Summary of the situation

In 2017, a total of 13,803 suspected cases of cholera were reported on the island of Hispaniola: 13,681 cases (including 159 deaths) in Haiti and 122 cases (including 4 deaths) in the Dominican Republic. To date in 2018, a total of 3,224 suspected cholera cases have been reported in Hispaniola, 96% in Haiti. In addition, Mexico reported a cholera case in June 2018.

The following is a summary of the situation in each country.

In Haiti between epidemiological week (EW) 1 and EW 36 of 2018, 3,111 suspected cases were reported (Figure 1), including 37 deaths. The incidence rate for 2018 (until EW 36) is 25.5 cases per 100,000 population, which is the lowest recorded incidence since the beginning of the outbreak. Following the increase in cases that were reported in EW 19, a decrease has been observed, with a weekly average of 35 suspected cases reported over the last 8 weeks (EW 29 to EW 36). The cumulative case-fatality rate (CFR) has remained around 1% since 2011.

Figure 1. Suspected cholera cases by epidemiological week. Haiti, 2016—2018 (until EW 36).

Source: Haiti Ministère de la Santé Publique et de la Population (MSPP) / Direction d’Épidémiologie de Laboratoire et de Recherches (DELR), and reproduced by PAHO/WHO

In the Dominican Republic, between EW 1 and EW 38 of 2018, 113 suspected cases of cholera were reported, representing an incidence rate of 1.52 cases per 100,000 population; this incidence rate is greater than the incidence rate reported for the same period in 2017 (1.43 cases per 100,000 population). Of the cases reported this year, 77% (n= 87) correspond to an outbreak that affected the province of Independencia between July and August 2018. In 2018, one death has been reported related to the outbreak in the province of Independencia.

Table 1 shows the number of cholera cases reported on Hispaniola since the start of the outbreak in 2010 until EW 38 of 2018.

Table 1. Number of suspected cases of cholera on Hispaniola, October 2010–July 2018 (until EW 38)

<table>
<thead>
<tr>
<th>Year</th>
<th>Dominican Republic</th>
<th>Haiti</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Cases</td>
<td>Deaths</td>
</tr>
<tr>
<td>2010*</td>
<td>191</td>
<td>0</td>
</tr>
<tr>
<td>2011*</td>
<td>20,851</td>
<td>336</td>
</tr>
<tr>
<td>2012*</td>
<td>7,919</td>
<td>68</td>
</tr>
<tr>
<td>2013*</td>
<td>1,954</td>
<td>42</td>
</tr>
<tr>
<td>2014*</td>
<td>603</td>
<td>11</td>
</tr>
<tr>
<td>2015*</td>
<td>546</td>
<td>15</td>
</tr>
<tr>
<td>2016*</td>
<td>1,159</td>
<td>27</td>
</tr>
<tr>
<td>2017*</td>
<td>122</td>
<td>4</td>
</tr>
<tr>
<td>2018*</td>
<td>113</td>
<td>1</td>
</tr>
</tbody>
</table>

* Data published by the Dominican Republic Ministry of Public Health, General Directorate of Epidemiology. Available at: https://bit.ly/2Hp3C97

In June 2018, Mexico reported one case of cholera (*Vibrio cholerae* O1 toxigenic) in a 43-year-old female patient who acquired the infection in Sinaloa. Molecular characterization showed that the isolated strain for this case is related to the *V. cholerae* O1 serotype Inaba strain that circulated in Hidalgo State during 2014 with one isolated case, and that it is not epidemiologically related to the *V. cholerae* O1 Ogawa strain that circulated during the 2013 outbreak in Hidalgo. No additional cases were reported.

**Advice for Member States**

While the lowest recorded incidence of cholera since October 2010 has been observed in 2018, cholera transmission continues on Hispaniola. Therefore, PAHO/WHO continues to recommend that Member States maintain and strengthen cholera surveillance capacity in order to detect suspected cases early, provide adequate treatment, and prevent its spread. With early and adequate treatment, the CFR should remain below 1% among hospitalized patients.
PAHO/WHO encourages Member States to continue their efforts, including hygiene promotion and social mobilization, to ensure adequate sanitation and access to safe drinking water and thereby reduce the impact of cholera and other waterborne diseases.

On 21 September 2018, WHO updated its guidelines regarding travel and international trade in relation to cholera. The risk of infection for international travelers is very low for most travelers, even in countries where cholera outbreaks are active, as long as they follow appropriate preventive measures. Humanitarian relief workers may be at risk if they are likely to be directly exposed to cholera patients or to contaminated food or water, particularly those staying in areas with poor access to healthcare facilities.

It has not been demonstrated that routine control or restrictions on movements of people, including quarantine or sanitary measures, are effective in the control of cholera and are therefore considered unnecessary. WHO advises against the application of routine controls or any other restrictions on movement, such as quarantine of travelers coming from areas experiencing an outbreak of cholera.

Any health measure upon arrival or departure, or relating to entry of travelers, should be applied in compliance with the provisions of the International Health Regulations (2005).

The full text of the updated guidelines for travelers, including information on prophylaxis and use of the oral cholera vaccine (OCV) for travelers, is available on the WHO International Health and Travel site: [http://www.who.int/ith/2018-0925_travel-advice-cholera/en/](http://www.who.int/ith/2018-0925_travel-advice-cholera/en/)
References


Related links:


- PAHO cholera health topic: 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


