



Epidemiological Alert:

Update on the Cholera situation in Haiti and the Dominican Republic

(26 July 2011)

The objective of this alert is to provide an update of the epidemiological situation of cholera in Haiti and the Dominican Republic, including the actions implemented by both countries in response to the situation. Also included are the Pan American Health Organization (PAHO) recommendations to Member States related to this theme.

The information presented was provided by the Haitian Ministry of Public Health and Population (MSPP) and by the Dominican Republic's Ministry of Health, respectively.

Haiti

Since the beginning of the cholera outbreak, starting epidemiological week (EW) 42¹ in 2010, until 10 July 2011 (EW 28), the MSPP registered a total of 388,958 cholera cases of which 53.2% (206,882) required hospitalization² and 5,899 died (1.5% global case-fatality rate).

According to the MSPP's surveillance system, the national number of cases and hospitalizations has decreased in the past three weeks, following an increase that occurred between EW 20 and 25 due to the rainy season that affected the country.

At the local level two departments, Nord and Nord Ouest, recorded an increase in the number of new cholera cases and new hospitalizations since EW 22. Meanwhile, Port-au-Prince and the Centre, Grand Anse and Nippes departments which had recorded an increase in cases between EW 22 and 23, have recorded a decline for the past three weeks.

Summary

Haiti

The national number of cases and hospitalizations has decreased in the past three weeks, following the increase which occurred between EW 20 and 25.

At the local level two departments, Nord and Nord Ouest, recorded an increase in the number of new cholera cases and new hospitalizations since EW 22. Meanwhile, Port-au-Prince and the Centre, Grand Anse and Nippes departments which had recorded an increase in cases between EW 22 and 23, have recorded a decline for the past three weeks.

Dominican Republic

The Ministry of Public Health reported that since the beginning of the outbreak up to EW 29 of 2011 they recorded a total of 13,200 suspected cholera cases and confirmed 87 deaths due to cholera.

The Distrito Nacional and the provinces of Elias Piña, San Cristóbal, San Juan, San Pedro de Macoris, Santiago and Santo Domingo Este and Oeste registered the highest rates of cholera transmission.

¹ On October 20, 2010 laboratory results confirmed the first cases of cholera (*V. cholerae* O: 1 serotype Ogawa) in patients hospitalized in the Arbitone department.

² A case of cholera is defined as a patient with profuse, acute, watery diarrhea, in a resident of a department in which at least one laboratory confirmed case of cholera exists. Hospitalized cases are when a patient is admitted to a health establishment (either a hospital or cholera treatment site) for at least one night. A death attributed to cholera is the death of a person which satisfies the definition of a cholera case. Any death due to cholera which occurs in a health establishment, regardless of the whether the patient was admitted during the night or in the morning, is considered a hospital death due to cholera.

The global case-fatality rate has remained around 1% despite the increase in cholera cases and hospitalizations which occurred between EW 20 and 25 in some departments and at the national level.

Dominican Republic

Since the beginning of the outbreak in EW 42 of 2010 up to EW 29 of 2011, the Dominican Republic's Ministry of Health has recorded a total of 13,200 suspected cholera cases and confirmed 87 deaths due to cholera.

In the last two weeks the transmission was confirmed in 25 provinces and 53 municipalities. The Distrito Nacional and the provinces of Elías Piña, San Cristóbal, San Juan, San Pedro de Macoris, Santiago and Santo Domingo Este and Ouest registered the highest rates of cholera transmission.

The Dominican Republic's surveillance system registered a decrease in the number of suspected cholera cases as of EW 25, although there were outbreaks in the Distrito Nacional and in some provinces.

Most of the outbreaks detected have been controlled through actions implemented at the regional and local levels, without exceeding their respective response capacities, and under the leadership of the central level.

Actions implemented by the health authorities

The Dominican Republic's Ministry of Health continues surveillance and response activities both at the national and local levels. Additionally they are developing training materials in coordination with medical societies and carrying out trainings to ensure the correct application of cholera patient care guidelines.

Community education activities for the prevention of cholera outbreaks, including hygiene and food safety recommendations, continue. Frequent chlorination of community water supply systems is used to increase access to drinkable water.

Recommendations

The Pan American Health Organization (PAHO/WHO) reminds Member States of the need to strengthen methods of cholera prevention and control. In this respect, PAHO/WHO recalls that the improvement of water supply and sanitation remains the most sustainable measure to protect people against cholera and other epidemic waterborne diarrheal diseases.

Similarly, the recommendations related to the travel and international trade are reiterated below.

Travel and international trade recommendations

Experience has shown that measures such as quarantine - to limit movement of people - and the seizure of goods, are ineffective and unnecessary in controlling the spread of cholera. Therefore, restricting the movement of people, as well as imposing restrictions on imported food produced under good manufacturing practices, based solely on the fact that cholera is epidemic or endemic in a country, is not justified.

References

1. Rapport de cas. Ministère de la Santé Publique et de la Population (MSPP). 10 July 2011.
2. Informe del Sistema Nacional de Vigilancia Epidemiológica. Vice Ministerio de Salud Colectiva. República Dominicana.
3. Prevention and control of cholera outbreaks, WHO policy and recommendations, September 2007. Available at: http://www.emro.who.int/CSR/Media/PDF/cholera_whopolicy.pdf