COMMUNITY CHOLERA EPIDEMIC PREPAREDNESS

In the Democratic Republic of the Congo and Cameroon

July 2021

COMMUNITY EPIDEMIC AND PANDEMIC PREPAREDNESS PROGRAMME

Containing an epidemic before it spreads uncontrollably saves lives, protects livelihoods and safeguards long-term development. National Red Cross and Red Crescent Societies can play a key role in epidemic risk management through their vast network of local branches and volunteers.

In cholera-endemic countries, preparedness activities implemented by National Societies to combat cholera epidemics mainly involve:

- the effective deployment of trained volunteers;
- the provision of water, sanitation and hygiene (WASH) facilities;
- the pre-positioning of cholera kits.

If cases of acute watery diarrhoea are closely monitored, cholera epidemics can be detected at an early stage, allowing rapid treatment of patients in the community and timely referral of severe cases to health centres. Between 80% and 90% of cholera cases are mild or asymptomatic and can be treated in the community with oral rehydration therapy. This helps to prevent the spread of cholera and saves lives.

In 2019 and 2020, the Community Epidemic and Pandemic Preparedness Programme (CP3) supported cholera preparedness and response in Cameroon and the Democratic Republic of the Congo (DRC).

What is cholera?

Cholera is a bacterial infection of the small intestine that can cause acute watery diarrhoea and severe dehydration. Without proper treatment, it is one of the deadliest infectious diseases.

Cholera epidemics in Cameroon and the DRC in 2019 and 2020

- **DRC**: 27,875 cases (1.7% MR*) in 2019 and 18,616 cases (1.6% MR) in 2020
- **Cameroon**: 788 cases (4.8% MR) in 2019 and 1,885 cases (4.2% MR) in 2020

*MR: mortality rate
A cholera epidemic occurred in August 2019 in the North region of Cameroon. In coordination with the Ministry of Health, Cameroon Red Cross volunteers:

- stepped up the active search for cases, awareness-raising and WASH activities;
- broadcast spots and shows on health in the local language;
- and pre-positioned anti-cholera kits.

In June 2020, a cholera epidemic was declared in the south of the country, in the Littoral region. Technical assistance was provided for the treatment of cases of mild dehydration in the community and the referral of severe cases so that the region's volunteers could support the response.

From 1 to 5 August 2020, the Cameroon Red Cross also provided support to the Ministry of Health for the cholera outbreak response vaccination campaign carried out in the Littoral, South and South-West regions. National Society volunteers supported social mobilization aimed at informing households about the campaign before the visit from the vaccination teams and during the vaccination operation itself. The Cameroon Red Cross regularly provides such support during vaccination campaigns carried out by the Ministry of Health.

### Key figures

**Cholera outbreak in the North region in August 2019:**
- 1,176 cases, 62 deaths
- 387 alerts communicated to health centres by the Red Cross
- collaboration with 5 community radio stations

### DRC

The DRC Red Cross played an active part in the response to the cholera outbreak in June 2020 in Lufu, Kongo Central:

- the volunteers stepped up activities to raise awareness about risks and good practices for prevention and gave demonstrations on techniques for making water safe to drink and for preparing oral rehydration solution (ORS);
- they also took part in the active search for cases of acute watery diarrhoea, according to the community definition, and reported them to health centres;
- the Lufu Red Cross branch undertook the rapid installation of an oral rehydration point for mild cases and referred severe cases to health centres.

The International Federation of Red Cross and Red Crescent Societies carried out advocacy activities aimed at mobilizing its partners, with the publication of three information bulletins aimed at raising awareness about the neglected but recurring risk of cholera in Kongo Central.

### Key figures

**Red Cross response to the cholera outbreak in Kongo Central in June 2020:**
- 1,914 alerts communicated to health centres
- 43 patients treated at the oral rehydration point
- 125 women from 5 women's associations trained in preparing ORS
- 9 safe burials conducted
- chlorination of 10 water points, distribution of 14,000 Aquatabs and purification of 1,012 jerry cans of water
- disinfection of 330 public and private places
- 1 radio show broadcast in the local language
LESSONS LEARNED

• Well-trained, motivated volunteers who raise the awareness of community members about the signs and symptoms of acute watery diarrhoea, the seasonal pattern of epidemic outbreaks and the need to report cases of acute watery diarrhoea to volunteers or health centres as quickly as possible play a crucial role in the fight against cholera.

• Treatment of cases of acute watery diarrhoea in the community by volunteers strengthens community-based surveillance because it means that they are aware of any significant rise in cases in the community and can immediately alert the health authorities. This approach involves both immediate treatment and early warning.

• With close monitoring of reported cases and the source of infection and continuous assessment, it is possible to act rapidly to contain the disease, limit its spread and reduce mortality.

• A rapid response makes all the difference when a cholera outbreak occurs. Setting up oral rehydration points significantly increases the effectiveness of the response and contributes to saving lives and containing the epidemic. To ensure that oral rehydration points can be set up quickly, the personnel deployed for the task must have been previously trained and cholera kits must be pre-positioned in critical areas.

• From April 2020, with the onset of the COVID-19 pandemic, a focus on raising awareness about the virus has resulted in a reduction in other CP3 programme activities. However, all the barrier measures adopted to decontaminate and disinfect neighbourhoods and busy public places (markets, restaurants, bus terminals, etc.), the distribution of soap and hydroalcoholic gel and handwashing demonstrations by volunteers in collaboration with health-care personnel and hygiene promoters from the health districts have contributed to preventing cholera.

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