HEALTH CLUSTER BULLETIN

CHOLERA OUTBREAK IN HAITI – FRIDAY, JANUARY 28, 2011 – #16

Highlights:

- Monitoring and evaluation of CTCs and CTUs
- Revised medium and long term strategy, following the closure of CTCs and CTUs
- Investigation on paralysis cases in Port-de-Paix
- Application of nutrition protocols, monitoring, and management of malnourished children in CTCs and CTUs

SITUATION OVERVIEW

- The security situation has presently improved in all regions of the country, but may deteriorate again, as the problems associated with last elections remain unresolved. The celebration of Carnival, which begins on Sunday in some cities, could potentially lead to an escalation of violence, but also may provide an opportunity for community mobilization for cholera prevention and to fight cholera-related stigma and discrimination.

Response in Belle Fontaine
http://new.paho.org/blogs/haiti/index.php?lang=en

- As people are being moved from camps, UNDP has proposed an interagency plan to find housing solutions, access to healthcare, water and sanitation for the thousands of families who will be relocated.

The Ministère de la Sante 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.

SURVEILLANCE AND ALERTS

- On 24 January, 2011, the MSPP has reported a total of 209,034 cases of cholera, with 4,030 deaths. Based on the surveillance data, the epidemic in Haiti appears to be stabilizing. The number of new cases reported daily is sometimes smaller than those reported in previous days.
- In rural areas, where access to health care and cholera prevention information is poor, health partners continue to report an increased number of cases. Surveillance reporting from rural areas remains poor. This could lead to a misinterpretation of the current trend of the cholera epidemic in Haiti.
- Over the past two weeks, the average number of new hospital admissions was about 7,000 per week.

Indicator	*Data*	*Date*	*Source*
Number of cases and deaths*	209,034 cases, 4,030 deaths	Jan 24	Ministry of Health (MSPP)
Case Fatality rate	The in-hospital case fatality rate 2.3%. Overall case fatality rate 1.9%.	Jan 24	Ministry of Health (MSPP)
Cases projection	400,000 in the first 12 months, with half of them in the first three months (Note: this number may be re-examined now that we are three months in.)		PAHO/WHO, CDC, MSPP
CTC **	118 operational	Jan 23	MSSP-PAHO/WHO
CTU**	203 operational	Jan 23	MSPP-PAHO/WHO
ORP**	786 operational	Jan 23	MSPP-PAHO/WHO
* Official government figures are posted at http://www.mspp.gouv.ht/site/index.php ** MSPP-PAHO/WHO figures are posted at http://www.haiti.humanitarianresponse.info			

- MSPP, PAHO/WHO and CDC (US Centers for Disease Control) continue the investigation of four paralysis cases in cholera patients that occurred in the coastal city of Port-de-Paix. It is likely that polio will be dismissed as the cause of these cases. A final diagnosis depends on laboratory results. Experts are investigating the possibility that contamination has occurred in hospitals or in the patient's homes and may originate from medicines, food, or other sources. As a precaution, vaccine against polio was included in the vaccination campaign against diphtheria and measles in the department of the North West.
- At the meeting of national epidemiologists held on 20 and 21 January, participants and members of a working group composed of MSPP, PAHO/WHO, Cuban Brigade, MSF, and CDC produced a new set of recommendations: health partners need to ensure the decentralization of collection and analysis of epidemiological data to the departmental level and help enhance the quality of information collected at the community level.

MONITORING THE CHOLERA RESPONSE

- MSPP and PAHO/WHO will evaluate the operation of CTCs and CTUs. The initiative aims to better understand the disparity in the outcomes of various establishments, such as the differences in death rates among hospitalized patients, length of hospitalizations, percentage of patients treated with IV infusion and the proportion of severe cases.
- The purpose of the evaluation is to assess the knowledge of cholera case management and adequate use of treatment and sanitation protocols. Any deviation from the recommended standard of care will be addressed quickly through staff training, clinical management, inventory management, waste management and sanitation.
- The reports of 27 visits to health establishments in the West department were already sent to PAHO/WHO for analysis. Not all of them provide comprehensive information, such as the total number of beds, occupancy rates, average consumption of ORS sachets and IV fluids per patient, death rate, and number of deaths.
- The majority of establishments seem to use proper treatment protocols and have procedures for organization, sanitation and hygiene. Inventories are generally enough for 30 days, with the exception of the ones experiencing stock-outs of ORS sachets. Community actions developed in the surrounding area, however, are not routinely linked with the establishments providing cholera care. The evaluation visits already helped to correct anomalies and improve patient care.
- The roll-out of evaluations in other departments is underway, as part of an effort of MSPP teams at the central and departmental levels, PAHO/WHO, and the volunteer physicians from the Haitian Medical Association.
- The description of the quality standards used o evaluate CTCs and CTUs and schedule of future assessments can be found on the following links:
  http://haiti.humanitarianresponse.info/LinkClick.aspx?link=Health+Cluster/Concept+de+surveillance+de+la+qualite+CTC.doc&tabid=77&mid=757
  And
  http://haiti.humanitarianresponse.info/LinkClick.aspx?link=Health+Cluster%2fCALENDRIER++EVALUATION+QUALITE+DES+UTC+ET+CTC.pdf&tabid=77&mid=757
- Following the announcement of reduction of activities related to cholera by the humanitarian community (particularly NGOs), including the closure of some CTCs and CTUs, the MSPP and Health Cluster partners initiated a discussion about the handover of CTCs and CTUs to other partners or to the MSPP and local level health authorities. In the medium and long term, the strategy is to prioritize the establishment of "diarrhea units" in every primary health center and the training of health workers for the treatment of cholera.
- Health partners were reminded last week about the critical importance of screening for severe acute malnutrition in children with cholera. A protocol is available in the Haiti Humanitarian Response website

RECOMMENDATIONS:

- Screen for malnourished children;

- Slow oral rehydration 10-12 hours and watch for signs of fluid overload every 15 minutes for 2 hours, then every hour (rapid breathing, tachycardia, turgid appearance of jugular veins, hepatomegaly);
- Avoid IVs as much as possible. Follow the treatment protocols;
- Provide zinc: 20 mg per day for 10 days for children 6-59 months and 10 mg per day for 10 days for children 0-5 months;
- For treatment of malnutrition, see table below:

Infant Category	Nutritional Status Breastfeeding Status	Nutrition Intervention in CTCs and CTUs	Sources of Products	Outside Nutrition Intervention	Reference Points
Severe Acute Malnutrition	MUAC ≤ 115 mm Bilateral adema	Plumpy nut : Dose according to the National Protocol (See Annex 1)	UNICEF	20 sachets of Plumpy nut ("ration de sécurité")	USN/TPA
Moderate Acute Malnutrition	MUAC 115-125 mm	- Supplementary plumpy (1 sachet/day ; If there is no kitchen, follow national protocol + CSB	WFP	5 sachets de supplementary Plumpy ("security ration")	PNS
Non Malnutrition 6-59 months	MUAC ≥ 125 mm	-Supplementary plumpy (WFP ration Supplementary 1 sachet/day if there is no kitchen) and CSB = if kitchen	WFP	1 pot of plumpy doz ("security ration")	-
Infant < 6 months	Not Breastfed, or mother too ill	Artificial milk for Lanpe	UNICEF	-	PCNB

Protocols Reference: available on: http://www.haiti.humanitarianresponse.info

Reference of Protocols will be available on: http://www.haiti.humanitarianresponse.info

- " Screening for severe acute malnutrition in children with cholera"
- "Rehydration in child cholera cases with severe acute malnutrition"
- "National Protocol for Taking Charge of Global Acute Malnutrition in Haiti"

For Information on nutrition and supply, please contact:

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- Paola Dos Santos, PAM, paola.dossantos@wfp.org

SITUATION BY DEPARTMENT

NORTHWEST

Although new hospitalized cases in the department are declining, there are still communes with alerts of being at high risk. In communes reporting low number of cases, there is a need to strengthen case finding and reporting, scaling-up preventive interventions (mainly in terms of access to safe drinking water, sanitation and hygiene) and to prepare for case management with community-based activities as a priority for all interventions. In addition, collaboration between humanitarian and development

partners should be initiated, as well as the elaboration of a medium term plan covering the remaining months of the cholera outbreak. Coordination with the WASH cluster should be strengthened.

NORTH

The second week of 2011 showed a decline, with less cases reported since the beginning of November (less than 200 new cases reported per day). The southern and north western regions of the department are reporting the highest number of cases. However, this does not reflect the overall situation since large numbers of patients that are seen at ORPs are not reported. MSF CH, for instance, reported 38% of their cases seen at ORPs during the first week of the year. The field team is supporting the DNSO in improving the surveillance system. Some inconsistency in collecting and reporting data remains.

MSF CH reported the closure of their CTC, and BMC is facing financial constraints to pay for the Haitian staff in their CTC. They are also experiencing difficulties in their relationship with the population.

Health cluster partners are encouraged to support the new cholera strategy at the community level by increasing the set-up of OPRs as well as training community health promoters.

NORTHEAST

The number of new cases reported is stable with 100 to 150 new cases per day in weeks 2 and 3. The number of CTCs and CTUs reporting has tripled in the last week. Only few ORPs have been set up. There are plans to set up 11 CTUs in areas that need cholera services. However, the CTUs lack beds, latrines, and other equipment.

ARTIBONITE

IMC plans to gradually take over the activities of other partners that are leaving, such as the Cuban Medical Brigades. Despite the fact that cholera cases have stabilized in this department, there are still areas of concern. In regions surrounding Gonaives and Saint Marc, new cases are still being detected. Currently there are some hotspots in the northern region of the department near Anse Rouge which borders Baie de Henne (Nord West Department). A Call Center for cholera that was set up at the beginning of the epidemic in Artibonite continues to be operational with five cars available for transporting cholera patients to health care centers.

CENTER

The trend in the department shows a considerable decrease in the number of cases, especially for the larger urban centers such as Hinche and Mirebalais, where health center occupation rates are below 20% of capacity. Since major towns in the region show a decrease in the number of cases, the

focus should now shift to small CTUs of 20 beds or less, set-up of ORPs, and community intervention and communication. This approach will be implemented by NGOs working in the department.

Following a joint assessment on 15 January in Tilori, Cerca la Source commune, the MSPP, UNICEF, and PAHO/WHO provided supplies to cover this location for at least 2 months and delivered tents, cholera beds and WASH materials. A new CTU was set up by BMC.

WEST

The Flying CTC run by AMI in 4TH Belle Fountain is still operational and is admitting about 7 patients per day. The Léogane field team reported a high number of deaths in the 7th section around Petit Goâve. The Norwegian Red Cross carried out an investigation mission that confirmed previous rumors of 30 to 40 deaths in the area. Control measures were taken by Concert Action and Merlin. The mission also highlighted difficulties in access to safe water in that section. As part of the response to this alert, the Haitian Red Cross set up four ORPs at Le Fort Chavane, Des Bureaux, Haut Le Fort and Pijon.

During the meeting of the Health and WASH clusters, partners were asked to provide more details on the origin of the cases in order to focus the response and reduce the number of new cases, and also to better assess the need of health care centers.

Among the gaps identified in the department was the need for WASH partners that can work on the disinfection of houses. Furthermore, there is a need for partners that can take over the sensitization activities carried out by MSF-CH who will be resuming their activities in a week.

SOUTHEAST

Data collection from communities including dispensaries and ORPs remains an issue. Moreover, most of the CTCs and CTUs are only reporting hospitalized cases, including any admitted cases as hospitalized. Only a small portion of healthcare facilities differentiate and report cases seen and cases hospitalized. This probably results in the high hospitalization rate in the department.

Currently, 8 out of 10 communes are covered by CTCs and CTUs. MSF and Save the Children have sound case management and reporting protocols. Several mobile and field teams are operating in the department, responding to alerts, performing disinfection and sanitation, and providing sensitization and preventive education (MSPP, CRH, Plan, Save the Children, BMC, and MSF-E).

Cooperation continues with the MINUSTAH Correction Unit and ICRC concerning cholera in Jacmel prison.

NIPPES

Data covering the period from mid-December to the end of January, period when sensitization activities were suspended, indicates a considerable increase in cases infected or dead, particularly on

fatalities at community levels. To this day, cholera has already affected more than 1,645 people including 120 deaths in a population of nearly 310,000 inhabitants.

Given the situation, it is urgent to revive and strengthen the mobilization and community awareness activities. Local authorities and all health partners have developed a "**Plan for Recovery and Increased Response to Cholera in Nippes**", which revolves around the establishment of Community Brigades in each of the 37 communal sections of the department. This plan will be complementary to the vaccination plan of the Sanitary Department of Nippes, which already identified several "immunization points" or "community gathering points". In each communal section of Community Brigades composed of three members will conduct the following activities: early detection, advocacy and community outreach, possible decontamination of houses and dead bodies, and set up of ORPs. The objective of the plan is to establish 135 ORPs and train 416 community workers.

SOUTH

Between 100 and 150 new cases are being reported per day. Health care provision provided by the MSPP and partners (IMC, MSF, Red Cross, BMC) is gradually covering the needs in urban areas. On the other hand, the CTUs established so far remain inaccessible for much of the rural population living in isolated, mountainous areas. Some partners are concerned about the lack of trained personnel from the MSPP.

WASH protocols, in particular, are not always properly applied. All CTUs and CTCs and a limited but stable number of health centers are reporting cases. However, community mortality completely escapes the surveillance and no reliable source of information seems to be available. This data could be collected by community workers, but the verification of information and accountability to cholera remains problematic.

It is important to note that, according to MSF Spain, in a CTC in Saint Marc, department of Artibonite, where the epidemic began 3 months ago, half of the patients are still coming from the urban areas. This indicates that there is still a notable amount of susceptible population in the urban areas in the South department as well. The other main groups come from rural areas further away.

GRANDE ANSE

This is one of the departments reporting the highest cholera mortality rates in Haiti. The number of cases and the fatality rate seem to be decreasing, but few reported cases are coming from the commune. Community deaths are not counted as cases, therefore caution must be taken when using 'total deaths' to calculate the fatality and mortality rates.

The implementation of an ***Advanced Strategy of Response*** has started and provides support to CTUs and CTCs with human resources and supplies. Social mobilization activities are also taking place. However, no new ORPs were set up. Grande-Anse has currently 1 functional ORP and 106 HHF focal

points that are distributing ORS sachets, collecting and reporting community level data, and providing health messages. There is an urgent need for better WASH cluster coordination and the support from additional partners due to only few WASH activities are implemented by the Red Cross Norway. DINEPA is not active in this department. There is a major issue with the septic tanks in many of the CTCs. They are full and there are no plans in place to empty the tanks.

WASH

An important coordination meeting (DINEPA, MSPP, Health Cluster, WASH cluster, PAHO/WHO, Clinton Foundation) was held on 24 January to respond to problems related to sanitation and accessible drinking water for the population. The strategy covers the initial needs such as 400,000 Aquatabs, distribution of chlorine for 650 rural systems, followed by chlorination activities in urban areas, and real time tracking system. For the region of Port-au-Prince, the sanitation problems exist because the maximum capacity of the drain site of Truitier was reached and the second site identified in Titayen is not yet open. The second phase of the strategy involves the distribution of Aquatabs as well as using other types of chemical compounds for households. The third phase is to implement the construction of 500,000 latrines and 30 individual family drain sites.

In terms of accessibility to drinking water, several major NGOs have begun to implement a transition strategy in the camps to a "neighborhood" approach. Although this transition is theoretically possible, the cost of water is a major concern. Access to drinking water is essential to achieve a key objective of the national response to cholera: the prevention of transmission.

PROMESS

Since the beginning of the epidemic, PROMESS distributed inputs covering cholera treatments for 60,000 severe cases and 96,000 moderate cases. Around 60% of the supplies were provided directly and 40% were prepositioned to the departments. This week, PROMESS is prioritizing the consolidation of all stocks in the periphery, with a prepositioning of 50 tons in seven locations. PAHO logisticians organized transport of the materials by helicopter or truck as appropriate. The availability of medical and WASH supplies is covered for each of the country's department for the first weeks of February. Some 200,000 units of IV fluids (Ringer Lactate) are currently in port, awaiting customs clearance. Other three million units of ORS are in transit to Haiti. PROMESS will be able to support the supply of CTCs and CTUs and other community outlets.

FUNDING

Only USD 78,252,600 is yet available of the USD 906,961,206 requested through the 2011 Consolidated Appeal for Haiti. This represents 9% of the total amount asked from donor organizations.

An USD 20 million agreement for will be signed between Haiti, the Inter-American Development Bank and UNICEF, with the objective to lower the mortality rate from 2% to 1%. The project will focus on the Northwest, and Northeast departments.

MSPP EVALUATION OF THE CHOLERA RESPONSE

MSPP, with the technical support of PAHO/WHO, will develop an evaluation of the response to cholera. The terms of reference of this evaluation will be discussed with all the technical partners involved in this effort. A copy of the terms of reference in French and English can be requested from the Health Cluster (hai.clustersante@paho.org).