



Figure 1: cartography of cholera hotspots in Cameroon

FAST FACTS

- A total of 6,652 cases, with 134 deaths, have been reported by the WHO as of April 30
- According to the Regional Delegation of Public Health, since the beginning of May there have been 244 new cases reported and eight deaths, while the number of health districts involved have increased from 18 to 21
- Three (Littoral, Center and Southwest) regions are especially active, with the Southwest recording the highest number of cases
- The number of cholera cases is increasing rapidly, affecting 6 of 10 regions
- The case fatality rate is high, according to WHO standards, at 2.0%

Cholera cases in Cameroon have increased significantly since early 2021. On October 31, Cameroon's health authorities declared a cholera outbreak.

Between October 25 and December 10, 2021, three active regions reported a cumulative number of 309 suspected and four laboratory-confirmed cholera cases, with 19 deaths, for a case fatality ratio (CFR) of 6.1%. Suspected cases increased from 200 recorded on average each week in 2021, to more than 1,262 in the second week of March 2022. As of April 30, 2022, the WHO had reported 6,652 cases in total.

Since March 2022, the cholera outbreak has affected six regions: Centre, Littoral, Far North, North, South and Southwest. In 2021, the epidemic was concentrated only in two regions—Centre and Southwest—with the majority of cases in the Southwest region. Cameroon recently identified priority cholera hotspots through the Global Task Force of Cholera Control methodology (see the map above).

That region's cases account for about three-quarters of Cameroon's cases nationwide. As Advocacy Adolescent Health Promotion (ACAP) has reported, 40% of health centers in the Southwest region closed before 2020 due to an escalation of political tensions and presidential elections that were likely to intensify deteriorating health conditions for more than 4 million people living in the English-speaking regions. Today, the majority of internally displaced persons have moved to major towns such as Limbe and Buea, where there is relative calm. The subsequent overcrowding led to a rise in cases, as documented in Southwest Regional Situation Report 23, which reported a cumulative number of 4,980 cases identified at the end of April 2022, with 49% (2,469) in Limbe and 31% (770) in Tiko health districts.

Contributing Factors

One factor behind Cameroon's cholera outbreak is the dry season and resulting shortage of water, which has also heightened risks for waterborne diseases. Moreover, the high lethality rate indicates a gap in early detection and case management. The following challenges have been identified by the Ministry of Public Health (MoPH):

- a breakdown in the water supply system in the Southwest region, leading to the scarcity of potable water for households;
- limited resources for prevention and care activities in the wide geographical areas involved;

- a lack of multi-sectoral involvement, exacerbated by a lack of experts in water, sanitation and hygiene (WASH);
- a lack of training for community health workers (CHWs);
- a lack of quality healthcare workers needed in treatment centers, which is leading to fatigue, weak infection prevention and control, and inconsistent application of norms and standards;
- an insufficient number of cholera treatment kits and medical supplies, such as rapid diagnostic tests;
- insufficient capacity in treatment centers due to overcrowding, lack of cholera beds and other equipment, and poor control of patient flow; and
- inadequate communication tools.

Response to Date and Current Preparations

Organizations such as WHO, UNICEF and the Global Alliance for Vaccines and Immunization (GAVI) have already provided some support, such as boats for maritime areas and vaccination support. However, according to the MoPH response plan, more than \$1.3 million is required to support the pillars of the response to the cholera epidemic in Cameroon's six affected regions.

The WHO and the MoPH have requested that International Medical Corps support the response in the Southwest region, specifically in the Limbe and Buea health districts. They also have asked for support in surveillance and preparation for an outbreak in the Northwest region.

International Medical Corps Response

As of May 2022, the pre-identified needs require International Medical Corps to support infection prevention and control, train providers and vaccinators at health facilities, and supply medicines, rapid diagnostic testing kits (RDTs) and consumable supplies. At the community level, International Medical Corps is preparing to set up oral rehydration stations (ORS) in International Medical Corps-supported health centers to enable early patient care through oral rehydration, screening and referral, provide training for community health workers (on active case finding, water purification, disinfection of homes), strengthening surveillance at the neighborhood level, risk communication and community involvement.

In cases where International Medical Corps supported health centers are not available—such as the Southwest, where security presents a dangerous challenge across the region—International Medical Corps will work through an implementing partner to address identified gaps in cholera preparedness and response, according to developing needs.

Meanwhile, International Medical Corps is monitoring the spread of cholera in the Northwest region. This region, near our operational base, is a potential hotspot for cholera, and is on the brink of an outbreak. The MoPH's regional coordinator for immunization in the Northwest has stated that the expected regional case number is likely higher than reported, due to difficulty in transporting samples to laboratories in the region and an insufficient number of testing kits. In addition, people in the region travel long distances for fresh water, and clean jerrycans are not readily available. This encourages people to use their dirty ones, and such conditions are likely to cause cholera cases in the region to rise.

International Medical Corps has more than a decade's experience implementing cholera interventions, with support from the Bill and Melinda Gates Foundation, the US Centers for Disease Control and Prevention, the Bureau for Humanitarian Assistance and the Start Network, in various health districts of Cameroon's Far North, North and the Littoral regions. Through the "sword and shield" strategy, which includes both proactive and protective methods, International Medical Corps's activities have included WASH programs ranging from drilling boreholes to community-led total sanitation. International Medical Corps also has supported case management, capacity strengthening and vaccination in cholera interventions. Finally, International Medical Corps has worked with local communities and partners both in the Far North and Littoral regions to strengthen the capacity of community health workers, health staff and Cameroonian NGOs in surveillance of diseases of epidemic potential.