

Epidemiological Alert:Update on Cholera Situation in Haiti

(17 November 2010)

Current Epidemiological Situation of the Cholera Outbreak in Haiti

From epidemiological week (EW) 42¹ to EW 46², the Ministere de la Sante Publique et of the Population (MSPP) of Haiti has registered a total of 18,382 hospital admissions and 1,110 deaths due to cholera³.

Currently, the MSPP has registered cases in seven departments which include Artibonite, Central, Nord, Nord Ouest, Nord Est, and Ouest. The department of Sud began registering cases in EW 45, in the community of St Louis du South. The department of Artibonite continues recording the highest cumulative incidence rate with 85 cases per 10,000 habitants, followed by Nord with 47 cases per 10,000 inhabitants, and Nord Ouest with 23 cases per 10,000 inhabitants. Additionally, a cluster of cases is currently under investigation in the department of Sud Est.

In Artibonite, as well as at the national level, the daily hospital admissions curve recoded by the MSPP is bimodal, with a new increasing trend starting in EW 44⁴. According to Report N° 2 prepared by the Health Cluster⁵, during this week, an increase in the demand of patients in this department, as well as in the departments of Central and Ouest, has been observed. In Nord, Nord Ouest, and Ouest, the MSPP's daily cases curve shows an increasing trend beginning in EW 45.

In EW 45, the first cholera cases were recorded in Port-au-Prince, with a total of 953 hospital admissions and 46 deaths, as of November 15. In Port-au-Prince, the communities which currently register an increase in cases are Carrefour, Cité Soleil, Delmas, Kenscoff, Petion Ville and Tabarre. In Cité Soleil, there are more than 45,000 displaced people and other 55,000 living around displaced people's camps. This, added to overcrowding of areas, lack of access to potable water, and inadequate disposal of waste, places a challenge to disease-spread control efforts in this outbreak.

¹ On 20 October 2010, the first cholera cases in hospitalized patients were laboratory confirmed in the Department of Artibonite.

² Data accumulated to November 15, 2010 provided by the Ministere de la Sante Publique et de la Population.

³ The numbers and case trend may vary as retrospective data are incorporated in the database.

⁴ Graphs, including daily data on hospital admissions and in-hospital case fatality rates by department and national level are available at http://new.paho.org/hq/images/Atlas_IHR/CholeraOutbreak/atlas.html

⁵ Health Cluster: conformed by organizations which are currently working in response to the cholera outbreak in Haiti and which include ICRC, MSF, MDM, Merlin, International Medical Corps, PIH, Save the Children as well as UN agencies and bilateral organizations. Health Cluster is coordinated by PAHO/WHO.

With respect to the number of deaths at the national level, of the 1,110 deaths recorded by the MSPP, 66% occurred at the health services level, and 34% at the community level. For EW 45, the daily in-hospital case fatality rates observed in Artibonite ranged from 1.8% to 5,6% (3.5% average); in Central from 1.6% to 9.4% (3.0% average); in Nord from 2.4% to 9.6% (4.5% average); in Nord Ouest from 0% to 8.3% (3.4% average); in Ouest from 0% to 19% (average: 7.0%).

The Health Cluster is collaborating in order to provide technical support to the ministries of health, education, and communication. They are currently carrying out the following activities:

- Education on health prevention and hygiene measures with the participation of health promoters.
- Distribution of hygiene kits.
- Distribution of chlorine tablets and potable water.
- Distribution of medical supplies.

A detailed report on response measures (updated as of 16 November) at the national and departmental levels is available at:

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

On 16 November, the Dominican Republic's National Focal Point reported a confirmed case of *Vibrio cholerae* O: 1 serotype Ogawa in a 32-year-old patient who had returned from a trip to Haiti. In addition, the United States has reported this week about the first imported cholera case in a patient with Haiti trip record.

The Pan American Health Organization would like to remind Members State the need to strengthen surveillance measures, update response and preparedness plans, and implement appropriate prevention and promotion measures. Also the current guidelines on travel and international trade should be implemented accordingly:

- Measures such as quarantines to limit movement of people and the embargo
 of merchandise <u>are infective and unnecessary in controlling the spread of
 cholera</u>.
- Restricting the movement of people is unjustified as well as imposing restrictions on imports of foods produced under adequate manufacturing practices, based solely on the fact that cholera is epidemic or endemic in a country.

References

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- 2. Bulletin Journalier #1. Centre d'Operation d'Urgence Nationale (COUN). Available at: http://www.mspp.gouv.ht/site/index.php?option=com_content&view=article&id=57&Itemid=1
- 3. Health Cluster Bulletin N° 2, November 16, 2010. Available at: http://new.paho.org/hq/index.php?option=com_content&task=view&id=4404&Itemid=348

