

SITUATION UPDATE



A health worker in Minawao Camp demonstrates proper handwashing.

On June 29, Cameroon confirmed an outbreak of cholera across the Far North, North and West regions, with confirmed cases in 11 health districts and alerts in five additional districts. As of September 20, health authorities reported 2,753 cases nationwide, representing an incident rate of 81.03 per 100,000. Twenty-four people remain under treatment, 2,652 have recovered and 77 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 Minawao Refugee Camp now hosts more than 81,000 residents fleeing violence in Nigeria, operating 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 20, the cholera treatment unit (CTU) at the camp had admitted 447 patients, including 29 cases that tested positive through rapid diagnostic testing and five cases confirmed through laboratory culture. The camp's incident rate stands at 11.1 per 100,000 people, with four deaths. Though nine new patients were admitted during this reporting period, the overall downward trend underscores the high efficiency of International Medical Corps' community engagement and early intervention strategies. Newly reported cholera cases dropped 17-fold compared to the previous week.

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. 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. On the water, sanitation and hygiene (WASH) side, communities have begun closing open wells, under the coordination of UNHCR and camp partners. Though closing these contaminated wells helps to contain the outbreak, it severely restricts access to water and intensifies shortages across the overcrowded camp. Several other risks remain, including inadequate source protection, incomplete implementation of shock chlorination and limited water-quality monitoring.

FAST FACTS

- As of September 20, 447 cholera cases and four deaths have been reported in Minawao Refugee Camp, which currently is home to more than 81,000 refugees and operating at about 325% of intended capacity. In Cameroon, there have been 2,753 cases and 77 deaths across 11 health districts.
- 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 refugees fleeing violence in Nigeria with primary, community-based and referred secondary healthcare.
- In response to the severe outbreak, our team expanded the cholera treatment unit by 45 beds, trained 105 health workers in advanced case management and reached a daily average of 9,486 people through community hygiene sessions.
- We have directly managed 447 patients—predominantly children under 10—with 438 successful recoveries (98% recovery rate). Working with the Mokolo Health District, teams also monitored 57 new contacts and referred nine suspected cases this period.
- We are coordinating with national health authorities, United Nations agencies, camp management and humanitarian partners to support a harmonized response.

International Medical Corps Response

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

Leveraging vital donor funding, International Medical Corps operationalized and supervised rapid response teams in close coordination with national health authorities and camp partners. Working with the Ministry of Health and UNHCR's WASH networks, these frontline teams successfully disinfected 176 households, 14 places of worship, two health posts and five community spaces while jointly delivering lifesaving hygiene sessions to 13,152 people.

International Medical Corps also provides technical support to frontline health personnel and participates 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.

To respond to increasing caseloads and prepare for potential surges, International Medical Corps established four 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.

Since the onset of the outbreak in the camp, healthcare teams supported by International Medical Corps have managed 447 cholera patients, the majority of whom were children under the age of 10. Of these patients, 438 have recovered, five remain under observation and four have died. Response teams have also conducted rapid investigations, case line listing, contact tracing, active case finding, household disinfection and referrals of suspected cases for treatment.