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 12 February 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 30,715 suspected cases (Figure 1) in 10 departments of the country, including 2,283 confirmed cases, 27,014 hospitalized suspected cases, and 594 registered deaths\(^3\). This represents an increase in the last 7 days of 5% in suspected cases (N=1,514), 8% in confirmed cases (N=176) and 6% in deaths (N=34). As of 12 February 2023, all 10 departments have confirmed cases. To date, the case fatality rate among suspected cases is 1.9% (institutional fatality rate is 1.4%).

Of a total of 6,175 samples analyzed by the National Public Health Laboratory (LNSP for its acronym in French), 2,283 were confirmed (37.0% positivity rate).

**Figure 1.** Daily distribution of suspected cases of cholera in Haiti from 29 September 2022 to 12 February 2023

![Graph showing daily distribution of suspected cases of cholera in Haiti from 29 September 2022 to 12 February 2023](Source: Haïti Ministère de la Santé Publique et de la Population (MSPP). Data generated by PAHO/WHO.)

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\(^1\) Update produced using available provisional data as of 12 February 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 51% are aged 19 years or younger. The most affected age group is 1 to 4-year-olds (21%), 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 12 February 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 12 February 2023

The Ouest Department continues to report the highest number of cases, with 65% of all suspected cases recorded. The municipalities of Port-au-Prince, Cité-Soleil and Carrefour account for 63% (N=10,900) 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 15% in confirmed cases.

The municipalities that reported the most increase in suspected cases in EW 6 of 2023 compared to EW 5 were Thomassique (128), Hinche (113), Cerca La Source (82), Lascahobas (60), Mirebalais (58), Belladere (54) and Maissade (36) in Centre department; Jacmel (87) and Bainnet (27) in Sud-Est department; Gonaives (71), Saint-Michel de l’Attaillaye (45) and Dessalines (40) in Artibonite department; Cabaret (64), Port au Prince (34), Ganthier (30) and Petit-Goave (28) in Ouest department; Port-de-Paix (53) and Saint-Louis du Nord (50) in Nord-Ouest department; Cap-Haïtien (40) in Nord department; and Saint Louis du Sud (36) in Sud department (Figure 4).

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

![Map showing new suspected cholera cases in Haiti](image)


The municipalities that proportionally increased the notification of suspected cases in EW 6 of 2023 compared to EW 5 were Thomassique (100%), Maissade (63%) and Hinche (34%) in Centre department; Ganthier (73%) in Ouest department; Bainnet (68%) and Jacmel (39%) in Sud-Est department; Cap-Haïtien (36%) in Nord department; and Saint Louis du Sud (31%) and Les Cayes (27%) in Sud 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)


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 11 February 2023, the Dominican Republic Ministry of Public Health confirmed six additional cases of cholera in the country corresponding to five people of Dominican nationality (three males aged 49, 36, and 35 years old, and two females aged 62 and 2 years old), and one case of Haitian nationality (a 1-year-old female), residents of Los Solares del Almirante sector in Santo Domingo Este. Since the notification of the first confirmed case on 20 October 2022, to 11 February 2023, a total of 59 confirmed cases have been reported in

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/3WTL0cf.

**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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