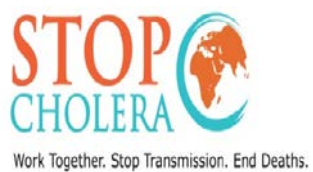


**DOVE (DELIVERING ORAL CHOLERA VACCINE EFFECTIVELY) PROJECT  
SUSTAINABLE CHOLERA SURVEILLANCE FOR CAMEROON**

*Second Restitution Seminar, Yaoundé Central Hospital*

*December 04, 2014.*



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B.P.: 33.490 Yaoundé Cameroun  
Tel: +237222311647, 673931521; 655966326 Fax: +237222311647  
E-mail: [cmmassante@gmail.com](mailto:cmmassante@gmail.com); Site web: [www.masante-cm.org](http://www.masante-cm.org)

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## Summary

The project “sustainable cholera surveillance for Cameroon” is a part of the DOVE project. It is a research project implemented in the Far North region of Cameroon with the aim of identifying effective cholera surveillance methods for resource-limited settings. As previewed in the research plan, the second phase progress report was presented in a seminar organized by the Division of Health Operations Research with the collaboration of M.A.SANTE on December 4, 2014 at Yaoundé Central Hospital.

The objective was to discuss the results of the first 12 months implementation of the project and recommendations which could help to improve the response against the cholera epidemic that started in the Far North Cameroon since April 2014. The seminar was presided over by Professor Koulla Shiro Sinata, secretary General of Ministry of Health. A total of 30 participants attended the seminar including representatives of the following Departments of the ministry of health: Division of health Operations Research, Department of Disease Control, Department of health promotion, Directorate of family health, Directorate of health care organization and health technology; Littoral regional delegation of Public Health; M.A SANTE; University of Dschang; and National Institute for Research on HIV/AIDs. All the 9 presentations in the agenda were made, each followed by a discussion session.

Main recommendations included: (1).the department of disease control should take necessary measures to organize a vaccination campaign in order to reduce the burden of the current cholera outbreak in vulnerable populations like Darak in the MADA health district; and (2).to draw the attention of health authorities on the weaknesses of the health system by presenting the results of the study entitled “*The status of health facilities preparedness for cholera outbreak in Far North region of Cameroon; August 2014*” in the presence of the Minister of Health.



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## Introduction

The project “sustainable cholera surveillance for Cameroon in being implemented in 11 health facilities belonging to 4 health districts of the Far North and 4 health districts of littoral regions of Cameroon. The objective of this project is to identify effective cholera surveillance methods for resource-limited settings through clinical and environmental surveillance. The surveillance started in September 2013 in the Far North region and August 2014. In the research planned, a restitution seminar is previewed to take place every six months or in case of an outbreak to present the progress in achieving the objectives and milestones to the Cameroon Ministry of Health and to key actors involved in Cholera control in Cameroon.

A cholera epidemic started in Mogode health district of the Far North region by April 2014. Despite the numerous interventions put in place, the epidemic continued to expand with about 15xxx health districts affected involving more than 3346 cases and 183 deaths. Given this situation



*Revising the agenda prior to the start of the seminar*



*Welcome speech from the head of DROS*



*Opening speech from Prof. Koulla Shiro Sinata, SG of MOH*



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E-mail: [cmassante@gmail.com](mailto:cmassante@gmail.com); Site web: [www.masante-cm.org](http://www.masante-cm.org)

M.A.SANTE was asked by the ministry of health to present the progress report of the project in the Far North. The objective was to discuss the results of the first 12 months implementation of the project and recommendations which could help to improve the response against the current cholera epidemic.

### Participants

The seminar was attended by a total of 30 participants presided over by the secretary General at Ministry of Health and representatives of the following organs: Division of health Operations Research, Department of Disease Control, Department of health promotion, Directorate of family health, Directorate of health care organization and health technology, Littoral regional delegation of Public Health, M.A SANTE, University of Dschang, National Institute for Research on HIV/AIDs and. The attendance list is attached.

### Objective

The objective was to discuss the results of the first 12 months implementation of the project and recommendations which could help to improve the response against the cholera epidemic that started



*The Secretary general, head of DROS, head of clinical research unit, and local principal investigation of the project.*



*The first presentation*



*Overview of the hall during discussion*



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in the Far North Cameroon since April 2014.



Head of the division of health operation research and the SG of MOH

## Methodology

In the course of the seminar, the method used was oral presentations on PowerPoint followed by questions, discussions, propositions, and recommendations. The seminar started at 9 AM with the registration of participants, followed by a welcome Speech from the Head of DROS. There was also a word from the Secretary General of the Ministry of Public Health. Events of the seminar went on strictly as planned in the agenda (agenda enclosed). Table below summarizes the main questions that were raised and the recommendations that were taken for each presentation.



A presentation



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Presentation	presenter	Key points high-lighted	Question Raised	Recommendations
Sustainable cholera surveillance for Cameroon : key results of the first year implementation	Dr Ateudjieu Jerome MD, MPH, Clinical Research Unit, Division of Health Operations Research, Ministry of Public Health, PI of the project "Sustainable Cholera Surveillance for Cameroon"	<ul style="list-style-type: none"> <li>- By October 2014, 1425 cases had been recruited including 488 control subjects.</li> <li>-The epidemic touched 2 study sites of the project (Darak and Blangoua) and 180 cases were recorded with 7 deaths.</li> <li>- The project investigated 72 suspected cases of cholera and 59 were confirmed.</li> <li>-1013 environmental samples were collected from 42 sites; 242(24%) presented aspects of vibro cholera and 1 was positive for vibro</li> </ul>	<ul style="list-style-type: none"> <li>-should environmental surveillance be included in investigation of outbreak?</li> <li>-How to investigate and respond to cross-border outbreaks?</li> <li>-Can the results of the study be inferred in the whole lake Chad area?</li> </ul>	<ul style="list-style-type: none"> <li>-Include environmental surveillance during outbreak investigations.</li> <li>-Telephones and TV are available in almost all household and should be considered as best communications channels for cholera related messages.</li> <li>-enable inter-country communication by organizing a seminar involving neighboring countries.</li> <li>-the characteristic of study sites are similar to those of other health facilities around Lake Chad basin and therefore the results can be applied in whole the area.</li> </ul>



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		cholerae o1(the well was closed later by health authorities when they were informed)		<p>-Organize a restitution seminar to share these results with districts and regions involved.</p> <p>-Do surveillance for considerable long period of time in order to clearly identify risk factors.</p>
The status of health facilities preparedness for cholera outbreak in Far North region of Cameroon; August 2014	Miss NOUETCHOGNOU Julienne Stephanie MPH-Epidemiology, Research Assistant and Monitor at M.A.SANTE	<p>-Less than half of health facilities included cholera control in their action plans and 1/5 of those who planned budgeted for it</p> <p>-Guidelines for case management was not present in about 2/3 of the health facilities</p>	<p>What is the right time for the assessment of health facility preparedness?</p> <p>What are characteristics of health</p>	<p>- Present results of this study in the presence of the Minister of health.</p> <p>-extend this study in the Littoral region (Douala), the second region affected by</p>





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		<p>-16% of the health facilities did not have a nurse and about 70% of them had not received any supervision on cholera control and epidemic response since the beginning of 2014</p> <p>-Principal medicaments for the management of case that is: ORS, ringer, catheter and doxycycline were not present in 40%, 50% 38% and 38% of the health facilities respectively.</p> <p>-A water source was not present in 20% of health facilities. And about 18% of them did not have a toilet</p>	<p>districts or region in which this assessment should be conducted?</p>	<p>cholera outbreaks.</p>
Contributions of the DOVE project in	Dr Ateudjieu Jerome MD, MPH, Clinical Research	-A training workshop was organized in Maroua from 20 – 23 august 2014 to		-The actions of the project were appreciated and the



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<p>responding to the current cholera outbreak in the Far North.</p>	<p>Unit, Division of Health Operations Research, Ministry of Public Health, PI of the project “Sustainable Cholera Surveillance for Cameroon”</p>	<p>improve on preparedness and response to cholera outbreak. Three field visits were made to affected areas. Firstly in Bourrha; secondly in Bourrha, mogode and Hina; and the thirdly in Darak of the Mada health district. During these visits, personnel were train on cholera epidemic surveillance and how to use dipstick; they were further supplied with dipstick rapid tests, ORS and stool bottles. Clinical and environmental Samples were also collected and tested</p> <p>-The results of clinical and environmental sample testing permitted us to identify a contaminated well in Darak and the information was immediately communicated to the health</p>		<p>team was encouraged to continue with their contribution in cholera control.</p>
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		authorities and the well was closed.		
Therapeutic itinerary of patients with diarrhea in the Cameroon Lack Chad area	Mr. Yakum Martin Ndinakie, MPH-Epidemiology, in charge of Follow-up of activities and supplies at M.A.SANTE	-40% of diarrheal patients had taken a treatment at home before visiting a health facility, -Delay at home and living more than 5km away from the health facility contributed to aggravate the situation of the patient upon reception in the health facility.	-Do the people in the community know the importance of rapid take of ORS in cases of diarrhea?  Is ORS accessible to the community?  Can the study provide answers to why people refuse to take ORS in certain communities of the Far	-Conduct a qualitative study to identify barriers to health care access.  -Identify strategies to make ORS readily available in the community.  -include the acceptability of ORS in the next investigation on therapeutic itinerary of diarrheal patients.  -Sensitize populations on



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			North region?	rapid take of ORS at the level of the community.
Access to water and sanitation of patients with diarrhea in the Cameroon Lack Chad area	Mr. EBILE Akoh Walter MPH-Epidemiology, Data Manager at M.A.SANTE	2/5 of the patients were using a potentially contaminated water source and only 1% reported that they treat water before use.  1/5 of the patients did not have a toilet, 20% affirmed that they wash their hands after using the toilet and only 30% wash their hands while cooking meals.	Can recommendations be implemented without community participation	-Conduct qualitative study to know why there is poor practice of WASH.
Risk factors for diarrhea Cameroon Lack Chad area	Mr. Djouma Nembot Fabrice, MPH-Epidemiology, Department of Biomedical sciences, University of Dschang	-About 77% of deaths due to cholera-like syndrome occur in the community, -When compared with health facility base treatment, Home based treatment during cholera by auto medication increases the risk of death	-Are treatment kits available in the community?  What was the	-Conduct a qualitative study to identify barriers to health care access.



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		16 times while treatment at the community center doubles this risk.	difference between community treatment centers and health facility in terms of cholera treatment?  What were reasons explaining cholera deaths in health facilities?	
Cholera preparedness from central to district level: when and how should the immunization be part	Dr Ateudjieu Jerome  MD, MPH, Clinical Research Unit, Division of Health Operations Research, Ministry of Public Health, PI of the project	-it is not possible to predict cholera outbreaks -Neighboring regions and districts to an area in epidemic or that has history of cholera epidemic must start preparedness to reduce the mortality and morbidity Associated.	How to mobilize resources for immunization campaign from partners and decision makers when	The ministry should call for a preparatory meeting of actors when drafting the long term and annual action plan for cholera control.



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	<p>“Sustainable Cholera Surveillance for Cameroon”</p>	<p>-Preparedness should be done at all levels of the health system. It should include the following in the action plan: epidemiological surveillance, training supervision and motivation of personnel, sensitization of the population, purchase and prepositioning of consumables and medicaments</p> <p>-In areas with insecurity and limited access to care, this preparedness should be accompanied with a request to organize a vaccination campaign against cholera</p>	<p>there is no outbreak?</p> <p>When drafting the action plan, how to estimate expected cases of cholera</p> <p>How to improve the coordination of key actors involved in the fight against cholera?</p>	<p>The department of disease control should write present a note to the MOH to defend why an immunization campaign against cholera should be organized in Darak</p>
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## Conclusion and key recommendations

The seminar was successful in terms of organization and attainment of its objectives. Events all went on as planned in the agenda. The seminar ended with a closing remark from the director of the Division of health operations research and there was Lunch.

### Recommendations

The following recommendations were made after presentation and discussion:

1. To present the results of the study entitled **“The status of health facilities preparedness for cholera outbreak in Far North region of Cameroon; August 2014”** in the presence of the Ministry of Health.
2. Due to the limited access of cholera cases to health facilities in some health areas (islands; Darak, Naga, Tchika, Bargaram, Blaram, Kofia) in the MADA health district, the department of disease control should take necessary measure to organize a vaccination campaign in the MADA health district; Technical assistance of the DOVE team and EPI may be solicited.
3. The project should insert as one of its objectives to evaluate efficiency of community base epidemiological surveillance of cholera and diarrhea.
4. The project should conduct a qualitative study to understand the behavior of communities with regard to the therapeutic itineraries during diarrheal episodes, utilization of water and hygiene methods.
5. The ministry should harmonize case reporting, investigating and linelisting for the collection of data of epidemiological surveillance of cholera
6. To train the personnel of health regions in data management (the DOVE project can do this).
7. At the end of the project, the results should be shared to all actors involved in the fight against cholera and diarrheal diseases, promotion of access to potable water, to health authorities, communal and cross-border authorities of the zone of research.



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8. Telephone and television should be prioritized as channels for passing health information to the community.

### Attachments

- Agenda of the seminar
- Attendance list