HEALTH CLUSTER BULLETIN

CHOLERA OUTBREAK IN HAITI -FRIDAY, DECEMBER 17, 2010 - #10

SITUATION OVERVIEW

In the last couple of days, taking opportunity of the relative stability of the security situation, health partners in Haiti made important progress in two of pillars of the national strategy against the outbreak, "saving lives" and "containing the spread of the epidemic".

One example of progress towards the fist pillar was the continuous establishment of new Cholera Treatment



Several field epidemiologists and sanitary engineers share their experiences before leaving Haiti as part of the rotation process for all UN personnel involved in the emergency response.

Centers (CTC) and Cholera Treatment Units (CTU) in priority areas. If this pace is maintained, the minimum number of CTC and CTU beds necessary to cope with the outbreak may be reached in the coming weeks.

To save as many lives as possible, partners are also promoting the adoption of flexible mechanisms of planning and decision-making, in order to quickly move resources, including human resources, from areas where the impact of the epidemic is smaller to areas to areas with severe outbreaks.

The evolution of the epidemic is showing more clearly that urban and rural areas are unevenly affected. While CTCs and CTUs installed in urban areas are closer to meet the demand for patient care, access to health facilities remains extremely difficult in rural areas.

Success in rural areas requires intense social mobilization and community work, which are actions





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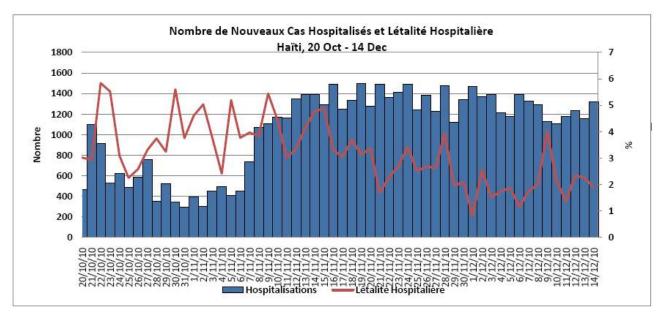
Health Cluster partners are asked to contribute to this bulletin with information on needs and activities as well as corrections to content, by emailing hai.clustersante@paho.org (subject heading: Health Cluster Bulletin). For useful information on meetings, guidelines, and CTC, CTU, and health facility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

related to the second pillar of the strategy. Further efforts are needed to implement Oral Rehydration Posts (ORP) and to activate community work around the CTCs and CTUs, including the establishment of brigades of community workers that can actively identify cases of diarrhea and promptly refer them to appropriate structures. These brigades should also help disseminate health promotion messages, contributing to reduce the transmission.

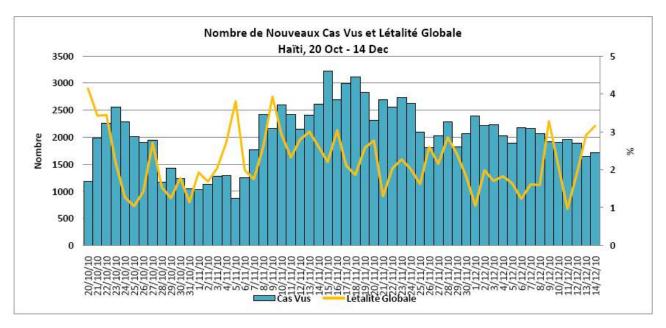
The first two pillars, however, are not enough. Community level access to safe water and to waste management remains critical issues. Any serious effort to control the epidemic must include initiatives in these areas, as they will ultimately allow Haiti to control the epidemic.

EPIDEMIOLOGY

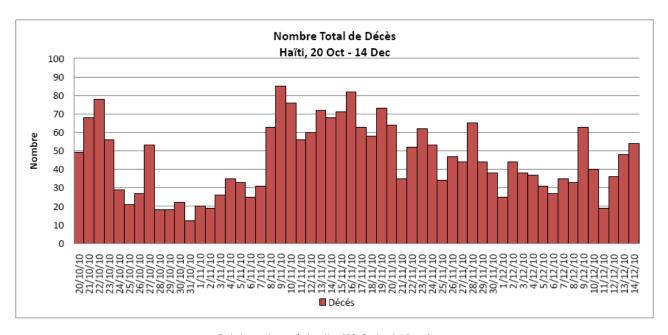
On 17 December the Ministère de la Santé Publique et de la Population (MSPP) reported that the cumulative number of cholera cases and deaths due to cholera, as of 13 December, is 112,330 and 2,478 respectively. 56,435 patients have been hospitalized due to cholera. The in-hospital case fatality rate for the whole country is 3.0%, while the overall fatality rate remains as 2.2%.



Cases and in-hospital case fatality rate



Cases and the overall case fatality rate (20 Oct – 14 Dec)



Total number of deaths (20 Oct – 14 Dec)

The Ministry of Health daily reports are available at http://www.mspp.gouv.ht/site/downloads/.

COORDINATION

The partner group supporting the Ministry of Health in the fight against cholera, consisting of experts and epidemiologists from PAHO/WHO, the Cuban Medical Brigade and the US Centers for Disease

Control (CDC), developed a contingency plan for future emergencies, with the three lines of action: surveillance, alert & response, and departmental coordination.

The following decisions were taken by the group, according to the three lines of action:

- a) **Surveillance**: PAHO/WHO will support the Ministry of Health with communication equipment (laptops, wireless network, and other equipment.) at the central level and in five departments.
- b) Alert & Response: an epidemiology support group to the Ministry of Health will be formed by epidemiologists from the Ministry of Health, the Cuban Medical Mission and PAHO/WHO. The group will work out of the Ministry's Alert & Response cell in the PAHO premises.
- c) **Departmental Coordination**: The partner group offered active assistance in solving political coordination problems on at local in five Departments (Grande Anse, Nippes, South, North-West, and North).

As the cholera cases continue to increase in all ten departments in Haiti, a new focus is to protect school-age children. Approximately 2.2 million children in more than 20,000 schools need to have access to safe drinking water and receive appropriate information on hygiene practices.

Most schools have reopened, and most of the Education Cluster partners have resumed work, including cholera prevention activities. The Education Cluster still plans to develop cholera prevention activities in 10,000 schools, 50% of the total number.

Last week, UNICEF, which coordinates the WASH Cluster, deployed experts in all departments to support the integrated cholera response on the technical and logistic level.

On behalf of the Health Cluster and the Ministry of Health, the IOM is leading a verification process of GIS and basic capacity data. Cholera Treatment Centers (CTCs)/ Cholera Treatment Units (CTUs) in Port-au-Prince and Leogane have already been mapped. The initiative will continue until all departments are covered. The expected outcome are reliable maps to be available for use by the Ministry of Health and Health Cluster partners, including local level maps for distribution to Oral Rehydration Posts (ORP), patient transport service providers and health facilities.

CASE MANAGEMENT (CTC/CTU)

PAHO/WHO Epidemiologists together with Ministry of Health and the partners have finalized the selection of seven Haitian epidemiologists, who have been trained in Cuba. They will support seven departments to produce and report data. Five more epidemiologists will be identified to support the remaining three departments and to support the work at the central level.

Several PAHO/WHO field epidemiologists and sanitary engineers who had been working at department level in the last weeks met in Port-au-Prince to share their experience. The experts, who had been deployed to Grand Anse, Jeremie, Les Cayes, Hinche, St. Marc and other parts of the country,

briefed PAHO/WHO Representative Dr. Lea Guido on several issues, including collaboration with the Ministry of Health and other partners, as well on the security situation, access to water and sanitation, adequacy of medical supplies, and behaviors that make the population at risk for cholera.

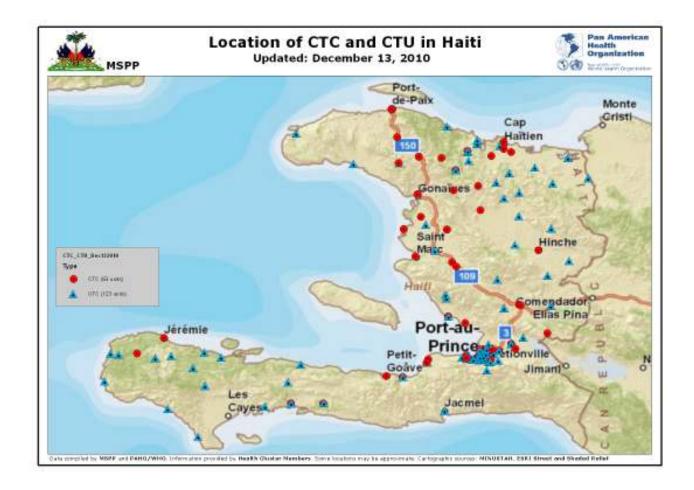
The experts noted that unequal access to information and health care in rural areas is a possible explanation for higher case fatality rate in rural areas. In general, the public needs to be more aware about the need to seek prompt treatment of symptoms of cholera, starting at home or format the ORPs (for mild cases) or transporting patients to CTCs. The public also needs to be better informed about behaviors to minimize the risks of infection, particularly when transporting sick people such as family members to health facilities. Risky practices cited included taking patients' contaminated clothing back home, eating near sick patients, and general lack of hygiene around sick family members.

Other problems cited by the experts included poor management of dead bodies, continuing problems with food safety (for example, in markets and open-air diners), excessive use of IV fluids and antibiotics, poor vector control (rats, dogs, etc.) around the perimeters of CTCs, and unsafe disposal of waste, such as gloves, masks, and other medical waste.

The situation requires field staff to be flexible and exercise creativity to find practical solutions, the experts noted. For example, to the extent that people continue to use water from wells and rivers, chlorine tablets are perhaps the most viable method to ensure clean drinking water.

IOM has modified its approach for establishment of new ORPs in light of the unstable security situation, which prevented planned activities last week. IOM is now taking a phased approach to ensure that at least a bare minimum of treatment capacity exists in camps should the security situation deteriorates further. Some 261 camp focal points from 61 sites have been trained in operation of ORS posts and materials have been delivered this week taking the total number of ORPs functioning in priority camps to 74. IOM plans to ensure access to ORS posts in 250 priority sites identified by the CCCM cluster (Camp Coordination / Management) as priority sites.

As of 13 December, 63 CTCs and 123 CTUs were operational across in Haiti. CTCs are larger units with an average of 50 beds each, and some reaching hundreds of beds. CTUs are smaller units usually attached to existing health facilities. It is estimated that they have a combined capacity of 5,479 beds and 1,860 beds, respectively. According to the plans of the Ministry of Health, 30 additional CTCs and 62 additional CTUs need to be operational throughout the next six months. To manage these facilities, the health partners will need to identify, recruit and train additional 532 physicians, 1,068 nurses and 2,416 support staff. Many of these positions can be filled with unemployed Haitian professionals and with Haitian health care students.



Gaps/challenges

In Gonaïves, the plight of the Raboto Hospital illustrates the challenges to set up and maintain CTC. Due to fears of increase in number of cases in the region, and to heavy rains in the territory, the hospital administration asked the IOM to help with the construction of the new CTC in the vicinity. IOM was asked to support road graveling activities by providing fuel for gravel transportation and compactor, to fix the gate of the CTC, improve the protection of the CTC against flood, and install 50 rehydration points for the patients to get rehydrated before they are transferred to the CTC. They also requested the distribution of non-food items such as kitchen set, hygiene kit, soap, aqua tabs and chlorine.

Communication and Social Mobilization

An important element of any cholera response plan is communication and social mobilization. These elements have played a key role in getting lifesaving messages to the population. This has been achieved through the use of SMS, employment of sound trucks, allotment of time at radio shows and widespread radio advertising.

On December 14, PAHO/WHO and UNICEF launched a major awareness campaign in partnership with leaders of major religions in Haiti, the Catholic Church, the Protestant Church and the Federation of

Vodouisants (Voodoo), which constitute the group "Religion for Peace-Haiti." The objective of this partnership is to ensure that all the churches and Voodoo temples speak about cholera during the religious ritual. The religious leaders committed to share information on cholera, methods of prevention and treatment, including messages to counter myths about the disease. They also plan to make presentations to the parishioners of the use of ORS sachets, preparation of homemade ORS and use Aquatabs. Another initiative is to promote the establishment of regional fisheries organizations in some parishes.

In parallel, UNICEF will work with DINEPA to support the most vulnerable and most neglected communities in the parishes.

Some four million SMS messages were sent with hygiene and health promotion messages, and 1.9 million SMS sent across the country covering correct aquatab use, cholera stigma and fear of CTCs. The SMS campaign has been suspended for two days, until the security situation improves and mobile networks are less overloaded.

Around 100 radio stations across Haiti have been contacted and 70 have agreed to run the three-minute Red Cross cholera prevention message for free. This includes the four biggest stations in Haiti, Metropole, Caraïbes, Ginen and Radio 1. Most stations have agreed to broadcast the advert from four to six times a day.

Through the Haitian Red Cross network, details are being gathered for the use of sound trucks in the 12 major towns in Haiti. Sound trucks would be hired for up to three days a week to travel around the towns and surrounding areas broadcasting key cholera prevention and treatment information.

PROMESS

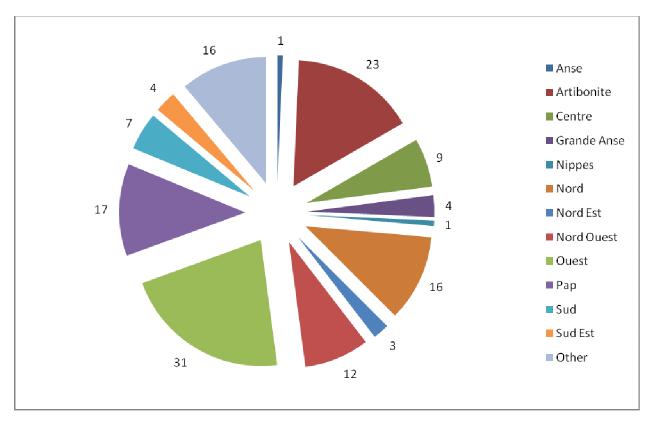
The Spanish Agency for International Cooperation and Development (AECID) sent four airplanes and one ship with humanitarian supplies to respond to the outbreak. The value of drugs shipped to date (not counting transportation costs) is over 220,000 euros, for a total of 90 tons of medicines.

AECID continues to organize several expeditions, both by sea and land. It is anticipated the arrival, by 21 December, of a second maritime expedition with 28 tons of medicines, to be used by Médecins Sans Frontières Spain (MSF-E). Another shipment by land, with 66 tons of Ringer Lactate for PROMESS is expected in the last week of December.

SUMA

During the last week, the SUMA team continued to track the distribution of supplies from the PROMESS, the Ministry of Health warehouse managed by PAHO/WHO, to the different departments and priority areas in the country. This proved to be significantly important in the period of December 10-12, when logistics operation was particularly complex due to the security situation in the country.

SUMA training sessions for the WASH cluster members have already started. The objective is to better manage the stocks and the distribution of supplies related to water chlorination.



Distribution of deliveries from PROMESS by departments (processed by SUMA, 21 Oct – 12 Dec)

HEALTH PROMOTION & TRAINING

Schools

ADRA, who planed to cover 100 schools with cholera prevention measures in collaboration with UNICEF, is temporarily ceasing activities in Haiti through the end of the year, due to security concerns. They have already completed activities in 23 of the schools in Carrefour, reaching 17,369 students, with the distribution of 31,500 aquatabs, 92 posters, 690 soap bars and the sensitization of teachers and students.

The Finn Church Aid/ACT Alliance gave 30,000 ORS sachets to Viva Rio, as part of the cholera prevention and treatment program in Bel Air. This supply is intended to offer first response treatment for a period of three months in 18 schools, benefiting 16,000 students. These same schools have received aquatabs from FCA, as part of the cholera prevention program. The Norwegian Church Aid is working in close partnership with Viva Rio in the area, implementing WASH activities in the same 18 schools.

The American Red Cross hygiene promoters visited three schools in Zoranje (Ecole Nationale des Orangers, College Evangélique Baptiste Jerusalem des Orangers and Ecole Presbiterale St. Genevieve

des Oranges) and led cholera prevention activities to 817 students (323 girls and 494 boys). The promoters provided 22 hand-washing and eight ORS preparation demonstrations. In addition, hygiene promoters visited one market in Zoranje and conducted 162 door-to-door cholera prevention activities. Promoters distributed 2,745 bars of soap and 8,100 water treatment tablets.

Community Mobilisers

The American Red Cross deployed 200 promoters to 40 camps in Port-au-Prince. Promoters conveyed messaging about hygiene promotion and cholera prevention in 18 of these camps, focusing on cholera prevention, transmission, symptoms, vulnerable populations, how to prepare ORS, and demonstrations on proper hand-washing. In addition, the PEHP team continued to reach areas around camps which were selected in response to the Hygiene Promotion Sub-Cluster's strategy recommendations to target areas immediately surrounding camps, as well as the camps themselves.

In Gonaives, a CHF communications officer, who was trained by UNICEF on cholera issues, led cholera prevention and hygiene promotion training for community leaders and civil protection officials of the 4th community sector of Gonaives. The community leaders plan to replicate the training in their community. The municipal officials, the municipal assembly leaders, community leaders and members of the civil protection unit of the 3rd section of Gonaives received cholera prevention training.

In Gonaives training was held at the Farmer's Association center in Labranle, where 31 farmers participated, as part of an activity led by the CHF communications officer. A cholera film was shown, and hand-washing simulation and ORS preparation were included in the presentation.

CARE's sensitization activities in Léogâne, Grande-Anse and the North-West and Artibonite were not discontinued due to the security situation last week. CARE has now reached more than 407,000 people with prevention messages on cholera and sensitization, notably through door-to-door visits, meetings with mothers and youth clubs, encounters with community leaders, and sensitization events in schools, at markets, and other places.

In Upper Artibonite, Care identified 72 provisional sites for the establishment of ORPs. The communes targeted are Gonaives (three communal sections), Marmelade (three communal sections), Ennery (two communal sections), Saint Michel de l'Attalaye (eight communal sections), Anse Rouge (two sections) and Gros Morne (eight sections). Four ORPs are operational in Grande Savane, La Pierre, Sedren and Declin.

Gaps/challenges

- There is a need to conduct sensitization activities in all districts and villages. The situation is
 particularly concerning in the North and North-West. Partners are needed to reach more
 schools mainly in rural areas.
- Some partners of the Education Cluster are reaching the limit of their capacity to do cholera
 prevention in schools, both financially and in terms of human resources.

- CECI, a partner of UNICEF for WASH in schools, has informed that they will postpone their interventions in 150 schools in Artibonite until next year, pending an improvement of the security situation.
- World Vision decided to relocate some staff, maintaining only essential staff in the country for an indefinite period. These adjustments are likely to further constrain emergency education programs, including critical social mobilization activities in schools to prevent the spread of cholera through implementation of proper health and hygiene practices.
- Some schools in rural areas have closed due to panic and lack of information regarding cholera.

REFERENCES

- Health Cluster website.
- <u>Ministère de la santé publique et de la population</u> (the Ministry of Health).
- Pan American Health Organization (PAHO/WHO).
- Interactive Atlas (PAHO/WHO).