

HEALTH CLUSTER BULLETIN

CHOLERA OUTBREAK IN HAITI – SATURDAY, NOVEMBER 27, 2010 – #5

SITUATION OVERVIEW

As the election day approaches (Sunday, November 28) , the health sector is working with a degree of uncertainty. Several health sector organizations were unable to send participants to the Health Cluster meeting on 25 November, because demonstrations limited movement in the capital, Port-au-Prince. More importantly, access is still difficult in Cap Haitien, although PAHO/WHO managed to resupply health partners with one ton of materials on Friday.

Haiti President René Préval chaired both Health Cluster meetings this week. He indicated he will play an active role in the cluster, coordinating the mechanism for the foreseeable future.

Working closely with PAHO/WHO, OCHA has assembled a list of the infrastructure, institutional and personnel needs to respond to the epidemic. The estimates were based on PAHO/WHO and CDC calculations that as many as 400,000 people could become ill, with half of the cases occurring in the first three months. These figures were shared with the government, which accepted the assessment. This scenario, however, can be avoided if all sectors of society and health partners are able to step up their actions.



Children in Port-au-Prince participate in cholera prevention activities

The Ministère de la Santé Publique et de la Population (MSPP) and Pan American Health Organization (PAHO/WHO) coordinate the Health Cluster.

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Health Cluster partners are asked to contribute to this bulletin with information on needs and activities as well as corrections to content, by emailing haiclсан@paho.org (subject heading: Health Cluster Bulletin). For useful information on meetings, guidelines, and health facility locations, visit: <http://haiti.humanitarianresponse.info>.

Partners who are not part of the Health Cluster continue to play an important role. The Cuban Cooperation has reported that its brigades are active in all 10 departments, with 400 doctors responding to the cholera crisis.

NEEDS

The estimates developed by PAHO/WHO reflect current information. They may change with the particular situation in a region and as the epidemic evolves. The government will provide their official revision of the figures in the next few days. The calculation for the current needs are as follows:

- There are now 40 CTCs, with an average bed capacity of 100 to 200 beds. The total needed is 50, so there is a gap of 10 CTCs over the next three months. (The government has indicated that for the West, the need will be for 29 CTC, requiring an increase of 13 from the current 16.)

- There are now 61 CTUs with an average bed capacity of 20 beds. The total needed is 100, so there is a gap of 39 CTUs over the next three months.

- Based on the population demography there is a gap for 15,000 oral rehydration centers.

- PAHO/WHO estimates that the following additional resources are needed, mainly to run CTCs and CTUs: 350 doctors; 2,000 nurses; 2,200 support staff and 30,000 local community health workers who will need to be trained.

CARE Haiti, in guiding their response, is putting the emphasis on the community level, especially on prevention, sensitization, and early case management. The organization is particularly active in the Northwest and Artibonite Departments; in 56 IDP camps in Carrefour and Léogâne (West Department); and with some activities in Grande Anse and Nippes.

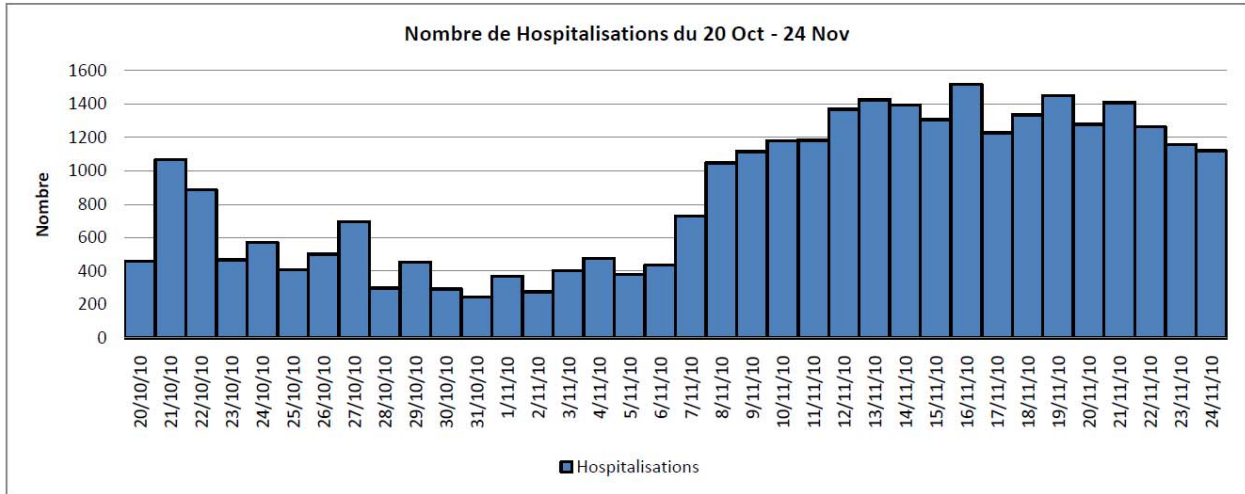
In partnership with community leaders, the German Red Cross will increase health promotion, education and epidemiological surveillance in the following locations: Carrefour, Leogane, and the department of Grand Anse and department of Nippes. The organization will also work with Red Cross volunteers in setting up rehydration post in those areas.

CHALLENGES

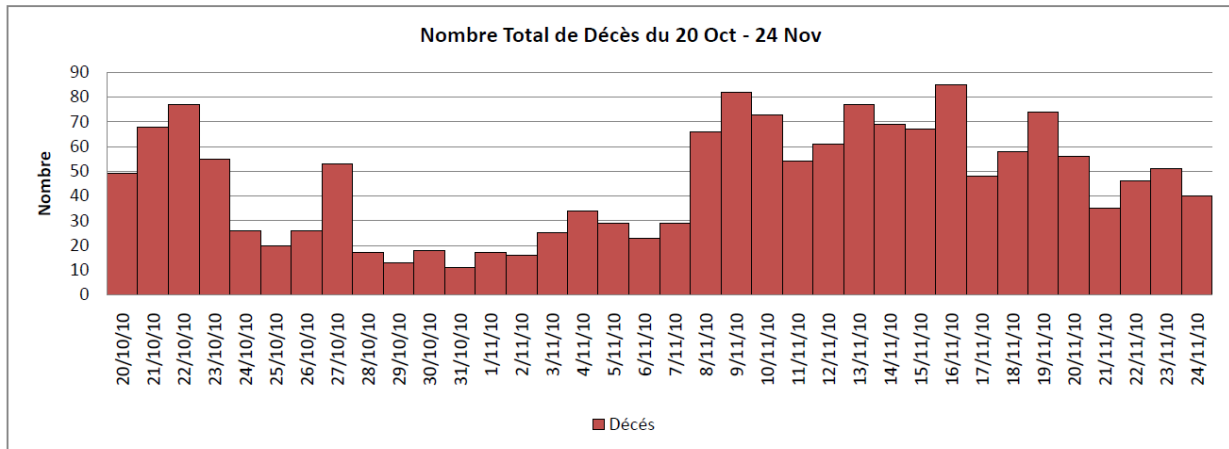
A survey among 37 health partners (including the 24 NGOs in the health cluster) conducted by the Ministère de la Santé Publique et de la Population (MSPP) identified key challenges in the response. These included the management of dead bodies, the disposal of medical waste, receiving a site assignment to set up health centers, registration processes, and the lack of trained personnel. During the Health Cluster meeting on November 25, President René Prével called the relevant authorities at Customs and enlisted their support.

EPIDEMIOLOGY

On Friday, November 26, 2010, the MSPP reported cumulative figures to November 24, 2010. A total of 72,017 cases have been seen with 1,648 deaths. The community deaths represent a smaller proportion of overall deaths than they did earlier in the epidemic. The case fatality rate is 2.3%.



Total number of hospitalized cases (October 20 – November 24)



Total number of deaths (October 20 – November 24)

DEPARTMENT RESPONSE ACTIVITES

North West

In the North West Department, CARE is using volunteers to conduct cholera sensitization activities. Over 80,000 people have been reached so far. CARE continues to provide support to health structures in four communes. It distributed water purification tablets, IV fluid, antibiotics,

gloves and other supplies to health centers in Bassin Bleu, Saint-Louis du Nord, Chansolme and Anse-à-Foleur.

North

Reports of an increase in cases and deaths in Le Borgne prompted investigation by PAHO/WHO. An organization active in the area confirmed that there was a need for additional personnel as the local resources were already overstretched. PAHO/WHO contacted the Material, Mangement Relief Corps who headed to the area with four health personnel and 1 ton of supplies provided by PROMESS. The personnel and supplies reached Le Borgne by helicopter on Friday.

North East

In the North East, health partners are putting in place structures to ensure the situation does not escalate, or that there are contingencies in place if it does. There is a concentration of cases in Ouinaminthe. MERLIN UK will run the CTC in Ouanaminthe and the CTU in Fort Liberte. Four CTUs have already been established. PAHO/WHO has ensured the supply of materials. UNICEF will respond to a request to check the quality of the water supply.

In Fort Liberte, the cluster coordinator met with Dr Jean Denis Pierre, Director of Sanitation for the department, who would like to see one CTU established for each of the 13 communes in the department. There is a shortage of staff for these facilities. The health director is enthusiastic to work with all partners to prepare to control the disease. He identified training for staff and case management materials in French as key needs.

Artibonite

Health partners working in Saint Marc updated the situation at a Health Cluster meeting of November 25. All partners report fewer cases and deaths than previously in Bas Artibonite, but agreed that this might not mean the peak is passed in the region. The community health unit (which represents the community heads) noted that the improved recovery rate could be attributed to the community's improved understanding of how to respond to cholera.

Meanwhile, training is continuing for those providing health care to the community. PAHO/WHO is supporting the expansion of the community surveillance system, training health agents and heads of dispensaries, and also providing training on dead body management, in coordination with the community health unit. There is an effort to decentralise care from the CTCs to dispensaries within the communities. PAHO/WHO received a list of the needs over the next three months from the community health unit and is responding the request.

The IFRC continues to support activities in Artibonite and two IFRC staff are permanently based there in support of Haitian Red Cross, French Red Cross and the Spanish Red Cross.

In Gonaives, the other main town in this area, the situation seems to have stabilised, although there are still cases in rural areas.

In Upper Artibonite, CARE is working in the communes of Saint Michel, Marmelade, Ennery Gonaives, Gros Morne and Anse Rouge. So far, 126 volunteers have been trained on cholera prevention in the area. CARE has distributed hygiene kits (composed of 2 bars soap, 3 packs of ORS and aquatab for 50 gallons water) to households in Sources Chaudes and in Savancarre.

Central

In cooperation with the Camp Coordination and Camp Management Cluster, IOM has developed a list of camps where IOM will focus on cholera interventions. These sites have been identified as those most at risk due to size, density, environmental hazards and lack of coverage by WASH partners. IOM plans on setting up oral rehydration posts/cholera information kiosks in each of these sites and the infrastructure is beginning this week. Training of community health agents according to MSPP guidelines will begin next week. UNICEF will support with the installation of latrines.

Samaritan's Purse's Nazarene Rehydration Center in Cite Soleil is also serving as a training center for medical staff. At least 110 Haitian doctors and nurses have been trained in cholera treatment at the center. Construction of a new 200-bed CTC in Cite Soleil has been completed. Medical and administrative staff are preparing to begin receiving patients early next week.

The German Red Cross will support the Carrefour municipal health authorities in setting up a coordination centre and will provide all logistic support including transportation and a mobile health clinic.

Between October 29 and November 23, hygiene promotion activities took place in Port-au-Prince camps for 29,766 families. This included training provided in coordination with World Vision and Oxfam. Seventy-nine householders were trained to handle water in their camps and 127 people were trained as cholera community workers. They have visited around 25,000 tents in 32 camps. In addition, the Red Cross provided hygiene promotion talks to 5,846 families and visited 831 houses. The British Red Cross, the French Red Cross and HAVEN reached 23,841 families (120,705 people) with health promotion activities, including 491 collective talks and 482 home visits.

The Japanese Red Cross is working with the National Prison in Port-au-Prince to support the health response to the outbreak.

In the La Piste camp, in Port-au-Prince, the British Red Cross, Finnish Red Cross and Partners in Health are supporting a CTU with 30 beds, with plans to expand to a 90 bed capacity. It has seen a rise in cases from 20-25 per day to 35 - 50 per day, with 80% of cases coming from areas outside the camp.

Brazilian forces and social mobilisation experts in PAHO/WHO have outlined a strategy to provide training to the community leaders in the 200 camps where Brazilian forces are providing security. The comprehensive training covers all aspects of managing outbreaks in the community.

In the town of Maissade, the government is leading the response with the health ministry conducting assessments, training and coordination.

On Ile de la Gonave, World Vision has been coordinating the response. Three patients with cholera were treated and no deaths were reported so far.

West

In Leogane, PAHO/WHO and the health ministry are investigating reports of cholera deaths and a rapid increase in cases.

South

Jeremie has begun to see cases. Medecins du Monde is running a CTC in the area.

HEALTH PROMOTION & TRAINING

The Samaritan's Purse's health and hygiene teams provided cholera prevention information to more than 1,000 families in Cabaret and Arcahaie. A group of 40 teachers received cholera prevention and hygiene education training and are sharing the information with children in local schools. More than 200 people have received cholera health and hygiene instruction and are training others to share the information in local communities.

UNICEF launched a blog aimed at young people. The "wajen blog" includes radio pieces, photo, video and print including several articles on cholera prevention. The materials were created by young people who participated in consultations and trainings in Cap Haitien, Jacmel and Port au Prince. (<http://www.vwajen.org>)

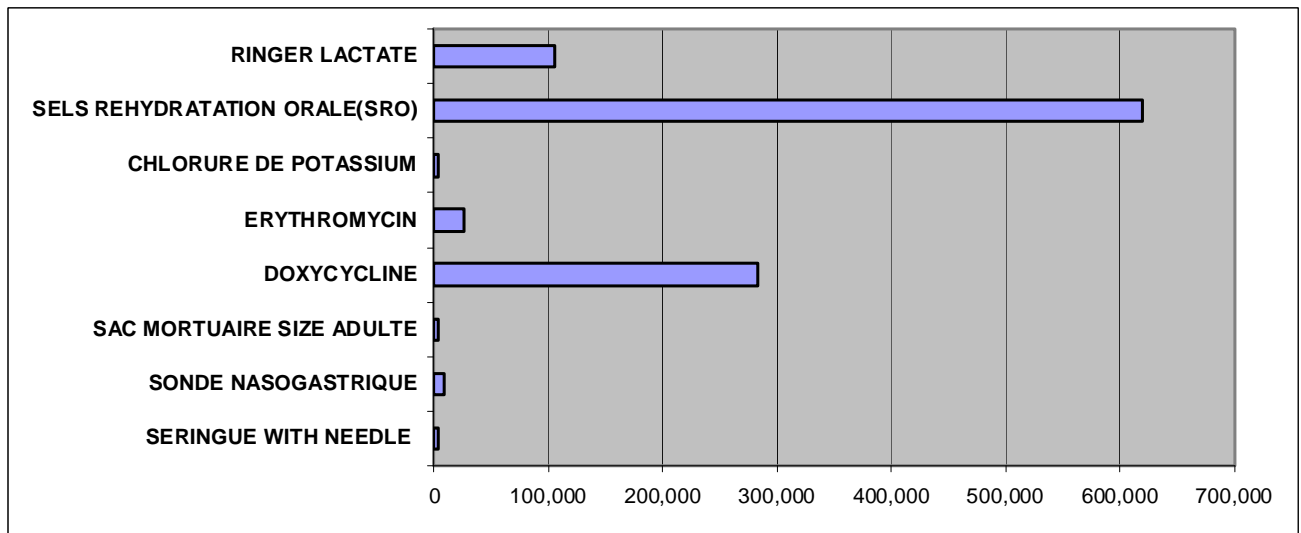
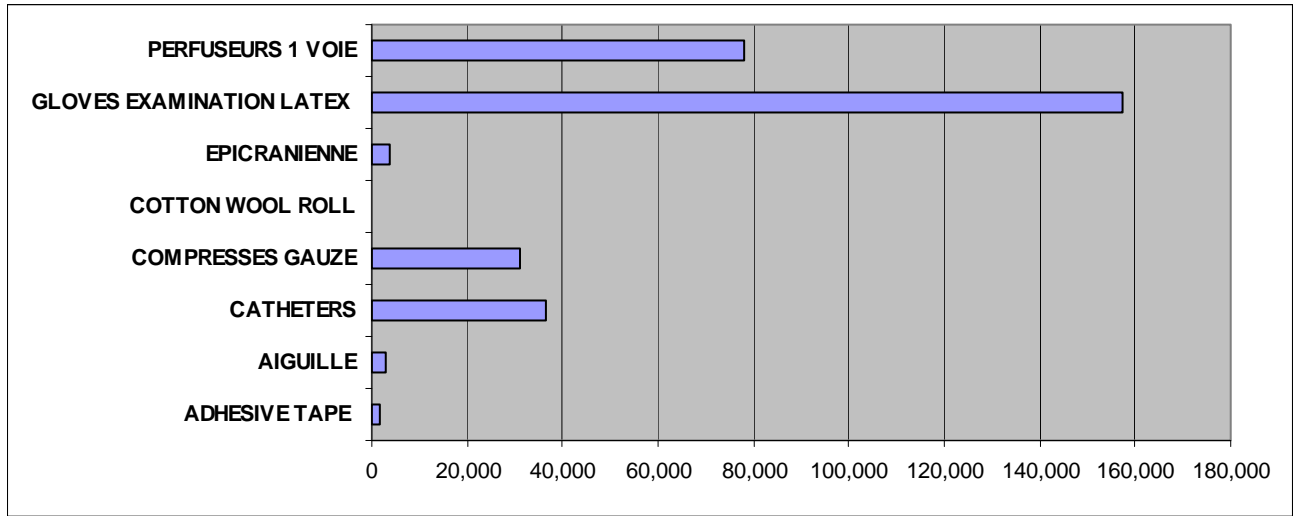
In preparation for the elections and after consultation with the Provisional Electoral Council, PAHO/WHO provided MINUSTAH with 22,000 posters for distribution in each of the voting booths around the country. The posters explain what to do when a person is ill, and how to prevent transmission. MINUSTAH plans to provide all voting booth attendants a leaflet explaining hand washing techniques.

The government has approved a set of training materials developed by PAHO/WHO for community leaders. The training touches on a wide aspect of managing an outbreak within a community, from identifying patients to the management of dead bodies.

Other materials that received approval this week include the contents for the WASH kit, health kit (for CTCs and CTUs), and the kit for the management of dead bodies.

MSPP and PAHO/WHO along with US CDC have developed a national plan for training health personnel in case management.

SUMA LOGISTICS SUPPLIES SYSTEM



REFERENCES

- [Health Cluster](#) website.
- [Ministère de la santé publique et de la population](#) (MSPP).
- [Pan American Health Organization](#) (PAHO/WHO).
- [Interactive Atlas](#) (PAHO/WHO).

This Health Cluster Bulletin only includes contributions from the Global Health Cluster Members.