Laboratory Technician and Sanitation)

	Learning Objective (Expected outcome)	HO	PHN	EH	MLT
Practice	Demonstrate the process of assessing child with diarrhoea and identify its complications.	Take appropriate history and perform proper physical examination.	Asses vital signs and determine existence or note state of dehydration and malnutrition.	-----	-----
	Demonstrate how to do macro and microscopic examination of the stool in case of diarrheal diseases.	Carry out macro-microscopic examination of the stool and identify the organism	-----	-----	Carry out macro & microscopic examination of the stool & identify the organism.
	Demonstrate the preparation of ORS and cereal based rehydration fluid to the care givers.	- Demonstrate and explain the preparation of ORS and cereal based rehydration fluids and their proper use.	Demonstrate and explain the preparation of ORS and cereal based rehydration fluids and their proper use.	Demonstrate the importance of clean water & utensils in the preparation of ORS & cereal based rehydration fluid.	
	Identify a case of diarrheal diseases and demonstrate its appropriate management.	• Demonstrate the management principle (drugs, fluids, education) identify the complication and manage accordingly	Demonstrate appropriate feeding and rehydration and drug administration and also provide proper nursing care to the clients.	-----	-----
	Demonstrate proper communication to the mothers care givers for health education pertaining to diarrhoea	Display Effective communication skills with mothers care givers and CHW diarrheal diseases treatment prevention and control.	Display effective communication skills with mothers care givers and community health workers on diarrhoeal disease treatment prevention and management.	Display effective communication skills with mothers, care givers and community health workers on diarrhoeal diseases prevention and control.	-----

Table 4.6. Knowledge Objectives and Essential Tasks of Primary Health Worker/Community Health Workers

Learning Objective (Expected outcome)	Community Health Workers	Care Givers	Activity

Knowledge	Describe the principle and treatment methods of diarrheal diseases	<ul style="list-style-type: none"> - Describe how to prepare ORT its administration - Describe drugs used in treatment of diarrhea & their administration 	<ul style="list-style-type: none"> - Describe how to prepare ORS and home based ORT 	<ul style="list-style-type: none"> - Explain methods of drugs used in the care givers and - Explain the care and give to a care administer drug
	List the major information, methods & targets for health education in DD	Describe methods of giving health education on DD and identify target groups & areas of focus (mothers /care givers patients,)	<ul style="list-style-type: none"> - Explain major points to the care giver/ mothers the need to tell to the family members & the patient 	<ul style="list-style-type: none"> - List main methods to communicate in the different target (CHW) - Enumerate major care giver needs in family and the patient
	List causes and risk factors for diarrheal diseases	List the different causes of diarrheal diseases and their association health risk factors.	<ul style="list-style-type: none"> - Explain the cause of diarrheal disease in general and what behaviors cause it. 	<ul style="list-style-type: none"> - Explain the intervention factor and cause - Describe that different germs of different poor sanitation

Table 4.7. Attitude Objectives and Essential Tasks of Primary Health Worker/Community Health Workers

	Learning Objective (Expected out come)	CHW	Care giver	Activity
Attitude	Promote utilization of health service facilities for the treatment of diarrhoeal	Advice care givers to bring a child with diarrhoea to the health service units to consult health worker	Advice friends and families to visit health worker the health service units in case of diarrhoea	<ul style="list-style-type: none"> • Educate care givers th children with diarrhoea • Encourage visits health diarrhea.
	<p>Learning Objective</p> <p>Advocate utilization of ORS in reducing mortality due to DD</p> <p>Promote continued feeding of children with diarrhoea</p>	<p>Community Health worker</p> <p>Instruct mothers or care givers the importance of ORS administration in reducing mortality from diarrhoeal diseases.</p> <p>Advocate and encourage proper feeding of children with diarrhea by mothers or care givers.</p>	<p>Care giver (worker)</p> <p>Advice family friends and neighbors to give more fluid to a child with diarrhoea.</p> <p>Feed the child with diarrhoea properly and encourage friends the peers to do so .</p>	<p>Activity</p> <ul style="list-style-type: none"> • Advocate / Promote treatment of diarrhoea • Encourage utilization family, in the treatment • Emphasize on impo child with diarrhoea (• Feed the child with friends or relative to c

Table 4.8 Practice Objectives and Essential Tasks of Primary Health Worker/Community Health Workers

	Learning Objective (Expected out come)	CHW	Care giver	Activities
Practice	<p>Demonstrate preparation of ORS and cereal based rehydration fluids and that proper use.</p> <p>Identify a case pf diarrhoea disease and demonstrate appropriate management</p> <p>Demonstrate proper communication to mothers or care givers pertaining to diarrhoea.</p>	<p>Demonstrate preparation of oral rehydration fluid and their administration to the case of diarrhoea for care takers.</p> <p>Identify complications of diarrhea (sighs of dehydration and malnutrition) and advice the care giver to give more fluid and feed the child properly.</p> <p>Display Efficient communication skill with mothers or care givers on treatment and prevention of DD.</p>	<p>Demonstrate properly prepare and administer ORT for a child with diarrhoeal diseases.</p> <ul style="list-style-type: none"> • Identify signs of dehydration and malnutrition so as to give fluid and more continued feeding in case of DD. <p>-----</p>	<ul style="list-style-type: none"> • Show materials and ingredients to be used in preparation are utilization of ORT. • Identify sings and symp of diarrhoea and malnutrition • Administer ORS and fo in child with diarrhoea pr <p>Identify ways of educating mothers/ care gives.</p>

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UNIT FIVE
GLOSSARY AND ABBREVIATIONS

Acute Diarrhea:- 3 or more abnormally loose or watery stools per day for less than 14 days. Acute diarrhea is caused by an infection of the bowel.

Anti-parasitic Drugs:- drugs for treating infections with parasites.

Dehydration:- Loss of a large amount of water and salt from the body.

Dysentery:- Diarrhea with blood in the stool.

Gruel:- a drink made by boiling meal of grains or legumes in milk or water until thick.

Lethargic:- abnormally sleepy.

Edema:- Swelling from excess fluid under the skin edema usually occurs in the lower legs and feet, sometimes in the hands, abdomen, and lower back.

Puffy:- Swollen. Puffy eyes are a sign of over hydration.

Rehydration:- The replacement of water and salts that have been lost from the body.

Trophozoites:- The live ameba stage of an organism such as Giardia Lamblia or E.histolytica: the stage which causes infection.

Unconscious:- a condition where a person is not awake or aware, and cannot be aroused or awakened.

ORT Corner:- An ORT (oral rehydration therapy) corner is a small area with 1 or 2 chairs and a small table where a mother can sit comfortably for 4-6 hours while she administers ORT to her dehydrated child.

Persistent Diarrhea:- A diarrhoeal episodes that Lasts for 14 days or longer about 10% of acute diarrhoeal episode become persistent. It causes about 35% of all diarrhea- associated deaths, and as many as 15% episodes of persistent diarrhea results in death.

Oral Rehydration Therapy (ORT):- The administrations of fluid by mouth to prevent or correct the dehydration that is a consequence of diarrhea.

Oral Rehydration Salts (ORS):- Oral rehydration Solution

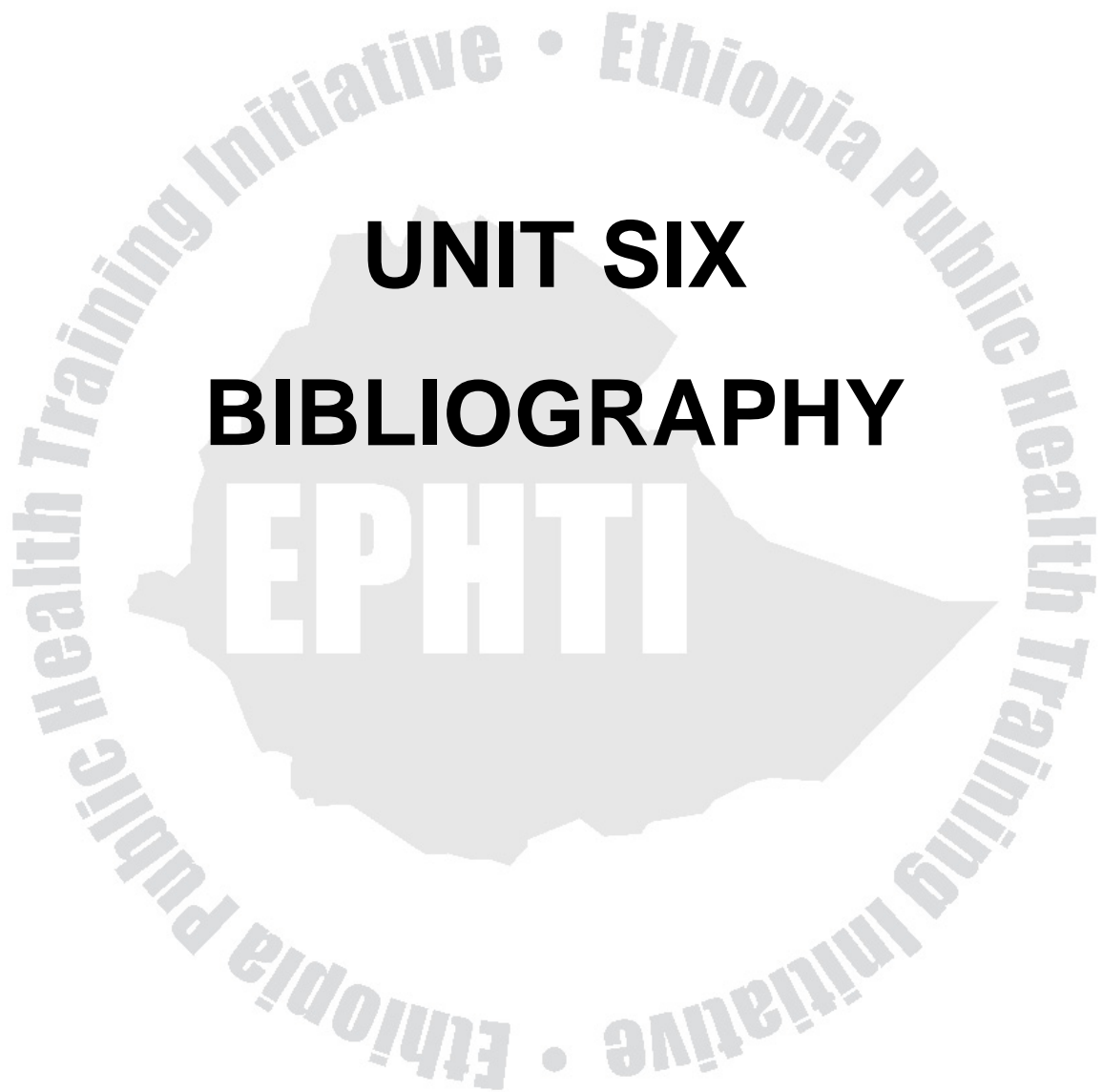
Rehydration Phase:- It is a phase on which the replacement of the accumulated deficit due to fluid and salt losses in stools and vomits are performed.

Maintenance Phase:- It is a phase on which replacement of on going abnormal losses due to continuing diarrhea and vomiting, and replacement of normal losses due to respiration, sweating and urination, which are particularly in infants are performed.

Antibiotic:- chemical substances that can kill microorganisms or stop their growth.

Auto: infection: - Infection of a person with pathogenic organisms from him/her self through fecal -oral route

Skin Torgor:- The recoiling of skin back to its original position after pinching. IF it become slower to return to its original position after pinching (if tents off) it is indicative of dehydration



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UNIT SEVEN
ANNEXS ANSWER KEY

7.1 Keys for Care Module

Q. No. 1	D
Q. No. 2	A to E
Q. No. 3	A, B, C and E
Q. No. 4	A, D and E
Q. No. 5	A, B & E
Q. No. 6	A to E
Q. No. 7	E
Q. No. 8	B
Q. No. 9	B
Q. No. 10	A
Q. No. 11	B
Q. No. 12	D
Q. No. 13	A & B
Q. No. 14	E
Q. No. 15	B
Q. No. 16	D
Q. No. 17	B
Q. No. 18	B
Q. No. 19	D

7.1.2 Key for the Satellite Modules

7.1.2.1 Health Officers

Q. No. 1	A, C
Q. No. 2	E
Q. No. 3	A, to E
Q. No. 4	B, C and D
Q. No. 5.	C
Q. No. 6	D

- Q. No. 7. A – Invasive diarrhea
 B – Motility diarrhea
 C – Osmotic diarrhea
 D – Secretary diarrhea

Q. No. 8 C

Q. No. 9 Yes

Q. No. 10 E

7.1.2.2 Public Health Nurse

Q. No. 1 A

Q. No. 2 D

Q. No. 3 C

Q. No. 4 C

Q. No. 5 B

Q. No. 6 A

Q. No. 7 D

Q. No. 8 B

Q. No. 9 D

Q. No. 10 E

7.1.2.3 MLT

Q. No. 1. C

Q. No. 2. B

Q. No. 3. E

Q. No. 4. E

Q. No. 5. E

Q. No. 6. A

Q. No. 7. C

Q. No. 8. A

7.1.2.4 KEY for Saniterians

1. Rota virus
2. Through contaminated
 - > water
 - > food
 - Finger
 - Fomite
 - Soil
1. Poor handling of water during storage
2. At the source.....contaminated soil contaminate food
 - During food preparation.....poor food handling
 - During storage.....by flies, cockroaches and rats
- 5 Hand washing practice using soap or ash
- 6 Person to person and group.
- 7 30 meters away from well water and 20 meters away from kitchen or dwelling
 - reason is not to contaminate underground water source and avoid fly nuisance and contamination of food.
8. Dipping hand in stored water

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