

# Multi-country outbreak of cholera



External Situation Report n. 22, published 24 January 2025

Cases – 804 721  
Since Jan. 2024

Deaths – 5805  
Since Jan. 2024

Countries affected – 33  
Since Jan. 2024

Population at risk  
1 billion

Global risk –  
Very high

## In this edition:

- [Overview](#)
- [Global epidemiological update](#)
- [WHO regional overviews](#)
- [Focus on selected subregions and countries](#)
- [Operational updates](#)
- [Key challenges](#)
- [Next steps](#)

**CORRIGENDUM:** An error was identified in the multi-country cholera outbreak external situation report n. 22 concerning the figures for Comoros. The number of suspected cases for the final 28 days of December 2024 was incorrectly reported as 622 instead of 164, and suspected deaths as 1 instead of 0. The report has been corrected accordingly.

## Overview

### Data as of 29 December 2024

- In December 2024 (epidemiological weeks 49 to 52), a total of 45 528 new cholera cases were reported from 21 countries, territories, areas (hereafter countries) across three WHO regions, representing a 21% decrease from the previous month. The Eastern Mediterranean Region registered the highest number of cases, followed by the African Region and the South-East Asia Region. Additionally, 456 cholera-related deaths were reported globally, highlighting an 8% increase compared with November.
- The number of cases and deaths in December 2024 are 20% and 5% lower, respectively, than those reported in December 2023.
- Conflict, mass displacement, disasters from natural hazards, and climate change have intensified outbreaks, particularly in rural and flood-affected areas, where poor infrastructure and limited healthcare access delay treatment. These cross-border factors have made cholera outbreaks increasingly complex and harder to control.
- Since the last report, new cholera outbreaks have been reported in Zambia, though the total number of affected countries in 2024 remains unchanged at 33.
- From 1 January to 29 December 2024, a cumulative total of 804 721 cholera cases and 5805 deaths were reported from 33 countries across five WHO regions. The Eastern Mediterranean Region recorded the highest numbers, followed by the African Region, the South-East Asia Region, the Region of the Americas, and the European Region. No outbreaks were reported in the Western Pacific Region during this period.
- In December, Oral Cholera Vaccines (OCV) production remained high at 5.5 million doses, thanks to a simplified formulation and production process introduced and prequalified in 2024.<sup>[1]</sup> This new formulation and process allowed the average stockpile to rise to 5.9 million doses in December compared to 3.5 million and 0.6 million, respectively in November and October – exceeding the five million doses needed for emergency stockpile at all times for effective outbreak response. However, the increased production has yet to meet growing global demand, as demand continues to exceed supply, which continues to hinder efforts to control cholera outbreaks and respond rapidly to the disease's spread.

<sup>1</sup> WHO prequalifies new oral simplified vaccine for cholera: Available at: <https://www.who.int/news/item/18-04-2024-who-prequalifies-new-oral-simplified-vaccine-for-cholera#>

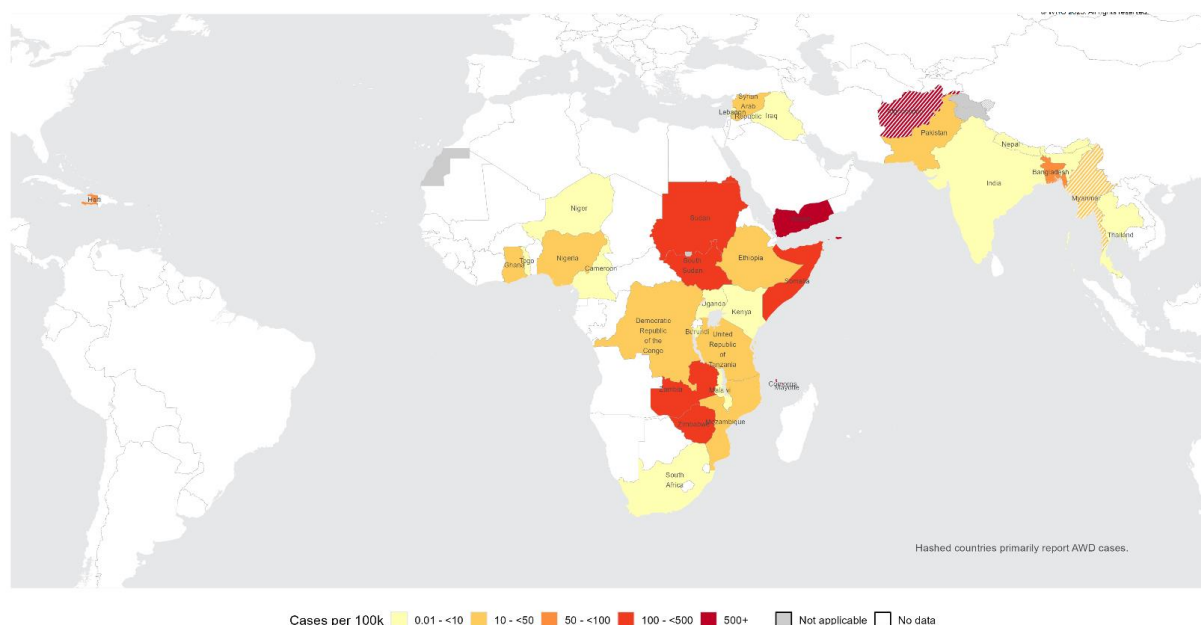
## Global epidemiological update

In December 2024 (epidemiological weeks 49 to 52), a total of 45 528 new cholera and AWD cases were reported from 21 countries across three WHO regions, showing a 21% decrease from November. The Eastern Mediterranean Region (26 125 cases; six countries) reported the highest number of cases, followed by the African Region (19 201 cases; 14 countries), and the South-East Asia Region (202 cases; one country). In the same period, 456 deaths among cholera and AWD cases were registered, representing an 8% increase compared with the previous month. The highest number of fatalities was recorded in the African Region (331 deaths; 10 countries), followed by the Eastern Mediterranean Region (125 deaths; four countries). No deaths were reported in the South-East Asia region.

From 1 January to 29 December 2024, a cumulative total of 804 721 cholera and AWD cases and 5805 deaths were reported globally across five WHO regions. The region with the highest reported case count was the Eastern Mediterranean Region (597 026 cases; eight countries), followed by the African Region (177 570 cases; 18 countries), the South-East Asia Region (19 348 cases; five countries), the Region of the Americas (10 556 cases; one country), and the European Region (221 cases; one country). During this period, deaths among cholera and AWD cases were reported in the African Region (3180 deaths), the Eastern Mediterranean Region (2403 deaths), the Region of the Americas (162 deaths), the South-East Asia Region (58 deaths), and the European Region (two deaths). Notably, the Western Pacific Region did not report any cholera outbreaks.

The **data presented here should be interpreted cautiously due to potential underreporting and reporting delays**. This may affect the timeliness of reports, and consequently, the presented figures might not accurately represent the true burden of cholera. The diversity of surveillance systems, case definitions, and laboratory capacities among countries means that statistics on cholera cases and deaths are not directly comparable. Additionally, the global case fatality rate (CFR) for cholera warrants a prudent examination as it is heavily influenced by variations in surveillance methodologies. In this document, the term 'cholera cases' encompasses both suspected and confirmed cases, unless specified otherwise for specific countries. The data within this report are subject to potential retrospective adjustments as more accurate information becomes available. For the latest data, please refer to WHO's [Global Cholera and AWD Dashboard](#).

**Figure 1. Cholera and acute watery diarrhoea (AWD) cases per 100 000, 1 January to 29 December 2024**



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Data Source: World Health Organization  
Map Production: WHO Health Emergencies Programme  
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**Table 1. Reported cholera and AWD cases and deaths by WHO region, as of 29 December 2024**

Region	Country, area, territory	1 January to 29 December 2024				Last 28 days				
		Cases	Deaths	Cases per 100 000	CFR (%)	Cases	Deaths	CFR (%)	Monthly cases % change	Monthly deaths % change
<b>African Region</b>	Burundi	892	3	7	0.3	44	0	0	100	
	Cameroon <sup>§</sup>	81	1	0	1.2					
	Comoros	11 171	153	1 359	1.4	164	0	0		
	Democratic Republic of the Congo	31 135	430	26	1.4	1 814	20	1.1	-3	0
	Ethiopia	27 066	270	37	1	32	7	21.9	-88	40
	Ghana	4 618	37	14	0.8	2 071	15	0.7	-18	-32
	Kenya <sup>§</sup>	613	5	1	0.8					
	Malawi	465	15	3	3.2	74	4	5.4	72	0
	Mozambique	8 434	47	29	0.6	98	25	25.5	-41	525
	Niger	1 066	23	5	2.2	2	0	0	-95	
	Nigeria	24 721	726	11	2.9	212	8	4.4	416	-62
	South Africa <sup>§</sup>	11	0	0	0					
	South Sudan	14 361	265	116	1.8	12 897	237	1.8	840	888
	Togo	281	17	3	6	113	5	4.4	77	150
	Uganda <sup>§</sup>	96	5	0	5.2					
	United Republic of Tanzania	12 085	145	20	1.2	1 568	9	0.6	-34	-50
	Zambia	20 232	637	103	3.1	13	0	0		
	Zimbabwe	20 242	401	133	2	99	1	1	-7	
<b>Eastern Mediterranean Region</b>	Afghanistan**	175 262	88	536	0.1	7 668	3	0	-20	-62
	Iraq	596	2	1	0.3	25	1	4.0		
	Lebanon <sup>§</sup>	1	0	0	0					
	Pakistan***	76 573	0	32	0	1 979	0	0	-51	
	Somalia	21 945	138	134	0.6	859	0	0	12	
	Sudan	51 534	1 296	123	2.5	5 092	105	2.1	-59	-52
	Syrian Arab Republic <sup>§</sup>	10 563	0	48	0					
	Yemen <sup>¥</sup>	260 552	879	773	0.3	10 502	16	0.2	-47	-67
<b>European Region</b>	Mayotte <sup>§</sup>	221	2	69	0.9					
<b>Region of the Americas</b>	Haiti <sup>§</sup>	10 556	162	91	1.5					
<b>South-East Asia Region</b>	Bangladesh	610	0	69	0	202	0	0	57	
	India <sup>§#</sup>	11 140	58	1	0.5					
	Myanmar <sup>§**</sup>	7 498	0	14	0					
	Nepal <sup>§</sup>	95	0	0	0					
	Thailand <sup>§</sup>	5	0	0	0					

\* Case and death numbers presented are not directly comparable due to differences in case definitions, reporting systems, and general underreporting. All data are subject to verification and change due to data availability and accessibility. Respective figures and numbers will be updated as more information becomes available. The data in Table 1 includes suspected, rapid diagnostic test (RDT) positive, and culture-confirmed cholera cases.

\*\* Afghanistan and Myanmar report AWD cases.

\*\*\* The reported number of suspected cholera and AWD cases is based on the available [Public Health Bulletin published by the National Institute of Health of Pakistan](#).

§ Countries which did not report cholera cases between 1 and 29 December 2024.

¥ Includes all reported suspected cholera and AWD cases from Yemen.

# Among the total of 11 140 cases reported from India, 562 cases were confirmed.

# WHO regional overviews

## African Region

In December 2024, the African Region reported 19 201 new cholera cases across 14 countries, marking a 65% increase compared with November. During this period, the highest number of cases were from South Sudan (12 897), Ghana (2071), and the Democratic Republic of the Congo (1814). Additionally, there were 331 cholera-related deaths, a 126% increase compared with the previous month. The highest numbers of deaths were reported in South Sudan (237), Mozambique (25), and the Democratic Republic of the Congo (20).

From 1 January to 29 December 2024, a total of 177 570 cholera cases were reported across 18 countries in the African Region. The highest number of cases were reported from the Democratic Republic of the Congo (31 135), Ethiopia (27 066), and Nigeria (24 721). During the same period, a total of 3180 deaths were reported from 17 countries, with the highest numbers recorded in Nigeria (726), Zambia (637), and the Democratic Republic of the Congo (430).

## Eastern Mediterranean Region

In December 2024, the Eastern Mediterranean Region reported 26 125 new cholera cases across six countries, marking a 44% decrease compared with November. During this period, the highest number of cases were from Yemen (10 502), Afghanistan (7668), Sudan (5092), and Pakistan (1979). Additionally, there were 125 cholera-related deaths, a 55% decrease compared with the previous month. Those deaths were reported from Sudan (105), Yemen (16), Afghanistan (3), and Iraq (1).

From 1 January to 29 December 2024, a total of 597 026 cholera cases were reported across eight countries in the Eastern Mediterranean Region. During this period, the highest number of cases were from Yemen (260 552), Afghanistan (175 262), and Pakistan (76 573). During the same period, a total of 2403 deaths were reported from five countries: Sudan (1296), Yemen (879), Somalia (138), Afghanistan (88), and Iraq (2).

## European Region

In December 2024, the European Region reported no new cholera cases or deaths. From 1 January to 29 December 2024, a total of 221 cases, including one death, were recorded in the region – all from France's Department of Mayotte.

## Region of the Americas

From 1 January to 29 December 2024, Haiti documented 10 556 cholera cases and 162 deaths. For more detailed information, please refer to the [Pan American Health Organization's Cholera resurgence in Hispaniola Dashboard](#).

## South-East Asia Region

In December 2024, the South-East Asia Region reported 202 new cholera cases, marking a 63% decrease compared with November. All cases were reported from Bangladesh. No deaths were reported during this period.

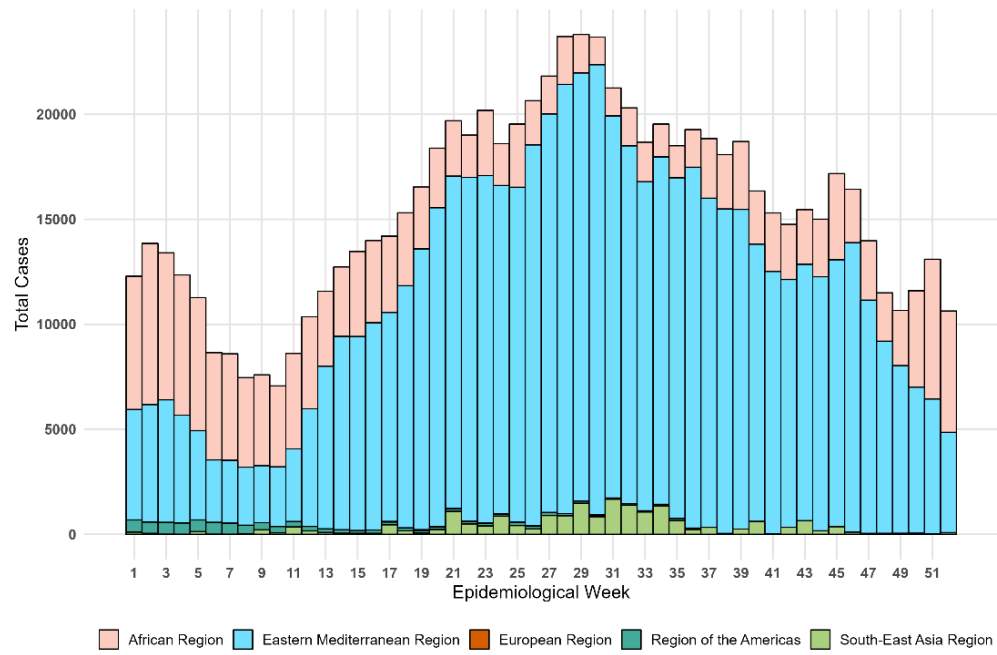
From 1 January to 29 December 2024, a total of 19 348 cholera cases were reported across five countries in the South-East Asia Region. Cases were reported from India (11 140), Myanmar (7498), Bangladesh (610), Nepal (95), and Thailand (5). During the same period, a total of 58 deaths were reported from India.

## Western Pacific Region

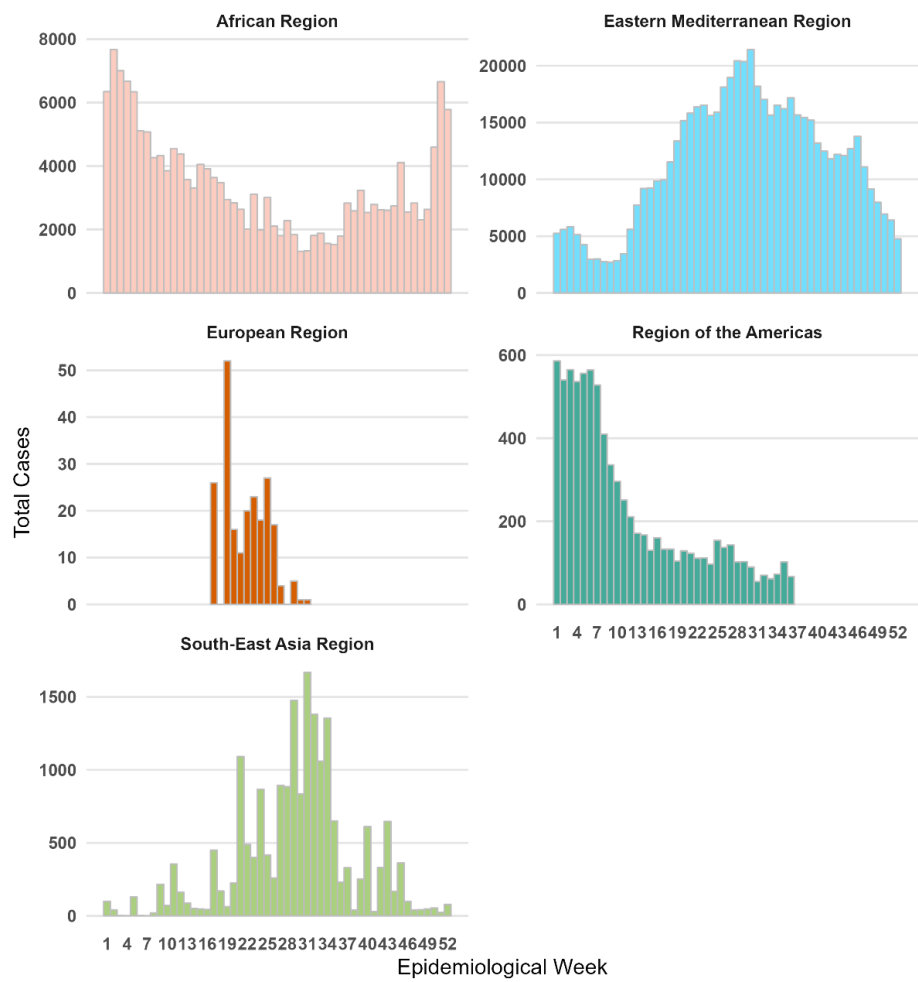
From 1 January to 29 December 2024, the Western Pacific Region reported no new cholera cases or deaths.

Figure 2. Cholera cases by week globally (A) and by WHO Region (B), 1 January to 29 December 2024

A



B



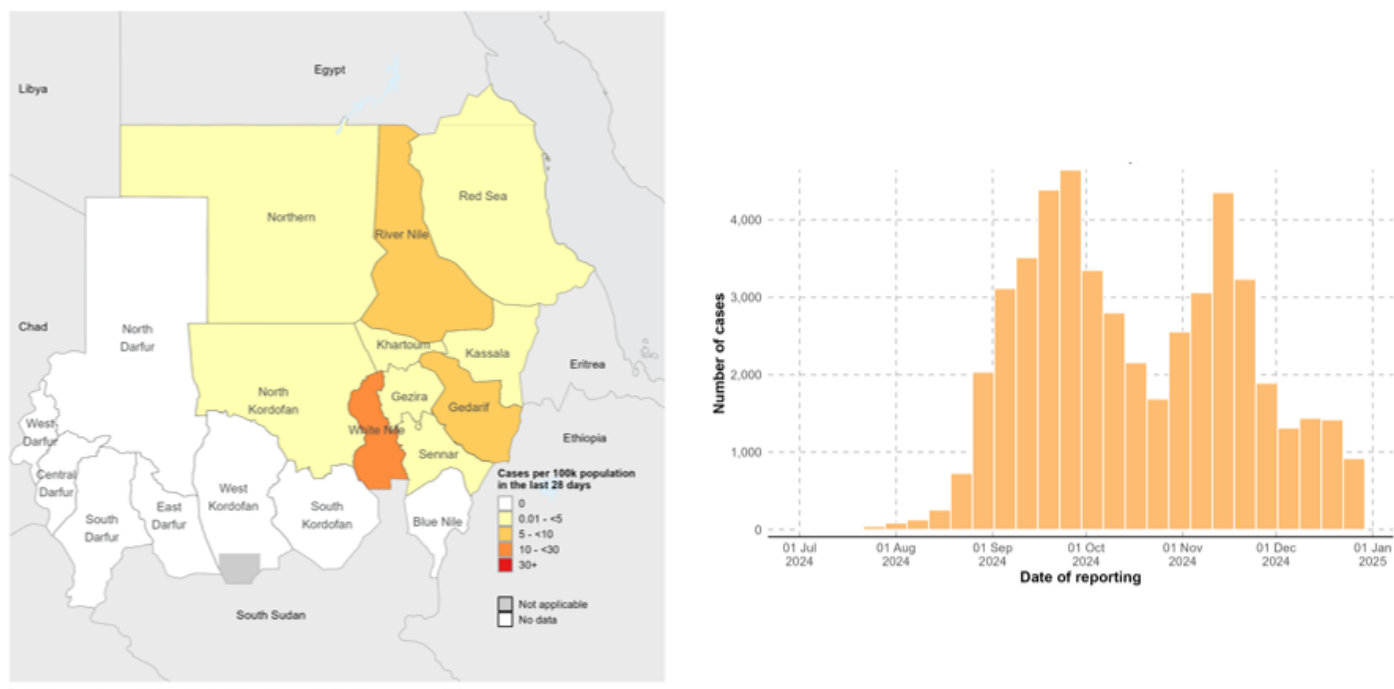
# Focus on selected subregions and countries

## Sudan

Between 1 January and 29 December 2024, Sudan reported 51 534 cases and 1296 deaths (CFR: 2.5%). In December alone, 5092 new cases and 105 associated deaths were recorded (CFR: 2.1%), marking a 59% decrease in cases and 52% decrease in deaths compared with November.

Since July 2024, which marks the beginning of the current surge, 11 of Sudan's 18 states have been affected. Over 70% of the cases are reported from four states: Gezira (22%), Gedaref (20%), Kassala (14%) and White Nile (14%).

**Figure 3. Sudan: Geographic distribution of cholera cases per 100 000 population by state in the last 28 days (Left). Distribution of cholera cases by date of report (right), 25 July to 29 December 2024**



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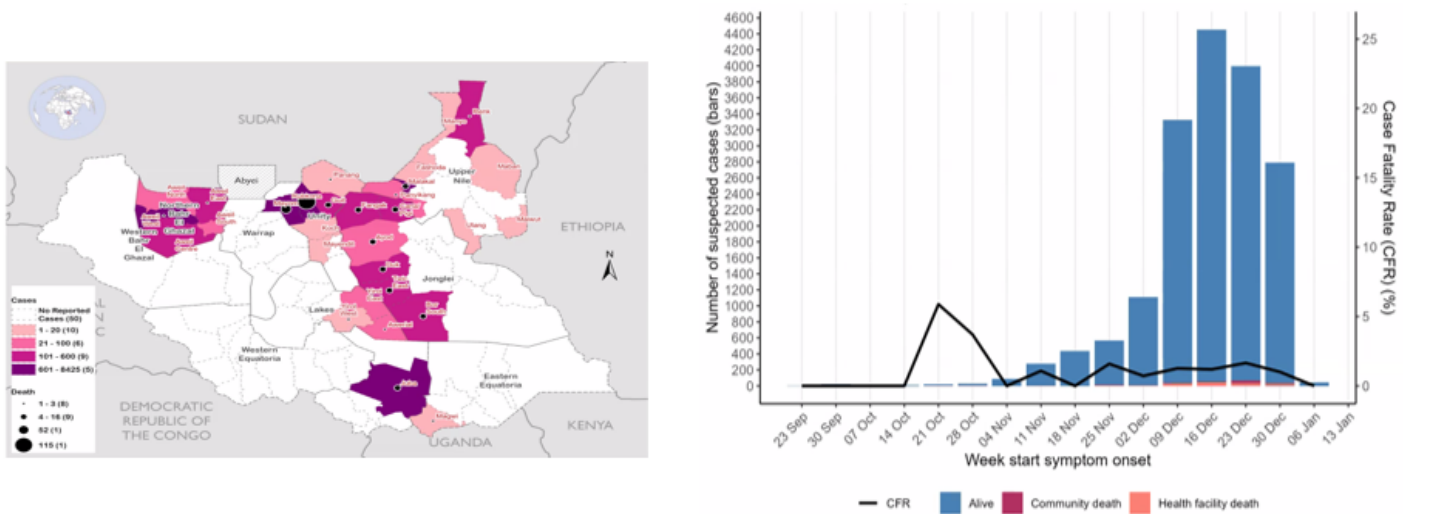
Data Source: World Health Organization, Federal Ministry of Health Sudan  
Map Production: World Health Organization  
Map Date: 29 December 2024

South Sudan

Between 1 January 2024 and 29 December 2024, South Sudan reported 14 361 cases and 265 deaths (CFR: 1.8%). Out of the reported deaths, 131 were in the community. In December alone, the country reported 12 897 new cholera cases and 237 deaths (CFR: 1.8%), marking an 840% increase in cases and an 888% increase in deaths compared to November.

Since the onset of the current outbreak in September 2024, seven states have been affected, with 80% of cases reported from Unity (57%), Upper Nile (12%) and Central Equatoria (11%).

Figure 4. South Sudan: Distribution of cholera cases (Left) and weekly case trend (Right), as of 29 December 2024



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Data Source: World Health Organization, Federal Ministry of Health South Sudan  
Map Production: World Health Organization

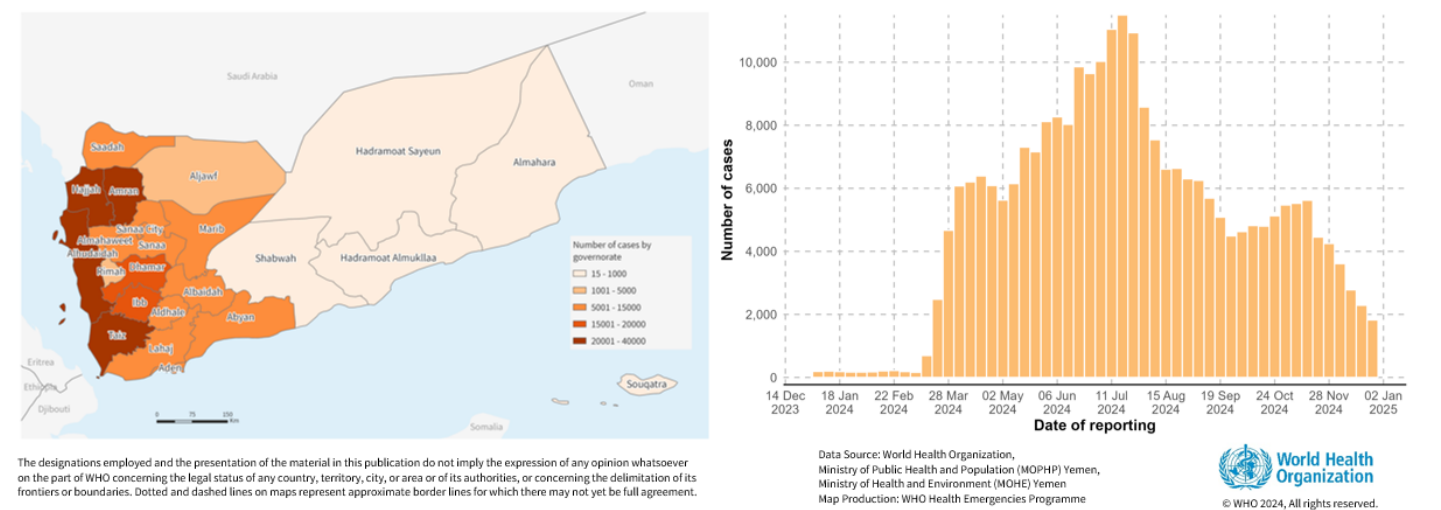


Yemen

Between 1 January and 29 December 2024, Yemen reported 260 552 cases and 879 deaths (CFR: 0.3%). In December 2024, the country reported 10 502 new cholera cases and 16 associated deaths (CFR: 0.2%), marking a 47% decrease in cases and a 67% decrease in deaths compared with November.

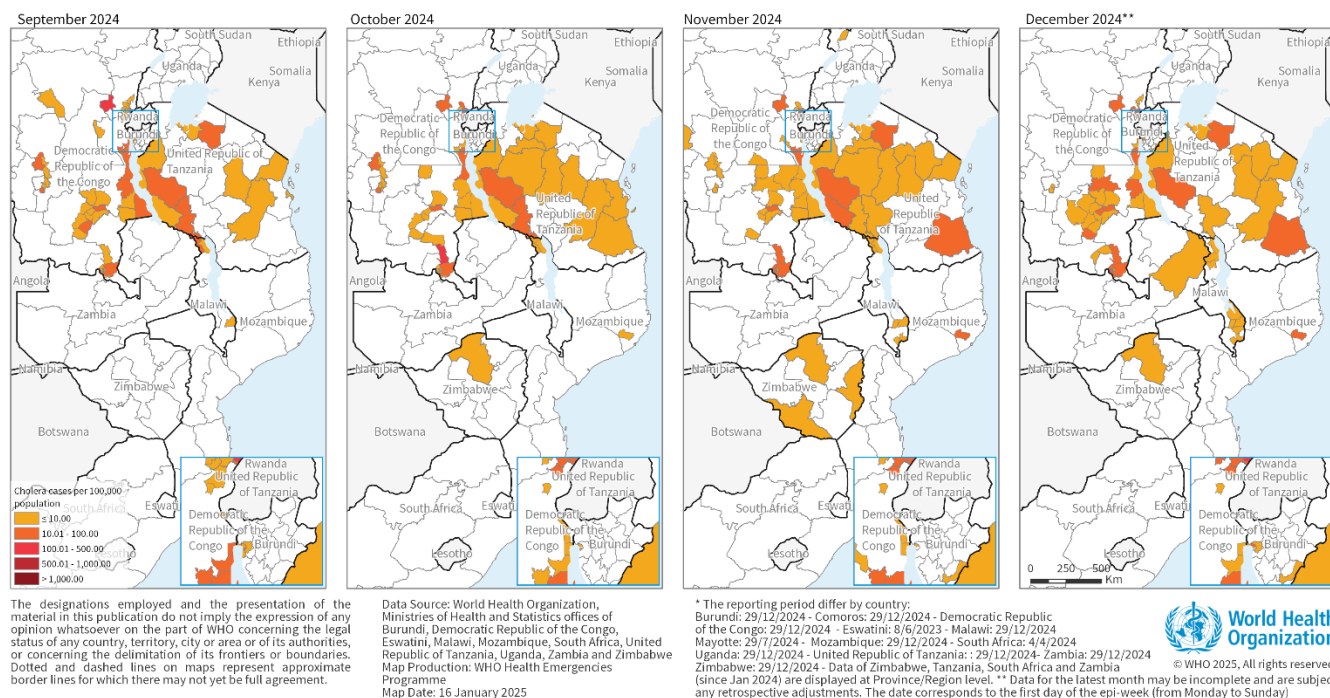
The report covers both areas under government control and those outside of Yemen's Internationally Recognized Government.

Figure 5. Yemen: Geographic distribution of cholera cases (Left) and weekly case trend (Right), as of 29 December 2024

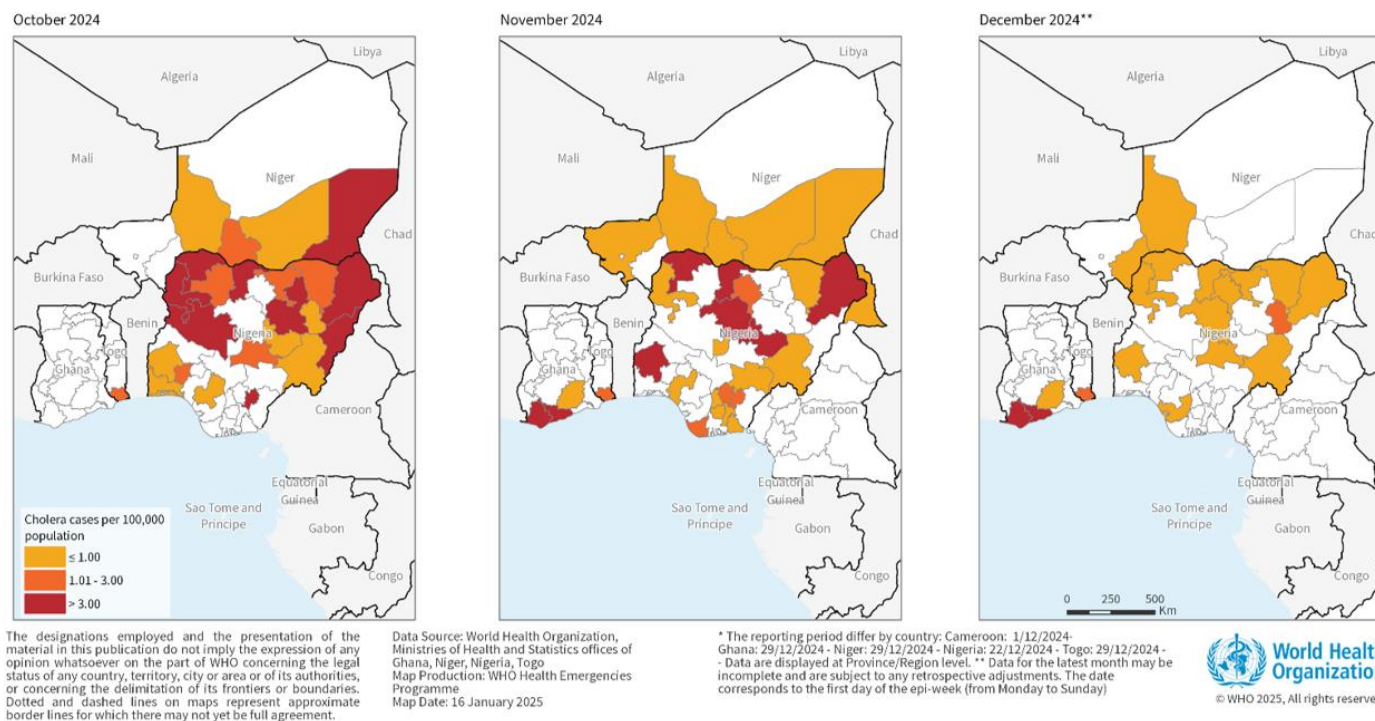




**Figure 6. Southeastern Africa attack rate per 100 000 (suspected and confirmed cholera cases per month) between September and December 2024, as of 29 December 2024**



**Figure 7. West Central Africa attack rate per 100 000 (suspected and confirmed cholera cases per month) between October and December 2024, as of 29 December 2024**



## Operational updates

**WHO is working with partners at global, regional, and country level to support Member States in the following cholera outbreak response activities.**

### Coordination

- Regular briefings have been provided to the Global Outbreak Alert and Response Network (GOARN) and Standby Partners (SBP) to ensure coordinated efforts and share the latest operational updates on the cholera response.
- In response to country needs and with partners' support, experts have been deployed through GOARN, SBP, and Emergency Medical Teams (EMT).
- As of 29 December, 22 experts have been deployed through GOARN to Comoros, Haiti, Kenya, Lebanon, Malawi, Mozambique, Sudan, Zambia, and Yemen to support Health Operations, Case Management, Social Anthropology, Epidemiology/Surveillance, and Partner Coordination.
- Additionally, 22 experts have been deployed (for three to six months) to nine countries (Cameroon, Comoros, Ethiopia, Haiti, Malawi, Myanmar, Mozambique, Turkey, and Zambia) through SBP to support areas such as Information Management, Partner/Cluster Coordination, PRSEAH, IPC/WASH, RCCE, and Operations Support and Logistics (OSL), including remote global WASH support.
- WHO appreciates the support from Standby Partners for this response, especially the Norwegian Refugee Council.

### Public health surveillance

- The Global Task Force on Cholera Control (GTFCC) has published [revised guidance](#) on public health surveillance for cholera, which comes with [accompanying tools](#). This material is available in Arabic, English, French, and Portuguese.
- Countries are encouraged to periodically self-assess their cholera surveillance system and strategies using the [GTFCC method to assess cholera surveillance](#) in order to identify priority activities to strengthen their cholera surveillance system/strategies towards meeting the standards set in the GTFCC revised guidance on public health surveillance for cholera.
- GTFCC technical recommendations on [standard data and metadata sets](#) for cholera reporting at regional and global levels are being promoted. A [template](#) is available for cholera reporting at regional and global levels.
- Support in data management and analysis is being provided to countries and regions on a case-by-case basis.
- Coordination efforts are underway with countries, regions, and partners to strengthen cholera surveillance.
- [Identification of Priority Areas for Multisectoral Interventions \(PAMIs\)](#) makes it possible to maximize the impact of control strategies and direct resources to the most affected areas. GTFCC guidance for the identification of [PAMIs for cholera control](#) is being disseminated and promoted (in English, Arabic, French, and Portuguese). This guidance aims to maximize the use of surveillance data for cholera-affected countries in the development or revision of a National Cholera Plan for cholera control.

### Laboratory

- The GTFCC has published guidance and tools for cholera testing laboratories, covering laboratory and environmental surveillance, sample collection and conditioning, use of rapid diagnostic tests, laboratory confirmation, antimicrobial susceptibility testing, and reporting. All available guidance is accessible through a quick [reference guide](#), and documents are available in English, French, and, in some instances, Portuguese.
- The GTFCC recently published training materials on [Sample collection and testing with Rapid Diagnostic Tests for cholera for health care workers](#).
- Technical support is being provided to countries to define and implement testing strategies during outbreaks.

- Support and assistance in the development of laboratory strengthening plans for countries are being provided on a case-by-case basis.
- Support is provided for the identification of laboratory diagnostic supply needs and deployment of laboratory supplies in countries with acute and active outbreaks. Prepositioning of supplies for preparedness and readiness in key countries.
- Collaboration is ongoing with Gavi for the procurement of cholera RDTs for Gavi-eligible countries for cholera surveillance, including outbreak monitoring. Applications from countries received by 22 January 2025 will be considered in the next round of review by independent review committee.
- A training of trainers on the fundamentals of cholera diagnostics was recently held at the Zambia National Public Health Institute, involving laboratory diagnosticians from 21 different laboratories.

## **Vaccination**

- The global OCV stockpile averaged 5.9 million doses in December, exceeding the target of 5 million doses that should be available at all times for outbreak response.
- Thirty-three new emergency requests were circulated in 2024 from Bangladesh, Comoros, Ethiopia (3), Ghana (3), Kenya, Malawi, Mozambique (2), Myanmar (3), Niger (2), Nigeria, Somalia, South Sudan (5), Sudan (6), Yemen, Zambia, and Zimbabwe, collectively seeking 52 million doses (for single round campaigns). Thirty were approved, two were not approved, and one was cancelled by the International Coordinating Group (ICG) on Vaccine Provision.
- Since the start of 2024, 13 countries (Comoros, Ethiopia (4), Ghana (2), Mozambique (3), Myanmar, Niger, Nigeria, Somalia, South Sudan (3), Sudan (5), Yemen, Zambia (2), and Zimbabwe (2)) have carried out 27 reactive vaccination campaigns in response to cholera outbreaks, targeting a total of 34 million people. Given the ongoing outbreaks and limited vaccine availability, only single-dose vaccination campaigns have been approved and implemented.
- In December, OCV production remained robust, reflecting significant efforts by the supplier and partners. This progress follows the introduction and prequalification of a new vaccine formulation and manufacturing process earlier in 2024.
- Despite these efforts, the mismatch between OCV supply and growing demand is severely constraining the capacity to mount preventive vaccination campaigns. The current limitations of the global stockpile underscore the urgent need for increased production and more strategic stockpile management to meet both reactive and preventive needs.

## **Case management, Infection Prevention and Control (IPC) & Water, Sanitation and Hygiene (WASH)**

- Developed a technical note on water quality monitoring in emergencies for cholera outbreaks, now ready for field testing.
- Provided surge support through WASH experts to Myanmar, Sudan, and South Sudan via Standby Partner arrangements.
- Collaborating with WHO AFRO to develop a WASH cholera toolkit to guide and support WHO country offices in implementing WASH activities during cholera outbreaks.

## **Risk communication and community engagement**

- Coordination and updates with regional RCCE focal points are ongoing, focusing on best practices and addressing identified challenges.
- Technical support for Mozambique's RCCE coordination in affected regions and countries continues through regional coordination mechanisms and the Collective Service partnership, using available [cholera resources](#).
- RCCE technical and surge support are provided as needed, based on each country's requirements.

- An RCCE readiness and response toolkit for cholera is nearing finalization, aiming to equip RCCE focal points and practitioners with essential tools to effectively inform, engage, and empower communities at risk.

### **Operations Support and Logistics**

- Cholera response supplies are being shipped via air and sea freight to countries severely affected or at high risk of outbreaks, including the Central African Republic, the Democratic Republic of the Congo, Niger, South Sudan, Sudan, Yemen, and Zambia.
- New tools have been developed to more efficiently track past orders and the current pipeline more efficiently, providing better visibility into stockpile and stock movements, and improving estimates of countries' response capacities.
- Current stock availability of cholera modules and bulk items remains satisfactory at both the supplier and WHO Hub levels.
- Technical support is being provided to hubs and countries for their stockpiling preparations.
- Coordination with other partners involved in the cholera response is ongoing.
- In 2024, treatments administered using WHO-supplied cholera kits and bulk items accounted potentially for over 50% of the worldwide caseload.

### **Preparedness and Readiness**

- Finalized the cholera preparedness and readiness checklist ahead of deployment.
- Provided technical support to Uganda to align cholera control activities with GTFCC guidelines.
- Developed a questionnaire to assess the implementation of the 7-1-7 framework for cholera outbreaks in the WHO African Region.
- Updated the cholera readiness checklist and adapted it for Mayotte.

## Key challenges

**The response to the global spread and surge of cholera is complicated by several challenges :**

- Cholera's highly infectious nature, compounded by disasters from natural hazards and climatic effects, significantly hampers containment efforts.
- Inadequate WASH infrastructure and lack of reliable data continue to drive cholera transmission in affected regions.
- Insufficient OCV stocks, which hinder the implementation of preventive vaccination and allow campaigns to be implemented only in the most affected areas, leaving vulnerable populations exposed to continued transmission.
- Barriers to care in fragile, conflict, and violence (FCV) zones or areas experiencing social unrest, making it difficult for affected populations to access treatment and prevention services.
- Surveillance and reporting gaps, with limited capacity and delayed data due to political and economic challenges, hindering timely response.
- Heightened risk of cross-border transmission, fueled by porous borders, inadequate surveillance, and low community awareness.
- Insufficient coordination between governments, NGOs, and international agencies, affecting the overall effectiveness of response efforts.
- Staff shortages, with insufficient experienced personnel available for deployment during emergencies, further complicating response efforts.
- Exhausted national response capacities, as countries face concurrent large-scale cholera outbreaks and other emergencies, straining resources.
- Funding and resource gaps, with the international community and Member States needing to prioritize cholera response by allocating sufficient resources for prevention, preparedness, and outbreak management.

## Next steps

**To address the challenges identified above, WHO, UNICEF, IFRC, and partners will continue to work together.**

- Cholera scenario planning and forecasting will continue to be updated, considering the impact of severe climatic events at global, regional, and national levels.
- WHO will continue advocating for investment in cholera preparedness and response, emphasizing that long-term investment is essential for sustainable solutions, while immediate investment is needed for rapid emergency response to the current surge in cases. Briefs to donors and roundtables will be organized to facilitate these investments.
- WHO and UNICEF, in collaboration with partners, will continue streamlining the supply of essential cholera materials, including vaccines, ensuring availability based on prioritization of needs.
- WHO, along with partners such as the GTFCC, will support Ministries of Health and implementing partners with the latest information and resources to enable prevention and response activities in a constrained environment.
- Improving response planning at the country level will help increase efficiency and ensure more effective cholera interventions.
- Improvement of cross-border coordination will be prioritized by establishing coordination structures that can share data, harmonize surveillance systems, and implement joint interventions to serve highly mobile populations.

## Annex 1. Data, table, and figure notes

Caution must be taken when interpreting all data presented. Differences are to be expected between information products published by WHO, national public health authorities, and other sources using different inclusion criteria and different data cut-off times. While steps are taken to ensure accuracy and reliability, all data are subject to continuous verification and change. Case detection, definitions, testing strategies, reporting practice, and lag times differ between countries/territories/areas. These factors, amongst others, influence the counts presented, with variable underestimation of the true case and death counts, and variable delays in reflecting these data at the global level.

'Countries' may refer to countries, territories, areas, or other jurisdictions of similar status. The designations employed, and the presentation of these materials do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement. Countries, territories, and areas are arranged under the administering WHO region. The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by WHO in preference to others of a similar nature that are not mentioned. Errors and omissions excepted; the names of proprietary products are distinguished by initial capital letters.

## Technical guidance and other resources

- [Cholera fact sheet](#)
- [Ending Cholera, A Global Roadmap To 2030](#)
- [Global cholera strategic preparedness, readiness, and response plan 2023/24](#)
- [WHO's Call for urgent and collective action to fight cholera](#)
- [Disease outbreak news Cholera – Democratic Republic of the Congo](#)
- [Disease outbreak news Cholera – Haiti](#)
- [Disease outbreak news Cholera – Malawi](#)
- [Disease outbreak news Cholera - Mozambique](#)
- [Disease outbreak news Cholera-Global situation](#)
- [Global Task Force on Cholera Control \(GTFCC\)](#)
- [GTFCC fixed ORP interim guidance and planning](#)
- [Public health surveillance for cholera, Guidance document, 2024](#)
- [AFRO Weekly outbreaks and emergency bulletin](#)
- [WHO AFRO Cholera Dashboard](#)
- [Cholera outbreak in Hispaniola 2022 - Situation Report](#)
- [Cholera upsurge \(2021-present\) web page](#)