**PRESUMED DOUBLE COUNTING OF CASES AS COUNTRIBUTING FACTOR TO INCIDENCE OF COVID 19 IN THE MANAGEMENT OF THE PANDEMIC IN CAMEROON**.

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**Abstract**

In Cameroon, The cumulative COVID-19 cases in Cameroon rose with more than 23,000 new cases. On 5 March, in his special communication following the significant increase of COVID-19 cases with the Centre and Littoral regions remain the most affected and the situation in schools and universities remains worrying and 186 over 190 health districts are affected by the pandemic. The country recorded more than 23,000 new positive cases in March. As of 22 March, the UN and NGOs in Cameroon reported 323 cumulative cases and four deaths with 27 active cases among their staff Due to the fact that no research it yet available concerning this assumption in double counting which cause a stagnant incident profile of the country, the main concern here is to analyse the level of credibility and authenticity of the report. The method used is descriptive analytic making use of updated documentary researches on COVID 19 testing in Cameroon. As result, retesting’s may be included in the overall number of cases successfully diagnosed. Conclusively, The number of reported new cases of COVID 19 in Cameroon cannot be termed credible due to uncontrollable factors such as double counting which play a major role in diluting the incidence.

**Key words:** Double counting, Contributing factors, Incidence, CPOVID 19, Management

**Introduction**

COVID 19 pandemic is the actual emergent disease plaguing the world and its inhabitants. Having most repercussion on the old populations and the immune-depressed individuals, this respiratory viral infection is a major cause of world mortality rates nowadays. The trajectory of the SARS-CoV-2 pandemic in Sub Saharan Africa is uncertain .Till date, reported case counts and mortality in Sub Saharan Africa have lagged behind other geographical regions (Rice et al., 2021).In Cameroon, The cumulative COVID-19 cases in Cameroon rose with more than 23,000 new cases.

In January, Cameroon recorded 30,700 cases including 474 deaths in January 2020; while in March the country recorded 56,596 cases including 779 deaths. With a case fatality rate of 1.4 per cent, Cameroun remains among the 10 most-affected African countries with the highest number of COVID-19 cases(UN Office for the Coordination of Humanitarian Affairs, 2021).The COVID-19 epidemiological trend is worsening. On 5 March, in his special communication following the significant increase of COVID-19 cases with the Centre and Littoral regions remain the most affected and the situation in schools and universities remains worrying and 186 over 190 health districts are affected by the pandemic (UN Office for the Coordination of Humanitarian Affairs, 2021). Moreover, the COVID-19 pandemic has significantly affected mobility in West and Central Africa in the form of various travel disruptions on internal and international mobility and restrictions on movements , resulting in significant shifts in movement flows across the region(“Migration and COVID-19 in West and Central Africa,” 2021).

After secessions of the lock-downs pronounced on the 30th April 2020 by the voice of the prime minister of Cameroon coupled with the complete reluctance of individuals in the population to adhere to the stated barrier prevention measures, the number of newly tested positive cases to COVID19 witness a rapid increase alongside mortality rate. Based on the COVID 19 situational reports, peaks are still observed along the charts in the number of newly diagnosed positive cases. Cameroon’s Public Health Ministry reported that the number of people testing positive for COVID-19 had increased from 26,000 to 39,000 between January and February(“Cameroon Reports Polio Cases Amid COVID Scare | Voice of America - English,” 2021) . WHO recommends a minimum of 80% sensitivity and 97% specificity for antigen-detection rapid diagnostic tests (Ag-RDTs), which can be used for patients with symptoms consistent with COVID-19. Although rapid technological advances in automated portable sample-to-answer molecular testing platforms have allowed testing to be deployed outside laboratory settings, and provide results in less than 1 h, these technologies are still equipment-dependent and the manufacture and scale up takes time (Peeling et al., 2021).

**Context and problem**

Recently, numerous papers (published or not) appeared in order to contribute to the fight against the pandemic Covid-19. Following the countries’ situational report demonstrating the daily evolution of the new cases, deaths, hospitalized, and healed numbers in the population, it is clearly observed that regardless of all the efforts put in place by the joint efforts of the public health sector in this fight against the COVID 19 propagation, the number of new cases keep increasing across the population. The country recorded more than 23,000 new positive cases in March. As of 22 March, the UN and NGOs in Cameroon reported 323 cumulative cases and four deaths with 27 active cases among their staff (UN Office for the Coordination of Humanitarian Affairs, 2021). Due to the fact that no research it yet available concerning this assumption in double counting which cause a stagnant incident profile of the country, the main concern here is to analyse the level of credibility and authenticity of the report relieved concerning the new cases of the infection.

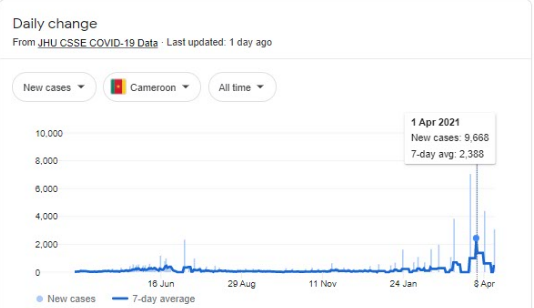
**Method**

This study is indirect in type, more precisely descriptive analytic making use of updated documentary researches on COVID 19 testing in Cameroon in an attempt to explore relevant information and establish assumptions to be tested.

**Results and discussion**

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**Figure 1: Cameroon situational report COVID 19 of APRIL 2021**

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**Figure 2: Cameroon situational report COVID 19 of April 2021**

From figure 1 and 2, it is clearly seen that the number of new cases keep increasing. This may have as cause the double counting of individuals who test positive of COVID 19. This can be accounted to retesting’s being included in the overall number of cases successfully diagnosed. This is the same process happening with the HIV virus now a days because the same individual can be tested at several testing spots in a month, thereby inflating the incidence. It is very important to note that an individual can still test positive after having received a complete or partial treatment for his/her variant, not forgetting those reinfected with other variants as well as healthy carriers.

**Conclusion**

The number of reported new cases of COVID 19 in Cameroon cannot be termed credible due to uncontrollable factors such as double counting which play a major role in diluting the incidence thereby placing the country in a state a perpetuated stagnation no matter the efforts being made which affects the required actual yield of new cases in the country. Hence, need be for the public health sector to consider the criteria for true new positive cases reporting in the Countries situational dashboard.

**Bibliographic references**

Cameroon Reports Polio Cases Amid COVID Scare | Voice of America - English [WWW Document], 2021. URL https://www.voanews.com/covid-19-pandemic/cameroon-reports-polio-cases-amid-covid-scare (accessed 4.22.21).

Migration and COVID-19 in West and Central Africa: Examining the impacts of COVID-19 on travellers across the region (December 2020) - Cameroon [WWW Document], 2021. . ReliefWeb. URL https://reliefweb.int/report/cameroon/migration-and-covid-19-west-and-central-africa-examining-impacts-covid-19-travellers (accessed 4.20.21).

Peeling, R.W., Olliaro, P.L., Boeras, D.I., Fongwen, N., 2021. Scaling up COVID-19 rapid antigen tests: promises and challenges. The Lancet Infectious Diseases 0. https://doi.org/10.1016/S1473-3099(21)00048-7

Rice, B.L., Annapragada, A., Baker, R.E., Bruijning, M., Dotse-Gborgbortsi, W., Mensah, K., Miller, I.F., Motaze, N.V., Raherinandrasana, A., Rajeev, M., Rakotonirina, J., Ramiadantsoa, T., Rasambainarivo, F., Yu, W., Grenfell, B.T., Tatem, A.J., Metcalf, C.J.E., 2021. Variation in SARS-CoV-2 outbreaks across sub-Saharan Africa. Nature Medicine 27, 447–453. https://doi.org/10.1038/s41591-021-01234-8

UN Office for the Coordination of Humanitarian Affairs, 2021. Cameroon: COVID 19 Emergency Situation Report No. 15 - 1 February to 31 March 2021 - Cameroon [WWW Document]. ReliefWeb. URL https://reliefweb.int/report/cameroon/cameroon-covid-19-emergency-situation-report-no-15-1-february-31-march-2021 (accessed 4.19.21).