



General Country Information:

The Republic of Congo also known as Congo-Brazzaville is located in central-western Africa, and borders Gabon, Cameroon, Central African Republic, Democratic Republic of the Congo, Angola with a west coast along the Gulf of Guinea. It is divided in 10 regions and one commune, the capital Brazzaville, which is also the largest city.

From the 15th century and until early 19th century, the coastal area was a major source for the transatlantic slave trade. Congo became a French colony in 1891 and gained its independence in August 1960.

A majority of the population of Congo (~85%) lives in a few urban areas: Brazzaville, Pointe Noire or in smaller cities along the 530 km rail-road connecting the two cities. The northern areas (mainly tropical jungle) are for the most inhabited.

Its economy is mainly based on agriculture and handicraft. The petroleum industry allowed the government of Congo to finance large-scale development projects in the early eighties when the country had a GDP growth of 5% (one of the highest in Africa). From June 1997 to December 1999, a civil unrest erupted between partisans of the two presidential candidates.

The Republic of Congo was subject to Ebola haemorrhagic fever outbreaks in 2003, 2004 and 2005 with very high case fatality rates.

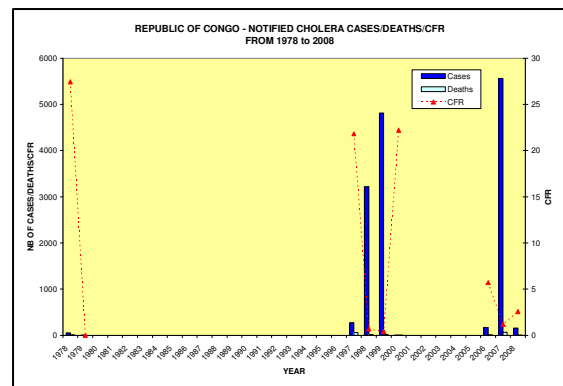
Cholera Background History:

The first cholera outbreak was reported in 1978. Between 1978 and 1996, no cholera case was reported.

The first major outbreak occurred in November 1997 and continued until July 1998. Cumulative number of cases and deaths notified during those years are illustrated in the table. The first cases reported in November 1997 occurred in the district of Pointe Noire in the region of Kouilou (southern part of the country, bordering Angola).

From November 1997 to February 1998, the case fatality rate was very high (20%). Four areas in the city of Pointe Noire were affected, the worst being Arrondissement III and IV where water quality and sanitary conditions were extremely poor. Cholera outbreaks have also been reported from the districts of Madingo-Kayes and Kakamoeka both neighbouring Pointe-Noire in the Kouilou region. Unfortunately exact figures for these areas are not available.

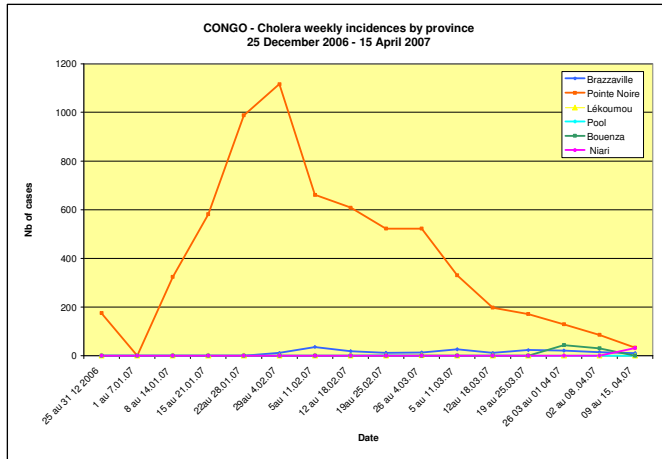
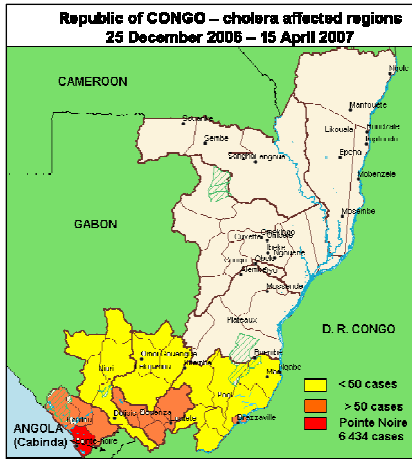
	1997	1998	1999	2000	2006	2007
Cases	275	3222	4813	9	175	7295
Deaths	60	22	20	2	10	110
CFR%	21.8	0.7	0.4	22.2	5.71	1.5
	One outbreak				One outbreak	



In March 1999, cholera cases were confirmed in the capital city of Brazzaville but further information is not available. Cases had already been reported since December 1998 but additional information is not available.

2006-2007: In **December 2006**, a large outbreak hit the country, affecting 7 098 people including 101 deaths over a period of 5 months (the affected areas spread and epicurve are illustrated on page 2). Again the index case was reported in Pointe Noire and occurred during the rainy season (October to May). The outbreak had potentially spread from neighbouring Angola, (Cabinda province). It cannot be excluded that a similar pattern occurred in 1997, since Angola reported 1306 cases and 42 deaths in 1996, but no case in 1997.

In 2008, a cholera epidemic occurred in Loudima district, in the Bouenza division which is located 375 km South-East of Brazzaville. Cases have also been registered in the neighbouring villages Houdin (2 cases on 19 July), Sibiti (1 case on 29 July) and Madingou (1 case on 30 July).



In addition, the epidemic also reached the town of Brazzaville where 2 cases were registered on 17 August. A field assessment concluded that the epidemic came as a result of lack of potable water and appropriate latrines, coupled with the consumption of unsafe water and the disrespect of hygiene and sanitation rules. The total number of cases was 156 including 4 deaths. (CFR 2.56%)

WHO-MoH Support Actions:

- Set-up of a national coordination committee
 - at national level under the presidency of Prime Minister
 - at local level under the presidency of departments prefects.
- Set up of a contingency plan at the highest government level
- Reinforcement of integrated disease surveillance with the organization of training sessions for health workers

Demographic and Socio-Economic Data:

Geography	Total surface Capital Provinces Official Language	342 000 km ² (coastline of 169 km) Brazzaville (population in Brazzaville: 1 262 000) 10 regions French
Environment	Climate Rainy season Floods and droughts Desertification Natural resources	Tropical; dry season from June to October March to June Seasonal flooding Deforestation petroleum, timber, potash, lead, zinc, uranium, copper, phosphates, gold, magnesium, natural gas, hydropower
Demographics	Population Religions Ethnic groups Migrants	3,800,610 (annual population growth 2.63% in 2007) 50% Christian, 48% indigenous religion, 2% Muslim 48% Kongo, 20% Sangha, 12% M'Bochi, 17% Teke, 3% Europeans and other Refugees from Angola and Rwanda and Democratic Republic of Congo 7 800 IDPs (2006)
Economy	Industry Farming	Petroleum, cement, lumber, brewing, sugar, palm oil, soap, flour, cigarettes cassava (tapioca), sugar, rice, corn, peanuts, vegetables, coffee, cocoa; forest products
Health Indicators	Per capita total expenditure on health Life expectancy at birth (yrs) Under 5 mortality (per 1000)	30\$ (2004) Males: 54 Females: 55 (2005) 108 (2004)
Communicable Diseases	Bacterial diarrhea, hepatitis A, and typhoid fever, malaria (2007) HIV prevalence: 4.73% (2005)	
Risk Factors for Cholera	Population with access to improved drinking water source 84% (urban), 27% (rural), 2004 Population with access to proper sanitation facilities 28% (urban), 25% (rural), 2004 Chronic Malnutrition 33 % (2001-2003)	

Sources for Document: WHO, UNHCR, UNICEF, UNDP

