



GLOBAL TASK FORCE ON
CHOLERA CONTROL

CHOLERA SURVEILLANCE IN HAITI

Haiti's Ministry of Health (MSPP)

Katilla Pierre,

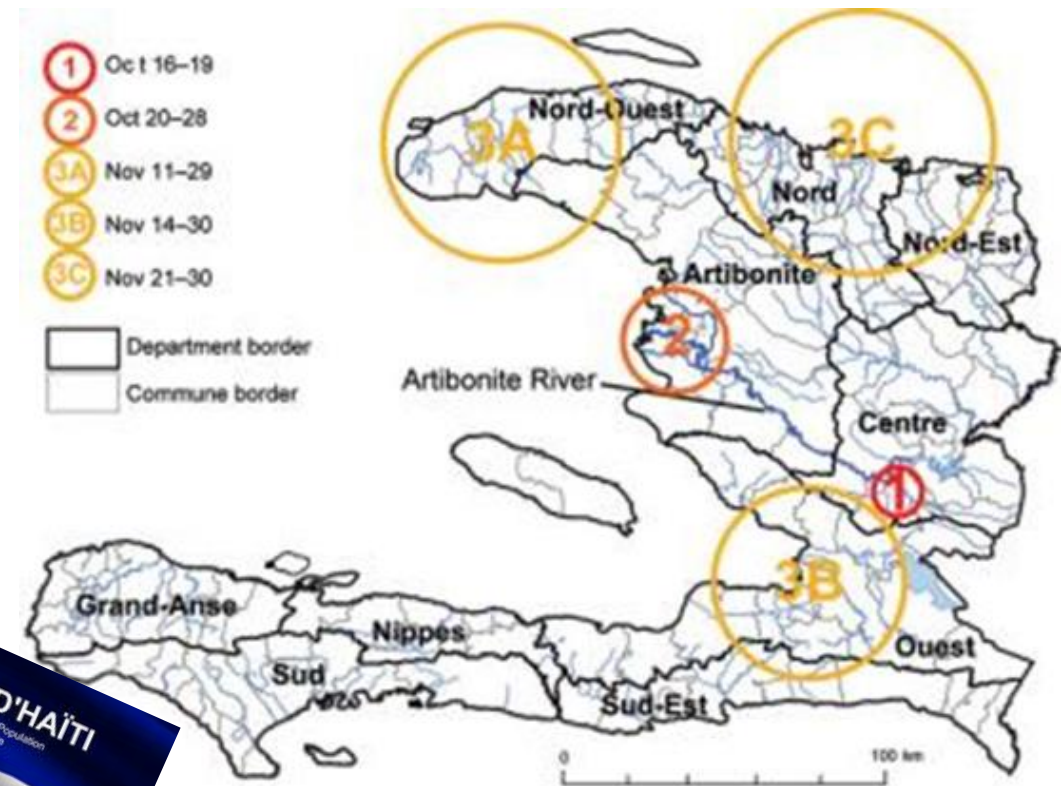
Head of A&R Service

FP Surveillance Cholera

April 20th, 2022

LOOKING BACK

- ☀️ October 2010 Biggest start of the epidemic ever seen while still struggling with earthquake impacts.
- ☀️ Up to 4,000 cases /day. *Vibrio Cholerae*, séroroupe 01, sérotype Ogawa, biotype El Tor
- ☀️ 10 years National fight plan in 3 terms with 4 main components:
 - ☀️ Social mobilization
 - ☀️ Epidemic Surveillance
 - ☀️ Curative Health Care
 - ☀️ Water and Sanitation Access
- ☀️ Haiti Government led fight with strong partnership (PAHO/WHO — CDC — UNICEF — WORLD BANK and many others)



WHAT TO RETAIN?

Success = hard work

National leadership

Many Partnership at start

Rare ones at the endpoint

Not only financial issue

Unusual decision making

Doxycycline in prophylaxis

Communities with poor wash access

No drug resistance observed in labs

On field decision

Strong epidemic surveillance guiding

Rapid intervention teams (EMIRA)

Nonstop since 2010 and still ongoing

Substantial awareness Campaign

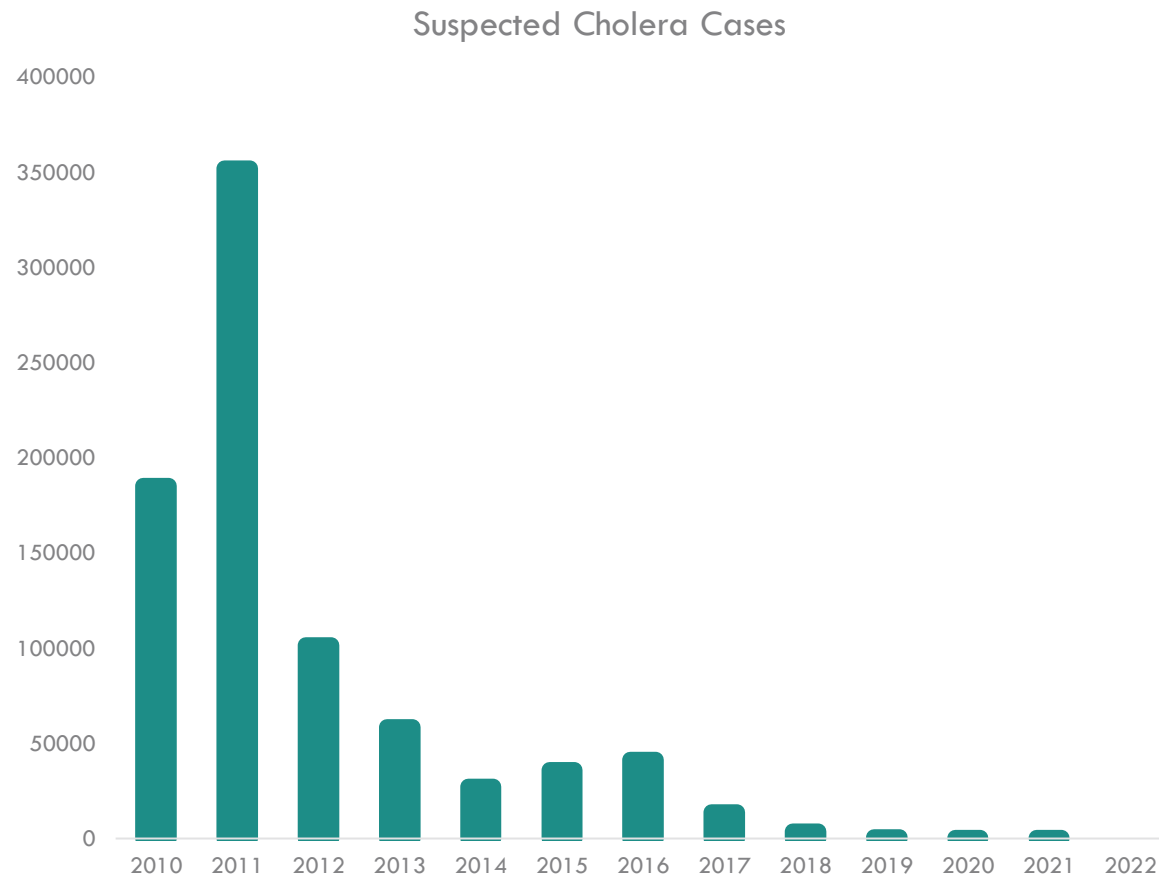
Laboratory

Decentralization of Testing

Permanent availability of reagents in national and regional laboratories

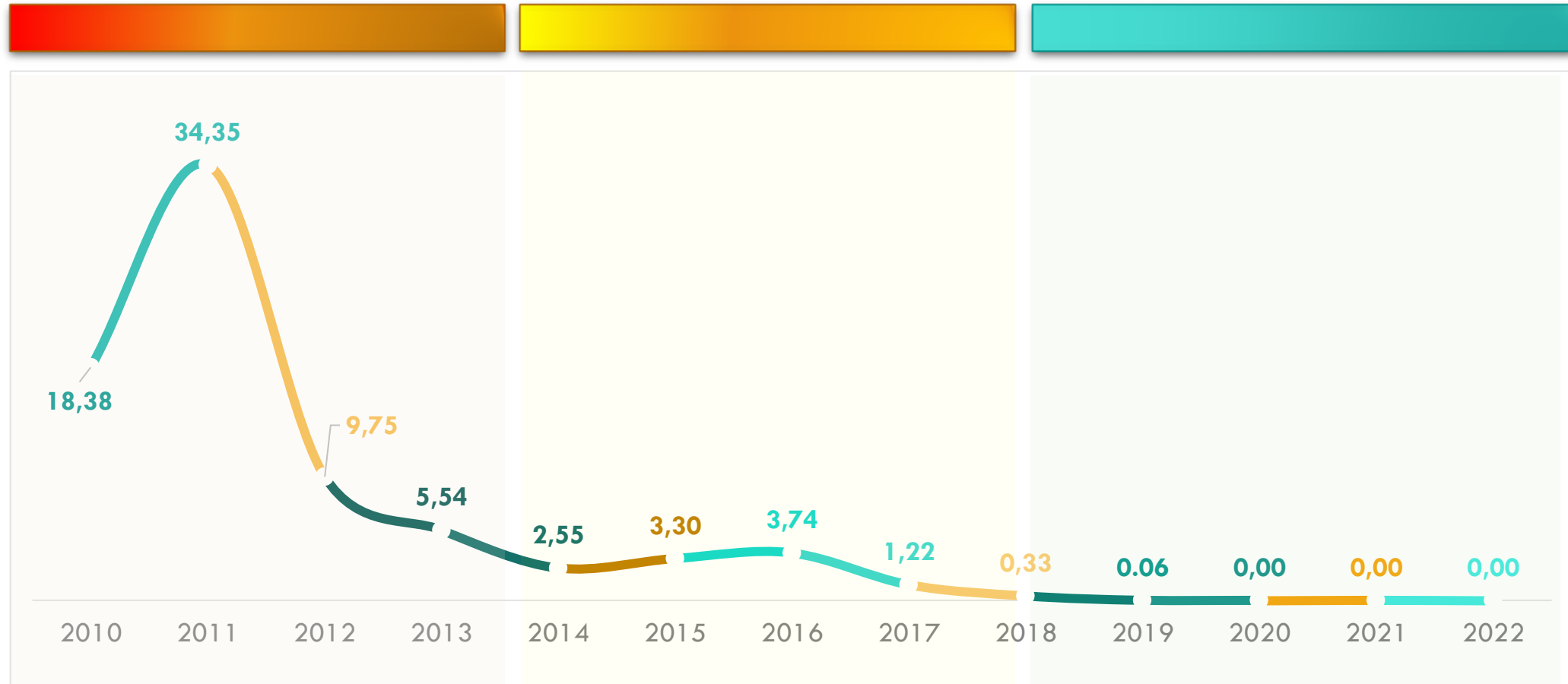
- **Incidence drop**
- **No more lab confirmed case since February 4th, 2019**
- **No more death**
- **“Country Free Status”**

EVOLUTION OF CHOLERA IN HAITI

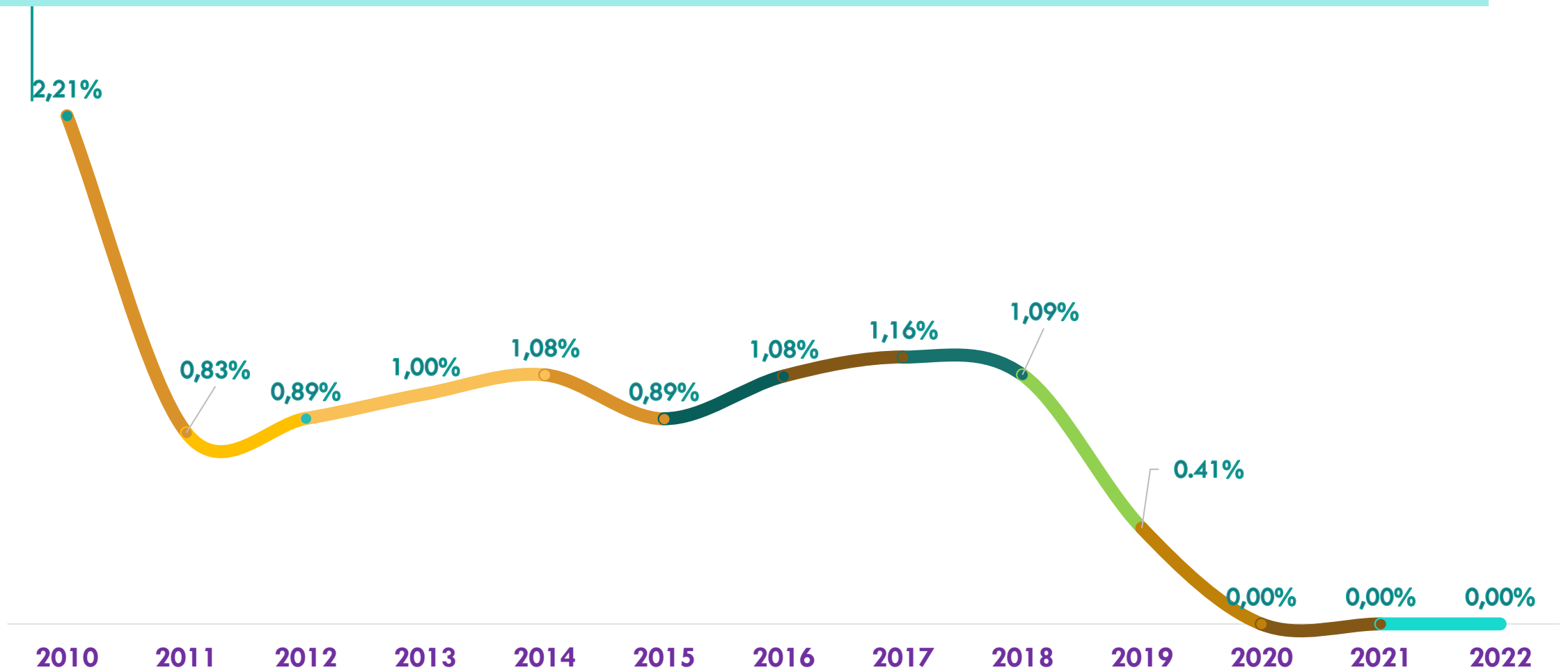


- Since October 2010, over 820,000 suspected cases have been reported in Haiti – including approximately 9,800 deaths
- Following a peak in 2011 with over 350,000 suspected cases, cholera has been on a downward trend in the country
- **No cholera cases have been confirmed in Haiti since February 4th, 2019**
- No cluster of suspected cholera cases and no suspected cholera deaths in Haiti since February 2019

INCIDENCE RATE/1000 POP, HAÏTI, EW 42 2010 - EW 12 2022



FATALITY RATE, HAÏTI, EW 42 2010 - EW 06 2022



FOCUS ON 2019 – 2022

Strategy searching *Vibrio cholerae* in
acute non-choleraiform diarrhea

OBJECTIVES

Strategy Searching *Vibrio cholerae*
in acute non-choleraform diarrhea
allow to:

Strengthen the epidemiological surveillance of cholera through the searching *Vibrio cholerae* in diarrhea not responding to the case definition of cholera throughout the country for the purpose of documenting its elimination

Intensify and amplify the collection of specimens with better management of information for decision-making and the development of intervention models

METHODOLOGY

- Continued surveillance of suspected cases in CTDA*
- Passive surveillance in healthcare institutions added to PRESEPI** sites
- Active surveillance of cases in the community with the triggering element being the case seen in hospital.
- Weekly sampling of the first five (5) cases of acute diarrhea in people over 5 years old (via Labo-Moto staff)
- Weekly sampling of (10) cases of acute diarrhea in people over 5 years old in PRESEPI sentinel's sites

*CTDA: Centre de Traitement de Diarrhee Aigue

** PRESEPI: Projet de Renforcement de la Surveillance Epidemiologique

METHODOLOGY

LABO-MOTO



In each department there is a sentinel site chosen as a base. Some support structures are sometimes very far from the road network and the national sample transport network

The labomoto staff provides support in:

Staff support

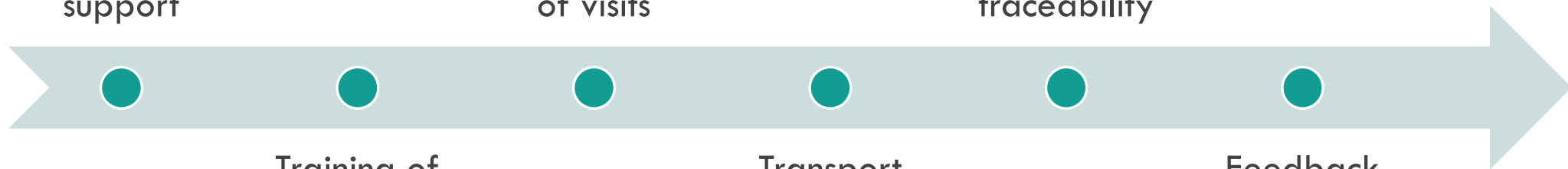
Frequency of visits

Sample traceability

Training of service providers

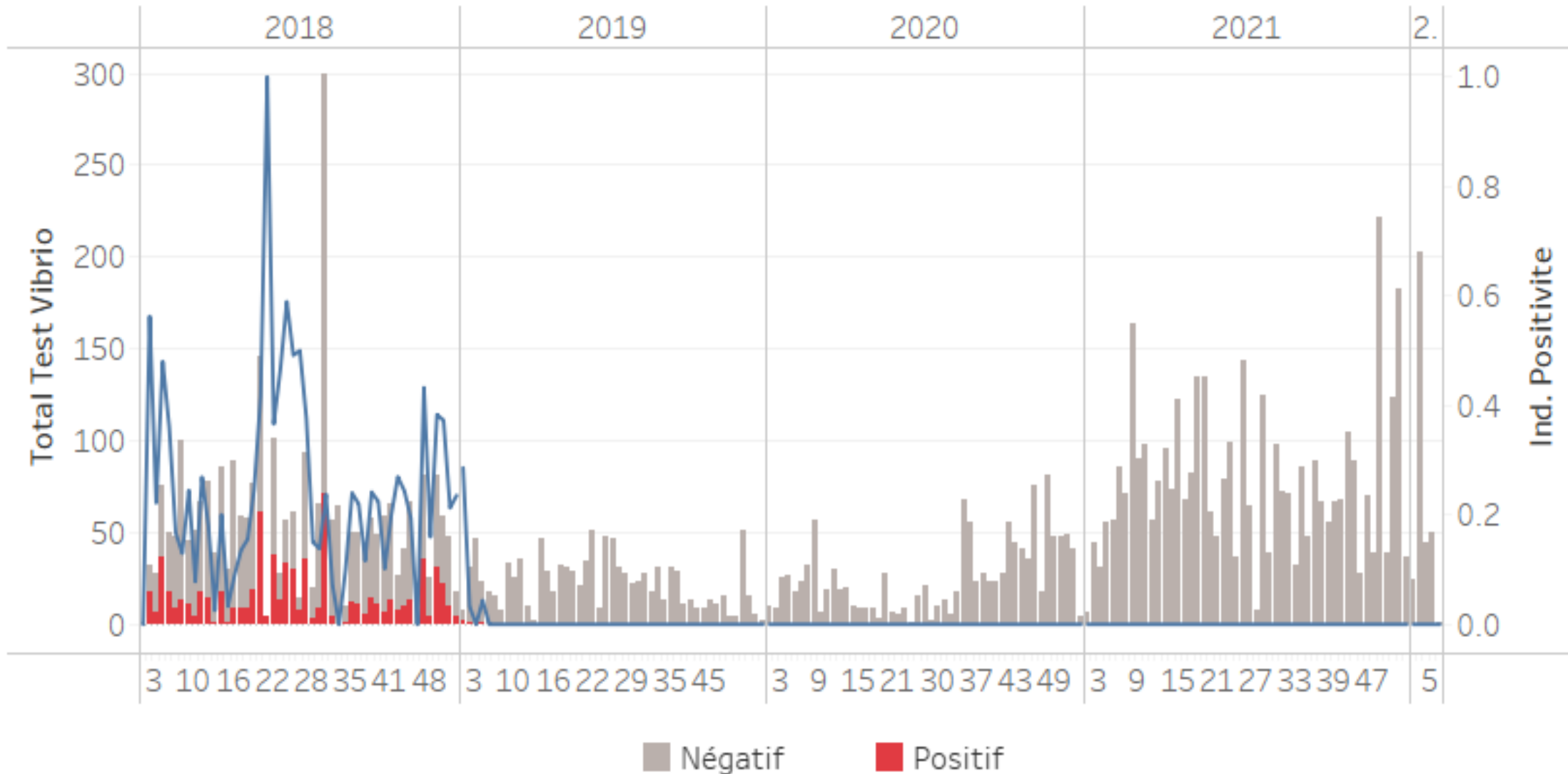
Transport of samples

Feedback



RESULTS

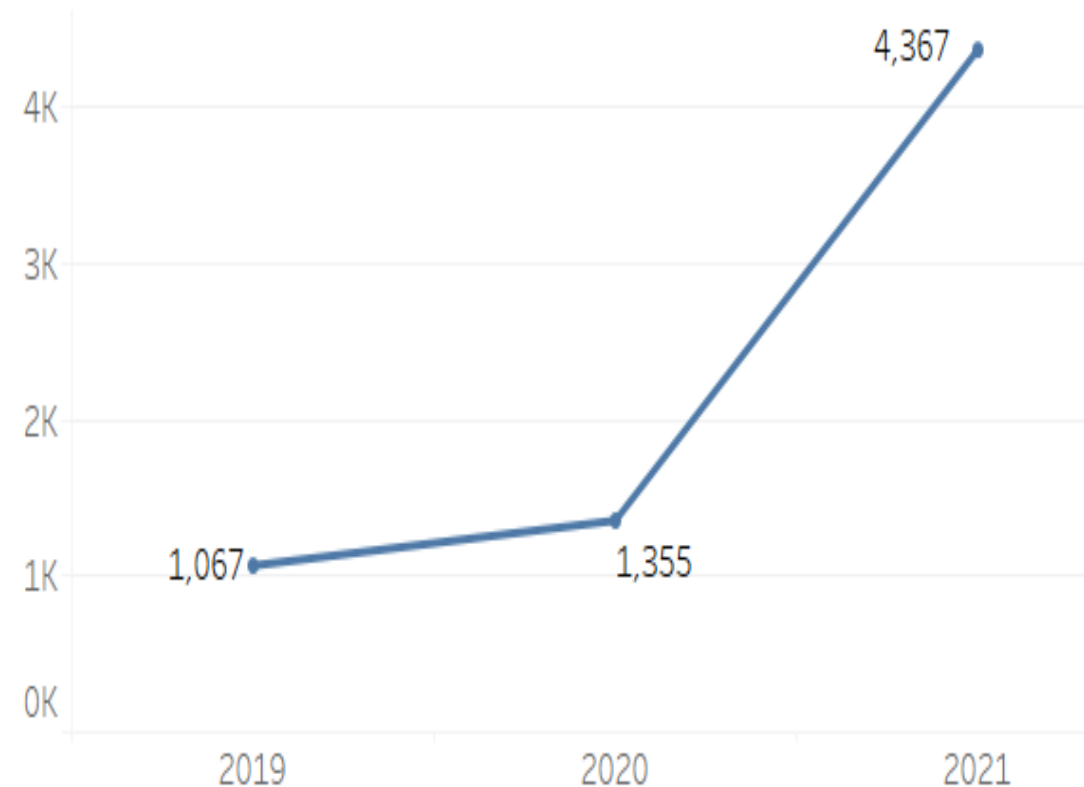
Trend of Tested Specimens by EW, Haiti, 2018-2022



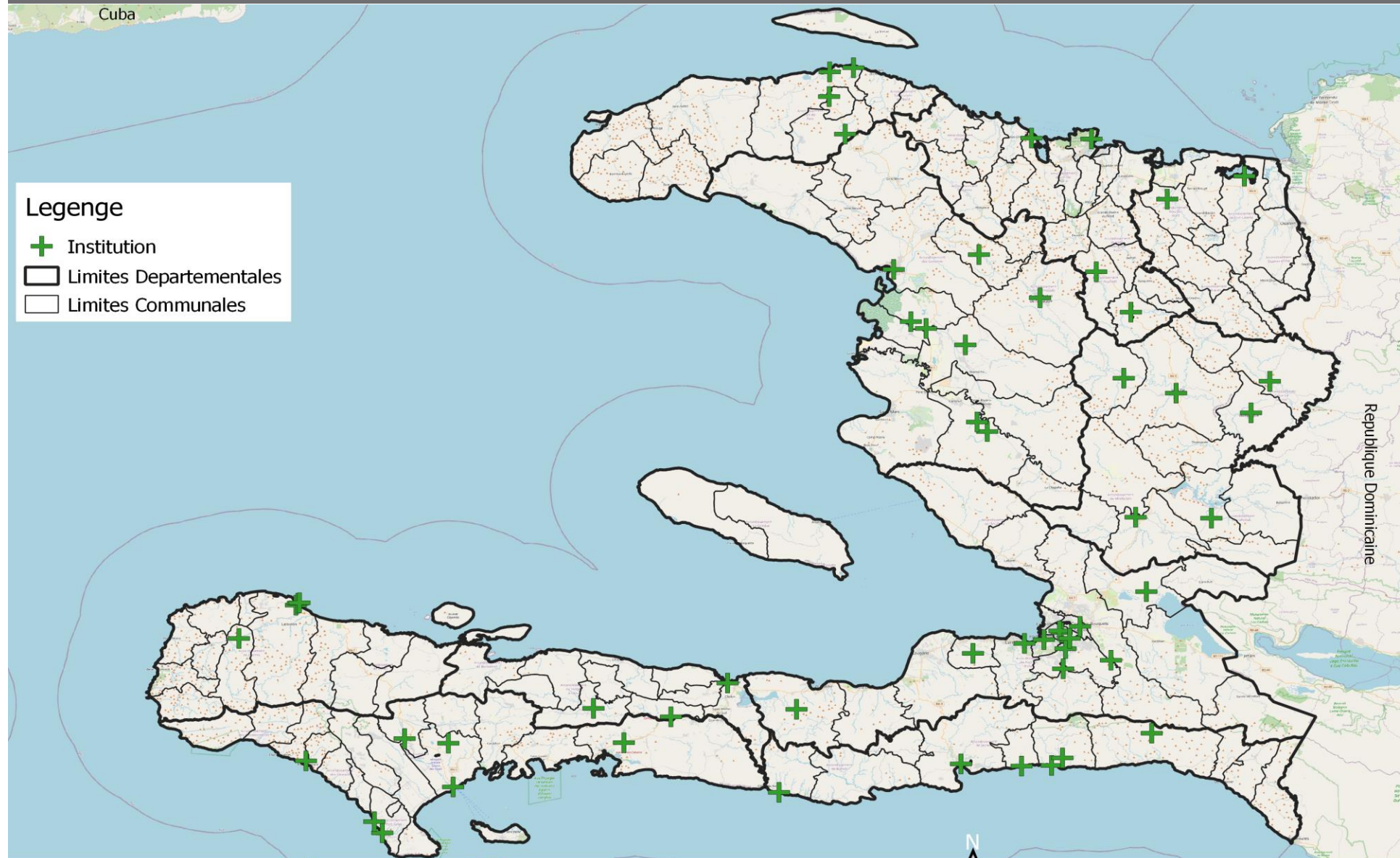
Trend of Specimen Tested by Department, Haiti, 2019-2021

Department	2019	2020	2021	Variation 2019 - 2020	Variation 2020 - 2021
Artibonite	127	171	347	▲ +35%	▲ +103%
Centre	354	215	452	▼ -39%	▲ +110%
Grand Anse	63	161	495	▲ +156%	▲ +207%
Nippes	49	101	340	▲ +106%	▲ +237%
Nord	68	154	182	▲ +126%	▲ +18%
Nord Est	9	79	156	▲ +778%	▲ +97%
Nord Ouest	18	19	164	▲ +6%	▲ +763%
Ouest	308	356	1,862	▲ +16%	▲ +423%
Sud	41	36	86	▼ -12%	▲ +139%
Sud Est	26	63	283	▲ +142%	▲ +349%
Grand Total	1,063	1,355	4,367	▲ +27%	▲ +222%

Specimen Tested by year, Haiti, 2019-2021



GEOGRAPHICAL DISTRIBUTION OF SITES INCLUDED IN THE NEW STRATEGY



Sources: MSPP/DELR IHSI CNIGS



0 1,000 2,000 km



STRENGTHENING SURVEILLANCE

To ensure the achievement of cholera elimination by early 2022, the DELR/MSP is strengthening Haiti's surveillance capacities

- A new, enhanced system for the sampling of suspected acute watery diarrhea cases is being implemented
- The system consist of **56 institutions** distributed across the country's 10 departments
- Over **8,900 samples** from acute watery diarrhea patients were tested to identify potential cholera cases
- 4 Regional Laboratories have been capacitated to realize culture testing
- LNSP is capacitated to realize PCR test



STRENGTHENING SURVEILLANCE

- An improved early warning and response system is also being established, consisting of:

1. Indicator-based surveillance

2. Event-based surveillance

- To ensure that the system is effective, field epidemiologists from the central and departmental level are being trained and provided with the necessary equipment and tools



WEAKNESSES

Socio-Political Instability (National Security Concern)

PERSPECTIVES

Maintenance of the Strategy searching *Vibrio cholerae* in acute non-choleric diarrhea

- Permanent availability of lab reagents
- Availability of human and financial resources
- Culture carrier (LNSP)
- Guaranteed communication network.
- Efficient process for transporting specimens to the LNSP

Reinforcement of interventions in the event of possible re-introduction of the bacterium in the country (contingency plan)

Formal community involvement through community-based epidemiological surveillance (SEBAC).

Continued environmental monitoring

Obtaining of the “Country Cholera Free Status Certification”

Thank you

Together we can
#endcholera



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