17 September 2017

# Yemen Cholera Response
# Field visits to Ibb and Hudaydah

## Summary of immediate action points and recommendations

**Immediate Action Points for all DTCs and ORCs**

**- ALL** line listed cases **MUST** meet the case definition of suspected cholera. There must be the presence of acute watery diarrhoea, defined as **3 or more loose stools in the past 24 hours.**

**- Do not use the cholera line list register for the recording of all visits to DTC and ORC.** Use one register to record consultations at DTC and ORC. Use the line list register only for those that meet case definition of suspected cholera.

### Background

- From W32 to W34, Ibb and Al Hudaydah governorates reported sudden inreases in the number of suspected cholera cases.
- The numbers of suspected cases in Ibb increased by +32% and Hudaydah by +20%.
- The most concerning increases are particularly localised in the following districts:
    - Al Hudaydah: Bajil, Al Khawkhah, Zabid, Ar Marawi'ah and Az Zaydiyah;
    - Ibb: Al Qafr, Al Makhadir, Yarim, Ar Radnah, An Nadirah;

### Objectives

- Visit priority diarrhoeal treatment centres (DTCs) and oral rehydration centres (ORCs) in districts that reported sudden increases.
- Understand if real increases in suspected cholera or due to other reasons.
- Meet with partners to understand operational realities on the ground.
- Make recommendations to MoH and partners.

### Dates of visits

- 10-14 September 2017

### Key findings

- Bed occupancy rates overall very low in Ibb and Hudaydah. Bulk of the reporting from ORCs.
- Quality of data collection and reporting needs improvement. Most reports continue to be submitted by sending photographs of register pages via WhatsApp.
- Flow of information from point of data collection at DTC/ORC through to district health office (DHO) and governorate health office (GHO) needs to be

strengthened. There is confusion over reporting lines with some reports being sent to DHO and GHO in parallel.
- Inconsistent adherence to case definition and protocols for lab testing.
- Variable frequency of reporting by partners: sometimes daily, sometimes weekly.
- Variable information shared by partners: reports do not always reflect the fields in the line list.

**Conclusions**
- Majority of cases reported in Ibb and Hudaydah do not meet the case definition for suspected cholera.
- The problem is especially pronounced in ORCs.
- Basic standards of data collection and reporting are not being met.
- Basic application of case definition is not being adhered to.

**Key recommendations**

**1. Ensure strict application of case definition**
- **ALL** line listed cases **MUST** meet the case definition of suspected cholera (see below).

**Case definition of suspected cholera in areas where cholera is confirmed**
Any patient with acute watery diarrhoea, defined as **3 or more loose stools in the past 24 hours.**

- This can be with or without vomiting; and with any degree of dehydration.
- Especially important for consultations in ORC.

**2. Strengthen laboratory testing**
- At a minimum, 1 in 10 patients should be tested with rapid diagnostic test (RDT).
- Where feasible, exhaustive testing of all admissions to DTC is recommended now that many are seeing a decline in admission rates.
- All RDT positives should have culture performed.
- Partners should be pro-active in requesting RDT and cary-blair from WHO +/- GHOs in governorates.

**3. Strengthen data collection and reporting**
- Use standardised patient registers that contain all agree fields.
- **Do not use the cholera line list register for the recording of all visits to DTC and ORC.**
- Use one register to record consultations at DTC and ORC. Use the line list register only for those that meet case definition of suspected cholera.
- Only line list **new** cases of suspected cholera and not revisits.
- Submit daily reports of all new suspected cholera cases.
- Ideally submit the line list in Excel format and not via photographs.
- Send from DTC and ORC only to DHO.