Epidemiological Update

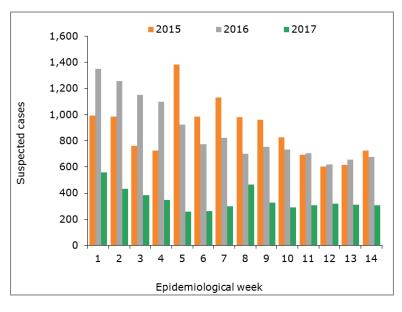


Cholera in the Americas - Situation summary

Between epidemiological weeks (EW) 1 and 14 of 2017, a total of 4,871 suspected cholera cases were reported in Haiti, including 69 deaths. During the same period, 62 suspected cholera cases were reported in the Dominican Republic, including two deaths.

The 4,871 cases reported in **Haiti** represent a 60% and 61% decrease compared to the 12,373 and 12,226 suspected cholera cases reported during the same period in 2015 and 2016, respectively (**Figure 1**). **Figure 2** shows that this decrease has been constant over the 14-week period. The 69 deaths reported in 2017 represents a 41% and 50% decrease compared to the 116 and 139 deaths reported during the same period in 2015 and 2016, respectively. For the first 14 weeks of 2017, the in-hospital case fatality rate (CFR) was 1.2% compared to 0.9% for the whole of 2016 and 0.8% for the whole of 2015.¹

Figure 1. Suspected cholera cases per epidemiological week. Haiti, EW 1 to EW 14, 2015 to 2017.



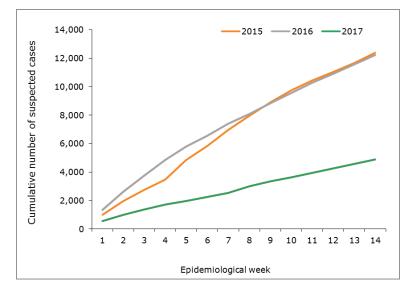
Source: The Haiti Ministry of Ministry of Public Health and Population / Directorate of Epidemiology, Laboratory and Research

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¹ Preliminary data subject to change as new information is received.

Suggested citation: Pan American Health Organization / World Health Organization. Epidemiological Update: Cholera. 4 May, Washington, D.C.: PAHO/WHO; 2017

Figure 2. Cumulative number of suspected cholera cases by epidemiological week. Haiti, EW 1 to EW 14, 2015 to 2017.



Source: The Haiti Ministry of Ministry of Public Health and Population / Directorate of Epidemiology, Laboratory and Research

All 10 Departments of Haiti have reported suspected cholera cases during 2017. Between EW 11 and 14 of 2017, the rates of notified cases ranged from 39.5 to 3.2 per 100,000 population. The five departments with the highest rates in descending order are: Centre, Ouest (which includes the capital city of Port-au-Prince), Nippes, Artibonite, and Nord.

Similarly, the 62 suspected cholera cases reported in the **Dominican Republic** between EW 1 and EW 14 of 2017 represents a 73% and 91% decrease compared to the same period in 2015 and 2016. In fact, 679 suspected cases were reported in 2016 and 229 in 2015. While two deaths have been reported in 2017, 15 and 10 deaths were reported in 2016 and 2015, respectively. Overall CFR is 3.2% in 2017, 2.2% in 2016, and 4.4% in 2015. While 20 provinces (included the capital district) reported cases in 2016, only 10 provinces have reported cases in 2017.

Table 1 shows the number of cholera cases reported by year, between October 2010 andearly April 2017, in the island of Hispaniola.

Table 1. Cholera suspected cases and deaths in the island of Hispaniola, Oct. 2010–Apr. 2017

Year	Dominican Republic			Haiti		
	Cases	Deaths	CFR (%)	Cases	Deaths	CFR (%)
2010 [‡]	191	0	0	179,379	3,990	2.2
2011 [‡]	20,851	336	1.6	340,311	2,869	0.8
2012 [‡]	7,919	68	0.8	112,076	894	0.8
2013 [‡]	1,954	42	2.1	58,809	593	1.0
2014 [‡]	603	11	1.8	27,753	296	1.1
2015	546	15	2.7	36,045	322	0.9
2016	1,159*	27*	2.3	41,421*	447*	1.1
2017	62**	2**	3.2	4,871***	69***	1.2

* Source: WHO, Weekly Epidemiological Bulletins. Available at: <u>http://www.who.int/wer/en/</u>

* Data up to EW 52 of 2016.

** Data as of EW 14 of 2017. Published by the Dominican Republic Ministry of Public Health, General Directorate of Epidemiology. Available at:

http://digepisalud.gob.do/docs/Boletines%20epidemiol%C3%B3gicos/Boletines%20semanales/2017/Bolet%C3 %ADn%20Semanal%2014-2017.pdf.

*** Data as of EW 14 of 2017; provided to PAHO/WHO by the Haiti Ministry of Ministry of Public Health and Population / Directorate of Epidemiology, Laboratory and Research.

Advice to national authorities

Despite the decrease in reported cholera cases in the island of Hispaniola, PAHO/WHO recommends that Member States maintain and strengthen cholera surveillance capacity for the early detection of suspected cases and their timely management to provide adequate treatment and prevent the spread of cholera. With early and appropriate treatment, the case fatality rate should remain below 1% among hospitalized patients.

PAHO/WHO encourages Member States to continue with their efforts, including hygiene promotion and social mobilization, to ensure and maintain adequate sanitation and access to safe drinking water and, thus, to reduce the impact of cholera and other waterborne diseases.

References

 Weekly Epidemiological Bulletin, Epidemiological week 14 of 2017. Dominican Republic Ministry of Public Health. Available at: <u>http://digepisalud.gob.do/docs/Boletines%20epidemiol%C3%B3gicos/Boletines%20sem</u> <u>anales/2017/Bolet%C3%ADn%20Semanal%2014-2017.pdf</u>

Related links:

- WHO Weekly Epidemiological Record, vol. 91, EW 38 of 2016. 2015 Annual Cholera Report. Available at: <u>http://apps.who.int/iris/handle/10665/250142</u>
- WHO cholera fact sheet: <u>http://www.who.int/mediacentre/factsheets/fs107/en/index.html</u>
- PAHO cholera health topic: <u>www.paho.org/cholera</u>
- Information on WHO's statement relating to international travel and trade to and from countries experiencing outbreaks of cholera: <u>http://www.who.int/cholera/technical/prevention/choleratravelandtradeadvice23111</u> <u>0.pdf</u>
- Atlas of Cholera outbreak in La Hispaniola. PAHO/WHO. Available at: <u>http://new.paho.org/hq/images/Atlas_IHR/CholeraHispaniola/atlas.html</u>
- WHO. Cholera epidemic outbreaks: evaluating the response and improving preparation. Available in Spanish at: http://www.who.int/topics/cholera/publications/cholera_outbreak/es/
- Recommendations for the clinical management of cholera. Available at: <u>http://www.paho.org/hq/index.php?option=com_docman&task=doc_view&Itemid=0&gid=10813&lang=fr</u>