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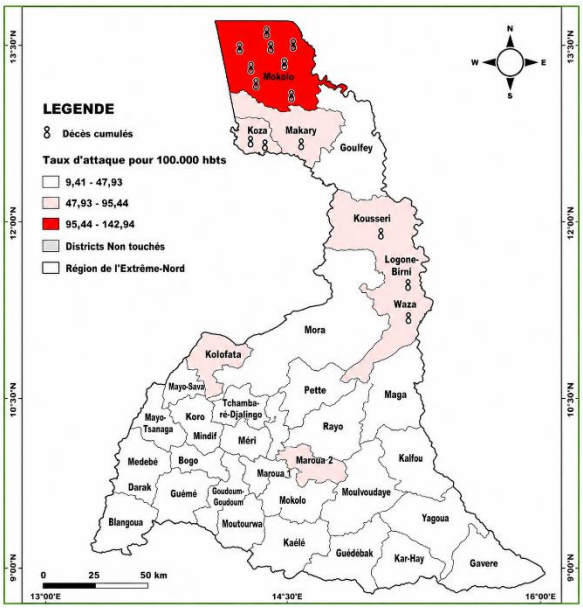
Cameroon
Cholera Outbreak
Flash Update No. 2
22 July 2026

Reporting Period: 01 July to 22 July 2026

U-Report volunteers raise awareness about cholera prevention and hygiene practices among communities affected by the cholera outbreak in the Far North Region of Cameroon.

Situation update

Affected health districts	Affected health areas	Reported cases	Deaths	Active cases	Culture-confirmed cases
8	17	585	19	172	144



- Cholera outbreak continues to spread in Cameroon's Far North Region, with 585 reported cases and 19 deaths as of 22 July 2026 across height affected health districts. The outbreak remains active, with a case fatality rate of 3.25% and 172 cases under treatment.
- Children and vulnerable populations remain disproportionately affected, with a median age of 24 years. Ongoing cross-border movements and limited access to safe water and sanitation continue to increase the risk of further transmission.
- UNICEF has activated a multisectoral response in support of government-led efforts, covering Health, WASH, SBC/AAP, Child Protection, Youth Engagement, and coordination. Additional flexible funding is urgently required to rapidly scale up life-saving interventions, strengthen preparedness, and prevent further transmission.

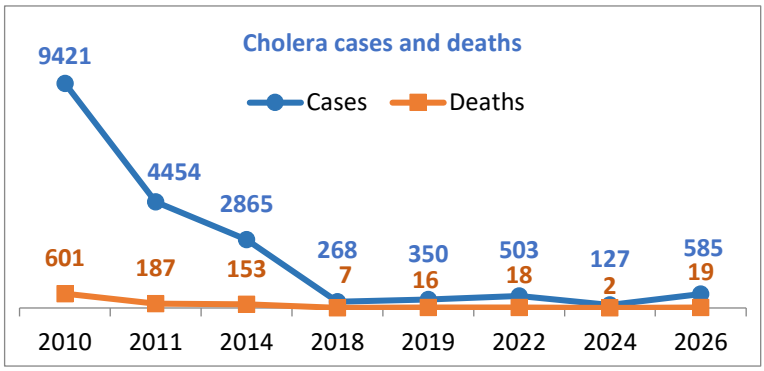
Health district	Cumulative cases	Deaths	Attack rate / 100,000	Case fatality rate
Fotokol	51	3	57.02	2.88%
Kolofata	16	0	10.47	0.00%
Kousseri	27	3	5.24	11.11%
Mada	307	8	143.4	2.61%
Makary	158	1	93.72	0.63%
Maroua III	1	0	0.43	0.00%
Maroua I	1	0	0.39	16.67%
Mora	24	4	6.64	
Total	**585**	**19**	**29.38**	**3.25%**

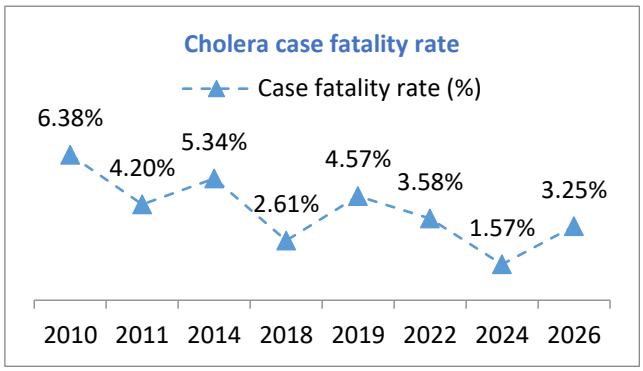
Overview

The Far North Region continues to experience recurrent cholera outbreaks, with the current outbreak confirmed on 29 June 2026 as Vibrio cholerae O1 Ogawa. Since the first alerts on 23 June, transmission has expanded to 7 confirmed districts (Mada, Makary, Kousseri, Fotokol, Kolofata, Mora and Maroua I) and 1 suspected district (Maroua III).

The outbreak is occurring in a cross-border context with Nigeria, increasing the risk of continued transmission and underscoring the importance of coordinated response efforts.

Figure 1and 2. Cholera outbreak trend in the Far North Region[1].





As of 17 July 2026, 490 cases and 15 deaths have been reported (CFR: 3.06%), affecting 12 health areas. The epidemic curve shows a sharp increase in cases since epidemiological week 26, highlighting the need to strengthen surveillance, early detection, case management, WASH interventions and community engagement.

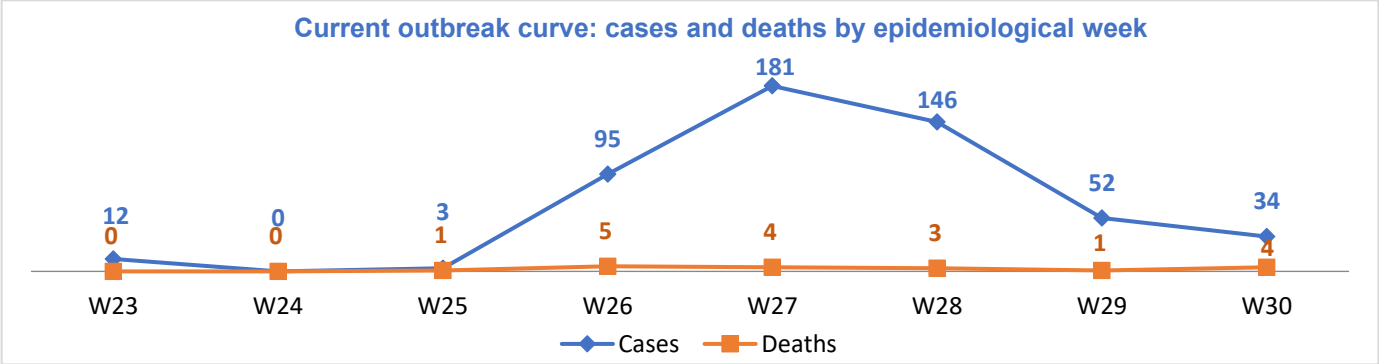


Figure 3. Current outbreak curve by epidemiological week, based on data reported as of 29 June 2026[2].

Impact on Children and Families

Children and families in the affected health districts of Cameroon's Far North Region face heightened risks of severe dehydration, illness and death due to cholera, particularly in hard-to-reach border communities where access to safe water, sanitation, hygiene and timely health services remains limited. The outbreak is placing additional strain on already vulnerable households, including children, pregnant and lactating women, and displaced populations. Continued cross-border population movements with Chad and Nigeria, combined with overcrowded living conditions and poor sanitation in some communities, may further increase the risk of exposure and transmission if rapid preventive and response measures are not sustained.

Response

UNICEF, together with the Far North Regional Delegation of Public Health and implementing partners, has initiated immediate response actions in the affected districts and continues to support a multisectoral response in affected and at-risk areas.

Health

- Three cholera case management kits were deployed, providing treatment capacity for approximately 300 patients and strengthening case management capacity in three affected health districts. Ongoing deployment of 25 AWD kits in Mada, Makary, Fotokol, Kousseri, Maroua III affected health districts. Support to isolation and management of suspected cases, rapid diagnostic testing and referral of samples to the regional laboratory.
- Support to early case detection, referral and coaching of affected health districts.

WASH

- As part of the response to the cholera outbreak, the National WASH Sector, with support from the Far North WASH Sector Coordination Group, convened a coordination meeting to review progress made since the declaration of the outbreak on 23 June 2026 and to strengthen the response strategy. Three priority interventions were reinforced: (i) disinfection of affected households, public spaces, places of worship and markets; (ii) implementation of the "Punch" strategy in affected areas and the "Shield" strategy in neighbouring at-risk areas to contain transmission; and (iii) strengthening of community-based surveillance to improve the early detection and referral of suspected cases. These interventions reached 2,577 households / 15,462 people in affected and at-risk communities, contributing to the rapid containment of the outbreak and reducing the risk of further transmission. Despite these achievements, humanitarian needs continued to far exceed

[1] Rapport du SGI régional de l'Extrême-Nord : period 29 June to 17 July 2026
[2] idem

available resources. Funding remained the principal constraint, limiting the scale of water infrastructure investments, sanitation programming and integrated WASH service delivery. In several locations, implementing partners relied on their own resources to sustain critical activities, underscoring the fragility of the response.

Protection

- In Sagme (Fotokol and Makary health districts), Child protection social worker and psychologists, with the support of community-based child protection members, identified and provided psychosocial support to 51 cholera survivors who had received treatment, including 14 girls, 16 boys, 11 men, and 10 women. Individual home visits are being conducted for the survivors and their families to support their full physical and psychological recovery.

SBC / Accountability to Affected Populations

- UNICEF implemented SBC/RCCE interventions to support cholera prevention and the effective use of Health and WASH services. Forty frontline workers were trained in Mada and Kousseri on risk communication, community-based surveillance, and safe WASH practices. Community engagement activities in Kolofata and Bache 2 and 3 reached 654 people with cholera prevention and latrine maintenance messages.
  AAP and SEA complaint mechanisms reached 123 people with information on Sexual Exploitation and Abuse prevention and accountability to affected populations.

Youth Participation

- U-Responders are actively supporting the cholera response through community awareness and interpersonal communication activities in households and public places. These efforts have reached 15,068 people across the localities of Kousseri, Kolofata, Maroua, Maga, Mora, and Moutourwa.
  In the North Region, U-Reporters organized educational talks on cholera prevention in Garoua, Guider, and Pitoa, reaching 717 people. In addition, a nationwide #StopCholera digital campaign led by U-Report Cameroon is underway from 18 to 25 July.

Humanitarian Leadership and Coordination

The regional Incident Management System for cholera has been activated at level 1. Coordination is ongoing with administrative authorities, the Far North Regional Delegation of Public Health, operational partners and sector working groups. UNICEF is continuing coordination within sectors where it provides co-leadership to strengthen the effectiveness of the multisectoral response across Health, WASH, RCCE, Child Protection, logistics and surveillance. UNICEF also supports case management preparedness, essential cholera supplies, surveillance, water quality monitoring, chlorination, disinfection, hygiene promotion and community engagement. Given the high cross-border movement of populations with Chad and Nigeria, UNICEF is coordinating with both UNICEF country offices to strengthen information sharing and harmonize preparedness and response actions.

Funding Overview and Partnerships

UNICEF urgently requires rapid and flexible funding to scale up support in the four affected districts and in health districts at risk. The funding will strengthen WASH, Health, SBC/AAP, Child Protection, Youth Participation and Coordination interventions.

Sector / Area	Indicative amount (USD)	Priority use (immediate needs over the next 6 months: July – December 2026)
WASH	396,000	WASH/IPC kits, household WASH support (CATI approach), emergency sanitation, disinfection, hygiene teams deployment, environmental sanitation, waste management
Health	190,000	Cholera treatment supplies and medicines, capacity building of health workers and CHWs, community surveillance, outbreak investigation, OCV campaigns, coordination
SBC / AAP	190,000	RCCE capacity building, community engagement, behaviour change activities, risk communication materials, AAP and feedback mechanisms, social listening, documentation
Child Protection	70,000	Mental health and psychosocial support for survivors and affected families, case management for vulnerable children
Youth Participation	60,000	Youth engagement through U-Report/U-Responders, documentation, advocacy and communication products, community voices and lessons learned
Coordination	24,000	Regional multisectoral response planning and training/recycling of district response teams
Total budget	**930,000**	

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