

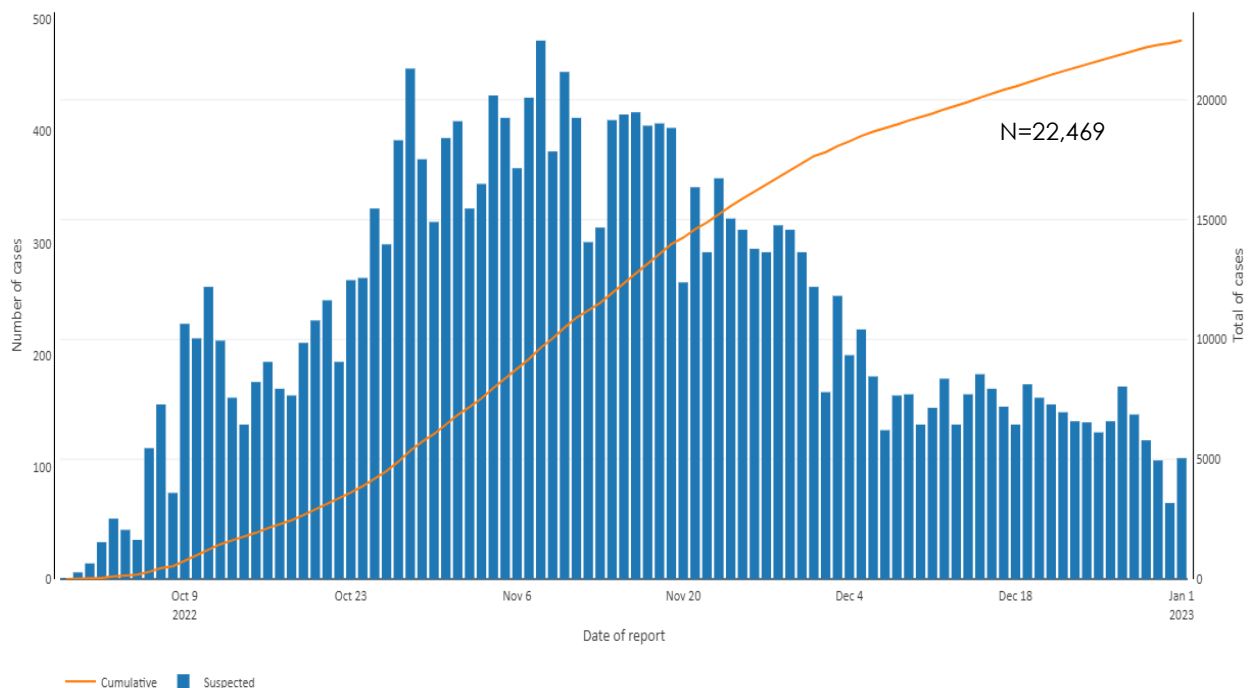
Summary of the current situation¹

Haiti

Since the notification of the first two confirmed cases of *Vibrio cholerae* O1 in the greater Port-au-Prince area on 2 October 2022, to 1 January 2023, the Haitian Ministry of Health (Ministère de la Santé Publique et de la Population, MSPP per its French acronym)², reported a total of 22,469 suspected cases (**Figure 1**) in 10 departments of the country, including 1,561 confirmed cases, 18,729 hospitalized suspected cases, and 452 registered deaths³. This represents an increase in the last 7 days of 15% in suspected cases (N=2,877), 9% in confirmed cases (N=134) and 25% in deaths (N=89). As of 1 January 2023, 9 departments have confirmed cases (Artibonite, Centre, Grand-Anse, Nippes, Nord, Nord-Ouest, Ouest, Sud and Sud-Est). To date, the case fatality rate among suspected cases is 2.0%.

Of a total of 4,266 samples analyzed by the National Public Health Laboratory (LNSP for its acronym in French), 1,561 were confirmed (36.6% positivity rate).

Figure 1. Daily distribution of suspected cases of cholera in Haiti from 29 September 2022 to 1 January 2023



Source: Haïti Ministère de la Santé Publique et de la Population (MSPP). Data generated by PAHO/WHO.

¹ Update produced using available provisional data as of 1 January 2023, which will be adjusted as new information becomes available.

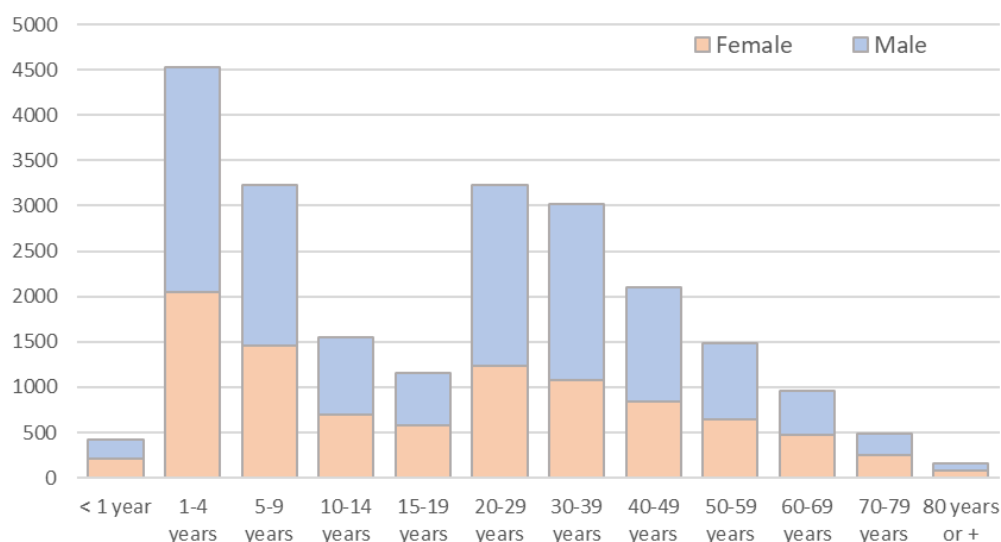
² Epidemiological situation of cholera, Haiti, available at: <https://bit.ly/3Vrdyp6> and <https://bit.ly/3Sq2ZQw>

³ Preliminary data subject to change based on retrospective investigation.

Suggested citation: Pan American Health Organization / World Health Organization. Epidemiological Update: Cholera. 4 January 2023, Washington, D.C.: PAHO/WHO; 2023

Of the total reported suspected cases with available information, 57% are male and 49% are aged 19 years or younger. The most affected age group is 1 to 4-year-olds (20%), followed by 20 to 29-year-olds (14.5%) and 5 to 9-year-olds (14%) (**Figure 2**).

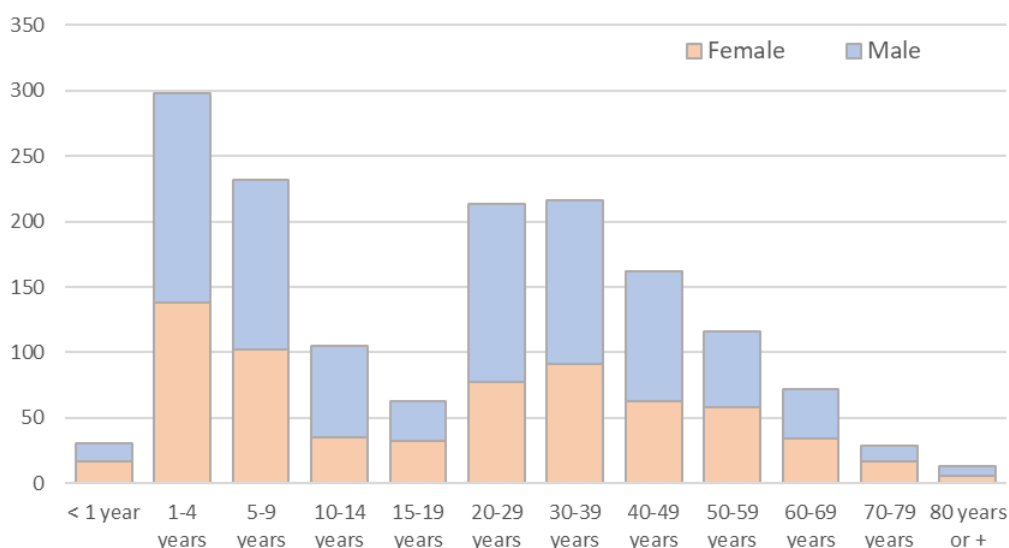
Figure 2. Distribution of suspected cases of cholera by age group in Haiti from 29 September 2022 to 1 January 2023



Source: Haïti Ministère de la Santé Publique et de la Population (MSPP). Data generated by PAHO/WHO.

Among confirmed cases, 57% are male, and 47% are aged 19 years or younger. The most affected age group is 1 to 4-year-olds (19% of total), followed by 5 to 9-year-olds (15%) and 30 to 39-year-olds (14%) (**Figure 3**).

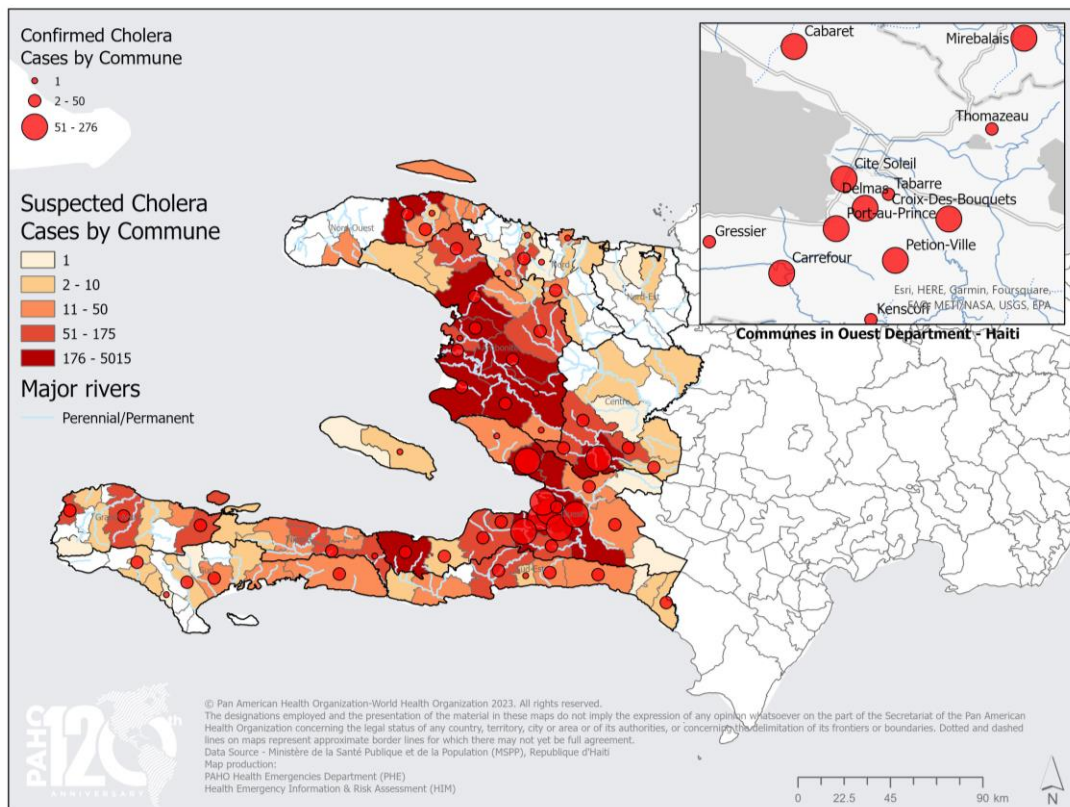
Figure 3. Distribution of confirmed cases by age group and sex in Haiti from 29 September 2022 to 1 January 2023



Source: Haïti Ministère de la Santé Publique et de la Population (MSPP). Data generated by PAHO/WHO.

The Ouest Department continues to report the highest number of cases, with 70% of all suspected cases recorded. The communes of Port-au-Prince, Cité-Soleil and Carrefour account for 68% (N=10,816) of all suspected cases reported in the Ouest Department (**Figure 4**). In the last 7 days, the department of Ouest reported a 11% increase in suspected cases and a 4% increase in confirmed cases. For the same period, the other departments reported an increase of 24% in suspected cases and 25% in confirmed cases.

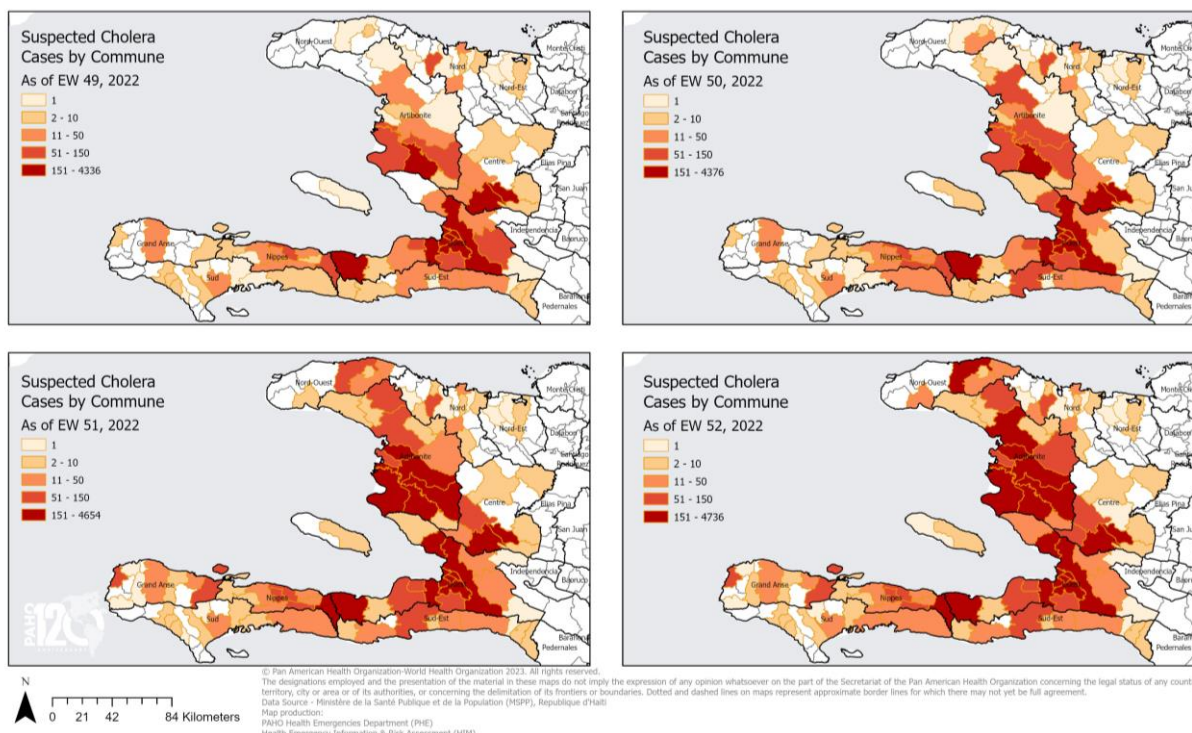
Figure 4. Map of cumulative cases of cholera in Haiti in 2022 from 29 September 2022 to 1 January 2023



Source: Haïti Ministère de la Santé Publique et de la Population (MSP). Data generated by PAHO/WHO.

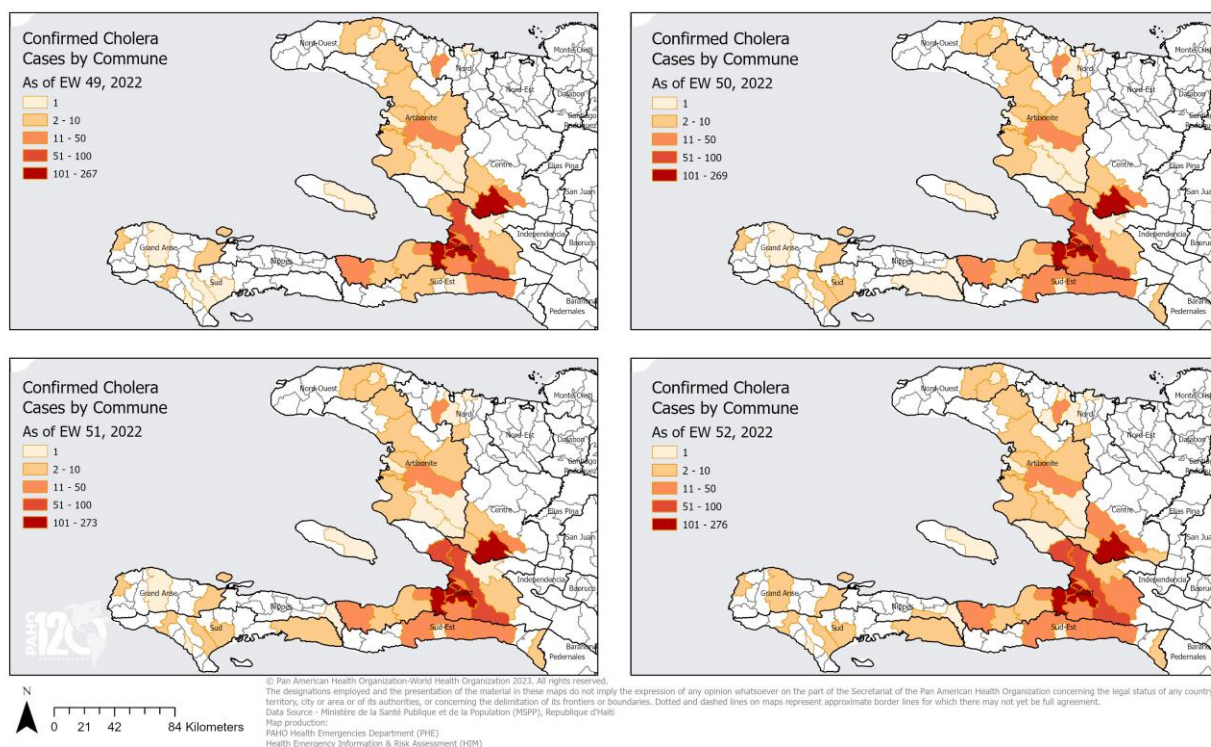
In the series of maps below you can observe how the geographical dispersion of the accumulated suspected (**Figure 5**) and confirmed (**Figure 6**) cases, according to each epidemiological week.

Figure 5. Suspected cholera cases in Haiti in 2022, by epidemiological week



Source: Haïti Ministère de la Santé Publique et de la Population (MSP). Data generated by PAHO/WHO.

Figure 6. Confirmed cholera cases in Haiti in 2022, by epidemiological week



Source: Haïti Ministère de la Santé Publique et de la Population (MSPP). Data generated by PAHO/WHO.

The current conditions in Haiti must be considered when analyzing the epidemiological situation of this cholera outbreak using the available official data. Epidemiological surveillance is affected due to the complex humanitarian and security crisis, added to the limited access to fuel throughout the country, resulting in limited access to health services and laboratories. Moreover, most of the population in the country is in a highly vulnerable situation in the face of established cholera transmission chains in the departments and communes. The humanitarian crisis and insecurity have exacerbated in recent months. This has considerably undermined the efforts of the MSPP and other organizations to implement prevention and control measures, including epidemiological surveillance, leading to underreporting of cases.

The Pan American Health Organization / World Health Organization (PAHO / WHO) is working in coordination with the Haitian public health authorities to characterize this event and support the response.

Dominican Republic

On 28 December 2022, the Dominican Republic Ministry of Public Health confirmed two additional cases of cholera in the country corresponding to 2 females of 33 and 44 years of age respectively, all of Dominican nationality, residents of the La Zurza sector of the National District, and with no travel history. To date, a total of 10 confirmed cases have been reported in the Dominican Republic, 2 of them imported from Haiti. The Ministry's press release is available at: <https://bit.ly/3vDX3KF>.

The latest risk assessment of the Cholera event in La Hispaniola Island (Haiti and the Dominican Republic), published on 2 December 2022, assesses the event as very high risk in La Hispaniola Island, moderate at regional level, and low at global level, available at: <https://bit.ly/3jKlv9o>.

Guidance for national authorities

The Pan American Health Organization / World Health Organization (PAHO/WHO) recommends that Member States continue their efforts to strengthen and maintain cholera surveillance in order to detect suspected cases early, provide adequate treatment and prevent its spread. Early and adequate treatment maintains the case-fatality rate (CFR) of hospitalized patients at less than 1%.

PAHO/WHO encourages Member States to simultaneously continue their efforts to guarantee adequate basic sanitation conditions and access to drinking water, in addition to hygiene promotion and social mobilization, to reduce the impact of cholera and other waterborne diseases.

PAHO/WHO reiterates that Member States continue implementing the recommendations formulated in the Epidemiological Update of November 1, 2022, available at <https://bit.ly/3WFqdpf>, which remain valid.

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