



Standard Of DIAG, TTO and Control Epidemiol Cholera

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Description

Acute infectious epidemic disease characterized by diarrhea, profuse vomiting, muscle cramps, oliguria, hypothermia, and shock.

Infectious Agents

It is the cholera or comma or Koch's vibrio. It is from the Spirillacea family, it is found in the feces and intestines of cholera.

Reservoir

He is the man.

Mode of Transmission

The germ ingested with water and food reaches the intestine and proliferates in its thin portion, from where its toxic action develops.

Incubation Period

From a few hours to 5 days.

Period of Transferability

It is supposed to be while presenting the positive stool carrier state. Although carriers are known for several months.

Susceptibility and Resistance

Resistance is related to the level of vibriocidal and antitoxic antibodies in circulation. Susceptibility is variable and little known. Acquired immunity is induced by vaccination, which is short-lived.

Clinical Picture

Acute diarrheal syndrome: profuse diarrhea, accompanied by intestinal colic. They can be of an unusual volume of 5 to 20 liters in 24 hours. They are odorless and often look like rice water. Sometimes they contain phlegm and rarely blood. There may be associated vomiting. The temperature is usually

subnormal, being infrequent in the adult presence of fever and chills. Dehydration syndrome: electrolyte depression, skin fold, toasted tongue, sunken or hypotonic eyes, thirst, hoarseness, muscle cramps, hemoconcentration. Metabolic acidosis syndrome. Hyperventilation, Kusmaul's respiration, clenched hands, obtundation, decreased alkaline reserve. Hypovolemia syndrome: tachycardia, thready pulse, muffled heart tones, arterial hypotension, venous hypotension, oliguria, azotemia, coldness of the skin. Mild forms are frequent, the so-called simple cholera, which is manifested by trivial diarrhea, without signs of dehydration or hypovolemia. There are also inapparent forms of the disease.

Diagnosis

Laboratory diagnosis is confirmed by isolation of vibrios cholera from feces or vomitus or by demonstration of a significantly elevated titer of bacterial agglutinating or vibriocidal antibodies in acute and covalent serum samples. Other complementary: complete blood count, ionogram, total protein, urea, blood calcium, partial urine, plasma density and ECG.

Treatment

It is calculated with an excel book in the 1st phase and 2nd phase or maintenance.

Control Methods

Preventive Measures

- Sanitary disposal of human feces.
- Protection and purification of water supplies.
- Boiling or pasteurization of milk and dairy products.
- Requirement of strict compliance with the hygienic rules for transporting, preserving, handling and distributing food.

- e) Elimination of flies and destruction of their breeding sites.
- f) Education for health.
- g) Active immunization for people exposed to exceptional or constant risks.
- d. Disinfection of hands after handling contaminated items.
- e. Terminal cleaning and disinfection.
- f. Quarantine: Surveillance of contacts for 5 days from last exposure or longer if cholera vibrios remain in feces.

Control of The Patient, of the Contacts and of the Immediate Environment

- a. Notification is mandatory.
- b. Isolation of all positive or suspected patients.
- c. Concurrent disinfection: feces and vomit, as well as all items used by the patient.
- g. Management of contacts, there is no passive immunization. Vaccination of contacts against cholera achieves protection against subsequent or continued exposures. Chemoprophylaxis of family contacts with tetracycline is justified.
- h. Investigation of contacts and the source of infection.
- i. Mandatory anti-cholera vaccination of all personnel traveling to countries where there is cholera.



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