Cholera in the Americas - Situation summary

Since the beginning of 2015 up to epidemiological week (EW) 38 of 2015, a total of 22,950 cholera cases have been recorded in three countries in the Region of the Americas: Cuba, Haiti and the Dominican Republic. Haiti alone registered 98% (22,511) of the total cases in the Region of the Americas.

In Cuba, on 9 October national health authorities reported that as of EW 39 a total of 23 cholera cases due to *Vibrio cholerae* O1, serotype Ogawa were confirmed. All cases are from the province of Holguin. Cases related to a drought in the province that has led to a shortage of safe drinking water. The national health authorities are strengthening prevention and control activities.

In the Dominican Republic, since the beginning of the epidemic (November 2010) to EW 36 of 2015, a total of 33,180 suspected cholera cases, including 491 deaths, were recorded.

Between EW 1 and EW 36 of 2015, a total of 416 suspected cholera cases were registered, including 13 deaths. This represents the double of the cases recorded for the same period in 2014, although in the past four weeks there has been a decreasing trend in cases, as seen in Figure 1. The cases are mainly residents from the National District and provinces of Santo Domingo, Santiago, Monseñor Nouel, La Vega, San Pedro de Macoris and San Cristobal.

**Figure 1.** New cholera cases by epidemiological week, 2014-2015. Dominican Republic.

In Haiti, since the beginning of the epidemic (October 2010) through epidemiological week (EW) 38 of 2015, there were 747,166 cholera cases, of which 428,778 were hospitalized (57% cumulative hospitalization rate), and 8,840 deaths, with a national cumulative case fatality rate of 1.2%.

From January up to EW 37 of 2015, there were 22,511 cholera cases, including 17,815 hospitalizations (79% hospitalization rate), and 185 deaths (case fatality rate of 0.8%). On average,
there were around 600 new cholera cases and 5 deaths registered by week. In 2015, the number of cases and deaths recorded by epidemiological week show an increase in comparison to the corresponding weeks in previous years, as seen in Figure 2. In the last four weeks the number of new cases remained stable due to a decrease in cases in the Nord-Ouest department, and a resurgence of cases in some communities, mainly in the Sud-Est department.

**Figure 2.** New cholera cases by epidemiological week (EW), 2012-2015. Haiti.


## Advice to national authorities

In the 2014 Annual Report on Cholera, published by the World Health Organization\(^1\), it is emphasized that cholera is an event of public health that can be predicted, prevented, and treated. Higher risk is associated with areas with limited access to health-care facilities, poor sanitation and lack of access to safe water. Prevention and preparedness and early detection through surveillance will enable health authorities to allocate resources and implement appropriate prevention and control measures.

Key factors for effective surveillance include existence of a standard case definition, clear and simple mechanisms for data collection, reporting procedures and analysis, rapid diagnosis of suspected cases and laboratory confirmation, routine feedback of surveillance data and appropriate coordination at all levels (i.e., community, health services, district, national, and international levels). Cholera surveillance should be part of an integrated disease surveillance system that includes local feedback as well as information-sharing at the global level.

## References


Related links:

- PAHO cholera health topic: [www.paho.org/cholera](http://www.paho.org/cholera)
- Information on WHO’s statement relating to international travel and trade to and from countries experiencing outbreaks of cholera: [http://www.who.int/cholera/technical/prevention/choleratravelandtradeadvice231110.pdf](http://www.who.int/cholera/technical/prevention/choleratravelandtradeadvice231110.pdf)