

HEALTH CLUSTER BULLETIN

CHOLERA AND POST-EARTHQUAKE RESPONSE IN HAITI – FRIDAY, FEBRUARY 04, 2011 – #17

Highlights

- Health Cluster resumes post-earthquake work
- Partners asked to contribute to the 4W post-earthquake activities matrix
- Vigilance requested for cases of Acute Flaccid Paralysis

Dear health partners: This issue of the Health Cluster Bulletin continues to follow the new format, where we aim to make it a more useful tool for your work in the field. You will see that we have tried to keep it shorter and to include only information that is useful for the response.

As the Health Cluster has begun to discuss post-earthquake issues as well, the Bulletin now includes them.

You may have noticed that we do not mention as many partner activities as previously, but we have heard requests to continue to make this information available. In order to do so, we have compiled a new document that is available under the section entitled [Bulletins du Groupe santé et Activités des partenaires 2011](#) at

<http://haiti.humanitarianresponse.info/Default.aspx?tabid=77>.

Your weekly contributions will be compiled into that document.

Please send us your suggestions. Many thanks for your support.



A child receives oral rehydration serum from an Aide Medicale Internationale nurse in Belle Fontaine



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. Juan Carlos Gustavo Alonso



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>.

SITUATION OVERVIEW

- Partners continue to see a stabilization or decline in new cases, along with decreased mortality rates. The MSPP reports that as of January 30th, 2011, there were 216,938 cases and 4,120 deaths due to cholera.
- **Contingency plans:** The inter-agency Emergency Preparedness and Response Working Group (EPRWG) has begun work on updating the Contingency Plan 2010 for 2011 in cooperation with the Direction de la Protection Civile (DPC). The inter-cluster coordination group has recommended that the plans for 2011 include several risks beyond hurricanes. The next step will be the adopting the plan into actions in each sector.
- **Post-earthquake activities:** For the first time since the cholera outbreak began, the Health Cluster Meeting again focused on post-earthquake activities. Partners reported on the wide range of activities they are undertaking. In order to capture this information, MSPP has requested that partners provide them with their current and planned activities for 2011. The Health Cluster coordination team is developing a **4W matrix (Who is doing What, Where and When)**, which will look at types of health services by level (i.e., community, primary and secondary health care). The document has been circulated by the Health Cluster for **completion by partners by February 14th**.
- In earthquake related activities, the Haitian Red Cross, with support from the Swiss, Korean and German Red Cross, will be rebuilding the National Blood Service. There are also plans to rebuild the National Nursing School in Port-au-Prince, once land has been identified by the MSPP.

SURVEILLANCE AND ALERTS

- **Paralysis in recovering cholera patients:** The MSPP is continuing an investigation into cases of paralysis in recovering cholera patients. A cluster of four cases in the Northwest were investigated in January, with polio eliminated as a cause. The investigation has now expanded to another department with more potential cases. Health partners are asked to be vigilant for cases of Acute Flaccid Paralysis, and to report these immediately to MSPP at msppcholerasurv@gmail.com, copying the Alerts coordinator at hai.cholera@gmail.com, or by calling 3106-6716. Reports of previous occurrences are also sought.
- **Investigation into suspected measles cases:** National health authorities, PAHO/WHO experts and the U.S. Centers for Disease Control and Prevention (CDC) have investigated a cluster of suspected measles cases. The alert was raised following a case of measles in an American infant who had travelled to Haiti with his mother. The epidemiological investigators visiting the West department identified a cluster of children who had developed rashes and fever in December. Based on interviews, laboratory testing and examination of the children concerned, the investigation concluded that the cases in Petit Goave were chickenpox. Part of the confusion stems from the Creole names for chickenpox (*woujol gwo grenn*) and measles (*woujol*), which both sound like the French word for measles (*rougeole*). No cases of measles have been confirmed in Haiti since the last outbreak in 2001. Endemic measles has been considered eliminated. As a result of this alert, MSPP, PAHO/WHO and the CDC are urging all international volunteers who plan to travel to Haiti to ensure they are up-to-date on their vaccines, to protect both themselves and Haitians.

Indicator	Number	Date	Source
Number of cases and deaths*	216,938 cases and 4,120 deaths	Jan 30	Ministry of Health (MSPP)
Case fatality rate*	In-hospital case fatality rate: 2.3%. Overall case fatality rate: 1.9%.	Jan 30	Ministry of Health (MSPP)
Cholera Treatment Centers (CTC)**	101 operational	Jan 30	MSPP-PAHO/WHO
Cholera Treatment Units (CTU)**	185 operational	Jan 30	MSPP-PAHO/WHO
Oral Rehydration Points (ORP)**	778 operational	Jan 30	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			

SITUATION BY DEPARTMENT

NORTHWEST

In Bassin Bleu, the isolation of patients was not always optimal; UNICEF organized a training session with 17 health staff to increase technical capacities. Due to limited access in these areas, medicines and equipment are often lacking, including in Oral Rehydration Points (ORP), especially in La Brousse, and Haut Moustique, which are often the only health services within reach for the cholera patients.

NORTH

The number of new cases reported is decreasing, with low mortality and most new cases classified as moderate and not requiring hospitalization. There is still a gap in reporting the cases seen at ORPs. MSPP is working on improving the collection and reporting of data, including data from ORPs. It is reported that the cholera related activities within the community -- both urban and rural area -- have increased and are of good quality.

MSF-France operates in the southern part of the department, with 2 Cholera Treatment Centers (CTC), 3 Cholera Treatment Units (CTU), and 5 mobile teams promoting health and hygiene information. They also distribute chlorine and Oral Rehydration Salts (ORS). MSF-France will be transferring their CTC/CTU activities in the North department to the MSPP, with the exception of the CTU in Santiago which is closing.

It is reported that some partners continue to use antibiotics as prophylaxis (that is, as a preventive measure) for family members of cholera patients. This is not in accordance with national treatment protocols.

ICRC is operating in four prisons, including in Cap Haitien, Grand Rivière du Nord, Fort Liberté and Port-de-Paix, where they are promoting water chlorination, hand-washing, and proper cooking techniques. They are also overseeing the cholera treatment of patients in these prisons.

NORTHEAST

Although the overall trend in the department is downwards, the number of new cases is rising in Ouanaminthe, which is the largest town in the department, and borders the Dominican Republic. Cuban Medical Brigades and Merlin have set up 2 CTCs and 1 CTU. These are adequate for the needs of the response, and most patients appear to be in relatively good condition. The occupancy rate is low.

With support from MSF-France and Merlin, PLAN is setting up a CTU in the southern part of the department. MSPP will build the latrines. PLAN would require support, especially in the building of latrines, and for tents and beds for their CTUs. Merlin has provided training for the MSPP-run CTU in Mombin. MSPP, PLAN and Merlin are working together to open more ORPs.

ARTIBONITE

The French Red Cross continues hygiene promotion activities, and disinfection of houses and public places. More than 16,000 houses have been disinfected in Bas Artibonite. Last week, one primary health center (in Desdunes), two CTCs (Marchand Dessalines and Petite Rivière) and a dispensary (also in Petite Rivière) were supplied with drinking water by water-trucking. Distributions were also conducted in several villages of Desdunes, Saint Marc and Grandes Salines. 15,000 gallons are distributed daily. Six bladders have been installed in different villages. The French Red Cross is rehabilitating the water network in Duclos (Desdunes, Bas Artibonite). Six water treatment stations have been repaired.

CENTER

The trend continues to decrease in major urban centers, but is increasing in distant mountain areas, where collection of data is unreliable or not present. Verification and response of alerts especially in these distant, mountain communities needs to continue.

Stigmatization remains an issue in this department, preventing the implementation of certain activities such as house disinfection by community brigades.

The Savanette and Belladere communes have been identified as problem zones in need of follow-up, especially related to access to health care services in the remote and mountain areas. This was discussed by partners at the coordination meeting in Mirabalais, which included MSPP, DINEPA, UNICEF, MINUSTAH, Worldvision, Zamil la Santé and local authorities. Access to health services in remote areas remains a problem. The CTCs in Hinche and Mirabalais have an occupancy rate of under 20%. It would be worthwhile to analyse if this is due to decreased number of new cases, better treatment at CTUs and ORPs, or an issue of access to services.

MSPP is working with partners in the verification and response of alerts as well as in the establishment of small CTUs (10 – 20 beds) which are possible as long as MSPP is able to provide staff for the treatment units.

In response to an alert in Savanette -- which was verified by MSPP, DINEPA and UNICEF -- an WFP helicopter provided supplies and material for a 10-bed CTU.

The World Vision CTC in Fond-Parisien can now treat up to 100 patients.

WEST

There is a need for 2 CTUs in the Leogane plain, to help alleviate the burden of patients in the CTC run by MSF-CH (Swiss). The Johanniter and Malteser International plan to build a CTC.

Cholera cases have been reported in two orphanages in Leogane: Les petits Démunis and Marie Reine des apôtres. Medic Haiti and Terre des Hommes have provided WASH services and supplied ORS.

In coordination with the Direction de la Protection Civile, Merlin and OXFAM have developed a training program for NGOs on cholera prevention, sensitisation and awareness. The program is available to NGOs with personnel in need of this type of training. The French Red Cross is continuing training on disinfection, hygiene and case management for the health personnel in 37 health centers with CTUs. They have also added three new disinfection and awareness teams in Petit Goave, bringing the total to four.

PAHO/WHO has developed a health services database for Leogane. The matrix can be used to identify service gaps, and to assure the sustainability of services now managed by partners. The matrix looks at six main areas: the availability of services; medical personnel; information management; medical supplies, vaccines and medical materials; financing; governance and management. MDM-CH has offered to support the evaluation of recurring costs and a cost recovery system.

SOUTHEAST

The epidemic trend is stable, the cholera incidence is low and the attack rate is the lowest among all departments. This may be due to a low population density in the department and lower tendency to move or travel by local people.

Cholera has appeared in the Grand Gosier commune. The alert was investigated and responded to by Save the Children. Patients were referred to the CTU in Thiotte or to the CTU in Belle Anse or Anse a Pitres.

Five new cases were reported in Jacmel prison, all with mild symptoms. According to the ICRC, the prison environment is clean.

Save the Children is planning to set up 5 ORPs in Grand Gosier in cooperation with trained health agents of ACDI/VOCA and other partners. It is reported that WASH activities in Grand Gosier need to be increased, to repair systems, properly chlorinate water supply, and if possible establish new water sources, in coordination with DINEPA/MSPP.

MSF-Spain plans to discuss with local health authorities the intended withdrawal of medical personnel and material. In Jacmel, the MSF-Spain managed CTC has closed and patients transferred to the CTU in St. Michel hospital. This CTU has been rebuilt, with a capacity of 40 beds. MSF-Spain will keep 1 doctor, 2 to 3 nurses, and 1 logistician until mid-February. At that time, there is a need to find other personnel to take over.

In preparation for Carnival festivities in Jacmel starting in March, partners including UNICEF, PAHO/WHO, DSSE, and WFP are planning prevention and mobilization activities to avoid contamination risks. A health promoters' network will be mobilized to sensitize the population during the festivities. Meanwhile, to respond to sporadic cholera outbreak in remote areas, UNICEF PLAN and the Cuban Medical Brigades are supporting the setting up of a CTU in Cotes de Fer where the mortality rate remains high at 8% as of January 16th. UNICEF is supporting partners on the implementation of the treatment protocol for malnourished children.

In Jacmel, MINUSTAH has begun a short-term plan to clean the local market in response to both the cholera epidemic and in preparation for upcoming Carnival festivities. The initiative was undertaken in cooperation with the Mayor's office and other local authorities. The first cleaning was on Sunday, January 30th. The Sri Lankan Battalion provided the water truck, the city fire department sprayed the market, and the Mayor's office arranged for the labor. Sundays were chosen because the market is a little less busy that day. The next two cleaning days will be February 13th and 27th.

NIPPES

Case definition remains a problem with over half of health centers not reporting their figures. In response, training is underway for epidemiologists and in health centers.

Three CTCs and 3 CTUs are operational in Nippes. Coordination meetings are organized by the health authorities with technical support provided by PAHO/WHO. Other sector partners also attend the health cluster meeting, such as those doing community mobilization and WASH.

The municipality, with support from MDM-Belgium and OPS/OMS have established a transportation system for managing dead bodies.

SOUTH

The mortality rate is below 3% in most communes, although it remains higher in Anglais, Camp-Périn and Cavaillon. The epidemic is spreading geographically in other communes (Camp-Périn, Cavaillon, St Louis du Sud) which should be supported with targeted community activities.

Some CTCs are expanding (Bourdet is expanding to 100 beds and Cavaillon will double its capacity), while MSPP is taking charge of the management of two CTCs in Anglais and Port-Salut.

Beyond needing the same support as in other departments (such as improved sensitization, better surveillance and supporting WASH activities), there is also a need for particular attention as new hot spots emerge in remote, less densely populated areas. The management of dead bodies remains a problem as does ambulance service which is not adequate for the area.

UNICEF and OCHA are mapping the ORPs.

GRANDE ANSE

The absence of WASH/DINEPA in the region continues to be an issue: lack of water in several facilities and disposal of excreta should be addressed. Results from DINEPA's assessment are awaited. The absence of WASH partners remains one of the most important gaps.

Community level surveillance is another gap. Selection of 252 MSPP focal points at community level has been completed and training of the supervisors has started. Social stigmatisation with regards to cholera cases also impedes the verification of cholera cases in hard to access villages. Management of dead bodies remains a challenge; communities do not want to bury their dead.

The department experienced its first outbreak in an orphanage: comprehensive training on decontamination and WASH activities were completed and 3 children were transported to the Jeremie CTC.

PAHO/WHO has proposed assistance to the MSPP central stock pharmacist to support the tracking of supplies and to centralise supplies in preparation for the rainy season.

A coordination meeting took place in the last week of January with UNICEF, PAHO/WHO, MSPP, CRS, MDM-France, and a member of the voodoo movement involved in the MSPP community mobilization strategy.

WASH

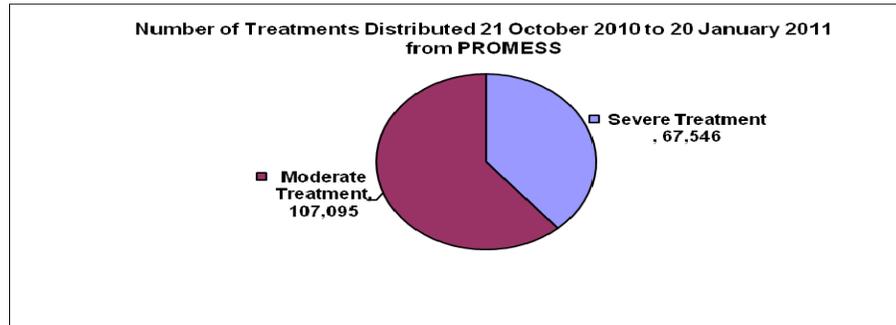
The emptying of CTC latrines and management of excreta is a problem throughout the country. A temporary solution has been decided upon with a second holding pond in Truttier.

The presence of the national authorities (DINEPA, the ministries of public works and of the environment) in the departments is needed, especially in Grande Anse and Southeast Departments as the emptying of the latrines in the CTC and CTUs has become critical. The WASH Cluster reports that in Leogane, two sites would be needed to manage excreta and solid waste.

In the South, a pilot project is underway with the regional DINEPA office and MSPP. The project involves managing the water, sanitation and waste management in three CTUs. It is supported by UNICEF, Terre des Hommes, MSF-Holland, MSF-Spain, and Uruguayan MINUSTAH brigade. PAHO/WHO is providing technical support to help plan the hydraulic works that need to be put in place, sanitation and drainage network, improving treatment sites for used water and waste.

PROMESS

The essential Medicines Program (PROMESS, managed by PAHO/WHO) has received a shipment of 200,000 i/v fluids released from the port. A large donation of ORS (about 700,000 sachets) from UNICEF is now in the PROMESS warehouse in Cap Haitien. It can be requested for use in cholera treatment activities in the Northeast, Northwest and Center departments.



NUTRITION

The Nutrition partners (including MSPP, PAHO/WHO, UNICEF, WFP, the World Bank and USAID) met from January 31 to February 2 to draft an annual operational plan as well as a policy framework for their 5-year plan. It will include aspects related to emergencies such as earthquakes, epidemics and floods.

As a follow-up to previous campaigns, de-worming medication is available for distribution by partners working with children. The medication (Mebendazole) is available through the Health Cluster Coordinator Offices and the local representative of the MSPP.

FUNDING

According to OCHA's Financial Tracking System for the Haiti consolidated appeal, USD 81.9 million has been received, which represents 8.9% of the total USD 915 million requested. As of February 3rd, 2011, 45% of the cholera appeal has been met, of a total USD 175 million.

CORRECTION The two previous issues of the Health Cluster Bulletin contained incorrect information on the activities of MSF-CH (MSF-Switzerland) in Haiti. It was erroneously reported that MSF-CH is closing its center in the North department for financial reasons. In fact, MSF-CH has more than one CTC in the North. It is closing some of these or handing them over to other partners in response to a lower case load. There is no question of financial constraints. There are also no difficulties in community relations as erroneously reported. Lastly, the Bulletin stated that MSF-CH would be resuming certain social mobilization activities in Leogane after a break. However, MSF-CH had never stopped these activities and they remained ongoing. The editors of the bulletin regret these numerous errors.

Most frequently-used acronyms related to the response to cholera in

Haiti: http://new.paho.org/hq/index.php?option=com_docman&task=doc_download&gid=11788&Itemid=