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 21 January 2023, the Haitian Ministry of Health (Ministère de la Santé Publique et de la Population, MSPP per its French acronym), reported a total of 25,803 suspected cases (Figure 1) in 10 departments of the country, including 1,938 confirmed cases, 21,995 hospitalized suspected cases, and 511 registered deaths. This represents an increase in the last 7 days of 6% in suspected cases (N=1,571), 11% in confirmed cases (N=196) and 6% in deaths (N=28). As of 21 January 2023, in the 10 departments have been confirmed cases. To date, the case fatality rate among suspected cases is 2.0%.

Of a total of 5,207 samples analyzed by the National Public Health Laboratory (LNSP for its acronym in French), 1,938 were confirmed (37.2% positivity rate).

Figure 1. Daily distribution of suspected cases of cholera in Haiti from 29 September 2022 to 21 January 2023


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1 Update produced using available provisional data as of 21 January 2023, which will be adjusted as new information becomes available.
3 Preliminary data subject to change based on retrospective investigation.

Of the total reported suspected cases with available information, 56% 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%) (Figure 2).

**Figure 2.** Distribution of suspected cases of cholera by age group in Haiti from 29 September 2022 to 21 January 2023

Among confirmed cases, 56% are male, and 49% 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 (16%) and 20 to 29-year-olds (14%) (Figure 3).

**Figure 3.** Distribution of confirmed cases by age group and sex in Haiti from 29 September 2022 to 21 January 2023

The Ouest Department continues to report the highest number of cases, with 64% of all suspected cases recorded. The municipalities of Port-au-Prince, Cité-Soleil and Carrefour account for 66% (N=10,972) 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 2%
increase in confirmed cases. For the same period, the other departments reported an increase of 15% in suspected cases and 28% in confirmed cases.

The municipalities that reported the most increase in suspected cases in EW 3 of 2023 compared to EW 2 were Gonaives (151 cases) in the department of Artibonite; Limbé (146 cases) and Plaisance (108 cases) in Nord department; Port-de-Paix (137 cases) and Saint-Louis du Nord (121 cases) in the Nord-Ouest department; Port au Prince (136 cases), Cabaret (61 cases), and Delmas (48 cases) in the Ouest 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 in EW 3 of 2023 compared to EW 2 were Pilate (94%) and Bas Limbé (88%) in Nord Department; Hinche (70%) in Centre Department; and Anse-à-Galets (54%) in Ouest Department (Figure 5).

Six communes in five departments recorded suspected cases for the first time: Cerca-Cavalan and Maissade in Centre Department; Chambellan in Grand-Anse; Port-Magot in Nord; Carice in Nord-Est and Fond-des-Blancs in Sud. During EW 3 the Nord-Est Department reported its first confirmed cases in the municipalities of Ouanaminth (4 cases) and Mombin Crochu (3 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 22 January 2023, the Dominican Republic Ministry of Public Health confirmed four additional cases of cholera in the country corresponding to four people of Haitian nationality (two male of 47 and 31 years old and two female of 72 and 9-year-old), and two cases of Dominican nationality, a male of 56 years and a female of 37, residents of Villa Liberación and Los Solares del Almirante in Santo Domingo. Since the notification of the first confirmed case on 20 October 2022, to 22 January 2023, a total of 31 confirmed cases have been reported in the Dominican Republic, 9 of them imported from Haiti. The Ministry’s press release is available at: https://bit.ly/3H52aJa.

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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