

SITUATION UPDATE



A patient receives care from medical staff at the cholera treatment unit.

On June 29, Cameroon confirmed a cholera outbreak that now affects three regions, with confirmed outbreaks in 11 health districts, and alerts in five additional districts, across the Far North, North and West regions. As of September 12, health authorities had reported 2,683 cases nationwide, representing an incident rate of 78.97 per 100,000 people. Of these cases, 97 people remain under treatment, 2,509 have recovered and 77 people have died—a case fatality rate of 2.87%, which is nearly three times higher than the internationally accepted target of less than 1% for a well-managed cholera outbreak.

Minawao Refugee Camp, located within Mokolo Health District in the Far North region, reported its first cholera case on July 24. The camp hosts more than 81,000 refugees and operates at approximately 325% of its intended capacity. Severe overcrowding, inadequate sanitation infrastructure and high population mobility continue to increase the risk of rapid transmission of disease.

As of September 13, the cholera treatment unit (CTU) at the camp had admitted 438 patients, including 20 cases that tested positive through rapid diagnostic testing and five cases confirmed through laboratory culture. The incident rate stands at 21 per 100,000 people, and four deaths, with 17 new admissions reported during the most recent reporting period. Recent surveillance data show encouraging signs, with about 17 times the reduction of new cases reported during the most recent reporting period compared with the previous one. These figures underscore the efficiency of community-based interventions via improved community engagement.

The Regional Incident Management System for cholera has activated a Level 1 response, reflecting the need for intensified coordination and resource mobilization among government authorities, UN agencies and humanitarian partners to contain the outbreak. However, limited treatment capacity, inadequate water and sanitation infrastructure and delays in seeking healthcare continue to challenge outbreak containment efforts, particularly within the camp.

Despite progress in several areas, significant gaps continue to constrain the response. For example, on the water, sanitation and hygiene (WASH) side, communities have begun closing open wells under the coordination of UNHCR and camp partners. However, several risks remain, including inadequate source protection, incomplete

FAST FACTS

- As of September 13, 438 cholera cases and four deaths had been reported in Minawao Refugee Camp, which currently is home to 81,022 refugees and operating at about 325% of intended capacity.
- There have been 2,683 cases and 77 deaths across 11 health districts since September 12.
- This cholera outbreak has a case fatality rate of 2.87%, which is nearly three times higher than the internationally accepted target of less than 1%.
- Multiple transmission chains are suspected within the camp, where heavy rainfall is increasing the risk of rapid spread among vulnerable populations.

OUR RESPONSE

- International Medical Corps has been operating in Minawao Refugee Camp since 2013, providing Nigerian refugees with primary, community-based and referred secondary healthcare.
- In response to the severe cholera outbreak in the camp, our team has treated 438 patients, expanded the cholera treatment unit by 45 beds, trained 105 health workers in case management and infection prevention, and reached a daily average of 9,486 people through community information sessions on hygiene, safe water and early care-seeking.
- We are coordinating with national health authorities, United Nations agencies, camp management and humanitarian partners to support a harmonized response.

implementation of shock chlorination and limited water-quality monitoring. Camp management and specialized WASH partners must address these gaps through sustained action.

International Medical Corps Response

On July 23, International Medical Corps launched an emergency response in Minawao Refugee Camp to support outbreak containment and reduce cholera-related morbidity and mortality among refugee and host communities. Our intervention complements the response led by national authorities while addressing priority operational gaps identified through ongoing coordination efforts.

With financial support from DG ECHO and UNHCR, and in collaboration with the Mokolo Health District and Regional Center for Epidemic Prevention and Control (CERPLE), International Medical Corps is providing technical support to frontline health personnel and is participating in weekly coordination meetings with health authorities, camp management, the World Health Organization and other humanitarian partners. These efforts help identify response gaps, strengthen community engagement, promote timely healthcare-seeking behavior and reduce community transmission.

International Medical Corps supervises community health workers, WASH teams and rapid response teams conducting community sensitization, active surveillance, case investigations and household-disinfection activities. Through these coordinated efforts, partners—including the Ministry of Health (MoH), and Public Concern (UNHCR's WASH partner)—have conducted active case finding and community surveillance efforts covering 1,266 households. They have referred 17 suspected cholera cases for treatment; disinfected 116 households, six places of worship, two health posts and 11 community gathering sites; and delivered 146 sensitization sessions reaching 17,153 people.

An oral cholera-vaccination campaign in Minawao Refugee Camp, led by the MoH and supported by International Medical Corps and UNHCR, began on August 30 and concluded on September 6. Almost 69,000 residents received one vaccine dose against a target population of 81,480—achieving 84.7% coverage and exceeding the 80% threshold recommended for reactive cholera vaccination campaigns. A follow-up round enabled the vaccination of 6,449 missed cases—meaning that 75,444 Minawao residents have received one dose against a target population of 81,480, which corresponds to an administrative coverage of 92.6%.

To respond to increasing caseloads and prepare for potential surges, International Medical Corps established temporary treatment facilities and has expanded capacity at the camp's CTU. We are providing medical care, cholera case management, and infection-prevention and control support while supplying essential medicines and medical consumables to the Minawao Medicalized Health Center to reinforce contingency stocks.

Since the onset of the outbreak in the camp, healthcare teams supported by International Medical Corps have managed 438 cholera patients, the majority of whom were children under the age of 10. Of these patients, 432 have recovered, two remain under observation and four have died. Under the leadership of the Mokolo Health District, response teams have also conducted rapid investigations, case line listing, contact tracing, active case finding, household disinfection and referrals of suspected cases for treatment. During the most recent reporting period, teams identified and monitored 131 new contacts and referred 17 suspected cholera cases to the CTU for care.