Cholera Case Investigation - Lahj, Yemen

Key Findings Presentation

May 2024

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Informing
more effective
humanitarian action

Contents

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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.*

- The total number of cases recorded between 1 January and 29 April 2024 across all 22 governorates is now estimated to be around 30,000.**

- At Lahj governorate level, the number of reported cases from the beginning of 2024 until May 17, 2024, was 1,239. ***

* [Yemen Humanitarian Update: Issue 11, December 2023 [EN/AR] | OCHA (unocha.org)](unocha.org)
** [Yemen - Situation Update: Cholera | Digital Situation Reports (unocha.org)](unocha.org)
*** Epidemiological Situation of diseases in free areas in Yemen

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

Cholera Cases Demographics
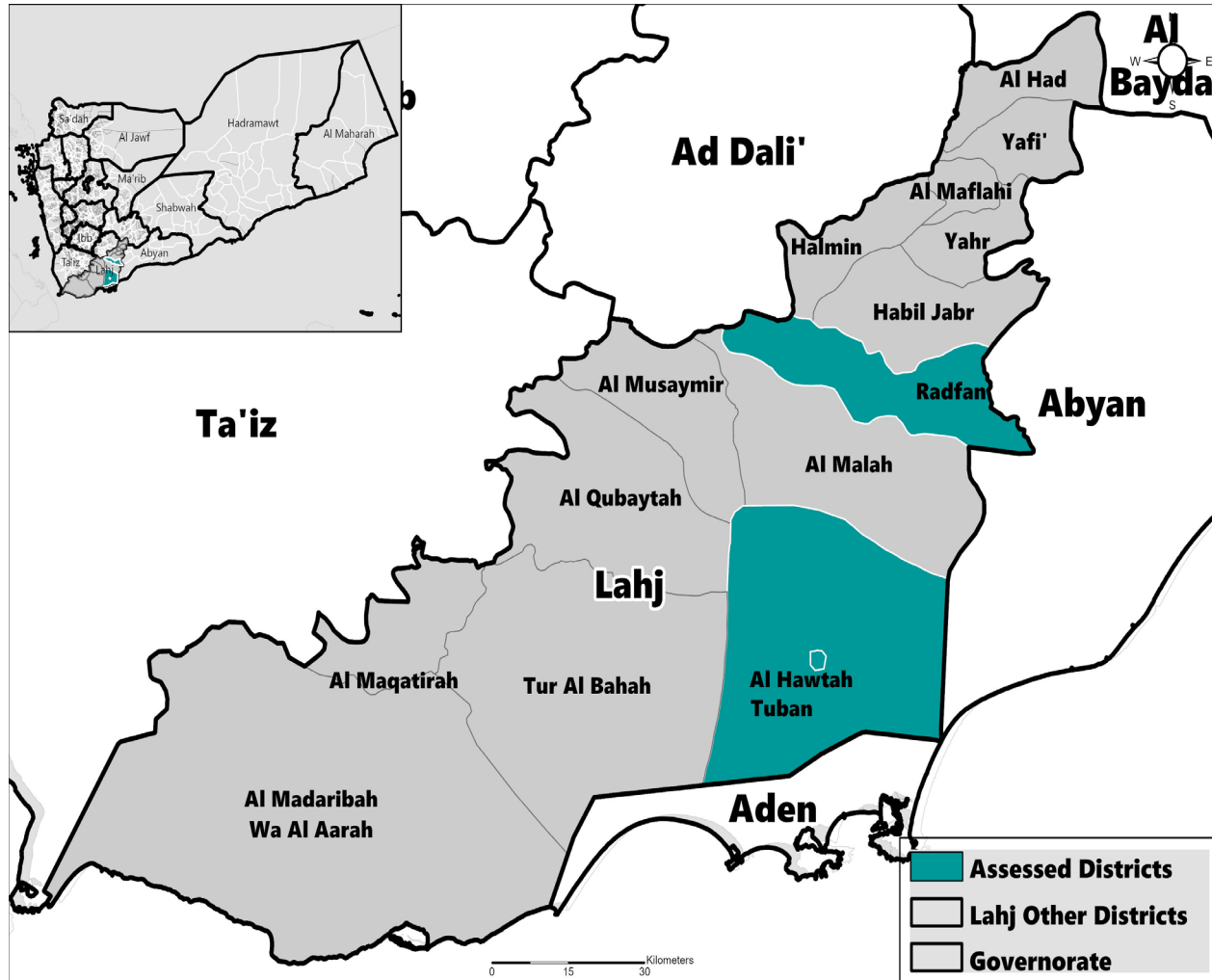
- The following key findings were derived from **4** patient-level interviews conducted through the CIF tool in **April 2024, collected by Medair**.

- **All the patients tested positive for cholera.**

- Locations of the four cases in **Lahj governorate** are located in the following 3 districts : Radfan, Al Hawtah, and Tuban .

Male cases: 2 cases	Female cases: 2 cases

- All positive cases have **at least 3 or more** HH members.

- Patients reported being **aware** of other confirmed/suspected cases in the same neighborhood.

- One positive case reported **travelling to different locations** while having symptoms.

03

Main Findings

03.1

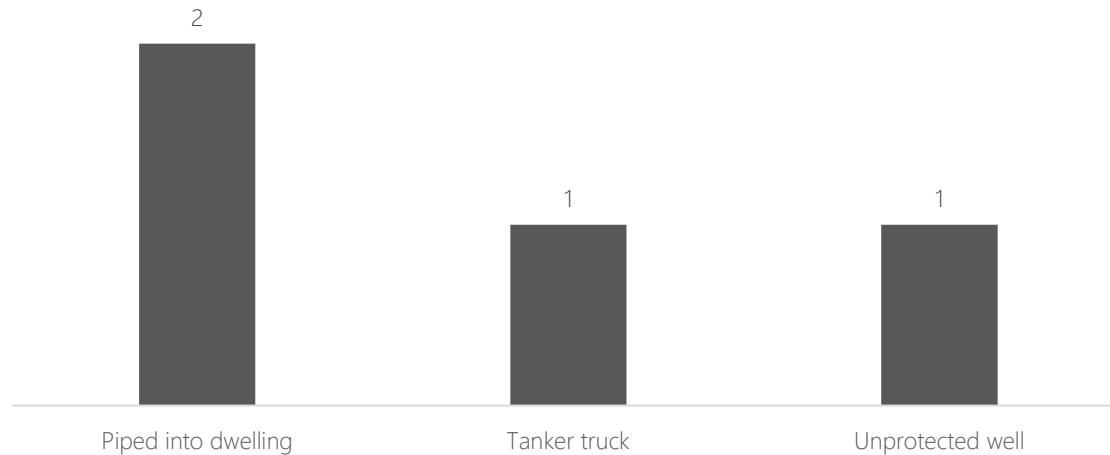# Risk Factors

WASH Practices

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

3 patients reported using Improved water sources as their main source of drinking water. Also, One patient reported using unimproved water sources. Furthermore, one patient who reported relying on piped water into the dwelling as their main water source also relies on tanker truck as their secondary water source

All patients reported using roof water tanks as a common water storage method in the HH. In addition to that, one patient reported using both roof water tanks and Jerrycan to store water

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, they occasionally had soap in the houses due to the following reasons:
  - Two patients reported soap was expensive
  - One patients reported soap was unnecessary.

- One patient reported rarely washing their hands and lacked a dedicated handwashing device.

WASH Practices

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

3

1

Flush to pit latrine   Flush to piped sewer system
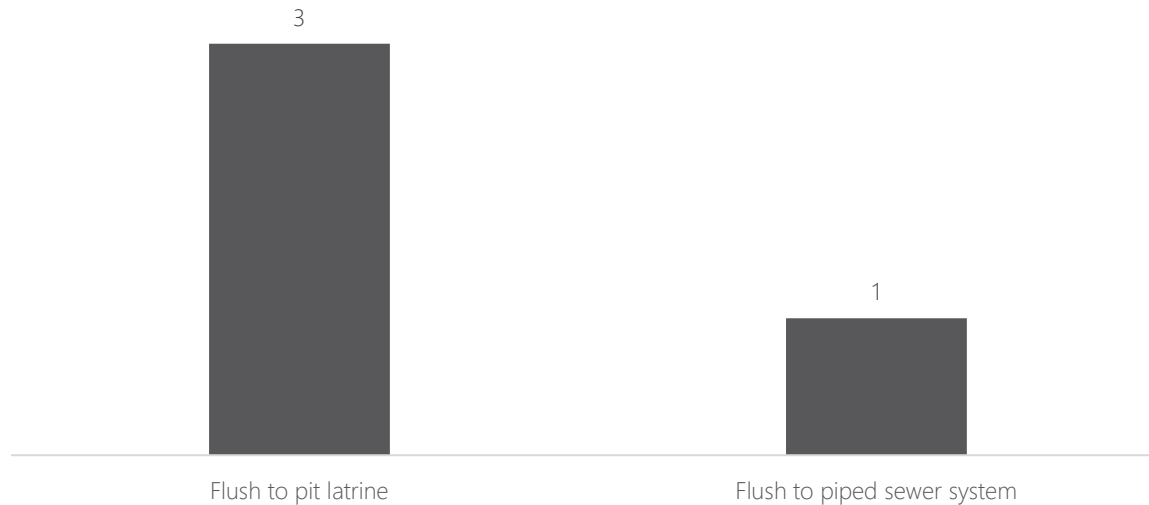
All patients reported using Improved sanitation facilities for their household. Most common type of sewage system that is connected to the house was closed pit (N=3) and public network (n=1).

In the past 30 days, solid waste/trash was frequently (n=3) and sometimes (n=1) observed by the patients, while human faeces were frequently (n=1) and sometimes (n=3) visible. Additionally, stagnant water was frequently (n=1) and sometimes (n=3) observed in the vicinity of their accommodation.

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Environmental Sanitation Systems:
3/4
Patients reported that there is occasional overflowing sewage in the vicinity of the accommodation in the last 30 days, and most reported source of overflowing sewage was a sewer pit.

Social Behaviors

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

No patients have reportedly attended a funeral ceremony in the week before experiencing symptoms.

Food Consumption

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

2	1	1	1	1	1
Cereal	Vegetables	chicken	Dairy products	Meat	Sea food
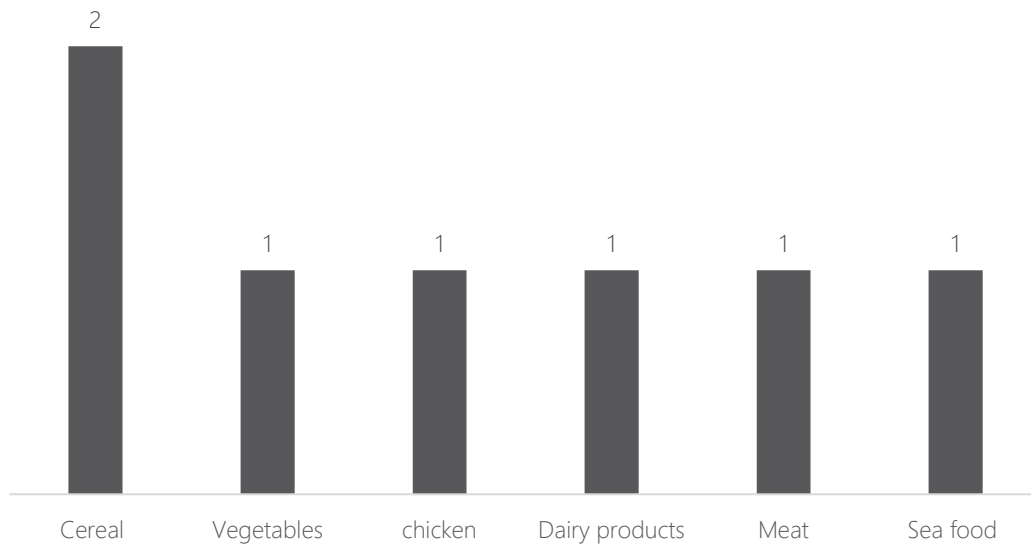
*Multiple answers could be selected

Hygiene Practices:

3/4

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

- **None have** reported **buying food from a restaurant** in the week before the first symptoms.

- **None have** reported **buying food from a street kiosk** in the week before first experiencing symptoms.

03.2

Health Education

Health Education

Patients perceived source of illness (n=4)*

Three patients reported that eating healthy food and keeping the house clean would help to prevent cholera. Also, two patients reported that washing vegetables and fruits with safe water would help to prevent cholera.

Other ways to prevent cholera or acute water diarrhea were reported by the patients as shown in the chart below.

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

1 out of 4 patients reported having received education about cholera in the past 12 months. The source of information reported was from social media.

*Multiple answers could be selected

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

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