GLOBAL NUTRITION CLUSTER
Technical Alliance

FAQ General 5. What are the recommendations for addressing nutritional needs of convalescent patients upon Ebola Treatment Unit (ETU) discharge?

Discharge planning should begin when the patient is clinically stable and while samples are being sent off for PCR testing to confirm they are free of Ebola virus. The following recommendations should be considered to ensure proper nutritional care upon discharge.

1) ETU patients are at high risk of developing acute malnutrition. **All convalescent patients** should thus have a nutritional status assessment (see FAQ PC1) prior to discharge.

2) Upon leaving the ETU, **convalescent patients with acute malnutrition** should:

- Be referred to the appropriate treatment facility per national treatment protocol and based on location and availability.
- Receive food commodities as suggested in the national treatment protocol.[1] If such a protocol does not exist, provide the patient with sufficient food to cover dietary needs for 15 days (to ensure there is adequate nutrition until follow-up at a treatment facility). Ready-to-use therapeutic food (RUTF) (2–3 sachets/day) will likely be the best option for children and Super Cereal (250 g/day)[1] the best option for adults.

3) Ebola outbreaks have detrimental consequences on household food security; it is therefore worthwhile to assess what household nutrition support is needed and most appropriate. This should be done for **all convalescent patients**, regardless of nutritional status. The following options can be considered:
   - Ideally a survivor care programme should be implemented and offer access to care and support to all EVD survivors. Nutritional support should be included as part of the programme's activities.
   - Depending on the context, the recovered patient's family should receive cash, vouchers and/or food rations that are nutritionally adequate and sufficient for the whole household for 1-3 months to improve household food insecurity during the recovery period.
   - Where available, the patient and family should be referred to humanitarian partners providing appropriate food and other required assistance.
   - If there are concerns about poor food diversity in the household, consider providing a one-month supply of multi-micronutrient tablets for the convalescent patient.[2]
   - Although not directly related to nutrition, non-food item needs should also be considered when addressing household food security, as purchasing these items can divert funds away from purchasing adequate and appropriate food. Indeed, experience has shown that non-food items are sometimes preferred over food. There may be a particular need for clothes, blankets and mattresses, as those previously used by the patient have most likely been destroyed. Cash or voucher assistance may be the most preferred option. Lastly, convalescent patients should also receive psycho-social support.

4) For **convalescent women who are still lactating**, consult WHO recommendations[a]. A woman who has recovered from EVD, cleared viremia and wants to continue breastfeeding should wait until after two consecutive negative EBOV breastmilk tests by RT-PCR, separated by 24 hours. During this time, the child should be given a breastmilk substitute.
5) **Convalescent children <2 years of age** require special attention. Upon discharge from an ETU, children under 2 years of age should be referred for regular health and nutritional status monitoring (e.g., at the local health centre, infant and young child feeding facility, or other). In addition:

- Caregivers should be provided with infant feeding counselling and support according to the infant's age (including complementary feeding for infants ≥6 months of age).
- If the child will be breastfed upon discharge, ensure that breastfeeding will be safe and adequate (i.e., mother's milk is negative for EVD, child accepts and latches appropriately, milk supply is sufficient).
- If the child will require a breastmilk substitute (to support all or some of the child's milk needs, whether temporarily or permanently), provide caregivers with appropriate counselling for minimizing risks. Discuss how and what kind of breastmilk substitute will be provided. A formal modus operandi should be discussed, and contact should be made with the Ministry of Health and/or UNICEF as is most appropriate according to context. Instructions should be provided for safe and hygienic preparation and feeding.

References

1. World Health Organization, World Food Programme, United Nations Children's Fund (UNICEF). *Interim Guideline: Nutritional Care of Children and Adults with Ebola Virus Disease in Treatment Centres*. World Health Organization; 2014.
2. World Health Organization. *Clinical Management of Patients with Viral Haemorrhagic Fever: A Pocket Guide for Front-Line Health Workers: Interim Emergency Guidance for Country Adaptation*. World Health Organization; 2016.

[a] https://www.who.int/publications/i/item/9789240001381