CAMEROON TOWN HALL FOR HEALTHCARE PROFESSIONALS

SESSION 137 · SATURDAY 28 NOVEMBER 2026 · 1:00 PM NEW YORK · 7:00 PM CAMEROON

Antimicrobial Resistance in Cameroon

When antibiotics stop working





Bryan Tegomoh, MD, MPH

Public health, surveillance and One Health

Dr. Munoh Kenne Foma, MD, MPH, FACP

Chair, Cameroon Town Hall · Clinical perspective

TONIGHT

The next pandemic is already here. It is slow.

One question for the night: what will each of us change on Monday 30 November 2026?

World AMR Awareness Week, 18 to 24 November 2026

PART 1	PART 2	PART 3	PART 4
Public health now	**AMR: the evidence**	**Clinical: Dr. Foma**	**What we do next**

Africa's largest public health gathering met as aid fell

29,000
in person

270,000
online

135
countries

6
heads of state and government

63
ministers

Five editions of CPHIA

First CPHIA: 2,500, all online



2026: 299,000 in person and online

~70% projected fall in external health aid to Africa, 2021 to 2025 (Africa CDC data)

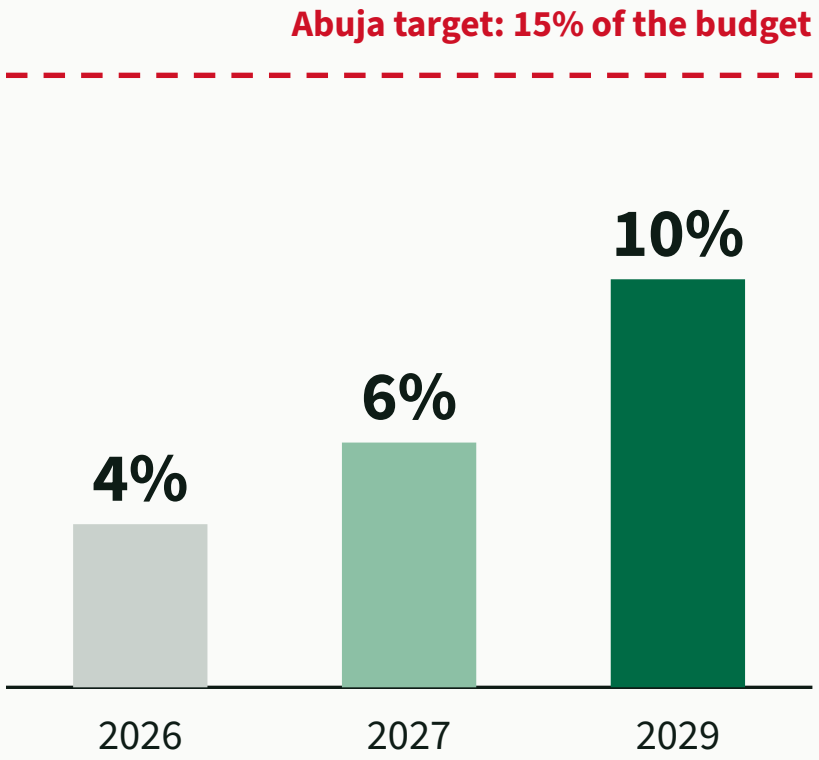
ON STAGE

Dr Jean Kaseya	Director General, Africa CDC
Abiy Ahmed Ali	Prime Minister, Ethiopia (host)
Evariste Ndayishimiye	President, Burundi; AU Chair
Samia Suluhu Hassan	President, Tanzania
Julius Maada Bio	President, Sierra Leone
Mahmoud Ali Youssouf	Chair, AU Commission

All seven WHO Director-General candidates, a first

Health sovereignty must be budgeted not declared

Central African Republic: health share of budget



Pledged path, with quarterly reporting

US$1 bn

Ghana: pharmaceutical and biomanufacturing hubs, over 4 years

3

New APPM pooled buying signatories: Sudan, South Sudan, Botswana

US$200 m

Projected savings as 5 SADC countries pool procurement

Up to 1.5 m

Bundibugyo Ebola vaccine doses: Gavi advance purchase, if Phase 3 succeeds

60%

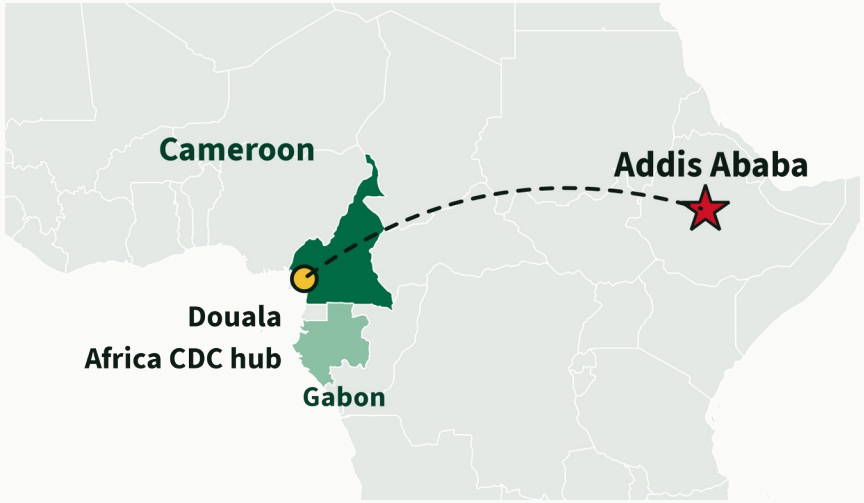
Health products made in Africa by 2040. Today 99% of vaccines are imported

2027

Continental medicines quality policy to the AU, with the African Medicines Agency

Conference report · Africa CDC · The Addis Commitments, Africa CDC, 27 Nov 2026 · Africa CDC closing release, 27 Nov 2026 · SoftPower News, 26 Nov 2026

Cameroon took a board seat and a cholera plan to Addis



"Le Cameroun n'aborde pas son mandat au sein de ce Conseil comme un privilège, mais comme un engagement." Dr Manaouda Malachie, 22 Nov

BOARD

3-year seat

Elected to the Africa CDC Governing Board for Central Africa, with Gabon (22 Nov)

CHOLERA

-90%

At least 90% fewer cholera deaths by 2030 (national plan 2026 to 2030); State to fund 85%, financing dossier awaiting validation

DOUALA

+40%

Storage at the continental warehouse in Douala; the Douala platform is 60% complete

SCIENCE

Award

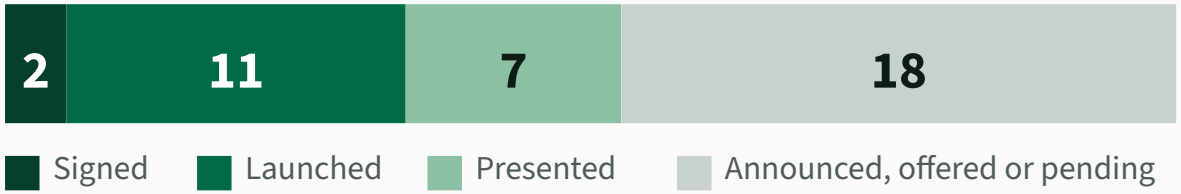
Prof. Rose Leke, University of Yaounde: Distinguished Scientist Award, malaria and immunisation

Agency report · MINSANTE NAP-AMR 2024-2028 · Africa CDC

MINSANTE, 22 Nov 2026 · Actu Cameroun, 24 Nov 2026 · Africa CDC opening release, 24 Nov 2026 · Addis Commitments register

AMR got 1 of 51 recommendations at CPHIA

38 commitments in the conference register, by status



1 of 51 policy recommendations names AMR: responsible use and AMR surveillance in people and animals

0 of 38 register commitments has an AMR target, budget or owner

"Stop celebrating commitments. Start celebrating delivery."
Aboubakri Diaw, UNECA, 23 Nov 2026

USEFUL FOR AMR

Genomic surveillance to become routine and budgeted

Human, animal and climate surveillance linked to labs

One Health platforms now in 21 Member States

STILL OPEN

African Epidemic Fund still to be capitalised. Africa CDC board to finalise its Director General recommendation before 15 Dec

Next: Abuja, 6 to 8 Dec 2026. First global AMR ministerial in Africa

Conference report · Africa CDC · UN Economic Commission for Africa

The Addis Commitments, 27 Nov 2026 (register, tracks 2 and 6) · UNECA 23 Nov · Health Policy Watch 25 Nov 2026 · Abuja conference site

Cameroon is fighting cholera and measles at once



Regions with cholera cases in 2026 (WHO)

Cholera, Far North region

3,038

cases · 86 deaths (CFR 2.8%)

IMC data to 9 Nov 2026 · last case 28 Oct · not yet declared over

Measles, nationwide

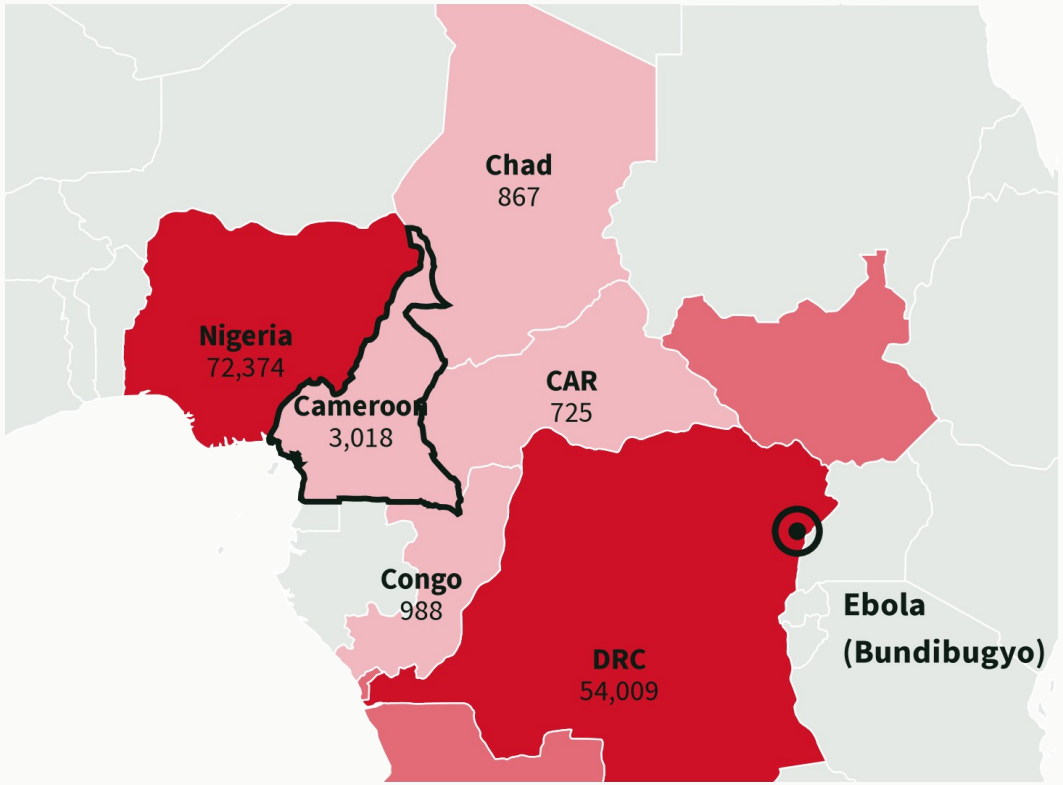
9,800+

confirmed cases · 18 deaths

113 of 215 health districts · second dose coverage 66%

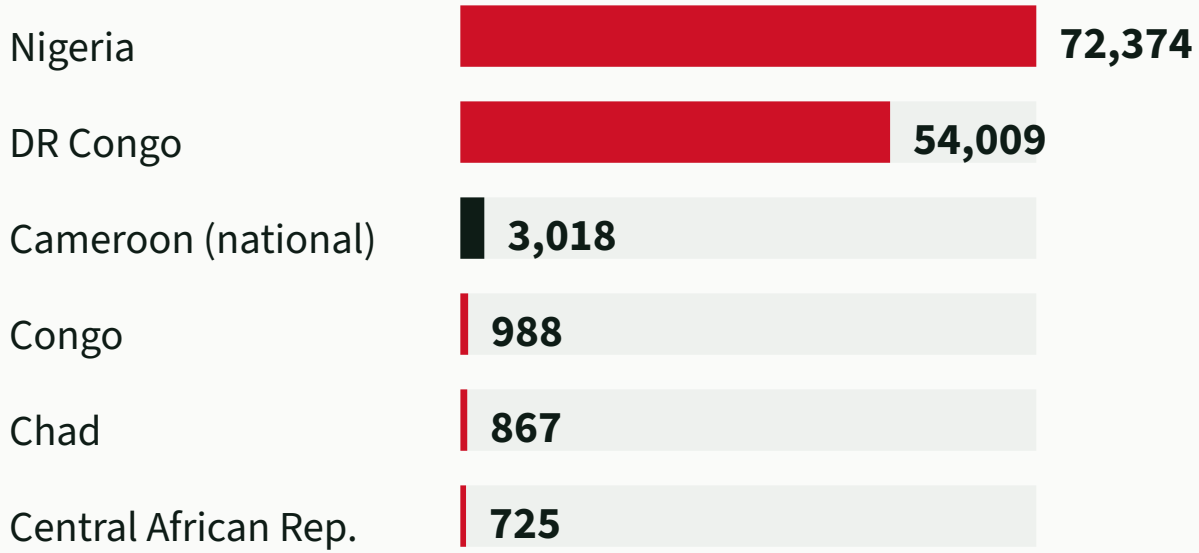
Also: yellow fever, 9 confirmed cases and 1 death (to 12 Oct 2026). **Most watery diarrhoea needs ORS (plus zinc for children), not antibiotics. In cholera, antibiotics are for severe cases.**

Ebola is in the DRC and cholera is all around us



Shading: cholera cases reported 1 Jan to 27 Sep 2026

Cholera cases, 1 January to 27 September 2026



Ebola (Bundibugyo), DRC: 12,021 confirmed, 5,904 deaths

as of 25 Nov 2026 · also Uganda (20), Kenya (9), Nigeria (1)

We began in 2020 with a fast pandemic. Tonight is about a slow one.

2020

Town Hall founded during COVID-19

137 sessions

diaspora and home, one room

2024

UN sets AMR targets for 2030

2050

1.91 million deaths a year caused by AMR (reference forecast)

Modelled estimate

THE LANCET

cameroontownhall.org/about · Naghavi M et al. Lancet 2024;404:1199-1226 (GRAM forecast)

PART 2 OF 4

Resistance is high and few laboratories can see it

From the world, to Africa, to Cameroon: burden, surveillance, drivers, gaps and AI

PART 1	PART 2	PART 3	PART 4
Public health now	**AMR: the evidence**	**Clinical: Dr. Foma**	**What we do next**

AMR is when microbes stop responding to the medicines made to kill them

1 Bacteria

Antibiotics

E. coli that resists ceftriaxone

2 Viruses

Antivirals

HIV that resists dolutegravir or older drugs

3 Fungi

Antifungals

Candida auris that resists fluconazole

4 Parasites

Antimalarials

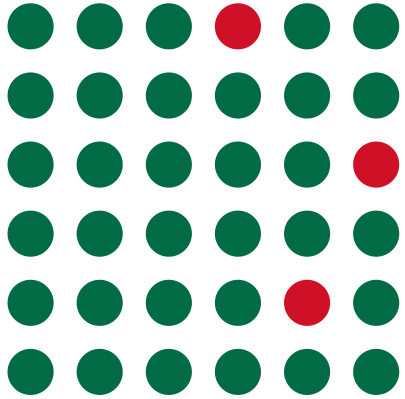
Malaria parasites partly resisting artemisinin in East Africa

WHAT AMR IS NOT

Not the patient becoming resistant: the microbe changes. **Not an allergy** to a drug. **Not only antibiotics,** though tonight we focus on bacteria.

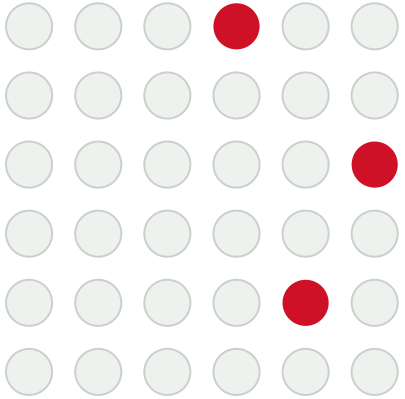
Every antibiotic dose selects for the survivors

1 A mixed population



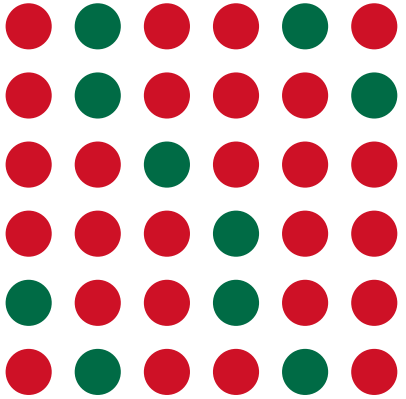
A few bacteria already carry a resistance gene

2 Antibiotic given



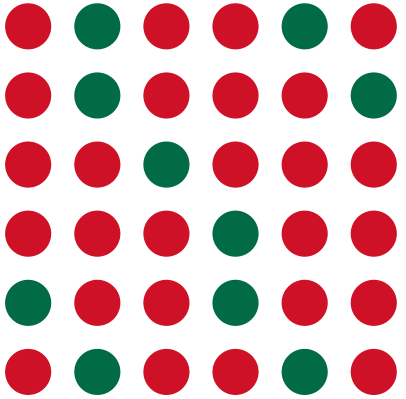
Susceptible bacteria die; resistant ones survive

3 Survivors multiply



Now most of the infection is resistant

4 Resistance spreads



Genes jump between bacteria; bacteria move between people, animals, water

Six terms you will hear tonight

Susceptible / resistant

The lab result: the drug works at a usual dose, or it does not

Multidrug-resistant

Resistant to at least three classes of antibiotics

Attributable vs associated

Death caused by resistance, versus a resistant infection simply present

Antibiogram

A hospital's yearly table of which drugs still work on its bacteria

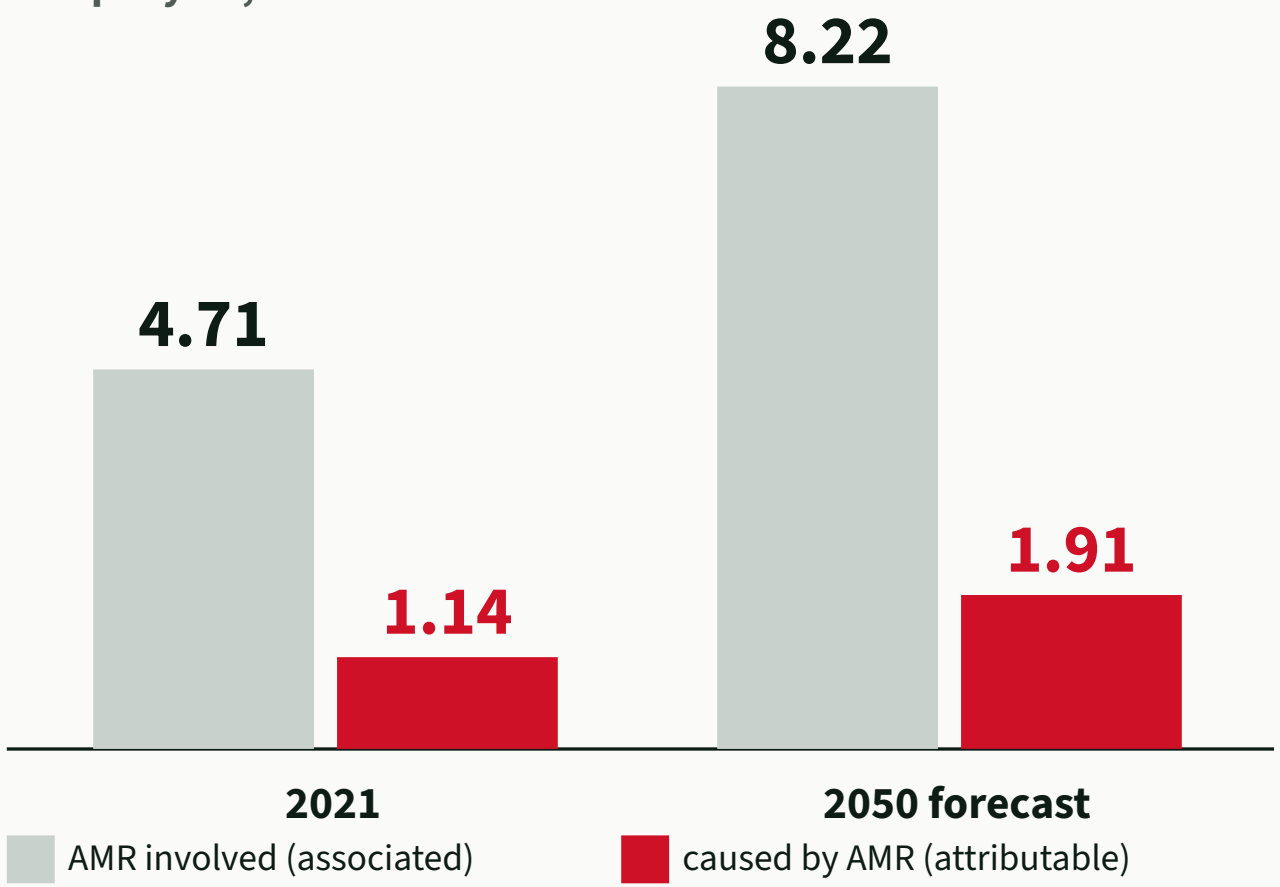
AWaRe

WHO grouping: Access first, Watch with care, Reserve as last resort

Stewardship

Right drug, right dose, right duration, and stop when not needed

AMR could cause 1.91 million deaths a year by 2050



39 million+

deaths caused by AMR, 2025 to 2050 (forecast)

92 million

deaths better care and antibiotic access could avert, 2025 to 2050 (separate scenario); 25.2 million in sub-Saharan Africa

Modelled estimate

THE LANCET IHME GRAM Collaborators. Naghavi M et al. Lancet 2024;404(10459):1199-1226

Four common bacteria drive most AMR deaths in Africa

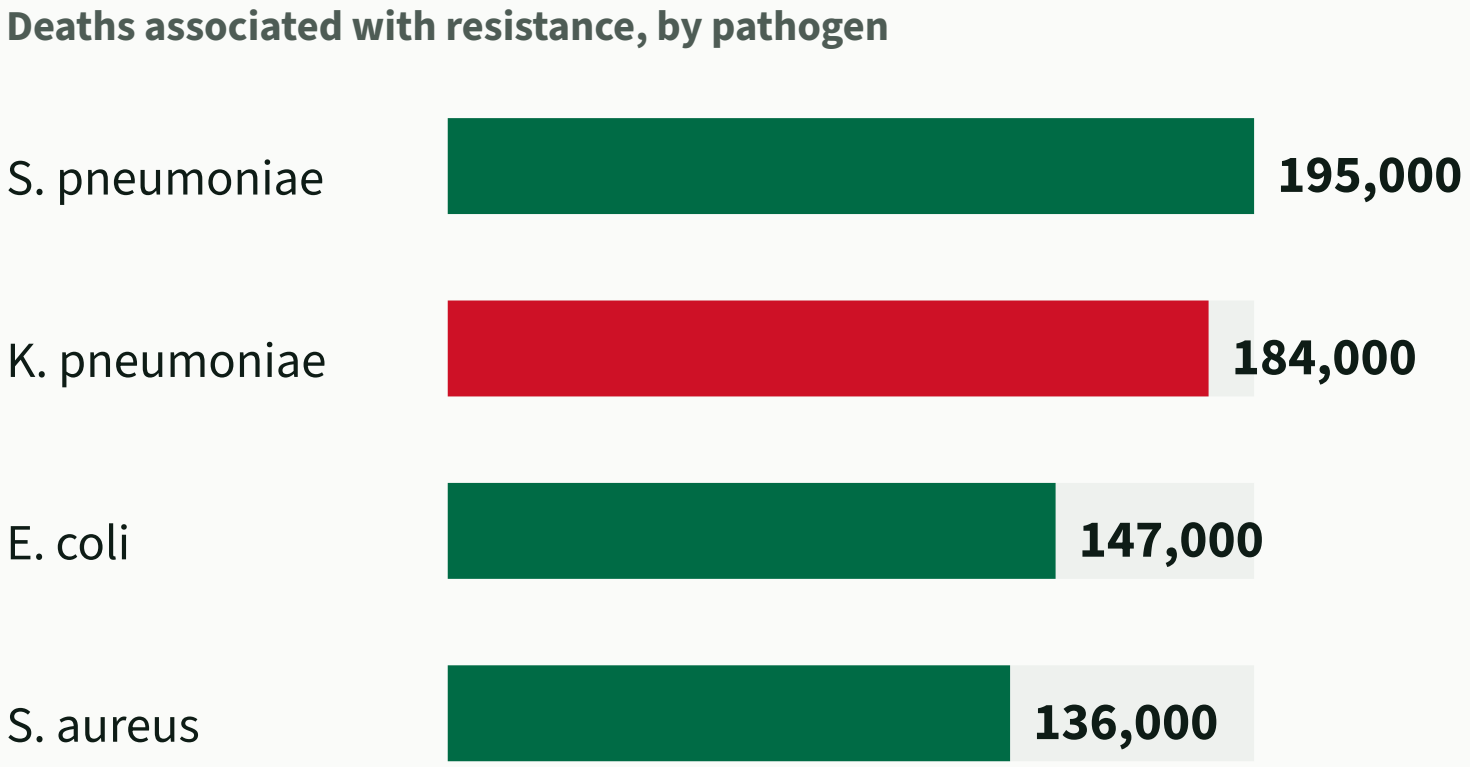
1.05 M

deaths associated with bacterial AMR

250,000

deaths caused by AMR

Third-generation cephalosporin-resistant Klebsiella leads AMR-attributable deaths in 25 of 47 countries; MRSA in 16

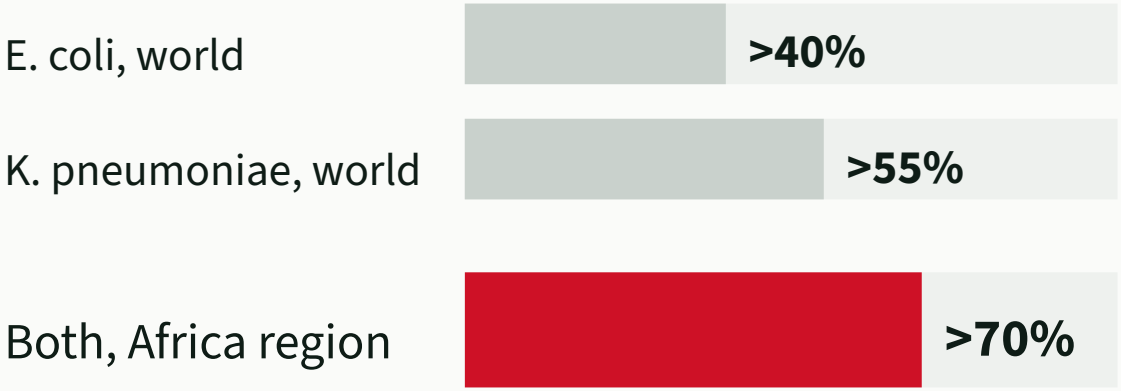


Modelled estimate

THE LANCET Global Health Antimicrobial Resistance Collaborators. Lancet Glob Health 2024;12(2):e201-e216

In WHO Africa 1 in 5 lab-confirmed infections was resistant in 2023

Resistant to third-generation cephalosporins



Resistance rose in more than 40% of the bug and drug pairs WHO tracks, by 5 to 15% a year, 2018 to 2023.

WHO critical priority, 2024

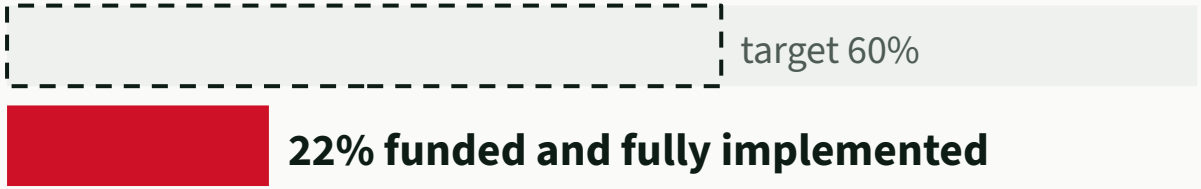
- Acinetobacter baumannii, carbapenem-resistant
- Enterobacterales, 3rd-gen cephalosporin-resistant
- Enterobacterales, carbapenem-resistant
- M. tuberculosis, rifampicin-resistant

High priority includes MRSA, fluoroquinolone-resistant Salmonella Typhi and resistant gonorrhoea

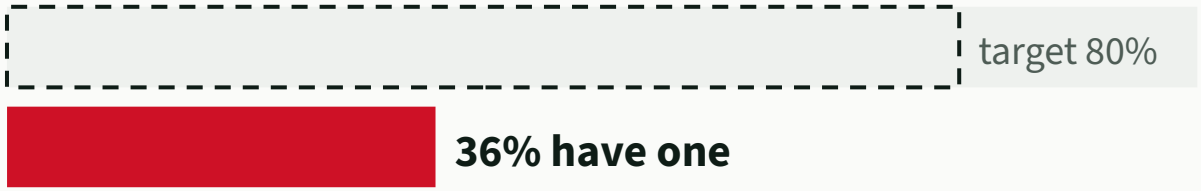
Most countries have an AMR plan and only 22% report funding and full implementation

Share of countries, target for 2030 versus status in 2026

Funded national AMR plan



Reference lab able to test selected bacteria and fungi



173 countries have a plan, up from 79 in 2017 (TrACSS 2026, 183 countries)

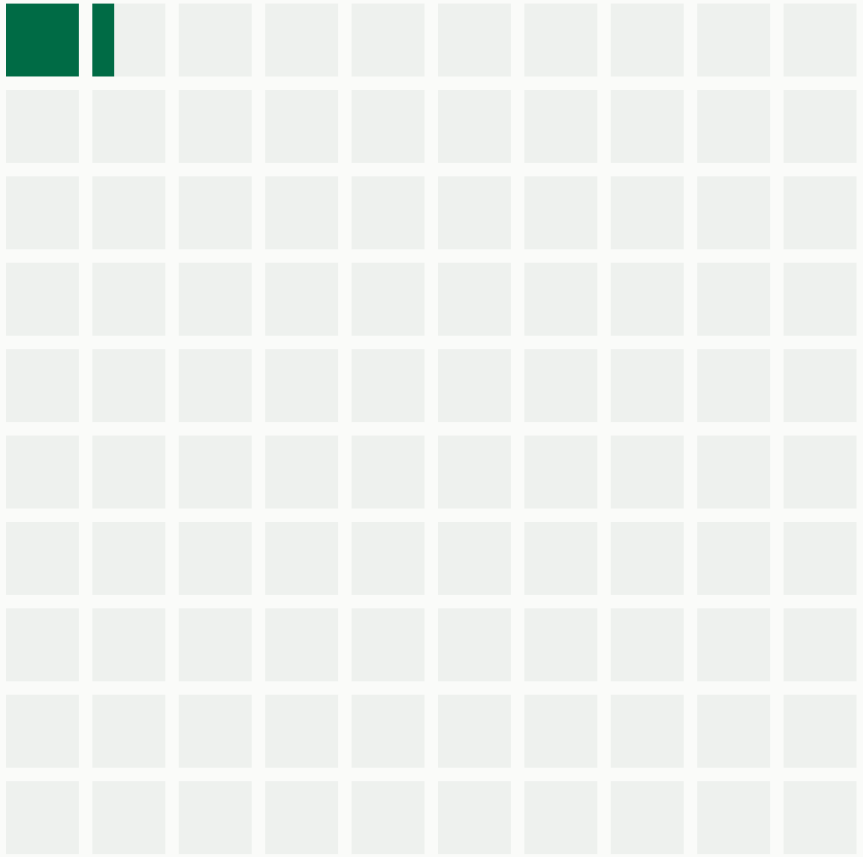
UN declaration, Sept 2024

10%	fewer AMR-associated deaths by 2030 (vs 2019)
70%	of human antibiotic use from Access
100%	of health facilities with basic WASH
6 to 8 Dec 2026	Abuja ministerial conference; evidence panel due to launch

Policy and targets · UN General Assembly 2024 · World Health Organization · Quadripartite on AMR

UNGA political declaration, 26 Sep 2024 · WHO TrACSS 2026 (16 Nov 2026) · Quadripartite IPEA roadmap, 25 Aug 2026

Only 1.3% of laboratories can grow and test bacteria



1.3% do bacteriology

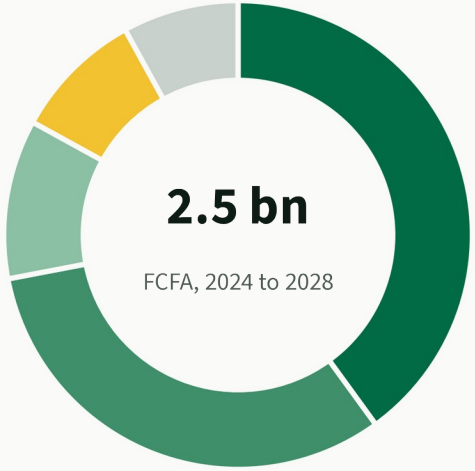
88% of resistance results had no clinical data

62% of S. aureus in Cameroon were MRSA (2018; 95% CI 39 to 81%)

Each square = 1% of about 50,000 laboratories

Surveillance data ASLM MAAP PLOS Medicine CIDRAP MAAP report 2022 (CIDRAP summary) · Osena G et al. PLOS Med 2025;22(6):e1004638

Cameroon has a costed AMR plan but generally no AMR budget line



- 40% Surveillance and research
- 32% Awareness and training
- 11% Infection prevention, WASH
- 9% Optimal use of antimicrobials
- 8% Governance



17 sentinel sites in 6 regions

2018 to 2020

First NAP-AMR

2024 to 2028

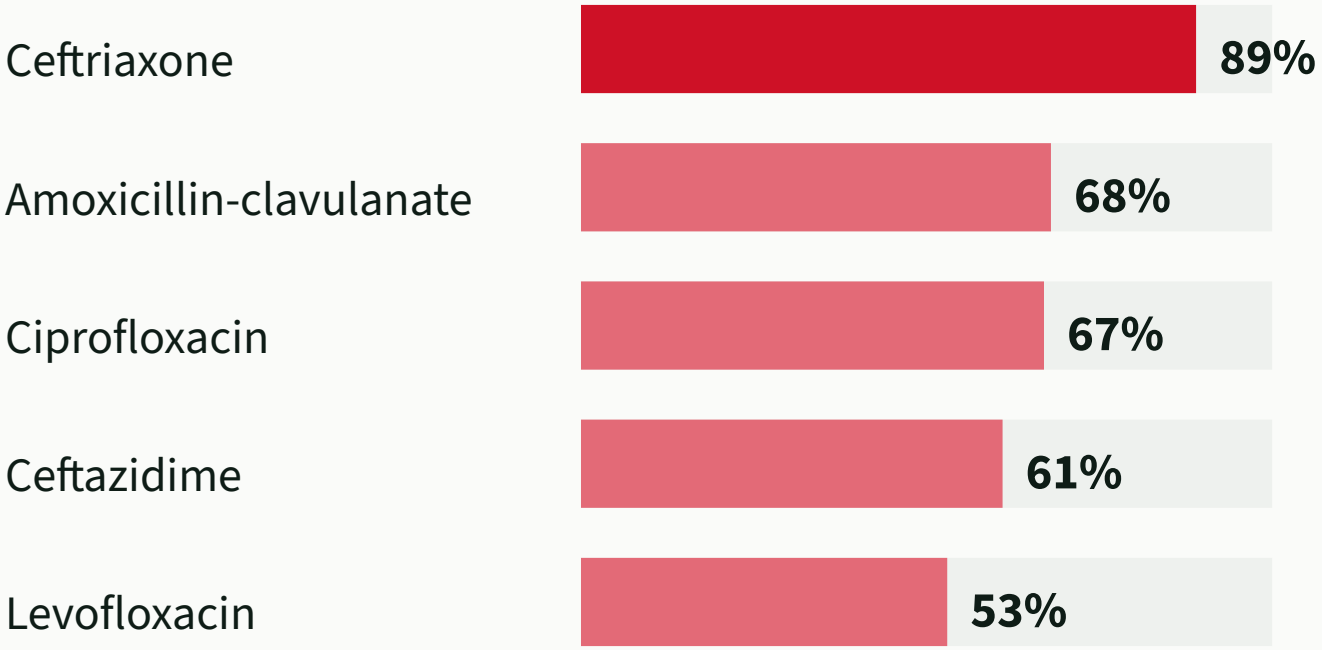
One Health NAP-AMR, 5 objectives

In the plan's own words: *"Generally, there is no specific budget line dedicated for activities to combat AMR at the sectoral level."*
No formal coordination structure was set up after the 2018 to 2020 plan.

National plan MINSANTE NAP-AMR 2024-2028 Republic of Cameroon, NAP-AMR 2024-2028, Edition 2024, pp. 11, 29, 66 (budget 2,498,700,000 FCFA)

Nearly 9 in 10 bloodstream E. coli at sentinel sites resist ceftriaxone

E. coli from blood, sentinel sites, % resistant



Urinary infections, West region

65%

of urinary Enterobacterales were ESBL producers (44 of 68), Feb to May 2023

82% of those were multidrug resistant

Surveillance data | Cross-sectional study | MINSANTE NAP-AMR 2024-2028 | BMC Infectious Diseases

NAP-AMR 2024-2028 p. 20 (sentinel reports; years and n not stated) · Bayaba S et al. BMC Infect Dis 2025

In one Douala district nearly half of antibiotic buyers had no prescription

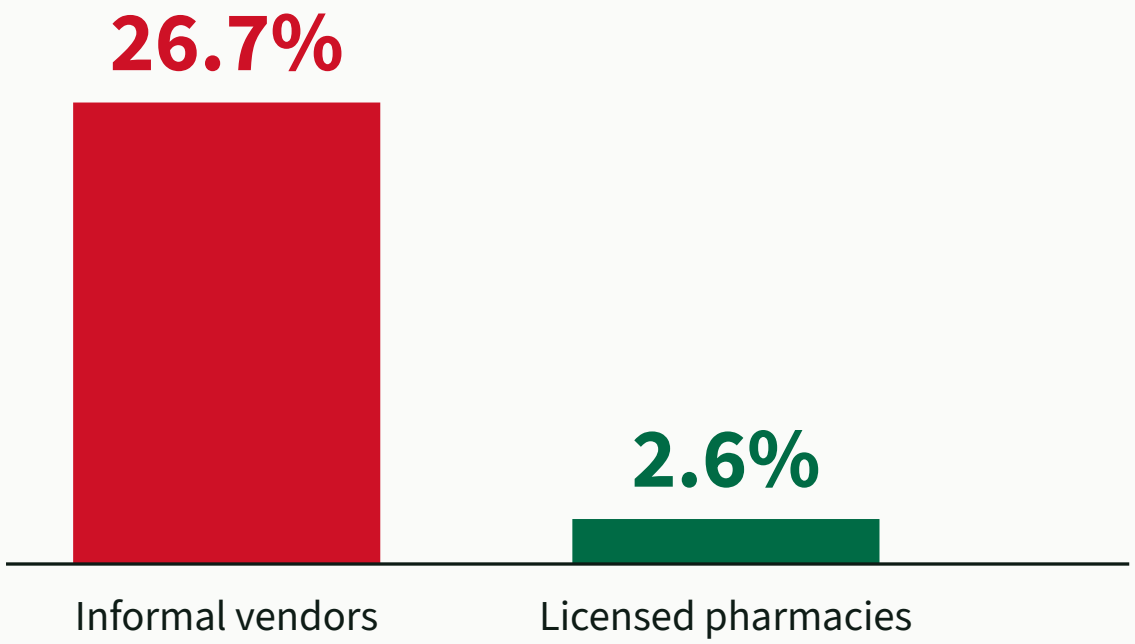
47%

of 402 antibiotic buyers in Douala pharmacies had no prescription

88% believed all microbes can be treated with antibiotics

Douala IV health district, January to March 2015

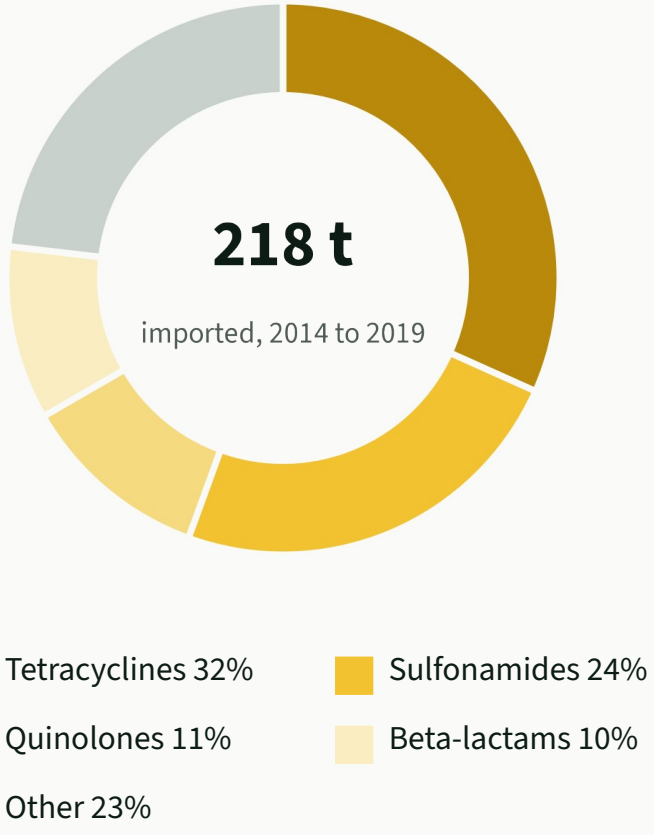
Outlets selling substandard or falsified ciprofloxacin or metronidazole



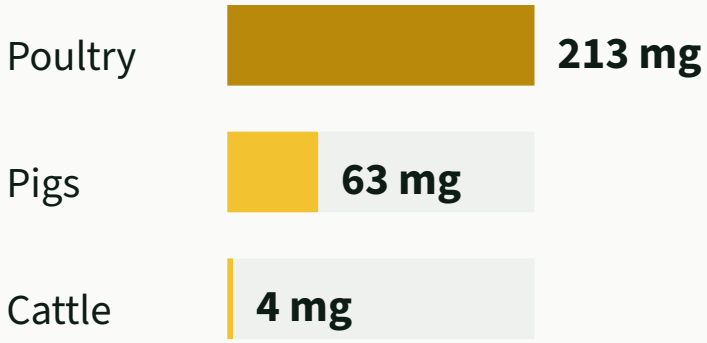
292 samples, 151 outlets, 3 cities

Cross-sectional study PLOS ONE Am J Trop Med Hyg Elong Ekambi GA et al. PLoS One 2019;14(2):e0212875 · Waffo Tchounga CA et al. Am J Trop Med Hyg 2023

Poultry farms carry genes that defeat last-resort antibiotics



mg/kg animal biomass, 2014 to 2019



Layer farms, West region: 67% of antimicrobials used were critically important for human medicine

15 poultry farms, Centre region

64% samples with colistin resistance genes

11% with carbapenem resistance genes

100% with (fluoro)quinolone resistance genes

Cross-sectional study J Glob Antimicrob Resist Frontiers in Microbiology Frontiers in Veterinary Science

Mouiche MMM et al. J Glob Antimicrob Resist 2020 · Vougat Ngom R et al. Front Microbiol 2024 · Mouiche MMM et al. Front Vet Sci 2022

Every step from sample to decision has a gap and a fix

Sample	Laboratory	Data	Testing	Decision
Antibiotics given before any culture	1.3% of labs do bacteriology	88% of results lack clinical data	Only 5 of 15 WHO priority pathogens tested consistently	Guidelines not matched to local data
FIX	FIX	FIX	FIX	FIX
Culture before the first dose when it causes no delay; bottles in stock	**Fund sentinel labs; quality assurance; reagents**	**Link lab and patient record; report to GLASS**	**Wider testing panels; send resistant isolates for sequencing**	**Yearly antibiogram; update national guidelines**

National plan MINSANTE NAP-AMR 2024-2028 ASLM MAAP World Health Organization Synthesis: NAP-AMR 2024-2028 · MAAP 2022 · WHO TrACSS 2026 · Addis Commitments 2026

Three kinds of AI do three different jobs against AMR

	LEARNS FROM	INPUT	OUTPUT
Predictive models	Learn from labelled examples	Lab spectra, cultures, patient records	**A prediction: "likely MRSA", "likely to fail"**
Large language models	Learn from text	Guidelines, papers, notes, questions	**Words: summaries, answers, drafts. Can be wrong with confidence**
Biological design models	Learn from molecules, proteins, DNA	Chemical and genetic sequences	**New candidate molecules to test in the lab**

A chatbot does not find antibiotics. Design models propose; the laboratory decides.

Peer-reviewed study · Nature Medicine · Cell · Weis C et al. Nat Med 2022 · Stokes JM et al. Cell 2020 · Krishnan A et al. Cell 2025

An AI-designed antibiotic still needs years of testing

Screen	Lab dish	Animals	People	Approval
Model scores millions of molecules on a computer	Top candidates made and tested on bacteria	Safety and effect in mice	Phase 1 to 3 clinical trials	Regulators review; doctors prescribe
Days	**Months**	**1 to 2 years**	**Many years**	**Not yet reached**

Where AI-found antibiotics are today: preclinical, active in mice

For Cameroon: the near-term gain is faster, cheaper diagnosis and better prescribing, not new drugs.

Peer-reviewed study · Cell · Stokes JM et al. Cell 2020 (halicin) · Liu G et al. Nat Chem Biol 2023 (abaucin) · Krishnan A et al. Cell 2025

Data tools and AI can help from the lab to new drugs

SURVEILLANCE

WHONET

free lab software in 2,300+ labs, 130+ countries; automated outbreak detection

Digital, ready now

DIAGNOSIS

0.80

AUROC: MRSA called from routine MALDI-TOF spectra, before standard testing ends

Retrospective

PRESCRIBING

67%

fewer second-line UTI antibiotics than clinicians chose, in a Boston test cohort

Retrospective

DISCOVERY

4

antibiotic leads found or designed by AI, 2020 to 2025, active in mice

Preclinical

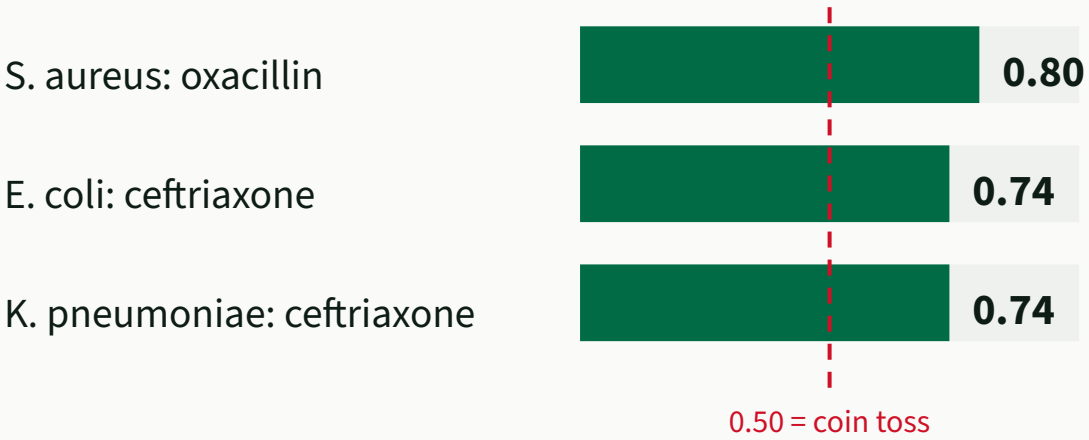
The clinical tools here learn from laboratory culture data. No cultures, no clinical AI.

Peer-reviewed study WHONET Nature Medicine Science Translational Medicine Cell

whonet.org · Weis C et al. Nat Med 2022 · Kanjilal S et al. Sci Transl Med 2020 · Stokes 2020, Liu 2023, Krishnan 2025

AI can read resistance faster and in the field

MALDI-TOF spectra predict resistance (AUROC)



300,000+ spectra and 750,000+ results from 4 Swiss institutions.
Standard culture testing can take up to 72 hours.

Needs a MALDI-TOF machine and local training data

ANTIBIOGO: AN OFFLINE SMARTPHONE READER

98% agreement with expert manual reading

90% agreement with a hospital automated system

Reads disk diffusion plates from a phone photo, no internet needed
Built by MSF; CE-marked in 2022; field-tested in Mali, Jordan and Senegal

Peer-reviewed study · Nature Medicine · Nature Communications · Weis C et al. Nat Med 2022;28:164-174 · Pascucci M et al. Nat Commun 2021;12:1173 · MSF, 15 Jun 2022

AI can narrow prescriptions and find new drugs

DECISION SUPPORT FOR CYSTITIS

67% fewer second-line antibiotics than clinicians

18% fewer mismatched antibiotics than clinicians

Test cohort: 3,629 women, two Boston hospitals, 2014 to 2016
Retrospective. A trial is still needed. Trained on US records

AI-found antibiotic leads

2020 — **Halicin · Cell**

Deep learning screen of a drug library; active against carbapenem-resistant bacteria; treated pan-resistant A. baumannii in a mouse wound model

2023 — **Abaucin · Nat Chem Biol**

Trained on about 7,500 tested molecules; narrow spectrum against A. baumannii; mouse wound model

2025 — **NG1 and DN1 · Cell**

Designed from scratch by generative AI; 7 of 24 synthesised compounds active; gonorrhoea and MRSA in mice

Peer-reviewed study · Science Translational Medicine · Cell · Nature Chemical Biology

Kanjilal S et al. Sci Transl Med 2020 · Stokes JM et al. Cell 2020 · Liu G et al. Nat Chem Biol 2023 · Krishnan A et al. Cell 2025

AI needs cultures and clean data and local checks first

WHAT THE MODELS NEED

1.3%

of labs in 14 MAAP countries do bacteriology

88%

of resistance records lack clinical data

WHAT CAN GO WRONG

Drift

accuracy falls as training data age

Transfer

a model built in Basel or Boston can fail in Bamenda

WHAT TO DO FIRST

Digitise

every culture result in WHONET, which is free

Validate

locally before use; a clinician decides

Peer-reviewed study PLOS Medicine Nature Medicine J Clin Microbiol Africa CDC

MAAP: Osena G et al. PLOS Med 2025 · Weis C et al. Nat Med 2022 · J Clin Microbiol 2025 validation study · Addis Commitments 2026

Each of us owns one piece of the fix

Ministry

An AMR budget line and a working One Health coordination structure

Hospitals

A stewardship team, a yearly antibiogram, blood culture bottles in stock

Clinicians

Follow AWaRe first choices; culture first if no delay; review at 48 to 72 hours

Pharmacists

No antibiotic without a prescription; report suspect products

Veterinarians and farmers

Vaccines and biosecurity instead of routine antibiotics in feed and water

Diaspora

Mentor microbiologists; donate lab and data time; partner with LNSP

National plan MINSANTE NAP-AMR 2024-2028 World Health Organization From NAP-AMR 2024-2028 objectives, WHO AWaRe antibiotic book 2022, UNGA 2024 targets

For Dr. Foma: clinical perspective

At the bedside, every prescription is a public health decision

Clinical perspective: choice, timing, fever, newborns, labs, US guidance, prevention and three cases

PART 1
Public health now

PART 2
AMR: the evidence

PART 3
Clinical: Dr. Foma

PART 4
What we do next

Start with an Access antibiotic for common infections

INFECTION	WHO FIRST CHOICE	GROUP
Acute bronchitis	No antibiotic	
Mild pneumonia	Amoxicillin	Access
Lower urinary tract infection	Nitrofurantoin	Access
Sepsis, adult	Ceftriaxone + gentamicin	Watch, Access
Sepsis, neonate or child	Ampicillin + gentamicin	Access
Gonorrhoea	Ceftriaxone 1 g IM, single dose	Watch

Cameroon consumption 2017 to 2019: 76% Access, 0% Reserve. UN target: at least 70% Access by 2030.
But 89% of sentinel bloodstream E. coli resist ceftriaxone: follow your hospital protocol and antibiogram.

Clinical guidance

Bulletin of the World Health Organization · ASLM MAAP · World Health Organization

WHO AWaRe antibiotic book 2022 (Zanichelli V et al. Bull World Health Organ 2023) · MAAP Cameroon 2023 · WHO 25 Nov 2026

Culture first, review at 48 hours, stop on time

On every chart: the indication, the antibiotic, and the planned stop date

Hour 0

Cultures first if no delay

Possible septic shock: antibiotics within 1 hour

Day 2 to 3

Review with results

Stop, narrow, or switch IV to oral

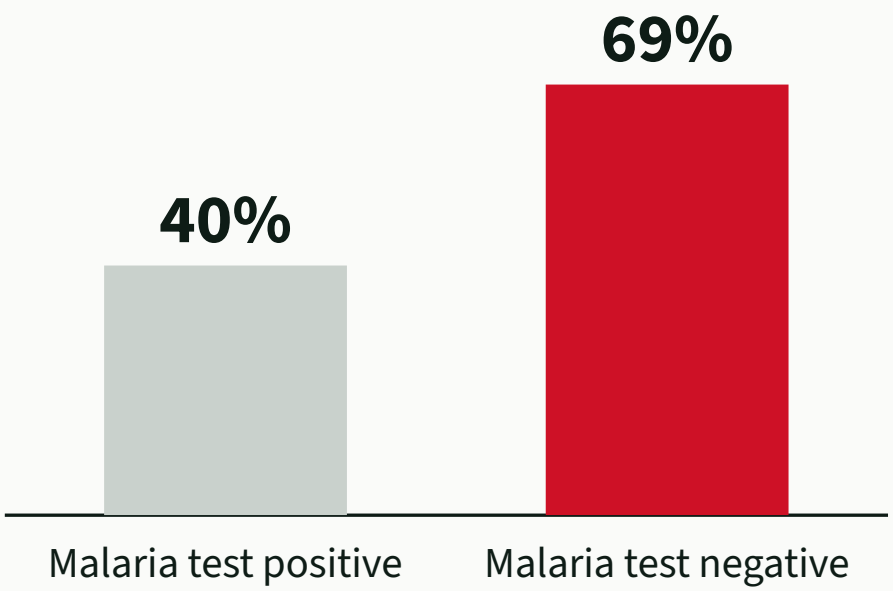
Stop date

Shortest course that works

Uncomplicated pneumonia 5 days · sepsis of unknown origin 7 days

A negative malaria test is not a reason for an antibiotic

Patients given an antibiotic, by malaria test result



522,480 febrile patients, 6 countries including Cameroon, 2007 to 2013

TYPHOID IN AFRICA

64.5% of 5,570 S. Typhi isolates multidrug resistant

No extensively drug-resistant typhoid among 462 African isolates tested. Pakistan has had XDR since 2016.

Test, look for a source, then decide
A reason for every antibiotic, written on the chart
Typhoid conjugate vaccine reduces typhoid

Pooled analysis · The BMJ · Clin Microbiol Infect

Hopkins H et al. BMJ 2017;356:j1054 · Murthy S et al. Clin Microbiol Infect 2026 (review, data 1972 to 2024) · Klemm EJ et al. mBio 2018

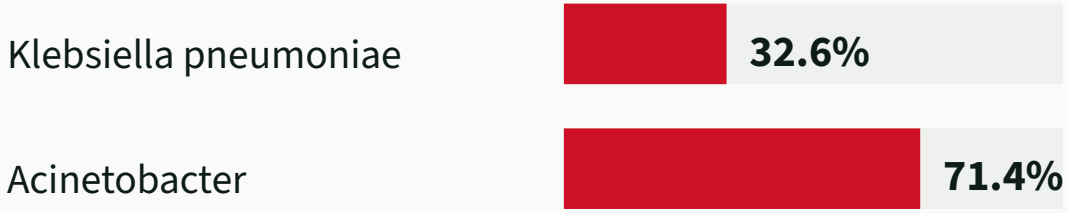
Newborn sepsis often resists the first-line antibiotics

3,204
infants with sepsis, 19 hospitals, 11 countries

206
different starting antibiotic combinations

25.9%
started the WHO first-line regimen

Carbapenem resistance in blood culture isolates



Deaths: 11.3% of all infants, 17.7% when the blood culture grew a pathogen (NeoOBS, 2018 to 2020)

BARNARDS, INCLUDING NIGERIA AND ETHIOPIA

36,285
newborns enrolled in 7 countries, 2015 to 2017

Klebsiella pneumoniae was the leading cause of 2,483 culture-confirmed cases

Community-onset: ampicillin plus gentamicin (WHO); hospital-onset: use the nursery antibiogram
Culture every sick newborn before the first dose if no delay
Know your nursery Klebsiella; hand hygiene stops it spreading

Prospective cohort PLOS Medicine Nature Microbiology NeoOBS: Russell NJ et al. PLoS Med 2023;20:e1004179 · BARNARDS: Sands K et al. Nat Microbiol 2021;6:512-523

A culture result changes the next prescription

36%

of 183 reporting countries have a reference lab able to test selected bacteria and fungi

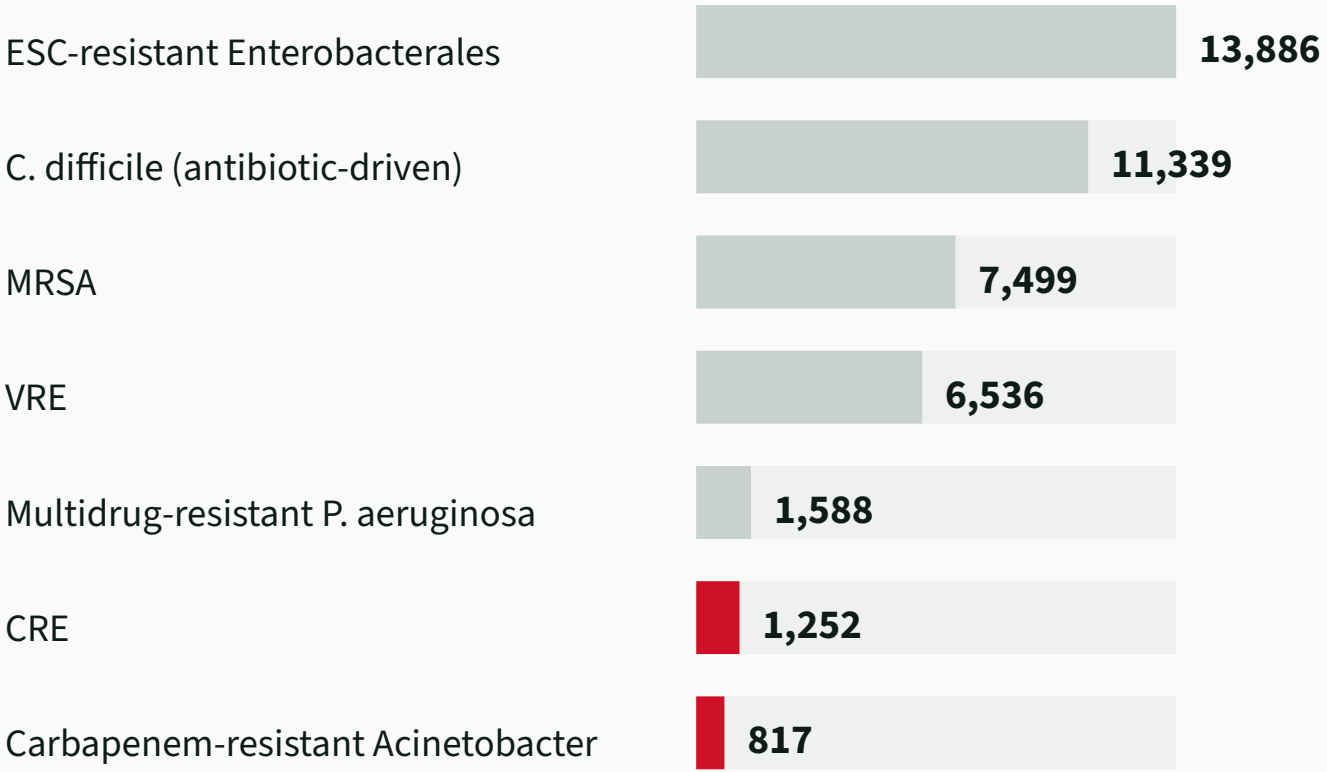
Target: 80% by 2030

1. **Sepsis**
   Two blood culture sets before the first dose, if no delay
2. **Pyelonephritis or failure**
   Urine culture, not dipstick alone
3. **Ward**
   Ask the lab for a yearly antibiogram and post it
4. **Treatment failure**
   Send the isolate to a sentinel lab or the NPHL

Policy and targets · World Health Organization · MINSANTE NAP-AMR 2024-2028 · WHO TrACSS 2026 (16 Nov 2026) · NAP-AMR 2024-2028 (sentinel sites) · MAAP 2022

9.7 million US infections a year from CDC AR threats

US deaths a year by pathogen, 2023 estimates



CDC URGENT THREATS

Candida auris
Carbapenem-resistant Acinetobacter
Carbapenem-resistant Enterobacterales
Drug-resistant gonorrhoea

+460% NDM-CRE infections, 2019 to 2023

8,780 clinical C. auris cases in 2025

Modelled estimate

CDC AR Threats Report 2026

CDC AR Threats Report, 27 Oct 2026 (2023 estimates; not comparable with 2019) · CDC release 23 Sep 2025 · CDC C. auris tracking, 13 Nov 2026

In the US the resistance mechanism picks the new drug

ORGANISM	IDSA 2026 PREFERRED OPTIONS
ESBL-E, simple cystitis	Nitrofurantoin, TMP-SMX or a single aminoglycoside dose
ESBL-E, outside the urine	Ertapenem, imipenem or meropenem
CRE, KPC enzyme	Ceftazidime-avibactam, imipenem-relebactam or meropenem-vaborbactam
CRE, NDM enzyme	Aztreonam-avibactam or cefiderocol
DTR P. aeruginosa, not urine	Ceftazidime-avibactam, ceftolozane-tazobactam or imipenem-relebactam
CRAB	Sulbactam-durlobactam plus imipenem or meropenem

In Cameroon: Reserve drugs were 0.0% of national use 2017 to 2019; available in 6 of 14 MAAP countries. Prevention and culture come first.

Clinical guidance · Clinical Infectious Diseases (IDSA) · ASLM MAAP

Tamma PD et al. IDSA 2026 Guidance, Clin Infect Dis 2026, doi 10.1093/cid/ciag481 · MAAP 2022 and Cameroon report 2023

Stewardship can start in Cameroon without a budget

IN THE UNITED STATES

Federal rule. Medicare requires a hospital-wide stewardship programme (42 CFR 482.42, final rule 2019)

Accreditation. Joint Commission standard MM.09.01.01

Method. CDC Core Elements, 2019 update

THE 7 CORE ELEMENTS, CAMEROON VERSION

1	**Leadership**	The director signs a one-page stewardship note
2	**Accountability**	One named physician lead
3	**Pharmacy**	A pharmacist as co-lead
4	**Action**	Review every antibiotic at 48 to 72 hours
5	**Tracking**	Count antibiotic days on one ward
6	**Reporting**	A monthly one-page summary to staff
7	**Education**	The free WHO AWaRe app on every phone

Policy and targets · CMS 42 CFR 482.42 · CDC

eCFR 42 CFR 482.42 · Joint Commission MM.09.01.01 (revised 1 Jan 2023) · CDC Core Elements of Hospital Antibiotic Stewardship, 2019

Every infection prevented is a prescription avoided

Hands

Alcohol rub at the five moments, at every bed

Isolation

Contact precautions for carbapenem-resistant organisms

Water and sanitation

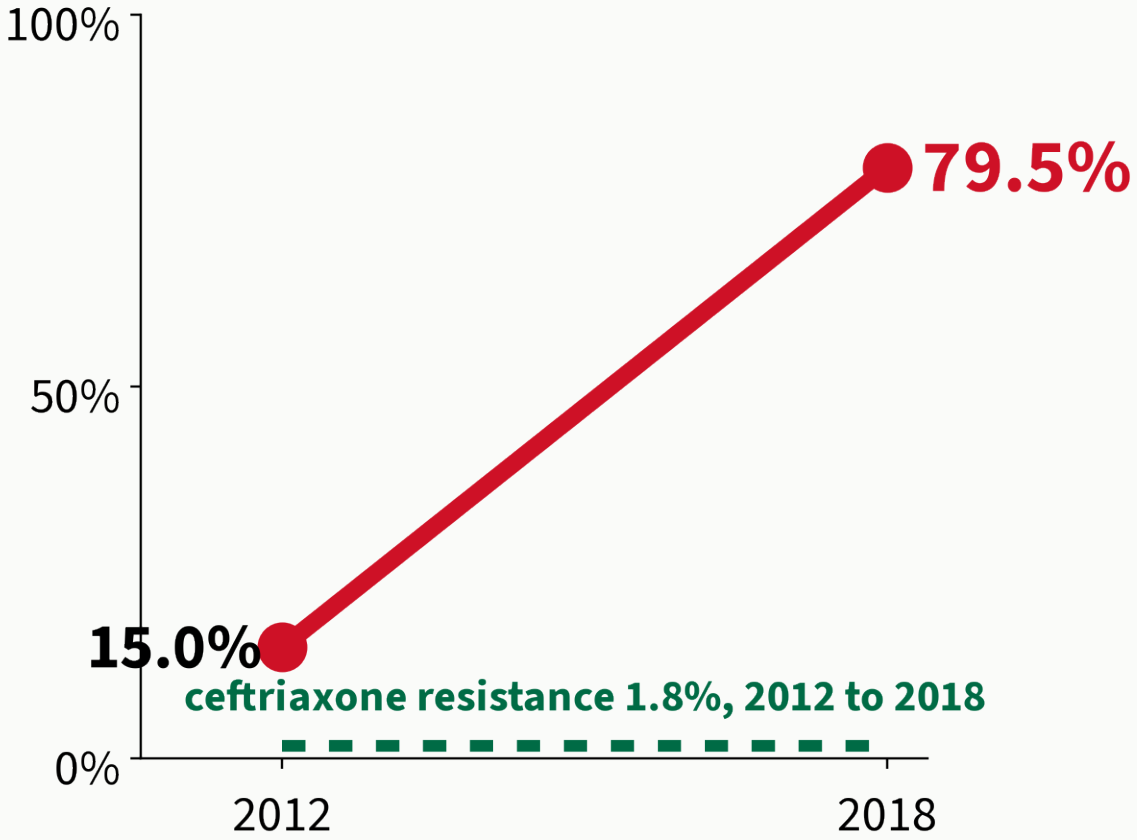
Basic WASH in 100% of health facilities by 2030

Vaccines

Measles and pneumococcal vaccines prevent infections we would otherwise treat

"Every infection prevented means fewer antimicrobials are needed." WHO Director-General, 16 November 2026

By 2018 four in five gonorrhoea isolates in Yaounde resisted ciprofloxacin



Centre Pasteur du Cameroun, 449 isolates, 2012 to 2018

WHO, 25 November 2026

Ceftriaxone 1 g IM, single dose, stays first line

Additional option (conditional): zoliflodacin 3 g oral, single dose, uncomplicated urogenital infection

Not for throat or rectal infection, or in pregnancy

Crucitti T et al. Int J STD AIDS 2020;31(6):579-586 · WHO news, 25 Nov 2026 (zoliflodacin; EGASP 2026)

Three patients for discussion

1

26-year-old woman, Douala

Dysuria for 4 days after ciprofloxacin bought at a roadside stall. No fever.

A repeat ciprofloxacin B nitrofurantoin C ceftriaxone

2

31-year-old man, Yaounde

Urethral discharge. His partner was given ciprofloxacin last month.

A ciprofloxacin B ceftriaxone 1 g IM + chlamydia cover C doxycycline alone

3

64-year-old, ICU day 6

New fever on ceftriaxone. Klebsiella in blood, resistant to ceftriaxone.

A add gentamicin B escalate per susceptibility C wait

Three changes from Monday 30 November 2026

1

Access first

For common infections, prescribe WHO Access antibiotics first

2

Culture first

In sick patients, culture before the first dose if it causes no delay

3

Report failure

When treatment fails, culture and send the isolate to a sentinel lab or the NPHL

Diaspora: adopt one laboratory or one hospital stewardship team in Cameroon in 2027.

Questions and discussion

Bryan Tegomoh, MD, MPH · Dr. Munoh Kenne Foma, MD, MPH, FACP

cameroontownhall.org

Past sessions, briefs and speakers

luma.com/wxcf929u

Register and share this session

Merci. Thank you.