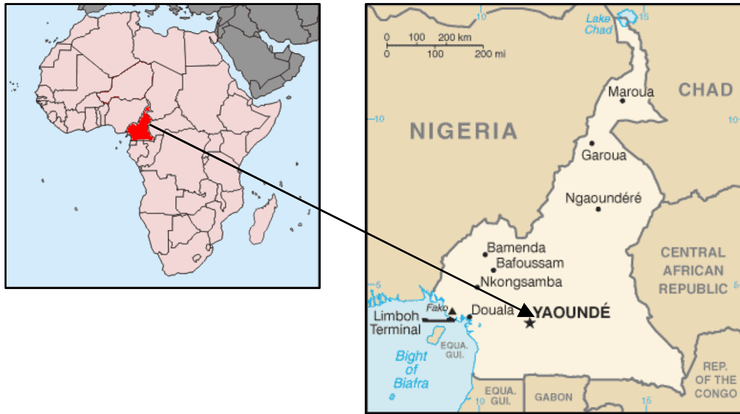
WORLD HEALTH ORGANIZATION
Global Task Force on Cholera Control

CHOLERA COUNTRY PROFILE: CAMEROON

Last update: 17 January 2012



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 131 out of 169 in the Human Development Index (2010) placing the country above the regional average.

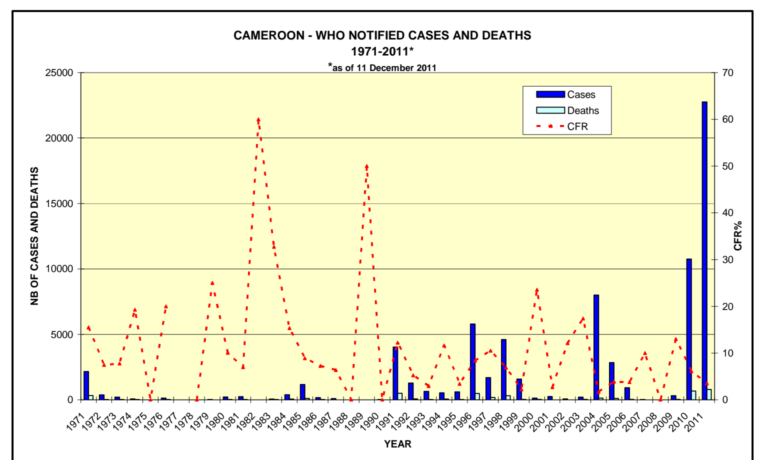
Cholera Background History:

Cameroon first reported cholera cases in 1971 when the current pandemic hit the African continent. More than 2000 cases were reported in 1971 with a high case fatality rate (CFR) 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%.

A large 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.

In 2005, Cameroon reported 2847 cases including 110 deaths (CFR 3.86%) with 70% of the cases from the Littoral region.



In 2006, Cameroon reported 922 cases including 35 deaths (CFR 3.8%). A first outbreak occurred from April to June in Bafoussam (Ouest province) and a second one occurred in the Far North region in November.

Cholera Outbreak 2009-2011:

From 2009 until end of 2011, Cameroon has reported its worst outbreak since its first cholera cases in 1971. The outbreak started at the beginning of September 2009, in the Extrême Nord region. The initial CFR was high (13%) and it was noted that more than 60% of the deaths occured in the community. Many cases were also reported in neighbouring Nigeria facing an outbreak since beginning of August in its border states of Adamawa, Borno and Taraba. At the end of August 2010, the affected regions were Extrême Nord and Nord where less than 25% of the population has access to potable water and less than 5% of the population uses latrines. The epidemic continued to progressively spread towards the south and cases were confirmed in Douala in September 2010.
During 2011, 9 regions out of 10 have been reporting cases (except for Est). The most affected are Centre, Extrême Nord, Littoral, Nord, Ouest and Sud Ouest whereas the highest CFRs were reported in Adamaoua, Nord Ouest and Sud. As of 11 December 2011, 22 762 cases including 786 deaths have been reported.
A transborder meeting between countries around Lake Chad affected by the epidemic (Niger, Nigeria, Chad and Cameroon) has taken place 20-21 September 2011 in Douala with the aim to coordinate actions across borders.

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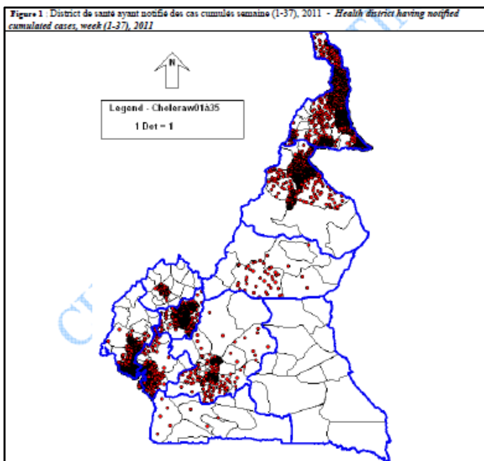
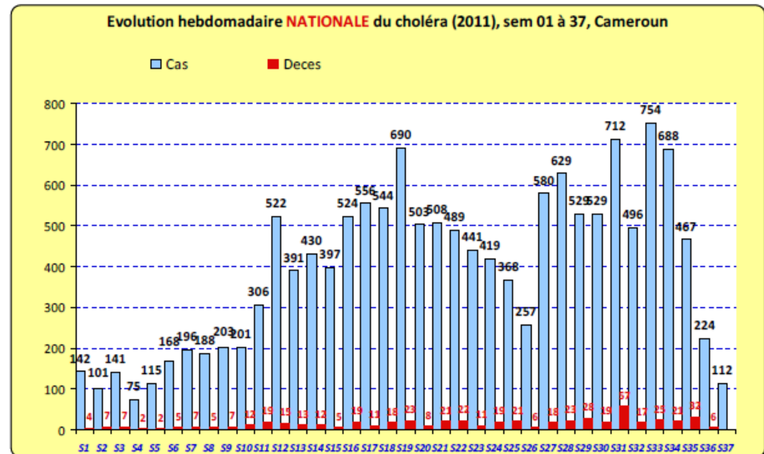


Health districts having notified cases in 2011



WHO Support Actions:

- **2010-2011**
  A Cholera Command and Control Centre has been set up in Maroua in the Extreme Nord region by the Ministry of Health with the support from WHO as health cluster lead and in close collaboration with other health and water and sanitation partners. The role of the Centre is to provide technical coordination for partners in the areas of epidemiological and laboratory surveillance, case management, social mobilization, logistics and infection control/water and sanitation in treatment centres. The system should also provide immediate alerts of new outbreaks.

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-Wes (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 t June, short dry season: August, long rainy season: from September to December
	Desertification	Desertification, deforestation
	Natural resources	Petroleum, bauxite, iron ore, timber, hydropower
Demographics	Population	19 522 000
	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	105 000 refugees from Central African Republic and less than 10'000 from Chad
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	122 Intl$ (2009)
	Life expectancy birth (yrs	Males: 51 Females: 51 (2009)
	Probability of dying unde 5 (per 1000)	154 (2009)
	Number of physicians	3 124 (2004)
Communicable Diseases	Diarrhea, hepatitis A and E, typhoid fever, malaria, yellow fever, schistosomiasis, meningococcal meningitis HIV prevalence (2009): 5.3%	
Risk Factors for Cholera	Population using improved water source 74 % (2008) Population using improved sanitation facilities 47 % (2008)	

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