International Medical Corps

SITUATION UPDATE

Cameroon Cholera Outbreak
Situation Report #2
August 4, 2026

International Medical Corps staff members lead capacity-building efforts as part of our response to the cholera outbreak.

A cholera outbreak in the Far North Region of Cameroon was confirmed on June 29. As of August 2, nine health districts had reported 990 cases and 28 deaths, representing a case fatality rate (CFR) of 2.83%--nearly three times higher than the internationally accepted target of below 1% for well-managed responses.

The outbreak continues to pose a significant risk in highly vulnerable settings, such as Minawao Refugee Camp, which reported its first case on July 24. Subsequent investigations identified a probable imported case linked to travel from Banki, Nigeria, alongside cases associated with the use of water from an unprotected well and evidence of local transmission. The absence of clear epidemiological links between some recent cases suggests multiple transmission chains within the camp, underscoring the need for an immediate and sustained response. Since July 24, 53 suspected cases have been reported in the camp, including 18 cases confirmed by rapid diagnostic test (RDT) and six cases confirmed by laboratory test. As of August 2, 26 patients had received treatment.

The camp hosts 81,022 refugees and is operating at 324% of its intended capacity. Such overcrowded conditions facilitate rapid transmission of disease. Government authorities, UN agencies and humanitarian partners have activated a Level 1 Regional Incident Management System and are coordinating response efforts; however, limited treatment capacity, inadequate water and sanitation infrastructure, and delayed healthcare-seeking behavior continue to challenge outbreak containment efforts. Without timely and sustained intervention, the outbreak could place significant strain on already overstretched health services and further exacerbate public health risks for refugee and surrounding host communities.

Several critical gaps continue to constrain the effectiveness of the cholera response. These include shortages of clinical, surveillance and hygiene-promotion personnel; insufficient cholera-treatment capacity; and limited stocks of essential medicines, medical consumables and infection prevention and control (IPC) supplies. Additional resources are also needed to strengthen community-based surveillance, active case finding, rapid referral mechanisms, and risk communication and community engagement (RCCE) activities, and to support the safe scale-up of case-management services.

FAST FACTS

- As of August 2, 53 suspected cholera cases had been reported in Minawao Refugee Camp, which hosts 81,022 refugees and is operating at 324% of its intended capacity, creating conditions conducive to rapid disease transmission.
- Multiple transmission chains are suspected within the camp, increasing the risk of further spread among vulnerable refugee and host populations.
- As of August 2, the cholera outbreak in the Far North Region had resulted in 990 reported cases and 28 deaths across nine affected health districts.

OUR RESPONSE

- International Medical Corps is coordinating with health authorities, UN agencies, camp management and humanitarian partners to support a harmonized response.
- We are implementing cholera prevention and response activities focused on outbreak containment, case management and community protection.
- Efforts include strengthening treatment capacity through additional staff, essential medicines and cholera supplies, and strengthening surveillance, community alert systems and risk communication to support early detection and treatment.
- We also are scaling up risk communication, hygiene promotion, infection prevention, disinfection, and emergency activities involving water, sanitation and hygiene.

Significant challenges related to water, sanitation and hygiene (WASH) also persist, including the presence of open and untreated wells, inadequate protection of water sources, insufficient shock chlorination and limited water-quality monitoring. Addressing these vulnerabilities will require coordinated action among specialized WASH partners, camp management and government authorities to rehabilitate high-risk water infrastructure, improve access to safe drinking water and reduce the risk of further cholera transmission.

International Medical Corps Response

Following the detection of suspected and RDT-positive cholera cases in Minawao Refugee Camp, International Medical Corps launched an emergency response to support outbreak containment and reduce cholera-related morbidity and mortality among refugee and host communities. Implemented in coordination with national authorities and humanitarian partners, our intervention addresses critical operational gaps and is expected to directly benefit more than 14,500 people through enhanced surveillance, case management, IPC, RCCE and WASH interventions.

With support from ECHO and in collaboration with the Mokolo Health District and the Regional Center for Epidemics Prevention and Control (known by its French acronym CERPLE), International Medical Corps has so far trained 15 health staff and 90 community health workers on cholera surveillance, case management, risk communication, hand hygiene and IPC measures. As part of the coordinated response, active case finding and community surveillance have covered 6,640 households, 11 places of worship and 16 other gathering sites, while 121 sensitization sessions have reached 21,552 people and 309 community and response actors have received cholera briefings. WASH and IPC interventions have included the disinfection of health facilities and households, and distribution of cholera-prevention items. We have supported the Minawao health facility by providing IPC materials and community mobilization activities.

Patients suspected to have cholera have received direct clinical care from International Medical Corps teams in the temporary treatment unit that we have set up in the main section of the Minawao Medicalized Health Center, located inside the camp. This care continues while efforts to expand treatment capacity remain underway. We so far have managed 53 patients, including 26 discharged as recovered, with no deaths reported to date, while we have identified and monitored 217 contacts. The Mokolo Health District has led efforts to conduct rapid investigations, contact tracing, active case finding, household disinfection and refer suspected cases for higher care, while International Medical Corps has strengthened response readiness through training on cholera case management and diagnostics. We also have supported treatment and IPC activities by providing contingency stocks and mobilizing additional personnel, medicines, consumables and response supplies.