



*International Medical Corps staff members distribute medical consumables and hygiene materials for cholera case management that we are donating to the Borno State Ministry of Health.*

On May 1, a suspected case of acute watery diarrhea (AWD) was reported in the Shehuri South ward of the Maiduguri Metropolitan Council (MMC) local government area (LGA). A second case was then identified within the same household that rapidly progressed to severe illness and death. Cases rapidly spread across 4 LGAs—Jere, Konduga, Mafa and MMC—with additional alerts from Monguno currently under investigation. Case detection increased significantly following the deployment of volunteer community mobilizers (VCMs) for active case searching.

On May 4, the Borno State Ministry of Health—through the Public Health Emergency Operations Center (PHEOC)—activated emergency coordination mechanisms in response to the surge in AWD cases initially across two LGAs (Jere, MMC), with hotspots in Gamboru, Gomari/Bulabulin, Limanti, Mashamari and Shehuri wards.

As of May 17, 1,565 suspected cases had been reported across 142 settlements in four LGAs (920 in MMC, 459 in Jere, 136 in Mafa and 50 in Konduga) with 21 recorded deaths (eight facility-based and 13 in the community). Cases peaked at approximately 180 on May 11–12, followed by a gradual but sustained decline to 70 cases by May 17. Despite this downward trend, 50 new suspected cases have been reported in Monguno LGA and are under investigation. Additionally, the onset of rainfall across several LGAs on May 17 and 18 is likely to increase the risk of further transmission in the coming weeks, due to potential contamination and increased water movement.

Daily multi-sectoral coordination meetings, led by the Director of Public Health/Incident Manager at the PHEOC, are bringing together government entities and partners—including the World Health Organization (WHO), UNICEF, the Nigeria Centre for Disease Control and Prevention (NCDC), International Medical Corps, International Rescue Committee (IRC), Médecins Sans Frontières (MSF), Save the Children, and others involved in the health and water, sanitation and hygiene (WASH) sectors—to support joint planning, information sharing, resource mobilization and real-time response monitoring. The PHEOC remains on alert, centralizing coordination of partner-supported interventions and management of emergency supplies.

## FAST FACTS

- Suspected cases of acute watery diarrhea were identified on May 1 in Shehuri South ward, Maiduguri. The alert was formally reported to the Public Health Emergency Operations Center on May 4.
- As of May 17, 1,565 suspected cases and 21 deaths had been reported across 142 settlements.
- International Medical Corps was among the first partners to provide support in initiating and coordinating a response.

## OUR FOOTPRINT

- International Medical Corps has worked in Nigeria since 2014, delivering such lifesaving services as primary and secondary healthcare, surveillance and response to infectious disease, health system strengthening, nutrition and food security, prevention and response to violence against women and girls, and water, sanitation and hygiene.

## OUR RESPONSE

- International Medical Corps has deployed 188 volunteer community mobilizers (VCMs) to search for cases across four local government areas. They have so far identified and referred 390 suspected cases. We are also supporting 14 disease surveillance and notification officers to strengthen case investigation, reporting and surveillance.
- We have mobilized 243 VCMs to distribute 1,500 educational pieces to some 30,600 people on cholera prevention, symptoms and referral pathways.
- We are providing essential medical supplies—including cholera vaccines, antibiotics, PPE and IV fluids—to support case management services across health facilities and at oral rehydration points.

An integrated, partner-led response is being implemented across key pillars. Surveillance, active case search and community-based reporting activities are being supported by WHO, UNICEF and International Medical Corps through the Core Group Partner Project (CGPP). Case management is being delivered with support from MSF-Belgium, WHO, UNICEF, IRC, Save the Children, Intersos and the NCDC. WASH interventions (case-area targeted interventions, water quality monitoring and hygiene promotion) are being led by UNICEF, Solidarités International, Action Against Hunger (ACF) and other partners. Risk communication and community engagement (RCCE) is being supported by the State Ministry of Health (SMOH), UNICEF, WHO, International Medical Corps and our sub-partner Royal Heritage Health Foundation (RHHF).

A total of eight oral rehydration points (ORPs) have been established across hotspot areas in the two most affected LGAs, with 1,754 people assisted to date. A centralized cholera treatment center (CTC) with a 130-bed capacity has been designated in Nganaram, in the MMC LGA, by the SMOH and is jointly managed by the SMOH with support from MSF and other partners. As of May 17, 1,387 patients have been admitted to the CTC, of whom 1,278 have recovered and been discharged. Eight deaths have been recorded, and 101 patients remain under treatment.

## International Medical Corps Response

**Surveillance:** International Medical Corps, through the Core Group Partner Project (CGPP), deployed 188 trained VCMs on May 7 to conduct active case search across the Jere, Konduga, Mafa and MMC LGAs. They identified 390 suspected cases meeting the community case definition and referred them to eight ORPs for timely management. International Medical Corps is continuing to provide logistical and operational support to 14 disease surveillance and notification officers (DSNOs) to strengthen surveillance activities, including case investigation, sample collection and transportation, supportive supervision, and data collection and reporting. DSNOs across the four LGAs are actively engaged in line listing, case monitoring and routine surveillance data management, contributing to improved timeliness and completeness of reporting.

**Risk Communication and Community Engagement:** International Medical Corps has so far supported RCCE activities by printing and distributing 1,500 educational pieces, including posters outlining cholera case definitions, key prevention measures and referral pathways. 243 VCMs are actively conducting house-to-house sensitization campaigns across hotspot and surrounding communities. As of May 17, these efforts had reached 30,601 people (21,545 women, 9,056 men). Key messaging includes recognition of cholera symptoms, early healthcare-seeking behavior, referral pathways and hygiene promotion practices. VCMs are also conducting practical demonstrations on proper hand hygiene—including handwashing with soap and ash—to promote behavior change and reduce transmission risk at the community level.

**Support to Case Management:** International Medical Corps is providing critical medical supplies and emergency response commodities to the SMOH through the PHEOC to support case management. The donation includes cholera vaccines, isolation gowns, azithromycin and cefixime (both suspension and tablet formulations), non-sterile cotton, surgical and examination gloves, infusion sets, and intravenous fluids for rehydration. This support helped to ensure the rapid availability of essential commodities at the CTC, enhancing the quality and continuity of care for cholera patients.



A VCM provides a handwashing demonstration during house-to-house education activities.

## Gaps and Needs Identified

Despite the recent decline in reported cases, suspected cases continue to emerge in newly affected LGAs, and the onset of rainfall is likely to heighten the risk of further transmission in the coming weeks due to increased environmental contamination and water movement.

Key gaps identified in the response include:

- insufficient medical supplies to sustain case management activities at the CTC;
- limited availability of WASH kits for affected households, and of infection prevention and control materials at health facilities;
- inadequate support for safe medical-waste management at the State Infectious Disease Centre;
- a need to scale up case-area targeted intervention teams to effectively cover affected and high-risk areas; and
- a need to expand the deployment of VCMs—in number, geographic coverage, and duration—alongside strengthened logistical support to DSNOs to enhance active case search, RCCE activities and line listing.