HEALTH CLUSTER BULLETIN

CHOLERA AND POST-EARTHQUAKE RESPONSE IN HAITI – FRIDAY, MARCH 9, 2011 – #21

Highlights

- The national strategy for cholera response, jointly developed by MSPP with PAHO/WHO's support, has been finalized and is pending for final validation from MSPP.
- According to the MSPP on the transition strategy of phasing out NGOs from the CTCs and CTUs, NGOs should keep the infrastructure (CTC, CTU, ORC) in place with enough supplies to keep them functioning and ensure a hand over to the MSPP or to another NGO capable to run the service.
- Taking into consideration the stabilizing trend and reduction of cholera cases, the MSPP expressed the need for the health actors operating in Haiti to move towards a strategy to rebuild the health system, where the reconstruction of health infrastructure and training of professionals are the priority
- There is an urgent need to strengthen WASH coordination and activities at the departmental level
- Heightened vigilance is required due to the increased risk for spread of cholera related to the carnival celebrations.
- It is now time to take advantage of the lessons learned during the cholera epidemic and revisit the public health surveillance system in an integrated manner, focusing on institutionalization of the systematic use of all sources of information, for early warning and timely decision making.
- Officials from Haiti's MSPP met with counterparts from PAHO/WHO, UNICEF, and other partners to outline the new plan to improve immunization services in Haiti over the next five years.

Dear health partners,

While there is a marked decrease in the incidence of cholera cases, the proximity of the carnival, elections campaign, and rainy season are risk factors that can have a negative impact in the decreasing trend. Aware of these risks, MSPP as well as some of the NGOs are staying vigilant and delaying the closing of treatment centers.

Thank you,

Health Cluster Coordination

Alerts in Archaie triggered rapid response from MSPP, PAHO/WHO, and the Red Cross

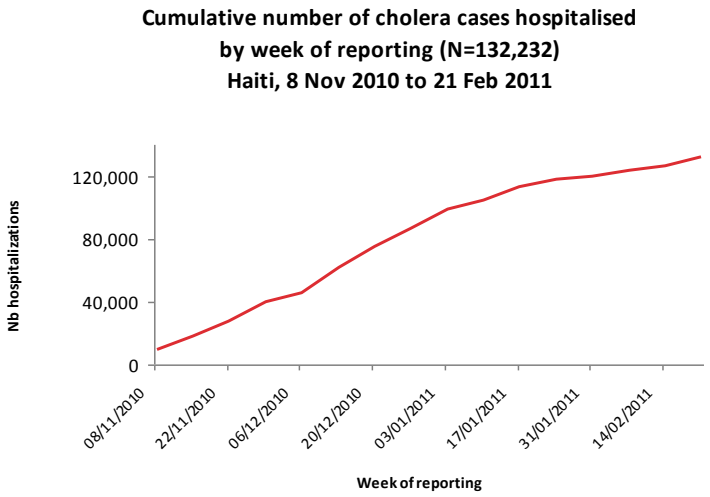
The Ministère de la Santé Publique et de la Population (MSPP) and PAHO, the Regional Office of the World Health Organization (WHO) for the Americas, coordinate the Health Cluster. **MSPP Cluster Contacts:** Dr. Claude Surena; Dr. Jean Hugues Henrys; **PAHO/WHO Contacts:** Dr. Juan Carlos Gustavo Alonso; Dr. Josep Vargas

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,

Situation Overview

According to the data sent by the MSPP, the cumulative number of reported cholera cases up to 21st of February is 243,197, including 4,626 deaths. Despite the downward trend during the last periods, the number of hospitalized cholera cases (5,934) reported during the week of 15-21 February, 2011 has been the highest since week of 17 January 2011 (Figure 1). The West Department accounts for 43% of the reported hospitalized cases during week 15-21 February 2011. The case fatality rate observed among hospitalized cases was 2.1%.

Figure 1



- Methanol poisoning: On 25 January, 12 people died in Archaie. The symptoms were compatible with methanol poisoning. On 17 February, at the Cabaret Health Centre, Nord-Baie de Haine, 3 people died with the same symptoms. The investigation carried out found that all of them consumed a local alcoholic beverage, Clairin, which is the suspected source of poisoning. On 24 February, 4 additional people died in Baie de Henne. On 2 March, a team of MSPP and PAHO-WHO started an investigation which is still ongoing. The treatment protocol for methanol poisoning has been made available. PAHO/WHO has funded a sensitization campaign in Cabaret. No more cases have been reported in the last period.
- It is necessary to improve access to drinking water and environmental sanitation in order to maintain the positive trend of the cholera epidemic. There is a constant concern expressed at the departmental level to increase efforts in the WASH sector, ensure better coordination of actors and invest more by national authorities and the international actors.
- Though the UNHAS air operation is currently only funded until the end of February 2011, WFP has decided to keep the Mi-6 helicopter until the end of May 2011, as the aircraft is still needed to deliver life-saving cholera relief items to remote mountainous areas. WFP is currently approaching donors to request for additional funding to keep the service active. The fixed-wing aircraft includes 410 service, however, will be discontinued in April 2011 due to maintenance issues. A decision will be taken to determine whether to bring it back at a later date.
- Officials from Haiti's MSPP met with counterparts from PAHO/WHO, UNICEF, and other partners to outline their new plan to improve immunization services in Haiti over the next five years. The new Haiti plan covers routine vaccination, epidemiological surveillance, social mobilization, communication, training and management from 2011 through 2015, with detailed costs and plans for inclusion of pentavalent and other new vaccines. Its aim is to strengthen Haiti's basic Expanded Program on Immunization and convert it into a National Immunization Program targeting families. More information can be found on: http://new.paho.org/hq/index.php?option=com_content&task=view&id=5111&Itemid=1926&lang=en

Cholera health structures:

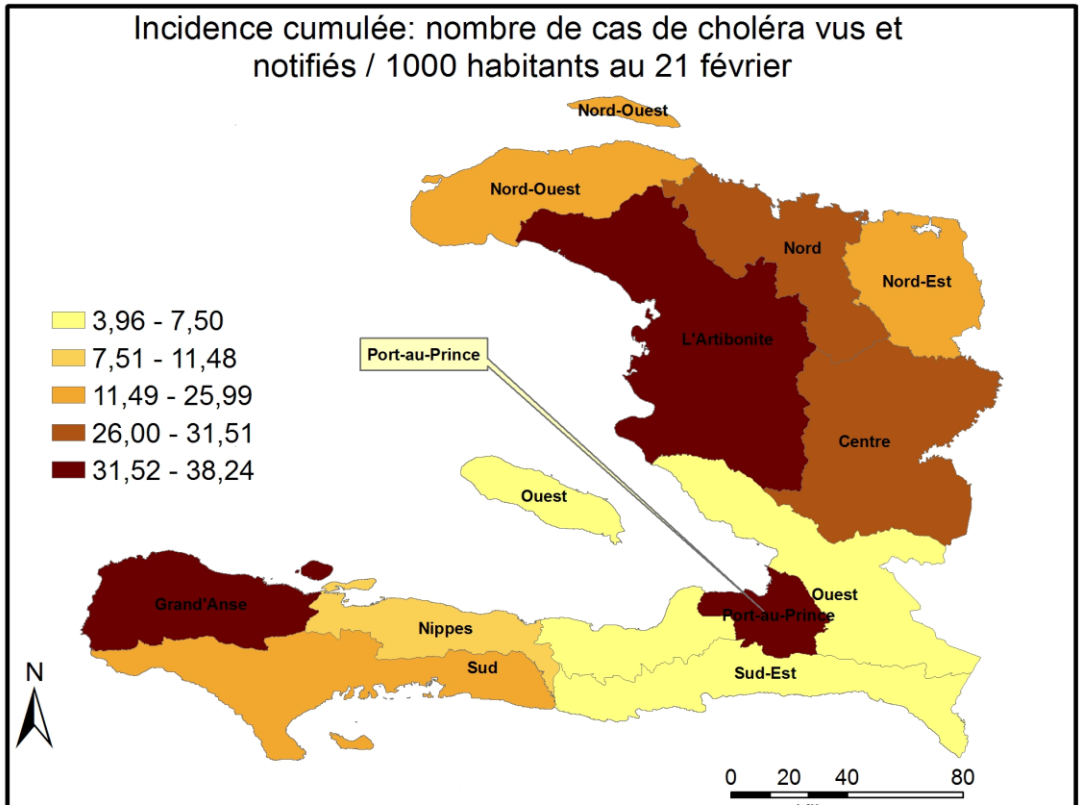
	10 January	16 January	23 January	30 January	6 February	13 February	20 February
Operational CTC	81	85	101	101	100	98	98
Operational CTU	156	129	165	185	188	215	215

Epidemiological Surveillance

Indicator-based component

As stated above, between 20 October 2010 and 21 February 2011, the cumulative number of reported cholera cases was 243,197, including 4,626 deaths. The observed cumulative incidence since the beginning of the outbreak was of 23.5 per 1,000 inhabitants, ranging from 4.0 per 1,000 in the Department of South-East to 38.2 per 1,000 in the Department of Artibonite (Figure 2).

Figure 2: Cumulative incidence of reported cholera cases (number of cases per 1,000 inhabitants), by Department, 20 October 2010 - 21 February 2011

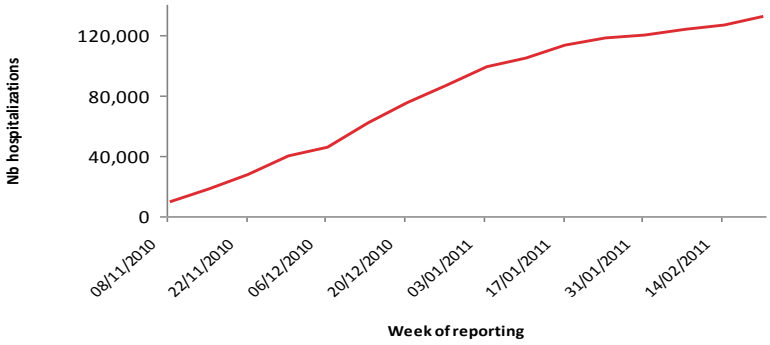


The observed overall case fatality rate was 1.9%, ranging from 0.9% in Port-au-Prince to 9.4% in the Department of South-East. Since the beginning of the outbreak, 89.4% (217,432) of the reported cases were observed among individuals aged 5 years or more, and the proportion of cases observed in children less than 5 years ranged from 5.5% in the Centre Department to 13.9% in the Artibonite Department.

Of the total number of reported cholera cases, 54% (132,232) had been hospitalized since the beginning of the outbreak (Figure 3)

Figure 3

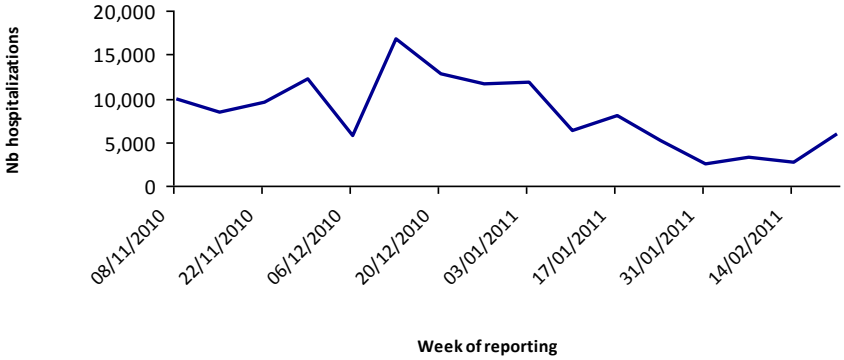
Cumulative number of cholera cases hospitalised by week of reporting (N=132,232) Haiti, 8 Nov 2010 to 21 Feb 2011



The number of hospitalized cholera cases (5,934) reported during the week of 15-21 February 2011, was the highest since week ending on 17 January 2011 (Figure 4). The Department of West accounts for forty-three percent (43%) of the reported hospitalized cases during week 15-21 February 2011. The case fatality ratio observed among hospitalized cases was 2.1%, ranging from 1.4% in the Department of North West to 3.2% in the Department of Grande Anse.

Figure 4

Number of cholera cases hospitalised by week of reporting (n=132,232) Haiti, 8 Nov 2010 to 21 Feb 2011

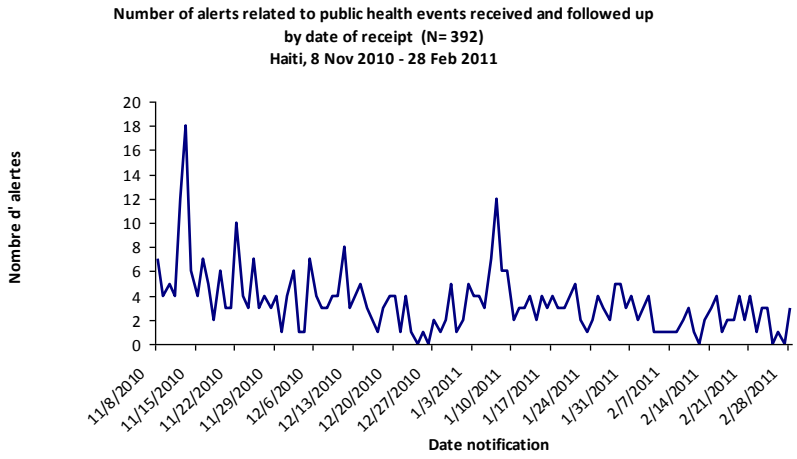


Event-based component (alerts)

The number of daily alerts received from partners in the field is leveling off, and increasingly reflect hazards other than cholera and cholera hot spots in remote areas (Figure 5). However, the rainy season, carnival celebrations, as well as the phasing out of cholera treatment centres and units calls for heightened attention by health authorities and partners involved in surveillance activities, both at health care facility and community level. An accurate and timely monitoring of the evolution of the cholera outbreak that allows for prompt control intervention requires the integration and triangulation of all sources of information: formal and informal, quantitative and qualitative, health care facility based and community based. The contribution of the event based alert component introduced and systemized during the cholera outbreak has proven increasingly valuable in ensuring the early warning function with respect to other public health events. Therefore, efforts should be made by health authorities and

partners to support the process related to the integration of all information sources that would also allow a more effective information management process.

Figure 5



Wash (Environmental Health)

The excreta situation has not improved or advanced since December. The construction work at the modern disposal site of Titanyen that halted in December has not restarted. Various other sites were identified, all of them with limitations, and no decision of made. The currently preferred site will take 45 days to complete, and the contamination of the ground water and the coastal zone is at high risk. Given the impending rainy season, and the potential increase in cases, this environmental contamination potential is worrisome. However, the continued absence of an adequate discharge site more than 4 months after the start of the cholera epidemic and 13 months after the earthquake is an important public health issue and needs a resolution.

The lack of public sanitation remains of huge concern. Of the 1,152 camps registered in the earthquake affected area by IOM in the Data Tracking Matrix, only 600 have latrines and only 499 have excreta removal services (43%). This leaves thousands of people without proper sanitation. In addition, the current funding cycle for many of the NGOs providing excreta removal services from these sites has ended or will end within the next month. Transition strategies had limited implementation and there is concern over the public health conditions that this situation will create.

PAHO/WHO has been supporting the MSPP and is working with Health and WASH cluster partners on cholera prevention activities and messages related to carnival which officially starts 8th March, and is preceded by several events. Radio messages, banners and information booths are some of the activities implemented to prevent transmission of cholera.

The chlorination of water points is improving with many sources now having the recommended residual chlorine levels when tested. However, the funding for the provision of trucked water for various partners with sites is drawing to a close and there are no transition mechanism implemented, which poses a challenge to preventing the transmission of cholera.

Maternal and Child Health

With support from PAHO/WHO, CLAP, and the World Bank, a training session was held for trainers of health personnel responsible for the admission and resuscitation of newborns at departmental and university hospitals (two people from each of the 12 institutions, plus representatives of the DSF and ENISF). The participants included pediatricians, obstetricians, midwives, and nurses. The five-day event covering both theory and practice dealt with the different ways of reducing neonatal and maternal morbidity and mortality. The emphasis was on the admission and resuscitation of newborns, prevention of infections, routine procedures that should be systematized, and familiarization with the new materials that will be made available to them.

This training is part of an overall approach designed to improve services by rehabilitating facilities and providing new materials. Pending now is dissemination of the information, replication of the training in all departments, and improvement of neonatal morbidity and mortality rates

Mental health

A working group has been formed to develop a national mental health policy and plan. It is an interagency group with representatives of the MSPP, PAHO/WHO, and national and international actors in the area of mental health, as well as academic experts (from Toronto and Montreal). Preparation of the national policy document has already advanced significantly.

There was a presentation of the mhGAP program to the mental health working group. The mhGAP is a model guide developed for use by health workers working in nonspecialized areas of health care and adapted to national and local needs.

The working group has discussed and recommended that the following priority areas be stressed when the mhGAP is implemented in Haiti: (1) depression; (2) developmental and behavioral problems in children and adolescents; (3) the WHO-AIMS evaluation, which is in the final phase of compiling the data and drafting the evaluation report.

Health Promotion

Health promotion activities include the following:

Coordination of the cholera awareness strategy with the MSSP through various activities: sound trucks, slogans on the radio, stands, banners, pamphlets, and posters. These activities will be conducted primarily in the department of Ouest.

Participation in the MINUSTAH radio program "Ann Pale Sante," focuses on informing listeners on cholera prevention during Carnival festivities.

There are activities to raise awareness through radio slogans about the dangers of consuming adulterated alcohol.

Essential Medicines Program (PROMESS)

There has been no increase in the incidence of cases or alerts. Progress is being made in organizing community brigades. Few cases have emerged in the departments this week. The facilities in place seem sufficient to meet the needs.

1) Just over four months since the start of the cholera epidemic:
   - PROMESS continues to handle requests from NGOs and institutions.
   - PROMESS is carefully monitoring stocks in outlying areas. This includes both MSPP warehouses and the security stocks managed by PAHO teams in the field.
   - Supplies to deal with cholera are sufficient for PROMESS to meet demand and readjust stocks in outlying areas as necessary, with logistical support from PAHO.
   - A large order of ORS is arriving in a series of shipments, providing ample support for the community awareness programs.
2) At no time has PROMESS interrupted its non-cholera activities. Where essential medicines are concerned, requests from NGOs, institutions, and programs (tuberculosis, reproductive health) are met as they come in, and free obstetrical care is being provided in Port-au-Prince and outlying areas.

Situation by Department

On the situation in each of the departments, the following is presented: (i) trends of the cholera epidemic (number of reported hospitalized cholera cases by week of reporting, from 8 November 2010 to 21 February 2011); (ii) alerts regarding public health events received since the last Health Cluster Bulletin published on 25th February.[1]

[1] *Source routine surveillance data: Ministère de la Sante Publique et de la Population (MSPP), http://www.mspp.gouv.ht/site/index.php#, as of 21*

Northwest

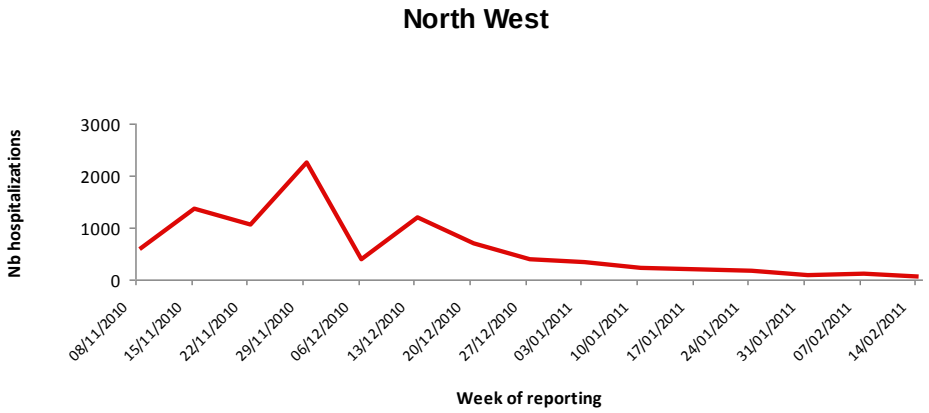
The communes of the Bas Nord-Ouest (Jean Rabel, Mole St Nicholas, Bombardopolis and Baie de Henne) were spared until 7 December when the first cases were notified in Bord-de-Mer (commune Jean-Rabel). The epidemic spread from east to west along the Trois Rivières and on the rural highlands where access to care is difficult. Strikingly, there were very few cases in these urban zones in these communes. All 10 communes in the Nord-Ouest Department have been affected. Since the start of the epidemic up to 20 February, there has been 18,053 cumulative cases, 288 deaths of the total cases (200 institutional and 88 in the community), 10,645 have been hospitalized (58% hospitalization rate). The overall attack rate and case fatality rate are 2.7% and 1.88% respectively.

Hotspots in the department:

A fatal case of diphtheria in a six year old child, resident in Mone Dorima, Commune de Port-de-Paix, was notified on 21 February 2011. Departmental health authorities with the support of PAHO/WHO implemented control measures including the administration of antimicrobial prophylaxis to close contact and vaccination. The extension of vaccination campaigns is being considered.

Figure 6: Number of reported hospitalized cholera cases by week of reporting, from 8 November 2010 to 21 February 2011)

Figure 6



During the last Health Cluster meeting, (February 28th), the very few health partner still present, (WHO, IOM, DSNO and MINUSTAH) vowed to work together implementing the national strategy for combating Cholera. The strategy is to build on the investment made so far during the epidemic, and go beyond the single disease to strengthening the whole health system in to respond in a more cohesive way to the health needs of the population.

The strategy will be built on different pillars and will have short, medium and long term objectives, but will encompass an investment in the human resources training and deployment of temporary teams of Community Health workers; Infrastructures to set up ORPs in different localities; pharmaceuticals to ensure a good procurement, storage and distribution systems for pharmaceuticals and health products; Surveillance systems including the early warning systems and epidemiological surveillance, and collective fund raising.

February 2011. Note: Data presented should be interpreted cautiously as these are continuously corrected and updated (e.g. for some weeks, the cumulative number of cases may be lower than in the previous week; incomplete reports in some departments). Also there might be discrepancies between data presented in this section and those provided by partners and PAHO-WHO Teams deployed at Departmental levels and presented in the dedicated section.

Source event based information: alert scheme currently maintained by the Pan-American Health Organization / World Health Organization in Haiti.

North

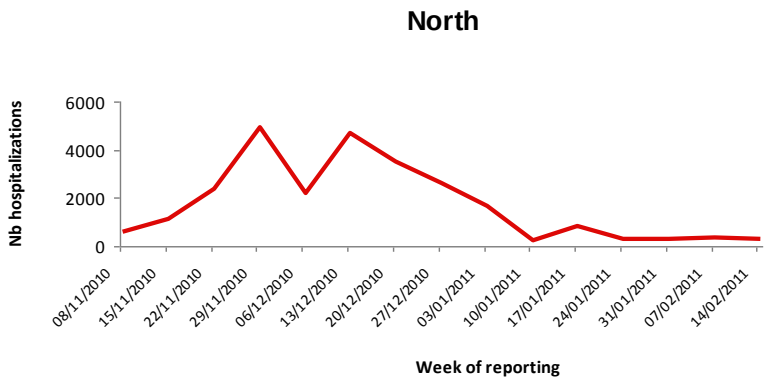
An increase in the number of cholera cases reported daily (73) with respect to the previous week (58) was observed and is primarily attributed to cases registered in the following Communes: Pilate, Cap-Haïtien, Milot, Borgne, Quartier Morin.

Hotspots in the department:

The investigation of cases of Acute Flaccid Paralysis in Grande Rivière du Nord was conducted and concluded that the clinical picture was not compatible with poliovirus infection.

In the medium and long term, the establishment of a sustainable community based component of surveillance would greatly contribute to the improvement of the early warning function. A stardardised approach to the quantitative component of the surveillance system adopted by partners currently in the field is highly desirable in order to ensure a meaningful and timely use of data collected.

Figure 7: Number of reported hospitalized cholera cases by week of reporting, from 8 November 2010 to 21 February 2011)



The health cluster continues its coordination operations while incorporating new partners: the GROW Project, CESVI, BMC, and CHHN.

Only 4 of the 7 BMC managed CTCs are active. The Port-Margot CTC is not operational, since the latrines have fallen in. As a solution, the DSN is considering relocating the facility. The lack of latrines and sanitation in general is a significant risk factor.

In preparing for Carnival, the DSN will be coordinating with the municipal authorities of Cap-Haïtien to conduct an awareness campaign using teams on foot and install hand-washing stations.

A variety of partners are still heavily mobilized for raising community awareness, working with health sector partners and WASH. A proposal is in the pipeline for OXFAM to set up mobile WASH teams. Meetings with different partners are in progress to implement community brigades, including UNICEF, MSPP, and MCF-CH.

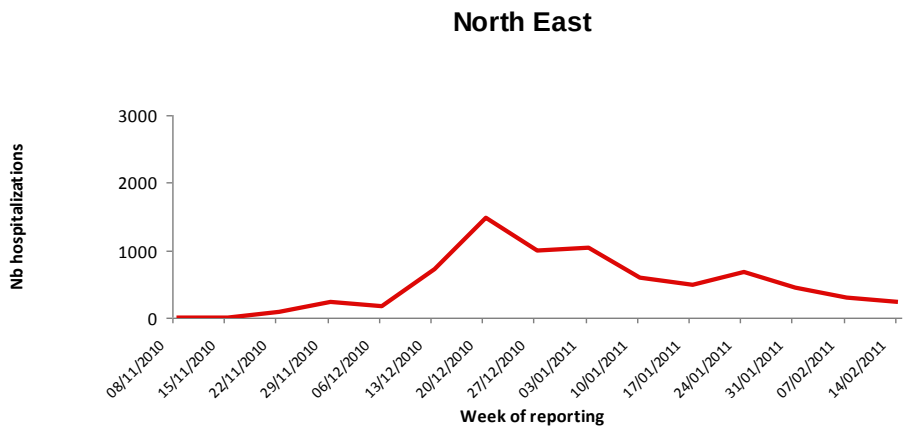
Northeast

The observed incidence of cases remained substantially stable and there were no alerts warranting verification and investigation registered.

There is satisfactory sharing of quantitative surveillance data collected by the different partners. The need to strengthen the community based component of the surveillance system was recognized by departmental authorities and partners. MERLIN is supporting department health authorities in establishing community brigades and mobile teams.

Figure 8: Number of reported hospitalized cholera cases by week of reporting, from 8 November 2010 to 21 February 2011)

Figure 8



The decisions made by the health cluster convened by the departmental head covers the creation of mobile community brigades (three per commune where necessary), with two days of training and a mandate to expand WASH activities and use tents in the commune sections. The CHD has finished training community brigade members and will be deploying the teams to the field next week, in the Caprice– Mont area in particular. The lack of latrines has been noted by the on-site teams. The sewage facilities set up in the department are considered sufficient to meet needs.

The DSNE has requested assistance from IOM to provide care for Haitians expelled from the Dominican Republic and repatriated. These individuals suffer from cholera and other health problems. Seven brigade members are at the border to help with this issue.

Upcoming on-site evaluations should assess WASH's updating of the CTCs/CTUs set up by PLAN, which has taken responsibility for 44 ORPs.

ARTIBONITE

During the past three weeks (from 7th to 21st February 2011) a slight progressive decrease of the weekly incidence of cholera cases was observed - from 0.7 cases per 1,000 inhabitants in week 6 to 0.6 and 0.7 per 1,000 in weeks 7 and 8 respectively.

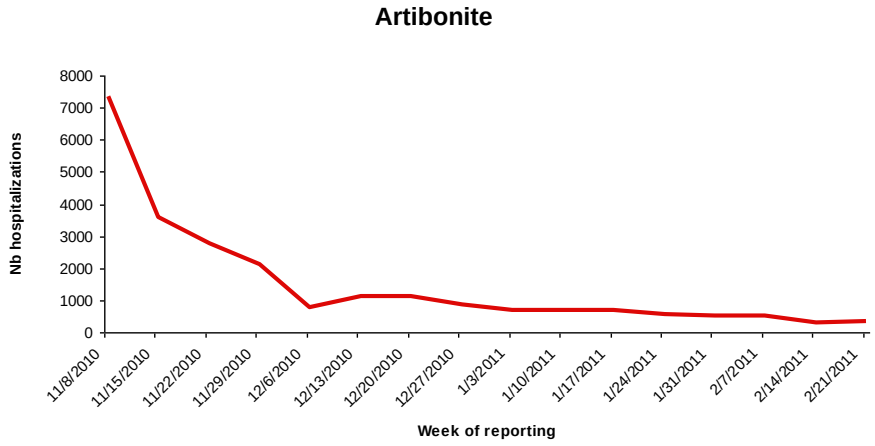
Hotspots in the department include:

- Gros-Morn: since week 5 the number of cholera cases attending the CTC has increased, with half of the cases coming from the urban area. The initial increase was attributed to the rains and local carnival celebrations.
- Saint Michelle de l'Attalaye: an increased incidence of cholera cases was observed after the situation had stabilised since November 2011. Investigations and interventions are ongoing
- The identification of alternatives to ensure continuity following the closure of the UTC in Dessalines run by MSF Spain is posing stress on local authorities and partners.

To allow the compilation, consolidation, and analysis of surveillance data by departmental authorities, discrepancies and incoherencies intrinsic to the existing surveillance system, based on multiple parallel channels, are being addressed. Similarly, work has been initiated to integrate the quantitative and alert components of the surveillance system.

Figure 9: Number of reported hospitalized cholera cases by week of reporting (from 8 November 2010 to 21 February 2011)

Figure 9



On 22 February, a health cluster meeting took place for the first time in two months. Local authorities as well as the international partners were present. This meeting covered the strategy for the transition phase, the plan for the carnival and for the rainy season and identification of main gaps.

There are currently 12 CTCs, 7 CTUs and 10 ORCs operative in Artibonite. Some CTC/CTU are scaling down, closing down, or have been relocated next to the health care structures. In particular the CTC Rabotau (Gonaive): closed on the 28th of February. An ORP will be put in place in the next hospital and severe case will be sent to an alternative CTC in the city, and 3 UTC (Surce Chaude (Anse Rouge), Marmelade, Odijé (Gonaive)) has been moved to local dispensaires.

While MSF was planning to close down CTU in Dessalines, the increasing number of cholera cases registered has moved MSF to continue operating the CTU.

A new WASH cluster coordinator from UNICEF arrived in the region. Two WASH cluster meetings took place, one in Gonaive, and another in Saint Marc. A good working relation has been established among the WASH cluster and health cluster. In general, water sanitation and latrines were identified as main gaps in this department.

MSF is still working in Gonaïves. The minor outbreak of cholera in the town of Gros Morne during the weeks 6 and 7 has made it necessary to bring in beds and make sure that sufficient personnel are present. Chlorination points have been installed in the town. On the other hand, MSF has observed a radical reduction in admissions during weeks 7 and 8 in Saint Marc.

MSF continues to support Claire Heureuse Hospital in Dessalines. The organization was alerted, and after two visits, realized that the situation of the CTC was problematic. Although MSF is no longer working there, they are monitoring the situation closely to help find solutions.

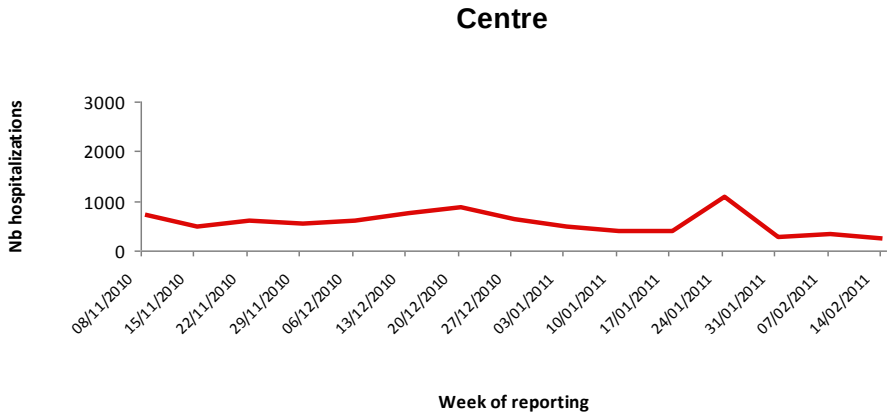
On February 14, MSF-F transferred the Sources Chaudes CTU to the IOM. It is monitoring these three sites on a weekly basis and will become involved again if new cases break out. In Marmelade, work has begun to integrate the cholera center into the existing health center (the move is expected to take place during the current month of March).

Center

On 3 March 2011, the organization responsible for the CTC Belladere has reported a significant increase in the number of cholera cases; from an average of 5 cases per day to 30 cases per day. Cases recently admitted at the CTC in Belladere are coming from Totoy locality, Commune of Baptist located 30 minutes drive from Belladere. The PAHO/WHO Team has conducted an assesment on 4 March 2011.

Figure 10: Number of reported hospitalized cholera cases by week of reporting, from 8 November 2010 to 21 February 2011)

Figure 10



West

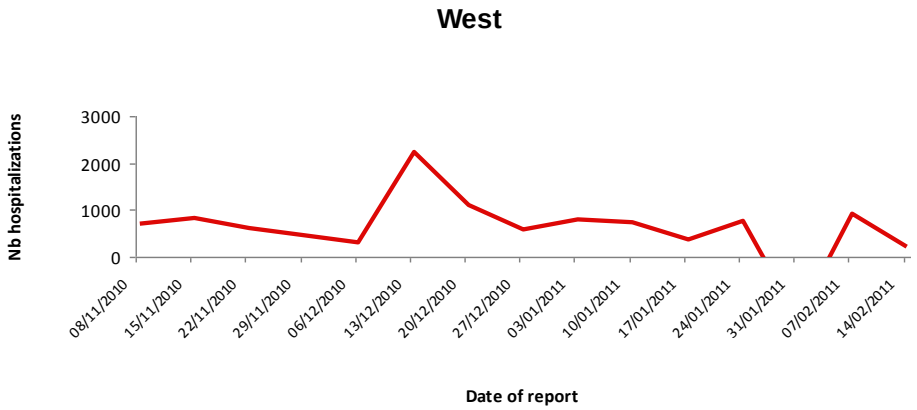
Leogane-Gressier

In week 7, 197 hospitalised cholera cases were reported, corresponding to the slight increase in week 7. This increase could be attributable to the clusters in Chardonette and K-Pit.

The primary source of surveillance data are compiled and analysed by Departmental authorities, MSF Switzerland and Save the Children. Two different forms are used to provide the information.

Figure 11: Number of reported hospitalized cholera cases by week of reporting from 8 November 2010 to 21 February 2011)

Figure 11

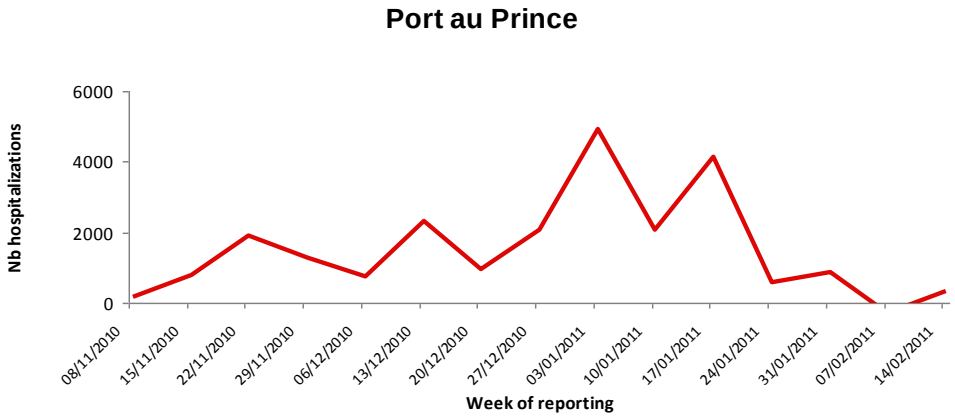


Port-au-Prince

The number of cholera cases registered by CTC and CTU in the metropolitan is decreasing while an outbreak of cholera is being detected in rural areas of the Department of West, where access to health care facilities is limited (e.g. up to 8 hours walk to reach the nearest health centre). Departmental authorities are establishing teams to be deployed to remote areas.

Figure 11: Number of reported hospitalized cholera cases by week of reporting, from 8 November 2010 to 21 February 2011)

Figure 11



Meetings are carried out covering cholera coordination and other health problems. Stronger presence of the health and administrative authorities in cluster meetings is needed. It seems that the NGOs do not have plans to leave in the short term. NGOs that will leave in a longer term, depending on the evolution of the cholera, are in agreement of doing so within a coordinated exit strategy. NGOs are very active in the area of prevention and sensitization activities

Regarding WASH, PAHO WASH sustainable strategy was presented to OCHA, UNICEF, DINEPA and WASH cluster participants on 25 February. In collaboration with Save the Children (STC) and Oxfam, PAHO field team is working on identification of WASH activities in favor to health centers, with the possibility of involvement of IOM concerning health centers in refugees return areas.

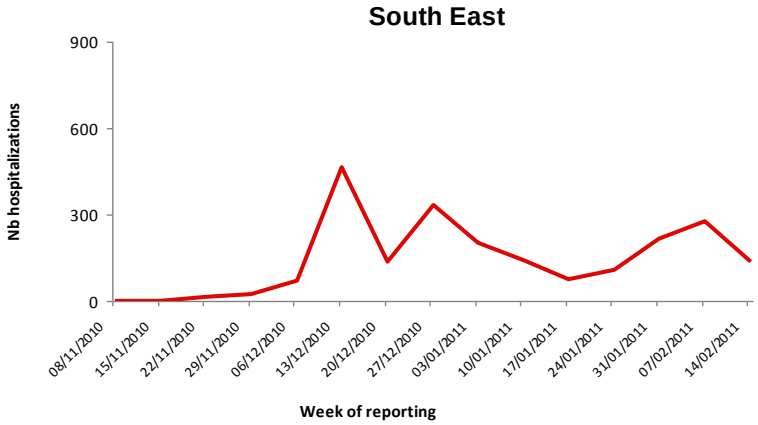
In Petit Goave, Merlin is continuing to provide training support for other organisation. The following trainings were recently undertaken: 1)Training of around 30 camp managers (IOM) on cholera; 2) Training of 5 people of the DPC in PG on cholera. In addition, Merlin is opening a new ORP in Vieux Caille, which will bring the total number of Merlin ORPs operation in the Petit Goave area to four.

Southeast

Due to the departure of MSF from the Department, data available are considered limited, thus not allowing for an overall picture of the current cholera epidemiology in the department. According to anecdotic information, the incidence of cholera cases is rising. Action taken to improve reporting includes the establishment of a SMS based reporting mechanism.

Figure 12: Number of reported hospitalized cholera cases by week of reporting, from 8 November 2010 to 21 February 2011)

Figure 12



There has been one health cluster meeting, but coordination needs to be strengthened, especially in terms of information dissemination. There is need for better access to preventative measures, such as more latrines within the communities, especially in ones that are remote, and better access to sensitization tools that explain the mechanism of transmission, and better method of transporting patients to health services.

Departmental health authorities report a total of 9 CTU and 1 CTC in the department and141 points of rehydration (59 of which are operational and 82 non-operational)

Nippes

A significant decrease in the number of reported cholera cases was noted in the department. A cumulative summary of the cholera epidemic in the department is presented in Table 13. MSF has withdrawn from the department of Nippes.

Table 13: Nippes of 16 November 2010 to February 28, 2011 at 10 communes of 11

Commune	Cas vus	Cas Hospitalisés	Décès inst.	Décès com.	Exéat
Miragoâne	293	257	9	1	248
Paillant	10	10	0	6	10
Petite Riviere des Nippes(Visitation)	190	169	1	11	168
Anse-à-Veau	1191	449	4	16	445
Petit Trou	124	107	9	19	98
Plaisance	143	123	10	8	113
Fond des Negres	471	344	12	11	297
L'Azile	421	135	3	7	132
Arnaud	162	139	9	10	129
Grand Boucan	-	-	-	4	-
Total	**3005**	**1733**	**57**	**93**	**1640**

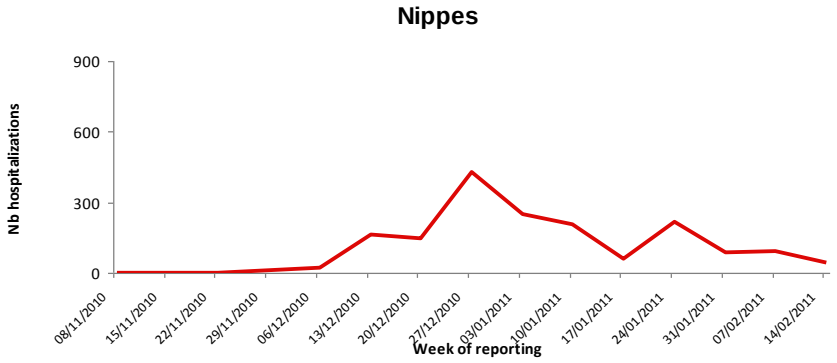
Hotspots in the department include:

Fond-des-Negro - Dutoyac locality recorded 8 cases of death. MdM-Belgium dispatched a team to the locality for disinfection of households. The market in Fond-des-Negroes seems to be the most likely source of infection.

There is a recognized need to strengthen surveillance and prevention activities at community level. Action was taken by MdM-Belgium.

Figure 14: Number of reported hospitalized cholera cases by week of reporting, from 8 November 2010 to 21 February 2011)

Figure 14



South

The weekly incidence of cholera cases remained stable between week 7 (0.8 cases per 1,000 inhabitants) and week 8 (0.9 cases per 1,000). Incidence rates above 1 case per 1,000 was registered in Les Cayes (2.8 per 1, 000), Port à Piment (1.7 per 1,000) and Aquin (1.5 per 1,000). Hotspots include Chantal and Torbeck, rural localities with limited access to health care facilities.

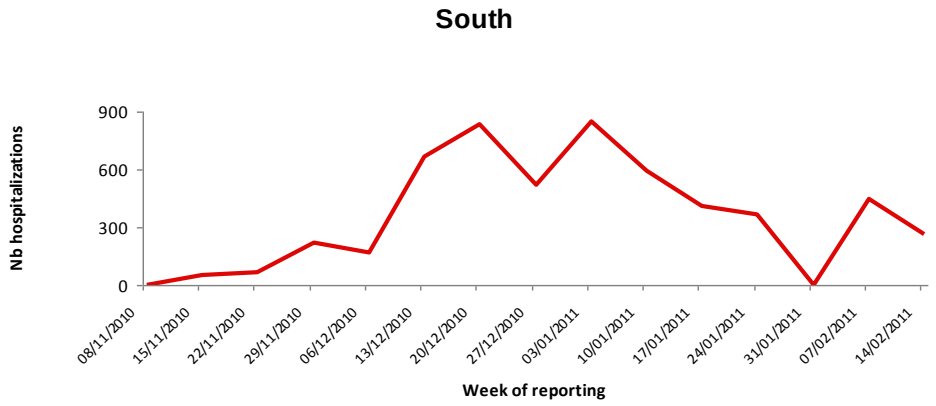
Similarly, following an alert on 11 February 2011 from the region "bord de la mer" and Morisseau at the Aquin CTU, the assessment of the water and sanitation conditions has been conducted and interventions are being prepared by IMC. The incease of cases of diarrhoea in children under 5 in Aquin is being investigated and etiologies other than cholera are being investigated.

Additional cholera cases have been recorded in Les Cayes Prison. PAHO/WHO and UNICEF are assisting in defining the protocol for the management of cases occurring in correctional facilities.

Difficulties persist in compiling and consolidating quantitative surveillance data provided by different partners operating in the field, by the Cuban Medical Brigade in particular,. Meetings are being organized in an attempt to harmonize and integrate procedures of surveillance activities and to reach the same understanding of the purpose of surveillance (e.g. use of information collected by health care facilities to identify hotspots in the community). Deficiencies in surveillance conducted at community levels are also emerging (e.g. underreporting of community deaths).

Figure 15: Number of reported hospitalized cholera cases by week of reporting, from 8 November 2010 to 21 February 2011)

Figure 15



Grande Anse

An overall decrease of the weekly incidence of cholera cases was observed, from 0.6 cases per 1,000 inhabitants in week 7 to 0.4 cases per 1,000 in week 8. This decrease reflects the trends observed in the Commune of Jérémie, Dame Marie, Irois, Roseaux, Pestel, whereas it remained stable in the Communes of Abricots et Moron. The cases fatality ratio among hospitalized cases remains high in Chambellan (12.6%), Roseaux (11.8%), Les Irois (5.4%), Pestel (4.4%), and Jérémie (4.4%). However, the interpretation of the data requires caution due to diverse reporting modalities adopted by individual facilities.

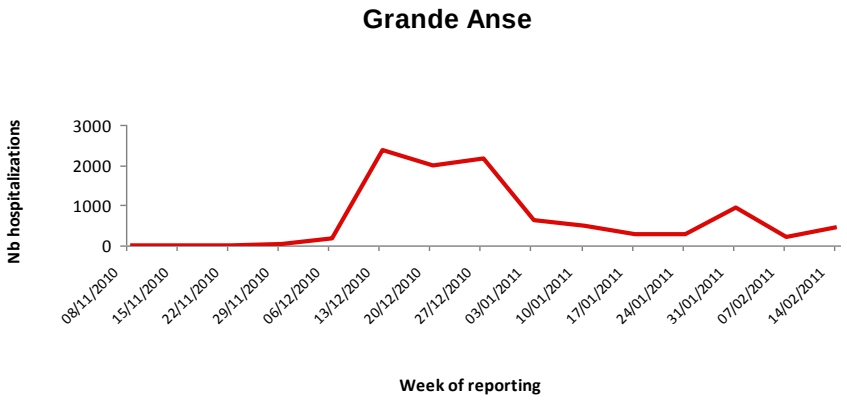
Hotspots in the department include communes where an increased incidence was observed: Anse d'Hainault [from 0.7 (week 7) to 1.7 cases (week 8) per 1,000]; Chambellan [from 0.2 cases (week 7) to 0.8 (week 8) per 1,000]; and Bonbon [from 1.3 (week 6) cases to 2.9 (week 7) per 1,000].

The Norwegian Red Cross reported an increased number of cholera cases at Beaumont CTU. Patients were resident of Tozia locality, Commune of Pestel. MdM is addressing needs identified at Beaumont CTU.

The Norwegian Red Cross reported an increased number of cholera cases at the UTC of 6è Ile Blanche, Commune of Jérémie. An assessment of the situation is ongoing.

Community based surveillance is supported by UNICEF and HHF initiated. However, there is an urgent need to address the current lack of integration of the quantitative and qualitative components of the surveillance system, causing deficiencies in information management and delays in interventions and response.

Figure 16: Number of reported hospitalized cholera cases by week of reporting (from 8 November 2010 to 21 February 2011)



A list of most frequently-used acronyms related to the response to cholera in Haiti is available at:

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

Please send updates on the acronym list to translation.services@paho.org