

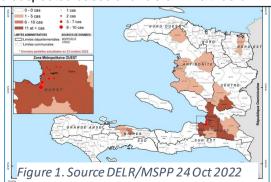
CHOLERA OUTBREAK IN HISPANIOLA

Situation Report # 3 25 October 2022

HIGHLIGHTS

- The Dominican Republic Vice-Ministry of Collective Health and the General Directorate of Epidemiology of the Ministry of Health (MoH) confirmed the first imported case of cholera in a patient traveling to the Altagracia Province. On 20 October, the Ministry of Health National Surveillance Laboratory Dr. Defilló confirmed a case of Vibrio cholerae serogroup O1, Ogawa serotype. The patient had a history of travel to Port-au-Prince, Haiti, 15 days prior to entering the country. No contacts have presented with symptoms.
- In Haiti, confirmed cholera cases continue to spread to new areas in the capital and around the greater Port-au-Prince area. In addition, 13 cases have now been confirmed in the Center Department, while suspected cases continue to be investigated in other departments.
- Transportation of samples from other departments, including from the Artibonite and the Southern Departments to the National Laboratory of Public Health (LNSP) remain challenging due to roadblocks and lack of access to fuel.
- As cases continue to spread across other regions of the country, cholera beds, medicines and other essential cholera supplies such as oral rehydration solution (ORS) and rapid tests are critical to continue response activities.
- PAHO/WHO continues to support the Ministry of Health (Ministère de la Santé Publique et de la Population – MSPP) and partners, including:
 - ✓ Donation of supplies to partners that are running Cholera Treatment Centers (CTCs), including support in the transportation of samples for diagnosis.
 - ✓ A total of 300 community health workers (ASCP) are being trained by PAHO/WHO and the Health Directorate of the Ouest Department (DSO) to carry out syndromic surveillance, which started on October 24 in the communities most affected by cholera.
 - ✓ Support the completeness, quality, and timeliness of epidemiological data.
- In the Dominican Republic, PAHO/WHO is supporting the Ministry of Health's Cholera Response Plan, with actions focused on epidemiological surveillance, laboratory capacity, case management and risk communication.

Map of cumulative suspected cases of cholera in Haiti as of 24 October 2022



IN NUMBERS*

As October of 24, 2022

2,243
Suspected
Cases

219 Confirmed Cases

1,415
Hospitalized
Suspected
Cases

55 Deaths

*Total numbers for Haiti include institutional and community cases as well as cases reported in the Civil Prison of PaP. This data excludes the case from the Dominican Republic.

Source: Haiti Ministère de la Santé Publique et de la Populationsitrep #20 and PAHO/WHO Country Office Situation Report#5

Link to PAHO/WHO Cholera website

<u>Cholera - PAHO/WHO | Pan</u>

<u>American Health Organization</u>

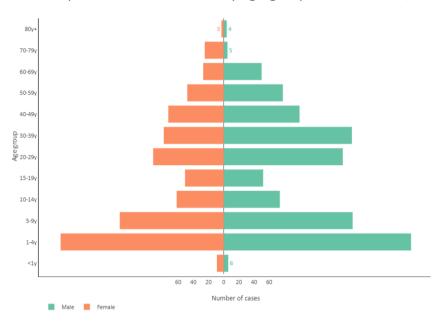
For more information contact: eoc@paho.org





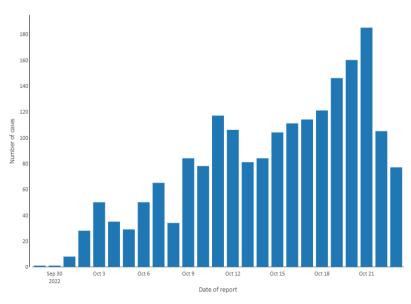
- Cholera cases, suspected and confirmed, are increasing, and now reported in 8 communes within the Port-au-Prince metropolitan area. Cité Soleil and Port-au-Prince communes are the most affected, with 34% and 44% of all total suspected cases respectively reported to date. They also represent 21% and 35% of confirmed case, respectively.
- Based on the MSPP report from 24 October, 57.7% of reported suspected cases are male and 42.3% female. Among confirmed cases in the Metropolitan area of Port-au-Prince, the age groups 1-5 and 30-39 are the most affected.
- In the Metropolitan area of Port-au-Prince, there are 462 cholera beds installed and 387 hospitalized patients (bed occupancy rate of 83.8%).
- At the Civil Prison of Port-au-Prince, there has been 271 suspected cases, 12 confirmed and 14 deaths reported.

Figure 1. Distribution of suspected cases of cholera by age group in Haiti in 2022, as of 24 October



Source: Haiti Ministère de la Santé Publique et de la Population.

Figure 2. Daily distribution of suspected cases of cholera in Haiti in 2022, as of 24 October 2022



Source: Haiti Ministère de la Santé Publique et de la Population







RISK ASSESSMENT AND CHALLENGES

- Lack of access to affected areas due to insecurity, on-going demonstrations, and civil unrest, is hindering the epidemiological surveillance, the installation of Oral Rehydration Points (ORP) and Cholera Treatment Centers (CTCs), the transport of patients to CTCs and health promotion and water, hygiene and sanitation activities at the community level.
- Lack of access to fuel is disrupting the running and scale up of CTCs, the operation of the National Laboratory of Public Health and mobility of health staff, as well as the transportation of samples from the departments to the National Laboratory, and of other critical and lifesaving supplies.
- There are multiple challenges in the procurement of cholera supplies due to high demand stemming from several ongoing cholera outbreaks at the global level, impeding access to essential medical supplies for scaling up the response. In addition, the closure of ports is a significant challenge for importing medical supplies to Haiti.



HEALTH NEEDS

In coordination with the health authorities, the following priority needs have been identified to reduce morbidity and mortality:

- Laboratory reagents and rapid diagnostic tests for the investigation and confirmation of cholera cases.
- Medicines and medical supplies for case management, including Oral Rehydration Salts (ORS) and Ringer Lactate.
- Access to fuel for the operation of CTCs, laboratories, and other essential Ministry of Health units.
- Access to safe drinking water and improved hygiene and sanitation.



PAHO/WHO RESPONSE

In line with the 5 pillars defined by the MSPP for the cholera outbreak response, PAHO/WHO is supporting Haiti with the following:

Coordination

- On October 22, the MSPP held a high-level coordination meeting with representatives from United Nations agencies, USAID, Center for Disease Control Haiti, and Protection Civile to present their cholera response plan (Cadre d'Action Intégré) and the coordination mechanism.
- PAHO/WHO continues to support coordination efforts by the health authorities at national and department levels, specifically in Ouest, Center, Nord Ouest, Grand Anse and Nippes Departments.
- PAHO/WHO is supporting response efforts by the MSPP in other departments with multidisciplinary teams for preparedness activities related to the rapid detection of cases and timely case management, including in the departments that have not yet reported cases.





Epidemiological and laboratory Surveillance

- PAHO/WHO is providing technical support to the Directorate of Epidemiology, Laboratories, and Research (DELR) and the Health Directorate of the Ouest Department (DSO) to improve epidemiological surveillance activities, including data completeness and timeliness of cholera alerts.
- The DELR, CDC, and PAHO/WHO are supporting the revision of cholera case definitions for the improvement of case detection.
- PAHO/WHO and the DSO are collaborating to ensure data collected is timely shared at department and national levels to guide cholera response actions due to the rapid evolution of the situation.
- PAHO/WHO is expanding the Labo-moto system for sample collection and transportation from the most affected communes in Port-au-Prince.

Case management

- PAHO/WHO is supporting the MSPP in the revision of their cholera management guidance. The Directorate for the Organization of Health Services (DOSS) has already validated the following guidance documents: cholera case management, pediatric cholera case management, management of pregnant women with cholera, and the guidelines and requirements to open a Cholera Treatment Center (CTC).
- PAHO/WHO supported DOSS and the United Nations Integrated Office in Haiti to adapt the cholera treatment protocol to the context of treatment within a prison.
- With the support of the PAHO regional advisors, efforts are in progress to finalize a CTC evaluation tool and an instruction guide, which will be used to assess CTCs according to standards established by the MSPP.

Water, Hygiene and Sanitation (WaSH) / Infection prevention and Control (IPC)

- Recruitment for WaSH technicians to support the response at department level is on-going.
- PAHO/WHO, in collaboration with DSO and UNICEF, is supporting the Civil Prison of Port-au-Prince to improve water, hygiene and sanitation measures as well as the management of solid waste.

Communications and community engagement

- 300 community health workers (ASCP) have been trained by PAHO/WHO and the DSO on comprehensive community response to cholera and how to carry out syndromic surveillance. On October 24, the ASCP were deployed to the communities most affected by cholera.
- Communication materials were developed focusing on the importance of feeding infants and young children through breastfeeding, during the cholera outbreak. These materials will complement other health promotion activities the ASCP are carrying out to strengthen the detection and management of cholera cases, as well as acute malnutrition at the community level.

Logistics

- PAHO/WHO is collaborating with the Humanitarian Air Service provided by the World Food Program (UNHAS) to transport cholera samples from the departments to the LNSP in Port-au-Prince.
- The first USAID-chartered aircraft from PAHO/WHO strategic reserve in Panama delivered 49m³ of medical kits and WaSH materials on October 24.
- 100 cholera beds have been purchased in the Dominican Republic for Haiti. Of these, 30 have already been delivered to Haiti with United Nations Humanitarian Air Service support.



