

CHOLERA: A BIG CHALLENGE FOR PUBLIC HEALTH EMMERGENCY



### Panel discussion on cholera mortality - GTFCC Case management meeting 5-6 November 2019

# Overview of cholera in Cameroon, 2015-2019

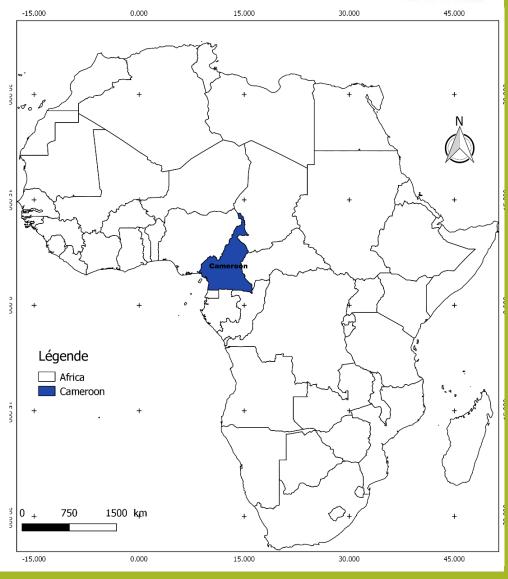
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Disease, Epidemics and Pandemics

### Presentation of Cameroon (1/4)



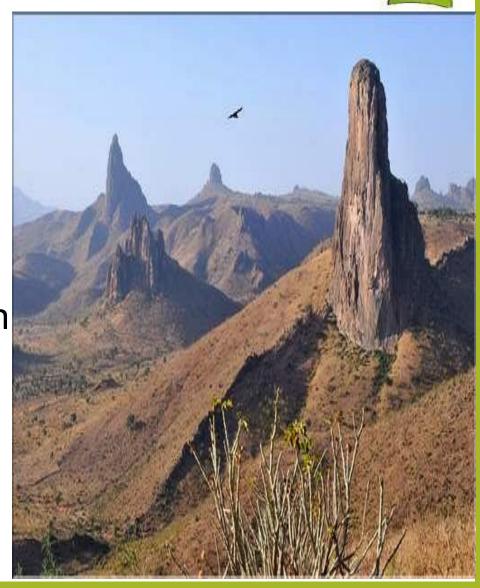
- Located in the lake Chad basin (central Africa) and under the influences of the Congo and Volta basins
- Contrasting relief (plateaus, unevenly uplands and plains)
- Three climatic zones (Equatorial,
   Sudanese and Sudano-Sahelian)



### Presentation of Cameroon (2/4)



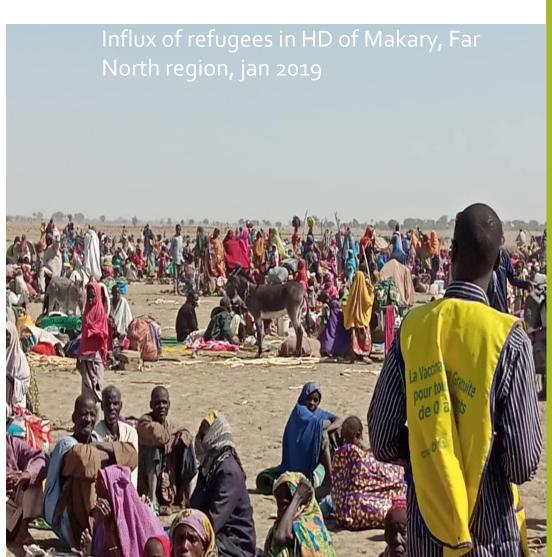
- Two hydrographic zones
- Adamawa plateau: Niger-Chad basin to north
- Atlantic and Congo basins to south
- It's Geographical and economical situation makes it vulnerable to
  - Infectious diseases
  - Neglected tropical diseases
  - Non communicable diseases



### Presentation of Cameroon (3/4)



- Influx of refugees from neighbouring countries
- Security challenges in several regions (NW,SW, Far north)
- Internally displaced people

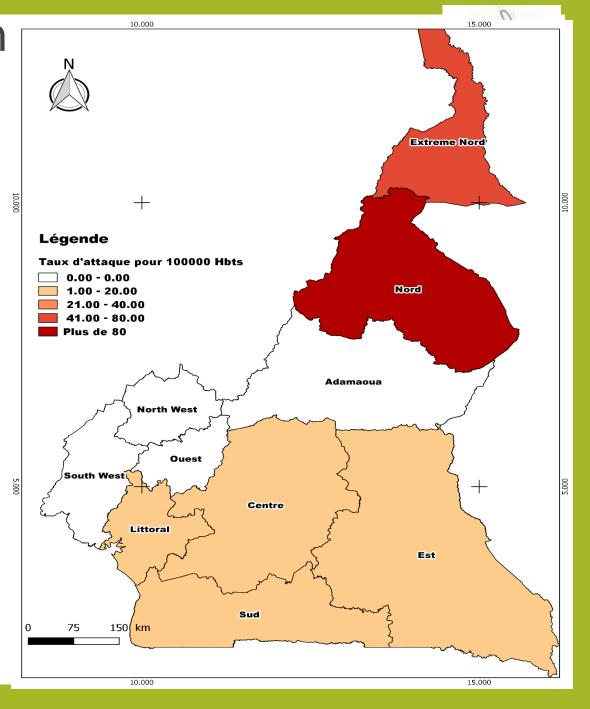


## Cholera overview in Cameroon 2015-2019

	Cases	Death	Case Fatality Rate
2015	123	6	4,9
2016	78	1	1
2017	0	0	0
2018	993	58	5.84
2019	741	33	4.45

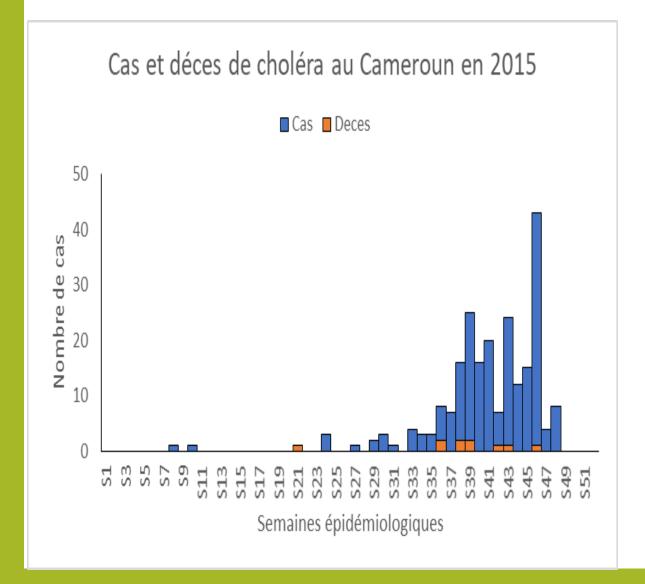
#### Attack rate (per 100000)

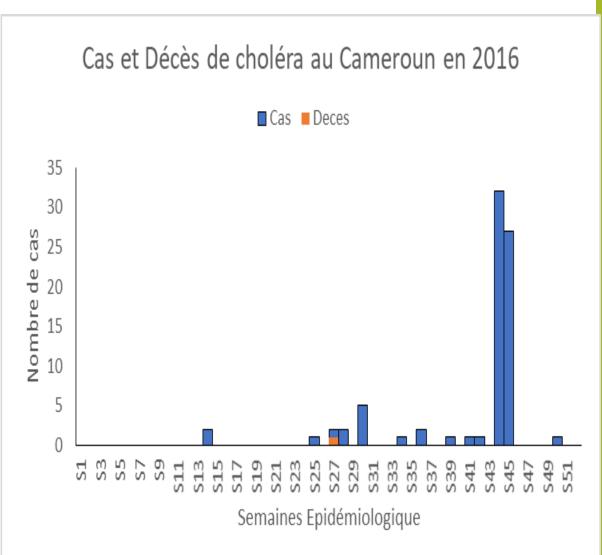
- ✓ North region: > 80
- ✓ Far North 41-80
- ✓ East, Central, Littoral and South regions: 1-20



#### Cholera overview in Cameroon, 2015-2019







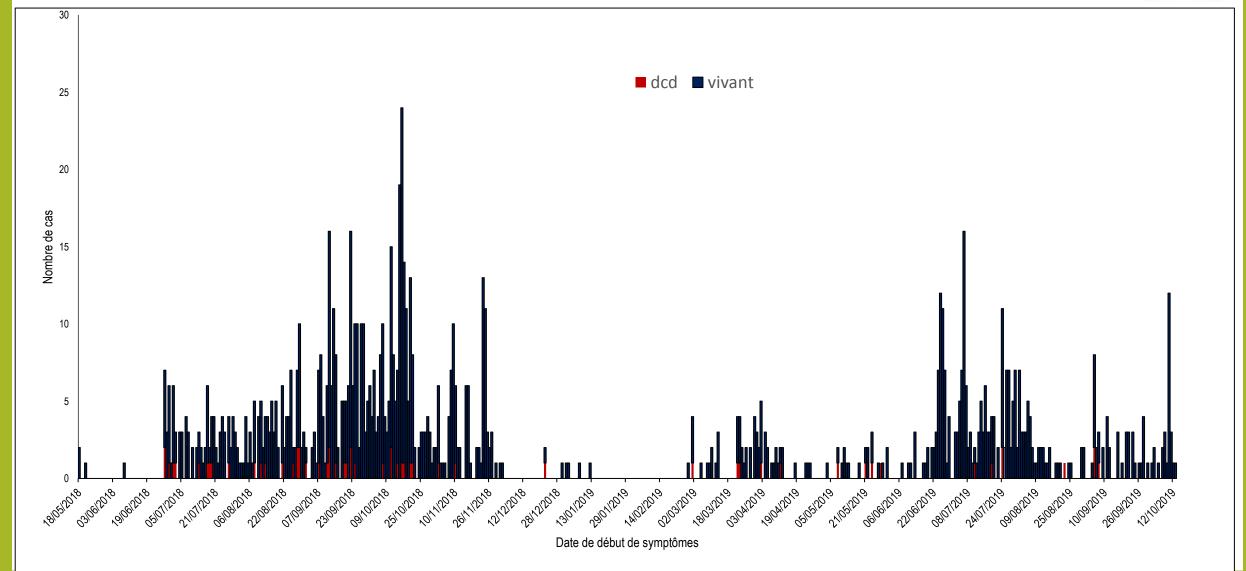
## Cholera overview in Cameroon, 2015-2019: 2018-2019 epidemic curve



- Pending outbreak since the 18th of may 2018: 04 affected regions
- 2 regions still notify cases :NO et EN
- Since the begining of the outbreak :
  - 1720 notified cases (1086 No, 565 EN, 72 CE et 07 LT),
  - 198 confirmed cases
  - 90 deaths (60 NO, 29 EN, 1 CE)
  - Case fatality rate: 5.2%

## Cholera overview in Cameroon, 2015-2019: 2018-2019 epidemic curve





# Case fatality rate analysis in Cameroon

Most of the deaths occur in communities:



- Late resort to health facilities
- Security challenges in some areas
- Poor coordination and monitoring and case control capacity
- Low performances of community based surveillance



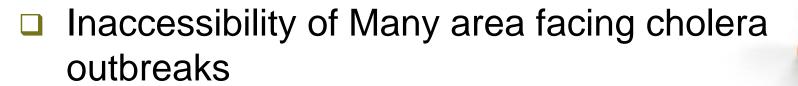
#### Accessibility of area affected by cholera







# Case fatality rate analysis in Cameroon





- Human (quality and quantity)
- Financial
- Logistics (Center/unit care unit, supplies)



#### Poor









# Case fatality rate analysis in Cameroon

- Socio-cultural behaviors and habits
- Delay of response activities due to
  - Inaccessibility of Many area facing cholera outbreaks
  - Lack of resources (financial, human and logistics)









Sensibilisation communautaire sur les mesures de prévention contre le choléra autour de l'arbre à palabre par le CDS Kaélé. Bobovo. 02/09/2019



Réorganisation de l'UTC de Midjivin par l'équipe d'Intervention, 14/07/2019



Désinfection de ménage par l'El²R du district, Midjivin, 15/07/2019



Prise en charge d'un cas de choléra à l'UTC, Midjivin 22/07/2019

## We act to reduce the number of deaths related to cholera



- Implementation of IMS at both central and regional level
- Active surveillance for early detection (case research and contact tracing in case of an outbreak
- Sensibilization in the community...
- Case management algorithm posted at hospital
- Implication of leaders in the response
- A one health approch
- Implementaion of Emergencies supply chain



 Sensitization of community health workers and volunteers by Red Cross



Sensitization in neighbourhoods



Sensitization by motobikers

markets

Sensitization in

### Sensitization





In a district hospital



 Using community medias and students



Briefing on hand washing

### Wash





Briefing on hand washing in a community



Disinfection of a household



Briefing on hand washing in a school





### Logistics



#### ■Intrants, EPI, matériel de désinfection ou roulant etc...

Ressources have been deployed on the field with the support of administrative authorities and financial and technical partners





Cholera bed



Personnal protective equipment





Sprayer

Chlorine

## opportunities: Government and partners engagement

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Appui	Partenaires	
Coordination	Autorités administratives, OMS, L CARE, MINEDUB, MINESEC, MIN MINPROFF	-
Surveillance/ investigation	OMS, MSF, CENTRE PASTEUR DI	E GAROUA
Capacity building	OMS, UNICEF, MSF, Plan	
Case management	MSF, OMS	
Case transportation	MSF, Croix Rouge	
Logistic	OMS, UNICEF, MSF,	
Wash	UNICEF, MSF	
Communication/ Sensitization	Autorités administratives, UNICE Croix Rouge, UNOADD	F, MINCOM, AP2D,



### Way forward

- ■Adoption of the WHO Global Roadmap to end Cholera by 2030
- Transboundery meeting with Chad and Nigeria
- Implementation of event based surveillance in regions at risk of cholera

