**Real-time high resolution geo-spatial analysis** of key indicators in a large-scale cholera outbreak in Port-au-Prince, Haiti, 2022-2023



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#### Introduction

• 29 September 2022, Port-au-

### Conclusions

The real-time high-resolution geo-spatial surveillance system in urban Port-au-Price:

provided a timely way to prioritise hot-spots and high-risk

The innovation of this surveillance system is the real-time high-

- Prince, Haiti: suspected cholera cases from different neighbourhoods simultaneously detected in two MSF hospitals
- Context development: Deteriorating security situation, restricted access to high-risk areas, renewed fuel shortage increasing pressure on water quantity and quality leading to another large-scale outbreak
- Rapid set-up of intersectional surveillance system (OCA, OCB, OCP) to support timely decision
- $\Rightarrow$  **Aim:** to use **real-time 'high** resolution geo-spatial surveillance data' of key indicators in order to provide more targeted case management, Environmental Health (EH) and Health

- areas
- facilitated more targeted interventions in a highly volatile security context with access constrains by better using the limited human, supply and financial resources

#### Methodology

- **GIS precision level:** The World Food Programme partially provided the Admin4 layers. GIS Layers were completed using the Voronoi diagram method
- Data collection: real-time self-reporting information from cholera suspect patients in MSF facilities including:
- $\Rightarrow$  geographical origin up to administrative neighbourhood (Admin 4) & street level
- $\Rightarrow$  cholera risk factors (water source utilization, movement history, etc)

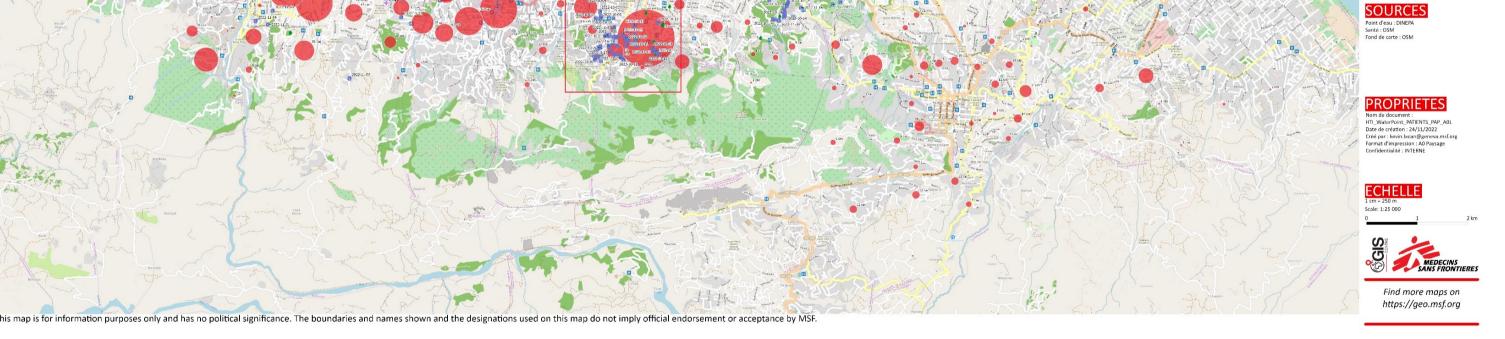
resolution analysis. Key cholera indicators were analysed on a daily basis at neighborhood and street level

promotion (HP) preventive and control interventions

Real-time high resolution geo-spatial data of cholera patient origins can quickly inform decision makers and allow more targeted and timely decision making to control an outbreak and optimise use of limited resources

**Data entry:** MSF intersectional linelists

- Data analysis: daily, descriptive statistics of key cholera indicators:
- $\Rightarrow$  attack rate, number of cholera suspected cases and deaths
- $\Rightarrow$  cholera risk factors through patient case investigation interviews
- $\Rightarrow$  community deaths through a network of community leaders
- $\Rightarrow$  water points' real-time functionality and chlorination status with precise GPS coordinates to allow monitoring of evolution of disease burden
- **Dissemination:**
- ⇒ Production of dynamic **PowerBl Report** (daily data synchronization, field managed) with graphs, tables, maps
- $\Rightarrow$  Production of daily **high-resolution** printed case maps of neighbourhoods and streets using ArcGIS



Kevin Lacan (Intersectional GIS Expert)- Example of real-time high-resolution geo-spatial analysis. The Map is displaying cumulative number of suspected cholera cases by neighborhood (admin4) admitted to MSF Cholera Treatment Centers, with MSF chlorinated water points and data of first chlorination. MSF GIS Centre Geneva (2022)

#### Results

Sharing of daily analysis with MSF decision makers and operational teams, MoH and WHO

oint d'eau au 22 Novembre 2022

**Provision of public health recommendations to prioritize EH, HP** and medical preventive and control interventions with limited resources available

Through the timely high-resolution geo-spatial analysis:

- $\Rightarrow$  Timely identification of hot-spots and high-risk neighbourhoods
- $\Rightarrow$  **Optimization of water source chlorination** and supplies to break

### To better prepare for future cholera outbreaks

# in high-risk densely populated urban areas

### it is recommended

## to have ready for deployment

# high resolution geo-spatial layers

- transmission routes by the EH teams
- $\Rightarrow$  Collaboration of HP teams in high-risk areas with community leaders, traditional practitioners, religious leaders, youth groups and community members
- $\Rightarrow$  Remote support of activities and setup of **Oral Rehydration Points**, especially in **neighbourhoods with access limitations**

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This innovation project meets the exemption criteria for ERB review.

