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 28 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 27,099 suspected cases (Figure 1) in 10 departments of the country, including 2,056 confirmed cases, 23,196 hospitalized suspected cases, and 560 registered deaths. This represents an increase in the last 7 days of 5% in suspected cases (N=1,296), 6% in confirmed cases (N=118) and 10% in deaths (N=49). As of 28 January 2023, all 10 departments have confirmed cases. To date, the case fatality rate among suspected cases is 2.1%.

Of a total of 5,537 samples analyzed by the National Public Health Laboratory (LNSP for its acronym in French), 2,056 were confirmed (37.1% positivity rate).

*Figure 1.* Daily distribution of suspected cases of cholera in Haiti from 29 September 2022 to 28 January 2023


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1 Update produced using available provisional data as of 28 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 28 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 (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 28 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 65% (N=11,136) 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 3%
increase in confirmed cases. For the same period, the other departments reported an increase of 10% in suspected cases and 10% in confirmed cases.

The municipalities that reported the most increase in suspected cases in EW 4 of 2023 compared to EW 3 were Port-de-Paix (167 cases), Anse-a-Foleur (42 cases) and Saint-Louis du Nord (36 cases) in Nord-Ouest department; Port au Prince (164 cases), Delmas (64 cases), Arcahaie (32 cases) and Cabaret (30 cases) in Ouest department; Gonaïves (96 cases), Saint-Michel de l’Attalaye (36 cases) and Petite Riviere (29 cases) in Artibonite department; Port-Margot (80 cases), Limbé (37 cases) and Plaisance (36 cases) in Nord department; Cerca Carvajal (33 cases) and Mirebalais (29 cases) in Centre department; Jeremie (38 cases) in Grand’Anse department; and Jacmel (30 cases) in Sud-Est 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 4 of 2023 compared to EW 3 were Port-Margot (94%) and Pilate (31%) in Nord department; Ennerand (36%) in Artibonite department; Cerca Carvajal (33%) in Centre department; Anse-a-Foleur (32%) in Nord-Ouest department; Anse a Galets (31%) in Ouest department; and Jeremie (27%) in Grand’Anse department (Figure 5).
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 29 January 2023, the Dominican Republic Ministry of Public Health confirmed seven additional cases of cholera in the country corresponding to six people of Dominican nationality (four males aged 66, 41, 35 and 23 years old, and two females aged 47 and 22 years old), and one case of Haitian nationality (a 47-year-old male), residents of Villa Liberación and Los Solares del Almirante in Santo Domingo Este. Since the notification of the first confirmed case on 20 October 2022, to 29 January 2023, a total of 43 confirmed cases...
have been reported in the Dominican Republic. The Ministry’s press release is available at: https://bit.ly/3DwxXBT.

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/3WtLOcf.

**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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