Summary of the current situation

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 7 January 2022, the Haitian Ministry of Health (Ministère de la Santé Publique et de la Population, MSPP per its French acronym), reported a total of 23,044 suspected cases (Figure 1) in 10 departments of the country, including 1,576 confirmed cases, 18,699 hospitalized suspected cases, and 464 registered deaths. This represents an increase in the last 7 days of 3% in suspected cases (N=679), 2% in confirmed cases (N=26) and 3% in deaths (N=14). As of 7 January 2023, 9 departments have confirmed cases (Artibonite, Centre, Grand-Anse, Nippes, Nord, Nord-Ouest, Ouest, Sud and Sud-Est). To date, the case fatality rate among suspected cases is 2.0%.

Of a total of 4,351 samples analyzed by the National Public Health Laboratory (LNSP for its acronym in French), 1,576 were confirmed (36.2% positivity rate).

Figure 1. Daily distribution of suspected cases of cholera in Haiti from 29 September 2022 to 7 January 2023


Of the total reported suspected cases with available information, 57% are male and 48% are aged 19 years or younger. The most affected age group is 1 to 4-year-olds (20%), followed by 20 to 29-year-olds (14.5%) and 5 to 9-year-olds (14%) (Figure 2).

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1 Update produced using available provisional data as of 7 January 2023, which will be adjusted as new information becomes available.
3 Preliminary data subject to change based on retrospective investigation.


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Figure 2. Distribution of suspected cases of cholera by age group in Haiti from 29 September 2022 to 7 January 2023


Among confirmed cases, 57% are male, and 47% are aged 19 years or younger. The most affected age group is 1 to 4-year-olds (19% of total), followed by 5 to 9-year-olds (15%) and 30 to 39-year-olds (14%) (Figure 3).

Figure 3. Distribution of confirmed cases by age group and sex in Haiti from 29 September 2022 to 7 January 2023


The Ouest Department continues to report the highest number of cases, with 70% of all suspected cases recorded. The municipalities of Port-au-Prince, Cité-Soleil and Carrefour account for 67% (N=10,836) of all suspected cases reported in the Ouest Department. In the last 7 days, the department of Ouest reported a 2% increase in suspected cases and a 0% increase in confirmed cases. For the same period, the other departments reported an increase of 6% in suspected cases and 6% in confirmed cases.

The municipalities that reported the most increase in suspected cases in EW 1 of 2023 compared to EW 52 of 2022 were Petit-Goave (116 cases), Arcahaie (47 cases), Port-au-Prince (35 cases) and Cabaret (31 cases) in the Ouest department; Gonaives (74 cases) and Verrettes (30 cases) in Artibonite department; Port-de-Paix (57 cases) and Saint-Louis du Nord (38 cases) in Nord-Ouest department (Figure 4).
Figure 4. New suspected cholera cases in Haiti reported in last epidemiological week

![Map of Haiti with color-coded distribution of new suspected cholera cases](https://www.paho.org)


The municipalities that proportionally increased the notification of suspected cases the most in EW 1 of 2023 compared to EW 52 of 2022 were Arcahaie (204%) and Petit-Goave (29%) in the Ouest department; Saint-Louis du Nord (78%) and Bassin Bleu (35%) in Nord-Ouest department; Les Cayes (37%) in Sud department; Gonaives (31%) in Artibonite department; Jeremie (27%) in Grand’Anse department (Figure 5).

Figure 5. Proportional increase in suspected cholera cases in Haiti by epidemiological week (only municipalities with at least 25 suspected cumulative cases)

![Map of Haiti with color-coded proportion increase in suspected cholera cases](https://www.paho.org)

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 municipalities. 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 6 January 2023, the Dominican Republic Ministry of Public Health confirmed three additional cases of cholera in the country corresponding to two people of Haitian nationality (a 93-year-old female and a 4-year-old boy), both reported in the San Carlos sector, and a third case corresponding to a 55-year-old female, resident of the Zurza sector in the National District. Since the notification of the first confirmed case on 20 October 2022, to 6 January 2022, a total of 13 confirmed cases have been reported in the Dominican Republic, 4 of them imported from Haiti. The Ministry's press release is available at: https://bit.ly/3Gp2jHa.

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/3jKIv9o.

**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.

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