



*A volunteer community mobilizer educates caregivers about proper hygiene and the symptoms of cholera.*

As of June 3, 6,078 suspected cases had been reported across 12 local government areas (LGAs) in northeast Nigeria, affecting 138 settlements in 40 wards. This is a stark increase from the 1,565 reported from May 1 to 17. The Maiduguri Metropolitan Council (MMC) remains the epicenter of the outbreak, with 3,358 cases reported, followed by Jere (1,754), Konduga (537), Mafa (232) and Monguno (140). Suspected cases have also been reported in seven new LGAs: Bama (10), Gubio (15) Kaga (18), Kwaya Kusa (8), Magumeri (1), Mobbar (3) and Ngala (2). Sixty-five deaths have been recorded, comprising 34 facility-based and 31 community-based deaths, resulting in a case-fatality rate of 1.0%. On June 2 alone, 430 new suspected cases were reported across affected communities.

Twelve oral rehydration points (ORPs) have been established across hotspot communities in the two most affected LGAs (MMC and Jere), with 2,733 people reached as of May 30. Notably, 45% of these cases were recorded within two days following the Sallah celebration, likely driven by increased population movement during the festive period. In addition, a Cholera Treatment Center (CTC) has been established at the State Infectious Disease Hospital (IDH) in Konduga, with a capacity of 100 beds. The facility has managed 435 cases to date, with three reported deaths.

The IDH activated a new CTC to accommodate the increasing patient load, particularly referrals from the 12 established ORPs and the state mobile ambulance system strategically positioned across the metropolitan area. Laboratory confirmation at the National Reference Laboratory has identified 14 confirmed cases to date. International Medical Corps teams are actively participating in daily multi-sectoral meetings led by the Director of Public Health/Incident Manager at the Public Health Emergency Operations Center, where relevant members and pillar leads convene regularly to guide response activities and ensure equitable allocation of resources. Government entities and partners—including the World Health Organization (WHO), UNICEF, the Nigeria Centre for Disease Control and Prevention, International Medical Corps, International Rescue Committee, Médecins Sans Frontières, Save the Children and other stakeholders across health and WASH sectors—are actively engaged in the response. Risk communication and community engagement (RCCE) activities are supported by the State Ministry of Health, UNICEF, WHO, International Medical Corps and Royal Heritage Health Foundation, our partner through the Core Group Partner Project (CGPP).

## FAST FACTS

- International Medical Corps is active in seven of the 12 local government areas (LGAs) where suspected cases of acute watery diarrhea have spread, involving 138 settlements across 40 wards.
- According to the State Ministry of Health, 6,078 suspected cases and 65 deaths had been reported as of June 3.
- Two Cholera Treatment Centers and 12 oral rehydration points are currently operational.
- International Medical Corps supports four pillars of the state's Public Health Emergency Operations Center: case management through critical donations, risk communication and community engagement, surveillance and coordination.

## OUR FOOTPRINT

- International Medical Corps has worked in Nigeria since 2014, delivering lifesaving services such as primary and secondary healthcare, surveillance and response to infectious diseases, 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 218 volunteer community mobilizers (VCMs) to search for cases across four LGAs.
- VCMs across six LGAs are creating awareness on cholera prevention, symptoms and referral pathways. They have so far referred 85 suspected cases meeting the case definition.
- We have critical medical commodities and supplies for case management.

## International Medical Corps Response

**Surveillance.** Working with CGPP, International Medical Corps has deployed 218 trained volunteer community mobilizers (VCMs) to conduct active case searching across seven LGAs—Jere, Konduga, Mafa, Mobbar, Monguno, MMC and Ngala—affected by cholera. The VCMs have identified 85 additional suspected cases meeting the community-case definition, referring them to nine ORPs and linking others with the emergency ambulance services for timely management.

**RCCE.** VCMs are actively conducting house-to-house sensitization campaigns across hotspot areas and surrounding communities. As of May 31, these efforts had reached 35,068 people (25,009 women, 10,059 men). Key messaging includes recognition of cholera symptoms, the need for early healthcare-seeking behavior, referral pathways and proper hygiene practices. VCMs are also conducting 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.** Ministry of Health leaders and partners conducted a joint visit to the two CTCs managing the cases within the Maiduguri city center, where both inpatient facilities have exceeded their capacity due to the surge. A makeshift center has been created to handle the patient overflow, which already is over capacity, resulting in patients being treated outside the treatment area.

**Providing Essential Supplies.** Response to the outbreak has been complicated by the low availability and projected stock-out of essential medical supplies, such as ringer lactate. On average, 52 cartons of ringer lactate are consumed daily, with other medical consumables also running critically low. To prevent the stock-out of these essential supplies, International Medical Corps has provided additional support for the increasing number of cases in the critical-care pathway for patient resuscitation, including cholera kits, oral-rehydration solution, essential drugs, IV canula sets, antibiotics, sterile IV catheters, isolation gowns, face masks, examination gloves, hand sanitizer and liquid bleach. This support will enable the CTCs to continue providing quality care for cholera patients.

### Existing Gaps and Needs

Since the onset of the outbreak there has been a 288% increase in suspected cases, with new cases emerging in seven newly affected LGAs. Increased surveillance and active case searching, coupled with the mass movement during the Sallah period, have contributed to the sharp increase. It will require both human and material resources to curb the spread of the outbreak.

Key gaps identified in the response include:

- insufficient medical supplies to sustain case management activities at the CTCs, despite donations from International Medical Corps and other partners, due to the surge in cases;
- limited availability of hygiene kits and case-area targeted intervention teams for affected households, and of infection-prevention and control materials at health facilities;
- inadequate support for safe medical-waste management at the IDH;
- a need for additional human resources to manage the increasing number of cases, averaging 274 per day;
- a need to deploy more VCMs over a broader area for longer time periods, alongside strengthened logistical support to disease-surveillance and notification officers to enhance active case search, RCCE activities and line listing; and
- a need for additional ORPs, with human resources and medical commodities support to those already established.



*International Medical Corps representatives donate medical consumables and cholera kits to the Borno State Ministry of Health.*