



## FACTSHEET CHOLERA EPIDEMIC HISPANIOLA

### 1. LATEST AVAILABLE FIGURES

Haiti as of 04/06/11	Estimates
Number of deaths in the country	<b>5,386</b>
Number of hospital admissions in the country	<b>175,944</b>
Total number of cases in the country	<b>331,454</b>

Report from the Ministry of Public Health, Epidemiological data, 8 June 2011

Dominican Republic as of 08/06/2011	Estimations
Number of deaths in the country	<b>36</b>
Total number of cases in the country	<b>1,685</b>

Report from the Ministry of Public Health, Epidemiological data, 8 June 2011

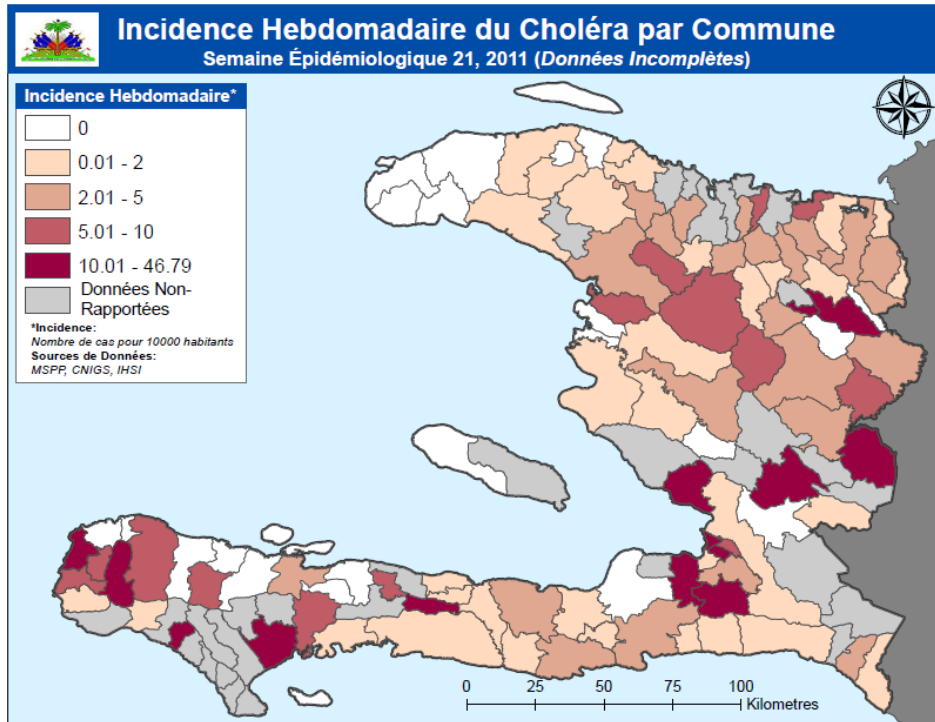
Given the starting rainy season and the potential strong hurricane season, compounded with the overall weaknesses of sanitary infrastructure (latrines, waste management), it is feared that any new outbreaks could affect massively the population. For the past weeks, cholera figures seem to be again on the rise due to the rainy season. MSF confirms that most of their cholera treatment centres (CTCs) have reached their maximum capacity in the Western department. The European Centre for Disease Control is undertaking a new mission to Haiti and Dominican Republic from 8 to 17 June in order to assess the situation.



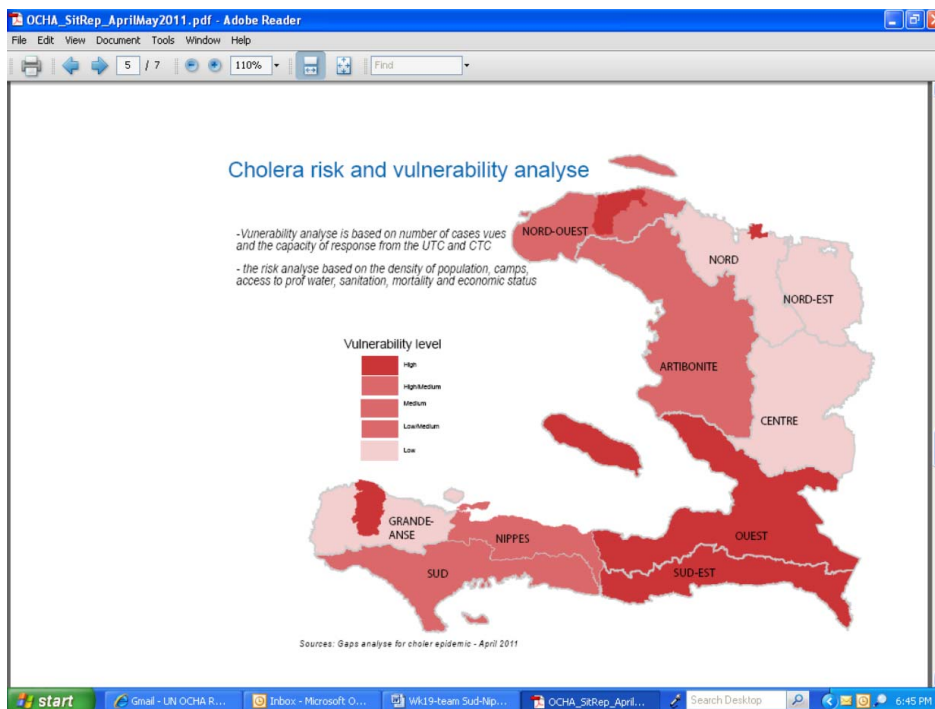
Little patient at CTC in Ouanaminthe - © EC/ECHO



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Source: MSPP



Source: OMS/OPS





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departmental level and help enhance the quality of information collected at the community level.

Since the beginning of May 2011, the situation in the Western department has deteriorated. An alarmingly growing number of cholera cases have been reported in the following communities: Carrefour, Port-au-Prince, Delmas and Cite Soleil. In other departments such as the Grande Anse, the South-East, the South, the Artibonite and the Centre, a higher number of cases have also been noted. All reports confirm that most of the cholera treatment centres (CTU/UTC) have reached their maximum capacity and that the majority of the involved actors, like the NGOs, are in urgent need of funds in order to open up new centres which will allow them to respond to the growing needs. However, over the past days, the response capacity has been reinforced thanks to a more efficient organisation of the health system. On 7 June Port-au-Prince had 2,235 beds with an occupancy rate of 93% (2,070 beds). The other departments have received less and the response is also poorly coordinated.

Despite training and deployment of numerous community workers in decentralised areas, the MSPP's (Ministère de la Santé Publique et de la Population) partners are underlining that, since the decrease of figures in February/March 2011, awareness raising on behalf of mass media and public actors regarding health issues has been neglected.

### 3. IMMEDIATE PRIORITIES FOR HUMANITARIAN AID

Currently, the priorities are:

- A **strong preparedness and response mechanism** has to be maintained and strengthened because of the resurgence during recent weeks. This implies foreseeing sufficient beds at the CTCs and UTCs, adequate access to clean water and informing the population about the disease, how to prevent it and how to treat the symptoms.
- **Long term strategy** of NGOs to ensure handover to national/local authorities and other partners when leaving and integration of cholera response at the PHC (Primary Health Care) and SHC (secondary health care) levels. The health system has to be rebuilt now.
- Creation of a national **inter-sector task force** for cholera with stronger coordination between WASH (water, sanitation and hygiene) and Health
- **Training** of staff in the communities, ensuring detection of cases and rapid access to rehydration and more specialized care
- Health **information system** including mapping of priority areas, reinforcement of the early warning system and integration in the epidemic surveillance system at national and departmental level.



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### 4. MAIN CHALLENGES FOR INTERNATIONAL ASSISTANCE

A **long-term commitment** of the international community is needed for the

- Support to rebuild the health system, including curative capacity, training of local staff, policy development, and a better information system
- Preventive measures: oriented to improving WASH and stock prepositioning

Under the **International Health Regulations (2005)**, the surveillance of cholera should be part of an integrated surveillance system of a country (e.g. the use of the WHO standardized case definition). In countries where no cholera cases have been reported, the following is recommended:

- Monitor the trend of acute diarrhoea diseases with emphasis in adults.
- Immediate notification of all suspected cases from the local to the central and peripheral level.
- Investigation of all suspected cases and clusters.

In an **outbreak situation** in other countries, the following is recommended:

- Intensified surveillance with the inclusion of active case finding.
- Laboratory confirmation as soon as possible.
- Weekly analysis of the number of cases and deaths by age, sex, geographical location and hospital admission.

### 5. COMMISSION'S HUMANITARIAN RESPONSE

#### Haiti

The **European Commission** Humanitarian Aid and Civil Protection Department (ECHO) has an office in Port-au-Prince.

ECHO has been reallocating €12 million from the earthquake funding in new contracts and extensions of existing contracts to humanitarian NGOs in the affected areas.

The Commission has taken a new emergency humanitarian decision of €10 million end of December 2010. **Remaining funds from this decision and 2011 humanitarian funds for Haiti are used to finance operations to combat the new outbreak.**

ECHO strategy is threefold:

- **Curative support:** training of health staff, support of CTCs, CTUs and Oral Rehydration Points, referral systems for patients, supply chain for medical products.
- **Preventive strategies:** Intensification of existing services through partners: hygiene promotion (targeting at chlorination at the domestic and water point level, hand washing, disinfection of latrines in camps, information and communication on cholera), distribution of soaps, aquatabs and ORS, extension of chlorinated water trucking. The focus has now shifted from response to preparedness of communities and local authorities.



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- **Support of epidemiological surveillance and health coordination** at the different levels.

### Dominican Republic

The European Commission Humanitarian Aid and Civil Protection Department (ECHO) has an office in Santo Domingo.

Since November 2010 after the first cases of cholera had appeared, ECHO has financed awareness raising campaigns through the International Federation of the Red Cross which aim at improving hygiene in order to contain the epidemic.

In 2011, UNICEF will be receiving €300,000 for the reparation of water and sanitation systems, the distribution of hygiene kits and water disinfection products and for awareness raising programmes informing families about the risks of cholera. OPS (Organización Panamericana de Salud) will be getting €320,000 for the improvement of hygiene conditions in hospitals, reinforcement of laboratories and awareness raising campaigns.

### **6. COMMISSION'S CIVIL PROTECTION RESPONSE**

ECHO deployed an EU civil protection (EUCP) team to Haiti on 24 November with an initial duration of 3 weeks. As the EUCP team had accomplished the main parts of its mission, and due to the deteriorating security situation, it left Haiti 10 December.

The objectives of the team were:

- facilitating coordination of incoming assistance from Participating States;
- supporting the Haitian authorities in assessing the situation;
- advising authorities on access to water and hygiene, water quality control, waste management of health units;
- liaising and advising Haitian civil protection (DPC) and municipal services;
- liaising and cooperating with the authorities and other players on site, particularly with the World Health Organisation (WHO), DINEPA, COUN (Centre d'Opérations d'Urgence Nationale).

The team was in close contact with DINEPA and was monitoring the situation. Main topics were: distribution of drinking water; aquatabs and soaps, chlorination for bladders and water treatment units.

Part of the team performed a field mission together with DINEPA representatives in Artibonite (vallée du fleuve Artibonite) with the objective to identify suitable places for installing water purification units. Their assessment showed that every village visited along the ARTIBONITE river needs: 1. Latrines and waste treatment, 2. Water purification unit, in particular a system of "inverse osmosis" because of the brackish water, 3. Distribution system for the water from the unit to the target group.



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A second field trip focused on medical issues was conducted in St Marc and Gonaives to visit the Cholera Treatment Centres (CTCs) and Cholera Treatment Units (CTUs).

Participating States *were advised to* focus on supporting **water and sanitation** (safe water, oral rehydration salts, chlorine water purification powder or granulates, waste management) and **medical assistance** (medical teams, doctors, nurses, medical supplies).

**Austria, France, Italy and Belgium** have sent material, medication and medical supplies to the country through the MIC.

### 7. OTHER COMMISSION'S SERVICES RESPONSE

Experts from the European Centre for Disease Control (**ECDC**) have arrived on 9 June in Port au Prince in order to assess the situation and establish a strategy that will respond to the challenges of this crisis. This EU agency, which reports to **DG SANCO**, is specialised in communicable diseases and health risk assessment. They work in close collaboration with ECHO field team and will assess further needs and formulate a strategy for European support to the epidemiological surveillance system. In addition, since its deployment at the beginning of the crisis, ECDC has identified and facilitated the deployment of European experts in epidemiology and logistics to work with WHO/PAHO on field missions.

The **European Union Delegation** in Port-au-Prince is supporting the provision of medical supplies through PAHO/PROMESS (Program for Essential Medicine and Supplies).



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### 8. EU MEMBER STATES RESPONSE

On 09/06/2011

Donor	Cash contributions (as reported in 14 points)	In Kind contributions (as reported in 14 points & CECIS)	Commitments (in the pipeline) / Core contributions (1)	TOTAL
Austria		11,500 €		11,500 €
Belgium				
Bulgaria				
Cyprus				
Czech Republic				
Denmark	268,282 €			268,282 €
Estonia				
Finland	800,000 €			800,000 €
France	331,500 €	65,000 €		396,500 €
Germany	938,618 €			938,618 €
Greece				
Hungary				
Ireland	500,000 €			500,000 €
Italy	400,000 €			400,000 €
Latvia	28,457 €			28,457 €
Lithuania				
Luxembourg	500,126 €			500,126 €
Malta				
Netherlands	1,500,000 €			1,500,000 €
Poland				
Portugal				
Romania				
Slovakia				
Slovenia				
Spain		1,055,685 €		1,055,685 €
Sweden	6,601,341 €			6,601,341 €
United Kingdom	5,822,292 €			5,822,292 €
<b>TOTAL</b>	<b>17,690,616 €</b>	<b>1,132,185 €</b>		<b>18,822,801 €</b>

(1) Formal pledges which are still to be committed or funding decisions awaiting final approval & Core contributions for funding to international organisations and contributions to the CERF, note that the current 14 current system does not show core cont

\* cholera epidemics and hurricane Tomas