

HEALTH CLUSTER BULLETIN

CHOLERA AND POST-EARTHQUAKE RESPONSE IN HAITI – FRIDAY, FEBRUARY 11, 2011 – #18

Highlights

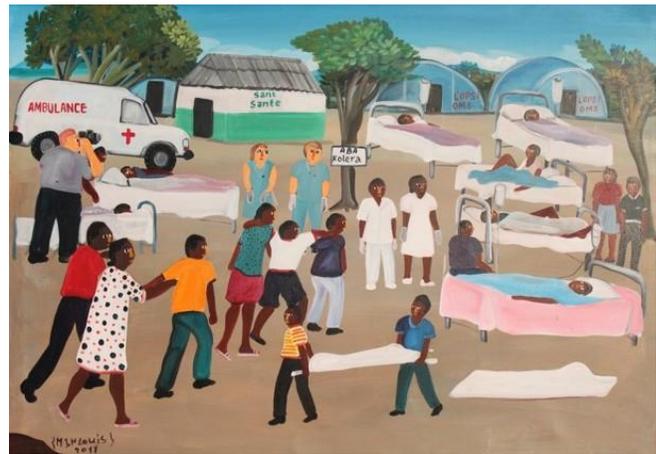
- MSPP stresses importance of a managed transfer of services when partners close CTCs and CTUs.
- Water and sanitation guidance on how to close a cholera treatment center.
- An analysis of the distribution of CTCs and CTUs throughout the cholera epidemic.

Dear health partners,

The most important message we have to convey this week is that the Ministry of Public Health (MSPP) requests that health partners ensure that they have both ministerial approval and a hand-over strategy in place before shutting down treatment centers.

In your contributions to forthcoming Bulletins, please follow the current structure of the Bulletin and send your information divided by Department. This will greatly help us to better disseminate your activities.

Thank you for your work and for your contributions.



Artist Jean Louis Maxan painted this scene, showing a cholera treatment center. "It is a difficult period for us, with cholera," he said. "The subject is a sad one but it had to be done."



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

- The Ministry of Public Health (MSPP) reports that as of February 2, 2011, there were 220,784 cases and 4,334 deaths due to cholera. As of February 6, there were 100 cholera treatment centers (CTC) and 188 cholera treatment units (CTU) operational.
- On the subject of partners closing CTCs and CTUs, Dr. Jean-Hugues Henrys, Member of MSPP cabinet, drew attention to the fact that there are **procedures for closing CTC/CTU that must be followed**. The MSPP does not want these facilities to close without a back-up plan or coordination with national institutions.

1. The MSPP's basic conditions for closure are:

- That there be identified a public health facility that can treat new cases.
- That these MSPP facilities have the capacity to treat patients, in terms of trained personnel, stocks of supplies, and adequate conditions for health care delivery.

2. The **water and sanitation procedures** to be followed for the dismantling of CTCs and CTUs are as follows:

- Disinfection of materials and installations with a 0.2% chlorine solution
- Removal of non-reusable materials by burial or incineration: treatment equipment, latrines, and fencing
- Selection and packing of reusable materials: disinfected beds, water supply system, and incinerator
- Disinfection of pits and latrines with a 2% chlorine solution
- Filling of pits and holes with earth

Questions on this topic can be directed to Alvaro Vadillo, PAHO/WHO engineer
alvarovadillo@gmail.com, 3106-7895.

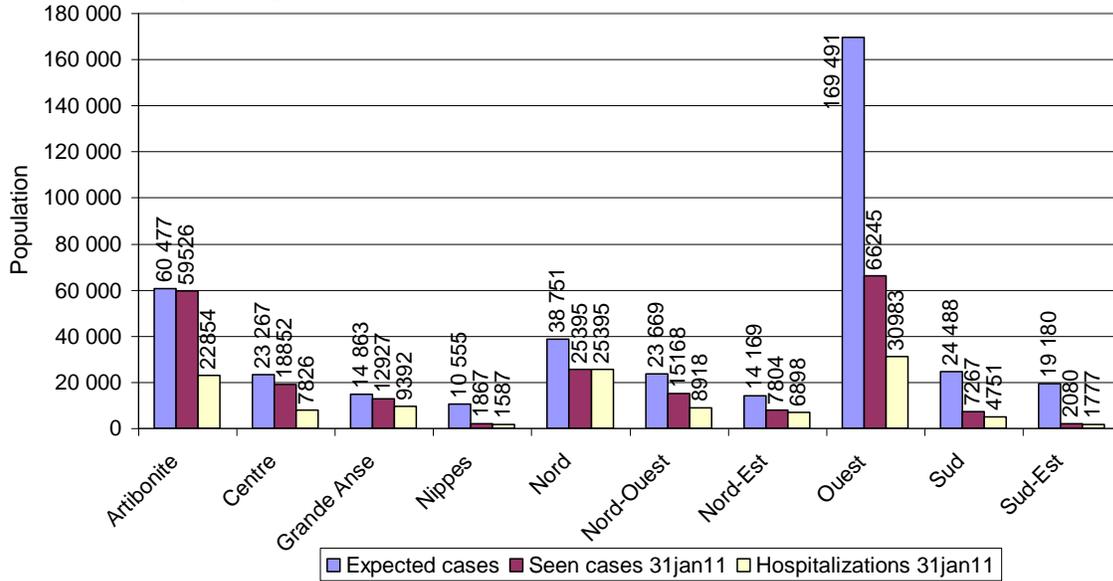
- The Ministry of Public Health is currently drafting the **Follow-on Cholera Response Strategy**. The Ministry's evaluation missions in CTCs, CTUs and ORPs will provide valuable input for the development of the strategy, including developing minimum service standards for the long-term management of the disease. Partners' support will be crucial and they are reminded to please submit their information to the 4Ws CTC/CTU matrix.
- The **4Ws matrix**, which documents the post-earthquake health activities, has been sent for partner's input. Please fill in and send to hai.clustersante@paho.org by February 14, 2011.
- Due to lower demand for services, the **UN-managed helicopter fleet** was reduced in January from three helicopters to one. This will mean more cargo moving by road, with possible impact on distribution of medical supplies and response to alerts. The other two helicopters however have not left the country and can be contracted again should funds become available. The existing helicopter will not operate on weekends. A 48-hour notice is required to process a request.

Follow-up and analysis of the cholera response

This section analyses the distribution of CTCs, CTUs and ORPs by department. It identifies where there are the greatest gaps and where targets were met.

In November 2010, towards the beginning of the cholera epidemic, epidemiologists from PAHO/WHO, US CDC and the MSPP estimated that as many as 400,000 people could become ill over the first 12 months, with 200,000 (or about half of the cases) in the first 3 months. Analysis of MSPP data gathered to 31 January 2011 indicates that there were 217, 131 cases seen and 120,381 hospitalized cases. (Note that the "cases seen" category may also include a percentage of non-cholera cases of diarrhea.)

Figure 1: Total cases estimated, seen and hospitalizations



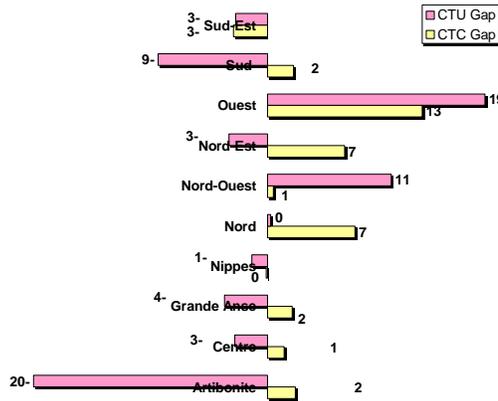
If we look at the number of cases seen and hospitalizations versus the total population by department, we see that the North and Artibonite were the most affected. In the North, the percentage of cases seen and hospitalizations is equal, which may mean there is a problem in the case definition for cases seen versus hospitalizations, or that all the cases seen were severe, or that the referral system worked well between the CTCs and CTUs. In reference to Figure 4 and ORPs, this might also indicate that in the North, the set-up of ORPs met some of the community's needs.

Figure 2: Proportion of the population affected by cholera calculated in terms of estimated cases, cases seen and hospitalizations by population by department

(in %)	estimated cases	cases seen	hospitalizations
Artibonite	3.79	3.73	1.43
Center	3.37	2.73	1.13
Grande Anse	3.43	2.99	2.17
Nippes	3.33	0.59	0.50
North	3.93	2.57	2.57
Northwest	3.51	2.25	1.32
Northeast	3.89	2.14	1.89
West	4.55	1.78	0.83
South	3.42	1.01	0.66
Southeast	3.28	0.36	0.30

Figure 3, below, illustrates the gaps in terms of CTCs and CTUs. While the North reached its target for CTUs, it surpassed its CTC target. The West also exceeded targets, for both CTCs and CTUs, with surpluses of 13 and 19, respectively. In Artibonite and the South, CTC targets were met but both departments had gaps for CTUs – of 20 and 9, respectively.

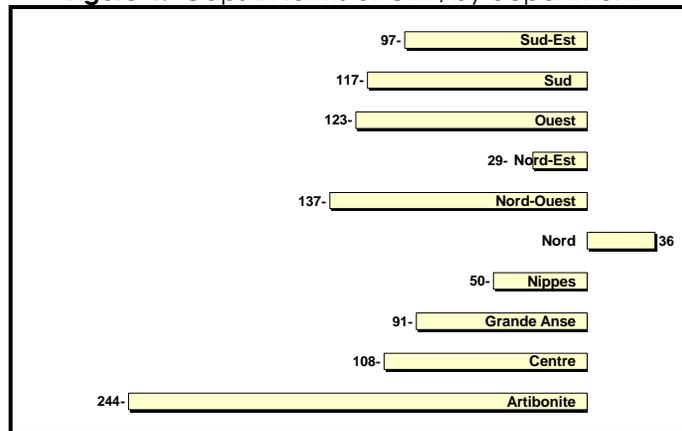
Figure 3: Gaps between CTC/CTU needed and set up, by department



Note : The estimates for numbers of CTCs and CTUs needed were calculated by dividing the departmental population by 150,000 for CTCs and 50,000 for CTUs.

Figure 4, below, provides an overview of the ORP situation. The estimate of the needed number of ORPs was made by taking the sum of the clinics, dispensaries, urban population divided by 20,000, and rural population divided by 10,000 (the formula is $ORP = \text{no. dispensaries} + \text{no. clinics} + (\text{urban population}/20,000) + (\text{rural population}/10,000)$). So far, only the North has met its objectives. It is crucial that efforts continue because ORPs are the first line of defense and have proven to be very effective in saving lives.

Figure 4: Gaps in terms of ORP, by department



SURVEILLANCE AND ALERTS

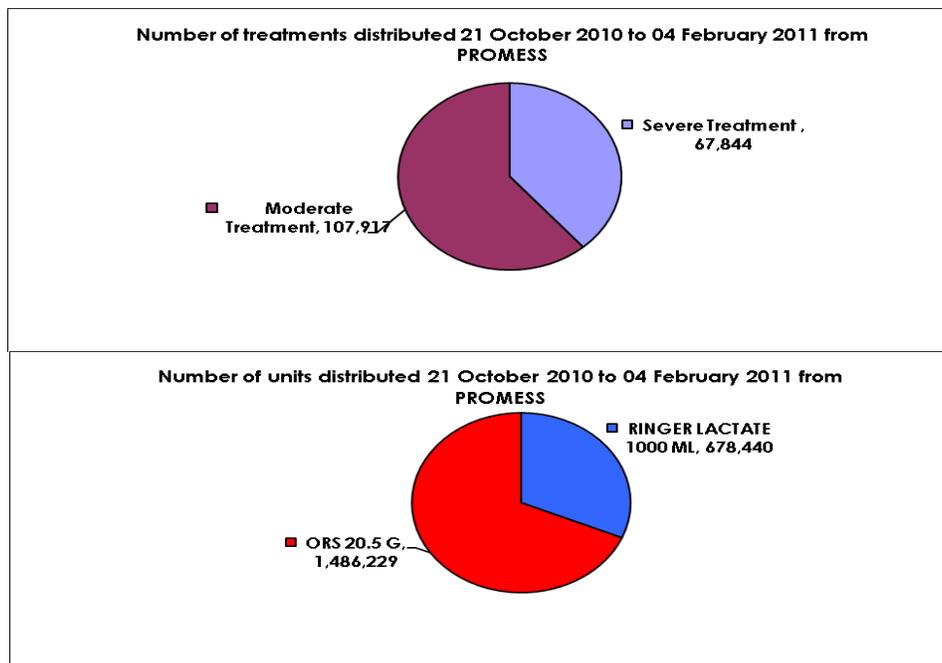
- Follow up on acute flaccid paralysis alert.** Eight cases of acute flaccid paralysis that have been identified and investigated. These include three patients who died. All cases were in recovering cholera patients. The Ministry of Health is preparing a notice for all Departments. Partners are invited to share info on any cases they have seen or heard of to Ministry of Health at sppcholerasurv@gmail.com, copying the Alerts Coordinator at hai.cholera@gmail.com, or by calling **3106-6716**.

WASH

- At the WASH cluster meeting, partners discussed the on-going problem of overflowing latrines in many CTCs. Some steps have been taken in conjunction with DINEPA. However, dumps will not be in place before the end of the year, as land and technical issues first need to be addressed.
- Cluster coordination teams report that the North and Northeast need technical support to analyze water quality, and are still short on latrines.

Essential Medicines Program (PROMESS)

Below is a graphic overview of the Essential Medicines Program (PROMESS) managed by PAHO/WHO.



SOCIAL MOBILIZATION

Caritas Haïti, with support from UNICEF, has launched a program to begin mobilizing Catholic and Protestant churches across the country to join in the fight against cholera by launching prevention activities and helping with the distribution of Oral Rehydration Salts (ORS).

The program includes training of community outreach workers in 10 Departments and the distribution of ORS in 400 parishes. They will also demonstrate the proper way to prepare the ORS solution.

MENTAL AND PSYCHOSOCIAL HEALTH

Partners active in mental health and psychosocial health have observed the following since the onset of the cholera epidemic:

- The main focus of most institutions was the cholera response.

- Mental health and psychosocial support activities have been put on hold in favor of health promotion and the dissemination of information.
- There has been an increase in mental health visits by patients, especially for anxiety and panic attacks.
- Denial of cholera.
- MSF-Belgium, Spanish Red Cross, Solidarités, the Haitian Red Cross, ACF and CRS have formed a working group to prepare recommendations to fight cholera-related stigma. The causes for stigma are several, and include fear. This makes it difficult to address stigma without first addressing the underlying fear of the disease and fear of transmission.

NUTRITION

In the February issue of their newsletter on food security, the Coordination Nationale de la Sécurité Alimentaire (CNSA) reports the price of food, especially rice, is higher than it was in 2008, a trend that could continue into 2011. According to CNSA and partners – including WFP and FEWSNET – over 3 million people will need food assistance in April/May, 900,000 of whom are in the metropolitan area. The majority of food insecure households are within poor and extremely poor areas affected by cholera and Hurricane Tomas, and in remote mountainous areas. They are also in camps and the poorer neighborhoods in Port-au-Prince.

SITUATION BY DEPARTMENT

NORTHWEST

MSF-France will soon be leaving the Hopital Immaculee de Conception where they take in about 10 cases of diarrhea a day – mostly non-cholera cases—compared to the 120 to 150 cases they were seeing previously. These new cases are generally quite severely ill patients having come from outlying regions. MSF-France is training the hospital's staff in order to prepare for their full departure in mid-February. MSF-France has already closed its CTUs in Morne Rouge and La Croix, and its ORPs throughout the Department.

NORTH

Overall, the required CTCs and CTUs are in place, but further efforts are needed to improve the water and sanitation situation in some centers. ORPs still need to be established and support given to community brigades.

Petit Bourg de Borgne, Novion, Robia, and Corail all saw a slight increase in cases in the days following recent storms and flooding. MSF-Swiss responded quickly.

MSF-Swiss estimates that about 35% of all their cases seen are in ORPs. Konbit Sante is managing 50 ORPs. Throughout the Department, it has not yet been possible to get daily reporting on the number of cases seen in ORP. Reporting is still weekly. Partners are looking into how to improve the reporting interval.

NORTHEAST

With Partner support, the Ministry of Health is further implementing the community-level strategy of establishing more ORPs and community brigades.

Clarification to a miscommunication in last week's bulletin: Across the Northeast, the Cuban Brigades have 2 CTCs, and Merlin has 2 CTCs and 7 CTUs in collaboration with the Ministry of Health. An agreement has been reached with the ministry that Merlin will manage the training of personnel on monitoring and case management in all the CTUs across the Department.

ARTIBONITE

Due to a sustained decrease in cholera cases reported, IOM has reviewed its strategy to shift towards a more sustainable model of intervention, with focus on supporting existing community health structures. This strategy change lies in Ministry of Health approach to build capacity of local staff at dispensaries to act as ORPs and to handle the case management of individual cases. IOM has discussed this strategy with Ministry of Health representatives and health partners, including MSF France and IMC, which are considering scaling back their clinical activities... In Gonaive, there is a handover of a range of ORPs from MSF in discussion.

CENTER

A joint PAHO/WHO-DINEPA mission to the Savanette Commune disinfected the chlorination station's catchment facility and distributed HTH chlorine to chlorinate the reservoirs. The DINEPA representative and CTU staff were trained on how to prepare disinfection solutions.

WEST

New outbreaks have been seen in the mountains and slum areas.

The International Rescue Committee will be closing its Dahomey clinic (Delmas 6).

Ambulance service: Since the cholera outbreak in mid-October, the Haitian Red Cross ambulance service has been transporting an average of 20-50 cholera cases per day. Based in Bicentenaire, Port-au-Prince, the ambulance service relies on 40 Haitian Red Cross Volunteers to provide 24/7 medical attention and transport to the entire West Department, which includes Port-au-Prince. During the week of January 23th-29th, 236 patients were transported, to date 1680 cholera patients has used this service.

The Health Cluster in Leogane reports that ambulance service is vital for patients in remote areas to reach the CTCs and CTUs. However, given the difficult terrain and the limited number of ambulances, it is necessary to set up ORPs and stabilization centers in collection points. A call has been send to all WASH partners to intensify their efforts in hot spots.

IOM continues to implement cholera response activities in IDP sites with 131 ORPs operating in the West Department: Tabarre, Delmas, and Petionville, Croix des Bouquet, Port-au-Prince, Cite Soleil, Petit Goave and Grand Goave. Approximately 70 further ORP sites have been supported by IOM in terms of materials. In Carfeour, IOM has taken over from MSF-CH support to Oral Rehydration Focal Points in 19 camps. To date 690 Brigadiers have been trained by IOM, in line with Ministry of Health guidelines, with around 500 active.

Due to the decrease of cases in the last weeks in the majority of Departments emphasis has been placed on hygiene promotion through home visits and mass sensitization activities. IOM currently has a fleet of 6 *tap-taps* (local taxis) for referral of patients to CTC/CTUs, in 6 communes in the metropolitan area of Port au Prince. This will help to address the access problem to the nearest Cholera Treatment Structure. To target stigmatization IOM's Psychosocial team consisting of psychologists, animators and social workers has been conducting support groups, counseling and community mobilization events in 17 camps and the two psychiatric hospitals.

SOUTHEAST

The Cote de Fer CTC will be opened by the Cuban Brigade, but is slow in getting going. OCHA has asked PAHO/WHO to provide a Health Cluster coordinator in Jacmel and Gonaive.

NIPPES

Solidarité will be doing a training session for Red Cross representatives in Petit Trou on decontamination.

The plan of action brigade mobilization is finalized. The DSNI and DPC de Nippes have signed a letter of agreement.

Only 40% of health centers are reporting their figures. A proposition for fast training in health center for case definition is underway.

The hospital of la LUMIERE DE BONNE FIN, BARADERES is setting up a CTU at the entrance of the Hospital. The main problem is the absence of latrine around the identified building. Training of CHW's working with the Centre de Santé Communautaire of the Hospital has started. They have received hygiene kits and ORS. Training on the managing of dead bodies has been done with local officials (CASEC and ASEC) and body bags distributed.

WFP has been contacted to provide food to patients and caretakers in the hospital.

SOUTH

With the support of UNICEF, the Cuban Medical Brigade is setting up a CTU in Port Salut. Both medical and non-medical staff is being trained on cholera treatment protocols.

The British Red Cross has established a network of outreach nurses, community nurses, sprayers and volunteers who are responsible for implementation of cholera response activities in the South Department in the following areas Coteaux, Roche A Bateaux, Port A Piment, Chardonneire, Les Anglias and Tiburon.

GRANDE ANSE

There continues to be a lack of WASH presence in Grande Anse, although a DINEPA representative attended the weekly coordination meeting on February 3. There is an urgent need to map the CTC/UTCs lacking water.

The data published reflects mainly the situation in CTCs/CTUs. Community level surveillance remains a large gap at the moment, with virtually no systematic reporting of community cases (only deaths). The health cluster is working on an Oral Rehydration Point project to develop and incorporate a surveillance strategy for these points. Social stigma with regards to cholera cases also impedes the verification of cholera cases in hard to access villages.

There may be an issue of over diagnosis of cholera at certain UTCs, training on identification of cases and case management therefore needs to be strengthened.

There will be 20 fixed points (called PRLOs) and 64 mobile brigades out in the communities (called PICs), giving a total of 84 teams. Some 6 of the locations for the 20 permanent posts have been identified, and health agents are currently being recruited. The first 35 (out of 252) health agents were trained by Ministry of Health/UNICEF in Jeremie in recent weeks. The 20 supervisors, who will supervise 4 teams each, have also been selected and trained.

Access to drinking water remains a problem for most UTCs in Grand Anise. The health cluster team coordinators plans to try to map the water needs of the CTCs and UTCs in the region in terms of order of priority (how far is the water source, how much water can be stored at CTC/UTC, how many patients seen per day etc.).

The UNICEF mobilization team, together with the health section, is working on providing the major actors, including the local and Departmental authorities, with an accurate mapping of partners' social mobilization activities and location of Oral Rehydration Points to avoid duplications and to ensure the most efficient coverage.

TOOLS - Acronyms

Thanks to contributions from Health Cluster partners, a trilingual list of acronyms related to the health response in Haiti has been compiled. The list will be updated regularly.

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

Please send corrections and updates to translation.services@paho.org.

ERRATA for Health Cluster Bulletin #17

MERLIN

1) "Although the overall trend in the department is down, the number of new cases is rising in Ouanaminthe..."

In fact we are seeing a decrease in cases in Ouana.

2) "Cuban Medical Brigades and Merlin have set up 2 CTCs and 1 CTU."

This suggests that Merlin is operating CTCs in partnership with the Cuban Medical Brigades, which is not the case. In fact, across the Northeast department, the Cuban Medical Brigades have two CTCs and Merlin has two CTCs and seven CTUs.

3) "With support from MSF-France and Merlin, PLAN is setting up a CTU in the southern part of the department." "MSPP, PLAN and Merlin are working together to open more ORPs."

MSF is not working in the Northeast. Merlin has just reached an agreement with the Ministry of Public Health and Population (MSPP) under which Merlin will ultimately provide training for and monitoring of case management in all of its Cholera Treatment Units (CTUs).

4) "Merlin has provided training for the MSPP-run CTU in Mombin."

Merlin never conducted training in Mombin Crochu. However, it has conducted training in Perches, Gens de Nantes, Ste. Suzanne, and the seven CTUs it is operating.