



A health worker disinfects the Minawao Cholera Treatment Unit.

Cameroon is currently battling a cholera outbreak that was officially confirmed on June 29. The disease has so far affected three regions, with nine health areas in the Far-North experiencing confirmed outbreaks, and four more on high alert across the Far-North, North and West regions. Transmission risks remain high in deeply vulnerable areas, particularly the Minawao Refugee Camp. As of August 17, the country had reported 1,342 cases in Far-North region. Among these, 92 patients remain under treatment, and 1,214 are recovering. However, 36 fatalities have been recorded, resulting in a case fatality rate of 2.68%—nearly three times the international target of below 1% for a well-managed outbreak.

The Minawao Refugee Camp, located in the Mokolo health district of the Far-North region, recorded its first cholera case on July 24. Rapid field investigations traced the source to a probable imported case from a traveler arriving from Banki, Nigeria, as well as several secondary cases that point to active local transmission. The camp currently hosts more than 81,000 refugees, operating at a staggering 324% of its intended capacity. This extreme overcrowding creates conditions highly conducive to the rapid spread of waterborne diseases such as cholera.

As of August 16, the camp's Cholera Treatment Unit (CTU) had admitted 83 patients for care. Out of these, 18 tested positive via rapid diagnostic test, while six were confirmed by laboratory testing. One death has been reported. This represents an increase of 10 cases since the previous update on August 9, when the total stood at 73. Within the camp, the infection rate is 12.34 per 10,000 people, and the case fatality rate is 1.2%. Seventy-three patients have been successfully treated, yielding a recovery rate of slightly less than 88%.

Cameroon has activated a Level 1 Regional Incident Management System for cholera, marking a localized response to coordinate efforts against the outbreak. While this initial tier signifies active monitoring and localized resource deployment, the situation is exacerbated by limited treatment, poor sanitation and severe overcrowding in the Minawao Refugee Camp. Major operational gaps include unsafe water sources and inadequate monitoring, which are currently being addressed by partners following a coordination meeting on August 17.

FAST FACTS

- Eighty-three suspected cholera cases, including 18 confirmed by rapid diagnostic test, were reported in Minawao Refugee Camp on August 16.
- Minawao Camp hosts some 81,000 refugees and is operating at 324% of intended capacity.
- The wider national cholera outbreak has reported 1,252 cases and 31 deaths across 11 health districts as of August 12.
- 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 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 activities, and strengthening treatment capacity through additional staff, essential medicines and cholera supplies.
- We also are strengthening surveillance, community alert systems and risk communication to support early detection and treatment, while scaling up risk communication, hygiene promotion, infection prevention, disinfection and emergency activities involving water, sanitation and hygiene.

International Medical Corps Response

International Medical Corps has initiated an emergency response to contain the cholera outbreak and reduce related morbidity and mortality among refugee and host communities in and around the Minawao Refugee Camp. Designed to complement efforts led by national authorities and humanitarian partners, this intervention addresses priority operational gaps identified through ongoing coordination, and targets some 14,600 people.

To prevent further spread, International Medical Corps is providing technical support to frontline health personnel, with financial backing from ECHO and UNHCR, working closely with the Mokolo Health District and the Regional Center for Epidemics Prevention and Control (known by its French acronym CERPLE). This includes delivering essential personal protective equipment, and water, sanitation, and hygiene materials to the Minawao Subdivisional Medical Center, including 10 sprayers, three containers of chlorine, 30 pairs of boots and 25 handwashing stations. We also have equipped community health workers with 90 pairs of boots, 90 raincoats, 10 megaphones and sensitization posters, to support community-based activities such as awareness raising, contact tracing and active case finding. Through a coordinated response with partners, our active case finding and surveillance efforts—which include 472 co-led community sensitization sessions—have successfully covered 1,235 households, eight places of worship and four other gathering locations.

International Medical Corps continues to provide medical care, case management, and infection-prevention and control measures at the CTU, and have procured essential medicines and supplies, and delivered them to the Minawao Subdivisional Medical Center. Though suspected cases receive continuous clinical care at the CTU, we are procuring 45 additional cholera beds to expand total treatment capacity to 65 beds.

Since the beginning of the outbreak, our team has managed 83 patients, resulting in 73 recoveries, nine cases currently under observation and one recorded death, with 509 contacts identified and followed. Rapid field investigations, line listing, contact tracing, active case finding, household disinfection and patient referrals remain ongoing, under the leadership of the Mokolo Health District.