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**Acute watery diarrhoea/cholera updates (16–30 April 2023)**

## Cholera

### Acute watery diarrhoea/cholera updates (16–30 April 2023)

As of 30 April 2023, 24 countries reported cholera outbreaks globally this year. The number of cholera outbreaks reported globally in 2022 had increased to 29 as compared to an average of 20 reported per year between 2017 and 2021.

Eight countries in the WHO Eastern Mediterranean Region, namely Afghanistan, Iraq, Islamic Republic of Iran, Lebanon, Pakistan, Somalia, Syria, and Yemen reported Acute watery diarrhoea (AWD)/ cholera cases during 2022. Lebanon and Syria reported cholera outbreaks for the first time that year after almost three decades for Lebanon and two decades for Syria. This is alarming for the whole Region, as both countries are not cholera endemic. In 2023, 6 out of 8 countries continued to report AWD/ suspected cholera cases while 2 countries (Islamic Republic of Iran and Iraq) did not report any cases.

Between 1 January 2022 and 30 April 2023, the highest number of AWD/ suspected cholera cases were reported from Afghanistan (290 406, CFR 0.04%), followed by Syria (111 084, CFR 0.12%), Yemen (23 997, CFR 0.10%), Somalia (21 958, CFR 0.49%), Iraq (11 097, CFR 0.23%), Lebanon (7604, CFR 0.36%), Pakistan (1029 - laboratory-confirmed cases) and Islamic Republic of Iran (360, CFR 1.67%).

Males and females are almost equally affected by AWD/ suspected cholera in the Region. Meanwhile, most of the AWD/ suspected cholera cases in Afghanistan (50%), Somalia (60%) and Syria (45%) are children under five years of age. On the other hand, the AWD/ suspected cholera cases for children under five years of age in Lebanon is 26% and in Yemen is 24%. This indicates the need for further investigations to understand other possible pathogens that may cause diarrhoea among children under five years of age and to strengthen the surveillance and laboratories systems in the Region.

There are many drivers contributing to the resurgence of cholera in the Region, including climate change, conflict and political instability, weak health systems, increased population movement, poor water and sanitation infrastructure and low awareness among the public. With the support of WHO and other partners, all cholera-affected countries implemented multisectoral cholera response interventions, including coordination, water and sanitation, early warning surveillance, laboratory diagnosis, clinical management, risk communication and community engagement, and oral cholera vaccination.

#### Preparedness for the next season

Considering that many countries in the Region are facing natural disasters, political and economic instability, and armed conflicts, it's critical to enhance the preparedness and response capacities for AWD/cholera and other emerging infectious diseases.

Therefore, working on the preparedness and readiness plans for the next season and prepositioning the required supplies and resources for diagnosis, management and prevention of AWD/cholera outbreaks is necessary. In addition, enhancing and continuing the response activities for the ongoing AWD/cholera outbreaks in the Region is essential. Hence, the WHO regional office continues to support countries of the Region to prepare and respond to the outbreaks.

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