WORLD HEALTH ORGANIZATION
Global Task Force on Cholera Control

CHOLERA COUNTRY PROFILE: CAMEROON

Last update: 17 November 2009

General Country Information:

The Republic of Cameroon is located in central-western Africa, and borders the Central African Republic, Chad, the Republic of the Congo, Equatorial Guinea, Gabon and Nigeria with a coast along the Atlantic Ocean. The country is divided in 10 semi-autonomous regions and 58 divisions. Yaoundé is the capital, but the largest city is Douala.

Cameroon became a German colony in 1884 and was divided between France and Britain at the end of World War I. It gained its independence from France in 1960 and shortly after the southern part of British Cameroon merged with the rest of the country to become the United Republic of Cameroon.

Cameroon enjoys relatively high political and social stability when compared to other African countries allowing for the development of agriculture, roads, railways and large petroleum and timber industries. Even though many Cameroonians live in poverty as subsistence farmers, the country has one of the highest school attendance rates in Africa. Traditional healers remain a popular alternative to western medicine.

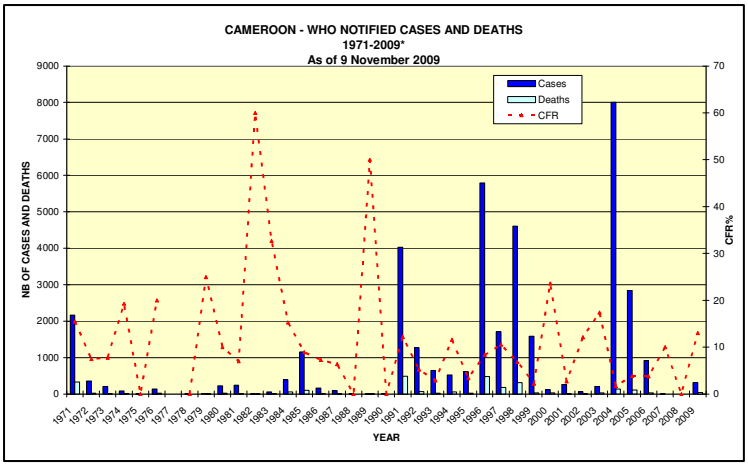
Cameroon is ranking 153 out of 183 in the Human Development Index.

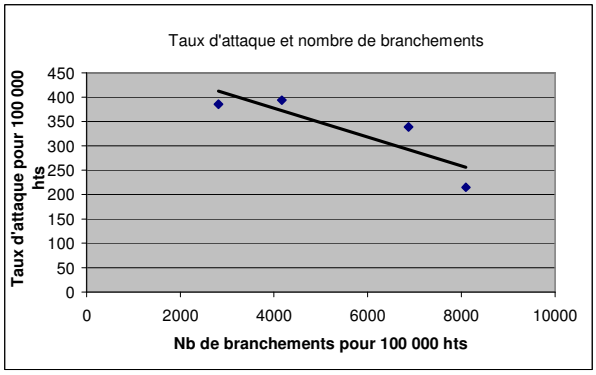
Cholera Background History:

Cameroon first reported cholera cases in 1970 and 1971 when the current pandemic hit the African continent. More than 2000 cases were reported in 1970 with a high case fatality rate of 15%.

Very few cases were reported between 1972 and 1984. In 1985, more than 1000 cases were notified with a CFR close to 9%. In 1991, Cameroon reported more than 4000 cases with a CFR of 12%, and in 1996 the country reported 5786 cases with a CFR of 8.3%.

The largest outbreak occurred in 2004, when 8000 cases were reported in Littoral and West regions. The outbreak which started in Bepanda, an area located in the north west of Douala, spread rapidly to other areas (New Bell and Nylon), and soon reached the entire town of Douala. The 6 health districts of the department of Wouri were affected. The outbreak was brought under control in Douala town in March but started again at the end of May with the onset of the rainy season. The second peak of the outbreak was reached between the 6-13 June 2004 with 700 weekly cases. Seventy physicians from Yaoundé were sent to Douala to support case management in cholera treatment centers. It was clearly established that the areas of Douala with lower access to proper water and sanitation were subject to the highest attack rates. (see graph)





Cholera Outbreak in 2009:

From the beginning of September and as of 9 November 2009, Cameroon has notified 315 cases and 40 deaths in the Extrême Nord region leading to a high case fatality rate of 13%. It is noted that more than 60% of the deaths occur in the community. Most cases are reportedly coming from neighbouring Nigeria. Nigeria reported cholera cases since beginning of August in its border states of Adamawa, Borno and Taraba.

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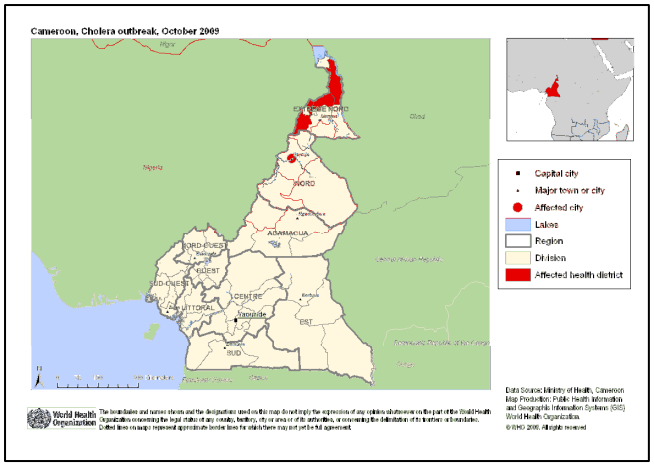

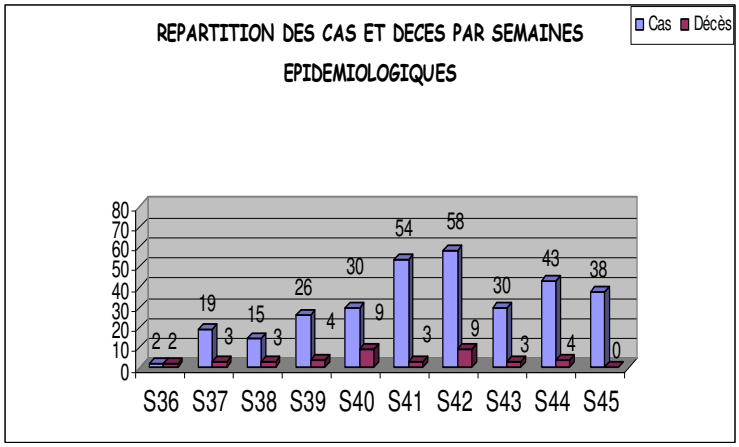

WHO Support Actions:

- **2004:**
  The WHO Regional Office for Africa provided technical support with a team comprising an epidemiologist and an expert in social mobilization.
  Two water and sanitation engineers were sent by the French Government and joined the team. Their report emphasized the fact that the cholera outbreak started and spread more rapidly in the areas with poor or inexistent waste management and low access to proper sanitation and drinking water

Demographic and Socio-Economic Data: (Sources for Document: WHO, UNHCR, UNICEF, UNDP)

Geography	Total surface	475'440km2 (coastline of 402km)
	Capital	Yaoundé (population in Yaoundé: 1'430'000 in 2005)
	Regions	10 regions: Adamaoua, Centre, Est, Extreme-Nord, Littoral, Nord, North-West (Nord-Ouest), Ouest, Sud, South-West (Sud-Ouest)
	Official Language	French and English
Environment	Climate	Tropical along coast to semiarid and hot in north
	Rainy season	Long dry season: from December to March, short rainy season: from March to June, short dry season: August, long rainy season: from September to December
	Floods and droughts	
	Desertification	Desertification, deforestation
	Natural resources	Petroleum, bauxite, iron ore, timber, hydropower
Demographics	Population	18,879,301 (annual population growth rate: 2.19%)
	Religions	Christian 40%, Muslim 20%, indigenous beliefs 40%
	Ethnic groups	Cameroon Highlanders 31%, Equatorial Bantu 19%, Kirdi 11%, Fulani 10%, Northwestern Bantu 8%, Eastern Nigritic 7%, other African 13%, non-African less than 1%
	Migrants	81'000 refugees from Chad and Central African Republic
Economy	Industry	Petroleum production and refining, aluminum production, food processing, light consumer goods, textiles, lumber, ship repair
	Farming	Coffee, cocoa, cotton, rubber, bananas, oilseed, grains, root starches; livestock; timber
Health Indicators	Per capita total expenditure on health	49US$ (2005)
	Life expectancy birth (yrs)	Males: 50 Females: 52 (2006)
	Child mortality (per 1000)	Males: 155 Females: 142 (2006)
		3'241 (2004) doctors
Communicable Diseases	Diarrhea, hepatitis A and E, typhoid fever, malaria, yellow fever, schistosomiasis, meningococcal meningitis	
	HIV prevalence (2005): 4.9%	
Risk Factors for Cholera	Population with access to improved water source	70 % (2006)
	Population with access to proper sanitation facilities	51 % (2006)

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