QUESTIONS
AND
ANSWERS

Common questions about treating diarrhoea with zinc and oral rehydration salts (ORS)
INTRODUCTION

To treat childhood diarrhoea, the World Health Organization recommends treating with both zinc supplements and oral rehydration salts (ORS). Healthcare workers and caregivers may have questions about these treatments. Find answers to commonly asked questions about zinc and ORS in the following FAQ.
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HOW TO GIVE ZINC AND ORS

1. Can I give zinc and ORS at the same time?
   Yes, zinc and ORS can be given at the same time. Zinc should be given only once a day, and it should be given at a time of day that is easy to remember. Repeat every day until all zinc tablets are gone. ORS should be given multiple times throughout the day while your child has loose stools.

2. Can zinc be added directly to the ORS? Will this work as well?
   Zinc can be added directly to a small amount of ORS (2-3 spoonfuls). Zinc can also be added to breast milk for infants.

3. Should I give less ORS since I am giving zinc?
   No, continue to give plenty of ORS while giving zinc. ORS will help to replace fluids lost during diarrhoea. Zinc will speed up recovery, and it will help the child fight off new episodes of diarrhoea in the 2-3 months following treatment. Zinc will also improve appetite and growth.
4. Can zinc be given instead of ORS?

No, ORS is vital to prevent and treat dehydration. Zinc helps to decrease the duration and severity of the diarrhoea, but it does not prevent or treat dehydration. The combination of ORS and zinc supplementation with continued feeding can prevent and treat dehydration, shorten the duration of the episode, and prevent malnutrition caused by diarrhoea.

5. Why are zinc tablets recommended after the diarrhoea episode has stopped?

Zinc supplements are recommended for the complete 10-day dosing regimen. That is because zinc not only treats the diarrhoea episode, but also helps to repair damaged gut mucosa and helps the body fight disease by enhancing overall immune function. The recommendation of 10 days has been made to ensure that recovery from the diarrhoea episode is complete and to improve the health of the child in the 2-3 months following.

Health workers should emphasize to mothers the importance of giving the full 10-day dose by explaining both the short- and long-term benefits of zinc: lessening the number of days and reducing the severity of diarrhoea; improving the child’s ability to fight new episodes of diarrhoea in the 2-3 months following the full treatment; and improving the child’s appetite and growth.
SAFETY

1. If my child vomits the zinc, should I give another one?

Yes, try to give the child one more tablet after the vomiting stops. Make sure your child is keeping down ORS. When he/she takes ORS with no problems, give the next zinc tablet. If he/she vomits after the second tablet do not give any more on that day. Wait to give the next tablet until the next day and give daily until there are no more tablets in the pack.

2. If my child is vomiting other things, like ORS, should I try to give the child zinc?

No, if your child is vomiting ORS and all food and liquids, bring him/her to the health center.

3. What are the side effects of zinc supplementation?

Vomiting is a rarely reported side effect of zinc supplementation and is typically very minimal. Children with diarrhoea often experience vomiting with or without receiving a zinc supplement. High-quality supplements that mask the metallic zinc taste are commonly accepted by children and rarely cause vomiting.

4. I think tablets are bad for babies. What do I do?

Most zinc tablets can be dissolved in breast milk, ORS, or clean water to create a syrup. Babies like this very much, especially in breast milk.

5. Are vitamins/minerals harmful for my child when he/she has a bad stomach?

No, vitamins and minerals are very important while your child is sick and will help your child get better faster. You should give zinc to your child even though his/her stomach is bad.
6. Is zinc supplementation safe in populations where children may be infected with HIV?

Available data indicate that zinc supplementation is safe for persons with HIV. All children with diarrhoea, regardless of HIV status, should be given zinc supplements for 10 days.

OVERDOSING

1. What if my child takes more than one tablet?

Keep tablets away from children to prevent overdosing. If your child takes too many tablets, he/she will probably vomit. Your child should take 1 tablet per day. One or two extra tablets taken by mistake will likely not hurt your child, but bring your child to a health center just to be safe.

2. I give a multivitamin to my child. Can I give zinc on top of that?

Yes, diarrhoea causes your child to lose a lot of zinc in his/her stools, so it is good to give more zinc while he/she is sick. After the diarrhoea is over, zinc will help replace lost nutrients. You can continue to give the multivitamin and give the zinc as diarrhoea treatment for the full 10 days. This will not harm your child.
 FEEDING

1. Should I feed my child as usual?
   Yes, continue to feed your child and offer an extra meal each day. If your child will eat more than usual, allow him/her to do that. Eating more will help your child have strength to fight the illness.

2. Should I give breast milk?
   Yes, allow your baby to breastfeed as much as he/she wants. This might be more than usual and that is good. Allow your baby to feed as many times as he/she wants for as long as wanted.

3. Does breast milk cause diarrhoea?
   No, breast milk is not the cause of diarrhoea and can even prevent diarrhoea. Keep breastfeeding your child. Babies under 6 months of age should get only breast milk to prevent diarrhoea.

4. Can I still give my child milk?
   Yes, if your child already drinks cow’s milk, you can keep giving this to him/her. Be sure to also give plenty of ORS and plain clean water as well.
1. **Should I get an antibiotic for the diarrhoea?**
   Only children with bloody diarrhoea need antibiotics. If you start to see blood in your child’s stool, bring him/her to a health center for further treatment.

2. **Should I get an antimitotility drug for the diarrhoea?**
   Antimitotility drugs (such as tincture of opium or loperamide) are dangerous for children, especially infants. They can make diarrhoea last longer because the germs causing the illness stay inside the child longer.

3. **Can zinc be given with other medicines?**
   Yes, zinc can be given with other medicines. However, only give your child medicines that are prescribed at the health center or by a community healthcare worker.
PERSISTENT DIARRHOEA OR BLOOD IN THE STOOLS

1. What do I do if my child does not get better? Could this be because of the zinc?
   If your child does not improve, continue to give the zinc. Zinc will not worsen the child’s condition. If the child does not improve in 3 days or severe health signs arise, return to the health center immediately.

2. Can I give zinc if my child has blood in the stools?
   Yes, zinc can be given if your child has bloody stools. If your child develops bloody stools, you should come back to the health center for more medicine. Your child may need an antibiotic.

PREVENTING DIARRHOEA

1. What are some ways to help prevent diarrhoea from happening?
   The risk of diarrhoea can be reduced by using the cleanest available water and protecting it from contamination. Families should:
   • Breastfeed exclusively (for babies under 6 months of age)
   • Dispose of babies’ stools in a quick, sanitary way
   • Collect water from the cleanest available source
   • Not allow bathing, washing, or defecation near the source. Latrines should be located more than 10 metres away from the water source and downhill
• Keep animals away from protected water sources
• Collect and store water in clean containers
• Empty and rinse out the containers every day and keep containers covered
• Do not allow children or animals to drink from containers
• Remove water from containers with a long-handled dipper that is kept especially for the purpose so that hands do not touch the water
• Treat household drinking water with an appropriate product (chlorine-based) or method (solar or filtration)
• If fuel is available, boil water used for making food or drinks for young children. Water needs only to be brought to the boil
• Cover food

2. How important is hand washing?

All diarrhoeal disease agents can be spread by hands that have been contaminated by faecal material. The risk of diarrhoea is substantially reduced when family members practice regular hand washing with the use of soap or a local substitute. All family members should wash their hands thoroughly after defecation, after cleaning a child who has defecated, after disposing of a child’s stool, before preparing food, and before eating.
WHAT’S THE BEST WAY TO TREAT UNCOMPLICATED DIARRHOEA?

ZINC + ORS

Don’t just relieve the symptoms. Get the child back to full strength.

For ALL cases of childhood diarrhoea, start with zinc + oral rehydration salts (ORS), proven to:

- Speed recovery
- Restore strength, energy, and appetite
- Help keep children thriving