unicef
for every child

Flash Update: Nigeria Cholera outbreak, Borno State

Reporting Period

7th June 2026

Highlights

- Cumulatively, from 1 May – 7 June 2026, the Borno State Ministry of Health's Cholera Emergency Operations Center (EOC) reports 8,457 Cholera cases and 85 deaths (53 facility-based and 32 community deaths) have been reported, with an overall Case Fatality Rate (CFR) of 1.05 per cent.

- Affected local government areas in Borno state include Maiduguri, Jere, Mafa, Konduga, Magumeri, Monguno, Kwaya Kusa, and Ngala. Suspected cases have been reported in Gwoza, Bama, Banki and Mobbar Local Government Areas (LGAs). Specifically in Maiduguri LGA 17 Wards were affected, in Jere LGA 9 ward were affected, in Konduga LGA 3 wards reported while in Mafa, Monguno and Magumeri, only 1 ward each. The most affected age group is 21 – 50 years, followed by children aged 11 – 20 years adolescents age, then children 3 – 10 years.

- UNICEF is working across health, WASH and Risk Communication and Community Engagement (RCCE) sectors to support the government and partners in the response. Notably essential medical supplies and commodities are being mobilized to support the response, with UNICEF already releasing key items, including 990 boxes of Ringer's Lactate, 236 boxes of Oral Rehydration Salts (ORS), tents, cholera Rapid Diagnostic Test (RDT) kits, and cholera beds. UNICEF is also providing technical assistance to enhance access to care and strengthen case management and coordination pillars.

- Furthermore, through Government WASH agencies: Borno State Environmental Protection Agency (BOSEPA) and Rural Water Supply and Sanitation Agency (RUWASSA), UNICEF is supporting intensified disinfection and Case-Area Targeted Interventions (CATI) activities across cholera hotspots in Maiduguri Metropolitan Council (MMC) and Jere LGAs, with 1,160 affected households disinfected (reaching 5,757 people) alongside household hygiene promotion, hotspot response and support to Cholera Treatment Centres (CTC/U).

- UNICEF used internal resources to kickstart immediate activities and has now welcomed the support of CERF's Rapid Response window to continue and scale up the response in collaboration with the Nigeria World Health Organization (WHO) – although more resources are required.

Situation Update

Several local government areas in Borno State are experiencing a cholera outbreak characterized by localized transmission in high-risk local government areas (LGAs) (see figure 1), particularly those affected by displacement, overcrowding, and limited access to safe water and sanitation. The situation is further exacerbated by the onset of the rainy season, which is likely to increase contamination of water sources and heightened exposure among vulnerable populations.

As of 4th June 2026, 7,233 suspected Cholera cases with 46 deaths (26 facility-based and 20 community deaths) have been reported (overall Case Fatality Rate (CFR) of 0.6%). Epidemiological data indicate that

adults aged 21–50 years are the most affected group, followed by adolescents aged 11–20 years and children aged 3–10 years. Both males and females are equally affected.

Response efforts are ongoing, including the operation of three Cholera Treatment Centers (CTCs): a 270-bed facility in Bolori supported by Médecins Sans Frontières, a 200-bed facility at the State Infectious Disease Hospital in Njimtilo supported by Save the Children, and a 60-bed facility at General Hospital Ngala supported by CSO partner FHI360. However, some CTU are organized Mongono (8 beds), Dalaram (20 beds), Bama (20 beds), and Kwaya kusar (20 beds).

The outbreak is driven by a combination of environmental, infrastructural, and socioeconomic factors across the affected LGAs. Rapid urbanization and prolonged conflict have led to overcrowded settlements with inadequate water and sanitation services. Many households rely on unsafe water sources, such as shallow wells or contaminated surface water, often exposed to fecal contamination. Poor waste management, widespread open defecation, and limited access to hygiene materials like soap further contribute to environmental contamination and facilitate person-to-person transmission.

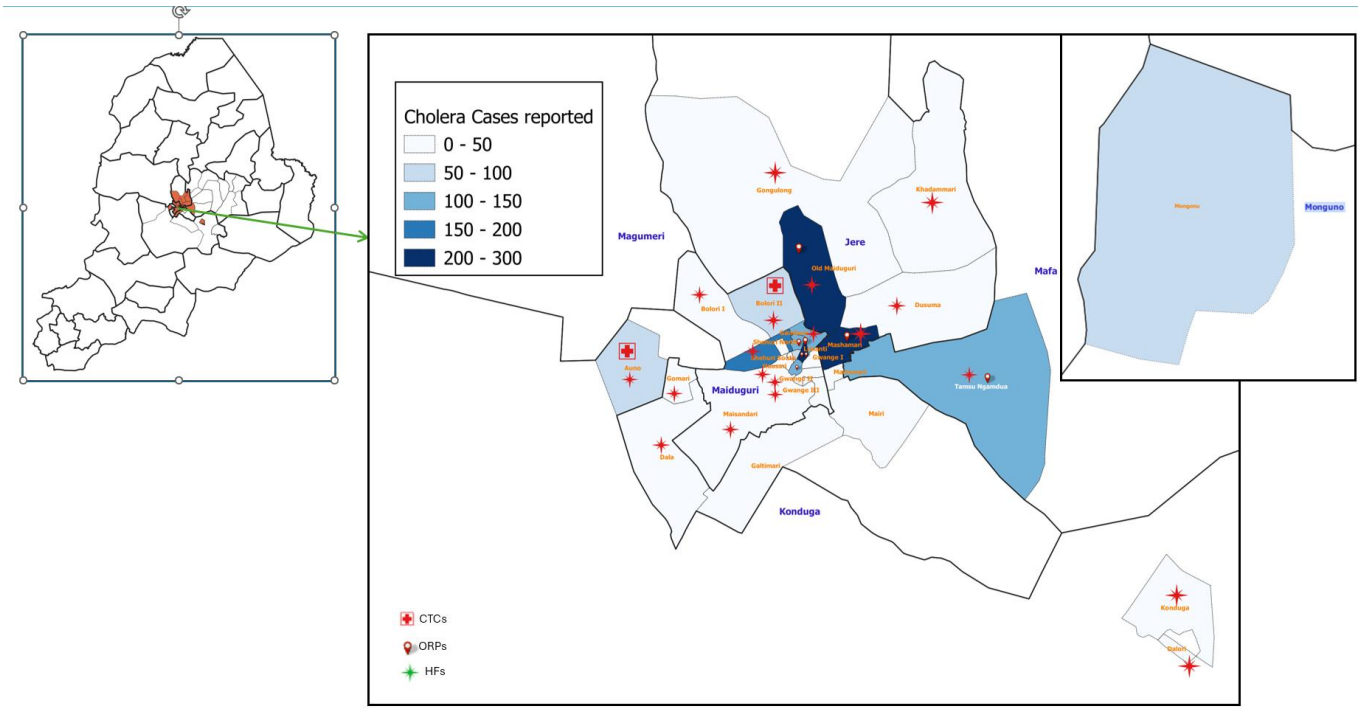

Figure 1: Distribution of cholera suspected cases in Borno State, Nigeria

The reopening of schools in affected LGAs comes at a time of heightened cholera risk, increasing children's exposure to transmission. Overcrowded classrooms, limited access to safe water, and inadequate sanitation facilities create conditions conducive to the spread of the disease, particularly where handwashing facilities and clean latrines are insufficient. Additional risks arise from unsafe drinking water and the consumption of contaminated food sold within and around school premises.

UNICEF Response

Health

Essential medical supplies and commodities are being mobilized to support the response, with UNICEF already releasing key items, including 990 boxes of Ringer's Lactate, 236 boxes of ORS, tents, cholera RDT kits, and cholera beds. UNICEF is also providing technical assistance to enhance access to care and strengthen case management and coordination pillars.

With the support of UNICEF and the management of MSF (Dalaram and Ajari) and government (in Kwaya Kusar), 3 CTU is being organized to decongest the CTC beds, answer risky long distance auto referral and enhance local cases management in Kwaya Kusar.

UNICEF prepositioned supplies have been used to manage over 95% of the cases managed at both CTCs. ICG has approved the partners request for OCV vaccines:

- 2,958,180 doses of OCV to implement a reactive vaccination campaign targeting 2 of the most affected LGAs (Maiduguri MMC and Jere LGAs).
- Additional 500,000 doses of OCV, as pre-positioned stock for future outbreaks, making a total of 3,458,180 doses of OCV will be shipped to support the cholera response.

The major challenges for health include:

- Insufficient qualified health workforce: There is a critical shortage of skilled health personnel to effectively support both case management and IPC activities, particularly as the number of affected households continues to rise rapidly.
- Inadequate medical supplies and infrastructure: Limited availability of essential commodities, including insufficient bed capacity, is constraining the establishment and functionality of CTUs in Damasak, Beneshiek, and Gubio LGAs.
- Weak data collection and management systems: Gaps in data collection, reporting, and management are affecting timely decision-making and overall response effectiveness.
- Lack of immediate solutions for unsafe water sources: There are no adequate short-term interventions in place to address contamination of water sources, increasing the risk of continued transmission.
- Insufficient vaccine availability: Limited supply of cholera vaccines is hindering coverage across affected areas and the administration of the recommended two-dose regimen required for stronger and longer-lasting immunity.

Water Sanitation and Hygiene

UNICEF is supporting the IPC/WASH pillar in the ongoing cholera response in Borno State in partnership with the Borno State Environmental Protection Agency (BOSEPA) and the Rural Water Supply and Sanitation Agency (RUWASSA).

BOSEPA is leading intensive disinfection activities in cholera hotspots across Maiduguri Metropolitan Council (MMC) and Jere LGA through 10 response teams equipped with personal protective equipment and sprayers, targeting affected households, drainage systems, and high-risk public areas; to date, 1,160 households have been disinfected, reaching 5,757 individuals. In parallel, RUWASSA has deployed 10 case area targeted intervention (CATI) teams across priority wards in MMC and Jere to conduct household-level disinfection, hygiene promotion, and support to CTCs.

These efforts are complemented by 16 chlorinators carrying out point-source chlorination of water supplies, ongoing monitoring of free residual chlorine levels, and the distribution of cholera kits and AquaTabs to affected populations. To date, RUWASSA interventions have reached 141 case households, 28,021 individuals with hygiene promotion, and resulted in the disinfection of 2,782 houses, alongside the distribution of 38 cholera kits to discharged patients and an additional 500 kits to CTCs.

At the sector level, the WASH sector partners have disinfected up to 7,000 households through 678 CATI responses. An additional 92,000 people have been reached through hygiene promotion and 299 water points have been chlorinated with 836 households receiving cholera kits.

Child protection

The Ministry of Women Affairs and Social Development (MWASD) and CSO partners, through its Child Protection structures, continues to play an active role in promoting public health awareness, particularly in response to the ongoing cholera situation. In collaboration with UNICEF, child-focused protection interventions are implemented through established Child Friendly Spaces (CFS) which provide safe, structured and supervised environments for children affected by the outbreak. Through parental sessions and age-appropriate peer interaction, 1,769 children and their caregivers have been reached with prevention

and risk mitigation messages; including messaging on safety, hygiene, protection concerns and linking them to appropriate case management and referral services.

Within these spaces, Social Workers and Auxiliary Social Workers are systematically engaging children in structured sessions to provide basic psychosocial support that integrate cholera awareness messaging. These sessions focus on improving children's understanding of cholera transmission, symptoms, and practical prevention and control measures, including handwashing, safe water practices, and hygiene behaviors. The use of age-appropriate communication techniques ensures that children not only receive information but are also empowered to share these messages within their families and communities. These sessions also provide an opportunity to share information on available child protection, health, WASH and psychosocial support services, while reinforcing community-based mechanisms to keep children safe during the outbreak response.

Furthermore, 429 (204 women, 225 girls) were reached with psychosocial support and cholera awareness messages through targeted engagement at the Women and Girls Friendly Spaces (WGSS) during life skills sessions, skill building sessions and awareness activities. These platforms serve as safe environments where participants receive similar cholera-related information tailored to their specific roles in household and community health management. Discussions emphasize personal hygiene, safe caregiving practices, and early health-seeking behaviors.

Education

While water source chlorination is underway in affected communities, including schools, critical gaps remain, most notably the absence of soap at handwashing facilities in most schools, limiting effective hygiene practices. The situation has escalated at state level, with the Commissioner for Health formally notifying the Commissioner for Education, highlighting the urgency for coordinated action.

This response builds on existing UNICEF-supported School WASH (SWASH) interventions implemented in collaboration with RUWASSA across pilot schools in the affected LGAs. These efforts strengthened institutional capacity, established environmental clubs, and installed group handwashing facilities, contributing to improved hygiene behaviors and reduced absenteeism prior to the outbreak. However, the current crisis underscores the need to complement infrastructure with essential consumables and intensified hygiene promotion.

UNICEF is working closely with the WASH sector and government counterparts, prioritizing the provision of soap and other hygiene supplies to schools in affected LGAs. Plans are also underway to deploy hygiene promoters and scale up dissemination of key cholera prevention messages through schools, leveraging existing structures such as environmental clubs.

Nutrition

Key messages on nutrition during cholera for mothers/caretakers and health workers are developed and counselling sessions at the communities through Mother-to-Mother support Groups are being strengthened

and there are dedicated counselling cards with a specific focus on diarrhea/cholera prevention during preparation of complementary foods for children 6-23 months.

Risk communication and community engagement

Risk Communication and Community Engagement (RCCE) efforts have continued to play a central role in the cholera response, and community volunteers leading widespread awareness campaigns on prevention, early treatment seeking, safe water use, handwashing, food hygiene, and environmental sanitation through both community sessions and house-to-house outreach.

Ongoing house-to-house sensitization is being conducted by VCMs/Community mobilizers and CSO volunteers. Partner-supported volunteers have reached 34,842 caregivers across MMC, Jere, Mafa, Konduga, and Monguno LGAs with key cholera prevention messages.

RCCE activities have been increasingly integrated with WASH interventions, including chlorine distribution, sanitation campaigns, household disinfection, environmental cleaning, and hygiene promotion.
Coordination mechanisms have also improved, with RCCE now recognized as a core pillar of the cholera response, supported by stronger coordination platforms, community feedback systems, and multisectoral collaboration with health, WASH, and surveillance teams.

Humanitarian Leadership and Coordination

The Borno State Ministry of Health is assuring emergency coordination through the Public Health Emergency Operations Centre (PHEOC) following the rise in cases in the state.

Daily multisectoral coordination meetings are led by the Incident Manager and WHO to support information sharing, partner alignment, resource mobilization, and response tracking. Additionally, WASH sector co-leads have activated the cholera technical working groups and risk communication and community engagement working groups.

The state and partners with support from UNICEF, WHO, MSF, IRC, SCI, SALHEI, IMC/Core group have deployed active case search teams and in collaboration with Volunteer Community Mobilizers (VCMs) and Field Volunteers (FVs) across communities in the affected LGAs.

The State Ministry of Health (SMOH), with support from partners, continues to coordinate sample collection and transportation from affected LGAs to designated reference laboratories to strengthen timely diagnosis and confirmation of suspected cholera cases.

Who to contact:

Wafaa Saeed
Representative, Nigeria
Tel: +23490340301102
Email: wsaeed@unicef.org

Judith Leveille
Chief of Field Services and Emergency
Tel: +2347074913779
Email: jleveille@unicef.org

Philimon Majwa
Emergency Manager, Maiduguri
Tel: +2348355051745
Email: pmajwa@unicef.org