

Jamaica Observer Article: 'Dynamics of cholera in Haiti' by Karlene Atkinson, Lecturer, School of Public Health, UTech, Ja.

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The University Community is invited to read the article below, published in the *Jamaica Observer* on Sunday, March 12, 2023, titled '**Dynamics of cholera in Haiti: A sanitation, surveillance and hygiene lesson for the Caribbean**' by Ms. Karlene Atkinson, Lecturer, School of Public Health and Health Technology.



THE United Nations Sustainable Development Goal 6 (SDG6) outlines that access to safe water and good sanitation should be a reality for all by the year 2030. However, with only seven years left, this target seem onerous as to date, approximately 30 per cent of the world's population have no access to safe water.

Concurrently, 50 per cent of the world's population lack access to safely managed sanitation. Consequentially, if increased progress is not made towards this goal, in the year 2030 1.6 billion people will have no access to safely managed drinking water; 2.8 billion people will lack safely managed sanitation and 1.9 billion people will lack safely managed hygiene facilities.

**The Caribbean has achieved a lot but not enough**

When compared to the rest of the world, the Caribbean region has made great strides and accomplishment regarding implementation of enhanced disease surveillance systems as well as improved levels of hygiene and sanitation. Amidst these achievements, the current outbreak of cholera in Haiti exposes the vulnerability of the region regarding the transmission and outbreak of cholera. This situation reiterates the fact that if keen attention is not paid to the strengthening, implementation and enforcement of national and intra-regional surveillance, sanitation and hygiene policies, the impact of the disease on many Caribbean islands could be detrimental.

### **The dynamics of cholera in Haiti and other Caribbean islands**

According to the World Bank, prior to 2010 there were no cases of cholera in Haiti. Cholera broke out in Haiti in October 2010, following the devastating 7.0-magnitude earthquake that struck the country on January 12 of that year, killing 250,000, injuring 300,000, and leaving 1.3 million people homeless. In 2011, Haiti recorded the greatest peak of the cholera outbreak, with approximately 352,000 people exhibiting symptoms between October 2010 to December 2011, 819,000 people showed signs of the disease and 9,700 died, making Haiti one of the countries most severely impacted by cholera.

Unlike Haiti, between the years 1833-1872, Jamaica, Cuba, Antigua, Dominican Republic, the Turks and Caicos Islands, The Bahamas, Trinidad amongst other countries in the region experienced devastating effects due to the outbreak of cholera. Jamaica's death toll was up to 40,000 deaths, one-tenth of the island's 400,000 population at that time. These outbreaks resulted in many individuals losing an entire family, as health-care systems were not adequately prepared to deal with the emergence of this disease. To date, many cemeteries in the Caribbean remains as a vivid reminder of the events that unfolded then. Withal, Haiti being the first Caribbean country to gain independence from European rule was not faced with this issue as the outbreaks were mostly fuelled by conditions of slavery and colonial military control which led to regular influx of new migrants into these countries and overcrowded living conditions.

In total contrast to Haiti's situation in the 19th century, since 2011, and with the exception of 2019, outbreaks of cholera in Haiti has resulted in several hundred deaths and illnesses amongst the nation's over 11.5 million people. Due to issues relating to surveillance, hygiene and sanitation as well as the country's social and economic instability there has been more than 600 confirmed cases of cholera associated with the ongoing 2022 outbreak.

### **Cholera prevention and control through surveillance, sanitation, and hygiene**

Undeniably, innovations, globalisation as well as health and social policies would have led to improvements in sanitation, sewage disposal, hygiene, food safety, surveillance and water treatment throughout the Caribbean region. Albeit such achievements, the present cholera outbreak in Haiti and the lack of access to proper sanitation and hygiene by more than 10 per cent of those living within the Caribbean region underscores the importance for the development and implementation of more effective policies geared towards achieving enhanced disease surveillance, sanitation and hygiene for all Caribbean nationals.

In response to the current cholera outbreak in Haiti, Caribbean governments and policymakers must recommit and increase attention in areas geared towards meeting the United Nations SDG 6. Enhanced surveillance through the implementation of strengthened port health and quarantine systems, capacity development and capacity building in areas relating to epidemiology and effective health promotion strategies will also prove useful in averting the negative impact of cross border spread of cholera that is imminent.

## **Citizens collaborating with governments can achieve more.**

Cholera by its nature is a highly infectious gastrointestinal illness that is caused when individuals consume food or water contaminated with the vibrio cholerae bacterium. The vibrio cholerae organism also survives well in salty waters and can contaminate humans and other organisms that comes in contact or swim in the water. Poor environmental sanitation and overcrowded living conditions are also factors that support the incidence and prevalence of this disease. It is therefore imperative that governments and citizens collaborate and increase efforts to build and maintain sanitary and hygienic spaces by strengthening policies, implementing programmes and taking actions to ensure:

Reduced morbidity and mortality effects associated with this disease;

The provision and use of safe water for drinking and domestic purposes;

Attention is paid to washing hands at intervals necessary to reduce the spread of infectious illnesses;

Sanitary disposal of solid waste and human waste; faeces in particular;

The reduction of the presence of disease vectors such as flies in the environment;

Adherence to good food safety practices.

## **No need for devastation whilst there can be prevention**

Without prejudice as seen from the dynamics of cholera in Haiti, proactive and meaningful actions geared towards the current situation are required by all stakeholders. Individuals, communities, governments nationally and intra-regionally are required to act proactively and purposefully to avert any impending cholera catastrophe, thereby saving lives and minimising the spread of this disease. Lest anyone forget, the global impact of cholera is also evidenced in the devastating impact it has had and is still having on many nations. For example: Uganda and Malawi, due to the sharing of geographical borders, experienced numerous cholera epidemics, with the worst impact on children five years old and younger. And in 1991, many Latin American countries, including Peru, experienced devastating economic effects due to a cholera outbreak: Border closures; US\$150 million lost in revenue and US\$27 million shrimp exports decline have been amongst the cataclysmic effects associated with the outbreak of this disease.

Karlene Atkinson is a public health specialist and lecturer at the School of Public Health, University of Technology, Jamaica.

**Article Link:** <https://www.jamaicaobserver.com/health/dynamics-of-cholera-in-haiti/>



## Dynamics of cholera in Haiti

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