

# HEALTH CLUSTER BULLETIN

CHOLERA OUTBREAK IN HAITI – FRIDAY, JANUARY 21, 2011 – #15

Dear Health Cluster partners,

It has been several month since we started disseminating the Health Cluster Bulletin. During this time, it has varied in both content and length.

It is time to rethink our approach. Though the immediate priorities of the cholera epidemic are numerous, we should not forget that the rehabilitation of health services is just beginning and that many displaced people remain without access to the health care they deserve.

What's more, most of us simply do not have the time to read a lengthy report each week.

We are therefore revamping the Bulletin, sharpening its focus so that it:

- concentrates on the analysis of the cholera epidemic and its operational implications;
- increasingly informs on efforts to rehabilitate the health sector;
- identifies trends and events, including the arrivals and departures of partners;
- highlights a specific technical theme in each edition that is of direct relevance and application to the partners working on the ground

We welcome your views and suggestions on this revised format so that we can continue to improve the quality, accuracy and content of these Bulletins.

Dr. Claude de Ville de Goyet

## HIGHLIGHTS

- On 16 January 2011, according to the MSPP, there were 194,095 cumulative cholera cases and 3,819 deaths.
- PAHO/WHO and local officials are investigating three cases of paralysis in recovering cholera patients.
- PAHO/WHO issued a position paper on the promotion and utilization of the home made ORS solution



The Ministère de la Santé Publique et de la Population (MSPP) and PAHO, the Regional Office of the World Health Organization (WHO) for the Americas, coordinate the Health Cluster. **MSPP Cluster Contacts:** Dr. Claude Surena; Dr. Jean Hugues Henrys; **PAHO/WHO Contacts:** Dr. Dana van Alphen



Health Cluster partners are asked to contribute to this bulletin with information on needs and activities as well as corrections to content, by emailing [hai.clustersante@paho.org](mailto:hai.clustersante@paho.org) (subject heading: Health Cluster Bulletin). For useful information on meetings, guidelines, and CTC, CTU, and health facility locations, visit: <http://haiti.humanitarianresponse.info>.

## CONTEXT OVERVIEW

- Security remains a concern particularly in the remote areas. In Lamarque, a remote village only accessible by helicopter in the West Department, threatening behavior of some members of the local community meant that a medical team had to evacuate the area. Field teams are encouraged to seek the support both of the health authorities and the political authorities/community leaders in the execution of their activities.
- Camp eviction is also a concern. Some land owners are claiming the use of their land and are requesting the exit of internally displaced people (IDPs). Some of the evacuations are done with monetary incentives whereas others are enforced. Meanwhile, without adequate resources, it is unclear how the health partners currently servicing the camps will continue to operate.
- Following the departure of some health partners, the MSPP is calling for the development of an exit strategy and protocol. A list of the main exiting partners is being drawn up.
- MSF-CH has closed one CTU and one CTC in Cap Haitien and reduced their presence in Limbe. The reasons for this withdrawal are the absence of emergency funds (end of March 2011) and the reduction in the number of cholera cases admitted to the CTCs.
- Outbreaks in various places are forecasted. Health partners should therefore maintain a level of readiness and vigilance so that they can respond immediately if necessary.



**Grande Anse has adopted a new strategy which brings setting up oral rehydration points closer to cholera patients.**

| Indicator   | Number  | Date                            | Source                            |
|---|---|---------------------------------|-----------------------------------|
| Number of cases and deaths*   | 194,095 cases of cholera and 3,889 deaths   | Reported Jan 19 reflects Jan 16 | Ministry of Health                |
| Case Fatality rate  | The in-hospital case fatality rate was 2.4%. Overall case fatality rate was 2.0%.                   | Reported Jan 19 reflects Jan 16 | Ministry of Health                |
| Case projection   | 400,000 in the first 12 months, with half of them in the first three months                         |                                 | PAHO/WHO, CDC, Ministry of Health |
| CTC   | 85 operational. Sufficient for current needs, but need to move some to vulnerable and remote areas. | Jan 16                          | PAHO/WHO                          |
| CTU   | 129 operational   | Jan 16                          | PAHO/WHO                          |
| Additional health workers needed  | 109 physicians, 326 nurses  | Jan 13                          | Ministry of Health                |
| Official government figures are available: <a href="http://www.mspp.gouv.ht/site/index.php">http://www.mspp.gouv.ht/site/index.php</a><br>Alternatively, the figures are available at the PAHO/WHO IHR Situation Updates: <a href="http://new.paho.org/hq/images/Atlas_IHR/CholeraHispaniola/notes.htm">http://new.paho.org/hq/images/Atlas_IHR/CholeraHispaniola/notes.htm</a> |   |                                 |                                   |

Based on available data the number of new hospitalizations appears to be leveling off. Yet the performance of the wider surveillance system – specifically in reporting new cases – remains an issue in several departments, particularly in those with the the highest lethality rates (Grande Anse, Sud, Sud Est and Nippe). The reporting of cases and deaths is still absent in some areas.

## HEALTH CLUSTER RESPONSE

The below table summarize the reported existing CTCs and CTUs per department.

| Department  | CTC | UTC |
|-------------|-----|-----|
| Artibonite  | 13  | 7   |
| Centre      | 5   | 9   |
| Grande Anse | 3   | 4   |
| Nippes      | 5   |     |
| Nord        | 9   | 14  |
| Nord-Est    | 4   | 18  |
| Nord-Ouest  | 8   | 3   |
| Ouest       | 33  | 63  |
| Sud         | 4   | 6   |
| Sud-Est     | 1   | 5   |

The updated matrix on the operational CTCs, CTUs and ORPs supported by the Health Cluster partners can be found at: <http://haiti.humanitarianresponse.info/Default.aspx?tabid=77>

## SITUATION BY DEPARTMENTS

### NORTH WEST

According to surveillance data<sup>1</sup>, the cholera epidemic seems to have reached its peak. The number of cases is decreasing in the eastern communes. By contrast, they are increasing in the west where resources are insufficient.

Although the prevalence of new cholera cases is decreasing in urban areas, they continue to rise in rural locations. New outbreaks are expected over the coming months. The response should remain focused on preventing lethality.

At the same time, the MSPP is working across departments with the community brigade. These community-based health workers will: a) work in the ORP, case management with ORS, referral, health education, and reporting of data and collection of supplies from the health centers; b) conduct household visits to identify cases and deaths, start ORS, identify contacts of cases, disinfect households

<sup>1</sup> Link to MSPP Surveillance bulletin: <http://www.mspp.gouv.ht/site/>

and ORP, provide chlorine for water and health education; and c) provide additional support for health education.

Reports from the field make highlight the deterioration of the health system. Some hospital departments continue to function without a systematic inventory of medical supplies; others do not have a reliable supply of water. Recommendations were made for additional support in strengthening the health system through community involvement, prevention and training of health providers. Additional support from the WASH Cluster and collaboration with their partners should be a priority.

The lack of partners in the North West is a particular concern. Clinical case management was largely carried out by MSF and the CMB, in addition to the work of the MSPP and NGOs such as MTI and International Medical Corps (IMC). These NGOs continue to support the management of the treatment centers (CTC, CTU and ORP). Yet following a reduction in the number of new cases, some partners are beginning to leave the department, including MSF.

A cholera response coordination meeting was organized by the DSNO and included partners such as Civil Protection, DINEPA (national water program), MSF F, IOM, Medical Teams International (MTI), ACF, Cuban Medical Brigades (CMB), Council for Formation and Monitoring (CFM), UNICEF, MINUSTAH, and WHO. This initiative brought extra inter-cluster support to strengthen the Health and WASH clusters.

## **NORTH**

The first 60 days of the epidemic have been characterized by large numbers of patients treated in a limited number of health facilities, mainly CTCs and CTUs. The second phase of the epidemic, from day 61 to day 80, has seen an increase in the number of operational ORPs. The main health service providers are MSF CH, MSF F, BMC and Kombit Sante.

The opening of many ORPs in the North Department has improved health promotion and the early treatment of cholera cases. Over 150 ORPs are currently operational. Yet only the CTCs are reporting to the surveillance system whereas smaller facilities (CTUs and ORPs), currently treating almost half of the cases, do not provide reports. This poses challenges for the surveillance system due to the high number of ORPs.

## **NORTH EAST**

The epidemic seems to be reaching a plateau in the North East Department. Though cases are still occurring, patients are reaching health facilities in better conditions, which results in a decrease in hospitalizations and deaths. This may be due to a better access to health care and to an improvement on the knowledge of the disease by the population. The social mobilization intervention of the Cuban Brigades in the Department is considered to have played a major role.

## **ARTIBONITE**

In some communities the average number of cholera cases has increased despite the fact that the epidemic trend is decreasing.

The International Medical Corps has requested PAHO/WHO support for the departmental Health coordination. The Alerts and Response Team is considering the deployment of an epidemiologist.

## **CENTRE**

A field team has recently been deployed to the Department and a person seconded to the DSO, due to an increasing number of alerts, mainly in communes close to the Dominican Republic. Security issues are hampering the operation in the Department. Regular support by helicopter will be needed.

A letter of agreement has been signed with the DSO to support the training of the community's health workers and to keep the health centers opened until 8 PM.

## **WEST**

In the Leogane area, there is a tendency towards stabilization, although new cases are appearing in areas that are difficult to reach. Health and WASH cluster partners are providing support to early warning, surveillance activities and rapid response. It has been noted that not all partners are giving appropriate surveillance information. Some of them do not report deaths.

The management of dead bodies remains a serious issue. Corpses stay often in homes for 2 or 3 days as family members refuse to move them. IOM is assisting in putting together a logistic system to manage dead bodies.

## **SOUTH EAST**

While the number of cases in most of the Departments has remained stable and overall mortality has decreased dramatically, there are clusters of cholera cases in several communes. For instance, there are cholera cases in the Grande Riviere sub-community and in Fouke.

Due to the low number of cases in their area of influence, MSF is considering handing over the management of treatment centers to the MSPP. The lack of human resources from the Ministry may hamper the response capacity in this area.

## **NIPPES**

Given the inconsistency of the surveillance data with only approximately 20% of the health centers reporting from this Department, strengthening the data management and improving communication in the Department is a priority. There is also confusion regarding the definition of cholera case and the difference between cases seen or hospitalized. When reporting according to standards, CTCs have a hospitalization rate of around 39%, instead of 90% as reported in DSO reports. Based on these findings, training of health staff in the Department is recommended in order to improve the surveillance.

An inter-cluster coordination mechanism has been set up including wash, health, and community mobilization. Actors in WASH from Port-au-Prince (Solidarite and CESVE) were asked to support the Nippes Department. Around 10 health actors have agreed to map the department's services.

## **SOUTH**

Two departmental coordination meetings have been held with all health actors involved in the response. One of the main activities is strengthening departmental monitoring and evaluation through analysis of the updated epidemiological data and projections to guide future actions.

IMC will manage ambulances for referral of patients and will improve the WASH situation in their CTCs.

## **GRANDE ANSE**

Data indicates that the case numbers and fatality rates are decreasing. However, the lack of information from some communities does not allow a definitive overview. Access to supplies in some of the CTU's visited remains an issue. ORPs have not yet been established throughout the Department.

All partners expressed the need to improve coordination with the Department Health Director. A first informal meeting with health partners was held to set up priorities and interventions. This was followed by a weekly coordination meeting with the participation of NGOs, international agencies, and health authorities.

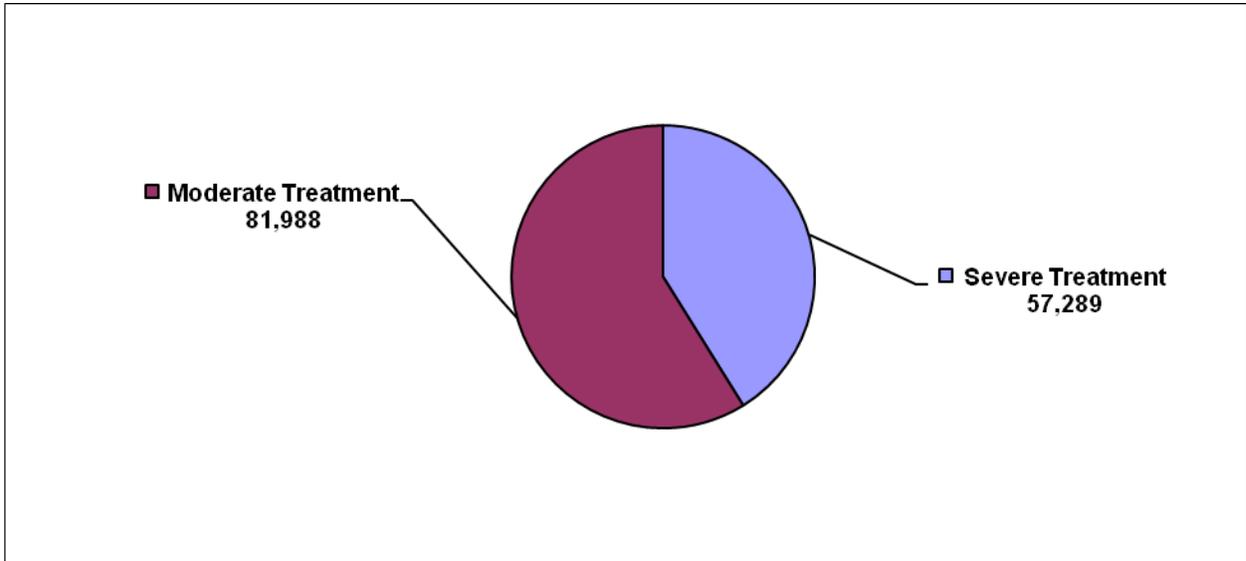
The epidemiological analysis of the Departmental data showed that mortality in the area was the highest in the country. An Advanced Strategy of response is financed by UNICEF based on three pillars:

1. Setting up Oral Rehydration Points in the most isolated and remote areas (118 ORT have been financed by UNICEF, 252 by the MPPS, 138 by the German Red Cross and 37 by Caritas);
2. Disinfection of affected homes;
3. Sensitization activities (not only on cholera prevention but also on stigmatization of the cholera illness and on the management of dead bodies).

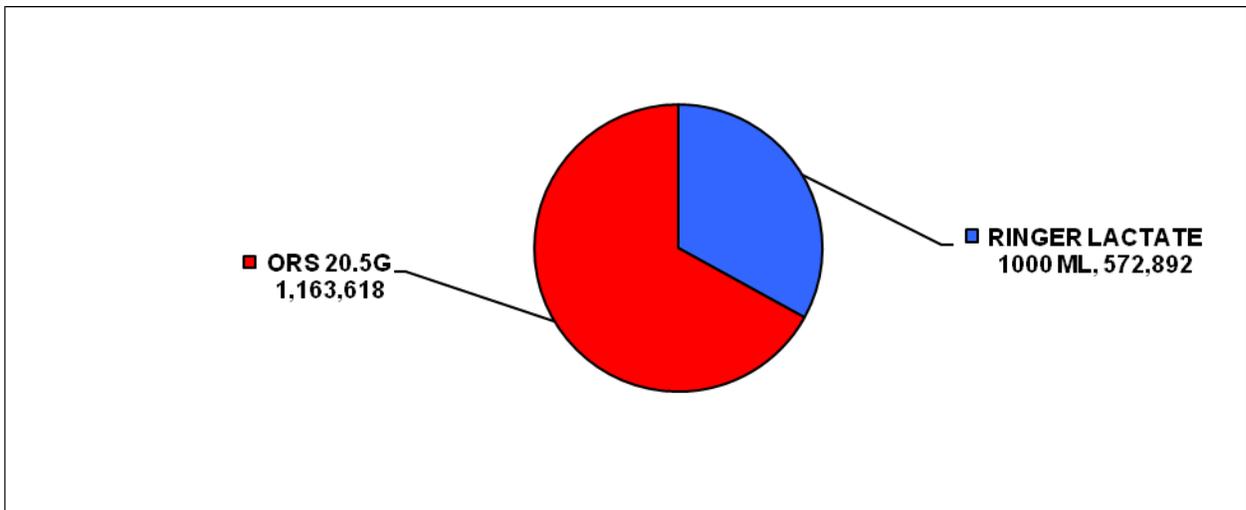
## **PROMESS**

PROMESS, the MSPP warehouse managed by PAHO/WHO, is constantly re-supplying remote areas to ensure there is access to medications even if the political situation deteriorates. Last week, supplies were pre-positioned around the country.

The following charts summarize the number of treatments distributed from PROMESS since the beginning of the outbreak until January 14.



Number of treatments distributed from PROMESS (21 October 2010 - 14 January 2011, processed by LSS/SUMA)



Number of units distributed from PROMESS (21 October 2010 - 14 January 2011, processed by LSS/SUMA)

## WASH

GRET, with the technical assistance of UNICEF, conducted a Knowledge, Attitude and Practices survey in poorer neighborhoods of Port-au-Prince to measure the impact of sensitization campaign and water purification distribution. The survey revealed that the knowledge of cholera symptoms was high (watery diarrhea, 69%; vomiting, 85%), as was knowledge of mode of transmission (drinking contaminated water, 72%). Although only 56% received water purification tablets, household water treatment increased from 32% pre-outbreak to 77% post-outbreak. Overall, 62% of household drinking water samples resulted positive for residual chlorine, indicating use of the tablets. Results of the survey indicate that reinforced cholera knowledge and hygiene interventions increased access to potable

water in Port-of-Prince slums. Similar intervention strategies must be implemented in other high risk populations of Haiti as part of the cholera response.

The construction of an excreta disposal site for the metropolitan area of Port-of-Prince was halted due to some issues of land ownership. As a result, Truitier remains the only operational excreta disposal site.

As part of the DINEPA strategic plan, construction of 10 excreta disposal sites is planned nationally. DINEPA, MTPTC and the engineer building the final excreta disposal site at Titanyen have conducted a visit to St-Marc and Gonaives to select sites for excreta disposals. Sites have been selected and negotiation is underway to start construction in St-Marc.

Last weekend, heavy rainfall in Grand Anse caused flooding of several rivers. Several CTUs were flooded, as well as septic tanks. There were several landslides including one at the burial site of cholera patients in Jeremie. The WASH cluster and PAHO/WHO asked that Jeremie be the next location for assessment. The excreta disposal site assessment team, accompanied by a sanitary agent from MSPP will organize a visit on Monday to assess and decide upon a site in order for urgent construction to begin.

## **HEALTH PROMOTION/SOCIAL MOBILIZATION**

PAHO/WHO has issued a position paper on the promotion and utilization of the homemade ORS solution. According to the statement, the commercial ORS formula is the most efficient and effective for the treatment of cholera. The homemade solution containing sugar and salt, which does not contain potassium or glucose, is an acceptable substitution for most cases of non-cholera diarrhea.

Therefore, PAHO/WHO supports the recommendation made by the MSPP and advises the following procedures:

- Make industrial ORS sachets as accessible as possible to the population, with priority to remote and isolated rural communities;
- Perform immediate proximate rehydration using ORS sachets whenever it is available;
- Use the homemade salt and sugar solution (SSS) if the ORS sachets are not available as an interim alternative.

PAHO/WHO will continue to support the MSPP in all its social mobilization activities to promote widespread availability of ORS sachets. The position paper can also be found at the following link: <http://haiti.humanitarianresponse.info/>

There are several ongoing health promotion and social mobilization initiatives. The main partners involved in the sector are CARE, CRS, American Red Cross, French Red Cross, IFRC, Spanish Red Cross, UNICEF, WORLD CONCERN, World Vision and OPS/WHO.

## **FUNDING**

The World Bank will provide \$ 15 million US grant to fight the cholera epidemic in Haiti. The Bank approved an additional \$ 5 million US to a previously announced \$10 million US grant. The grant will go towards public campaigns to prevent infection and increase the capacity of Haiti's Health Ministry to deal with the emergency. It will also be used to contract experienced NGOs for immediate cholera response activities.