International Medical Corps

SITUATION UPDATE

Nigeria Cholera Outbreak
Situation Report #3
July 6, 2026

A volunteer community mobilizer talks to community members about cholera.

Since the onset of cholera in May, 28,082 suspected cases have been reported across 20 local government areas (LGAs) in northeast Nigeria, affecting 893 settlements in 89 wards. Among the most affected LGAs, Maiduguri Metropolitan Council (MMC) remains the epicenter of the outbreak, with 11,166 cases reported, followed by Jere (5,939), Konduga (2,222), Monguno (2,186) and Mafa (943). More than 140 deaths have been reported, including 96 facility-based and 47 community-based deaths, resulting in a case-fatality rate of 0.5%. Within the last 24 hours, 157 new suspected cases were reported across affected communities.

Within Maiduguri city, there are 32 oral rehydration points (ORPs) across four LGAs, with about 90% situated in MMC and Jere. The Borno State Emergency Medical and Ambulance Service has coordinated and referred 2,103 cholera-related cases from communities to ORPs as well as to two cholera treatment centers (CTCs) within the city center.

An additional 17 cases have been confirmed by the National Reference Laboratory, bringing the total to 31 laboratory-confirmed cases. There is no official outbreak declaration from the state government, though emergency response measures have been activated. The National Primary Healthcare Management Agency has conducted a national training of trainers to prepare for an oral cholera vaccine (OCV) mass campaign that will be conducted in the coming weeks. Some 2.4 million vaccines have been earmarked by the national government and are expected to arrive in early July.

International Medical Corps Response

International Medical Corps, which is supporting awareness for the OCV campaign through Core Group Polio Project (CGPP), continues to actively participate in daily multi-sectoral meetings led by the Director of Public Health/Incident Manager at the Public Health Emergency Operations Center. A summary of our activities is below.

Surveillance. International Medical Corps, in collaboration with CGPP, has strengthened cholera surveillance by deploying 90 trained outbreak volunteers across six affected LGAs—Damboa, Jere, Konduga, Mafa, MMC and Monguno—to conduct active case searches over a three-week period, enhancing early detection at community level. Volunteers have so far identified 196 suspected cases meeting the community case definition and facilitated timely referrals to ORPs and CTCs while linking critical cases to emergency ambulance services for prompt management. CGPP has simultaneously mobilised its network of volunteer community mobilizers (VCMs) across nine LGAs—Damboa,Gwoza, Jere, Konduga, Mafa, MMC, Mobbar, Monguno and Ngala—to sustain risk communication, promote positive health-seeking behaviors and support active case-finding for cholera and other vaccine-preventable diseases.

FAST FACTS

- As of July 5, the State Ministry of Health had reported 28,082 suspected cases and 143 deaths.
- The Borno State Ambulance service has coordinated more than 2,100 referrals to oral rehydration points (ORPs) and cholera treatment centers (CTCs).

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 supports four pillars of the state's Public Health Emergency Operations Center: case management, risk communication and community engagement (RCCE), surveillance and coordination.
- We support case managenent in the infectious disease wing of the Damboa General Hospital and have provided successful treatment for 13 patients.
- International Medical Corps supported the deployment of 468 cholera kits to support the case-area targeted interventions team in Damboa local government area (LGA).
- We have donated 6,000 copies of informational materials to support RCCE.
- We have deployed additional 90 trained outbreak response volunteers to support active case search in six LGAs and have referred 196 cases to ORPs/CTCs for case management.
- Volunteer community mobilizers have reached 54,185 people with key messages about cholera.

Risk Communication and Community Engagement (RCCE). To complement surveillance efforts, VCMs are conducting intensive house-to-house sensitization campaigns in hotspot areas and surrounding communities, reaching 54,185 people as of July 5. Key messages focus on early recognition of cholera symptoms, prompt healthcare-seeking behaviors, clear referral pathways and improved hygiene practices. About 6,000 copies of cholera-related informational materials were deployed through our partner Royal Heritage Health Foundation to help frontline mobilizers respond to the outbreak across the supported LGAs.

To reinforce behavior change, VCMs also demonstrate proper hand-hygiene techniques, including handwashing with soap and ash, to reduce transmission risks and strengthen community-level prevention. VCMs also will help provide information to affected communities about the upcoming OCV campaign.

Support to Case Management. International Medical Corps is supporting the management of cholera patients in the infectious-disease wing of Damboa General Hospital, pending the official activation of a designated cholera treatment unit there, to ensure the continuity of lifesaving care and adherence to standard case-management protocols. To date, 13 patients who met the cholera case definition have been successfully treated and discharged from the facility. This approach underscores International Medical Corps' commitment to maintaining uninterrupted service delivery while supporting the transition toward a fully operational and dedicated cholera treatment facility.

Water Access, Sanitation and Hygiene (WASH). We have prepositioned 468 cholera kits to strengthen and sustain the ongoing outbreak response, with about 85% strategically deployed across our primary operational areas in Damboa LGA to enable rapid and effective response interventions. The deployed supplies have been critical in supporting case-area targeted intervention (CATI) teams, which are being deployed in close collaboration with local government rapid-response teams to promptly interrupt transmission at community level.

Existing Gaps and Needs

There has been a 74% increase in reported cases since the last update, indicating a marked deterioration in the epidemiological situation. The spread has now affected 20 LGAs, reflecting sustained community transmission and an expanding geographic scope. This trend highlights significant gaps in early detection, containment and timely interventions.

The rapid escalation is largely driven by poor WASH conditions—including limited access to safe water and sanitation—as well as negative socio-cultural practices, such as open defecation, poor hygiene behaviors and delays in seeking care. In addition, inadequate preparedness and insufficient prepositioning of essential supplies have significantly constrained timely response efforts, contributing to the observed surge and making the outbreak more difficult to control.

Key gaps identified in the response include:

- inadequate CATI teams and cholera kits supply for the cholera response;
- a need for a designated CTC in Damboa LGA, for a more coordinated response;
- insufficient medical supplies to sustain case management activities at the CTCs, due to the surge in cases;
- inability of the two CTCs in Maiduguri to care for the increasing number of cases across the hotspots, including readmissions; and
- a need to deploy more VCMs over a broader area for longer time periods, and to provide strengthened logistical support to disease-surveillance and notification officers, to enhance active case search, RCCE activities and line listing.