# Water, Sanitation, and Hygiene in Outbreak Response

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#### Research

We seek to reduce the burden of infectious diseases by investigating and evaluating the effectiveness of water and sanitation interventions in low-income and emergency contexts.









#### **Evidence Synthesis**



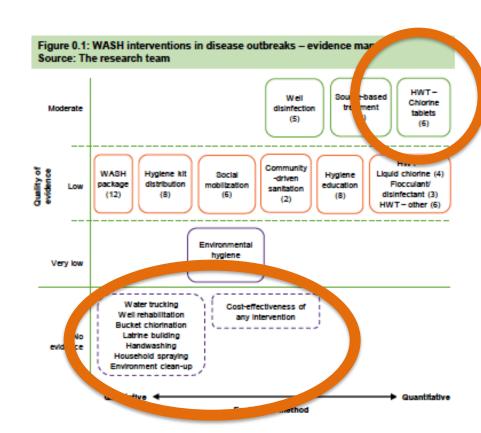
- Systematic Review
  - Many previous
    - Focused on impacts
    - Strict inclusion criteria
  - 15,000 documents
    - ½ peer-reviewed
    - ½ grey
  - Included outcomes, impacts, and qualitative



Slide credit: Travis Yates

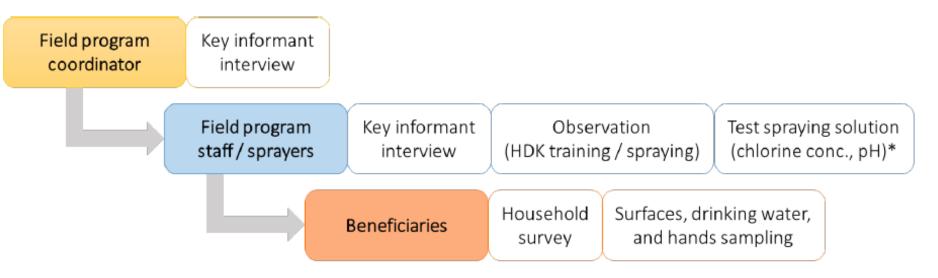
#### WASH Evidence in Outbreaks

- Evidence base is thin
  - High in water treatment
  - Low in hygiene/sanitation
  - Low in emergency only inteventions

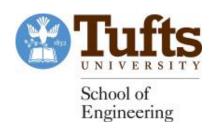




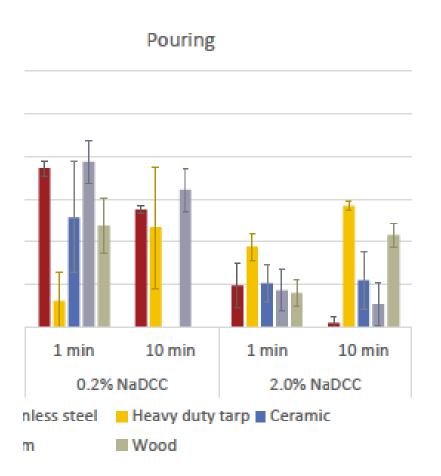
### Household Spraying - Protocol

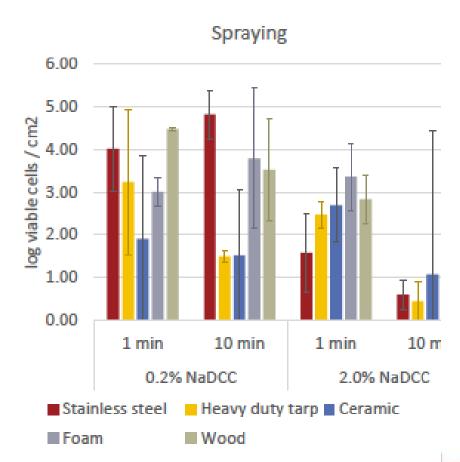


\*For household spraying only.



Slide credit: Karin Gallandat







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VBNC cells were detected after disinfection. Spraying appears more variable, less efficacious than pouring chlorine. The highest efficacy was achieved by pouring 2.0% chlorine for 1-10 minutes



#### Detection of culturable *V. cholerae* on surfaces

BEFORE					CUREACE	AFTER: 30 MINUTES				AFTER: 24 HOURS					
HH01	HH02	HH03	HH04	HH05	SURFACE	HH01	HH02	HH03	HH04	HH05	HH01	HH02	HH03	HH04	HH05
					Kitchen / inside floor										
					Latrine floor										
					Patient's bed										
					Jerrycan										
					Wall										
					Furniture (table)										
					Curtains										
					Door										

	E	BEFORE			CUREACE		AFT	R: 30	MIN			AFT	ER: 24	HRS	
<b>HH06</b>	HH07	HH08	HH09	HH10	SURFACE	<b>HH06</b>	HH07	HH08	HH09	HH10	<b>HH06</b>	<b>HH07</b>	HH08	HH09	HH10
					Patient's bed										
					Kitchen floor										
					Latrine floor										
					Floor close to bed										
					Wall										
					Curtain										
					Jerrycan, container										
					Latrine door / wall										
					Entrance door										

High (>5000 CFU/100 cm²)
Intermediate (200-5000 CFU/100 cm²)
Low (<200 UCF/100 cm²)
Not detected

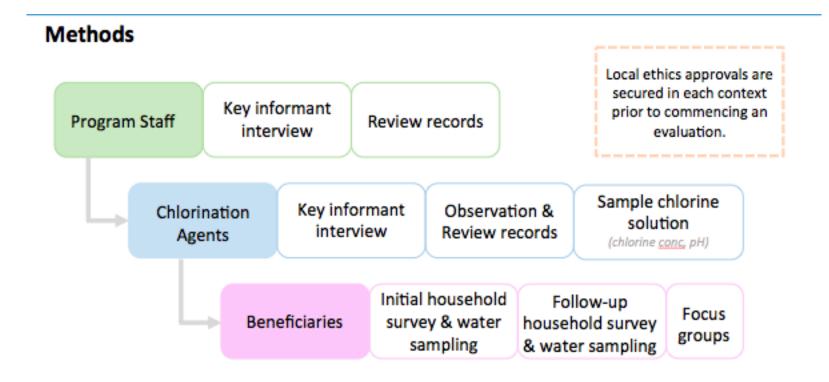
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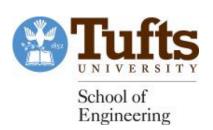
Results suggest that household spraying can be effective (Program #1). It is recommended sprayers follow a systematic protocol and spray surfaces until wet. Cases that do not reach care structures and asymptomatic cases are not covered. Chlorine dosage can be problematic and should be adjusted regularly.



Slide credit: Karin Gallandat

#### **Bucket Chlorination**





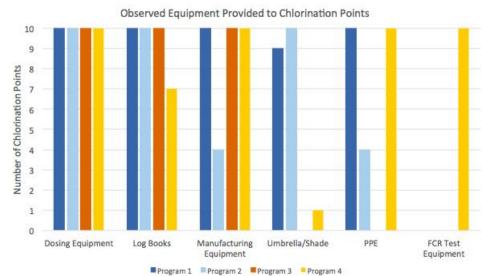
#### **Bucket Chlorination**

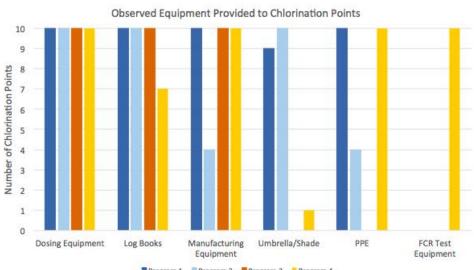
#### **Observations of Chlorination Points**







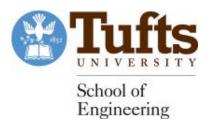






- Two programs did not distribute umbrellas (or equivalent to shade agents and chlorine
- PPE (gloves, mask, goggles) was frequently shared between agents resulting in missing pieces
- Only one program expected agents to test their own free chlorine residual (FCR)





Slide credit: Gabrielle String

	Average Concentration [%]	Min. [%]	Max. [%]
Program 1	3	1.3	7.2
Program 2	0.78	0.13	1.19
Program 3	0.18	0.07	0.34
Program 4	0.51	0.28	0.78

# Bucket Chlorination - Solutions







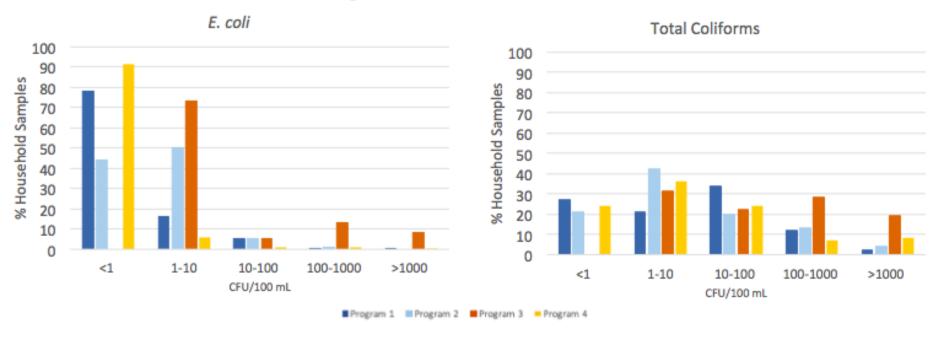
Examples of chlorine stock solution preparation, storage, and dosing.



Slide credit: Gabrielle String

## **Bucket Chlorination - Microbiological**

#### Microbiological results 30 minutes after treatment

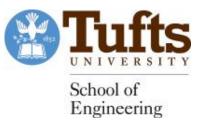




#### Next Steps

- Data collection, analysis and writing
- Recommendations

- Role of WASH
  - For prevention
  - In IPC in HCF
  - Who responsible?



#### Acknowledgements



- **Travis Yates** 
  - Systematic Review
- Karin Gallandat
  - Household Spraying
- **Gabrielle String** 
  - Bucket Chlorination







Action Research on Common Under Researched WASH Interventions Tufts University, in collaboration with response organizations

