Cholera Case Investigation - Abyan, Yemen

Key Findings Presentation

February 2024

REACH Informing more effective humanitarian action

Contents

01

Introduction

Cholera Situation in Yemen

Current Cholera Outbreak*

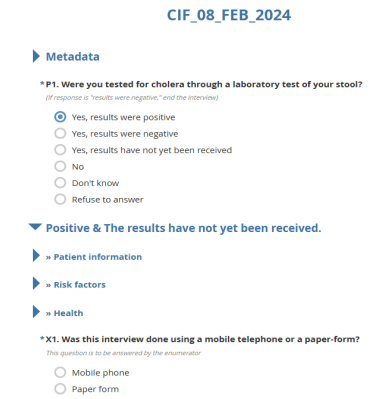
- From October - December 2023, Yemen experienced a **cholera outbreak**, with nearly **1018** cases of AWD recorded.*
- The outbreak has started among **migrant communities** in Ataq district of Shabwah governorate.*
- Since the last surge in suspected cholera cases during the last quarter of 2023 and until 22nd of April 2024, more than 18,000 suspected cholera have been identified.**
- Out of the 18,000 suspected cases, there 109 associated deaths.**
- **18 out of 21 (86%) governorate were affected** by the widespread disease.**

* Yemen Humanitarian Update: Issue 11, December 2023 [EN/AR] | OCHA (unocha.org)
. ** Yemen Cholera and Acute Malnutrition Situation Report #1 - April 22, 2024 - Yemen | ReliefWeb

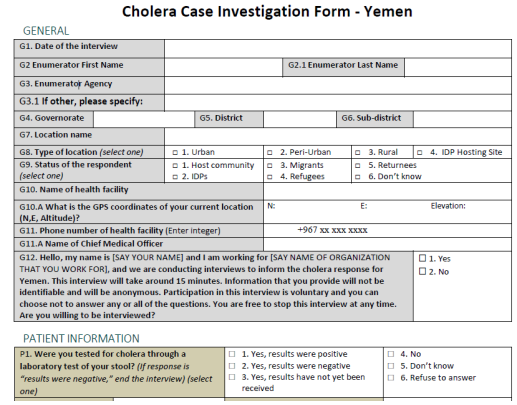
WASH Response

- As part of the response to the cholera outbreak, REACH, in collaboration with the Yemen WASH Cluster, **updated the CIF tool** with a specific focus on cholera. This tool is designed to collect data that helps understand **potential sources**, **risk factors**, and **vulnerabilities** associated with a cholera outbreak.
- Following the recent outbreak, the Yemen WASH Cluster has requested partners to use the CIF tool to **conduct interviews with patients**, especially in the affected areas. The tool is available to all YWC partners for use, and below you can find examples of both the paper and Kobo versions.

Cholera Investigation Form (CIF)



KOBO version



Paper version

Methodology Overview

CIF tool – the basics

- In-person patient-level surveys with an adult member (18 years or older) who is waiting for the results or tested positive for cholera.
- The CIF includes a section to collect data on each household member who might be sick, as well as details on potential exposure to cholera within the household and community.
- The CIF examines the patients' recent travels to identify potential routes of cholera transmission.
- Patient Access to WASH services and behaviors were assessed to monitor associated risk factors.
- Data collection with the patient ideally within two weeks of health facility discharge of the patient

DATA COLLECTION

- With the support of the Health Cluster, Data collection was carried out in Health facilities that provide contact information for positive and potential cholera patients.
- Following coordination with the Yemen WASH Cluster, WASH partners volunteer to collect CIF data to inquire about positive and potential cases.

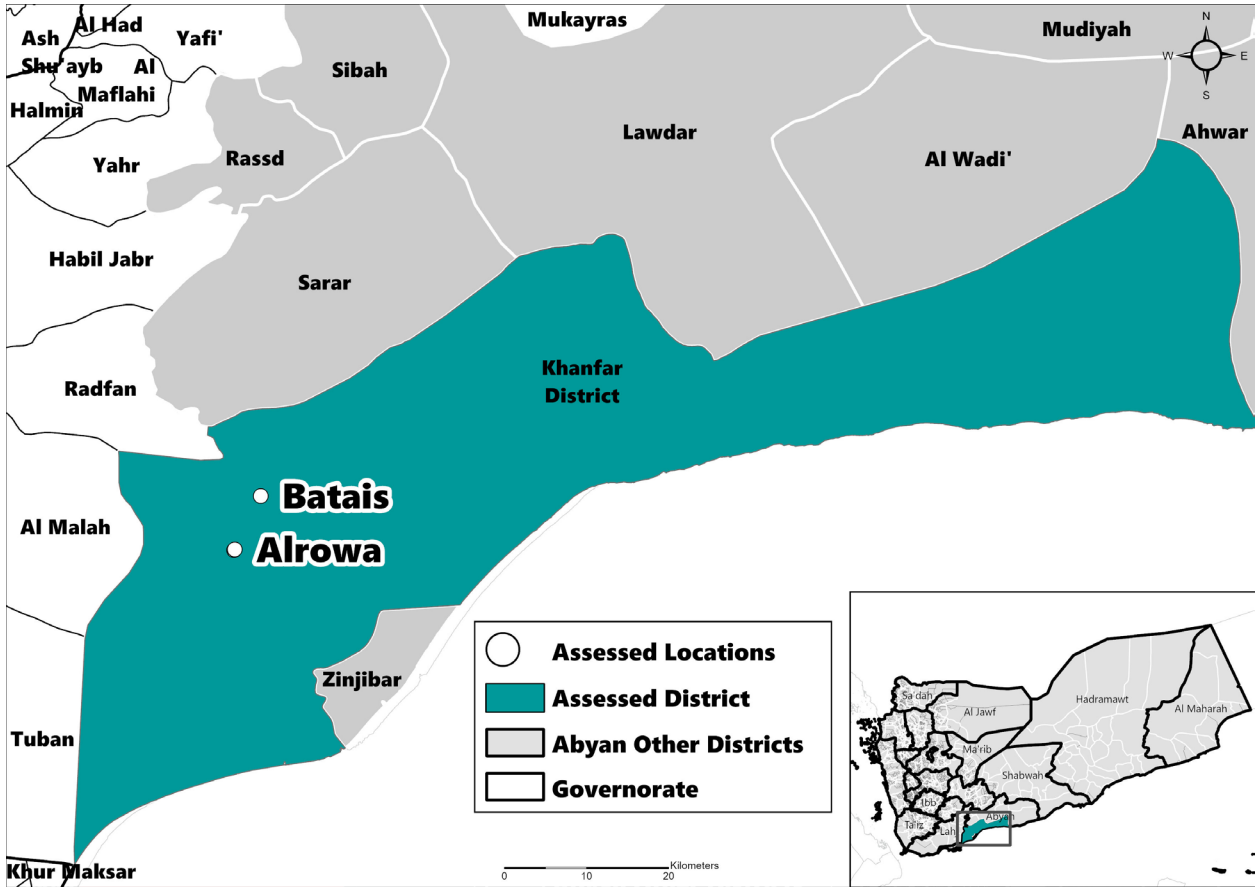
POPULATION OF INTEREST

- All households (HH) members, people from host communities, displaced populations, refugees, and migrants who are suspected of having cholera and have visited a medical centre due to illness.
- Ideally, and if there are enough resources available, the form should be used for all people who seek treatment for Acute Watery Diarrhea (AWD) at the health center / Diarrhea Treatment Center (DTC) when a cholera outbreak is suspected in the area.

02

Demographics

Positive Case Demographics



- The following key findings were derived from 4 patient-level interviews conducted through the CIF tool in February 2024, collected by CARE International.
- Locations of the four cases are in 2 rural areas Batais and Al-Rowa, in the district of Khanfar.
- All cases live **within 10km of the medical center** visited for treatment.

Batais cases (2):	Al-Rowa cases (2):
• 30 y.o female • 80 y.o male	• 34 y.o male • 80 y.o male

- All positive cases have **at least 6 or more** HH members.
- Patients reported being **unaware** of other confirmed/suspected cases in the same neighborhood.
- One confirmed case indicated the **presence of cholera symptoms** in a one-year-old female household member.
- One positive case reported **travelling to different locations** while having symptoms within Al-Rowa.

03

Main Findings

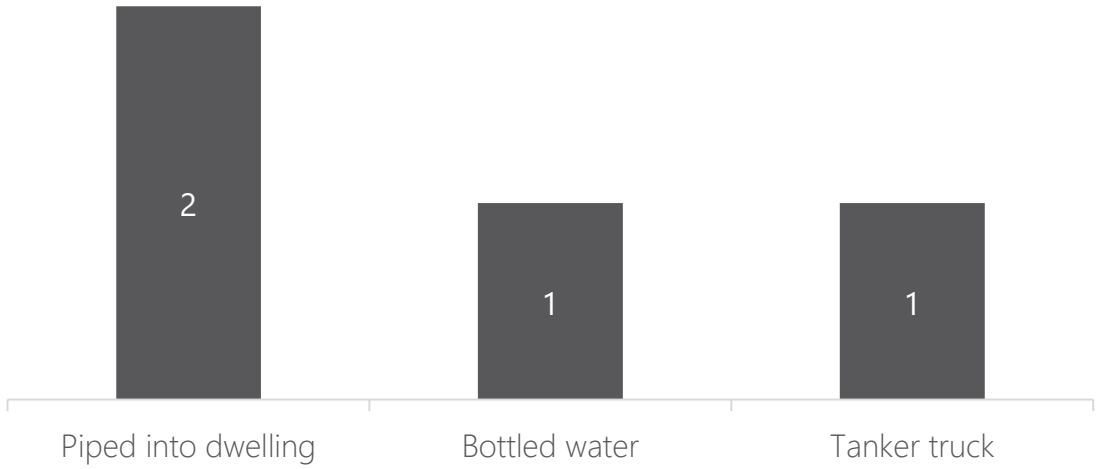
03.1

Risk Factors

WASH Practices

Key Findings

Main source of drinking water reported by patients. (n=4)



All 4 patients reported using Improved water sources as their main source of drinking water. One patient who reported using piped water into dwelling, mentioned using bottled water as a secondary source of drinking water.

None of the patients reported using methods to **treat the drinking water** to make it safer to drink.

All patients reported using a bucket with a lid as a common **water storage method** in the HH. In addition to that, two patients reported having **water tanks on the roof** that were used for storage, while one reported having an **underground water tank**. One patient reported using only a bucket with a lid.

Water Treatment Practices:

0/4

Patients reported treating their water using any method to make it safer to drink.

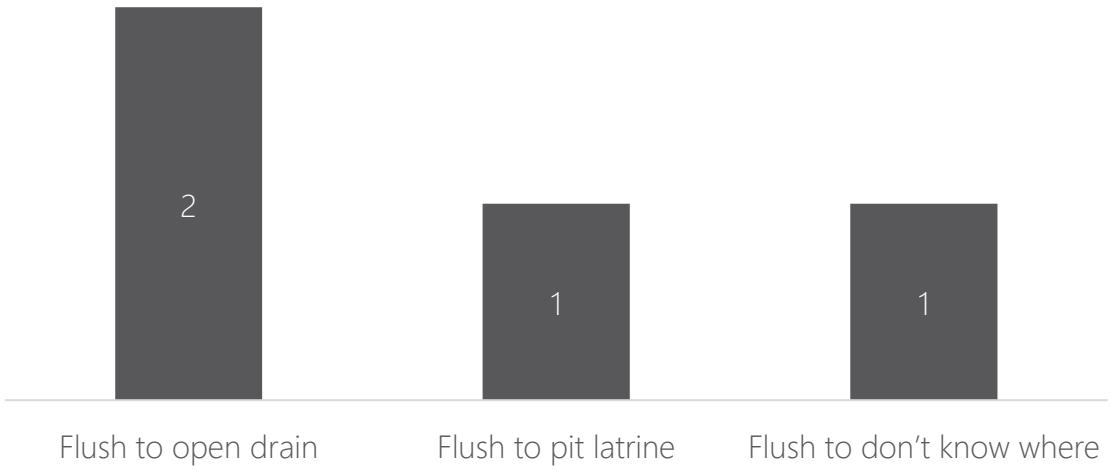
Handwashing Practices

- Patients who reported washing their hands reported doing so usually before eating (n=3) using a fixed facility tap in their dwelling or mobile bowl. Of these patients, the use of soap along with the handwashing varied:
  - One patient reported using soap.
  - One patient reported using the same soap used for laundry
  - One patient reported not using soap because of the high cost
- One patient reported rarely washing their hands and lacked a dedicated handwashing device.

WASH Practices

Key Findings

Type of sanitation facility reported being used by the patients. (n=4)



Only 1 patient reported using Improved sanitation facilities for their household while the rest (n=3) of the patients reported using Unimproved sanitation facilities. The open drains are associated with an open latrine, while the pit latrine is a closed pit. The household who responded with "Flush to don't know where" as a sanitation facility also frequently reported seeing visible **solid waste/trash** and overflowing sewage, and sometimes observed visible traces of **human feces** in the vicinity of their accommodation

Patients reported frequently (n=3) seeing visible **solid waste/trash**, **human faeces** (n=2), or **stagnant water** (n=2) in the vicinity of their accommodation in the last 30 days.

Environmental Sanitation Systems:

4/4

Patients reported that there is **frequently overflowing sewage** in the vicinity of the accommodation in the last 30 days, most reported a **pit latrine as the source of the sewage**.

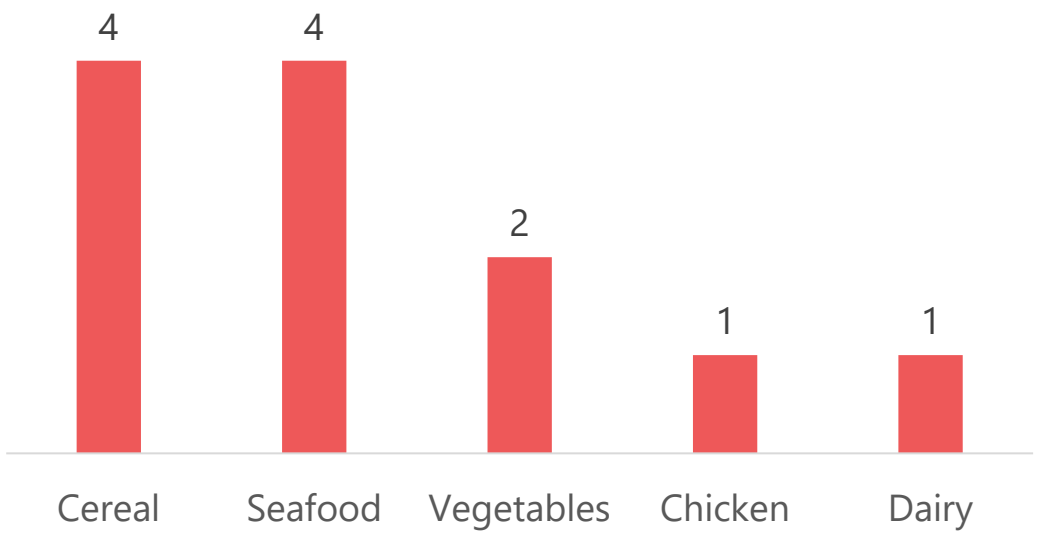
Social Behaviors

No patients reported **visiting a sick person** in a health facility the week before experiencing symptoms.

One patient reportedly **attended a funeral ceremony** in the week before experiencing symptoms. The deceased did not reportedly die from cholera.

Food Consumption

Types of foods consumed by the patients in the week before the start of symptoms (n=4)*



*Multiple answers could be selected

Hygiene Practices:

4/4

Patients reported washing fruits and vegetables before consumption, using untreated water.

- Two patients reported **buying food from a restaurant** in the week before the first symptoms.
- One patient reported **buying food from a street kiosk** in the week before first experiencing symptoms.

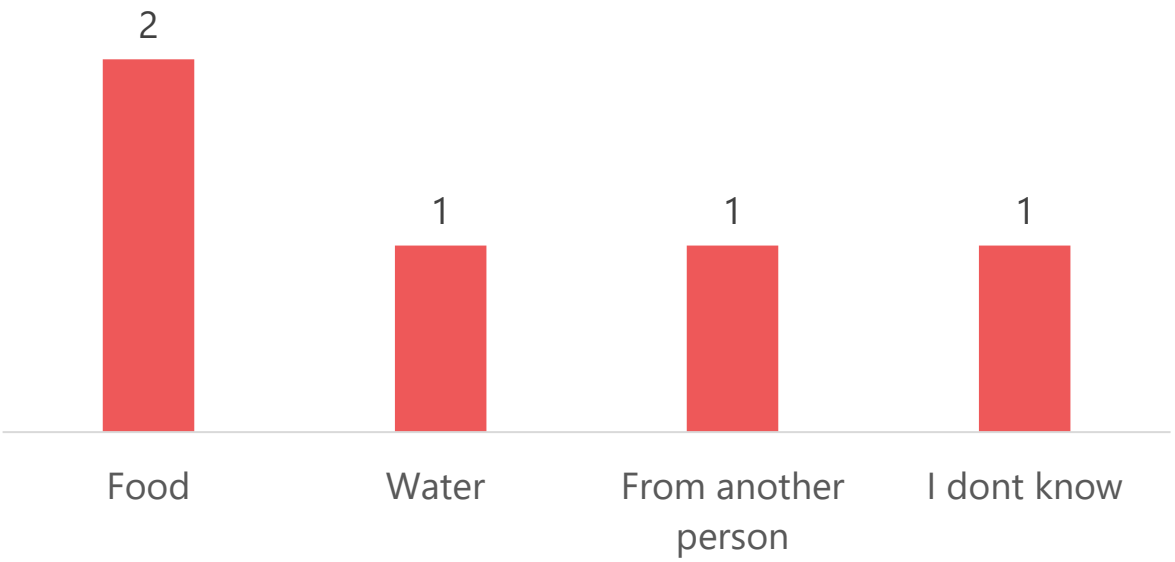
03.2

Health Education

Health Education

Key Findings

Patients perceived source of illness (n=4)*



3 out of 4 patients reported having received education about cholera in the past 12 months. The sources of information reported were **television, radio, or from a community volunteer.**

*Multiple answers could be selected

Two patients reported that **eating healthy food would help to prevent cholera**. While one patient reported **drinking safe water and washing hands** regularly were methods of cholera prevention.

The patient that reported not knowing if they had received any cholera education, was also unaware of methods of cholera prevention.

Patients perceived methods of cholera prevention (n=4)*

Limitations

- Data collection partners raised some concerns regarding **difficulties in accessing patient lists** from health facilities to facilitate interviews. This challenge, coupled with reliance on health center data, poses obstacles to effectively conducting interviews.
- In December 2023, a joint report on cholera by the WASH and Health Cluster revealed that approximately 36% (1,262) of suspected cholera cases involved children under the age of five. However, the CIF tool restricts partners to interviewing only individuals aged 18 and older. Consequently, cases involving **individuals under 18 may be overlooked**, potentially impacting coverage and comprehension of the total suspected cases within the assessed areas.
- Patients might encounter **challenges in recalling specific details** about locations visited or individuals encountered.
- Respondents might be reluctant to disclose personal information or details regarding their illness or sick family members due to privacy concerns, **cultural or traditional sensitivities**.
- There might be constraints on following up with patients for clarifications or additional information (especially migrants/refugees) , which could result in having **incomplete data**.
- The **timeframe** between sharing the patient's name to the WASH partner and actually reaching the patient could be substantial, potentially resulting in the patient being in a different location upon arrival of the partner/enumerators. Additionally, since the WASH partner should conduct the interview within **two weeks** of the patient's discharge from the health facility, any delays could impact the accuracy and reliability of the information collected.
- Given the constraints **of limited resources and funding allocation,** coupled with the unexpected nature of the cholera outbreak outside partners' response planning strategy, we encounter **challenges in expanding the coverage** and assessing additional locations

Thank you for your attention

Haneen Jaber, haneen.jaber@reach-initiative.org

Elias Suhail Batbouta, elias.batbouta@reach-initiative.org

REACH Informing more effective humanitarian action