



*An emergency response team—including staff from the WHO, Chadian Ministry of Public Health, International Medical Corps and Medair, and Chokoyane health district community members—reviews epidemic surveillance protocol in Dougui Health Center, Ouaddai, in May.*

On May 27, 2025, the Federal Emergency Operations Centre in Sudan issued a report, stating that officials had recorded more than 2,700 cholera cases and 172 cholera-related deaths over the previous week. Since then, the Chadian Ministry of Public Health (MoPH) and World Health Organization (WHO) have issued separate statements, warning that the epidemic could spread to Chad. Experts voiced concern that, as refugees seek safety from the conflict in Sudan, the crowded and unsanitary camps where they shelter near the Chad-Sudan border are likely to create a devastating outbreak of cholera.

There is a widespread lack of access to safe drinking water in the crowded camps where refugees and returnees are sheltering, as well as within host communities. People contract cholera from the *Vibrio cholerae* bacteria, primarily through inadequately treated drinking water or other water sources contaminated by the feces of an infected person. In eastern Chad, some refugees purchase water from vendors who may source it from unsafe sources, such as wells or traditional boreholes.

With no other sanitary alternative, refugees, returnees and members of host communities use stagnant water to wash dishes and clothes during the rainy season. Poor sanitation conditions, including open defecation and full latrines, further risk the spread of *Vibrio cholerae*. In the cramped living conditions, children also play in water that has come into contact with sewage and wastewater, increasing the risk of contamination. Meanwhile, rising temperatures increase water alkalinity, salinity and warmth—all of which promote plant growth and create an ideal environment for the *Vibrio cholerae* bacteria to multiply, leading to a high concentration of active bacteria, and potentially triggering an outbreak.

## International Medical Corps Response

As of June 24, 2025, Chad has no confirmed cases. However, International Medical Corps is preparing for a potential outbreak. Our team is integrating and strengthening community engagement efforts with community health workers,

### FAST FACTS

- An active cholera outbreak in Sudan, combined with the ongoing daily influx of Sudanese refugees and Chadian returnees, as well as a WHO alert urging enhanced surveillance and detection efforts in Chad, prompted International Medical Corps' Chad mission to initiate a preemptive cholera response.
- Cholera first appeared in Chad in 1971. Since 1991, the country has experienced several major epidemics, the most recent of which ended in 2011.
- Between 2004 and 2016, health officials recorded more than 32,000 cases in Chad, with a fatality rate of 3.2%, resulting in nearly 1,000 deaths.

### OUR FOOTPRINT

- International Medical Corps has been operating in Ouaddai province in eastern Chad since 2004. Activities were temporarily suspended in 2020 and resumed in September 2023.
- Our main activities include providing equitable and inclusive emergency lifesaving primary healthcare, maternal and child health, MHPSS, FSL and nutrition services.

### OUR RESPONSE

- As of June 24, there are no confirmed cholera cases in Chad. However, International Medical Corps has already begun preparations for a potential cholera outbreak.

including awareness-raising and case identification training sessions. We're coordinating with local health authorities, assigning cholera response roles to staff, and pre-positioning supplies and medicines. Our team is prepared to begin our response in Dougui refugee camp and expand to the surrounding area as needed.

In the event that the MoPH declares that laboratory tests have confirmed a case of cholera in Ouaddai province, our Chad mission staff has prepared the following case management response:

- establish a 15- to 20-bed community-based therapeutic care center in Chokoyane health district, which will accommodate an additional 40 beds if necessary, as well as space for mental health and psychosocial support services (MHPSS);
- deploy a frontline technical team responsible for cholera screening, detection and case management;
- install 10 oral rehydration points in Dougui camp clinics and supported health facilities; and
- conduct further training sessions for additional health personnel in cholera case management.



*Refugees arrive from Sudan in Dougui refugee camp, Chokoyane, Ouaddai province.*

In the event of either a 50% increase in diarrhea patients for two consecutive weeks or one suspected case of cholera in Dougui refugee camp, we will initiate an infection prevention and control (IPC) and water, sanitation and hygiene (WASH) response consisting of the following measures:

- train health facility personnel in cholera IPC;
- deploy specialists to communicate key prevention messages to raise awareness among patients and communities;
- train support staff at health facilities in cleaning and disinfection with chlorine, and effective waste management; and
- provide pharmaceuticals and medical supplies, including personal protective equipment and cholera-prevention kits.

To bolster surveillance and coordination, International Medical Corps will:

- intensify supervision and monitoring of activities to ensure that all supported health facilities submit integrated, timely surveillance reports; and
- coordinate with partners in the Health, MHPSS and WASH sectors.