

## SITUATION REPORT N°14

### CHOLERA OUTBREAK RESPONSE

31<sup>th</sup> July 2018



Distribution of WHO supplies/kits to health authorities of the North region, 30/07/2018

#### I. Key points

- 14/07/2018 : Declaration of a cholera outbreak in Cameroon by the Minister of Public Health (2 regions in epidemic and 4 at high risk) ;
- This day, no new suspected cholera cases reported
  - 100% of affected districts have shared a line list today (9/9)
  - Centre region: 6.7% of health districts are affected (2/30)
  - North region: 46.7% of health districts are affected (7/15)
- Updating of the database
  - Cumulative number of cases stands at 120 reported cases of which 14 are confirmed in two regions in epidemic
  - A total of 11 deaths recorded with an overall case fatality rate of 7% (institutional case fatality rate = 3.3%)
- Holding of a conference call with CDC Atlanta team for technical support on coaching/training of Rapid Intervention Teams (RIT)

#### II. EPIDEMIOLOGICAL SITUATION

**Table 1:** Summary of the epidemiological situation, 31 July 2018

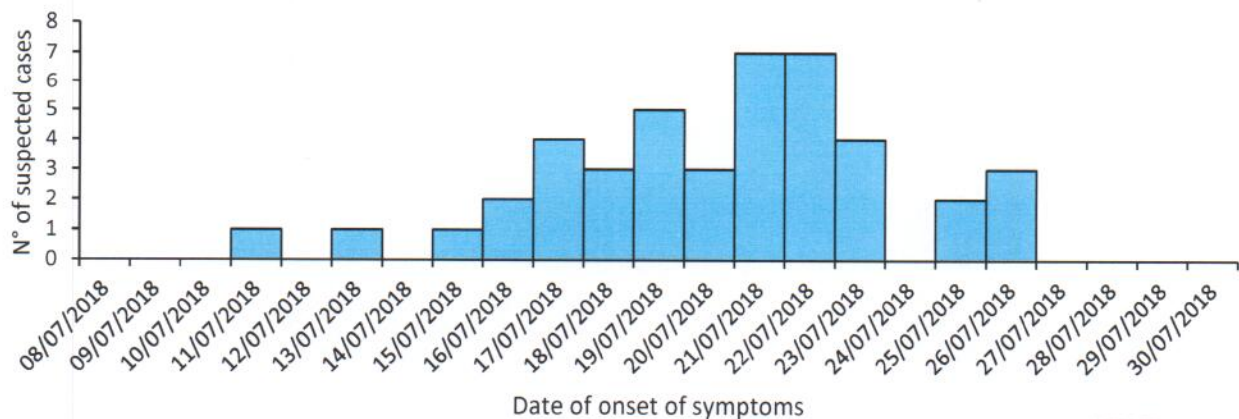
	Regions in epidemic		
	Centre	North	Total
<b>Cases</b>			
New suspected cases	0	0	0
Cumulative number of suspected cases	45	75	120
Number of identified contacts	-	-	-
<b>Deaths</b>			
New deaths	0	0	0
Deaths occurring in the community	0	7	7

Cumulative number of deaths	1	10	11
<b>Laboratory</b>			
Number of stool cultures done	38	17	55
Number of positive cultures	4	10	14

- **Two (2) Regions in epidemic**
  - **North region** : 7/15 health districts (HD) in epidemic
  - **Centre region**: 2/30 health districts in epidemic
  - Gashiga and Golombe health districts are presenting a high number of community deaths (CFR = 33%)
  - Golombe health district has the highest attack rate (56.7 per 100000 persons)
- **Four (4) Regions at high risk:**
  - **Littoral** : 35 suspected cases reported, no confirmed case
  - **Far North** : 1 suspected case reported
  - **East** : 01 suspected case reported
  - **South-West** : 01 suspected case reported

**Table 2:** Attack rates and case fatality rates per health district in epidemic in Cameroun, 30<sup>th</sup> July 2018

REGION	DISTRICT	Population	N° of suspected cases	N° of deaths	Attack rate (per 100000)	CFR (%)
CENTRE	CITÉ-VERTE	407 390	4	0	1,0	0,0
	DJOUNGOLO	879 470	8	1	0,9	12,5
NORTH	GAROUA II	307 402	8	0	2,6	0,0
	GASCHIGA	131 915	15	5	11,4	33,3
	GOLOMBE	65 286	37	4	56,7	10,8
	GUIDER	241 236	2	1	0,8	50,0
	MAYO OULO	137 214	7	0	5,1	0,0
	NGONG	248 926	4	0	1,6	0,0
	PITOA	156 191	2	0	1,3	0,0



**Figure 1:** Cholera epicurve in the Centre region, July 2018





	Min	Median	Max
Age (years)	1,2	30	68

Sex ratio F : M = 3 : 2

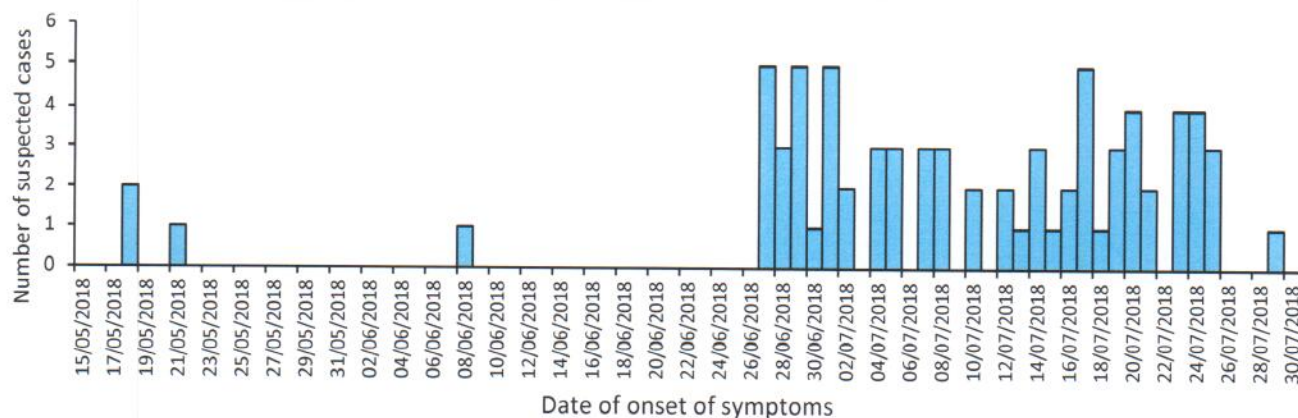


Fig. 2: Cholera epicurve in the Centre region, July 2018

	Min	Median	Max
Age (years)	1	29	85

Sexe ratio F : H = 5 : 2

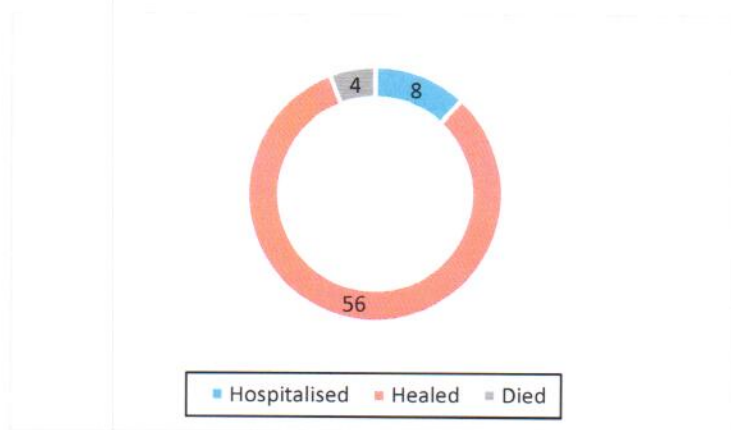


Fig. 3: Outcome of cases seen in a health facility in the North region, 31/07/2018

### III. REPONSE

#### COORDINATION

- Holding of the conference call with CDC Atlanta for technical support on coaching/training of Rapid Intervention Teams (RIT)
- Holding a conference call with regions in epidemic to monitor response activities;
- Work session with the members of the cholera treatment unit in the Central hospital to render it operational



Region	Districts	Signaled as priority HD on (date)	Reason for signaling as a priority HD	Person in charge of follow up	Other actors	Status
Centre & North	Djoungolo	28/07/2018	New confirmed cases but no contact list elaborated since	Djoungolo District Medical Officer (DMO)	CERPLE coordinator for the Centre	Not done
	Gashiga	23/07/2018	High case fatality rate (33%) but no in-depth investigation conducted	Regional level RIT	Central level RIT	Ongoing
	Gashiga	30/07/2018	New confirmed cases but no contact list elaborated since	Gashiga DMO	CERPLE coordinator for the North	Not done
	Golombe	30/07/2018	High attack and case fatality rates	Regional level RIT	Central level RIT	Ongoing

## SAFETY AND INFECTION CONTROL

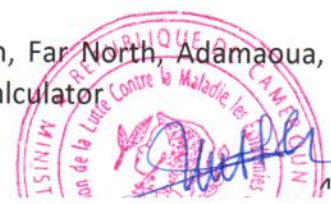
- Make an inventory of PPE and disinfectants available/required by the Central Hospital CTU
- Briefing of the regional level (Centre region) on security measures
- Evaluate the needs (PPE, disinfectants) at the cholera treatment units (CTU)

## OPERATIONS

- **Surveillance/investigation**
  - Today, no new suspected cases reported regions respectively. No confirmed case recorded
  - Investigation of cases reported by Centre, Far North and North regions are ongoing. Stool samples are sent to the Center Pasteur of Cameroon
  - Preparation of an in-depth investigation. Protocol and investigative tools under development
- **Case management and WASH**
  - Active case finding in the community
  - Follow-up of hospitalized cases :
    - **North Region:** 08 persons hospitalized
    - **Centre Region:** no hospitalized person
- **Communication and social mobilisation**
  - Transmission of SITREPs to 57 journalists
  - Media coverage of health professionals in the media (CRTV Television, CANAL2 TV ...) for awareness-raising

## LOGISTICS

- Sizing kits (Investigation, WASH, PEC ...) for the regions of North, Far North, Adamaoua, Center, Littoral, East and South-West using the cholera stockpile calculator





- Shortage of Rapid Diagnostic Tests at all levels
- Monitoring of the distribution of inputs in the different HDs of the North region
- Finalization and preparation of the DHIS 2 online drug inventory tracking tool

#### IV. CHALLENGES

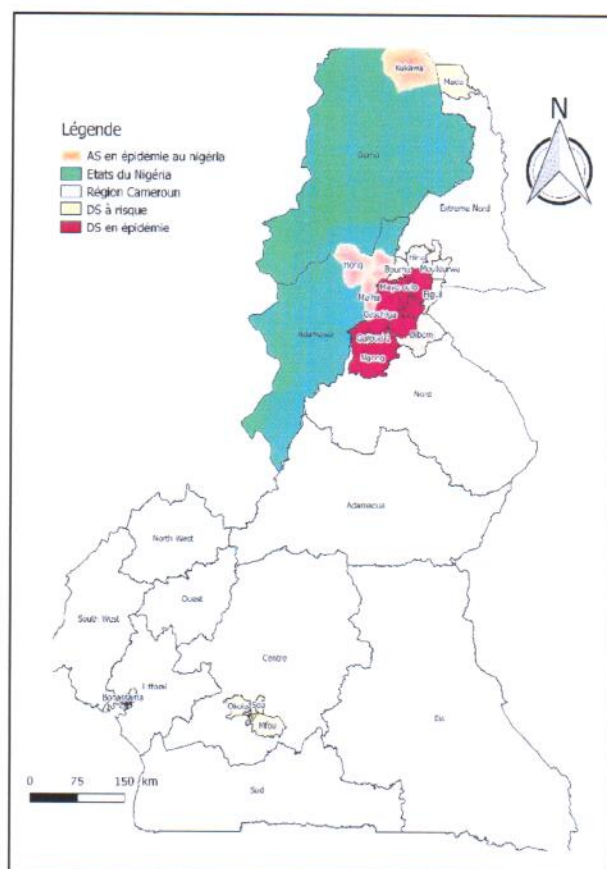
- Make activities attractive and document cross-border activities
- Optimizing Event-Based Monitoring (SBE)
- Establishment of a permanent mechanism for early detection, verification and alert
- Identifying the source of contamination
- Active search of cases in the community
- Convene related sectors, the private sector and civil society to participate in the coordination of the response
- Inventory of supplies at all levels
- Real-time sharing of data

#### IV. NEXT STEPS

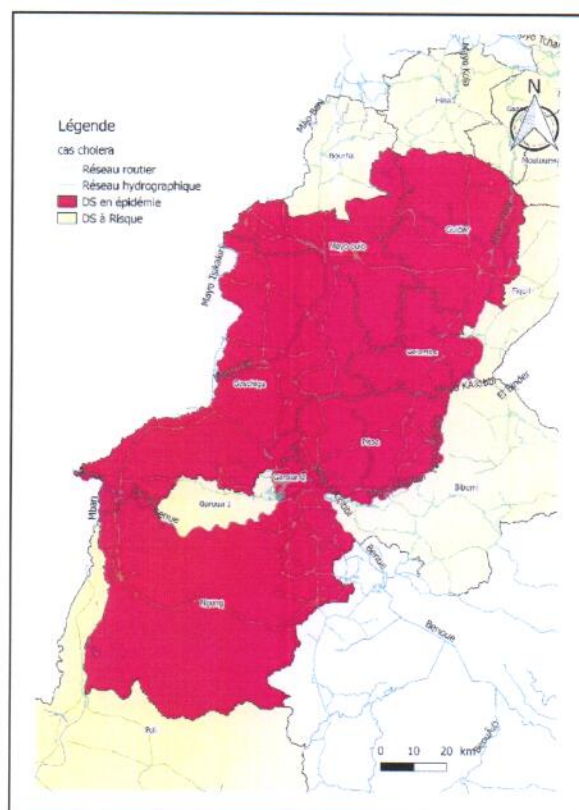
- Maintain active surveillance in epidemic and high-risk areas
- Track contacts in all regions
- Continue disinfection and awareness activities around cases.
- Ensure media coverage according to the media plan
- Organization of a cross-border meeting whose purpose is to formalize and follow-up of local cross-border meetings
- Organize a high level meeting with the Nigerian High Commissioner
- Broadcast crawl messages
- Broadcast spots in community radios



## MAPPING OF AFFECTED AND AT RISK HEALTH DISTRICTS



**Fig 4:** Health Districts in epidemic and at risk in Cameroon, 30/07/ 2018



**Fig 5 :** Health Districts in epidemic and at risk in the North, 30/07/ 2018

