

Situation Report of Cholera Outbreak in Buea Health District, South West Region Cameroon



23/09/2020



World Health
Organization

Key Highlights

- A total of 10 cases have been notified in Buea health district
- 3 health areas in Buea health district are affected
- Buea Health district is the 5th health district to be affected by cholera in the South West region.
- The Case fatality rate for the Outbreak in Buea is 10%.

Epidemiological Situation

The cholera outbreak in the South West region of Cameroon started in November 2019 in Bakassi health district and has continued to spread to other health districts in the South West region. Buea health district is the 5th health district to be affected by cholera in the South West region. The other affected health districts include; Tiko, Limbe, Bakassi, and Ekondo-Titi health districts.

On the 14th September 2020, two suspected cases of cholera (females aged 16 and 28 years) were admitted at a health center in the Muea health area, Buea health district. The district management team was notified on September 15, 2020. The district's rapid response team was immediately sent to the health facility to investigate the cases. A third suspected case was discovered in a health facility in the Molyko health area on September 15, 2020. The three suspected cases were from the same neighborhood in the Muea health area. Two specimens were collected on September 15, 2020 and transported to the reference laboratory in Douala on September 16, 2020. On the 17th of September 2020, a positive laboratory result confirmed an outbreak of cholera in Buea health district.

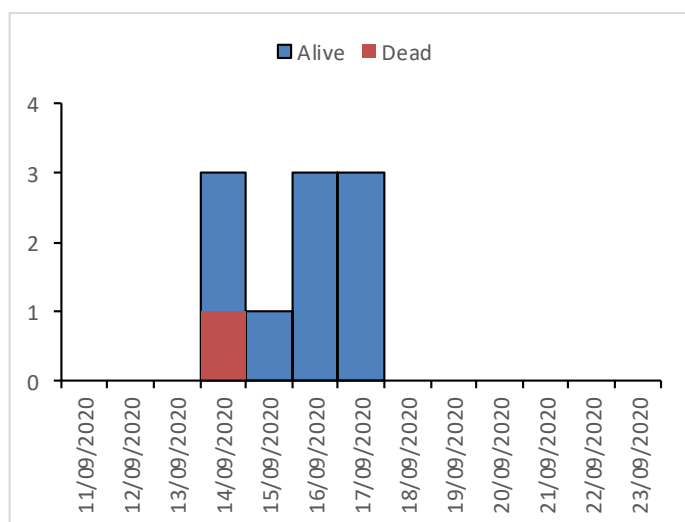


Figure 1: epidemiological curve of cholera cases in Buea Health district

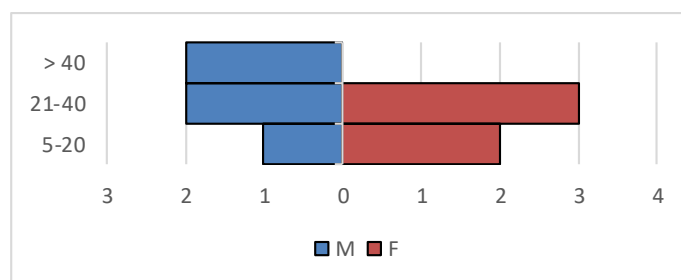
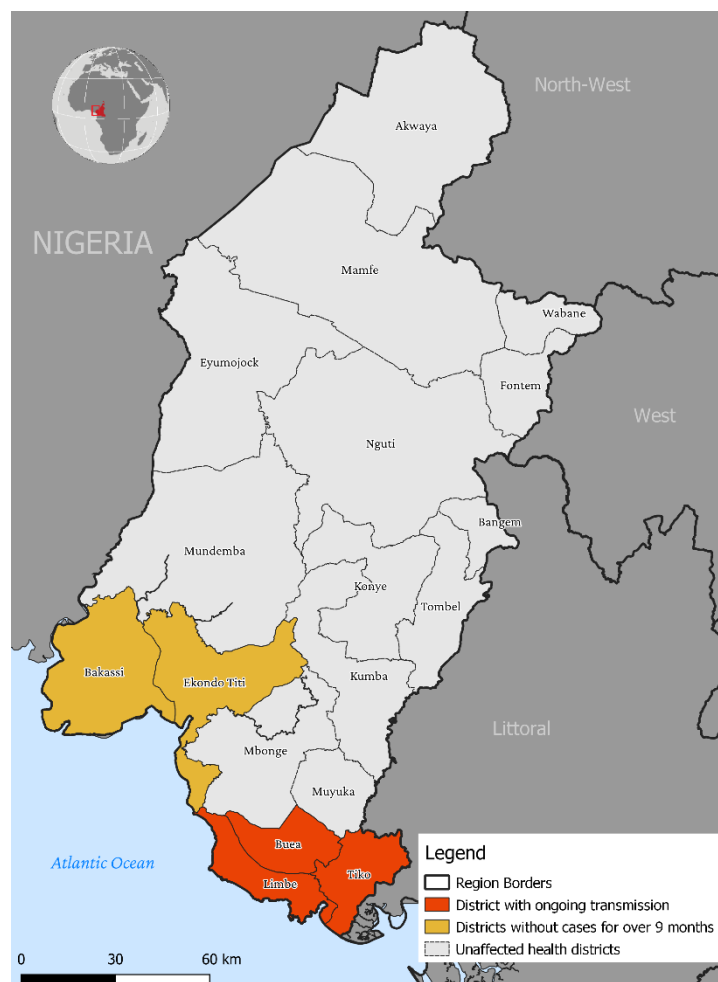
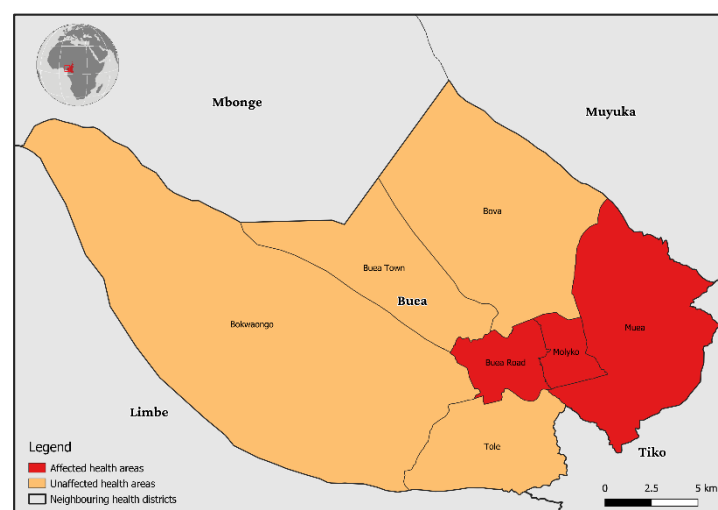


Figure 2: Age and sex distribution of cases



Map 1 : Affected Health districts in the South-West region



Map 2 : Affected health areas in Buea Health district

Response Activities

Coordination

- An emergency health cluster coordination meeting took place on Friday, September 18 to discuss the response of the health cluster partners to this outbreak. An initial response plan was drafted to support the district response plan and regional response plan.

-A coordination meeting between the regional delegation of public health, Buea Health districts and humanitarian actors took place on September 22, 2020.

Case Management

- A provisional cholera treatment center (CTC) has been set up at the Buea regional hospital. The health cluster partners are working on setting up an appropriate CTC and capacity building of the hospital in cholera management.

- WHO has donated 1 peripheral module cholera kit (treatment of 60 severe, 40 Mild cases) and 2 community modules (treatment of 200 mild cases) cholera kits to the regional delegation of public health and some implementing partners.

Surveillance and contact tracing

-A contextualized case definition has been developed and distributed to all health facilities in Buea health district. Health facilities have been encouraged to strengthen surveillance and sensitization in their various catchment communities.

- Review of consultation registers for active case search daily has been instituted in health facilities in health facilities.

-47 contacts have been listed so far and are being followed up.

WASH

-Disinfection with chlorine was carried out in 7 households, 3 health facilities, 3 water points, 1 carpentry workshop

-About 4600 Aquatabs tablets were distributed at Miles 16 and 17

-Distribution of 6 water filter buckets and 8 Bottles of 10l of mineral water

-A WASH assessment has been carried out by Reach out in the affected health area (Muea) to inform the response activities.

Laboratory

-Five samples have been sent to the reference laboratory for investigation(2-positive)

- Sample collection and transport material has been made available by the regional delegation to the health district.

Logistics

-Cholera treatment kits, chlorine, and potable water has been made available to the health district for treatment of cases.

The construction of a semi-permanent CTC is being considered by MSF at the regional hospital of Buea

Risk Communication and Community Engagement

-. The health district team and health cluster partners (DEMTOU Humanitarian have been carrying out sensitization activities in the affected areas.

Challenges

- The health facilities do not notify suspected cases to the health district early enough

- There are no rapid diagnostic test kits for cholera in the region

- The current CTC does not meet the required standards of a CTC

- Limited material/ financial resources to fully implement the response activities.

OPÉRATIONNEL PRESENCE OF PARTNERS

WHO, UNICEF, MSF, Reach Out, DEMTOU, Superior Health Foundation