

SITUATION REPORT N°12

CHOLERA OUTBREAK RESPONSE

1st August 2018



Conference call with CDC Atlanta team on coaching/support of rapid intervention teams, 01/08/2018

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, 22 new suspected cholera cases reported of which 3 confirmed and one death recorded in the North region;
 - o 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)
- Overall, as of the 01/08/2018;
 - Cumulative number of cases stands at 142 reported cases of which 14 are confirmed in the two epidemic regions
 - o A total of 12 deaths recorded with an overall case fatality rate of 8.4%
- Holding of a conference call with epidemic regions

II. EPIDEMIOLOGICAL SITUATION

Table 1: Summary of the epidemiological situation, 01 August 2018

	Regions in epidemic		
	Centre	North	Total
Cases			
New suspected cases	10	12	0
Cumulative number of suspected cases	55	87	142
Number of identified contacts	170	-	-
Deaths			
New deaths	0	1	1
Deaths occurring in the community	0	7	OUBLIQUE
Cumulative number of deaths	1	11 //	# Contre 12

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

Two (2) Regions in epidemic

o North region: 7/15 health districts (HD) in epidemic

o Centre region: 2/30 health districts in epidemic

o 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 reportedEast: 01 suspected case reported

South-West: 01 suspected case reported

South: 01 suspected case reported

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	8	1	0.9	13
NORTH	GAROUA II	307 402	9	0	2.9	0
	GASCHIGA	131 915	23	5	17.4	22
	GOLOMBE	65 286	39	4	56.7	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

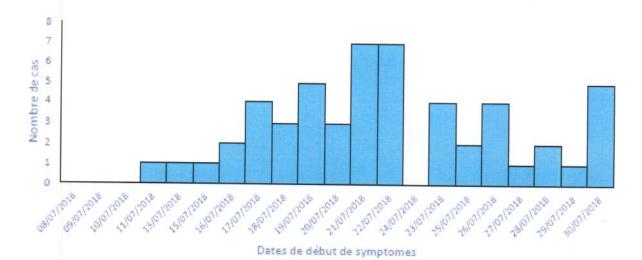


Figure 1: Cholera epicurve in the Centre region, July – August 2018

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

	Min	Median	Max
Age (years)	1,2	30.5	68

Sex ratio F : M = 3 : 2

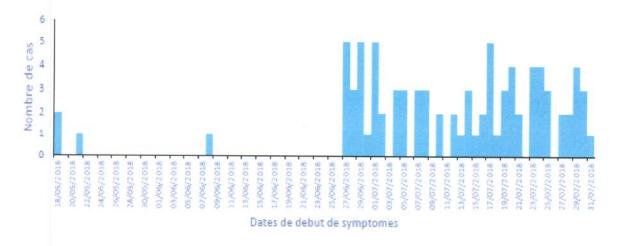


Fig. 2: Cholera epicurve in the Centre region, May - August 2018

This epicurve suggests a propagated transmission of cholera in the North region

	Min	Median	Max
Age (years)	1	30	85

Sexe ratio F: H = 5:2

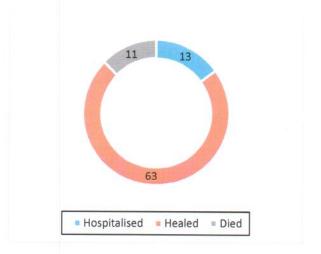


Fig. 3: Outcome of cases seen in a health facility in the North region, 01/08/2018

III. REPONSE

COORDINATION

- Holding an advocacy meeting in favor of a coordination committee set up by the Governor of the Centre region;
- Preparing of the cholera response coordination meeting of the 03/08/2018

Region	Districts	Signaled as priority HD on (date)	Reason for signaling as a priority HD	Person in charge of fùollow 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

• Evaluate the needs (PPE, disinfectants) at the cholera treatment units (CTU)

OPERATIONS

- Surveillance/investigation
 - Active case search ongoing in epidemic regions
 - Today, 22 new suspected cases reported among which 2 confirmed and one death recorded
 - Investigation of cases in Golombe by the regional RIT and WHO experts
 - Inspection of CTCs in Golombe Health District
 - Investigation of cases reported by the Center, North and Far North regions
- Case management and WASH
 - Active case finding in the community
 - $\circ \quad \hbox{Follow-up of hospitalized cases}:$
 - North Region: 13 persons hospitalized
 Centre Region: no hospitalized person
- Communication and social mobilisation
 - Transmission of SITREPs to 57 journalists
 - Media coverage of health professionals in the media (CRTV Television, CANAL2 TV ...) for awareness-raising

LOGISTICS

 Reception of 100 buckets of chlorine and financial support from UNICEF for the training of 750 community health workers

Monitoring of the distribution of supplies 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
- Conduct onsite visit in the Centre region to evaluate the quality of the response to the cholera epidemic
- Download and contextualize training modules suggested by CDC-Atlanta
- Ensure the management of all cases
- · 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
- Broadcast crawl messages
- Broascast spots in community radios



MAPPING OF AFFECTED AND AT RISK HEALTH DISTRICTS

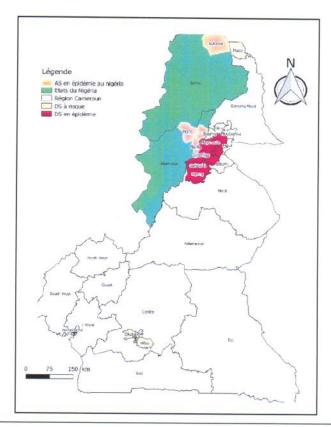


Fig 4: Health Districts in epidemic and at risk in Cameroon, 01/08/2018

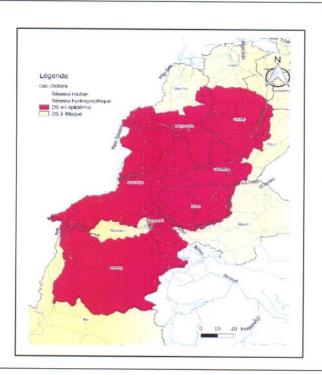


Fig 5 : Health Districts in epidemic and at risk in the North, 01/08/2018

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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)