



Epidemiological Alert:

Update on the Cholera Situation
as EW 49 (5 to 11 December)

(Published on December 16, 2010)

Epidemiological Situation

Haiti

As in the previous epidemiological alerts, the information presented here, which integrates data obtained by the partners of the Health Cluster¹, has been provided by the Ministère de la Santé Publique et de la Population (MSPP).

From epidemiological week (EW) 42² to EW 49³, the MSPP reported at the national level a total of 107,656 cholera cases⁴, of which 49.7% (53,484) were hospitalized and 2,376 died (1,626 at the health services level and 750 at the community level). The in-hospital case fatality rate as of EW 49 is 3.0% and the overall case fatality rate is 2.2%.

Currently, all ten department of Haiti have reported cases and deaths due to cholera. During the previous two epidemiological weeks, the highest cumulative incidence rate was observed in the departments of Artibonite (290 cases per 10,000 inhabitants) followed by Nord Ouest, Centre and Nord (with 172 and 146 and 143 cases per 10,000 inhabitants, respectively).

In Port-au-Prince and its metropolitan area⁵, and from EW 44⁶ to EW 49, 17,128 cholera cases, of which 35.3% (6,040) were hospitalized and 210 died (202 at the health services level and 8 at the community level), were recorded. The cumulative in-hospital case fatality rate as of EW 49 is 3.3% and the overall case fatality rate is 1.2%.

At the national level, it can be observed that there was a decrease in the number of new cases and hospitalized cases due to cholera as well as decreases in the in-hospital case fatality rate due to cholera; during the previous two epidemiological weeks (EW 48 and 49).

¹ Health Cluster: conformed by organizations which are currently working in response to the cholera outbreak in Haiti and which include the International Committee of the Red Cross, Doctors without Borders, Doctors of the World, Merlin, International Medical Corps, Partners in Health and Save the Children, and other United Nations agencies and bilateral organizations. The Health Cluster is coordinated by the MSPP and the Pan American Health Organization (PAHO/WHO).

² On 20 October 2010 the first cholera cases in hospitalized patients were laboratory confirmed in the Department of Artibonite. The Haiti Public Health Laboratory isolated *V. cholerae* O: 1 serotype Ogawa. This isolation was confirmed by the Centers for Disease Control and Prevention (CDC).

³ Data from MSPP, updated as of 27 November 2010.

⁴ On 16 November, the MSPP began including data on hospital visits due to cholera in its daily reports, which for the purpose of this report are considered as cases.

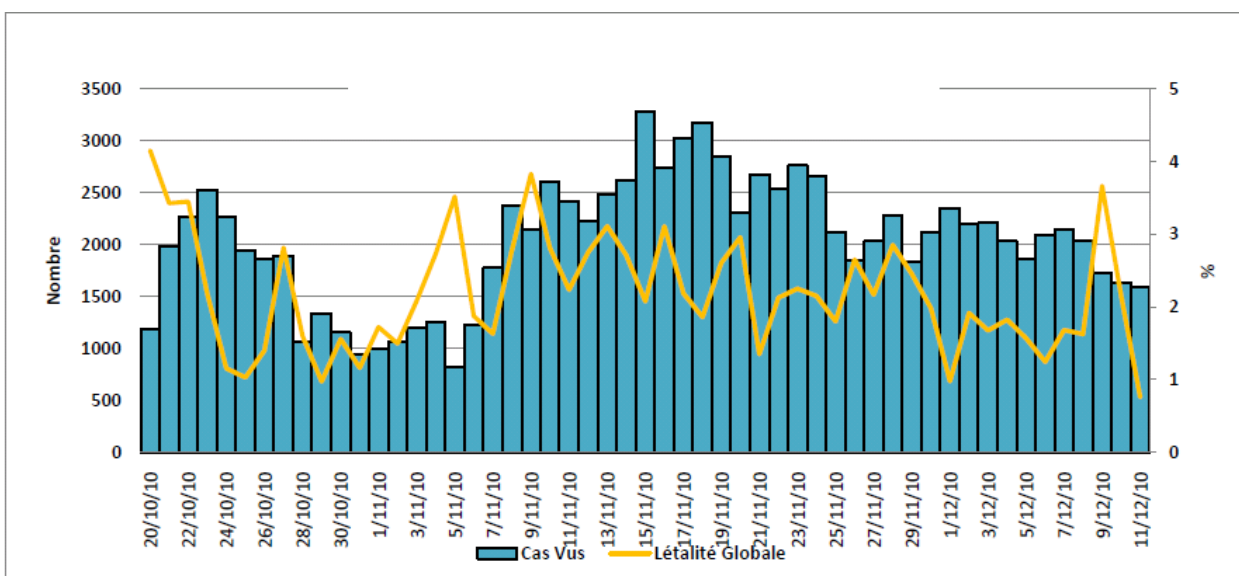
⁵ Carrefour, Cité Soleil, Delmas, Kenscoff, Pétiön-Ville, Port-au-Prince, Tabarre and Croix des Bouquets.

⁶ The first hospitalizations due to cholera were reported by the MSPP on 7 November 2010.

At the department level, during EW 49, in four departments (Artibonite, Centre, Nord and Nord Ouest) the number of cholera cases and hospitalized cases due to cholera has decreased, while in the other six departments an increase of these indicators was observed.

It is important to highlight that during EW 49, the in-hospital case fatality rate registered in seven departments was less than the one registered in EW 48. In two departments (Artibonite and Nord Ouest) the value remained the same and only in the Department of Nord a slightly increase was observed.

Figure 1. Daily cholera cases and overall case fatality rate. Haiti. EW 42 to EW 49



Source: Ministère de la Santé Publique et de la Population

Daily updates, which include information on the number of cases, hospitalizations, and deaths due cholera, are published on the Cholera Interactive Map, which is available at the following link:

http://new.paho.org/hq/images/Atlas_IHR/CholeraHispaniola/atlas.html

A report on the response activities conducted by the Health Cluster, at national and departmental levels is available at:

http://new.paho.org/hq/index.php?option=com_content&task=view&id=4404&Itemid=3487

Dominican Republic

From EW 46⁷ to EW 49, the Ministry of Public Health of the Dominican Republic recorded 38 laboratory confirmed cholera cases, of which 27 were hospitalized. No deaths were recorded. Also, 2 cases have been considered imported and 36 autochthonous.

As of EW 49, six provinces have registered cases: Elias Piña, Santo Domingo, Santiago, Valverde, Dajabón and San Juan. Cases in Santo Domingo are related to a familiar cluster, while cases in Santiago, Elias Piña and San Juan are related to a community cluster.

In Santo Domingo, cases are from the municipalities of Santo Domingo Este (6) and Santo Domingo Norte (1). In Santiago, cases are from the municipalities of Navarrete (6), Janico (1), San Juan (1), Santiago (1), and Platanal (1). In Valverde, the cases are from the municipality of Mao (1). In Elias Piña, cases come from Sabana Cruz de Bánica (8) and Comendador (1). In San Juan three of four cases are from San Juan de la Maguana and finally in Dajabón, the case is from the municipality of Loma la Cabrera (1).

The Ministry of Public Health continues implementing a national contingency plan against cholera, working in different strategic lines including health promotion and education at community level, strengthening of health services network for care and treatment of cases, active search of cholera suspected cases at community level, establishment of social network to create local partnerships to promote healthy practices, environmental sanitation, water supply and food safety.

The Pan American Health Organization would like to remind Members States the need to strengthen surveillance measures, update response and preparedness plans, and implement appropriate prevention and promotion measures.

The following is an update of the **World Health Organization's International Travel and Health website**, as of 7 December 2010.

Haiti - travel, trade and cholera

Although it is unusual for tourists and short term visitors to be affected by cholera provided that they adhere to proper food safety and adequate hygiene, this disease continues to cause serious outbreaks in parts of the world where water supplies, sanitation, food safety, and hygiene are inadequate.

WHO does not recommend any travel and trade restrictions in relation to the Haiti cholera outbreak. National authorities are encouraged to provide arriving travellers with information on cholera symptoms, hygienic preventive measures and how to seek for medical care in case of symptoms. Authorities are also encouraged to disseminate information about the cholera situation worldwide and about current outbreaks in particular, to travel clinic, travel medicine networks, and other health care networks.

<http://www.who.int/ith/updates/20101207/en/index.html>

⁷ On November 16, 2010, the National Reference laboratory isolated V. cholerae O: 1 serotype Ogawa from a sample of a 32 years-old patient.

References

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http://www.mspp.gouv.ht/site/index.php?option=com_content&view=article&id=57&Itemid=1
2. Health Cluster Bulletin N°5, November, 27 2010. Available at:
http://new.paho.org/hq/index.php?option=com_content&task=view&id=4404&Itemid=3487