



Diphtheria in the Americas - Summary of the situation

In 2018, three countries in the Region of the Americas (Colombia, Haiti, and the Bolivarian Republic of Venezuela) reported confirmed cases of diphtheria. In 2019, Haiti and Venezuela reported confirmed cases between December 2018 and February 2019.

The following is a summary of the epidemiological situation in Haiti and Venezuela.

In **Haiti**, between epidemiological week (EW) 51 of 2014 and EW 8 of 2019, there were 808 probable cases¹ reported, including 107 deaths; of these, 270 were confirmed (261 by laboratory criteria and 9 by epidemiological link) (**Table 1**).

Table 1. Probable and confirmed diphtheria cases in Haiti, 2014-2019 (up to EW 8).

Year	Probable cases	Confirmed cases*	Deaths (confirmed for diphtheria)	Case-fatality rate (%)
2014	23	4	2	50%
2015	77	31	7	23%
2016	118	57	22	39%
2017	194	73	6	8%
2018	375	101	14	14%
2019	21	4	1	25%
Total	808	270	52	19%

*by laboratory criteria or epidemiological link

Source: Haiti Ministère de la Santé Publique et de la Population (MSPP)

The number of probable and confirmed cases reported between EW 1 and EW 8 of 2019 (21 cases) is lower than the number of cases reported for the same period in 2017 (29 cases) and in 2018 (57 cases). However, considering delays in reporting a different trend could be reported in the coming weeks.

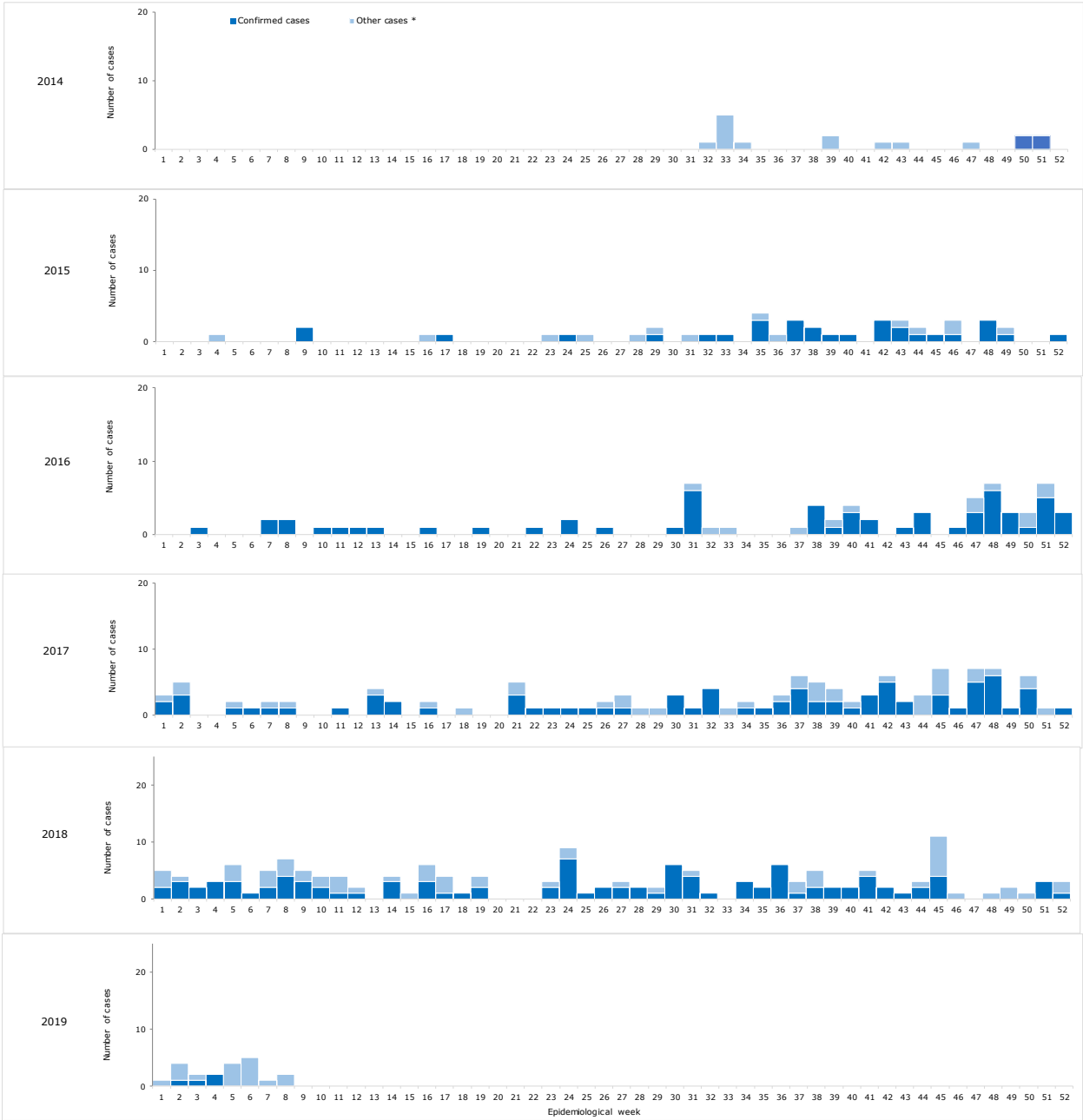
Of the 21 probable cases reported in 2019, 4 cases and 1 death were confirmed by laboratory. The case-fatality rate among cases confirmed by laboratory or epidemiological link was 23% in 2015, 39% in 2016, 8% in 2017, 14% in 2018, and 25% in 2019.

¹ Per the Haiti Ministry of Public Health and Population, a probable case is defined as any person, of any age, that presents with laryngitis, pharyngitis, or tonsillitis with false adherent membranes in the tonsils, pharynx and / or nasal pits, associated with edema of the neck.

Among confirmed cases reported to date in 2019, the highest incidence rate is observed in the age group of 6 to 14-year-olds, followed by 1 to 5-year-olds. The death occurred among the age group of 1 to 5-year-olds.

In 2019, the highest cumulative incidence rates were reported in the communities of Acul du Nord (3.29 cases per 100,000 population) and Trou du Nord (3.62 cases per 100,000 population) in the Nord Department.

Figure 1. Distribution of reported diphtheria cases by epidemiological week of onset of symptoms, Haiti, EW 32 of 2014 to EW 8 of 2019

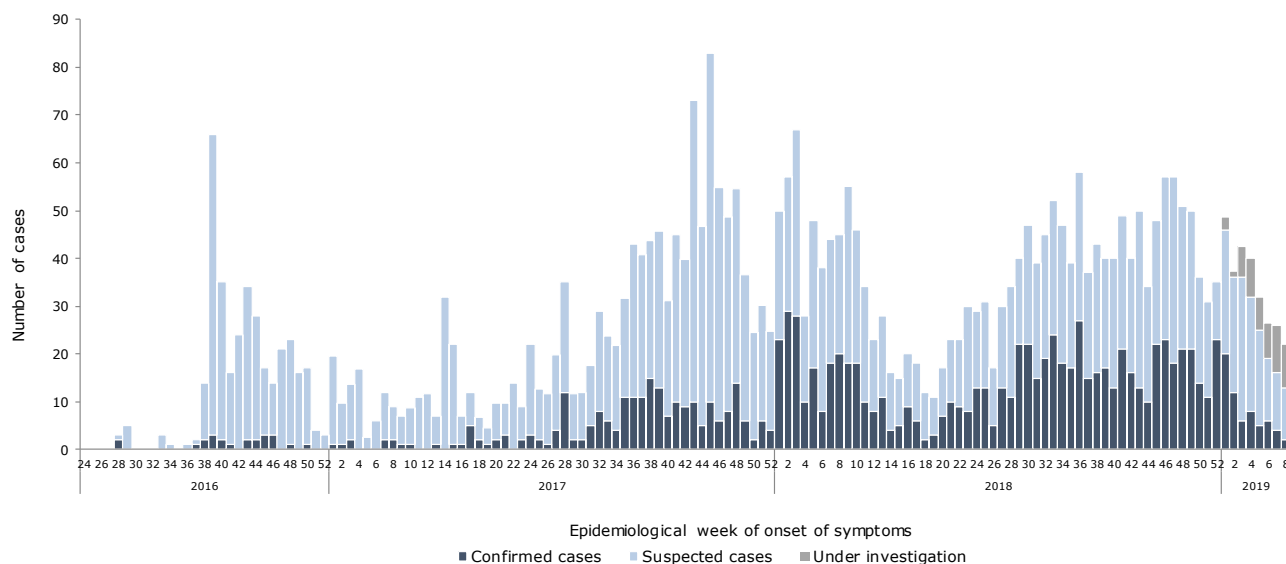


*Other cases refer to all cases with negative laboratory results, those for which test results are pending, or those for which viable samples were not available.

Source: Haiti Ministère de la Santé Publique et de la Population (MSPP). Data reproduced by PAHO/WHO

In **Venezuela**, the diphtheria outbreak that began in July 2016 remains ongoing (**Figure 2**). Since the beginning of the outbreak until EW 8 of 2019, a total of 2,726 suspected cases were reported (324 cases in 2016, 1,040 in 2017, 1,198 in 2018, and 164 in 2019); of these, 1,612 were confirmed (528 by laboratory and 1,084 by clinical criteria or epidemiological link). A total of 280 deaths were reported (17 in 2016, 103 in 2017, 150 in 2018, and 10 in 2019). The case-fatality rate among confirmed cases was 18% in 2016, 13% in 2017, 20% in 2018, and 26% in 2019.

Figure 2. Distribution of suspected and confirmed diphtheria cases by epidemiological week of onset of symptoms, Venezuela, EW 28 of 2016 to EW 8 of 2019



Source: Data from the Venezuela Ministry of Popular Power for Health and reproduced by PAHO/WHO

In 2018, 22 federal entities and 99 municipalities have reported confirmed cases. Cases have been reported among all age groups. The incidence rate among children under 15 years old is 4 cases per 100,000 population, in 15 to 40-year-olds it is 3 cases per 100,000 population, and in persons over 40-years-old it is 1 case per 100,000 population.

Advice for Member States

The Pan American Health Organization / World Health Organization (PAHO/WHO) reiterates to Member States the recommendations to continue their efforts to ensure vaccination coverage over 95% with the primary series (3 doses) and booster doses (3 doses). This vaccination scheme will provide protection throughout adolescence and adulthood (up to 39 years and possibly beyond). Booster doses of diphtheria vaccine should be given in combination with tetanus toxoid, using the same schedule and age-appropriate vaccine formulations, namely diphtheria, tetanus, and pertussis (DPT) for children aged 1 to 7 years old, and diphtheria toxoid (Td) for children over 7 years old, adolescents, and adults.

PAHO/WHO stresses that the most at-risk populations are unvaccinated children under 5 years of age, schoolchildren, healthcare workers, military service personnel, inmate communities, and persons who, due to the nature of their occupation, are in contact with a large number of persons on a daily basis.

Although travelers do not have a special risk for diphtheria infection, it is recommended that national authorities remind travelers going to areas with diphtheria outbreaks to be properly vaccinated prior to travel in accordance with the national vaccination scheme established in each country. If more than five years have passed since their last dose, a booster dose is recommended.

PAHO/WHO recommends that Member States strengthen their surveillance systems for the early detection of suspected cases in order to initiate timely treatment of cases and follow-up of contacts.

PAHO/WHO recommends maintaining a supply of diphtheria antitoxin.

Vaccination is key to preventing cases and outbreaks, and adequate clinical management reduces complications and mortality.

Sources of information

1. **Haiti** Ministère de la Santé Publique et de la Population (MSPP) report received by PAHO/WHO via email communication.
2. **Venezuela** International Health Regulations (IHR) National Focal Point (NFP) report received by PAHO/WHO via email communication.

References

1. Diphtheria vaccine: WHO position paper – August 2017. Available at: <http://bit.ly/2CCN7UW>
2. Final report of the 3rd Ad-Hoc Meeting of the Technical Advisory Group (TAG). Ad-hoc Virtual Meeting, March 19, 2018. Available at: <https://bit.ly/2wsLeIk>