

## HIGHLIGHTS

- As of 31 January 2024, the date of the last DELR SITREP publication, a total of 79,411 suspected cholera cases have been reported, of which 4,608 were confirmed by the National Laboratory of Public Health (LNSP), including 1,172 deaths, in 10 departments.
- To date, all the 10 departments have reported suspected cases, with the majority reported in Ouest (n=28 212), followed by Centre (n=15 771), Artibonite (n=11 603), and Nord (n=6 881). The most affected communes in the Ouest Department are Port-au-Prince, Carrefour, Cité-Soleil, Delmas, Pétion Ville, Petit-Goâve, Cabaret, and Croix-des-Bouquets.

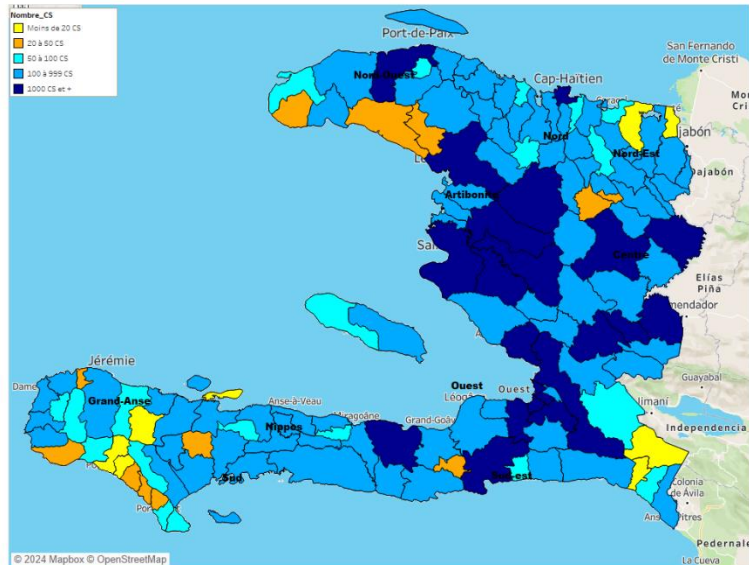


Figure 1: Representation of communes by number of suspected Source: MSPP/DELR

- Based on the MSPP report, 53% of reported suspected cases are male, 47% female and 61% are aged 29 years and younger.
- The case fatality rate among suspected and hospitalized cases is 1.5% and 1.15% respectively.
- Age groups 1-4 (18,2%) and 5-9 (14,6%) are the most affected among the 4 383 confirmed cases.
- Cases continue to be confirmed by culture in all departments of the country, indicating active circulation of *Vibrio cholerae* O:1.
- Since the last week of December, there has been a drop in the number of suspected cases notified to the system. During January and February, suspected cases were regularly notified weekly in only 11 communes, and 0 cases in at least 50% of the 140 communes. Even if under-reporting linked to the security situation is a factor to be considered, the decline in the number of cases is mentioned by surveillance stakeholders at all levels. The epidemic can therefore be considered at the start of phase 4. Response strategies may therefore need to be revised.

## Response Activities:

## **Coordination**

- A weekly internal coordination meeting is held every Thursday to discuss and strategize the cholera response.
- PAHO participates in health cluster meetings at the central level and health sub-cluster meetings at the departmental level (Centre and Artibonite) to maintain open communication and collaboration with all partners involved in the response.
- A coordination meeting was held with IOM and ALIMMA. These organizations are keen to support the management of hospitalized cholera cases in the CTDA's.
- Presentation of the disease's epidemiological situation at coordination meetings at central, departmental, and WaSH cluster meetings.

## **Epidemiological and Laboratory Surveillance**

- Some 2,800 suspected cases were reported by surveillance teams in January. This figure, although high, is below the average observed in previous months of around 4,000. It could therefore be said, subject to reporting bias, that there has been a reduction in the number of suspected cases.
- During January and February 1,999 alerts of suspected cholera cases were received and 98% were verified by Departmental Health Directorate surveillance teams. Investigations followed by initial response activities were carried out in all departments by assistant epidemiologists and Departmental Investigation and Response Teams (EDIR, as per its acronym in French).
- During January and February 2024, over 367 acute diarrhea samples were collected and transported by labo-moto nurses to reference laboratories for culture. They participated in 24 field missions jointly with assistant epidemiologists, and they trained 88 healthcare staff on different subjects about samples, for two months. This personnel is crucial for surveillance. It's worth noting that they transported over 6,000 acute diarrhea specimens in 2023.
- Support was provided to the National Laboratory of Public Health (LNSP, per its acronym in French) to transport cholera specimens to reference laboratories via the national transport network through two road haulers, and delivery two times a week via UNHAS. In January 2024, 992 specimens, including 78 of acute diarrhea, were sent via UNHAS from Artibonite and Nord-Ouest.
- In February, joint missions (MSPP/PAHO) were organized in the 09 departments, except the Ouest, focusing on formative supervision in epidemiological surveillance for community health workers. The primary objective was to optimize community-level cholera surveillance. These missions involved meetings with community health workers (ASCPs, per its acronym in French) and their supervisors in health facilities to assess their effectiveness in carrying out cholera response activities. They also provided an opportunity to assess the effectiveness of the overall response, encompassing all the pillars. At the end of the reporting period, these missions were completed in the 03 departments concerned. Supervision is currently underway in the other 6 departments.

## **Case management**

- Support was provided to 10 Departmental Health Directorates to conduct eight coordination meetings with various partners involved in the management of the cholera epidemic.
- 10 kits intended for 100 patients each were pre-positioned in the 10 departments to address potential outbreaks.
- 32 supervisions were conducted jointly by MSPP and PAHO to 10 operational CTCs located in the departments of Artibonite, Centre, and Grand' Anse.
- 1,789 patients were treated in active CTCs across the country.

### **WASH/Infection Prevention and Control (IPC)**

- 15 1,000 gallons water tanks were distributed to 15 CTCs in the Center department, to allow them to increase their water storage capacity. The next step will be to produce and supply potable water in these selected CTCs.
- WaSH supplies were provided to the MSPP to support The MSPP central department in charge of public hygiene and health promotion (DPSPE) to ensure water quality monitoring, analysis and treatment: 900kg of HTH chlorine, 30 chlorine testers, 20 sterilizers, 6 Del Agua Kits for 200 bacteriological analyzes each, 6 Del Agua reagents for 1000 analyzes each, and 40 Turbidity Tubes.
- In collaboration with the MSPP, we conducted training sessions for 75 health officers, in Ouest, Nord-est and Centre departments (25 for each). The training focused on water treatment, water quality monitoring, and water analysis using the Del Agua kit.

### **Vaccination**

- According to the validated report on the 2nd phase of the cholera vaccination campaign, 1,034,751 people received a dose of vaccine; 15 communes were targeted in 4 Health Directorates (Ouest, Artibonite, Centre, and Nord-ouest). Additionally, 4,253 prisoners were vaccinated in 9 penitentiary centers, as well as 10,150 IDPs in camps in the metropolitan area of the Ouest department.
- Discussions are ongoing with the DELR for the finalization of the post-vaccination survey. The draft report of the survey is currently under revision for completion and validation with partners.
- Vaccination operations are currently concluded (phases 1 and 2 completed). Discussions are ongoing with the Ministry of Public Health and Population (MSPP) regarding the utilization of remaining vaccine doses in departments that continue to report cases of cholera.

### **Risk communications and community engagement and community response.**

- For the month of January, the 919 ASCPs deployed (in all the departments except Sud-est) visited 33,441 households, sensitized 117,949 people, 1,229 schools, 508 churches, and 469 markets.
- They identified 591 suspected cholera cases, of which 373 were referred to CTDA. They also distributed 1,144 ORS for rehydration of non-severe cases and 4,933 Aquatabs for water purification.
- Cholera awareness brochures in Creole were printed to be distributed by ASCPs.

- Cholera awareness messages are being broadcasted through community radio stations throughout the country in partnership with the Haitian Network of Health Journalists (RHJS, per its acronym in French).
- Specific risk communication and community engagement activities are being planned in the Grand Anse and Centre departments.
- A new broadcasting partnership is being worked out with the Health Journalists Association to ensure continued broadcasting of prevention messages throughout the year.

### **Mental Health**

For the reporting period, 02 planning activities were completed.

- The planning for the mental health awareness campaign in collaboration with the Mental Health Unit of the MSPP and the health departments to disseminate psychoeducational messages to support the psychosocial well-being of the affected population in 05 departments (Ouest, Sud, Nippes, Sud-est, and Nord-est)
- The planning for training sessions to provide psychological first aid to confirmed and suspected cases, as well as their families while promoting self-care.

### **Logistics:**

- PAHO/WHO continues to support the cholera response by distributing cholera medical and WaSH supplies in all 10 departments.

January 2024 to date:

- 6 requests for departmental replenishment were received and executed during this period. However, given the security constraints impacting our operations, each movement was leveraged to reach all departments along specific routes. Except for the Ouest, all the other 9 departments have been resupplied.
- 4 stock renewals for antibiotics, medical supplies, and rehydration salts were previewed to arrive in Haiti. Nevertheless, given the current security situation in the Capital the closure of the port, and the cancellation of commercial flights there is no clarity as to when these supplies can be available.

### **Cholera response in IDPs camps**

- The lack of funds has forced the cessation of direct support to IDP sites at the end of December 2023.
- In January, the humanitarian response coordinator from the DSO, with support from PAHO, initiated the assessment of new IDP sites to expand response activities. The report was presented to partners, and PAHO is considering increasing the number of supported sites.
- Thanks to funds provided by donors, activities, including epidemiological surveillance, will resume in March in the 25 camps already managed by the DSO with PAHO's support. The following strategies are being implemented: the introduction of EWARS for early detection and response to potentially epidemic diseases, notably cholera; awareness-raising and implementation of IPC measures for disease prevention; and

data management. Actors have been selected within or near the camps to minimize security-related movements.

- In February, a training workshop for actors working in IDPs was completed benefitting 69 surveillance officers, 39 hygienists, and 07 data managers. Discussions are ongoing for the deployment of nurses to enhance epidemiological surveillance information and to initiate support in the newly assessed sites.

### **Constraints to the response:**

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- The shipment of 89,000 liters of Ringer Lactate from Panama, transported by sea, is currently held up at the port due to gang activity in the vicinity of the Port-au-Prince Customs. Negotiations are underway with ECHO for aerial support but given the cancellation of all flights in the Port-au-Prince International Airport, we have no clarity on when these supplies might arrive.
- Access to affected areas is hampered by insecurity and permanent roadblocks throughout the country. The worst-affected areas are mainly the western metropolitan area and the lower Artibonite.
- Resources are needed to continue response activities mainly epidemiological surveillance activities, case management, and supplying the departmental directorates with the necessary resources to ensure an effective response. It should also be noted that all costs have increased due to the difficulties of access and will require additional costs not previously projected.
- The regular publication of the national SITREP is currently experiencing delays, attributed to issues with the DHIS2 platform. This report serves as the primary official document for assessing the cholera situation. Efforts are underway to address and rectify these issues.