



GLOBAL TASK FORCE ON
CHOLERA CONTROL

CHOLERA RESURGENCE IN HAITI OCTOBER 2022- JUNE 2023

Ministry of Public Health and Population
(MSPP), Haiti

Department of Epidemiology,
Laboratories and Research (DELR)

Katilla PIERRE

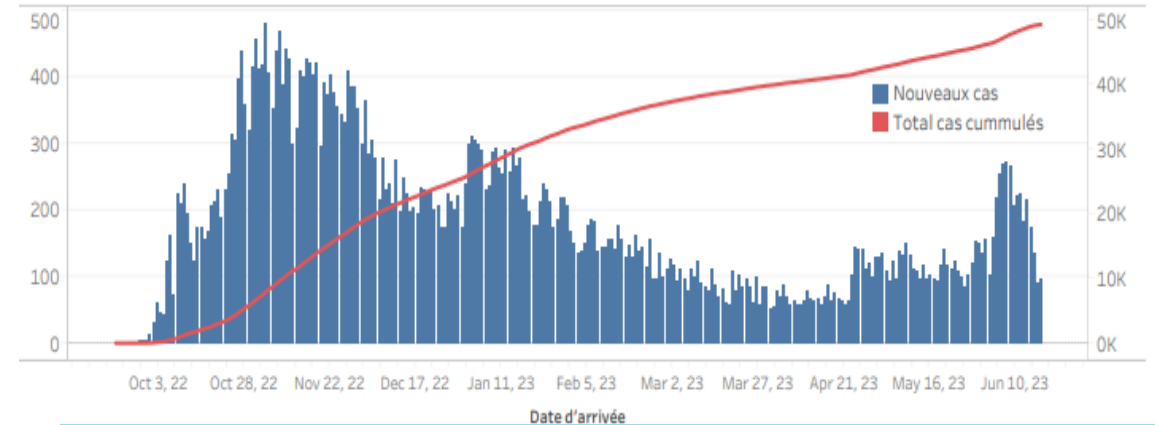
Head of Alerts and Responses;
Focal Point for Cholera Epidemiological
Response

10th GTFCC Annual Meeting
26-27-28 June 2023

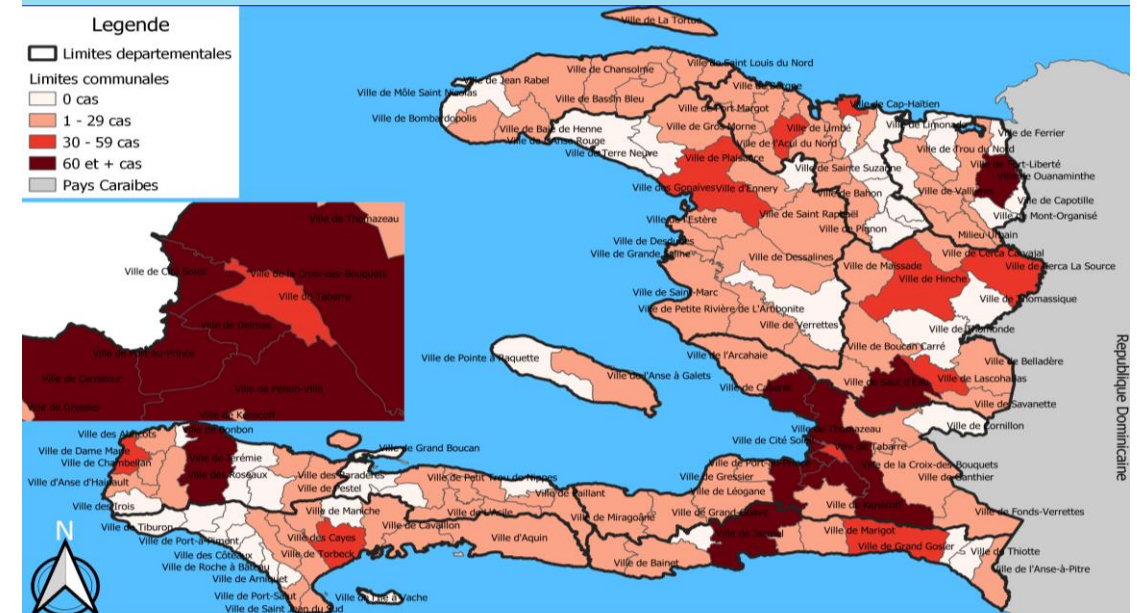
HISTORY OF CHOLERA IN HAITI, OCTOBER 2022-JUNE 2023

- October 2010, outbreak of the cholera epidemic in Haiti
- Until February 2019, more than 820,000 suspected cases and 10,000 deaths have been reported
- October 2022, resurgence of cholera in the country: a confirmed positive case for *Vibrio cholerae* O1, Ogawa in Savanne Pistache in the commune of Port au Prince
- Other cases have been confirmed in Cité Soleil and deaths have been reported
- From October 2022 to June 18, 2023, 49,309 suspected cases, 3,184 confirmed cases, 45,442 hospitalized cases, 759 deaths (518 institutional and 241 community) have been notified

Evolution of suspected cases, Haiti, October 2022-June 2023



Mapping of confirmed cholera cases, from SE 39 of 2022 to SE 24 of 2023



Sources: MSP/DEL/ CNIGS IHSI

0 25 50 km

CHOLERA SITUATION BY DEPARTMENT, HAITI, OCTOBER 2022-JUNE 2023

Department	Suspected cases	Confirmed Cases	Hospitalized Cases	Institutional Deaths	Community Deaths	Total Deaths
Artibonite	6656	139	6458	60	23	83
Centre	8860	465	8400	50	18	68
Grand Anse	814	214	791	13	0	19
Nippes	1497	60	1205	32	29	61
Nord	4046	196	3986	45	15	60
Nord-Ouest	2782	92	2658	48	15	63
Nord-Est	676	130	612	17	17	34
Ouest	22203	1640	19774	197	78	275
Sud	877	97	802	28	8	36
Sud-Est	898	151	756	22	38	60
Haiti	49309	3184	45442	518	241	759

CHOLERA INTEGRATED ACTION FRAMEWORK, OCTOBER 2022 (1)

MSPP commitment to contain the epidemic: Framework of Integrated Actions (CAI) of cholera (Octobre 2022)

Prevent deaths and reduce the incidence of cholera in the population

Five priority areas:

1- Governance

- *3-level coordination structure:*

Highly strategic coordination;

The task force → National Crisis Unit (CCN);

Departmental coordination

2- Access to Health care

Preventive care: *Vaccination accompanied by water supply measures and access to sanitation*

2012-2018: *1,173,291 people vaccinated with both doses;*

➤ **2022:** *796,180 people vaccinated (Ouest, Centre)*

➤ **2023:** *194,460 people vaccinated (Artibonite); Nord Ouest et les prisons (en cours)*

Curative care: *Patient care and corpses management*



CHOLERA INTEGRATED ACTION FRAMEWORK, OCTOBER 2022 (2)

MSPP commitment to contain the epidemic: Framework of Integrated Actions (CAI) of cholera (October 2022)

Prevent deaths and reduce the incidence of cholera in the population

3- Fight against transmission

- Alert: Reinforced epidemiological surveillance through the daily sharing of sitreps (national and departmental); strengthening of the laboratory network for confirmation
- Response: Establishment of Departmental Investigation and Response Teams (EDIR) covering the activities of EMIRAs and Multipurpose Community Health Agents (ACSP)

4- Drinking water, Sanitation and Hygiene

Treatment and control of water quality and risks of contamination

Emergency drinking water supply and resumption of regular service

Awareness, communication and community mobilization

***Partners' support**



KEY ACHIEVEMENTS AND SUCCESS FACTORS

KEY ACHIEVEMENTS	SUCCESS FACTORS
Regular coordination meetings between the MSPP and its partners, including DINEPA	Presentation of major trends and (re)orientation of interventions
Regular publication of SITREPs (national and departmental)	Staff training and motivation
Alignment of partners with national priorities	Availability of the integrated cholera action framework (CAI) 2022
Stool culture capacity building	Decentralization of culture through the national network of laboratories
Reactive and consolidated response	Establishment of response teams (EDIR) accompanied by EMIRAs Use of ASCPs at the community level

CHALLENGES AND WAY FORWARD

CHALLENGES	SOLUTIONS PROPOSEES	OBSTACLES RESTANTS
Critical security situation	Mobilisation et utilisation du transport aérien pour faciliter l'approvisionnement des institutions en intrants	Critical security situation
Difficult epidemiological response	Facilitate the movement of staff Availability of materials and inputs	Intra-departmental transport Security situation
Management case support	Mobilization of medical equipment and inputs to ensure care	Supply of health institutions located in areas with difficult access

CHALLENGES AND WAY FORWARD

CHALLENGES	SOLUTIONS	REMAINING OBSTACLES
Drinking water, sanitation and hygiene in precarious communities	Short-term solution: installation of hand washing points, distribution of hygiene kits, training on infection prevention and control (IPC)	Financing of the reinforcement of the drinking water distribution network
Problematic awareness	Multiply the messages Use of ASCPs for social mobilization	The beliefs of the people
Difficulty to perform vaccination	Use local NGOs for areas controlled by armed gangs Community mobilization	Insufficient stock globally

PRIORITIES JUNE 2023-24

- *Strengthening coordination*
- *Consolidation of surveillance/laboratory achievements*
- *Strengthening of response activities: finalization of the establishment of EDIRs*
- *Continuity of training sessions and/or retraining of staff at all levels*
- *Continuity of vaccination*
- *Revision of the National Cholera Elimination Plan*

Thank you

Together we can
#endcholera



GLOBAL TASK FORCE ON
CHOLERA CONTROL

ANNEXE: ASSESSING PROGRESS AGAINST ROADMAP'S TARGETS

- Please include here reporting against the 16 indicators of the [Monitoring and Reporting section](#) from the NCP guiding document (pp.37- 43) – if some of those indicators are not relevant to your Country situation, please feel free to indicate it. Reporting period is June 2022 – June 2023 (if different, please indicate).

Indicator (please refer to the NCP guiding document, Monitoring and Reporting section)	Status (please indicate when information/data is not available)	Comment (please share any additional element that may help understand the information provided or the lack of data available)
Indicator 1 – Proportion of the NCP which is funded through domestic and external funding		
Indicator 2 – Number of multisectoral meetings held annually by the NCP coordination body		
Indicator 3 – Incidence rate of suspected cholera		
Indicator 4 – Proportion of cholera signals verified within 48 hours of detection		
Indicator 5 – Proportion of peripheral health facilities (PHF) located in cholera hotposts with access to functional lab.		
Indicator 6 – Number of deaths from Cholera		
Indicator 7 – Case Fatality ratio in treatment centres		

Indicator (please refer to the NCP guiding document, Monitoring and Reporting section)	Status (please indicate when information/data is not available)	Comment (please share any additional element that may help understand the information provided or the lack of data available)
Indicator 8 – Proportion of the population living in hotposts who have access to ORS within a 30-min. walk from their home		
Indicator 9 – OCV administrative coverage in hotpost areas vaccinated (over the preceding 12 months)		Couverture vaccinale non encore réalisée
Indicator 10 – Proportion of hotspots targeted by the vaccination plan (in the reporting year) that have been vaccinated		
Indicator 11 – Proportion of emergency versus total OCV doses administered (over the preceding 12 months)		
Indicator 12 – Proportion of people with access to safe water in hotspots		
Indicator 13 – Proportion of people with access to sanitation in hotspots		
Indicator 14 – Proportion of people with access to hygiene in hotspots		
Indicator 15 – Proportion of trained focal points to support community engagement and cholera prevention and treatment per inhabitants in hotspots		
Indicator 16 – Proportion of the population in hotspots who have correct knowledge on cholera prevention in communities		