



**Pan American
Health
Organization**



*Regional Office of the
World Health Organization*

Cholera in Latin America

Lessons from history

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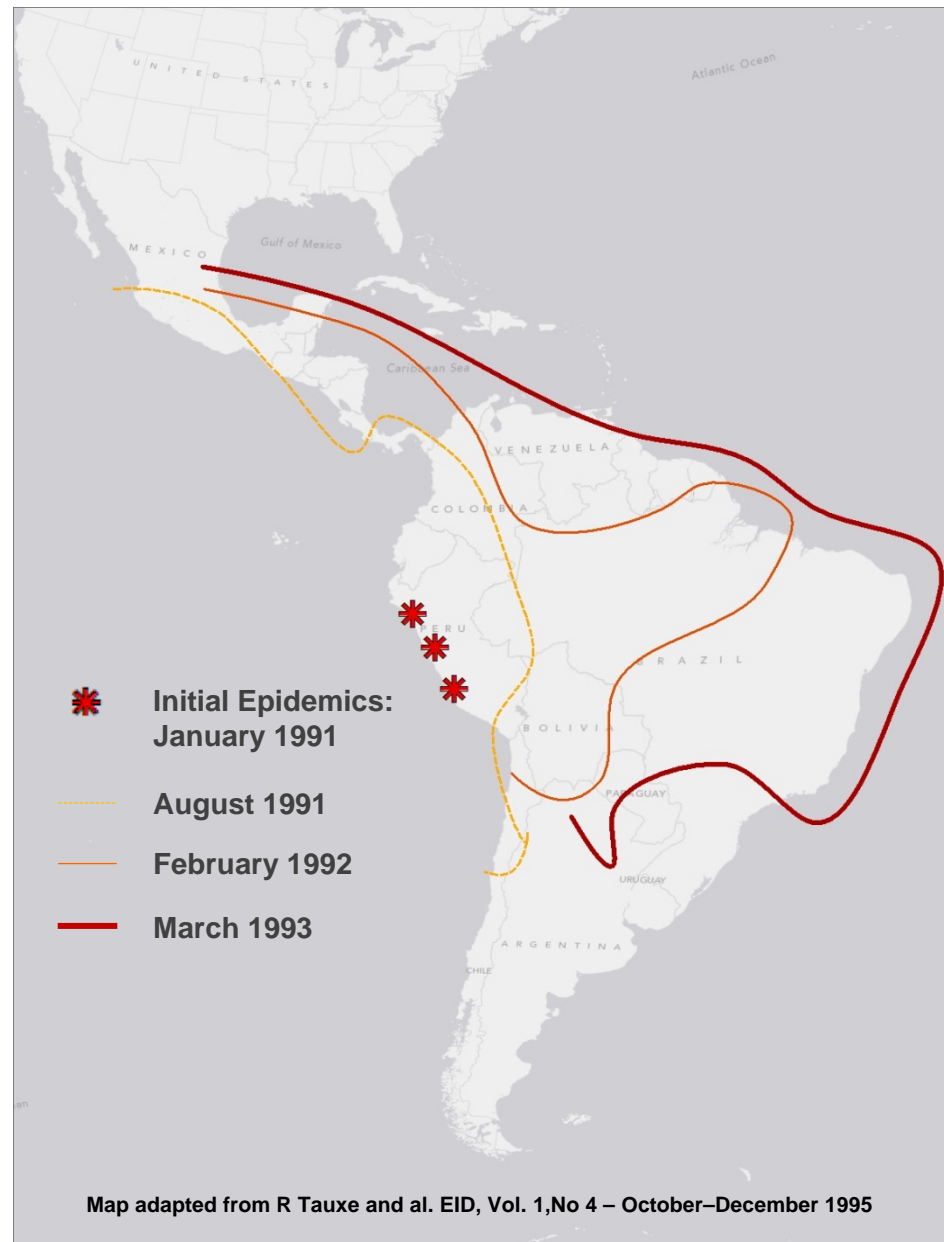
Director

PAHO/WHO – Washington DC



Spread of cholera within the Americas, 1990s

- Origin still unknown
- Explosive emergence in Peru in January 1991 followed by quick spread to other countries
- By December 1991, 15 countries affected
- Rural areas most affected
- All age groups and genders were affected.
- CFR range from 1.5% to 13.5%



Spread of cholera within the Americas, 1990s

- June 1991: First case in Mexico and then Central America
- 1993: Reached peak in Central America with 48,000 cases
- 1997: 2,600 cases were reported in Central America
- By December 1997: 21 countries of the region were affected with a total of 1,199,804 cases, including 11,875 fatalities, CFR% 1%
- 1998: re-emergence in Central America after Hurricane Mitch
- March 2002: last case in Central America recorded in Guatemala
- December 2003: Central America was declared free of cholera cases
- No cases recorded in Uruguay
- No cases recorded in Caribbean archipelago



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Source: PAHO: Health in the Americas, 2002 Edition.

Cholera Cases in The Americas 1991-2010

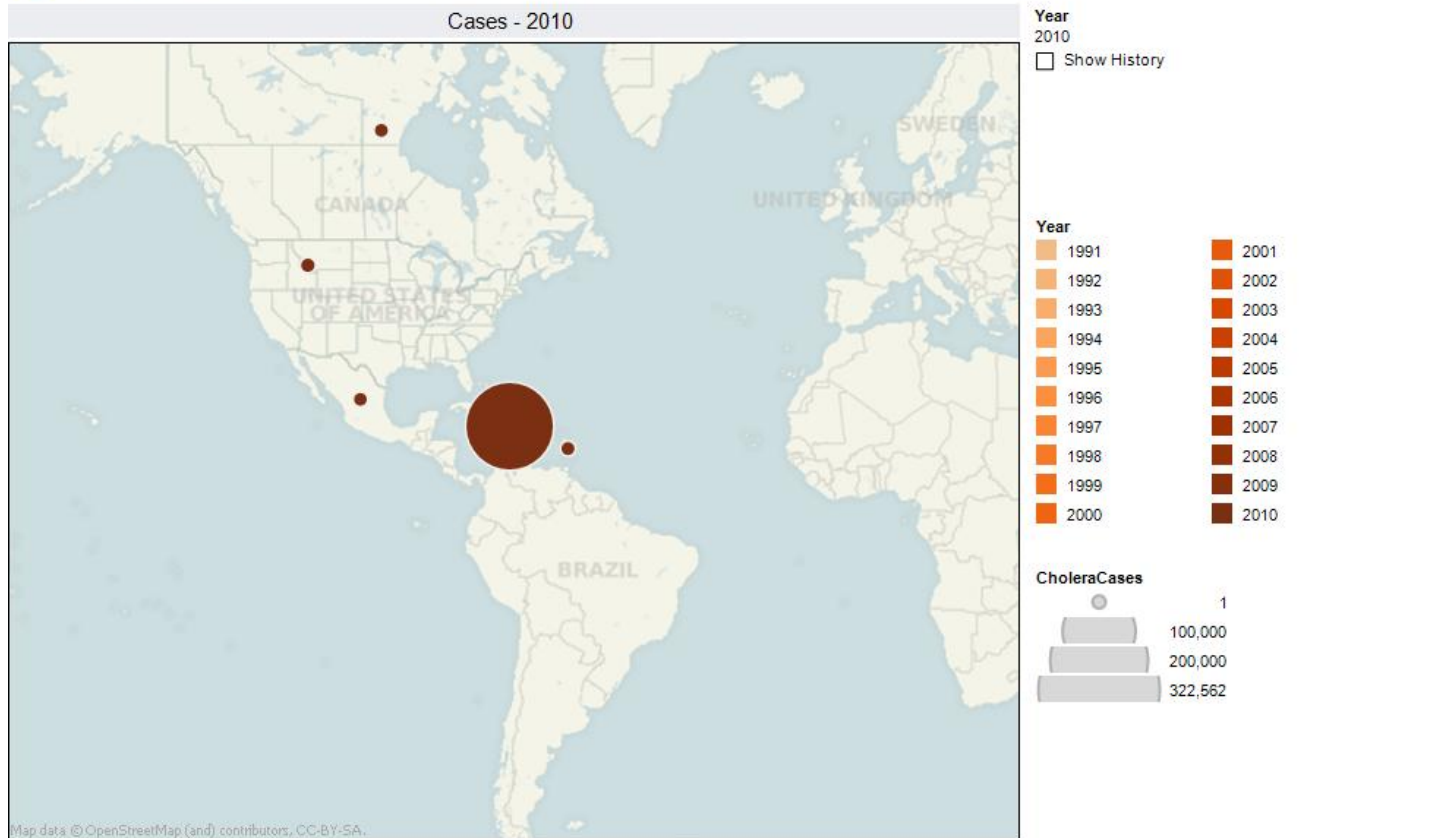
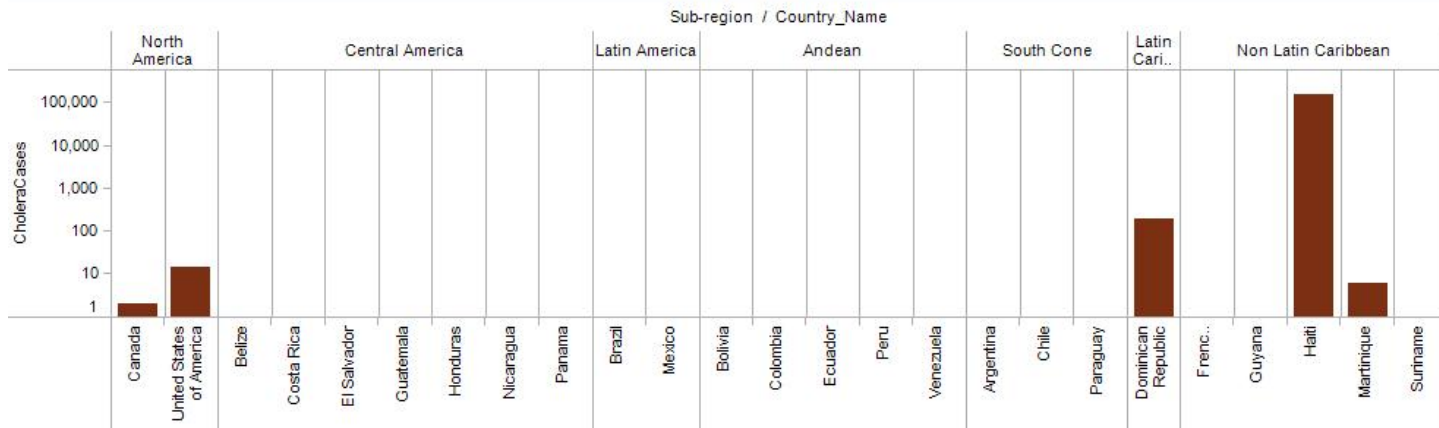
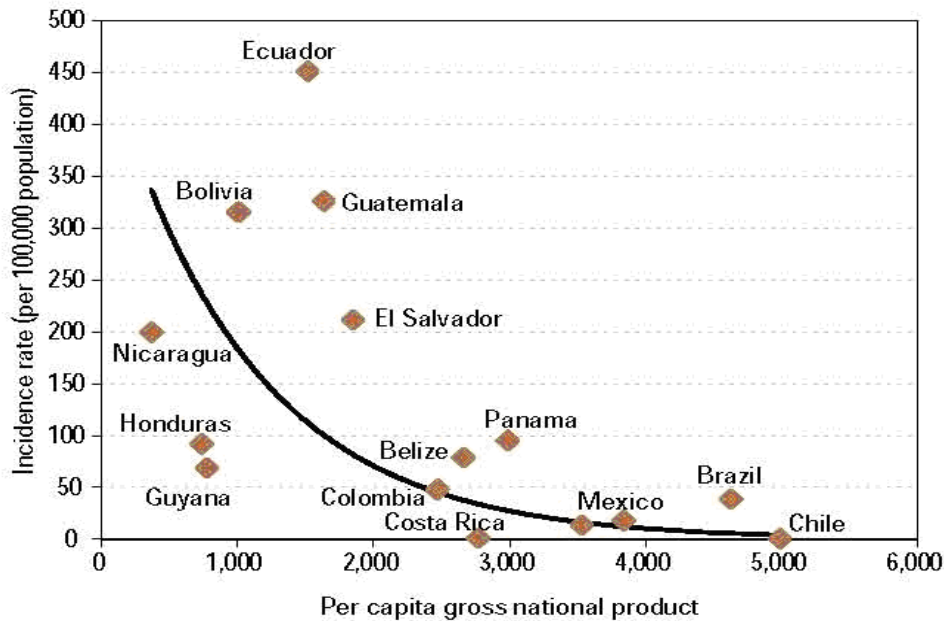


Chart - 2010

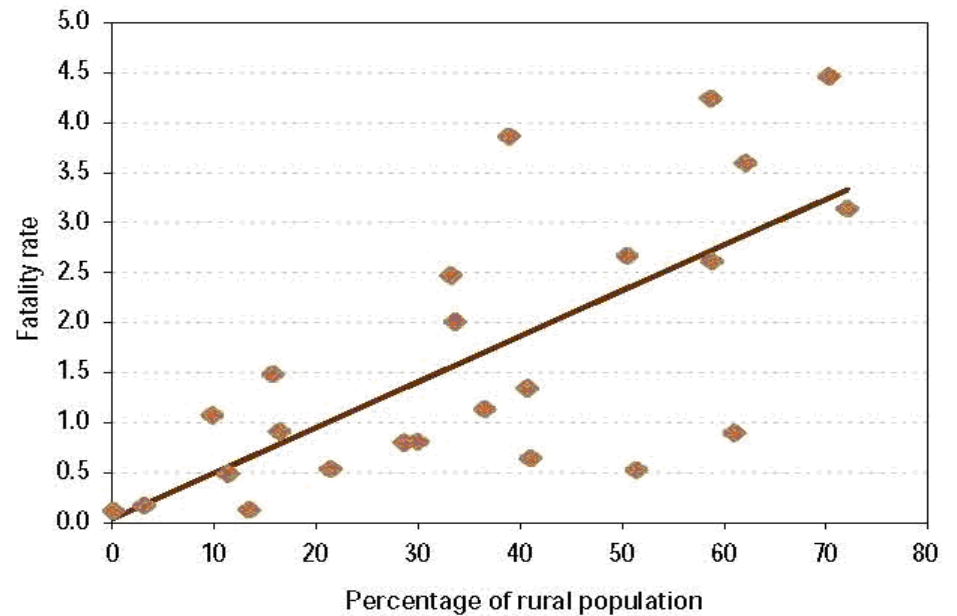


Cholera and Inequity and Poverty, 1990's

**Cholera Incidence Rate
By per capita gross national product (GDP)
by country**



**Cholera case-fatality rate
By percentage of rural population in Peru's Departments
1991-1993**



Source: PAHO: Health in the Americas, 2002 Edition.

Overcoming the challenge of cholera Success factors in Latin America during the 90's

- Cholera spreads in poverty:
 - limited water and sanitation access
 - rural areas
 - hard to reach communities, indigenous communities
- Success factors in Latin America to eliminate cholera:
 - WASH infrastructure investment
 - Community awareness and knowledge on prevention practices including hand washing, water chlorination and use of oral rehydration salts
 - Health systems strengthening in the context of primary health care
 - Case management in the context of the Integrated Management of Childhood Illnesses
 - Epidemiological surveillance, including laboratory integration