Guidelines for a revised implementation of Integrated Community Case Management of Childhood Illnesses (ICCM) during the Ebola outbreak

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The Ebola outbreak has created numerous challenges for the continuation of primary health care across affected countries, including significant decline in the utilization of health facilities due to the fears of community members of Ebola being transmitted by the health facilities. **Malaria, pneumonia and diarrhea continue to be the primary killers of children under five in affected countries**, As trusted members of the community who have the ability to provide lifesaving treatments for children, Community Health Workers (CHWs) have an important role to play in increasing access to prompt treatments for malaria, pneumonia, and diarrhea for children in rural hard to reach areas, in contact tracing and referral of suspected Ebola cases, and providing key messages to communities and families regarding Ebola.

UNICEF and WHO recommend the following adapted guidelines **to allow CHWs to continue to provide treatment for the 3 common childhood killer diseases at community level** in a safe manner in the context of the Ebola outbreak. The guidelines are to ensure the safety of the communities and the CHWs and maintain the continuity of the services at community level. In order to reduce risk of disease transmission, CHWs are advised not to touch patients and to avoid all physical contact of any kind. Therefore the adapted iCCM guidelines will follow this 'no touch' approach and be based on history of symptoms and observation of the sick child.

For malaria, use of rapid diagnostic tests (RDTs) by CHWs to diagnose malaria will be discontinued until the epidemic is officially declared over. CHWs should therefore classify suspected malaria cases only on a history of fever, and provide appropriate antimalarial treatment with artemisinin combination therapy (ACTs), i.e. "presumptive" treatment of malaria. Suspect malaria cases should be treated empirically with full dose ACTs and clinical response to ACT expected within 48hrs. No response to ACT treatment (absence of fever clearance within 48hrs) virtually excludes malaria as a cause of fever and strengthens the likelihood of other febrile illnesses, including Ebola. Therefore, active follow-up of fever cases will be required, and if symptoms have not resolved by 48 hours then referral to the nearest health facility for further investigation will be required.

For pneumonia (children with a history of cough and/or difficult breathing), CHWs should continue to classify suspected pneumonia cases based on fast breathing (with the child's caregiver asked to lift clothing as necessary to allow observation of the chest), using the known age-specific cutoff points with use of respiratory rate timers, and provide appropriate antibiotic treatment. Amoxicillin (in dispersible tablet form) is the WHO-UNICEF recommended treatment for childhood pneumonia. Oral amoxicillin has also has been shown to be effective for treatment of "chest-indrawing" pneumonia, which previously necessitated referral to a health facility for treatment with injectable antibiotics, and which in the current situation may not be possible.

For diarrhea, CHWs should continue to provide oral rehydration therapy (ORS) and zinc to all children with history of frequent stools, defined as three or more loose stools in the past 24 hours.

Any danger signs observed (as per existing IMCI/iCCM protocol) should continue to warrant referral to the closest health facility for further assessment and management.

In addition to the above management for malaria, pneumonia and diarrhea (iCCM), the following is also advised for CHWs during the Ebola outbreak:

- CHWs should be provided with key messages on Ebola to help them support sensitization at community level. The "Ebola Guidance Package: Advice for Individuals and Families" document produced by WHO has the necessary information that CHWs can use.
- CHWs should be trained to screen potential cases using the Ebola case definition, so that a child (or adult) with suspected or probable Ebola is immediately referred for higher level care.
- CHWs should alert the closest health facility of suspected cases and probable deaths in their communities
- CHWs should also be provided with key messages for their own protection when interacting with patients – e.g. handwashing with soap and avoiding contact with bodily fluids. They should be trained on infection control measures and provided with the necessary protective equipment, including gloves.

Key elements needed for 3 month operation plan for strengthening/maintaining community health worker program:

Training – refresher training for CHWs on 'no-touch' iCCM approach, including key messages on Ebola for community mobilization and sensitization;

Provision of essential medicines and equipment needed for CHWs to deliver services – ACTs, antibiotics (Amoxicillin recommended), ORS, zinc, respiratory rate timers, gloves, soap and necessary 'job aids' (e.g. iCCM 'no-touch' treatment guidelines, Ebola messages for families/communities); sufficient quantities needed at least for the next 3 months; NOTE – increased quantities of ACTs will likely be required due to the new 'presumptive treatment' for malaria guidelines;

Incentives – adequate incentives/payments will be required for CHWs to continue operating and providing essential services;

Supervision – where possible, regular supportive supervision from Primary Health Centre level for motivation and monitoring of CHWs, as well as provision of supplies if needed to prevent stock-outs.

'No Touch' iCCM Guidelines			
Illness	**Classification**	**Treatment**	**Danger Signs for Immediate Referral**
Malaria	History of fever	**ACT** – appropriate first line ACT as per country treatment guidelines	-Fever for last 7 days or more -Convulsions -Not able to drink or feed anything -Unusually sleepy or unconscious **NOTE:** No response to ACT treatment (absence of fever clearance within 48hrs) virtually excludes malaria as a cause of fever and strengthens the likelihood of other febrile illnesses, including Ebola.
Pneumonia	History of cough or difficulty breathing Observation of fast breathing and counting of breaths with Respiratory Rate Timers: - *Age 2 months - 12 months* **50** or more (per min) *-Age 12 months - 5 years* **40** or more (per min)	Appropriate first-line oral **antibiotic**: >**Amoxicillin dispersible tablet**—250 mg, give twice daily for 5 days. *-Age 2 months - 12 months* 1 tablet (total 10 tabs) *-Age 12 months - 5 years* 2 tablets (total 20 tabs)	-Cough for 21 days or more -Chest indrawing - Not able to drink or feed anything - Vomits everything -Unusually sleepy or unconscious
Diarrhea	History of frequent stools: Three or more loose stools in the past 24 hours.	**>ORS**: At least 1/2 cup ORS solution after each loose stool, until Diarrhea ends. **>Zinc:** Give 1 dose daily for 10 days: *-Age 2 months - 6 months* 1/2 tablet (total 5 tabs) *-Age 6 months - 5 years* 1 tablet (total 10 tabs)	- Diarrhea for 14 days or more -Blood in stool -Not able to drink or feed anything - Vomits everything -Unusually sleepy or unconscious