

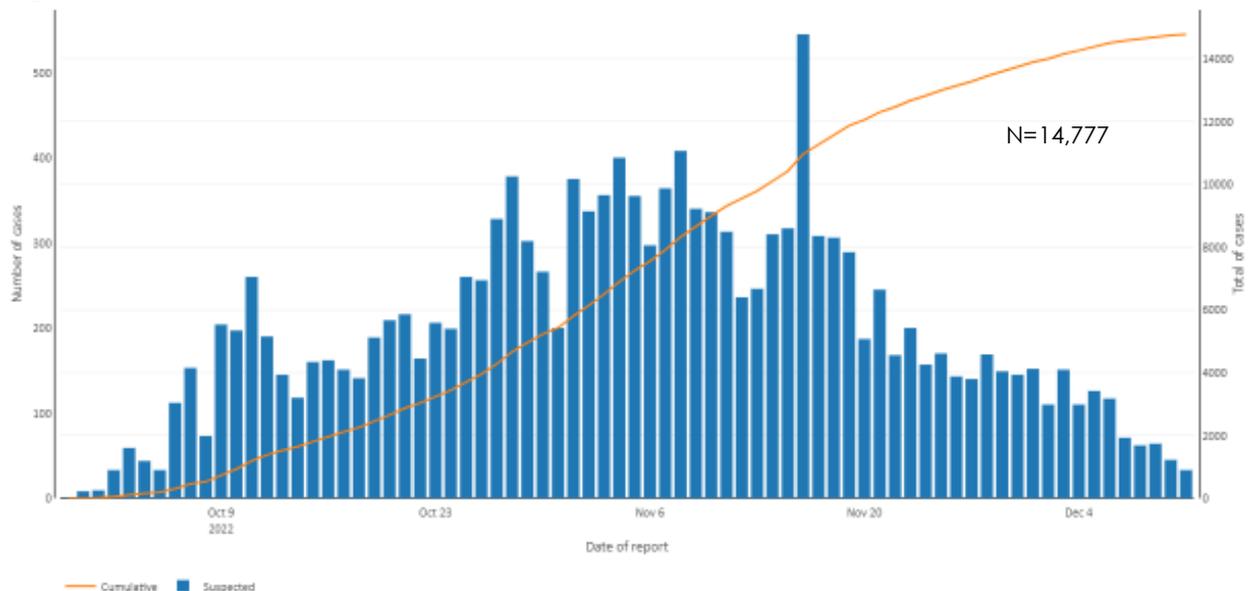
Summary of the current situation¹

Haiti

Since the notification of the first two confirmed cases of *Vibrio cholerae* O1 in the greater Port-au-Prince area on 2 October 2022, to 11 December 2022, the Haitian Ministry of Health (Ministère de la Santé Publique et de la Population, MSPP per its French acronym)², reported a total of 14,777 suspected cases (**Figure 1**) in 10 departments of the country, including 1,262 confirmed cases, 12,709 hospitalized suspected cases, and 291 registered deaths³. This represents an increase of 9% in suspected cases (N=1,323), 7% in confirmed cases (N=85) and 3% in deaths (N=10) compared to the Update of 6 December 2022. As of 11 December 2022, 8 departments have confirmed cases (Artibonite, Centre, Grand-Anse Nord, Nord-Ouest, Ouest, Sud and Sud-Est). To date, the case fatality rate among suspected cases is 2%.

Of a total of 3,128 samples analyzed by the National Public Health Laboratory (LNSP for its acronym in French), 1,262 were confirmed (40% positivity rate).

Figure 1. Daily distribution of suspected cases of cholera in Haiti in 2022, as of 11 December 2022



Source: Haïti Ministère de la Santé Publique et de la Population (MSPP). Data generated by PAHO/WHO.

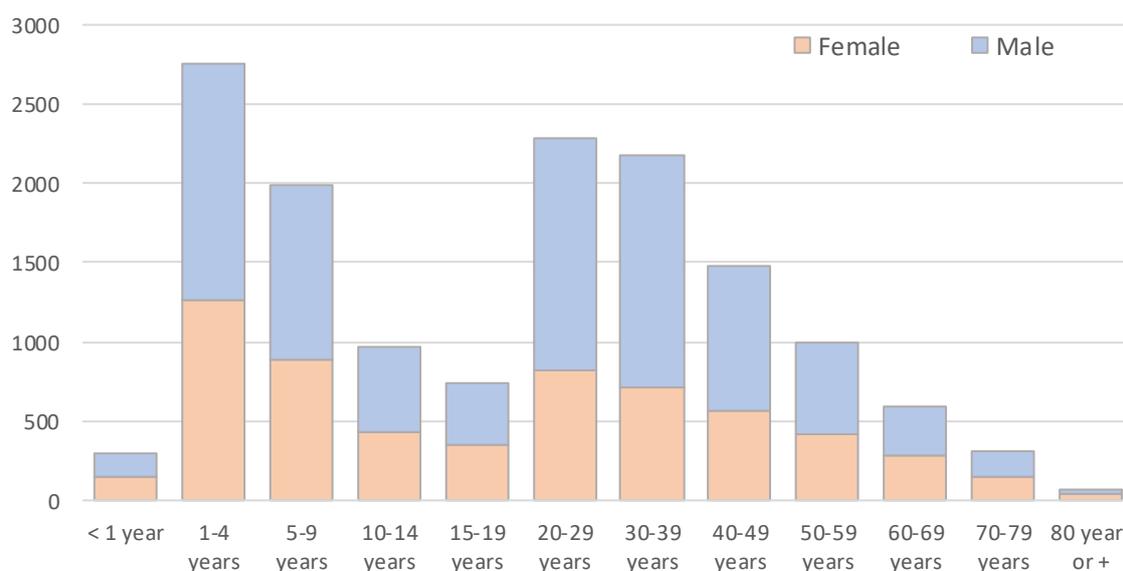
¹ Update produced using available provisional data as of 11 December 2022, which will be adjusted as new information becomes available.

² Epidemiological situation of cholera, Haiti, available at: <https://bit.ly/3Vrdyp6> and <https://bit.ly/3Sc2ZQw>

³ Preliminary data subject to change based on retrospective investigation.

Of the total reported suspected cases with available information, 59% are male and 46% are aged 19 years or younger. The most affected age group is 1 to 4-year-olds (19%), followed by 20 to 29-year-olds (16%) and 30 to 39-year-olds (15%) (**Figure 2**).

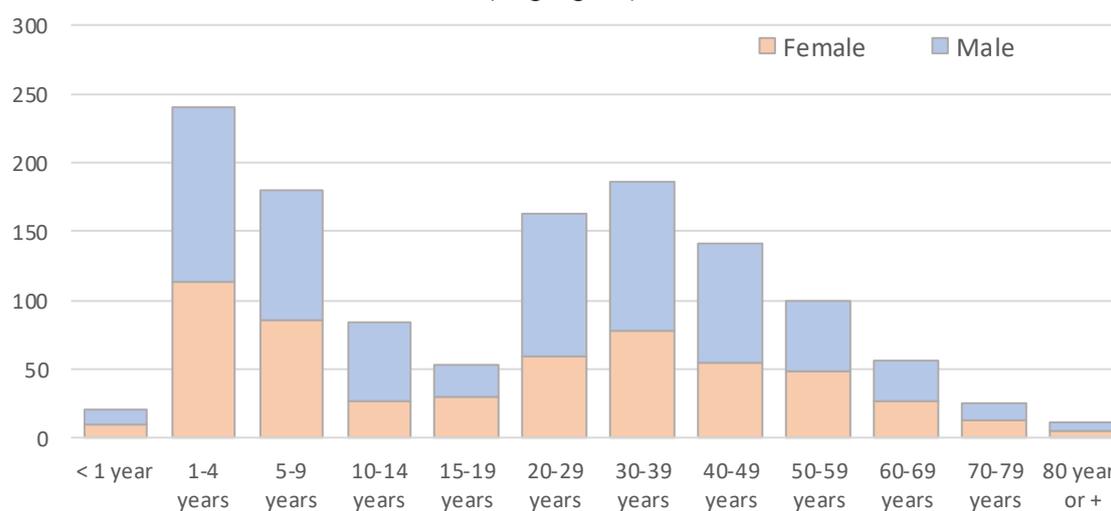
Figure 2. Distribution of suspected cases of cholera by age group in Haiti in 2022, as of 11 December



Source: Haïti Ministère de la Santé Publique et de la Population (MSPP). Data generated by PAHO/WHO.

Among confirmed cases, 57% are male, and 46% are aged 19 years or younger. The most affected age group is 1 to 4-year-olds (19% of total), followed by 30 to 39-year-olds (15%) and 5 to 9-year-olds (14%) (**Figure 3**).

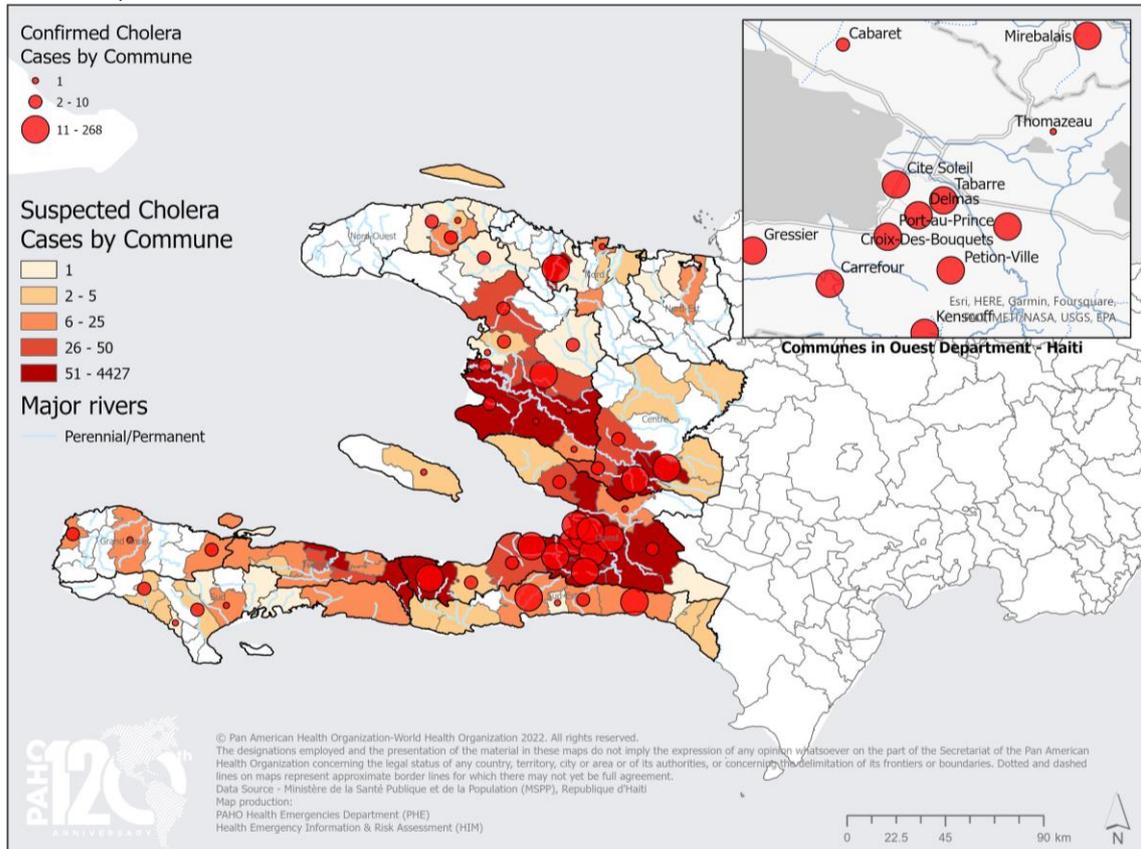
Figure 3. Distribution of confirmed cases by age group and sex in Haiti in 2022, as of 11 December



Source: Haïti Ministère de la Santé Publique et de la Population (MSPP). Data generated by PAHO/WHO.

The Ouest Department continues to report the highest number of cases, with 86% of all suspected cases recorded. The communes of Port-au-Prince, Cité-Soleil and Carrefour account for 70% (N=8,920) of all suspected cases reported in the Ouest Department (**Figure 4**). The department of Ouest reported a 7% increase in suspected cases and a 3% increase in confirmed cases. Yet, the other departments reported an increase of 34% in suspected cases and 22% in confirmed cases, compared to the Update of 6 December 2022.

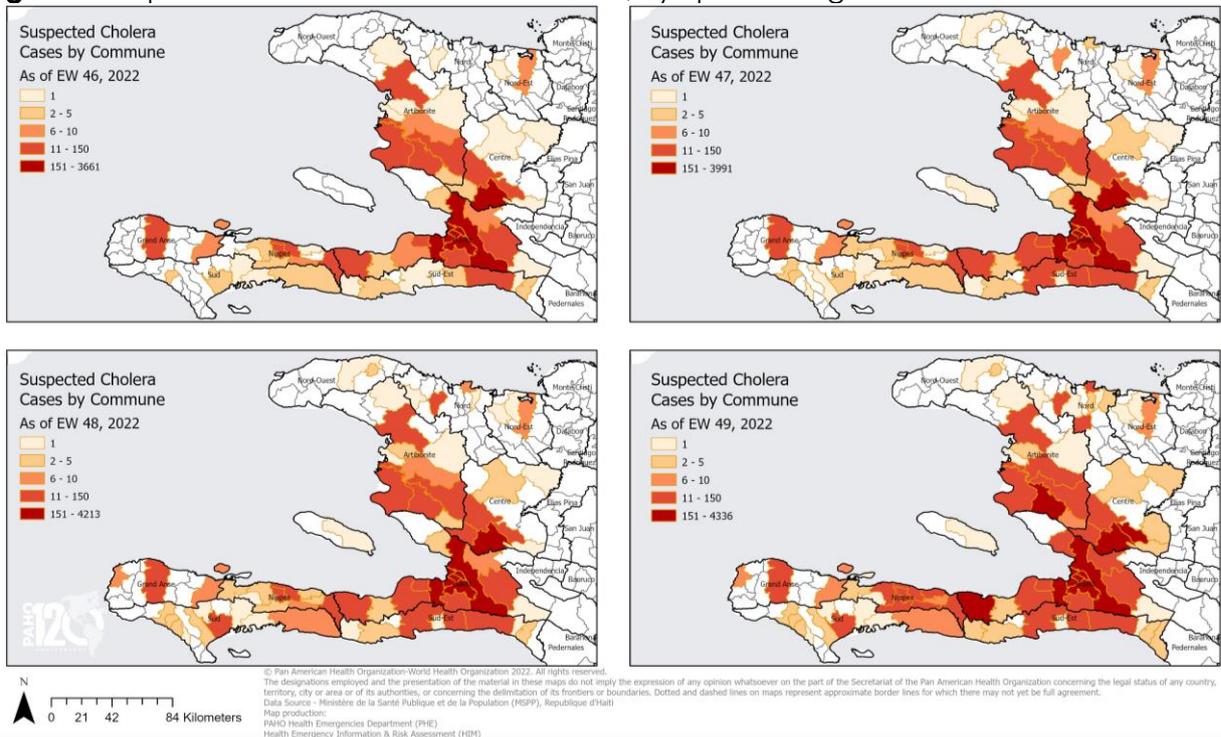
Figure 4. Map of cumulative cases of cholera in Haiti in 2022, as of 11 December 2022



Source: Haïti Ministère de la Santé Publique et de la Population (MSPP). Data generated by PAHO/WHO.

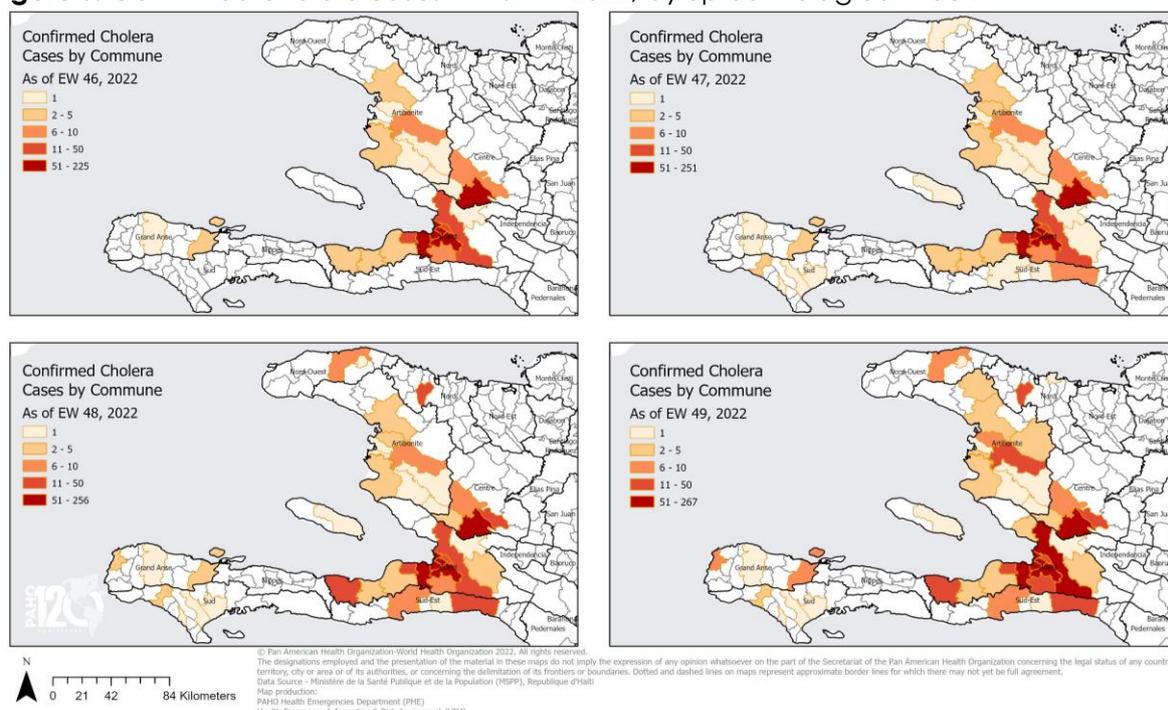
In the series of maps below you can observe how the geographical dispersion of the accumulated suspected (**Figure 5**) and confirmed (**Figure 6**) cases, according to each epidemiological week.

Figure 5. Suspected cholera cases in Haiti in 2022, by epidemiological week



Source: Haïti Ministère de la Santé Publique et de la Population (MSPP). Data generated by PAHO/WHO.

Figure 6. Confirmed cholera cases in Haiti in 2022, by epidemiological week



Source: Haïti Ministère de la Santé Publique et de la Population (MSPP). Data generated by PAHO/WHO.

The current conditions in Haiti must be considered when analyzing the epidemiological situation of this cholera outbreak using the available official data. Epidemiological surveillance is affected due to the complex humanitarian and security crisis, added to the limited access to fuel throughout the country, resulting in limited access to health services and laboratories. Moreover, most of the population in the country is in a highly vulnerable situation in the face of established cholera transmission chains in the departments and communes. The humanitarian crisis and insecurity have exacerbated in recent months. This has considerably undermined the efforts of the MSPP and other organizations to implement prevention and control measures, including epidemiological surveillance, leading to underreporting of cases.

The Pan American Health Organization / World Health Organization (PAHO / WHO) is working in coordination with the Haitian public health authorities to characterize this event and support the response.

Dominican Republic

On 13 December 2022, the Dominican Republic Ministry of Public Health confirmed the third and fourth cases of cholera in the country. The third case is a 30-year-old female, and the fourth case is a 6-year-old female child. Both cases are of Dominican nationality, residents of Distrito Nacional. As of 13 December 2022, a total of 4 confirmed cases have been reported in the Dominican Republic, 2 of them imported from Haiti. The Ministry's press releases are available at: <https://bit.ly/3DhfERG>, <https://bit.ly/3XsM7fB> and <https://bit.ly/3FaoCvE>.

The latest risk assessment of the Cholera event in La Hispaniola Island (Haiti and the Dominican Republic), published on 2 December 2022, assesses the event as very high risk in La Hispaniola Island, moderate at regional level, and low at global level, available at: <https://bit.ly/3UKuVzW>.

Guidance for national authorities

The Pan American Health Organization / World Health Organization (PAHO/WHO) recommends that Member States continue their efforts to strengthen and maintain cholera surveillance in order to detect suspected cases early, provide adequate treatment and prevent its spread. Early and adequate treatment maintains the case-fatality rate (CFR) of hospitalized patients at less than 1%.

PAHO/WHO encourages Member States to simultaneously continue their efforts to guarantee adequate basic sanitation conditions and access to drinking water, in addition to hygiene promotion and social mobilization, to reduce the impact of cholera and other waterborne diseases.

PAHO/WHO reiterates that Member States continue implementing the recommendations formulated in the Epidemiological Update of November 1, 2022, available at <https://bit.ly/3WFqdpf>, which remain valid.

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