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 14 January 2023, the Haitian Ministry of Health (Ministère de la Santé Publique et de la Population, MSPP per its French acronym)², reported a total of 24,232 suspected cases (Figure 1) in 10 departments of the country, including 1,742 confirmed cases, 20,505 hospitalized suspected cases, and 483 registered deaths³. This represents an increase in the last 7 days of 5% in suspected cases (N=1,188), 11% in confirmed cases (N=166) and 4% in deaths (N=19). As of 14 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 4,672 samples analyzed by the National Public Health Laboratory (LNSP for its acronym in French), 1,742 were confirmed (37.3% positivity rate).

Figure 1. Daily distribution of suspected cases of cholera in Haiti from 29 September 2022 to 14 January 2023


¹ Update produced using available provisional data as of 14 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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Of the total reported suspected cases with available information, 57% are male and 49% are aged 19 years or younger. The most affected age group is 1 to 4-year-olds (20%), followed by 5 to 9-year-olds (15%) and 20 to 29-year-olds (14.5%) (Figure 2).

**Figure 2.** Distribution of suspected cases of cholera by age group in Haiti from 29 September 2022 to 14 January 2023

Among confirmed cases, 57% are male, and 49% are aged 19 years or younger. The most affected age group is 1 to 4-year-olds (20% 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 14 January 2023

The Ouest Department continues to report the highest number of cases, with 67% 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 1% increase in suspected cases and a 3% increase in confirmed cases. For the same period, the other departments reported an increase of 14% in suspected cases and 27% in confirmed cases.

The municipalities that reported the most increase in suspected cases in EW 2 of 2023 compared to EW 1 were Mirebalais (137 cases) in Centre department; Port-de-Paix (128 cases), Saint-Louis du Nord (94 cases) and Anse-a-Foleur (36 cases) in Nord-Ouest department; Gonaives (116 cases), Saint-Michel de l'Attalaye (55 cases), Gros Morne (48 cases) and Verrettes (44 cases) in Artibonite department; Anse-a-Veau (76 cases) in Nippes department; Petut-Goave (52 cases), Arcahaie (37 cases), Cabaret (37 cases) and Delmas (29 cases) in Ouest department; and Aquin (34 cases) in Sud department (Figure 4).

Figure 4. New suspected cholera cases in Haiti reported in last epidemiological week

The municipalities that proportionally increased the notification of suspected cases the most in EW 2 of 2023 compared to EW 1 were Anse-a-Foleur (157%), Saint-Louis du Nord (108%) and Port-de-Paix (35%) in Nord-Ouest department; Aquin (100%), Saint Louis du Sud (72%) and Les Cayes (46%) in Sud department; Anse-a-Veau (87%) in Nippes department; Ennery (67%), Saint-Michel de l'Attalaye (56%), Gros Morne(49%) and Gonaives (37%) in Artibonite department; and Arcahaie (53%) in Ouest department (Figure 5).

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

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 15 January 2023, the Dominican Republic Ministry of Public Health confirmed two additional cases of cholera in the country corresponding to two people of Haitian nationality (a 26-year-old male and a 9-year-old male), both residents of a community in the municipality of Bánica, Elías Piña province. Since the notification of the first confirmed case on 20 October 2022, to 15 January 2023, a total of 19 confirmed cases have been reported.
in the Dominican Republic, 5 of them imported from Haiti. The Ministry’s press release is available at: https://bit.ly/3GNR7Eb.

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/3jKlv9o.

**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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