THE EPIDEMIOLOGY OF HIV/AIDS IN CAMEROON: IMPLICATION FOR CONTROL

Martyn T. Sama¹, Dora Mbanya², and Paul B. Tchounwou²

¹Tropical Medicine Research Center, P. O. Box 55 Kumba, SW Province, Cameroon
²Ministry of Scientific Research & Innovation, Yaoundé, Cameroon
³NIH-RCMI Center for Environmental Health, College of Science, Engineering and Technology, Jackson State University, Jackson, MS 39217, USA

Abstract: A pilot situational analysis on HIV/AIDS impact carried out in five major hospitals in Yaoundé, Cameroon showed HIV/AIDS to be the first cause of mortality among hospitalized patients aged 15-29 years. In addition, the high level of adult deaths is leaving many children orphaned. In 2001, estimates indicated that in Cameroon, 10.9% of all children were orphans and that there were 210,000 AIDS orphans with expectations to reach 410,000 by 2005. The illness and death of one or both parents from AIDS triggers a host of sociological, economic and psychological effects on the orphaned child. Orphaned children suffer diminished access to adequate nutrition, basic healthcare, housing, schooling, and clothing as many of these children are being cared for by the remaining parent who is ill or dying, or by the traditional system of extended family, which is becoming over stretched and ineffective. Programming experience has shown that keeping OVCs with family/community adult caretakers is the most effective way for appropriate care to be given. Similarly, HIV prevalence rates among pregnant women attending antenatal clinics show great variations in HIV infection trends, with rising trends both in urban and rural Cameroon. For example, in Douala and Yaoundé, respectively the economic and capital cities (with 1,382,000 and 1,293,000 number of inhabitants respectively), the rates rose from about 1.1-1.5% in the period 1988-1990 to 4.5% and 4.8% in 1996. Surprisingly, most of the sites outside the major urban areas had relatively higher rates than the major urban areas in the period 1997-1998. It is known that 20 to 30 % of HIV positive mothers transmit the virus to their babies during pregnancy, delivery, and breastfeeding. It therefore implies that their mothers are infecting many of these children with the virus in the absence of any intervention. With the continuous rise in the infection rate, Cameroon, once considered a low-prevalence region saw logarithmic increase in the prevalence of HIV in the population, reaching 11% by 2000, with the National AIDS Control Committee estimating to about 1,000,000 the number of people living with HIV in the country (Sentinel Surveillance of MOH, 2000). In 2004, the HIV prevalence was estimated at 5.5% (National Demographic and Health Survey, 2005). The prevalence among females is higher than males (6.8% and 4.1% respectively). Girls are infected at earlier ages (15 – 19 years) than boys (19 – 29 years). Presently, the HIV/AIDS situation in Cameroon is alarming, as available epidemiological data shows that all the ten provinces of the country are hard-hit by this pandemic with the following prevalences recorded: Adamaoua=13.9%, Center=9%, Littoral=20.1%, East=17%, Extreme North=3.9%, North=3.4, North West=17.1%, West=9.5%, South West=16.2%. The prevalence among some high risks groups is as follows: Lorry drivers=16.28%, Sex Workers=26.39%, Health Workers =5.14%, University Student=3.84% (National Demographic and Health Survey, 2005). The socio-economic impact has been overwhelming and multidisciplinary responses are indispensable not only in the prevention and mitigation of the spread of the virus, but also of the managing those infected and affected as well as the effects and impact of the pandemic. To this effect it is important, to scale-up the level of community response and to encourage community support systems.