Dear health partners,

As the cyclone season is advancing, with risks of flooding and subsequent increase in cholera cases, we observe a withdrawal or downscaling of a number of our partners, due to lack of funding. We call upon the humanitarian community and its donors to remain vigilant and attentive to the risks of cholera outbreaks in the near future, and the need for continued long-term coordinated response.

Health Cluster Coordination

The Ministère de la Santé Publique et de la Population (MSPP) and PAHO, the Regional Office of the World Health Organization (WHO) for the Americas, coordinate the Health Cluster. **MSPP Cluster Contacts:** Dr. Claude Surena; Dr. Jean Hugues Henrys; **PAHO/WHO Contacts:** Dr. Juan Carlos Gustavo Alonso and Esther van der Woerdt.

Health Cluster partners are asked to contribute to this bulletin with information on needs and activities as well as corrections to content, by emailing hai.clustersante@paho.org (subject heading: Health Cluster Bulletin). For useful information on meetings, guidelines, and CTC, CTU, and health facility locations, visit: http://haiti.humanitarianresponse.info.
SITUATION OVERVIEW

- The epidemiological tendency of cholera has followed the anticipated course beginning with localized outbreaks in highly populated urban areas and then spreading to rural zones.
- After a decline in weekly cholera incidents in August, the number of cases rose in September. South and Nippes departments experienced a significant increase, while North, Centre, and Port-au-Prince also reported an increase.
-Torrential rains are expected in South, South-East, and North departments in October along with heavy rainfall throughout the country during this season, this will create conditions favorable to the spread of cholera and other diseases and local populations will be particularly vulnerable.
- Ongoing monitoring and assessment of the development of cholera is required in order to adequately adapt the response.
- Surveillance information and graphs are available at the Ministry of Health and Population (MSPP) http://mspp.gouv.ht/site/index.php

Functional cholera treatments structures in Haiti

<table>
<thead>
<tr>
<th>Operational Structure</th>
<th>10 Jan</th>
<th>16 Jan</th>
<th>23 Jan</th>
<th>30 Jan</th>
<th>6 Feb</th>
<th>13 Feb</th>
<th>16 Mar</th>
<th>26 April</th>
<th>16 May</th>
<th>18 July</th>
<th>5 Aug</th>
<th>20 Sept</th>
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<tbody>
<tr>
<td>Cholera Treatment Center (CTC)</td>
<td>81</td>
<td>85</td>
<td>101</td>
<td>101</td>
<td>100</td>
<td>98</td>
<td>98</td>
<td>56</td>
<td>48</td>
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<tr>
<td>Cholera Treatment Unit (CTU)</td>
<td>156</td>
<td>129</td>
<td>165</td>
<td>185</td>
<td>188</td>
<td>215</td>
<td>214</td>
<td>226</td>
<td>210</td>
<td>191</td>
<td>206</td>
<td>269</td>
</tr>
<tr>
<td>Oral Rehydration Post (ORP)</td>
<td>s/o</td>
<td>298</td>
<td>786</td>
<td>778</td>
<td>774</td>
<td>642</td>
<td>692</td>
<td>760</td>
<td>810</td>
<td>863</td>
<td>847</td>
<td>766</td>
</tr>
</tbody>
</table>

Source: MSPP, national and international partners, PAHO/WHO

EPIDEMIOLOGICAL SURVEILLANCE

- As of 12 September 2011, the cumulative number of reported cholera cases was 452,189, of which 240,323 persons (53%) were hospitalized and 6,334 had died.
- The global attack rate is 4.4%, ranging from 7.5% in Port-au-Prince and 1% in South East.
- Overall mortality rate for Haiti since the start of the epidemic is 61.1 per 100,000 inhabitants. Between 31 January 2011 and 18 September 2011, the cumulative mortality rate is 19.4 per 100,000 inhabitants.
Figure 1: Cumulative attack rate as of 18 September 2011

Figure 2: Cumulative incidences for 1,000 inhabitants by Department
Haiti, 20 October 2010 – 18 September 2011

<table>
<thead>
<tr>
<th>Departement</th>
<th>Incidence cumulée par 1.000 hab.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sud-Est</td>
<td>10.2</td>
</tr>
<tr>
<td>Nippes</td>
<td>20.2</td>
</tr>
<tr>
<td>Ouest</td>
<td>24.0</td>
</tr>
<tr>
<td>Sud</td>
<td>28.2</td>
</tr>
<tr>
<td>Nord</td>
<td>35.4</td>
</tr>
<tr>
<td>Nord-Ouest</td>
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</tr>
<tr>
<td>Grand-Anse</td>
<td>47.2</td>
</tr>
<tr>
<td>Nord-Est</td>
<td>52.9</td>
</tr>
<tr>
<td>Centre</td>
<td>58.8</td>
</tr>
<tr>
<td>Artibonite</td>
<td>60.4</td>
</tr>
<tr>
<td>Port-au-Prince</td>
<td>74.5</td>
</tr>
<tr>
<td>Haiti</td>
<td>43.6</td>
</tr>
</tbody>
</table>

Source: Ministère de la Santé Publique et de la Population (MSPP)
Graphique: OPS (Haïti)/HSD/IR

Source: Ministère de la Santé Publique et de la Population (MSPP)
Table: OPS (Haïti)/HSD/IR
Figure 3: Cumulative incidence of reported cholera cases (number of cases per 1,000 inhabitants) by department, 20 October 2010 – 29 August 2011*  

*Cumulative incidence for West Dept does not include data from the Port-au-Prince metropolitan area.

Figure 4: Cumulative number of hospitalized cholera cases by week  
8 November 2010 – 12 September 2011

Source: HSD/DIR/PAHO based on Ministry of Public Health and Population (MSPP) statistics
EVENT-BASED COMPONENT (ALERTS)

- From 8 November 2010 to 24 September 2011, MSPP-PAHO/WHO Alert and Response System received 827 alerts. The alerts, reported mainly from NGOs in the field, were related to increase in cases and deaths, lack of supplies (medical and/or WASH), lack of human resources, and/or prevention activities.

- Alerts also reflect the phasing out of Cholera Treatment Centers (CTCs) and Cholera Treatment Units (CTUs); the existence of other health threats such as rabies, acute flaccid paralysis, and hazards other than cholera such as riots, strikes, etc. In addition, they reflect calls from health authorities and partners active in heightened surveillance at health care facilities and communities.
Source: PAHO/WHO

WASH (ENVIRONMENTAL HEALTH)

- Support and resources to combat cholera are being partially reoriented towards prevention of the illness given that the situation has somewhat stabilized. Nevertheless, prevalence of cholera remains unpredictable as a recent rise in cases indicates. The long-term vision includes adapting certain cholera treatment structures to meet the institutional sanitary standards of health centers.

- Support is being provided to the MSPP in the establishment of environmental health standards and protocols, including hospital standards and improvement of water quality in health care structures.

- Support to MSPP for development of the National Health Promotion Plan continues. Hygiene and sanitation activities in communities and institutions include promoting hygiene in public markets.

- Infrastructure and institutional support is being provided to improve health facilities including the construction of communal health centers and rehabilitation of Miragoane and Les Cayes hospitals.

- A new excreta and waste treatment site was inaugurated on 8 September in Morne-à-Cabri, in the town of Croix-des-Bouquets, north-east of Port-au-Prince. The site, covering an area equivalent to three soccer fields, will be able to treat excreta and waste water produced daily by 500,000 people.

HEALTH PROMOTION

- A workshop to define strategic objectives for the National Health Promotion Plan was organized by MSPP, WHO and UNICEF from 25 August to 1 September 2011. The main topics for discussion were:
  - Proposal to survey hygiene within the health system;
  - Ways to implement sanitation and hygiene recommendations arising from the workshop;
  - Review of human resources for institutional hygiene promotion and community mobilization;
  - Plans to strengthen the institutional capacity of health infrastructures that are necessary to support hygiene promotion and health programs, including new buildings, maintenance and repair;
  - Development and revision of hygiene standards and protocols and their dissemination;
  - Development of training manuals; and monitoring and evaluation.
REPRODUCTIVE HEALTH

- *Manman ak timoun an sante* - mother and child project - was launched on 15 September by PAHO/WHO in cooperation with the MSPP. The project aims to reduce maternal and child mortality over the next two years through provision of free health services. The Canadian Government is providing $20 million in funding.

- Haitian President Michel Martelly, PAHO Assistant Director Socorro Gross, and Canada’s Ambassador Henri-Paul Normandin, joined government and international officials for the launch. The cooperative effort is a commitment to improve the health of Haitians, with women and children as a priority.

- *Manman ak timoun an sante* which in Creole means ‘mother and child in good health’, is the continuation and extension of two joint efforts: the 2008 Free Obstetric Care project, and the Free Child Care project that followed the devastating January 2010 earthquake. The mother and child project will be progressively implemented across the country through some 90 health institutions. A minimum package of health services will be initially offered to pregnant women and children, while linking the secondary level of the health system to primary health care and creating links to other health partners.

- The project aims to strengthen the Haitian health system, develop a sustainable financing mechanism that may provide the basis for a new national protection system, and improve the health of pregnant women and children less than 5 years of age by offering free health services.

NUTRITION

- An evaluation of breastfeeding practices was carried out at *les Hopitaux Amis des Bebes* in August to assess health training practices that promote and support breastfeeding activities. The three-week evaluation received technical and financial support from UNICEF and the participation from PAHO/WHO and national and international partners.

OTHER

- The Center for Disease Control and the Foundation for Innovative New Diagnostics have provided a specially equipped laboratory to the National Laboratory for Public Health for the testing of mycobacterium tuberculosis. The new facility will be operational in October and have the capacity to identify and test for drug susceptibility of the bacterium. Until now, only private laboratories have been equipped to carry out such testing in the country and the new laboratory will reinforce medical efforts to fight tuberculosis, especially multi-drug resistant TB.

SITUATION BY DEPARTMENT

This section contains the following information:

(i) Trends of the cholera epidemic (number of reported hospitalized cholera cases by week of reporting, from 8 November 2010 to 18 September 2011);

(ii) Trends and figures provided by the PAHO/WHO teams at the departmental level; and

(iii) Alerts regarding public health events received since the publication of Issue 27 of the Health Cluster Bulletin, published on 16 August 2011.
Figure 7: Cholera risk and vulnerability across Haiti

Source: Ministry of Public Health and Population (MSPP)

Northwest Department

The overall trend of cholera activity is decreasing.

Figure 8: Number of new hospitalizations and recorded deaths in Northwest

Source: Ministry of Public Health and Population (MSPP)
• Between 7 and 12 September, department epidemiologists reported a rise in cholera cases in Bombardopolis, where four cases and one institutional death were registered for the first time in weeks. MSPP and PAHO/WHO field teams are following up.

• In Monbete, Beauchamps, Port-de-Paix, 12 cases of cholera were reported on 10 September. DSNO and other MSPP staff visited the locality the same day and supplied tents, ringer lactate and HTH - chlorine.

• The CTC at Immaculate Conception Hospital in La Corne, Port-de-Paix, recorded a slight rise in cholera cases as of 15 September compared with registered cases in July and August. Most patients were plan C and originated from the 6th section of La Corne.

• Between 19 and 29 September in Bas Sainte Anne, Anse a Foleur, 28 cholera cases were being registered a day with most patients in a severe state. The majority originated from Ditty, Pico, La Noire, Jn Charles and Baron, where ongoing heavy rain has impeded investigation. The DSNO was replenishing provisions.

**North Department**

The overall trend of cholera activity is increasing.

**Figure 9: Number of new hospitalizations and recorded deaths in North**

> Source: Ministry of Public Health and Population (MSPP)

• The CTC in the 4th section of Acul Commune managed by Grow Project, reported 7 suspected cholera cases in the week ending 2 September. All were children less than 6 years of age suffering from moderate to severe malnutrition. Malnutrition cases were referred to Saint Jean Hospital in Limbe for follow up. PAHO/WHO field team contacted the DSN nutrition focal point who provided supplies for case management and training on cholera response and malnutrition. PAHO/WHO notified Grow of activities with DSN which facilitated a training course on 13 September for health personnel at the Soufriere on supply management and care for malnutrition cases.

• As a result of flooding in Ouanaminthe during the second week of September, hundreds of people moved to shelters though local health structures continued to function. Owing to the floods an increased risk of cholera cases is possible in the coming weeks. Local health authorities (MSPP) distributed 1,000 emergency kits, 150 hygiene kits to families in shelters, and supported awareness-raising activities.
• A slight rise in cholera cases was reported in Dondon, Pignon, Saint Raphael on 13 September though no case numbers were indicated. MSPP and NGOs were aware of the situation, and it is being monitored.

• Cholera cases rose slightly as of 13 September with 263 reported compared to 215 the previous week. Figures do not include patients treated at the Milot CTU, nor the Grande River CTU (statistics from MSF-CH). Cap-Haitian had the most cases with 92 cases (39 cases at HIUJ and 53 at BRAVO). Borgne saw a slight increase with 21 cases reported. Many patients came from Petit Bourg de Borgne where the Brigadier supervisor reported four deaths at home that week. The RRT of MSF-CH was on the spot and noted patients from Petit Bourg often do not go to the CTU there but travel much farther to Bourg and some have died on the way. RRT and Brigadiers were organizing awareness-raising sessions for the community.

Northeast Department

The overall trend of cholera activity is stable.

Figure 10: Number of new hospitalizations and recorded deaths

Source: Ministry of Public Health and Population (MSPP)

• In Ouanaminthe, a rise in the number of suspected cholera cases was reported on 26 September. MERLIN is supporting the health center in Ouanaminthe, Fort Liberte and Trou du Nord.
Artibonite Department

The overall trend of cholera activity is decreasing.

*Figure 11: Number of new hospitalizations and recorded deaths*

- Following heavy rains in the commune of Ennery, Marmelade, Saint-Michel, several houses were flooded and agricultural fields destroyed on 26 August. A DPC mission, WFP, OCHA, MINUSTAH delegation visited the area on 27 August and PAHO/WHO delivered emergency kits.

- On 26 August, a cholera alert was issued in Gonaive City for the 4th section Poteau Marose, Terre-Sonnee, Mamelle and the 5th Labranle in the locality de Bras-a-droite, Bras-a-gauche, behind Morne. Authorities and partners met with CASEC and the WASH Cluster was mobilized.

- Labranle is the 5th communal section situated 24 km from Gonaives and. IOM had set up an oral rehydration centre in nearby Dorlette, Bras-a-Droite and Bras-a-Gauche. From 1 to 27 August, there were 32 suspected cholera cases reported and one death. Eight cases had been referred to Gonaive.

Center Department

The overall trend of cholera activity is decreasing.
At 20 September, the CTU in Saut d’Eau reported an increase from three to 40 patients a day with suspected cholera, all of whom come from Saut d’Eau and Forgi. CONCERN deployed brigadiers and PAHO/WHO deployed field teams for further investigation.

West Department

The overall trend of cholera activity is somewhat decreasing.

**Figure 13: Number of new hospitalizations and recorded deaths**

Ministry of Public Health and Population (MSPP)
• On 26 August in Bassin Medor, 2nd Belle Fontain, the CTC of La Ferriere reported an increase in cases with patients coming from Bassin Medor nearby Mare Minerve. Patients have been receiving care at the CTC. The PAHO/WHO field team sent two nurses and two brigadiers from Haut Cadet to disinfect homes.

• In Cite Soleil at 2 September, 18 patients were hospitalized at Gap CTC though none were in serious condition. The patients came from the Village Italin, Village la Paix, and Drouillard. VIVARIO verified the origin of the cases and distributed aquatabs and chlorine and also carried out awareness raising activities.

• A rise in cholera cases in Carrefour (Degant, Rivière Froide and Titus) was reported as of 5 September, probably the result of the heavy rains. Most patients were from urban centers. Nine patients came from Degant, which is located far from the Laval dispensary and Tafaire, so patients must travel to urban centers. MSPP and MSF-Holland have been following up and the WASH Cluster has been informed.

• In Gressier/Leogane as of 9 September, 76 people were hospitalized with suspected cholera. 91 cases were reported that week in comparison with 34 cases in the previous week. The capacity to assist will decrease with the closing of the Maltese Center. There is currently Malteser: 10 beds; SAVE: 10 beds; Red Cross Luxembourg: 20 beds; and MSF: 10 beds for referred cases. The PAHO/WHO field team has been investigating the rise in number of cases. MSF-CH and SAVE carried out a mission on 9 September in Veillard locality, 5th Palmiste a Vins. They noted that locals do not have latrines, and their water source is the Veillard River which flows through the village and is untreated.

• In Delmas on 12 September, six cases of cholera had been reported in Delmas camp 56 covered by the IRC. Two other cases were reported in Delmas 22 (Palais d'Art) – with one in the camp and the other nearby. Eight people were receiving treatment at the CTC during the IRC visit.

• At 18 September in the 10th section of Palmes, Petit Goave Commune in West Dept, 59 people had been hospitalized in the CTU in one week. 35 cases originated from Gerard and Joanne, with one report of death in the area. Handicap International and Solidarite International conducted awareness raising campaigns and provided supplies. UCS and PAHO/WHO visited the CTU and supplied some materials. A team of UCS and PAHO/WHO was sent to supervise and monitor the CTU to monitor the management and functioning of the health facility. USC stationed a nurse funded by project BID UNICEF at the CTU.

• In the metropolitan zone, a significant rise in cholera cases was reported at 21 September. The DSO, PAHO/WHO and partners such as MSF-H are following up on the situation.

• 35 cases of cholera and two deaths were reported in Fond Verrette on the week of 23 September. The only CTC available does not have a doctor. Some patients come from Gros Cheval. PAHO/WHO previously supplied the CTC and set up a tent. The field team is following up.

• The camp manager at Ancien Aeroport Militaire at Delmas reported nine cases of suspected cholera between 22 and 27 September. The Haitian Red Cross is following up on WASH and IOM is providing brigadiers and supplies.

Port-au-Prince

The overall trend of cholera activity is increasing.

• In Port-au-Prince at 18 August, six cases of cholera were reported in Primature Camp. The field team brought the patients to MSF-Holland and contacted IOM and the commune of Port-au-Prince to ensure awareness-raising activities, disinfection of tents and latrine clean up.
• An 8-year-old child died of suspected rabies infection in Port-au-Prince on 4 September after being admitted to the Hôpital Universitaire de l’Etat the same day. The child was bitten by a dog on 4 July. The Ministry of Health and Population is investigating the case.

**Figure 14: Number of new hospitalizations and recorded deaths**

Source: Ministry of Public Health and Population (MSPP)

**Southeast Department**

The overall trend of cholera activity is stable.

**Figure 15: Number of new hospitalizations and recorded deaths**

Source: Ministry of Public Health and Population (MSPP)
- In Jacmel an epidemic of gall was reported among prisoners on 24 August. A nurse and prison authorities confirmed the outbreak and requested assistance from the ICRC and MINUSTAH in obtaining the necessary medications. PAHO/WHO delivered an IEHK kit, soap and benzyl benzoate but more supplies were still needed. UNPOL was coordinating with MSPP to find a solution.

- As of 26 August, the Peredo CTU reported an increase in cholera cases from Marigot, Seguin, Macary, and Fond de Noel in the mountains. The CTU had reached its capacity after receiving 41 patients in four days, three of whom died. The access to the river between Marigot and Peredo difficult. The CTU’s generator was not functioning and staff had not been paid for two months. PAHO/WHO and the Red Cross delivered supplies and some patients were transferred to the St Michel CTC.

- At 16 September in Bainet, four deaths were reported and MSPP followed up on the situation. PAHO/WHO provided body bags, erythromycin and aquatabs to the MSPP health team.

**Nippes Department**

The overall trend of cholera activity is increasing.

**Figure 16: Number of new hospitalizations and recorded deaths**

![Figure 16: Number of new hospitalizations and recorded deaths](image)

Source: Ministry of Public Health and Population (MSPP)

- On 23 August, an outbreak of cholera was reported in Anse a Veau and Arnaud with 108 cases registered in the two communes between 1 and 20 August. During the week, 53 cholera cases and four deaths were reported in the community. Water contamination appeared to be the source of the problem. The PAHO/WHO field team ensured coordination between partners and the authorities including DINEPA. Oxfam America and Handicap International evaluated the situation and carried out awareness-raising activities with the public, and Oxfam chlorinated water. At 9 September, twenty cases were reported without any deaths. Only O’Rouck centre and Villiers had had more than five patients. Oxfam has intervened in the area distributing cholera kits as well as aquatabs.

- On 25 August in Miragoane a woman reportedly died with cholera and a young child was hospitalized. MDM and MSPP followed up on the cases. PAHO/DSNI distributed oral rehydration salts while MDM-Belgium disinfected homes and carried out awareness-raising activities with the public. Solidarite International set up a place for water chlorination and provided sprayers for disinfection, DINEPA distributed aquatabs and Clorox.
A cholera outbreak in Sillegue, the third section of Charlier, Petite River, was reported at 7 September. Reported cases in the area were spread out. Oxfam America reactivated the Clorox box in Charlier, distributed cholera kits, aquatabs and ORS sachets to families of patients. DINEPA also distributed aquatabs to the community. Oxfam was testing the river water and temporarily repaired the water network pipe though a more permanent repair will be necessary.

On 15 September in Fond des Negres, 185 people were hospitalized at the CTC run by MdM Belgium. Sixty of the cases originated from Aquin and 2 from Louis du Sud. MdM-B carried out awareness raising on 8 September.

South Department

The overall trend of cholera activity has been increasing, lately, and is now slowly decreasing.

![Figure 17: Number of new hospitalizations and recorded deaths](chart)

Source: Ministry of Public Health and Population (MSPP)

At 26 August, around 120 patients were admitted to the Aquin CTU presenting symptoms of diarrhea and moderate to severe dehydration. Most patients came from St Louis in Sud department where the CTU had closed three months before when the Cuban Brigades left. Some 52 cases were reported. Twelve cholera tests were carried out, only one proved positive for *vibrio*. Samples were sent to the national laboratory. The PAHO/WHO field team has been in contact with the Director for follow up. The large majority of patients originated from St Louis where the CTU has been closed and there are no partners in the region. Solidarité International sent a team to assess the situation and determine appropriate action and MDM-Belgium sent a team to carry out awareness-raising activities with the local population.

At Les Cayes, Aquin, Chantal and St Louis, the number of cases continued to rise at 31 August. IMC is working in the CTC in Les Cayes but has not reopened the CTU in Aquin as had been rumored. Solidarité International carried out assessments in week 35 in Aquin, St Georges and St Louis du Sud, set up four water chlorination points for an 8-day period, and trained four community members to demonstrate how to make lakay serum and chlorinate drinking water at home. A follow-up visit was carried out following interventions. MSF-Belgium visited cholera treatment centers in Aquin, Port Saint Louis, Les
Cayes and Chantal to assess their needs and determine their treatment capacity and WATSAN standards in order to respond with adequate support.

- At 28 September, 13 people were in hospitals at Les Anglais, South Dept, all originated from Coise where IOM also reported cases, including fatalities. The CTU only has seven beds and short on other supplies. In Port-a-Piment a local pastor reported one death and forty cases of cholera on 15 September. PAHO/WHO and IOM followed up with the CTC where patients were being treated. IOM carried out an evaluation mission and awareness raising in Port-a-Piment, Chardonnieres and Coteaux as well as Damassin.

**Grande Anse Department**

The overall trend of cholera activity is stable.

**Figure 18: Number of new hospitalizations and recorded deaths**

![Graph showing number of new hospitalizations and recorded deaths.](image)

**Source:** Ministry of Public Health and Population (MSPP)

- As at 26 August in Moron several new cases of cholera were reported in the community. Patients were referred to Bonbon as staff of CTUs in Abricot and Anse Declair were on strike for their pay. MDM-France transferred patients to Moron for treatment.

- In Dame Marie, 45 cases were reported at 1 September with no nurses to receive patients, only doctors were working. The PAHO/WHO field team visited to confirm the alert.

- In Abricot Commune, 16 cases were reported in Baptiste locality between 1 to 6 September with 12 cases originating from Fiefie. The CTU in Fiefie is in a poor state and staff is inadequately trained and patients are referred to healthcare facilities in Abricot, a one-hour walk away. The PAHO/WHO field team is coordinating with Pharmacie et Aide Humanitaire to organize a workshop for CTU health personnel and a community member in awareness-raising activities. Supplies for new cholera cases were also delivered.

- In Anse d’Hainault, Grand Anse, Cubans brigadiers ceased CTU activities at the end of August and patients now go to the local hospital that lacks sufficient beds. People also come from Irois as the CTU there is not functioning. The DSGA is following up on the situation.
• In Beaumont, Grand Anse, the Director of CityMed has decided to close the CTU. A few people suffering from suspected cholera had arrived around 25 September and treated by a doctor. A solution needs to be found since there is no other health structure nearby, as CTUs in Moulines and Duchity have been closed.

• In Chameau, Grand Anse, several cases of diarrhea were reported on 14 September. However, no health personnel were present at the health facility to assist patients and only guards were available. PAHO/WHO field team went to evaluate the situation in coordination with DSGA and other partners.

• A Laforet, Carrefour Sanon at 17 September, some new cases were reported. PAHO/WHO visited and found only one nurse on duty at the CTU (owing to non-payment of staff) and patients were traveling to Jeremie for treatment.

Surveillance information and graphs are available at the Ministry of Public Health and Population (MSPP) http://mspp.gouv.ht/site/index.php

A list of most frequently-used acronyms related to the response to cholera in Haiti is available at: http://new.paho.org/hq/index.php?option=com_docman&task=doc_download&gid=11788&Itemid=