

HEALTH CLUSTER BULLETIN

CHOLERA OUTBREAK IN HAITI – MONDAY, JANUARY 10, 2011 – #13

SITUATION OVERVIEW

From the onset of the epidemic, the Ministère de la Santé Publique (MSPP), Pan American Health Organization (PAHO)/World Health Organization (WHO) and partners on the ground have formulated/articulated the response with the dual objectives of saving lives and reducing risk factors. In the first few weeks, particular attention was given to the increasing numbers of people that sought medical care, especially in the area of the Department of Artibonite, where the epidemic was first detected. The numbers of CTC and CTU have rapidly increased.

Ten weeks after the start of the epidemic, all departments are affected. Treating of patients has improved, but it is not possible yet to offer comprehensive access to the whole population – which is especially the case in mountainous remote areas.

MSPP, WHO and health partners are increasingly combining case management activities with activities that address the risk reduction aspect of the strategy. It will not be possible to control the epidemic without



Distribution of ORS in Cité Soleil

ANNOUNCEMENT

Health Cluster meeting will be held every Tuesday at 11.30am at the Ministry of Health building, next meeting will take place on the 11 January 2011. A template will be sent to all Health Cluster Partners



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 (subject heading: Health Cluster Bulletin). For useful information on meetings, guidelines, and CTC, CTU, and health facility locations, visit: <http://haiti.humanitarianresponse.info>.

massive intervention in the Water, Sanitation and Hygiene (WASH) sector and increased social mobilization and this notion is being increasingly accepted.

Risk reduction strategies are fundamental to reduce the impact of the epidemic in the short term and also to reduce the impact of Cholera in the medium and long terms. More resources and more partners are needed for an intensified response in this area.

Due to elections in December, the last weeks have been tainted by political and social unrest. This has resulted in an increase in security measures, hampering to some degree, the capacity of the partners and PAHO/WHO teams to work on the ground. The country is currently expecting the results of the elections to be released within the next few days. More protests with potential escalation into violence might take place, targeting political actors and also the international community.

EPIDEMIOLOGY AND ALERTS

As of 1 January 2011, the MSPP has reported a total of 171,304 cumulative cholera cases with 3,651 deaths. Of the total cholera cases, 95,039 have been hospitalized (55.5%). However, this hospitalization rate is not homogeneous across the country, with several departments reporting around a 100% hospitalization rate for cholera cases. The differences among departments could be due to a combination of several factors and they underscore the gaps in registering and notifying cholera cases. If one assumes a similar level of access to care and standardized treatment protocols throughout the country, the departments notifying a high hospitalization level could still be at an initial stage in the cholera epidemic, with a higher level of severity.

The global attack rate since the start of the epidemic (October 20, 2010) is of 15.6 per 1,000 inhabitants, ranging from 32.5 per 1,000 in the Department of Artibonite to 1.9 per 1,000 in the Department of Sud-Est.

The global case fatality rate is 2.1%, the hospital case fatality rate is 2.6% and the overall mortality rate for Haiti is 36.4 deaths per 100,000 inhabitants. Mortality varies between departments, the highest being in Grande Anse, notably higher than the rest (130.5/100.000) and the lowest being in the Ouest, (including Port-au-Prince), of 14.4 deaths per 100.000 inhabitants.

Based on available surveillance data, the cholera epidemic trend in Haiti continues to increase, with several departments showing a sharp increase in new hospitalizations since the beginning of December. Nippes, Grande-Anse, Sud and Sud-Est report the highest hospital case fatality rates (4.2% in Grande-Anse; 3.9% in Sud; 3.4% in Nippes). The PAHO/WHO teams in the field have been requested to further investigate the reasons underlying these high figures.

If we consider as a standard reference the hospitalization rate of 38% reported by the departments of Artibonite and Centre, as well as Port-au-Prince, we can estimate the number of cases since the onset of the epidemic. This estimation approach presents several limitations, due to inconsistent and under-reporting throughout the country. However, the estimates obtained through this process may be of help in characterizing the epidemic and defining “at risk” departments.

There is a need to train the local and departmental epidemiologists on cholera surveillance and data management (case definitions, data collection, reporting etc).

As of 31st December 2010, the Alert and Response System has received 217 alerts, 128 in November and 89 in December. The department with the higher number of alerts was Ouest (43 alerts), followed by the departments of Port-au-Prince and Artibonite (31 alerts each). The department of Nippes only had 5 alerts. The main sources of the alerts were other health partners and Non Governmental Organizations (NGOs) (45%); alerts reported by PAHO/WHO teams accounted for 27% of the alerts.

Regarding the type of alerts, 72% were related to new areas with cholera cases or an increase on cases and/ or deaths and 23% were related to lack of supplies and/or human resources. Other problems identified were: lack of water sanitation and drinkable water, low community acceptance regarding cholera treatment centers, inaccessibility in rural areas and management of corpses. As for the type of response given to the alerts, in 22% supplies were delivered, in 10% a CTU/CTC or ORC WAS installed, in 6% training on case management was provided, in 5% personnel were supplied. In 3% of the alerts, a WASH response was delivered. For 54% of the alerts registered, there was no information on the response given. Response was delivered jointly with other agencies and health partners.

PARTNERS RESPONSE

There are currently 128 national and international organizations working in the cholera response in the 10 departments of Haiti.

CASE MANAGEMENT

Up to 27 December there were a total of 79 CTC and 108 CTU all across the country with a total of 7,620 and 2,960 beds respectively. There is a total of 66 of such entities (300 beds) and 158 Oral Rehydration Points (ORP) across the country, see the table below.

Table 1: Number of Structures per Department, 27 Dec 2010

Department	Number of Structures				Bed Capacity		
	CTC	CTU	CTU/S	ORP	CTC	UTC	UTC / S
Artibonite	13	7	2	2	1243	186	12
Centre	5	9	1	3	275	258	5
Grande Anse	3	4	1	0	200	78	11
Nippes	5	0	1	0	300	0	10
Nord	8	14	5	7	1020	470	42
Nord-Est	3	7	1	0	300	244	4
Nord-Ouest	8	3	1	0	1097	65	13

Ouest	32	54	51	139	3100	1384	183
Sud	1	6	3	0	35	160	20
Sud-Est	1	4	0	0	50	115	0
TOTAL	79	108	66	158	7,620	2,960	300

Source: MSPP, PAHO/WHO

Age breakdown of cholera cases indicates that at least 10% of cholera cases affect children under 5: As of 24 December, 10 nutrition partners have indicated supporting 39 CTCs/CTUs. This does not include information from other key actors such as MSF or the Cuban Brigade which have also included a nutrition component in their cholera treatment protocol,

The Nutrition Cluster partners are also supporting cholera treatment facilities (CTCs and CTUs) to improve case management and reduce fatality rates by integrating a nutrition intervention at CTC/CTU level, creating links with nutrition centers for malnourished children discharged from CTCs/CTUs, and promoting breastfeeding for cholera infected mothers with young infants. UNICEF continues the nutrition screening and follow-up of children living in orphanages who have been admitted to CTCs/CTUs in the North-East.

French Red Cross (FRC)

The FRC has installed 17 CTU to-date (10 in Port-au-Prince, 2 in Delmas, 1 in Croix-des-Bouquets, 1 in Pétionville, and 3 in Petit Goave) and 1 more is foreseen (in Port-au-Prince). Specific zones have been habilitated to receive sick people, staff has been trained and material has been delivered. The CTU of Chapi, in Cité Soleil, is open 24/7. 10 HRC volunteers have increased the number of disinfection agents in this centre. More than 2 200 cholera cases have been treated up to day in FRC's CTU.

International Organization for Migration (IOM)

IOM has 101 ORPs that were functional as of 24 December with additional sites becoming operational in the past week. 8 ORPs are being set up in Petit Goave/Grand Goave in vulnerable camps. The posts are functioning well to receive cases, begin ORS treatment, refer to CTU/CTC when necessary and undertake home visits and disinfection. Regular supervisory activities and schedules are being finalized to ensure proper follow up. IOM has also been supporting community outreach and referrals in Anse Rouge area and has been operating several ambulances in the area to transport patients.

International Medical Corps (IMC)

IMC is expanding its cholera response operations with new cholera treatment centers (CTC's), oral rehydration points (ORP's), and mobile clinics to cover additional underserved areas. The organization currently runs seven CTC's in Artibonite and Les Cayes, where Cholera Emergency Response Teams have provided medical care to more than 7,578 cholera patients.

UNICEF

Under a strategy to increase access to care in hard to reach and underserved areas, UNICEF is supporting partner MERLIN to expand the capacity of the Cholera Treatment Centre in Ouanaminthe

(Nord Est), with tents to allow for 75 more cholera beds to be installed, bringing overall capacity to 200 beds. 5000 litres of Ringers Lactate, and other medical items were also provided to the MSPP targeting health structures in Jeremie (La Grande Anse). Meanwhile, UNICEF is supporting the MSPP to establish a new CTU in Cote de Fer, Sud Est and provided two tents, and other medical items. Scale up of support is meanwhile ongoing in the three departments that make up the tip of Haiti's southern claw, with medical supplies dispatched to Grande Anse, Sud and Nippes to treat up to 700 severe and moderate cases.

UNICEF is also working with the Cuban Medical Brigades to set-up a CTC in Fort Liberte, with capacity for up to 80 beds. Scale up of support is also ongoing in three departments, UNICEF provided partner MSF- Swiss with a total of 40 tents to extend their capacity of 200 beds and strengthen functioning health structures in Leogane and Gressier (Ouest) and Plaisance , Le Borgne , Dondon La Souffriere (Nord).

PAHO/WHO

- The establishment of a letter of agreement between PAHO/WHO and the DSO is envisaged, in order to ensure that health centers remain open the weekend and in the evenings, so that patients can be stabilized and pressure is taken off the CTCs and CTUs.
- To date, PAHO/WHO has established 35 CTUs in pre-existing health facilities in the departments of Grande Anse, Ouest and Artibonite ,with a total capacity of 500 beds, to facilitate geographical access to treatment so far.
- 8 field teams are currently deployed to the departments of Les Cayes, Grande Anse, Jeremie, Jacmel, Port de Paix, Nippes, Fort Liberte, Cap Haitien to cover alerts, epidemiology and Health/WASH response both at hospital and community levels. Each field team consists of a Logistician/WASH and a Medical/Epidemiologist (Nippe and Ouest are currently missing a Log/WASH officer). Only the departments of Artibonite and Center are not yet covered.

ENVIRONMENTAL HEALTH/WASH

The Direction National de l'Eau Potable et Assainissement (DINEPA) has just released its second distribution strategy for Aquatabs and Chlorine. The goods were repositioned in departmental warehouses at the end of December and distribution has begun.

The Ministère des Travaux Publics et de l'Intérieur is preparing a 30-day plan to improve the water, sanitation and hygiene conditions in public markets throughout Port-au-Prince. These activities will be coordinated with Health Cluster and WASH Hygiene & Sanitation sub-clusters. Two to six sanitation agents will conduct hygiene promotion activities and supervise water and sanitation activities, including cleaning of market areas, removal of solid waste and management of public latrines.

In the South Department, the management of dead bodies remains a huge challenge, particularly in Les Cayes where at least 64 corpses remained several weeks at the hospital because the population was opposed to the burial of the corpses in a mass grave.

The CCCM WASH Unit constructed six latrines, distributed latrine cleaning supplies and focused on eight ‘training of trainers’ sessions. Thirty two volunteers from Un Techo para mi Pais, who work in the Canaan site, were trained on cholera prevention. The site is very under serviced and has become a high priority for WASH actors.



Cholera beds and medical supplies being delivered to Jean Rabel for the Jean Rabel and Mole St Nicolas communes.

Cooperazione Internazionale (COOPI)

As of 1 January 2011, the Italian NGO COOPI provided 20,180 liters of water per day to 17,091 people but will discontinue water trucking to seven camps in the Port-au-Prince metropolitan commune of Tabarre. The WASH Cluster is requesting support from other WASH actors and donors to ensure provision of drinking water in Tabarre.

International Organization for Migration (IOM)

In Port de Paix, IOM will build a sanitary block in the Hospital Immaculate Conception of Port de Paix, this under the urban infrastructure dimension of the PRM funded program.

Three sanitary blocks are being built in the popular neighborhood of Derriere l’Etang. 15 sanitary blocks have been built since September in 3 popular neighborhoods of Port de Paix under the urban infrastructure dimension of the PRM funded program but with great importance for cholera prevention.

PAHO/WHO

PAHO/WHO continues to provide support to CTCs and CTUs and evaluate the implementation of disinfection protocols.

PAHO/WHO also supports WASH, DINEPA and MPPS with Environmental Health related protocols.

UNICEF

UNICEF deployed 6 experts in departments of Grande Anse, Sud Est, Sud, Nord, Nord Ouest, and Ouest to support the MSPP integrated cholera response on the technical level. Experts visited CTCs and met with partners such as Terre des Hommes, MSF Spain, and Plan International in order to assess and address medical inputs gaps and crucial needs.

World Vision

World Vision focuses on the prevention of cholera through trucking water, building, desludging and disinfecting latrines, distributing water treatment and health items such as aquatabs, chlorine and oral serums, building hand-washing stations and bucket chlorination points, distributing soap and hygiene kits and doing hygiene promotion in camps and communities.

HEALTH PROMOTION/SOCIAL MOBILIZATION

AMI Foundation

A cholera prevention day organized in camps by the AMI Foundation focused on environmental sanitation, rubbish collection and disposal, hand-washing demonstrations, coloring books and painting activities for children, theatre and music. The camp population showed great interest and engagement in the activities while appreciating the initiative.

IOM

IOM nurses have been conducting hygiene promotion training throughout hard to reach areas as well as distributing soap, aquatabs and Clorox to affected areas.

At Ounaminthe, IOM has set up a team of cholera prevention workers and is establishing an Oral rehydration post at the border crossing with Dominican Republic.

IOM has formed 592 brigadiers to cover 150 points of oral rehydration. 4000 mobilizers are presently being trained and 20 000 more are to be trained by various partners.

IMC

IMC is working to support efforts by MSPP to decentralize health services outside of Port-au-Prince, including in Les Cayes to the south and Cap Haitian to the north. Also important is the organization's work to develop Haiti's mental health infrastructure through training and education of health professionals to identify, treat, and refer mental health cases, as well as efforts to build the capacity of at-risk communities to prepare and respond to disasters with their own resources.

In 2011, IMC intends to continue to make medical care, mental health care, clean water/sanitation/hygiene promotion and other critical services accessible to the displaced and those most affected. It will expand their network of cholera treatment centers and integrated clean water and sanitation activities and community education campaigns.

North Carolina Baptist Men

Approximately 3000 persons were sensitized by North Carolina Baptist Men on cholera: washing, stigma, recognition of signs, when to refer to hospital, etc. The NGO also distributed soaps, flyers and water purification tablets.

PAHO/WHO

- Development of health promotion materials: guides, brochures, posters, and key messages etc, which are at the disposition of partners to use in their activities of social mobilization/community education.
- Printing of a quantity of materials enough to launch the activities whilst waiting for partners to have the capacity to provide for their own stocks.
- Supporting the MSPP in drafting a strategy, guide, project, planning (including budget and human resources).
- Coordination with the different actors involved in social mobilization (MSPP, UNICEF, IOM, Cuban Brigade, etc.)

World Vision

World Vision is conducting Health Promotion activities throughout Port-au-Prince and is planning to extend out health promotion activities to other areas of the country. At least 8800 households have been sensitized to cholera prevention in camps and communities Port-au-Prince, the Border areas, and areas in the rest of the Ouest and Centre departments, for a total beneficiary expectancy of about 44,000 individuals. World Vision has started partnering with former cholera patients in health promotion to lessen the stigmatisation surrounding cholera contraction in camps.



Safe water to wash hands in Hospital St Marc.

World Vision is also using its regional health staff for hygiene promotion through radio, post, mobile clinics, markets, churches and on the street.

COORDINATION

Following request from the Government of Haiti, through the COUN, WFP GIS unit produced maps of all 10 departments displaying cholera treatment sites. These maps will be disseminated through the national network of MSPP and PAHO/WHO.

A joint needs assessment conducted by partners under the direction of the DSNO uncovered pockets of increase cholera cases and lack of resources to respond. Through a joint effort, health staff and material resources such as medical supplies and equipment to open cholera treatment centers were mobilized. Training needs were identified for improving patient care and management of treatment centers including sanitation.

A new phase of supply distributions in residential care centers has started in Kenskoff and Croix de Bouquets. UNICEF, with the support of the Logistics Cluster, has distributed soap, Clorox, water

purification tablets, education and communication materials to 98 centers hosting more than 6,000 children. UNICEF also organized training on cholera for 50 civil agents of the Child Protection Brigade who will be deployed at border areas, the airport and camps. Separation of children due to the cholera epidemic continues to be reported. Efforts to raise awareness on the issue are being stepped up by child protection partners.

The basic principles were agreed of having a skeleton staff in stand-by that could be brought to the airport with MINUSTAH support if required.

Quality monitoring of medical activities and wash situation has started in health facilities.

In Saint-Marc, a new Hygiene Promotion Working Group has been launched. It is coordinated by Haitian Red Cross with the support of French Red Cross, every Thursday 9 a.m., at the UCS (Unité Communale de Santé) de Saint-Marc.

SUPPLIES AND LOGISTICS

IOM

IOM has distributed Ringers lactate (55'000), Catheter (34'000) and ORS (33'864), buckets and plastic sheets.

IOM is also continuing cholera related activities in camps and settlements in the 7 communes of Port-au-Prince area and the 5 communes in the regions:

- Provision of ORPs: building up of 30 tents for Oral Rehydration Posts
- Supply of material to equip ORP (table, chairs, hygiene kits etc)
- Supply of latrines and hand washing stations in ORPs
- Distribution of hygiene kits to families
- Distribution of soaps, chlorox and aquatabs
- Support to partners (NGO's) through supply of tents for ORP (MERLIN, Red Cross distribution of set of tools for cleaning camps etc)

The organization plans to have prepositioned stocks in various locations of the country: Jacmel, Gonnaive, Les Cayes, Cap Haitien and Port de Paix. The idea is to have organizations come directly to sub-offices to get the necessary items.

United Nations Humanitarian Air Service (UNHAS)

UNHAS assets: 3xMi-171 helicopters with a capacity of 3mt each from the regional hubs to the most inaccessible areas.

Inter-agency storage site in Petit Goave should open second week of January. The logistic Cluster is prepared to install additional MSUs in other locations if required.

12 extra MSUs will arrive from the UNHRD in Panama, early next year for additional storage needs at the department level.

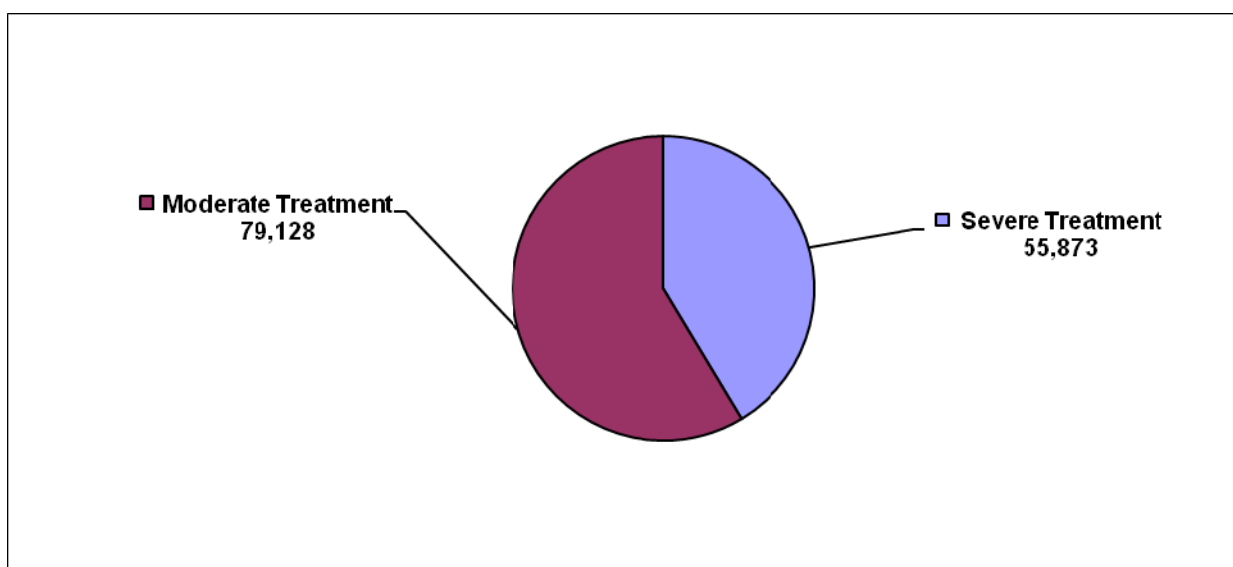
The Logistic Cluster has met with private operators and airport authorities to establish a contingency plan to receive urgent cargo at the airport in case of civil unrest in town.

The basic principles were agreed of having a skeleton staff in stand-by that could be brought to the airport with MINUSTAH support if required.

PROMESS

The Director a.i. of PROMESS, Dr. Helene Chastanier, told the crisis cell meeting this morning that she was concerned about existing stocks of ringers lactate. A total of 900,000 litres of ringers are currently in the pipeline and are needed to meet existing needs, estimated to be around 100,000 litres per week. New supplies will arrive in Haiti next week, but may be held up in customs for some time.

50,000 liters of ringer lactate were prepositioned in government warehouses in various locations in the periphery of Port-au-Prince. These stocks are constituted in order to have medicines available in case the security situation worsens.



Number of treatments distributed from PROMESS (21 October - 31 December, processed by LSS/SUMA)

High demand for ORS has meant that prices have almost doubled in recent weeks. This development reinforces the need for PAHO/WHO to coordinate its activities with international partners active in social mobilization.

PROMESS is expecting supplies at the end of January and beginning of February for up to 350,000 cases. Another restocking order will be made in February to respond to the evolution of the epidemic and the projections of supplies needed.

There has been a reinforcement of the collaboration between the health partners and the MSPP, including the Direction des Pharmacies.

Starting in January, the departments will transmit weekly reports about supplies available in their warehouses and an estimated occupation rate in the CTCs/CTUs, aiming at better evaluating the repositioning of supplies. Monitoring and evaluation teams will complete the information.

Partners have committed to send all their supplies to the departmental warehouses and to support the logistics from the warehouses to the CTCs. Moreover, the warehouses will be reinforced in the management and data collection.