Cholera in the Americas - Situation summary

In the Americas Region, between epidemiological week (EW) 1 and EW 50 of 2017, a total of 13,582 suspected cholera cases were reported on the island of Hispaniola, of which 99% occurred in Haiti (13,468 cases, including 157 deaths). During the same period, 62 suspected cholera cases were reported in the Dominican Republic, including two deaths.

Both the Dominican Republic and Haiti reported a decrease in cases in relation to 2016. However, the decrease in Dominican Republic is greater with 12.8 to 1.21 cases per hundred thousand inhabitants in 2016 and 2017 respectively, while in Haiti reported cases dropped from 3.74 to 1.10 cases per hundred thousand inhabitants.

In Haiti, the cases reported between EW 1 and EW 50 of 2017 (13,468) represent a decrease of 68% with respect to the cases notified since EW 1 and EW 52 of 2016 (41,421) and is the lowest reported cases since the outbreak started in Haiti in October 2010 (Figure 1). Nevertheless, there are still 200–300 suspected cases reported each week. Between EW 47 and EW 50 of 2017, suspected cases were reported in 9 of the 10 Departments, although four Departments (Artibonite, Centre, Nord-Ouest and Ouest) account for 90% of the cases. In the same period, the average number of cases reported exceeded what was reported in the preceding weeks, mainly with the increases observed in the Nord (36% increase) and Nord-Ouest (19% increase) departments.

Similarly and comparatively between 2016 and 2017 the number of deaths reported decreased by 65% (from 447 to 157 deaths) and represents the lowest number of deaths reported since 2010.

Figure 1. Suspected cholera cases per epidemiological week. Haiti, 2014 to 2017 (up to EW 50)


In the Dominican Republic, between EW 1 and EW 50 of 2017, a total of 119 suspected cholera cases were reported representing a 90% decrease compared to cases reported in 2016 (1,149 between EW 1 and EW 52); this decrease is similarly observed with respect to deaths reported, there was an 85% decrease in 2017 compared to those reported in 2016.

Table 1 shows the number of cholera cases reported by year, between October 2010 and December 2017, in the island of Hispaniola.

Table 1. Cholera suspected cases and deaths in the island of Hispaniola, October 2010–December 2017

<table>
<thead>
<tr>
<th>Year</th>
<th>Dominican Republic</th>
<th></th>
<th>Haiti</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Cases</td>
<td>Deaths</td>
<td>CFR (%)</td>
<td>Cases</td>
</tr>
<tr>
<td>2010</td>
<td>191</td>
<td>0</td>
<td>0</td>
<td>179,379</td>
</tr>
<tr>
<td>2011</td>
<td>20,851</td>
<td>336</td>
<td>1.6</td>
<td>340,311</td>
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<tr>
<td>2012</td>
<td>7,919</td>
<td>68</td>
<td>0.8</td>
<td>112,076</td>
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<tr>
<td>2013</td>
<td>1,954</td>
<td>42</td>
<td>2.1</td>
<td>58,809</td>
</tr>
<tr>
<td>2014</td>
<td>603</td>
<td>11</td>
<td>1.8</td>
<td>27,753</td>
</tr>
<tr>
<td>2015</td>
<td>546</td>
<td>15</td>
<td>2.7</td>
<td>36,045</td>
</tr>
<tr>
<td>2016</td>
<td>1,159*</td>
<td>27*</td>
<td>2.3</td>
<td>41,421*</td>
</tr>
<tr>
<td>2017</td>
<td>119**</td>
<td>4**</td>
<td>3.4</td>
<td>13,468***</td>
</tr>
</tbody>
</table>


** Data as of EW 50 of 2017. Published by the Dominican Republic Ministry of Public Health, General Directorate of Epidemiology.

*** Data as of EW 50 of 2017 - Published by the Haiti Ministry of Ministry of Public Health and Population / Directorate of Epidemiology, Laboratory and Research.

Advice to national authorities

Albeit at the lowest incidence since October 2010, cholera transmission is ongoing in the Island of Hispaniola, therefore, PAHO/WHO continues to recommend that Member States maintain and strengthen cholera surveillance capacity for the early detection of suspected cases and their timely management to provide adequate treatment and prevent the spread of cholera. With early and appropriate treatment, the case fatality rate should remain below 1% among hospitalized patients.

PAHO/WHO encourages Member States to continue with their efforts, including hygiene promotion and social mobilization, to ensure and maintain adequate sanitation and access to safe drinking water and, thus, to reduce the impact of cholera and other waterborne diseases.
References


Related links:

- PAHO cholera health topic: www.paho.org/cholera
- Information on WHO’s statement relating to international travel and trade to and from countries experiencing outbreaks of cholera: http://www.who.int/cholera/technical/prevention/choleratravelandtradeadvice231110.pdf