

HEALTH CLUSTER BULLETIN

CHOLERA OUTBREAK IN HAITI – THURSDAY, DECEMBER 30, 2010 – #12

SITUATION OVERVIEW

The evolution of an epidemic cannot be defined with precision. Past experience has shown that an epidemic does not follow a uniform pattern but consists of multiple outbreaks in different areas that may peak in a few weeks in some places, a few months in others. For planning purposes, the Haitian government is using an estimate of 400,000 cases over the first 12 months, with half of those cases in the first 3 months. There are concerns that in some rural areas the case fatality rate is still very high.



Community outreach in Cité Soleil

At present, there are enough supplies of medicines for the treatment of estimated cases in the near future, with more supplies continuously arriving. The distribution of these supplies in the departments remains a complex logistic operation, which is sometimes made worse by the security situation.

All partners should build a network of community health workers around the treatment centers with the goals of having every family knows how to recognize, prevent and treat cholera, providing every community with a cholera rehydration post, and of engaging every sector of society in the response.



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>.

COORDINATION

PAHO/WHO, co-chairs the Health Cluster with the MSPP, and provides a range of support to the government and population.

Among the main activities that support the MSPP cholera strategy has been the establishment of Cholera Treatment Centers, Cholera Treatment Units, and Oral Rehydration Posts with the MSPP and partners. Over 500 CTU health workers have been trained by PAHO/WHO in cholera case management.

Mobilisation of the community has been strengthened by training courses for various audiences such as community and religious leaders on how to manage cholera in their community. In addition, the MSPP has trained over 1000 community health workers so far.

MINUSTAH has produced a protocol - Concept of Supporting Operations, Cholera –which provides an informative guide on the MINUSTAH operational approach and its capacities to provide support to post earthquake and the cholera crisis.

The Lutheran World Federation (LWF) in collaboration with Fin Church Aid (both members of ACT Alliance) continues its support in various locations in Leogane, Gressier, Petit Goave, Grand Goave and St Mark. The LWF Primary Health Promotion (PHP) team initiated awareness raising campaigns and distributed material in 5 Nerette camps in Petion-Ville, reaching 987 families.

LWF has also supported its local partner NGO (Oganizasyon Santé Popile/OSAPO) in St Mark by providing large tents and provided funds for a 3 months Emergency project for prevention and treatment service to infected people.

The **International Federation of Red Cross and Red Crescent Societies (IFRC)** continue to support Haitian Red Cross (HRC) and Partner National Societies (PNSs) in their response to cholera. The IFRC is supporting the development and implementation of the Haitian Red Cross' Cholera Plan of Action with a reach beyond the earthquake-affected areas. This Plan of Action is in line with the Ministère de la Santé Publique et Population's (MSPP) strategy. The IFRC and PNSs have deployed Basic Health Care Emergency Response Units (ERUs) to set up CTC/CTU, support the overall response and assist the vulnerable population.

IFRC is supporting the HRC and PNSs and Bureau of Delmas, Medecins du Monde-Canada, Medecins du Monde-France, and other health partners in their efforts in the field. IFRC provides assistance and hygiene supplies to IDP camps through organizations working in them. ORS posts are to be established.

Supported by the British, Canadian and Spanish Red Cross, the IFRC has provided 6 pick-up trucks for the Haitian Red Cross ambulance service for the cholera patients. This service operates 24/7. Between 1 – 26 December, 706 cholera patients have been transported by Haitian Red Cross ambulances.

The main needs can be summarized as followed:

- (1) Community mobilization for preventive behaviors and prompt treatment, this is the most urgent: many deaths can be avoided if people learn how to prevent cholera and to take simple steps to initiate treatment.
- (2) The control of the epidemic will depend on access to safe water, basic sanitation and application of hygiene promotion measures. The Haitian government has begun to chlorinate all public water systems, which is a big advance for the country. PAHO/WHO is working with other partners in Water, Sanitation and Hygiene Cluster to monitor water quality, provide technical support to CTCs and CTUs for safe water and safe disposal of waste and to provide policy guidance to the Government.
- (3) Access to care: Only about 40% of the population has access to health care. The health partners active in Haiti, including those working outside the UN's Health Cluster system -- such as MSF and the Cuban cooperation -- are working with Haitian authorities to set up various types of facilities to care for all stages of cholera treatment.
- (4) Coordinated action is vital. With so many partners active in the response, it is important that resources are distributed to where they are most needed. PAHO/WHO works closely with the government to coordinate the response and is the leader of a UN mechanism called the Health Cluster. The Cluster involves 27 partners that are active in setting up healthcare centers, distributing medicines and running public education campaigns.

More needs include:

- Additional doctors, nurses, support staff and local community health workers.
- Training for local health staff in cholera case management.
- Medical supplies must be pre-positioned in sufficient quantities to be able to be sent to any area that needs them quickly.

These needs reflect the necessity to respond to treatment needs. The problems of infrastructure (lack of clean water, poor sanitation, illiteracy) have been Haiti's reality for decades and are barriers to the response.

EPIDEMIOLOGY

On December 29, The Ministry of Health of Haiti (Ministère de la Santé Publique et de la Population, MSPP) reported that the cumulative number of cholera cases was 148,787 and deaths due to cholera was 3,333, as of December 26. Of the total cholera cases, 83,166 patients have been hospitalized. The overall case fatality rate was 2.2%.

Although epidemics tend to follow a certain pattern, we cannot predict exactly how they will evolve. The mortality rate will depend on the response. Without access to treatment (either at home or in a health facility) the mortality rate rises from 1% to as high as 25-50% for severe cases.

As of 18 December, all ten departments of Haiti have reported cases and deaths due to cholera. During the previous three epidemiological weeks, the highest cumulative incidence was observed in the departments of Artibonite followed by Nord Ouest, Nord and Centre.

In the North department, cholera epidemic has entered a "second phase": New foci of patients in remote areas are seen, which makes the response more difficult in terms of logistics, mobilization of human resources and introduction of oral rehydration points.

In the Central Department / Haut-Plateau (Cerca La source, Thomassique, Boc Banic et Los Cacaos) have reported a high number of cases.

ALERT AND RESPONSE SYSTEM

PAHO/WHO is supporting an alert system that works in conjunction with the national surveillance system. Alerts are raised, for example, when there is a sudden peak in cases, unexpected deaths, or a community is identified that is completely unsupported. Once an alert is received, a team may be sent to investigate and conduct needs assessment. The teams comprise epidemiologists, risk assessment specialists, logistics specialists, and environmental health consultants who are in the field across the country and liaise with the MSPP.

CASE MANAGEMENT (CTC/CTU)

Save the Children runs 6 CTUs functioning 24/7 with a total bed capacity of 80-100, in Carrefour, Delmas, Baint, and Maissade. The number of cases admitted in CTUs in all locations has increased last week. Save the Children plans to open 4 more CTUs this week in Belle Anse, Carrefour, Delmas, and Grande Riviere, functioning 24/7 and will continue service during the holiday season.

The French Red Cross (FRC) continues its work regarding the installation and reinforcement of CTC and CTU in more than 30 sites (material, staff, training). FRC has developed an "emergency reactive approach", consisting of the installation of emergency CTU, temporary if needed, in order to provide a quick response close to populations and to prevent the spread of the epidemic. The installation of a new CTU in Ducrabon, by helicopter as the village is in the mountains, 50km from PaP, responds to this strategy. Additionally, consistent support is given to the Département sanitaire de l'Ouest (DSO) in the management of dead bodies, training activities and staff.

FRC has installed 17 CTU - 12 in Port au Prince, 1 in Kenskoff, 1 in Ducrabon and 3 in Petit Goave - and 15 are already operational. 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. More than 1 600 cholera cases have been treated up to day in FRC's CTUs. The Haitian Red Cross has been contacted to explore the possibility of working with HRC volunteers in order to increase the number of disinfection agents in this centre.

FRC trainings, needs assessments, supervision visits and works linked to CTUs and CTCs have continued:

- Trainings have been provided in the CTC of Gheskio Bicentenaire, the health center of Fondèph (PaP) and in the new CTU installed in Ducrabon. Since the beginning of the epidemic, 688 medical staff has been trained in Port au Prince.
- Needs assessments have been conducted in three new CTUs in the health centers of Saint Martin 1 (Delmas), Saint Antoine and Solino (PaP).
- Reinforcement of the CTC of Gheskio IMIS and Ste Philomene hospital in PaP (installation works).

The CTU in La Piste, run jointly by British Red Cross, Finnish Red Cross, and Partners in Health has received more than 1,000 patients. It has 70 beds capacity, with plans to scale up to 90 beds. Oral Rehydration points will be set up in surrounding camps, which will refer serious cases to the CTU in La Piste. Hygiene promotion activities with a special focus on cholera continue in La Piste, Automeca, Delmas 19 and Annex de la Mairie.

In Port-a-Piment (Sud department), the British Red Cross and part of the Japanese Red Cross Society ERU support a CTU

In the South East Department, in Léogâne and Jacmel, the Canadian Red Cross will establish Oral Rehydration Posts (ORPs) as follows: 12 in the shelter sites in Jacmel; 12 in the Leogane commune; and 29 in les Nippes. 10,000 prevention kits are in place in these locations.

In Arcahaie, the German Red Cross manages a CTC and supports MSPP's activities in Carrefour. 929 cases of cholera have been treated in the 24 beds CTC in Arcahaie. The German Red Cross mobile health team is visiting villages (reaching over 10,000 so far) to promote hand washing, water disinfection, ORS use and proper sanitation.

In Grand Anse, the German Red Cross WASH project supports the CTC run by MDM with sanitation facilities (latrines and showers). Safe water is supplied to 2 CTCs and 1 CTU (Jeremie, Moron, Rousseau). 250 HRC volunteers were trained and 200 beneficiaries were reached during a one-day sensitization activity held in Rousseau.

In Petit Goave and Grand Goave. Norwegian Red Cross supports the Medicines du Monde Spain CTC in Petit Goave,

Finnish Red Cross and Norwegian Red Cross have deployed an advance team to assess possible sites for establishing new CTCs. Assessments have been carried out in Jeremie (Grand Anse

department) and Miragoane, Anse a Veau (Nippes department). The Advanced assessment team from Norwegian Red Cross is going to the North East for a new assessment.

An updated list of CTCs and CTUs has been published and can be found on the Haiti Health Cluster site at <http://haiti.humanitarianresponse.info/Default.aspx?tabid=77>

A new list of ORPs has also been created and can be found at the same address <http://haiti.humanitarianresponse.info/Default.aspx?tabid=77>

DISPOSAL OF DEAD BODIES

Management of dead bodies continues to present challenges to health authorities and agencies involved in cholera response.

The responsibility for managing cadavers lies with the Ministry of Health and the Mayors' offices. Guidance has been prepared on proper disposal of dead bodies, and training for those who are handling the corpses is ongoing. There are protocols of disinfection of the areas from where the dead bodies are picked up (CTCs, homes and public places such as streets, sidewalks, etc), for disinfection of bodies, proper transportation and ensuring proper disposal in previously prepared areas.

PAHO/WHO and partners are working with the government on a training program for community leaders (civic leaders, religious leaders, etc) that explains how to manage cholera, including how to manage dead bodies. The training will be delivered by the government.

Direct support with vehicles and staff is given to the DSO by PAHO/OMS, French Red Cross and NGOs.

Only one mass grave has been prepared for dead bodies in metropolitan Port-au-Prince, This issue remains a serious problem in other areas of the country affected by cholera.

SUPPLIES AND LOGISTICS

PROMESS

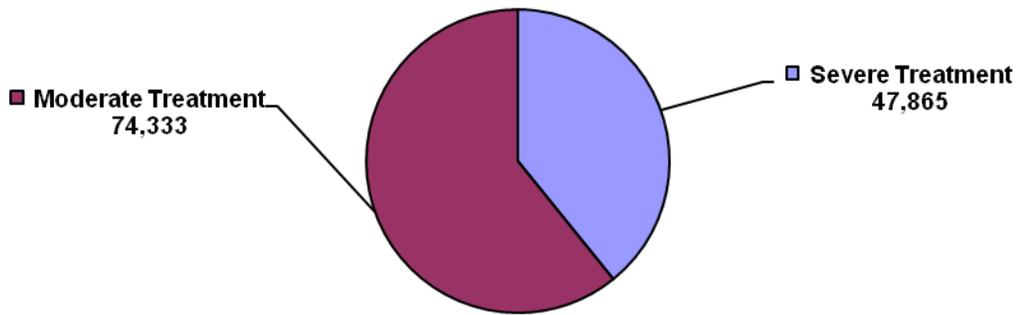
PROMESS has created a simplified procedure to obtain cholera medical supplies for organizations that are not registered with the Ministère de la santé publique et de la population (MSPP). This procedure can be found at www.paho.org/promess. For those who are registered with the MSPP in the country, go directly to PROMESS or write to promess@paho.org.

A new warehouse in Tabarre (6km from the Haitian Red Cross / IFRC Base Camp) is now operational with transfer of cholera supplies an ongoing activity.

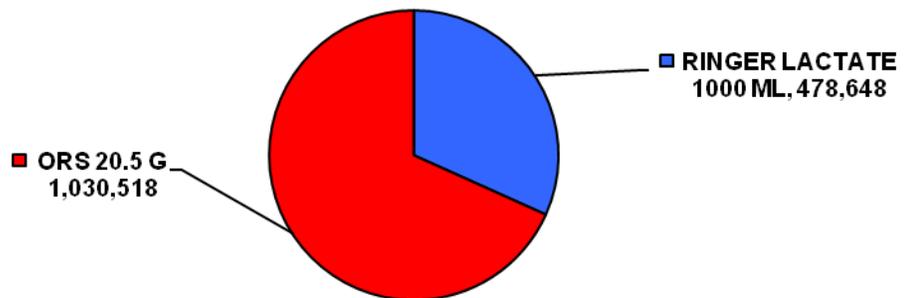
LSS/SUMA

Training in LSS-SUMA software was provided to DINEPA personnel and OXFAM-Quebec. The training aimed at improving their inventory management and distribution systems with a main focus on WASH. SUMA was installed in both institutions and customized with the names of the departments and communes for easy users` registration.

Number of treatments distributed from PROMESS (21 October - 24 December)



Number of units distributed from PROMESS (21 October - 24 December)



WATER, SANITATION AND HYGIENE (WASH)

PAHO/WHO, the WASH cluster, UNICEF, UNOPS, MSF and DINEPA finalized a protocol on excreta management ` *Protocole pour l'évacuation des excréta par les entreprises de vidange/nettoyage et les ONG.*

This protocol includes information on personnel protection, vehicles equipment, procedures for toilet evacuation, procedures at the disposal site, what to do with an accidental spill, maintenance and upkeep of equipment and reports that need submission. It also has a section on human waste management at cholera treatments units and centers. The protocol has been developed in light of the changed circumstances due to the cholera outbreak. The protocol, in French only, can be found at <http://haiti.humanitarianresponse.info/LinkClick.aspx?link=Health+Cluster%2fWASH-Protocole+Vidange.pdf&tabid=77&mid=1090>.

This new protocol will be disseminated by training of trainers: *Formations des formateurs sur la Protocole pour l'Evacuation des Excrétas par les Entreprises de Vidange/ Nettoyage et les ONG* in PaP and in the departments. The new trainers will provide cascade training in their organizations/structures in the country. For more information, contact Moustapha Niang (mniang@unicef.org) and WASH Cluster, Kelly Ann Naylor (kanaylor@unicef.org). The deadline for registration is Tuesday 4 January 2011.

PAHO/WHO is working with Action Contre la Faim and the WASH cluster in looking for more long term durable solutions for providing water to communities. In addition, monitoring of water quality is ongoing in both water truck filling stations and in water providers and bladders across the metropolitan area.

The IFRC and Haitian Red Cross continue to provide water services to 220,000 people and also support PNS in-country. Water is distributed to IFRC-supported camps and other distribution sites using a concentration of residual chlorine of 0.7 milligrams per litre as a preventive measure against cholera.

The IFRC team conducts regular monitoring to verify how the water treatment process takes place and to test the chlorine level before water reaches people at the tap stands. Safe water is supplied to CTCs and CTUs in Archaie, Port-a-Piment, Grand-Goave and Port-au-Prince (La Piste and Carrefour). The IFRC also supported Haitian water authorities (Direction Nationale de l'Eau Potable et Assainissement –DINEPA) and Movement partners through the provision of 14 millions aqua tabs.

IFRC currently manages 206 latrines. 38 clean up kits were distributed and 175 showers are in place.

In Bas Artibonite, the French Red Cross continues its water distribution. Three primary health centers (in Desdunes and Grandes Salines), two CTCs (Marchand Dessalines and Petite Riviere) and a dispensary (Petite Riviere) have been supplied in drinking water by water-trucking. Distributions

were also conducted in several villages of Desdunes, Saint Marc and Grandes Salines. This week, 84 000 gallons were distributed. Six bladders have been installed in different villages. In Duclos (Desdunes, Bas Artibonite) FRC is rehabilitating the water network of the village.

The Spanish Red Cross together with Haitian Red Cross have been working in the Earthquake operation since the beginning supporting an average of 95.000 beneficiaries in PAP. They have been using a community volunteer approach in order to assure the maintenance of the infrastructures in the camps (water, latrines, cleaning activities, waste removal, etc).

Moreover, since 8 November, the Spanish Red Cross is working in cholera activities such as disinfection, rehydration community points. The activities are also carried out by volunteers from the camps.

Other examples of partners work in the communities include:

In Bas-Plateau, the Mercy Corps sensitized 2054 persons and distributed 70.000 AQUATABS and 1245 SRO (one per family).

In Mirebalais, the Mercy Corps with DINEPA distributed chlorine tablets to 7392 families in 4 communal sections. Each family received a month's supply of 212 tablets.

In coordination with MSPP, assessments are taking place in the department of Nord-Est to determine the need for the deployment of a Massive Sanitation Module (MSM 20) and an additional CTC.

The Haitian government is chlorinating all public water systems, which is a big step for this country. PAHO/WHO is working with partners in the Water, Sanitation and Hygiene Cluster to monitor water quality, increase access, providing technical collaboration to CTCs and CTUs and provide policy guidance to government.

TRAINING

Hundreds of volunteers from Haitian Red Cross branches are receiving training from IFRC on preventive health and hygiene promotion, and are taking part in cholera prevention awareness-raising activities in schools, communal areas and markets throughout the country.

IFRC training was provided to vacuum truck operators on the use of personal protective equipment for handling both the chlorine as to limit contact with cholera. These vacuum truck operators spray the interior of the latrines with chlorine after emptying them and the area around the latrines. The spray of 206 latrines is assured twice a week since mid-November.

Training is also being provided to improve HRC volunteers' ability to facilitate group discussion as part of the cholera psychosocial support response strategy: group discussion, with both children and adults, are being used to address stress, fear, rumours, stigma related to the cholera outbreak.

HEALTH PROMOTION AND SOCIAL MOBILIZATION

A series of key health promotion materials developed by PAHO/WHO and the Ministry of Health have been approved for production and distribution throughout the country by the Government. The materials include:

- brochures on cholera prevention in agricultural and farming settings and salt fields developed with the Agriculture Cluster;
- a guide for relatives and/or friends caring for cholera patients in CTCs, CTUs and other health facilities;
- posters to be included in the treatment kit (bucket, ORS, soap, aqua tabs,) given to each patient, demonstrating what do at home during the days following recovery and what to do in case of not feeling well again;
- posters about the importance of rapidly seeking help at the nearest health facility, immediate use ORS (oral rehydration salts) treatment and better hygiene practices;
- a guide for community leaders with the 12 official cholera prevention messages and;
- posters about the importance and practice of hand washing.

All materials have been produced in Creole, with the assistance of experienced Haitian graphic artists, assuring the audience will relate with the characters used and the way the messages are conveyed.

The PAHO/WHO Haitian expert participated in a one-hour radio show at MINUSTAH-FM. The show included answering phone-calls regarding the cholera outbreak from concerned listeners from across the country. Questions focused on prevention measures, treatment at home, and treatment and handling of family members with cholera.

Save the Children activities related to public on hygiene promotion messages, provision of hygiene supplies (soap, aquatab, jerrycans), water quality testing, and ORPs (in more than 20 points) are ongoing in Dessalines, Maissade, Port-au-Prince, Jacmel, and Leogane.

The Emergency Bureau of Haiti Participative initiated a National Caravan called "Karavan Zewo-Kolera". This collective project is owned and operated by several humanitarian partners with the objective to promote massively cholera preventive measures and combat discriminative behavior. From 17 to 19 December, the "Zero-Cholera Caravan", 3 convoys of mobilization and sensitization held several activities among which a competition of Poems against cholera between primary-schools pupils and the Red-Ink Votes where children and adults voted for Zero-Cholera Objectives. The "Karavan Zewo-Kolera" reached 97 schools and approximately 23,000 families. 1,350 families received hygiene kits and ORS. T-shirts of sensitization were also distributed to lactating women.

The Lutheran World Federation (LWF), in partnership with Finn Church Aid/ACT Alliance, distributed hygiene kits, soaps and Aquatabs to 6 schools in Petit-Goave (3,437 beneficiaries). Along with distributions there were awareness raising sessions on hygiene and cholera disease prevention done by the Primary Health Promotion team. The activity is ongoing targeting 75 schools until end of March 2011.

From the onset of the cholera outbreak the IFRC and the Haitian Red Cross increased the preventive health and hygiene promotion activities to palliate the epidemic:

- 46,778 beneficiaries in camps have been sensitized by HRC volunteers on cholera treatment and prevention messages.
- Distribution of aqua tabs in IDP camps and communities is taking place in coordination with CASEC, camp presidents and hygiene promoters.

The IFRC has also created the following media messages

- 300,000 SMS sent per day on the correct use of aqua tabs and disinfection, addressing cholera stigma and fear of cholera treatment centers.
- The sound truck continues delivering messages through Port-au-Prince.
- One edition of Radio Croix Rouge was broadcast on Radio 1 (90.1FM) and streamed live at: <http://bit.ly/91fnU1>. Cholera continues to be the main topic discussed during the show, sharing experiences and giving live saving messages to the population. The last show focused on CTCs.
- Radio stations across Haiti are running the 3 minute Red Cross cholera prevention advert for free (including the 4 biggest stations in Haiti, Metropole, Caraibes, Ginen and Radio 1).
- Information and the list of the CTCs in Haiti will be uploaded to the Red Cross free information line *733. This service, which offers pre-recorded messages in Creole, will be promoted through the SMS platform.

American Red Cross conducts hygiene promotion activities through the deployment of promoters to camps. Messages focus on cholera prevention, transmission, symptoms, vulnerable populations, how to prepare ORS, and demonstrations on proper hand-washing. From 16 to 22 December, American Red Cross cholera prevention activities included:

- 8,275 people in 17 camps from Port-au-Prince received hygiene promotion and cholera prevention information and materials. 5,929 people participated in tent-to-tent hand-washing demonstrations.
- 161 people were reached through a hygiene promotion and cholera prevention information session in Laboule. 200 cholera prevention flyers were distributed.
- In the North-east, promoters provided hygiene promotion and cholera prevention messages to 155 community members in Acul Samedi (Locality of Fort-Liberte) and Nappe (locality of Trou du Nord).

In Les Cayes, British Red Cross is coordinating with Danish Red Cross for the distribution of soap and information, education and communication (IEC) materials with cholera messages in schools and in public place.

Finnish Red Cross, in coordination with Swedish Red Cross and Icelandic Red Cross continue supporting HRC volunteers to respond to the cholera outbreak. The security situation was hindering the volunteers from running their activities, yet they managed to reach people with their cholera prevention messages. The four PS teams of Leogane (Lafferonay), Petit-Goâve, Canapé Vert (Sainte-Marie) and Carrefour are participating in the prevention campaign together with hygiene promoters. PS volunteers are addressing the resistance to prevention messages by organizing discussion groups where fear, rumours, stigma are being addressed. Volunteers are working in schools and in the community with both children and adults.

Hygiene promotion and cholera prevention activities continue in Place Jerome, De Louise, Saint Marie and Park Harry supported by the 62 volunteers. There are not yet cholera cases in these camps but many in their vicinity. HRC volunteers are placed in each of the subcamps Kau Mango, Akaba Kafe, Font Brasch and Larousse/KauLaman including surrounding areas.

Cleaning campaigns have been planned in different places around De Louise and Saint Marie. Cleaning materials has been provided to Delouise.

Netherlands Red Cross, together with the HRC, is responding with prevention measures in the South East department:

- 176 volunteers were trained on cholera and health education.
- 12,879 people reached through hygiene promotion sessions with specific messages on cholera prevention and treatment in the communes of Jacmel, Marigot, Cayes Jacmel and La Valee .
- So far 11,128 families have been identified as most vulnerable have received non-food items (NFIs) to contain the spread of cholera; of these 2,439 families have each received: 1 jerry can (10 litres), 2 bars of soap, 180 (33mg) tablets of aqua tab (chlorine), 2 information flyers with messages on cholera prevention/treatment, and 2 ORS sachets.