



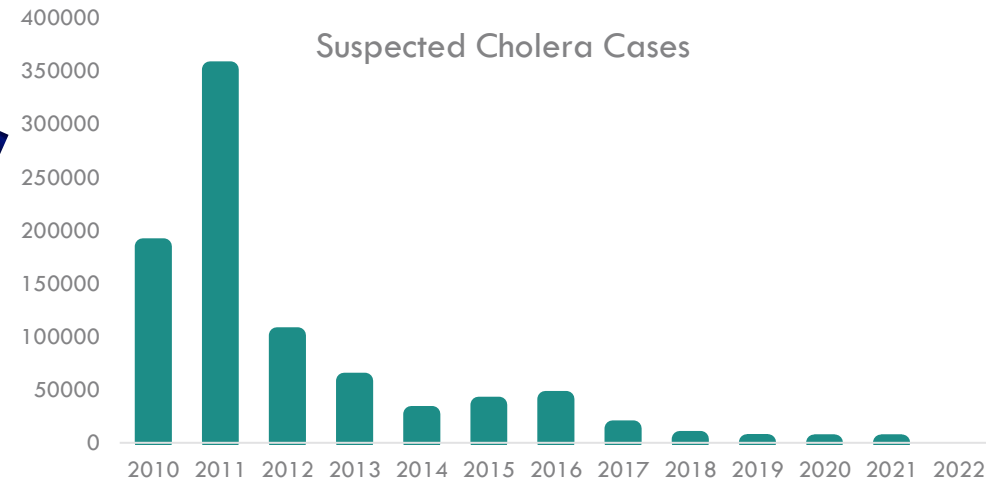
GLOBAL TASK FORCE ON  
**CHOLERA CONTROL**

# CHOLERA IN HAITI

Haiti's Ministry of Health (MSPP)  
Katilla Pierre,  
Head of A&R Service  
Cholera Surveillance FP

9<sup>th</sup> GTFCC Annual Meeting  
27-28-29 June 2022

# UPDATE ON CHOLERA SITUATION



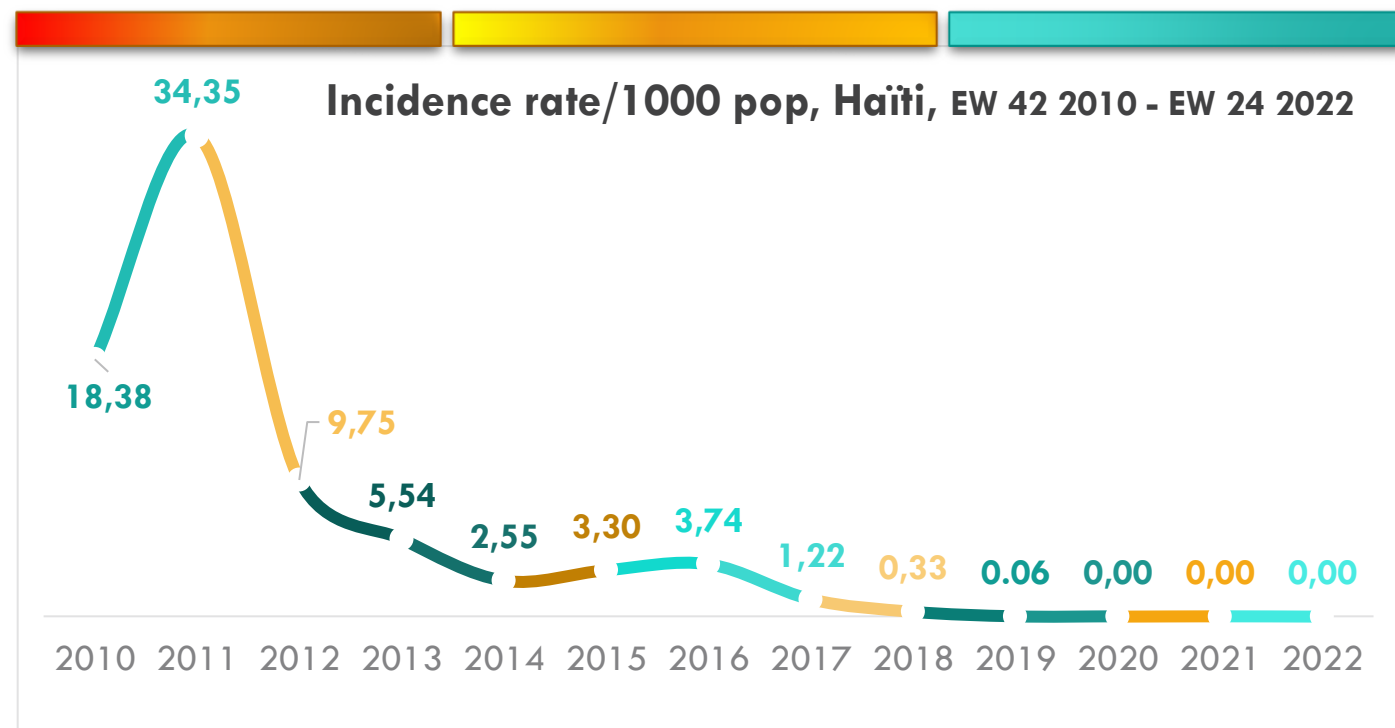
☀️ October 2010 Biggest start of the epidemic ever seen while still struggling with earthquake impacts.

☀️ Up to 4,000 cases /day. *Vibrio Cholerae*, sérogruppe 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)



**Understanding the cholera epidemic, Haiti.** [Piarroux R<sup>1</sup>](#), [Barrais R](#), [Faucher B](#), [Haus R](#), [Piarroux M](#), [Gaudart J](#), [Magloire R](#), [Raoult D](#).

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3310591/>

# KEY ACHIEVEMENTS AND MAIN CHALLENGES (1)

ACHIEVEMENTS AND GOOD PRACTICES	CHALLENGES AND SOLUTIONS
<p><b>National leadership</b> Many Partnership at start</p>	<p><b>Limited Resources (financial, human)</b> Rare partners at the endpoint</p>
<p><b>Unusual decision making</b> Doxycycline in prophylaxis Communities with poor wash access No drug resistance observed in labs</p>	
<p><b>On field decision</b> Strong epidemic surveillance guiding Rapid intervention teams (EMIRA) Nonstop since 2010 and still ongoing Substantial awareness Campaig</p>	
<p><b>Laboratory</b> Decentralization of Testing Permanent availability of reagents in national and regional laboratories</p>	

# KEY ACHIEVEMENTS AND MAIN CHALLENGES (2)

ACHIEVEMENTS AND GOOD PRACTICES	CHALLENGES AND SOLUTIONS
<p><b>Incidence drop</b> <b>No more lab confirmed case since February 4<sup>th</sup>, 2019</b> <b>No more death</b></p>	
<p><b>Since 2019, Implementation of the Strategy Searching Vibrio cholerae in acute non-choleraform diarrhea</b> Strengthening Surveillance About <b>56 institutions</b> distributed across the country's 10 departments Over <b>8,900 samples</b> 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 Support of the labo-moto staff</p>	<p><b>Socio-Political Instability (National Security Concern)</b> <b>Financial issues</b></p>

# 3. PRIORITIES FOR 2022-2023

**Maintenance of the cholera surveillance through the Strategy searching *Vibrio cholerae* in acute non-choleraic 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

**Evaluation and revision of the National Cholera Elimination Plan**

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

**Strengthening diarrhea surveillance with integrating other pathogen (*Salmonella*, *Shigella*...)**

**Staff training (laboratory and Epidemiology)**

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

**Obtaining of the “Country Cholera Free Status Certification”**

# Thank you

Together we can  
**#endcholera**



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