



A health worker provides emergency care to a child at the Minawao Cholera Treatment Unit.

Cameroon is battling a severe outbreak of cholera that was officially confirmed on June 29. The disease has spread across nine health areas in the Far North, while four health areas across the Far North, North and West regions remain on high alert. Transmission risks continue to threaten deeply vulnerable areas, particularly the Minawao Refugee Camp. As of August 30, the Far North region had recorded 2,075 cases and 53 fatalities, with 233 patients still receiving treatment and 1,789 recovering. The case fatality rate is 2.55%—more than double the international target of under 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. Field investigators quickly traced the source to a likely imported case from a traveler from Banki, Nigeria, while subsequent secondary cases point to active local transmission. The camp currently hosts more than 81,000 refugees, meaning it operates 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 31, the camp's Cholera Treatment Unit (CTU) had admitted 304 patients, primarily children under the age of 10. Weekly admissions spiked dramatically from 29 to 190 cases, representing an alarming 6.5-fold increase in just seven days. Rapid diagnostic tests confirmed 19 cases, and laboratory testing confirmed another four. Currently, 108 patients remain hospitalized, while staff members have discharged 192 recovered patients. Within the camp, the weekly infection rate stands at 234.5 per 100,000 residents, with a recovery rate of 63% and a case fatality rate of 1.32%.

The Cameroonian government has activated a Level 1 Regional Incident Management System for cholera, marking a localized response to coordinate containment efforts. Though this level of activation empowers local teams to actively monitor data and deploy regional resources, the overall response is strained by limited treatment capacity, poor sanitation and extreme overcrowding in the Minawao Refugee Camp. Critical operational gaps persist in staffing, medical supplies, bed capacity, and water, sanitation, and hygiene infrastructure. Because transmission rates remain

FAST FACTS

- As of August 30, Minawao Refugee Camp's Cholera Treatment Unit had recorded 304 admissions and four deaths. Nationally, there have been 2,075 cases and 53 deaths across 13 health districts.
- Minawao Camp hosts approximately 81,000 refugees and is operating at 324% of intended capacity.
- 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 education, 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.

dangerously high and responders do not yet expect an immediate impact from oral cholera vaccines, the situation requires immediate reinforcement.

International Medical Corps Response

International Medical Corps has launched an emergency response to contain the cholera outbreak and reduce morbidity and mortality among refugee and host communities in and around the Minawao Refugee Camp. We have designed this intervention to complement efforts led by national authorities and humanitarian partners, specifically targeting priority operational gaps identified through ongoing coordination.

To prevent further spread, International Medical Corps continues to provide technical support to frontline health personnel, working closely with local authorities, camp management, the WHO and other humanitarian partners to strengthen coordination, community engagement and health-seeking behaviors. Field teams also held collaborative meetings with education actors, community and religious leaders, women and youth representatives, infection-prevention and control (IPC) partners and other stakeholders to reinforce awareness, hygiene and sanitation practices.

Through coordinated active case-finding and community surveillance, emergency teams have so far reached 17,171 households, referred 53 suspected cholera cases and disinfected 2,256 households, 15 places of worship, two health posts and 11 other gathering locations. Responders also have conducted 371 sensitization sessions that reached 67,561 people. On August 30, health workers launched a five-day oral cholera vaccination campaign targeting all Minawao Refugee Camp residents.

International Medical Corps also continues to support medical care, case management and IPC measures at the CTU. Workers are setting up temporary treatment tents to handle the rapid increase in cases, which has placed severe pressure on existing bed capacity. Though staff members are working to procure 45 additional cholera beds to expand treatment capacity to 65 beds, the facility remains critically overwhelmed. With 148 patients currently under observation against a baseline 28-bed capacity, epidemiological projections indicate that responders urgently need approximately 100 additional treatment beds.

To bolster contingency stocks, logistics teams are procuring and delivering additional medicines and medical supplies to the Minawao Subdivisional Medical Center. Under the leadership of the Mokolo Health District, our teams continue to conduct rapid investigations, line listing, contact tracing, active case-finding, household disinfection and referrals of suspected cases. To date, medical workers have identified and monitored 2,270 contacts, including 46 people whom they referred to the CTU for clinical care.