



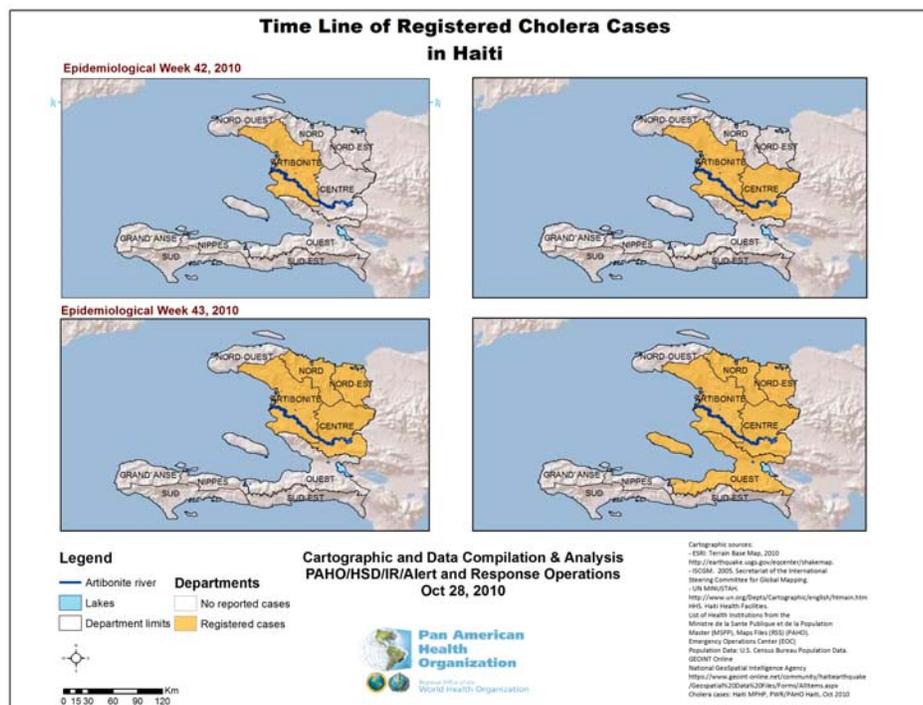
Epidemiological Alert: Cholera

(28 October 2010)

Current Situation

As of 28 October 2010, the Ministry of Public Health and Population of Haiti has recorded a total of 4,649¹ cholera cases, including 305 deaths, at the national level. The departments which currently have cases are Artibonite, Central, Nord-Est, Nord, and Ouest. Additionally, Artibonite is the department with the highest cumulative incidence rate (31 cases/10,000 inhabitants), followed by Central (19 cases/10,000 inhabitants), and North-Est (0.5 cases/10,000 inhabitants). The epidemic has shown a rapid progression since its detection in Artibonite, as demonstrated on the following map.

Among hospitalized cases, the highest percentage (89%) corresponds to patients 5 years of age and older, and there is no percentage difference by gender. The daily case fatality rate observed among hospitalized patients in the department of Artibonite falls in a range between 2.10 % and 5.73%¹.



Recent antimicrobial susceptibility testing of *V. cholerae* isolated in Haiti, conducted by the National Laboratory of Public Health and the Center for Disease Control and Prevention (CDC), shows resistance to trimethoprim-sulfamethoxazole, furazolidone, nalidixic acid, and streptomycin.

¹ Preliminary data which could vary as new information becomes available.

Therefore, the purpose of this alert is to share the provisional recommendations regarding treatment of patients with cholera, based on the susceptibility pattern of the strains isolated to date in Haiti.

Treatment

Rehydration

Rehydration therapy is the key component of cholera treatment, whose object is to replenish the water and electrolytes lost through diarrhea and vomiting. Complete information is available by [clicking here](#).

Antibiotic Treatment

These recommendations are subject to revision as new evidence develops or the susceptibility of the pathogen changes.

In addition to electrolytic replenishment, antibiotic treatment is recommended. Based on the susceptibility of the strains isolated to date in Haiti, the following is recommended:

	Option 1	Option 2
Adults	Doxycycline, 300 mg po single dose	Azithromycin, 1g po single dose or Ciprofloxacin, 1g po single dose.
Pregnant Women	² Azithromycin, 1g po single dose or Erythromycin, 500 mg/ 6 hours for 3 days.	---
Children over 1 year, who can swallow tablets	Azithromycin, 20 mg/kg, in a single dose, without exceeding 1 g or erythromycin 12.5 mg/kg/ 6 hours for 3 days	³ Ciprofloxacin, suspension or tablets, 20 mg/kg, in a single dose or doxycycline, suspension or tablets, 2-4 mg/kg po in single dose.
Children under 1 year, or infants who cannot swallow tablets	Azithromycin, 20 mg/kg, in a single dose or erythromycin 12.5 mg/kg/ 6 hours for 3 days.	Ciprofloxacin, suspension, 20 mg/kg, in a single dose or doxycycline, suspension, 2-4 mg/kg po in a single dose..

² The Azithromycin is classified as drug type B by the FDA, which means that there is no confirmation of the risk in studies in human beings.

³ Although Doxycycline has been associated with a low risk of yellowish stain of the teeth in children, the benefits of its use overcome the risks.

References

1. WHO fact sheet on cholera. Last up-date September 2007
<http://www.who.int/mediacentre/factsheets/fs107/en/>
2. Prevention and control of cholera outbreaks, WHO policy and recommendations. September 2007
http://www.emro.who.int/CSR/Media/PDF/cholera_whopolicy.pdf
3. *Clinical Treatment of Acute Diarrhea.*, WHO/UNICEF, 2004