International Medical Corps

SITUATION UPDATE

Cameroon Cholera Outbreak
Situation Report #1
July 29, 2026

A community health worker provides cholera vaccine to children in Cameroon.

Following reports of 24 suspected cases, including 15 positive cases detected by rapid diagnostic test (RDT) on July 26, Minawao Refugee Camp in Cameroon's Far-North region is facing an emerging cholera outbreak. The camp hosts more than 81,000 refugees and is operating at approximately 325% of its intended capacity, creating conditions conducive to rapid disease transmission.

Rapid investigations identified a probable imported case linked to a traveler from Banki, Nigeria, along with a second case associated with water from an unprotected well and several cases that suggest local transmission. The absence of epidemiological links between recently identified cases indicates multiple active transmission chains within the camp and underscores the urgent need for an immediate response.

The situation in Minawao is occurring within the context of a wider cholera outbreak affecting Cameroon's Far North region. Since confirmation of the outbreak on June 29, transmission has expanded across nine health districts. As of July 26, 754 cases had been reported, including 130 patients receiving treatment and 28 laboratory-confirmed cases. Twenty-five deaths have been recorded, resulting in a case fatality rate (CFR) of 3.32%—more than three times the internationally accepted target of less than 1% for a well-managed cholera outbreak.

The Regional Incident Management System for cholera has been activated at Level 1, with government authorities, UN agencies and humanitarian partners coordinating response activities. However, limited treatment capacity, inadequate water and sanitation infrastructure, and delayed healthcare-seeking behavior continue to present significant challenges to outbreak containment, particularly within camp settings.

FAST FACTS

- An outbreak of cholera involving at least 24 people has been reported in Minawao Refugee Camp, which hosts more than 81,000 refugees and is operating at approximately 325% of intended capacity.
- The wider cholera outbreak in the Far North region had reported 754 cases and 25 deaths across nine health districts as of July 26.
- Multiple transmission chains are suspected within the camp, increasing the risk of rapid spread among vulnerable populations.

OUR RESPONSE

- International Medical Corps is coordinating with the Ministry of Public Health, UN agencies and humanitarian partners to support a coordinated cholera response.
- We are preparing a three-month emergency intervention focused on outbreak containment, case management and community protection.
- Efforts include expanding treatment capacity through additional staff, essential medicines and pre-positioned cholera response supplies.
- To support early detection and treatment, we are strengthening surveillance, community alert systems and risk communication.
- We are scaling up emergency sanitation, hygiene promotion and infection prevention activities in high-risk areas.

The detection of cholera cases within Minawao Refugee Camp has significantly increased humanitarian concerns, given the camp's severe overcrowding, inadequate sanitation infrastructure and high levels of population movement. Home to tens of thousands of refugees and operating well beyond its intended capacity, the camp faces a heightened risk of rapid disease transmission and outbreak escalation.

Response capacity is already under strain. The temporary treatment unit is operating beyond capacity, while shortages of cholera beds, medical supplies, infection-prevention and control (IPC) materials and trained personnel continue to constrain response efforts. Significant gaps remain in access to safe water, sanitation and hygiene (WASH) services, requiring urgent support to strengthen WASH infrastructure, expand hygiene promotion activities and scale up IPC measures.

The outbreak is also placing increasing pressure on health services across the Far North region. Delayed healthcare-seeking behavior remains a major concern, with more than half of patients presenting with severe dehydration. Surveillance and community-engagement activities require strengthening to support early detection and timely reporting, while expanded risk-communication efforts are needed to promote cholera-prevention practices and encourage prompt treatment-seeking. Children represent a significant proportion of reported cases, further increasing concerns for vulnerable populations living in overcrowded conditions.

The detection of cholera in Minawao Refugee Camp has highlighted significant capacity gaps across health, surveillance and WASH sectors. Treatment facilities are already operating beyond capacity, with response efforts limited by shortages of cholera beds, medical supplies, IPC materials and trained personnel. Surveillance and community-alert mechanisms require strengthening, while inadequate WASH infrastructure continues to increase transmission risks within the camp and surrounding communities.

Additional staffing needs include three doctors, six nurses, 12 nursing assistants and 12 hygienists. Substantial operational gaps remain, and delays in the delivery of essential outbreak-response supplies could further hinder containment efforts.

International Medical Corps Response

Following the detection of suspected and RDT-positive cholera cases in Minawao Refugee Camp, International Medical Corps prepared an emergency response targeting some 14,600 people to help contain the outbreak and reduce morbidity and mortality among refugee and host populations.

To strengthen case management, we are recruiting additional technical staff and procuring essential medical supplies and consumables. We also are supporting enhanced disease surveillance, community-alert systems and risk-communication activities to improve early detection, timely referral and healthcare-seeking behavior.

Given the heightened transmission risks associated with overcrowding and inadequate sanitation conditions, International Medical Corps is prioritizing emergency WASH interventions, including hygiene promotion, targeted disinfection of high-risk locations, strengthened IPC measures, and pre-positioning cholera treatment and prevention supplies.

As always, we are working closely with national authorities and humanitarian partners while addressing priority operational gaps identified through ongoing coordination efforts.