

SITUATION UPDATE



WHO and UNHCR representatives visit the cholera treatment unit supported by International Medical Corps in Minawao Refugee Camp.

On June 29, Cameroon confirmed a cholera outbreak that now affects three regions, with confirmed outbreaks in 13 health districts and alerts in four additional districts, across the Far-North, North and East regions.

Transmission remains a significant concern in highly vulnerable settings such as Minawao Refugee Camp. The most recent government figures, released at the end of September, show 2,903 cases nationwide, representing an incident rate of 85.45 per 100,000 inhabitants. Of these cases, 60 people remain under treatment, 2,758 have recovered and 84 people have died—a case fatality rate of 2.89%, 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 October 5, the cholera treatment unit (CTU) at the camp had admitted 459 patients, including 41 cases that tested positive through rapid diagnostic testing and six cases confirmed through laboratory culture. The incident rate stands at 7.4 per 100,000 people, with 6 new admissions reported during the most recent reporting period, and four deaths. These figures underscore efficiency of community-based interventions via improved community engagement. Recent surveillance data show encouraging signs, with about a one-third reduction of new cases reported during the most recent reporting period compared with two weeks ago.

Limited treatment capacity, inadequate water and sanitation infrastructure and delays in seeking healthcare, particularly within the camp, continue to challenge outbreak containment efforts. There is a continued need for coordination and resource mobilization among government authorities, UN agencies and humanitarian partners to contain the outbreak.

Though communities have begun closing open wells under the coordination of UNHCR and camp partners, shutting down water points without immediate, safe alternatives forces communities to rely on alternative unsafe sources, which sharply escalates the threat of waterborne diseases like cholera. Other risks remain, including inadequate source protection, incomplete implementation of shock chlorination and limited water-quality monitoring. Camp

FAST FACTS

- As of October 5, 459 cholera cases and four deaths had been reported in Minawao Refugee Camp, which currently is home to more than 81,000 refugees and operating at about 325% of intended capacity.
- Multiple transmission chains are suspected within the camp, where heavy rainfall is increasing the risk of rapid spread among vulnerable populations.
- Nationwide, there have been 2,903 confirmed cases and 84 deaths nationwide across 13 health districts.
- The cholera outbreak in Cameroon has a case fatality rate of 2.89%, which is nearly three times higher than the internationally accepted target of less than 1%.

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 outbreak, our team has treated all 459 patients, expanded the cholera treatment unit to 65 beds, trained 105 health workers in case management and infection prevention, and reached a daily average of 6,478 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 coordinated response.

management and specialized water, sanitation and hygiene (WASH) partners must address these gaps through sustained action.

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.

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 while participating in weekly coordination meetings with health authorities, camp management, the World Health Organization (WHO) and other humanitarian partners. These efforts have so far helped to identify response gaps, strengthen community engagement, promote timely healthcare-seeking behavior and reduce community transmission.

International Medical Corps is supervising community health workers, WASH teams and rapid-response teams conducting community sensitization, active surveillance, case investigations and household disinfection activities. We also continue to provide technical support to frontline health personnel, working closely with the Mokolo Health District and CERPLE, and are providing community health workers with formative supervision focused on active case finding and referral, awareness raising, demonstrations of household water treatment, handwashing, oral rehydration solution preparation and community disinfection.

Across the coordinated response, active case finding and community surveillance reached the households of 6,478 people and four places of worship, with six suspected cholera cases referred for treatment. Teams disinfected 16 households and health facilities, and held 180 sensitization sessions. Under the supervision of humanitarian partners, refugee communities closed open-pit wells identified as a significant source of water contamination. WHO and UNICEF also provided UNHCR, the International Organization for Migration, public authorities, community leaders and International Medical Corps with cholera and CTU supplies and equipment, helping to strengthen the response at both CTU and community level.

To respond to patient overcrowding during previous peaks and prepare for further surges, International Medical Corps recently expanded the camp's CTU capacity with temporary tents and newly supplied beds. We continue to provide medical care and cholera case management support at the CTU, including infection-prevention and control measures. International Medical Corps has also provided medicines and medical consumables to the Minawao Medicalized Health Center, helping to reinforce contingency stocks currently in use.

Since the onset of the outbreak in the camp, healthcare teams supported by International Medical Corps have managed 459 cholera patients, predominantly children under the age of 10. Of these patients, 454 have recovered, one remains under observation and four have died. Under the leadership of the Mokolo Health District, response teams have 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 traced 85 new contacts.