Public Health ERU – Comoros

Case study

CONTEXT

Cholera is not endemic to Comoros. Following the arrival of sick passengers at the end of January 2024 and laboratory confirmation, the Comoros Ministry of Health declared a cholera epidemic on 2 February 2024, for the first time in nearly 17 years. Cases quickly spread to all three islands, with Nzwani (Anjouan) becoming the hotspot in April. As of 28 July 2024, 10,342 cumulative cases were reported, 88% of which were on the island of Nzwani.

A public health (PH) ERU consisting of an Infection Prevention and Control (IPC) module and a Community-Based Surveillance (CBS) module was deployed, as part of IFRC support to the Comoros Red Crescent. This was led by French Red Cross with support from Canadian Red Cross, Norwegian Red Cross and German Red Cross. This was the first time the two modules were deployed, outside of a pilot community-based surveillance deployment, and jointly in a Public Health ERU.

Success factors

1. **Modular & adaptable** - Combining two modules under the umbrella of one singular ERU, rather than deploying two separate ERUs, was a more efficient and streamlined way to use the global tools, also reducing the burden around coordination.

2. **Responsive to shifting needs** – As the number of cases began to overwhelm the capacity of cholera treatment centres (CTCs), there was a need to support community-level health structures in managing less severe cases. The PH ERU was able to rapidly open oral rehydration points (ORPs).

3. **Collaborative** – A coordinated approach to the response was established early under the leadership of the Ministry of Health. Comoros Red Crescent and the ERU team worked collaboratively with other humanitarian organizations to ensure complementarity rather than duplication of supports.

Recommendations

1. **Cross-train delegates** – The ability of the ERU to pivot so quickly from IPC in CTCs to ORPs as the situation evolved was largely made possible because individual delegates had both IPC and Community Case Management of Cholera (CCMC) experience and competencies. To ensure flexibility in modular deployments, and the development of PH technical competencies, leadership profiles within the public health ERU should be cross-trained.

2. **Consider clinical capacity** – In addition to IPC support in contexts where the ERU is deployed to provide support in an epidemic treatment centre, and in cases where clinical capacities need strengthening, the ERU could consider integrating an additional clinical profile with expertise in clinical capacity building. In cases where no clinical treatment capacity is available in country, the deployment of a clinical ERU module should be considered alongside the IPC module.

What is the Public Health ERU: CBS, IPC, and CCMC modules?

The CBS module supports the establishment of a CBS system for detecting and reporting events of public health significance within a community by community members, to strengthen surveillance systems during an emergency.

The IPC module supports and strengthens the IPC capacities of existing healthcare facilities to reduce transmission of infectious diseases in healthcare facilities (nosocomial transmission).

The CCMC module supports oral rehydration therapy for cholera through Oral Rehydration Points (ORPs) at community level, and referrals of severely dehydrated and sick patients. In Comoros, the CCMC module was not deployed. Rather, in response to the evolving situation, the IPC team pivoted to support ORPs, showing the adaptability of PH ERUs when delegates are cross-trained.

Visit the Catalogue of Surge Services on IFRC GO for more information.

Comoros RC volunteer preparing chlorine solution at the CTC of Domoni as trained by the ERU WASH Delegate

Strenghtening readiness for future outbreaks

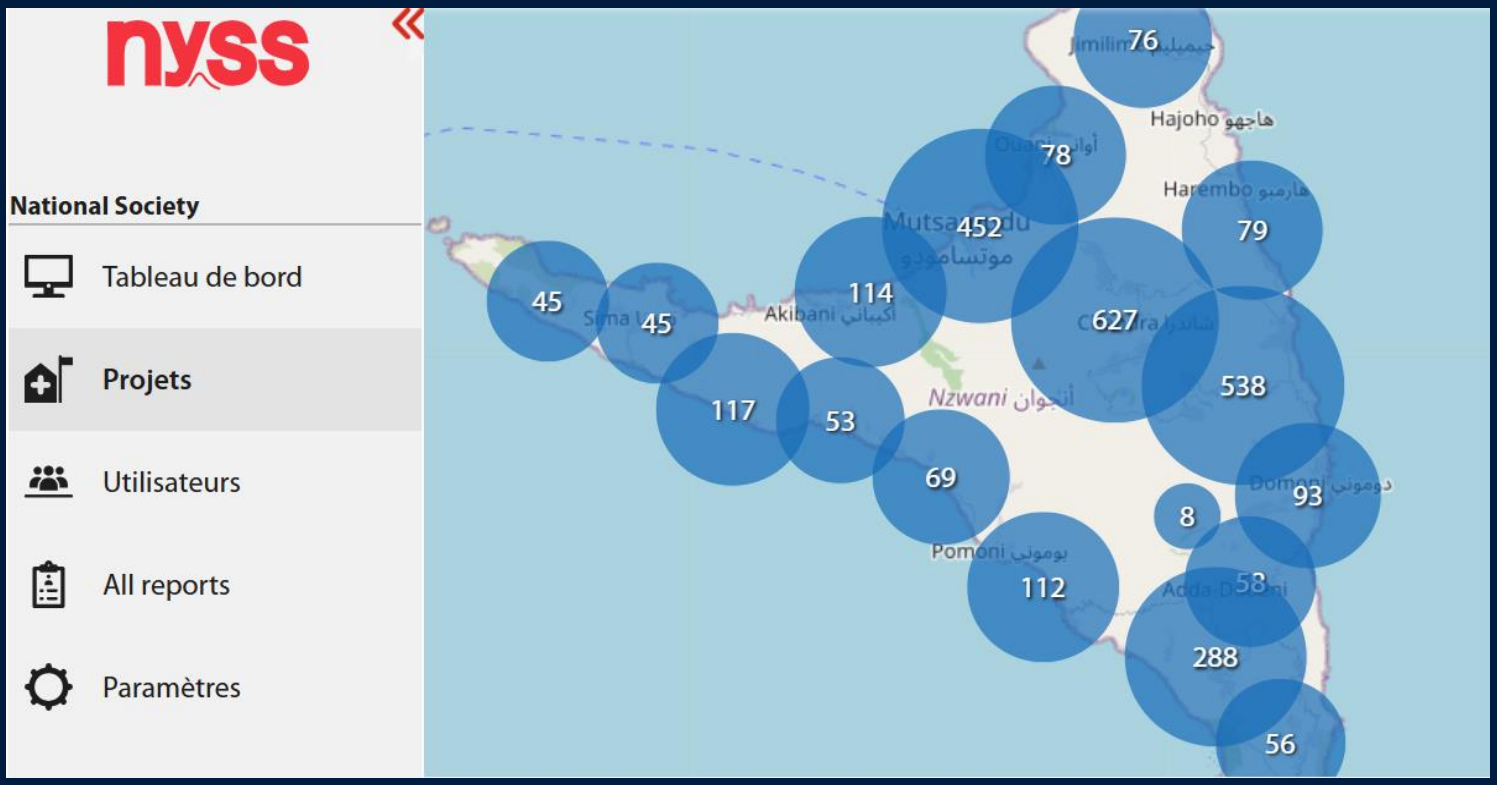
As the number of cholera cases declined, the demand for oral rehydration points diminished, leading to their progressive closure. The Comoros Red Crescent took proactive measures by disinfecting and reorganizing the equipment, ensuring the readiness of mobile oral rehydration points for rapid deployment in the event of a future outbreak.

After several months without new cases, cholera cases began to surge again in September 2024, this time on the main island of Ngazidja, where vaccination coverage had unfortunately only reached 40%. The Comoros Red Crescent swiftly mobilized to respond, reactivating its previous activities, using capacity developed during the ERU deployment, and funds from the existing DREF. This included supporting cholera treatment centres with enhanced infection prevention and control measures, as well as re-establishing oral rehydration points in hotspot areas to provide community-based treatment and reduce the need for patient transfers to treatment centres.

In addition, the community-based surveillance component has transitioned to long-term programming led by the Comoros Red Crescent and supported by the French Red Cross. This includes expanding to other epidemic diseases and ensuring volunteers continue to monitor and alert suspected cases to enhance readiness and facilitate a quicker response to potential future outbreaks.

Latrines at Domoni CTC constructed by the ERU

ERU IPC and WASH delegates conducting an in-facility training with CRCS volunteers and CTC health staff on IPC practices



CBS alerts visualization on the NYSS platform as collected by CBS volunteers at the community level

Key Achievements

Infection Prevention and Control (IPC) and Oral Rehydration Points (ORPs):

- IPC standards and protocols were implemented in the CTC of Domoni, including strengthening hand hygiene, triage and screening, and waste management.
- All medical and support staff at the Domoni CTC were trained on IPC practices.
- 7 ORPs were installed, with 94 volunteers trained to operate them
- No infections were reported among healthcare workers or support staff at RCRC-supported facilities

Community-Based Surveillance (CBS):

- 200 volunteers and 10 supervisors were trained in CBS, enhancing community-based surveillance of Cholera.
- Volunteers raised 2,867 alerts through the Nyss® platform, facilitating early response actions.
- Active volunteers operated in 79 villages across 7 districts, covering the whole island of Anjouan (the epicenter of the epidemics)

CROIX-ROUGE FRANÇAISE

CROISSANT-ROUGE COMORIEN

Canadian Red Cross

"Without the ERU and surge team, we would not have had oral rehydration points or community-based surveillance. In the future, I think Comoros Red Crescent will now be able to take the lead on responses, while working with the Ministry of Health." –Ali Soumaili Daniel, Comoros Red Crescent Secretary General