

The Difficulties in Controlling the Cholera Epidemic in Cameroon

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Abstract

An intestinal illness called cholera is brought on by consuming water or food that has been tainted with the toxins produced by the *Vibrio cholerae* bacteria. Poor hygienic settings and bad hygiene habits make it more contagious [1-6]. People who are affected may exhibit severe symptoms such as watery diarrhoea and vomiting, which can quickly result in death. The cholera outbreak in Cameroon is at its deadliest level in decades. The South-West and the Littoral regions are where the outbreak is most severe. As of the time of writing, 6652 suspected cases of cholera, including 134 deaths (CFR 2%) have been documented in six regions of the country, and the number is growing. The outbreak has been made worse by a lack of clean drinking water and river contamination, especially in remote and difficult-to-reach areas.

It has been particularly difficult to contain the outbreak due to trans-border travel in the South-West region, open defecation in waterways, and overpopulation in the Littoral region. Despite the difficulties, Cameroon's health authorities have been striving to control the crisis by conducting community programmes to promote proper hygiene practices, house cleaning, and vaccinations. It is advised that Cameroon strengthen and improve its nationwide immunisation effort in light of these. To stop cross-border cholera transmission and retransmission, adequate health services should be developed at the site of entrance. In order to offer vaccinations, essential medical treatment, and sanitation services like the provision of clean water, access to remote populations needs to be enhanced.

Introduction

The deadliest cholera outbreak in decades is threatening Cameroon's healthcare infrastructure. Ingestion of food or water tainted with *Vibrio cholerae* toxin-producing strains can result in the acute diarrheal illness cholera. The two most vulnerable continents Africa and Asia—have seen a particularly high prevalence of the disease. It spreads as a result of unsanitary surroundings and behaviours such as open defecation, handling of food without proper hygiene, and a lack of safe drinking water. Despite the fact that cholera sufferers frequently experience minimal or no symptoms, the disease can be severely debilitating. In or so, around Ten cholera patients will experience severe symptoms like watery diarrhoea, vomiting, and leg cramps. Watery diarrhoea and vomiting cause a rapid loss of body fluids, which causes dehydration. Dehydration can be fatal within a few hours if left untreated. According to estimates, million people worldwide contract cholera each year, and 21,000–143,000 people pass away from it. Seven cholera pandemics from South and Southeast Asia have reached the rest of the world since 1817 [3]. Nine years later, the seventh pandemic made its way to Africa, with Guinea-Bissau and Guinea Conakry reporting the first cases. In many African nations, cholera continues to be a major source of disease and mortality, and sub-Saharan Africa has reported the highest number of cholera cases and cholera-related fatalities of any continent. Although cholera outbreaks are not uncommon in Cameroon, particularly during the dry seasons, the most recent one is by far the worst the nation has ever seen. Over 2000 persons are believed to have contracted the disease in Cameroon's first known episode of cholera in 1971, and ever since.

Health officials initially noted the current cholera outbreak in Cameroon on October 29, 2021. Recurrent cholera epidemics are occurring in a number of West and Central African nations, including Cameroon. After 37 positive cases and five fatalities were noted within a 24-hour period, the Cameroonian Ministry of Health acknowledged the outbreak of cholera in the South-West and Littoral areas on February 1, 2022. As of January 1, 2022, there were 1100 confirmed cases and 32 fatalities associated with the outbreak, which was first noted in the Bakassi peninsula (South-West). Since then [7]. the

outbreak has persisted influencing other sections of the nation. As of April 30, 2022, six regions of the nation the South-West (4617 cases, 77 deaths), Littoral (1704 cases, 51 deaths), South (183 cases, 2 deaths), Central (125 cases, 4 deaths), North (15 cases, no deaths), and Far North (eight cases, no deaths) had reported a total of 6652 suspected cases of cholera, with 134 deaths (CFR 2%). The South-West and the Littoral regions continue to be the two most afflicted, with the former being the most affected and the latter following.

Subjective Heading

Numerous risk factors may have contributed to the ongoing cholera outbreak in Cameroon because the spread of cholera is thought to be caused by unsanitary circumstances. These risk factors may include widespread *Vibrio cholerae* transmission throughout the nation as a result of open defecation, insufficient safe drinking water in some areas, and poor hygiene habits such as improper food handling [8]. Due to the violent conflict, which affects the delivery of essential sanitary services like water and sanitation, these elements are particularly noticeable in the South-West region close to the Nigerian border, making that area the most afflicted. The Littoral region, which has been ravaged by cholera the second most, is home to 81,298 people, displaced individuals from Cameroon's South West and North West. Due to the resultant overcrowding in the Littoral region, it may be difficult to maintain hygienic conditions, which could make the epidemic more likely [9]. The prolonged dry season that Cameroon and other

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nearby African nations have been dealing with has significantly aided the cholera outbreak. The extended dry season caused a lack of clean drinking water in western cities and villages, and the disease is quickly spreading because cattle and people faeces in rivers that provides water for the settlements.

The cholera outbreak might have strained Cameroon's already vulnerable healthcare system given the nation's poor income [10-14]. Due to the significant cholera outbreak, the health care systems are currently overburdened. The present healthcare facilities are insufficient to provide the optimum care for the growing number of affected patients. For instance, more than 240 cholera cases have been treated at the 200-bed Limbe government hospital in the South-West area and the number of patients received in hospitals keeps growing on daily basis. This has without doubt, overstretched the capacity of the hospitals and hampered the quality of care rendered.

Discussion

It might be very difficult for Cameroon to contain the cholera outbreak. Due to the widespread trans-border movement and the most severely hit South-West region, which borders Nigeria and Cameroon, there may be additional difficulties. Another issue is reaching difficult-to-reach places. There are situations where faeces are found in the rivers that people draw water from, and this has led to a shortage of clean drinking water because of contaminations. Areas with difficult terrain make it difficult to provide the necessary facilities, like portable water and decent sanitary conditions.

Despite these obstacles, the Cameroonian health officials have been working to contain the problem by raising community awareness. In addition to lecturing the public about environmental and hand hygiene, particularly after using the restroom, the authorities have been visiting households and cleaning water fountains, public taps, and toilets. Cholera patients in the worst-affected South-West region were isolated in an effort to further limit the outbreak. The battle against the cholera outbreak in Cameroon also featured vaccination. The nation launched its cholera immunisation programme on March 16, 2022, with The World Health Organization gave 800,000 cholera vaccination. Gavi also gave their approval for more cholera vaccine doses to be shipped to Cameroon. Half of the two million doses Gavi approved to combat the outbreak have already been sent. To date, more than 100,000 residents of the South-West Region have received the shots. Above all, the nation is trying to update its national cholera control plan, which will entail launching preventive initiatives in the areas most affected by the disease.

Poor sanitation and hygiene are contributing factors to the current cholera outbreak in Cameroon, with the southwestern region suffering the most because of ongoing humanitarian problems and heavy cross-border traffic between Nigeria and Cameroon. Services for basic hygiene and healthcare have been disrupted as a result of this. The prevalence of the outbreak is rising, and it is spreading to other parts of the nation. This suggests that the health authorities in Cameroon may need to increase their current outbreak control and mitigation measures because they may not be effective at reducing the outbreak's effects.

It is advised to improve waste management, food safety procedures, hygiene practises, and access to clean water in order to avoid the spread of cholera. Reactive vaccination campaigns should be stepped up nationwide in addition to public awareness campaigns on the risks of cholera and how to treat it. Because of the challenges in determining people's health state due to the enormous cross-border movements, the hardest-hit southwest region should have competent health services.

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Conclusion

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Conflict of Interest

The authors declare that they are no conflict of interest.

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