# Pan American Health Organization World Health Organization MEGORAL OFFICIAL EMPIRES

# **Epidemiological Update**

Cholera 23 August 2013

#### Current status of cholera outbreaks in the Region

In **Haiti**, since the beginning of the epidemic (October 2010) to epidemiological week (EW) 33 of 2013, the total number of cholera cases reached 671,033, of which 372,241 were hospitalized (55%) and 8,231 died. The global case-fatality rate has been 1.2% since November 2011, however, with variations between 4.5%, in the department of Sud Est to 0.6%, in Port-au-Prince.

Since October 2012, a decreasing trend in the nationwide number of cases and deaths has been observed. However, from EW 1 of 2013 to EW 11, the number of cases and deaths registered at a national level was greater than the respective numbers registered for the same period of 2012 due to outbreaks recorded in the departments of Artibonite, Centre and Nord. From EW 12 to EW 33 of 2013, the number of cases and deaths registered has been lower than what was registered for the same period in 2012.

In the **Dominican Republic**, since the beginning of the epidemic (November 2010) through EW 31 of 2013 the total number of suspected cholera cases reported was 30,681, of which 454 died. As with Haiti, from EW 1 to EW 9 of 2013, the number of suspected cholera cases and deaths recorded nationwide was higher than the number recorded for the same period of 2012. The increase has been linked to cholera outbreaks registered in some provinces and in the Altagracia prison. Between EW 10 to EW 30 of 2013, the number of cases recorded was lower than the number recorded for the same period of 2012 with an average of 20 cases per week. With regards to the case-fatality, for 2011 the case-fatality rate was 1.7%, at the end of 2012 it was 0.8%, and thus far in 2013 it has been 2.5%.

In **Cuba**, on August 23, 2013, the National IHR Focal Point of Cuba reported that following the outbreak recorded in 2012 and during the current year suspected cholera cases have been analyze regularly. As a result of the surveillance, 163 cholera cases were confirmed in the provinces of Havana, Santiago de Cuba, and Camagüey, as well as in other municipalities where cases were associated with these three provinces.

According to the information provided, the cases recorded in Havana have been linked to two food service centers where the presence of asymptomatic persons infected with cholera among food handlers was found. The food outlets have since adopted appropriate sanitary measures.

Included in the confirmed cholera cases are 12 persons who had travelled to Cuba from other countries (two from Chile<sup>1</sup>, two from Germany, three from Italy<sup>2</sup>, one from the Netherlands, two from Spain, and two from Venezuela<sup>3</sup>). The cases include 8 men and 4

<sup>&</sup>lt;sup>1</sup> Both cases were reported previously in the 14 August 2013 Epidemiological Update on Cholera.

<sup>&</sup>lt;sup>2</sup> One of the three cases was reported previously in the 14 August 2013 Epidemiological Update on Cholera.

<sup>&</sup>lt;sup>3</sup> Both cases were reported previously in the 14 August 2013 Epidemiological Update on Cholera.

women, with an age range of 30-74 years (median age of 53). The Institute of Tropical Medicine "Pedro Kouri" confirmed the detection of V. cholerae Ogawa serogroup O1 in all of the cases. They have all since recovered and no deaths have been recorded.

Following the 2012 outbreak in Manzanillo with 417 confirmed cholera cases including three deaths, two other outbreaks have been recorded by the Ministry of Health of Cuba. One of the outbreaks occurred in October 2012 and included 47 confirmed cholera cases following Hurricane Sandy. The other outbreak was registered at the beginning of 2013 in the Province of Havana with 51 confirmed cases. The Cuba National IHR Focal Point reported that prompt and appropriate control actions were implemented in response to these outbreaks.

Per the information received, Cuba continues to develop and implement cholera prevention and control plans, to strengthen awareness of preventive measures by the public, to control food preparations sites, and carry out epidemiological surveillance of acute diarrheal diseases. Public health awareness campaigns were intensified during the summer season; particularly those related to hand washing, chlorinated water intake, safe food preparation, washing of fruits and vegetables, and choose processed foods.

## **Recommendations**

The PAHO/WHO reiterates that the recommendations made in the <u>Epidemiological Alert of November 2, 2012</u> continue to be applicable.

## References

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