

In light of current cholera outbreaks in the Region, the Pan American Health Organization (PAHO) / World Health Organization (WHO) recommends Member States implement their preparedness and response plans and strengthen cholera surveillance systems. PAHO/WHO also calls on countries to further efforts to improve quality and conditions of water and sanitation.

### Current status of cholera outbreaks in the Region

In **Cuba**, according to the latest information provided by the Cuba International Health Regulations (IHR) National Focal Point (NFP), the total number of cases since epidemiological week (EW) 27 of 2012 through EW 34 of 2013 is 678, including three deaths. The cases were registered in the provinces of Camaguey, Granma, Guantanamo, Havana and Santiago de Cuba, as well as in other towns associated with these provinces.

According to the information, the cases recorded in Havana in August 2013, have been linked to two food service centers where the presence of asymptomatic persons infected with cholera among food handlers was found. The food outlets have since adopted appropriate sanitary measures.

Among the confirmed cholera cases are 12 persons who had travelled to Cuba from other countries (two from Chile<sup>1</sup>, two from Germany, three from Italy<sup>2</sup>, one from the Netherlands, two from Spain, and two from Venezuela<sup>3</sup>). The cases include 8 men and 4 women, with an age range of 30-74 years (median age of 53).

In the **Dominican Republic**, since the beginning of the epidemic (November 2010) through EW 36 of 2013, the total number of suspected cholera cases reported was 30,973, of which 455 died. As with Haiti, from EW 1 to EW 9 of 2013, the number of suspected cholera cases and deaths recorded nationwide was higher than the number recorded for the same period of 2012. The increase has been linked to cholera outbreaks registered in some provinces and in the Altagracia prison. As of EW 10 of 2013, there had been a decrease in the number of suspected cases and deaths recorded; however, between EW 32 and EW 36 the suspected cases increased, in particular due to outbreaks in the provinces of La Altagracia, San Cristóbal, Santiago and Maria Trinidad Sanchez. With regards to the case-fatality, for 2011 the case-fatality rate was 1.7%, at the end of 2012 it was 0.8%, and thus far in 2013 it has been 2.4%.

<sup>1</sup> Both cases were reported previously in the 14 August 2013 Epidemiological Update on Cholera.

<sup>2</sup> One of the three cases was reported previously in the 14 August 2013 Epidemiological Update on Cholera.

<sup>3</sup> Both cases were reported previously in the 14 August 2013 Epidemiological Update on Cholera.

In **Haiti**, since the beginning of the epidemic (October 2010) to EW 38 of 2013, the total number of cholera cases reached 678,840, of which 377,426 were hospitalized (55.5%) and 8,289 died. The global case-fatality rate has been 1.2% since November 2011, however, with variations between 4.3%, in the department of Sud Est to 0.6%, in Port-au-Prince.

Since EW 1 to EW 11 of 2013, the number of cases and deaths registered at a national level was greater than the respective numbers registered for the same period of 2012 due to outbreaks recorded in the departments of Artibonite, Centre, Grand Anse and Ouest. From EW 12 to EW 38 of 2013, the number of cases and deaths registered has been lower than what was registered for the same period in 2012.

In **Mexico**, the IHR NFP of Mexico reported 10 confirmed autochthonous cases of infection with *Vibrio cholerae* O:1 Ogawa toxigenic; two in the Federal District and eight in the state of Hidalgo. The cases are six women and four men with ages ranging from 2 to 73 years old. The onset dates range between August 17 and September 17, 2013. Five cases were hospitalized and one died (61 year old patient).

The Mexico health authorities are conducting various activities as part of the prevention and response to cholera, including strengthening epidemiological surveillance, strengthening the capacity and technical performance of the State Public Health Laboratory and ensuring the availability of inputs and quality of care in medical units.

## Recommendations

PAHO/WHO reiterates that the recommendations made in the [Epidemiological Alert of November 2, 2012](#) continue to be applicable.

## References

1. Ministry of Public Health and Population, Haiti: Rapports journaliers du MSPP sur l'evolution du cholera en Haiti. Port-au-Prince, Haiti: Ministry of Public Health and Population, Haiti; 2013. Available at: <http://www.mspp.gouv.ht/site/index.php>
2. The Dominican Republic Epidemiological Bulletin. Epidemiological Week 36 of 2013. Available at: [http://digepisalud.gob.do/boletines/otras-publicaciones/cat\\_view/33-otras-publicaciones/63-boletines-semanales.html](http://digepisalud.gob.do/boletines/otras-publicaciones/cat_view/33-otras-publicaciones/63-boletines-semanales.html)
3. Mexico Epidemiological Bulletin. Epidemiological Week 37, 2013. Available at: [http://www.epidemiologia.salud.gob.mx/dgae/boletin/intd\\_boletin2.html](http://www.epidemiologia.salud.gob.mx/dgae/boletin/intd_boletin2.html)
4. Presidential Report of Mexico. Updated 26 September 2013. Available at: <http://www.presidencia.gob.mx/recomendaciones-de-salud-contra-el-colera/>