

SITUATION REPORT N°13

CHOLERA OUTBREAK RESPONSE

3rd August 2018



Visit of the Cholera Treatment Center (CTC) in a health district 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) ;
- Since the onset of the epidemic, a total of 144 suspected cases have been recorded of which 16 have been confirmed and 12 deaths registered (7 of them in the community) with a global case fatality rate of 8.3%
- Overall, nine health districts are affected in the North and Centre regions;
 - **Centre region:** 6.7% of health districts are affected (2/30)
 - **North region:** 46.7% of health districts are affected (7/15)
- Today, two new suspected cases have been recorded of which none is confirmed and no death registered.

II. EPIDEMIOLOGICAL SITUATION

Table 1: Summary of the epidemiological situation, 03 August 2018

	Regions in epidemic		
	Centre	North	Total
Cases			
New suspected cases (Djoungolo HD)	02	0	02
Cumulative number of suspected cases	57	87	144
Number of identified contacts	-	-	-
Deaths			
New deaths	0	1	1
Deaths occurring in the community	0	7	7
Cumulative number of deaths	1	11	12

Laboratory			
Number of stool cultures done	50	18	68
Number of positive cultures	4	13	17

- **Two (2) Regions in epidemic**
 - **North region** : 7/15 health districts (HD) in epidemic
 - **Centre region**: 2/30 health districts in epidemic
 - Gaschiga health district has a high number of community deaths (5/7)
- **Five (5) 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
 - **South** : 01 suspected case reported

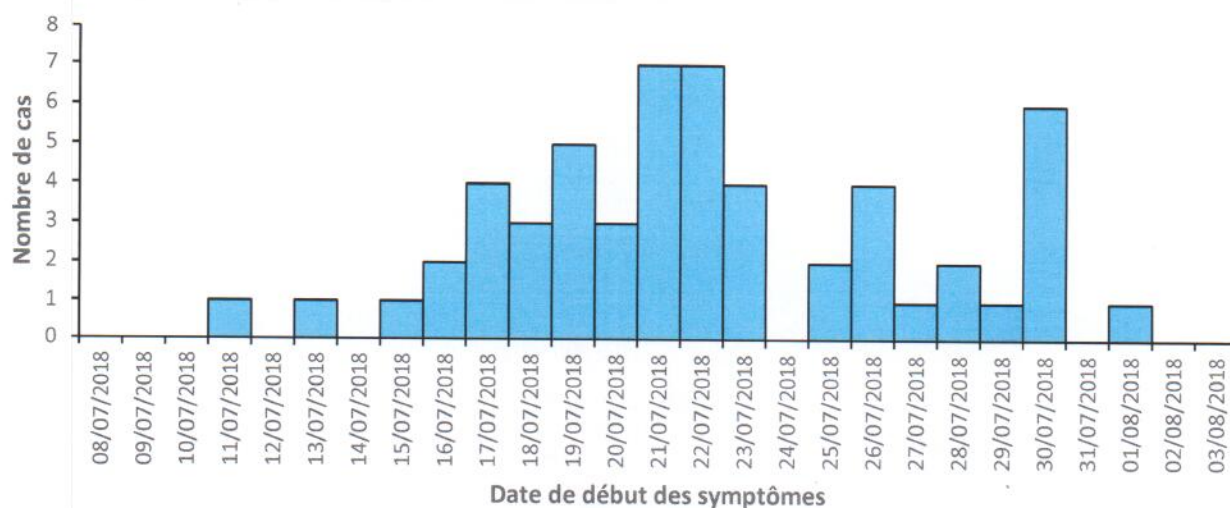


Figure 1: Cholera epicurve in the Centre region, July – August 2018

This epicurve suggests a common/continuous source of exposition is at the origin of the cholera outbreak in the Centre region

	Min	Median	Max
Age (years)	1,2	32	68

Sex ratio F : M = 7 : 5



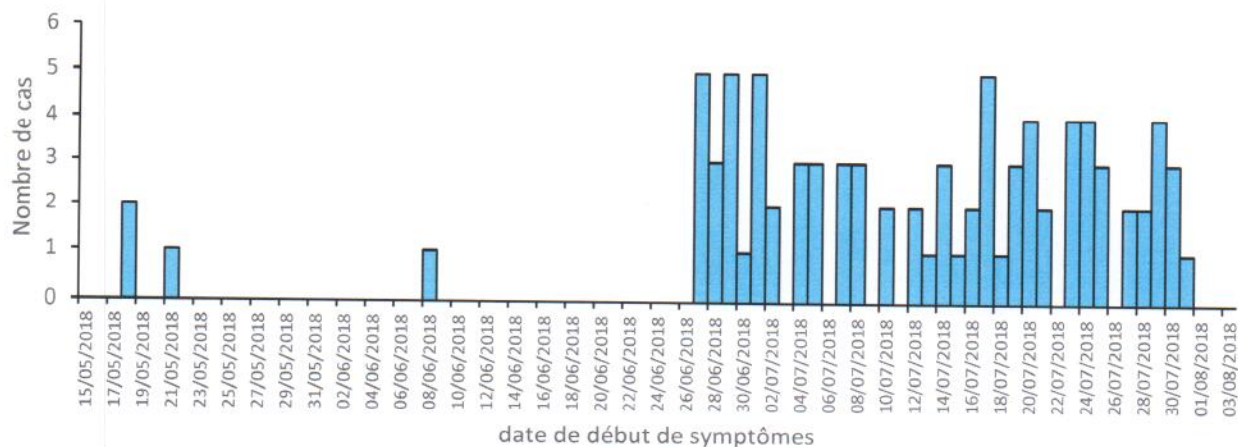


Fig. 2: Cholera epicurve in the Centre region, May – August 2018

This epicurve suggests a person to person transmission of cholera in the North region. Also, we have a higher number of cases among women than men. This may be linked to domestic chores which are mainly done by women.

	Min	Median	Max
Age (years)	1	30	85

Sexe ratio F : H = 2 : 1

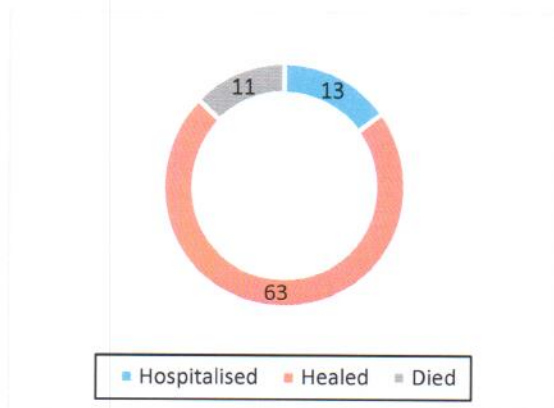


Fig. 3: Outcome of cases seen in a health facility in the North region, 03/08/ 2018

Table 2: Attack rates and case fatality rates per health district in epidemic in Cameroun, 01st August 2018

REGION	DISTRICT	Population	N° of suspected cases	N° of deaths	Attack rate (per 100000)	CFR (%)
CENTRE	CITÉ-VERTE	407 390	5	0	1.2	0
	DJOUNGOLO	879 470	12	1	0.9	8.3
NORTH	GAROUA II	307 402	9	0	2.9	0
	GASCHIGA	131 915	23	5	17.4	22
	GOLOMBE	65 286	39	4	59.7	10
	GUIDER	241 236	2	1	0.8	50
	MAYO OULO	137 214	8	0	5.8	0
	NGONG	248 926	4	0	1.6	0
	PITOA	156 191	2	0	1.3	0

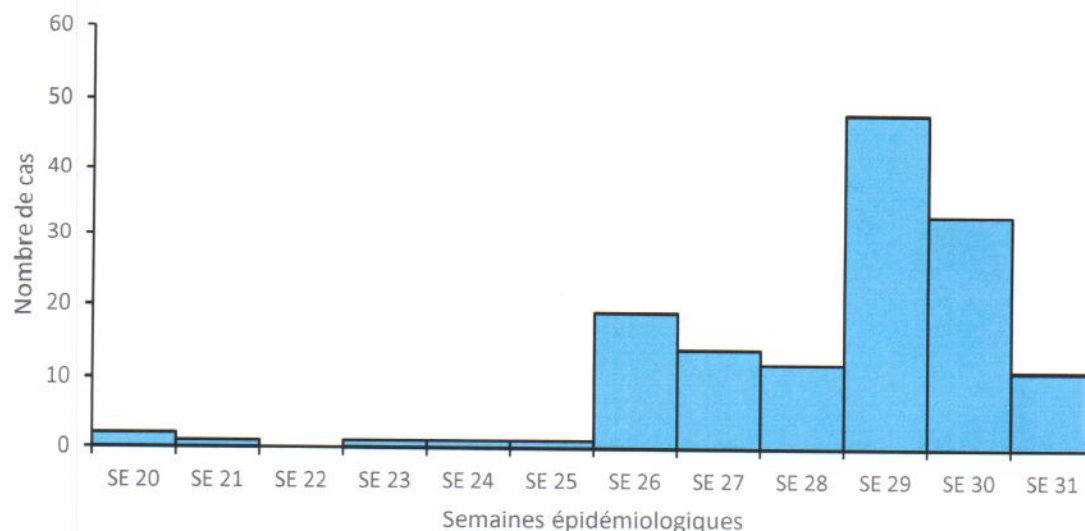


Fig. 4 : Evolution of cholera cases dans in the two epidemic regions, May – August 2018

III. REPONSE

COORDINATION

- Holding of the cholera response coordination meeting of the 03/08/2018;
- Holding of regional cholera response coordination meetings in the Centre and North;
- Advocacy meeting with religious leaders (Pastors, Imams) in favor of the construction and use of latrines;
- Preparing for a work session with SDV, HCR, WHO and EOC on implementing control interventions scheduled for 07/08/2018 at 2pm;
- Work session with the MINREX in prelude of the meeting with the Nigerian High Commissioner

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
	Border districts	30/07/2018	Non documentation of cross-border meetings	DMOs of border districts	RPHD	Not done



SAFETY AND INFECTION CONTROL

- Install hand disinfection kits in the Emergency Operating Center
- Visit and evaluation the needs (PPE, disinfectants) at the cholera treatment units (CTU)
- Elaboration of messages/safety plan for CTUs and regions

OPERATIONS

- **Surveillance/investigation**
 - Active case search ongoing in epidemic regions
 - Today, 02 new suspected cases recorded of which none confirmed
 - Investigation of cases in Golombe by the regional RIT and WHO experts is ongoing
 - Investigation of cases reported by the Center, North and Far North regions
- **Case management and WASH**
 - Active case finding in the community
 - Follow-up of hospitalized cases :
 - **North Region:** 13 persons hospitalized
 - **Centre Region:** no hospitalized person
- **Communication and social mobilisation**
 - Transmission of SITREPs to 57 journalists
 - Collection of information on communication activities in epidemic regions
 - Distribution of sensitization tools in Yaounde
 - Broadcasting of spots on cholera prevention in 11 community radios is ongoing
 - Sensitization on cholera in markets, churches and mosques by communication focal persons with DMOs and heads of health areas
 - Social mobilization by CHW in 13 health areas of Efoulan, Cite Verte and Nkolbisson health districts
 - Media coverage of health professionals in the media (CRTV Television, CANAL2 TV ...) for awareness-raising

LOGISTICS

- Reception and dissemination of cholera posters
- Participation in the demonstration of the process of water cleaning using of water filtration device "NUF-FILTRATION" made by the Israeli government
- Introduction of the DHIS 2 online drug inventory tracking tool and train teams on how to fill the 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



- Ensure the broadcast of crawl messages and media coverage by health care professionals
- 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
- Organization of a cross-border meeting whose purpose is to formalize and follow-up of local cross-border meetings
- Finalize the counter proposals of the Cameroon/Nigeria MoU on health related issues
- Organize a concertation meeting between MINSANTE/Private sector/local NGOs
- Introduction of the DHIS 2 online drug inventory tracking tool and train teams on how to fill the tool



MAPPING OF AFFECTED AND AT RISK HEALTH DISTRICTS

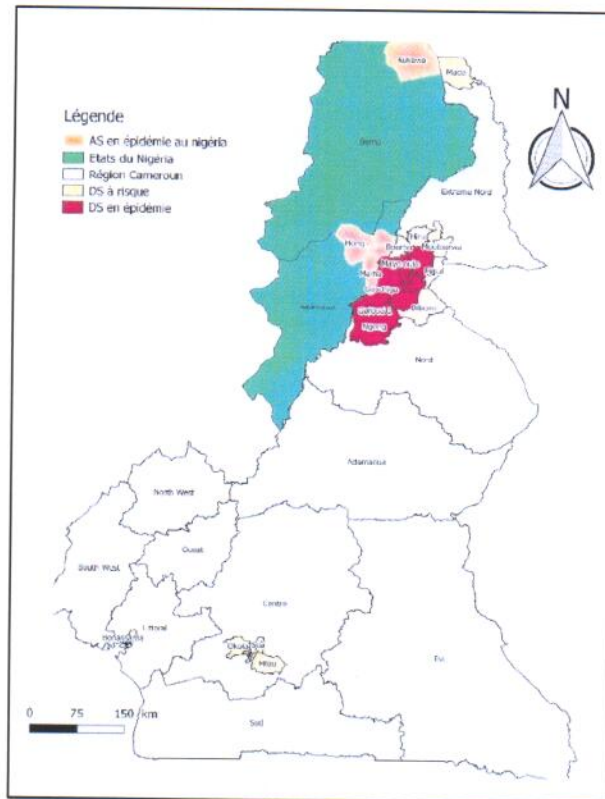


Fig 4: Health Districts in epidemic and at risk in Cameroon, 03/08/2018

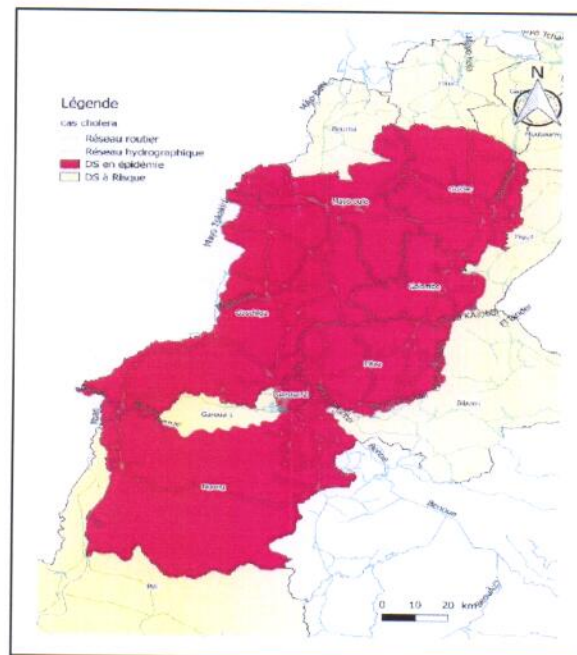


Fig 5 : Health Districts in epidemic and at risk in the North, 03/08/2018

Email: eocplancholera@gmail.com

Numéros verts réservés aux alertes au choléra : 1510

Numéro de portable à utiliser en cas d'alertes au choléra et pour l'envoi de SMS : 677294316 Numéros à appeler en cas d'alertes en rapport avec l'eau et l'assainissement : 677882760 (pendant les heures de travail) 681260936/677294316 (après les heures de travail)

