

Multi-country outbreak of cholera



External Situation Report n. 16, published 18 July 2024

Risk assessment: **Global risk – Very high**

Countries /areas /territories affected since
1 January 2024: **25**

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Overview

Data as of 30 June 2024

- In June 2024 (epidemiological weeks 23 to 26), a total of 40 531 new cholera cases were reported from 18 countries, territories, areas (hereafter countries) across four WHO regions, showing a 14% decrease from the previous month. The Eastern Mediterranean Region registered the highest number of cases, followed by the African Region, the European Region, and the South-East Asia Region. The period also saw 166 cholera-related deaths globally, showing no significant changes (2% decrease) from the past month. However, in some countries, reporting delays may be expected due to the Eid al-Adha holidays. Around the same time last year, 42 965 cases and 230 cholera-related deaths were reported from 19 countries. Cases and deaths reported over this period in 2024 are 6% and 28% lower, respectively, than those reported over the same period last year. For the latest data, please refer to WHO's [Global Cholera and Acute Watery Diarrhoea \(AWD\) Dashboard](#).
- Since late May 2024, through event-based surveillance new clusters of AWD cases in Rakhine and Chin states were reported in Myanmar. Due to limited access to the affected areas, a detailed number of cases cannot be validated.
- In Nigeria, an upsurge in cholera cases has been observed since early June 2024. The situation is particularly concerning in Lagos state, where almost half of the national total cases have been reported.
- From 1 January 2024 to 30 June 2024, a cumulative total of 249 793 cholera cases and 2137 deaths were reported from 25 countries across five WHO regions, with the Eastern Mediterranean Region recording the highest numbers, followed by the African Region, the Region of the Americas, the South-East Asia Region, and the European Region. No outbreaks were reported in the Western Pacific Region during this time.
- Despite the global stockpile of Oral Cholera Vaccines (OCV) reaching 7.5 million doses by 8 July 2024 after being depleted until early March, a critical shortage persists as demand continues to outpace supply, with 102 million doses requested by 17 countries since January 2023, nearly double the 51 million doses produced in this period.
- WHO classified the global resurgence of cholera as a grade 3 emergency in January 2023, the highest internal level for emergencies in WHO. Based on the number of outbreaks and their geographic expansion, alongside the shortage of vaccines and other resources, WHO continues to assess the risk at the global level as very high and the event remains classified as a grade 3 emergency.
- WHO collaborates with global, regional, and country partners to support Member States in outbreak response.
- The dynamics of cholera outbreaks are increasingly complex due to factors that transcend national boundaries, such as population mobility, natural disasters, and climate change. The risk of transitional transmission is often heightened by porous borders with numerous unofficial entry points, inadequate disease surveillance at border areas, and limited awareness in cholera-affected communities. To address these challenges, countries must prioritize cross-border collaboration by establishing real-time data sharing mechanisms, harmonizing surveillance systems, pooling resources, and implementing joint preparedness and response interventions.

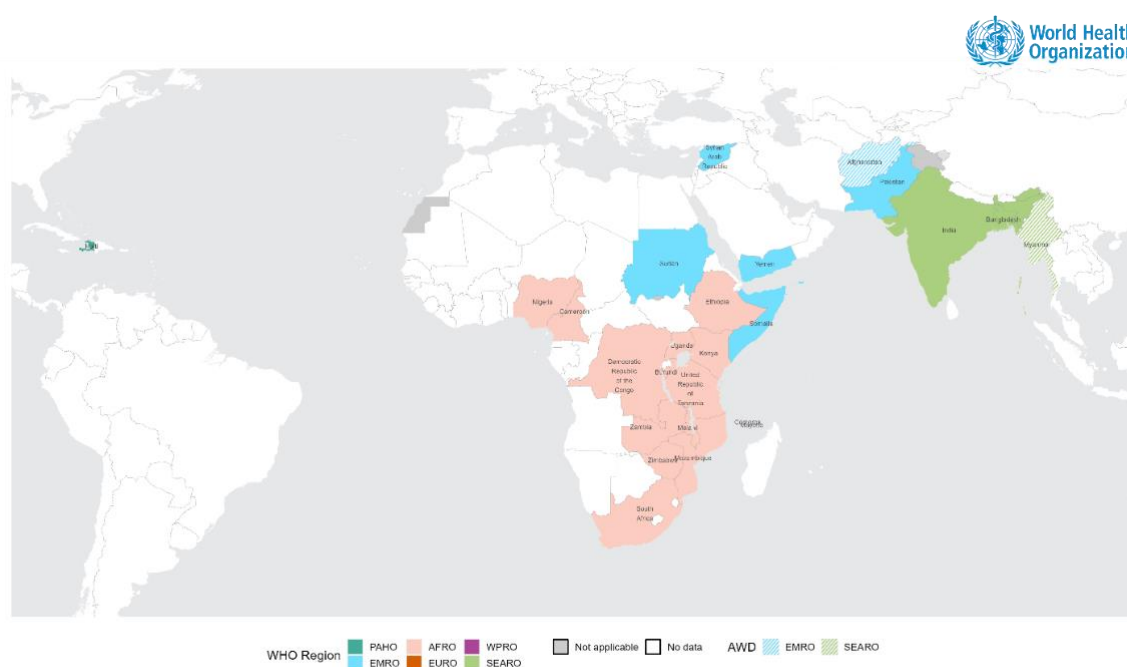
Global epidemiological update

In June 2024, a total of 40 398 new cholera cases were reported from 18 countries across four WHO regions, showing a 14% decrease from the previous month. The Eastern Mediterranean Region (32 467 cases; four countries) reported the highest number of cases, followed by the African Region (7957 cases; 11 countries), the European Region (85 cases; one country), and the South-East Asia Region (15 cases; two countries—with the number of AWD cases in Myanmar under verification). In the same period, 166 cholera-related deaths were registered, showing no significant changes (2% decrease) compared with the death numbers reported globally during the previous month. The highest number of deaths was recorded in the African Region (91 deaths; eight countries), followed by the Eastern Mediterranean Region (74 deaths; three countries). During this period, no deaths were reported in the European and the South-East Asia regions.

From 1 January to 30 June 2024, a cumulative total of 249 793 cholera cases and 2137 deaths were reported globally across five WHO regions. The region with the highest reported case count was the Eastern Mediterranean Region (140 624 cases; six countries), followed by the African Region (104 037 cases; 14 countries), the Region of the Americas (2672 cases; one country), the South-East Asia Region (2250 cases; three countries), and the European Region (210 cases; one country). During this period, cholera deaths were reported in the African Region (1773 deaths), the Eastern Mediterranean Region (343 deaths), the Region of the Americas (13 deaths), the South-East Asia Region (six 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 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.

Figure 1. Reported epidemics of cholera and acute watery diarrhoea (AWD), 1 January 2024 to 30 June 2024



The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate borders that have not been agreed upon.

Data Source: World Health Organization
Map Production: WHO Health Emergency Programme
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Table 1. Cholera cases and deaths reported from WHO regions, as of 30 June 2024*

WHO Region	Country, area, territory	1 January to 30 June 2024				Last 28 days				
		Cases	Deaths	Cases per 100 000	CFR (%)	Cases	Deaths	CFR (%)	Monthly cases % change	Monthly deaths % change
African Region	Burundi	620	3	5	0.5	98	1	1	-64	-50
	Cameroon [§]	49	0	0	0					
	Comoros	10 142	147	1 234	1.4	2 542	23	0.9	-16	-28
	Democratic Republic of the Congo	19 527	306	16	1.6	1 842	7	0.4	-30	-59
	Ethiopia	19 035	139	26	0.7	1 654	12	0.7	-27	-52
	Kenya	392	3	1	0.8	12	0	0	-82	
	Malawi	252	1	1	0.4	4	0	0	-64	
	Mozambique	8 079	18	28	0.2	209	1	0.5	-54	-75
	Nigeria	2 102	63	1	3	1 094	41	3.7	1 143	1 950
	South Africa [§]	11	0	0	0					
	Uganda [§]	89	5	0	5.6					
	United Republic of Tanzania	3 355	52	5	1.5	269	4	1.5	-35	-60
	Zambia	20 219	637	103	3.2	95			34	-100
	Zimbabwe	20 032	399	132	2	145	3	2.1	-83	-57
Eastern Mediterranean Region	Afghanistan**	70 350	38	215	0.1	18 686	12	0.1	19	50
	Pakistan***	26 133	0	11	0	5 228	0	0	-60	
	Somalia	15 756	132	96	0.8	1 942	10	0.5	-39	-50
	Sudan [§]	2 368	63	6	2.7					
	Syrian Arab Republic [§]	10 640	0	48	0					
	Yemen [¥]	15 377	110	46	0.7	6 611	52	0.8	52	53
European Region	Mayotte	210	2	65	1	85	0	0	-14	
Region of the Americas	Haiti [§]	2 672	13	23	0.5					
South-East Asia Region ^α	Bangladesh	24	0	3	0	15	0	0	400	
	India ^{§#}	2 226	6	0	0.3					

* 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 reports AWD through the sentinel site surveillance system.

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

§ Countries which did not report cholera cases between 1 and 30 June 2024.

¥ Epidemiological situation of diseases in the Internationally Recognized Government areas of Yemen: [Link](#)

Among the total of 2226 cases reported from India, 81 cases were confirmed.

^α Myanmar is not part of Table 1 due to current data uncertainty and limitations. South-East Asia Region epidemiological bulletin: [Link](#)

WHO regional overviews

African Region

In June 2024, the African Region reported 7964 new cholera cases across 11 countries, marking a 22% decrease compared with the case numbers reported in the previous month. During this period, the highest numbers of cases were reported from Comoros (2542 cases), the Democratic Republic of the Congo (1842 cases), Ethiopia (1654 cases), Nigeria (1094 cases), and the United Republic of Tanzania (269 cases). Additionally, there were 91 cholera-related deaths, a 12% decrease compared with the previous month. The highest numbers of deaths were reported from Nigeria (41 deaths), Comoros (23 deaths), Ethiopia (12 deaths), the Democratic Republic of the Congo (seven deaths), and the United Republic of Tanzania (four deaths).

From 1 January to 30 June 2024, a total of 104 037 cholera cases were reported across 14 countries in the African Region. During this period, the highest numbers of cases were reported from Zambia (20 219 cases), Zimbabwe (20 032 cases), the Democratic Republic of the Congo (19 527 cases), Ethiopia (19 168 cases), and Comoros (10 142 cases). In the same period, a total of 1773 deaths were reported from 12 countries, with Zambia (637 deaths), Zimbabwe (399 deaths), the Democratic Republic of the Congo (306 deaths), Comoros (147 deaths), and Ethiopia (139 deaths) reporting the highest death counts.

Eastern Mediterranean Region

In June 2024, the Eastern Mediterranean Region reported 32 467 new cholera cases across four countries: Afghanistan (18 686 cases), Yemen (6611 cases), Pakistan (5228 cases), and Somalia (1942 cases). The reported case count for the region represents an 11% decrease compared to the previous month. During this period, cases were reported from Afghanistan (18 686 cases), Yemen (6611 cases), Pakistan (5228 cases), and Somalia (1942 cases). Additionally, there were 74 cholera-related deaths, a 17% increase compared with the previous month. Those deaths were reported from Yemen (52 deaths), Afghanistan (12 deaths), and Somalia (10 deaths).

From 1 January 2024 to 30 June 2024, a total of 140 624 cholera cases were reported across six countries in the Eastern Mediterranean Region: Afghanistan (70 350 cases), Pakistan (26 133 cases), Somalia (15 756 cases), Yemen (15 377 cases), Syrian Arab Republic (10 640 cases), and Sudan (2368 cases). Additionally, 343 deaths were reported from four countries: Somalia (132 deaths), Yemen (110 deaths), Sudan (63 deaths), and Afghanistan (38 deaths).

European Region

In June 2024, the European Region reported 85 new cholera cases and no new deaths in the French overseas department of Mayotte in the Indian Ocean, marking a 14% decrease compared with the previous month. From 1 January to 30 June 2024, a total of 210 cholera cases and two deaths were reported from Mayotte.

Region of the Americas

In June 2024, the Region of the Americas reported no new cholera cases. From January to June 2024, Haiti documented 2672 cholera cases and 13 deaths.

South-East Asia Region

In June 2024, the South-East Asia Region reported several new clusters of cholera / AWD cases. In Myanmar, separate outbreaks of AWD were reported in Rakhine and Chin States since late May 2024. Detailed information on the epidemiological situation is under verification, hindered by challenges such as limited access to affected areas and issues with the availability and delivery of laboratory and medical supplies. In Bangladesh, specifically in Cox's Bazar, an upsurge of cholera cases has been reported since late June 2024, with 15 culture-confirmed cases reported, primarily from the Rohingya refugee camps.

From 1 January to 30 June 2024, a total of 2250 cholera cases were reported from two countries in the South-East Asia Region: India (2226 cases) and Bangladesh (24 cases). During the same period, India reported six deaths.

Western Pacific Region

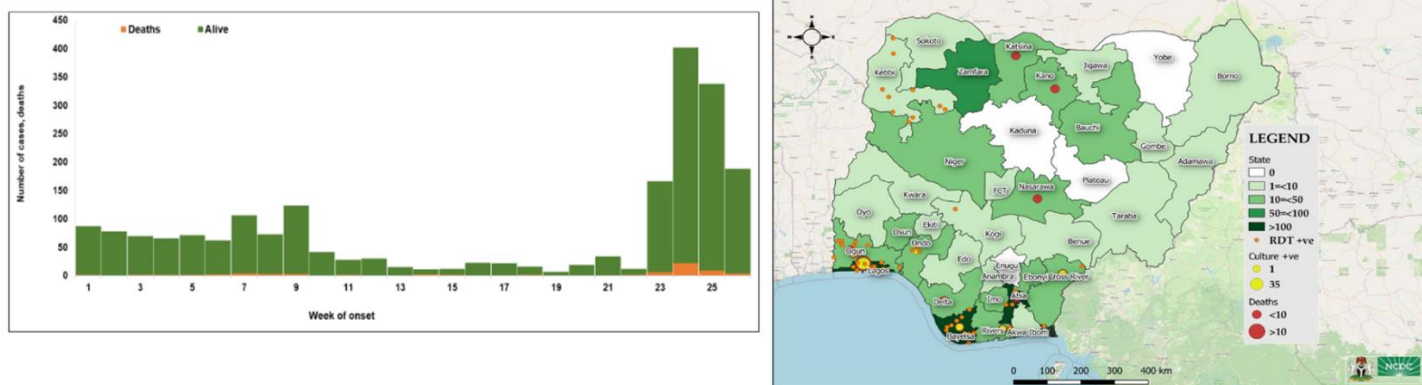
From 1 January 2024 to 26 May 2024, the Western Pacific Region reported no new cholera cases or deaths.

Focus on selected subregions and countries

Nigeria

In June 2024, Nigeria reported 1094 new cholera cases and 41 associated deaths, resulting in a CFR of 3.7%. This marks a 1143% increase in cases and a 1950% increase in deaths compared to the previous month. Since January 2024, Nigeria has reported a total of 2102 cases and 63 deaths with a CFR of 3% across 33 states. The surge in cases this month was particularly concerning in Lagos state, which accounted for nearly half of the total cases reported in the country so far this year.

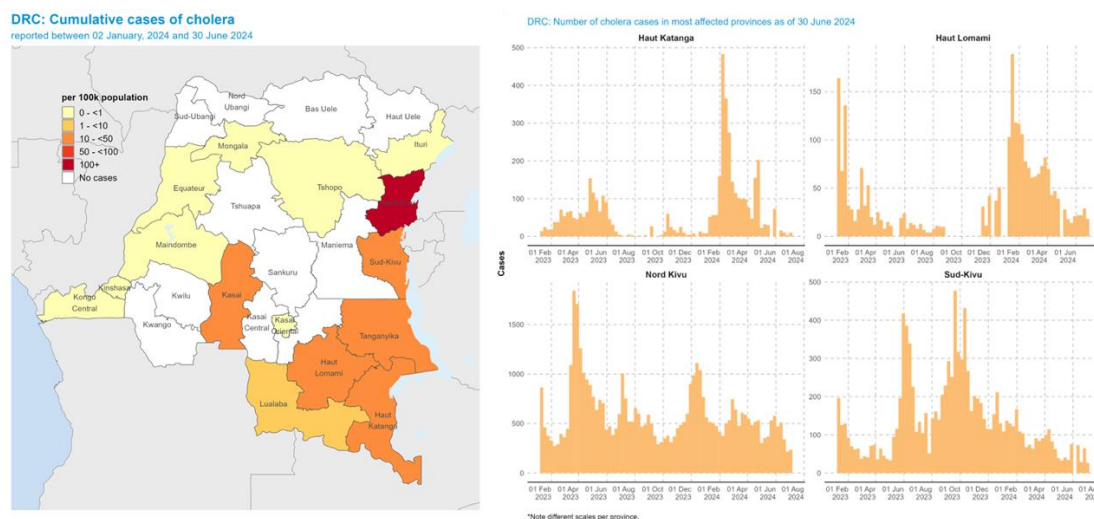
Figure 2. Nigeria: number of cholera cases and deaths by week (left) and total cholera cases and deaths in Nigeria (right), as of 30 June 2024



Democratic Republic of the Congo

In June 2024, the Democratic Republic of the Congo reported 1842 new cholera cases and seven associated deaths, with a CFR of 0.4%. This represents a 30% decrease in cases and a 59% decrease in deaths compared to the previous month. Since January 2024, the country has reported a total of 19 527 cases and 306 deaths, with an overall CFR of 1.6%.

Figure 3. Democratic Republic of the Congo: cumulative cholera cases reported since January 2024 in North Kivu, South Kivu, Haut Katanga, and Haut Lomami (right). National cholera cases in DRC, by province (left), as of 30 June 2024



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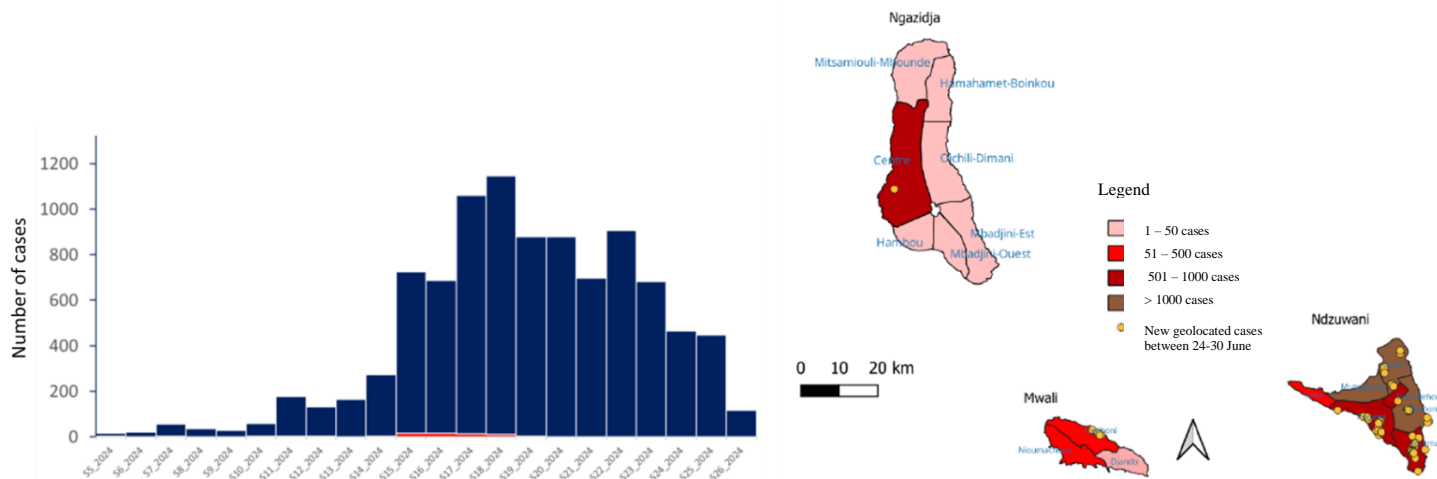
Data Source: World Health Organization, Ministry of Health Democratic Republic of the Congo
Map Production: World Health Organization
Map Date: 30 June 2024

World Health Organization
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Comoros

In Comoros, the epidemiological situation has shown signs of improvement since peaking in early May 2024, with less than 500 cases reported each week in recent weeks. In June 2024, Comoros reported 2542 new cholera cases and 23 associated deaths, resulting in a CFR of 0.9%. This represents a 16% decrease in cases and a 28% decrease in deaths compared to the previous month. Since January 2024, Comoros has reported a total of 10 142 cases and 147 deaths, with an overall CFR of 1.4%.

Figure 4. Comoros: number of confirmed cholera cases and deaths by week (left) and total cholera cases and deaths in Comoros (right), as of 30 June 2024 (The data source is Comoros Ministry of Health, Solidarity, Social Protection and Gender Promotion)



Horn of Africa

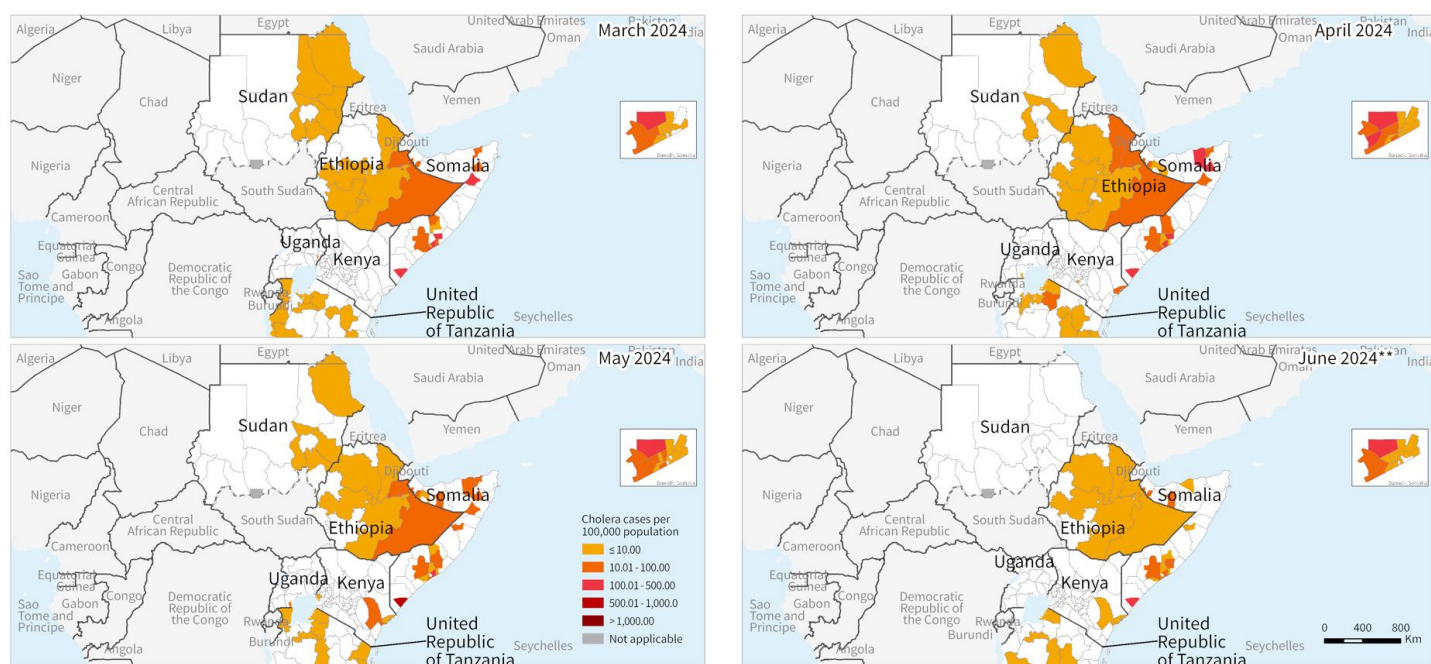
Ethiopia

In June 2024, Ethiopia reported 1654 new cholera cases and 12 associated deaths, resulting in a CFR of 0.7%. This marks a 27% decrease in cases and a 52% decrease in deaths compared to the previous month. Since January 2024, Ethiopia has reported a total of 19 168 cases and 139 deaths, with an overall CFR of 0.7%.

Somalia

In June 2024, Somalia reported 1942 new cholera cases and 10 associated deaths, leading to a CFR of 0.5%. This represents a 39% decrease in cases and a 50% decrease in deaths compared to the previous month. Since January 2024, Somalia has reported a total of 15 756 cases and 132 deaths, with an overall CFR of 0.8%.

Figure 6. The Horn of Africa region cholera attack rate per 100 000 population between March and June 2024, as of 30 June 2024



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Data Source: World Health Organization, Ministries of Health and Statistics offices of Ethiopia, Kenya, Somalia, Uganda, and United Republic of Tanzania
Map Production: WHO Health Emergencies Programme
Map Date: 11 July 2024
** Data for the latest month may be incomplete and are subject to any retrospective adjustments.

* The reporting period differ by country:
Ethiopia: 02/07/2024, Kenya: 09/06/2024
Somalia: 30/06/2024, Sudan: 30/05/2024
United Republic of Tanzania: 02/07/2024
Uganda: 13/05/2024
Data for Kenya, Tanzania, Sudan, and Ethiopia are displayed at the County/Region/State level. The date corresponds to the first day of the epidemic week (from Monday to Sunday)



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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

- In response to the needs in countries and with support from key partners, experts were deployed through the Global Outbreak Alert and Response Network (GOARN), Standby Partners (SBP), and Emergency Medical Teams (EMT) in addition to weekly information exchange on operational updates for cholera response through the GOARN Weekly Ops call forum.
- As of 30 June, 20 experts have been deployed to Comoros, Haiti, Kenya, Lebanon, Malawi, Mozambique, Sudan, Yemen, and Zambia through GOARN to support the cholera response, specifically Health Operations, Case Management, Social anthropology and Epidemiology/Surveillance, Health Cholera Coordinator and Partner Coordination.
- As of 30 June 2024, 16 experts have been deployed (for a duration of 3 to 6 months each) to eight countries (Comoros, Cameroon, Ethiopia, Haiti, Malawi, Mozambique, Turkey, and Zambia) through the Standby Partners to support the cholera response for the functions of Information management (IMO), Partner/Cluster Coordinator, Preventing and Responding to Sexual Exploitation, Abuse and Harassment (PRSEAH), Infection Prevention and Control (IPC)/Water Sanitation and Hygiene (WASH) and Risk Communication and Community Engagement (RCCE).
- WHO appreciates the support received from Standby Partners for this response so far: Norwegian Refugee Council (NORCAP) and CANADEM (deployment funded by the United Kingdom Foreign, Commonwealth & Development Office (UK FCDO)).

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](#).
- 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 or vulnerable 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

- GTFCC [recommendations for cholera testing](#) are disseminated and promoted.
- GTFCC laboratory tools and resources pertaining to [specimen collection](#), [preparation and packaging for transport](#), use of cholera [rapid diagnostic tests \(RDT\)](#), culture [methods](#), [antimicrobial susceptibility testing](#) and [data collection and data sharing](#) are available. <http://english/http://french/> There are ongoing efforts to develop additional technical support resources and to translate existing resources.
- Technical support and assistance in the development of laboratory strengthening plans for countries are being provided on a case-by-case basis.
- Collaborations are ongoing to facilitate the ordering and access to laboratory supplies using the WHO catalogue resources. Additionally, technical support is being extended at regional and country levels to identify field and laboratory diagnostic supply needs as required.
- Collaboration with Gavi is underway to support the procurement of cholera RDT for Gavi-eligible countries for cholera surveillance, including outbreak monitoring.
- Ongoing efforts involve the development of training materials for cholera diagnostics.

Vaccination

- Eleven new requests were received in 2024 from Comoros, Ethiopia (2), Kenya, Mozambique, Nigeria, Somalia, Sudan, Yemen, Zambia, and Zimbabwe, collectively seeking 30 million doses. Seven were approved, one was cancelled and three are pending ICG decision. Additionally, two other countries are considering submitting an OCV request.
- Since the start of 2024, seven countries (Comoros, Ethiopia, Mozambique, Somalia, Sudan, Zambia, and Zimbabwe) have carried out nine reactive vaccination campaigns in response to cholera outbreaks, targeting a total of 11 million people. Given the current context of outbreaks and limited vaccine availability, only single-dose vaccination courses have been validated and utilized in these reactive campaigns.
- Although the global stockpile exceeded the emergency threshold of five million doses for six consecutive weeks, the constrained supply of OCVs is severely impacting the capacity to carry out preventive vaccination campaigns. The limited global stockpile of OCVs underscores the need for increased production and strategic stockpile management to ensure that both reactive and preventive needs are adequately met.

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

- Technical support continues to be provided to affected countries on IPC, WASH, and case management.
- A set of job aids/posters to support case management in the Cholera Treatment Unit (CTU)/Cholera Treatment Centres has been being finalized.
- A webinar on the decentralisation of cholera treatment (including ORPs) was held with the health cluster coordination and partners on 17 July.
- At the national level, support is being provided with WASH SBP in Yemen, with a focus on training for the Ministry of Health and partners.
- A WASH toolkit for early action in an outbreak context is currently being developed. The toolkit will include checklists of activities, roles and responsibilities, and references to key documents. Its aim is to provide CO WASH focal points with all the necessary information to rapidly initiate and effectively monitor activities.

Risk communication and community engagement (RCCE)

- Coordination of RCCE support for affected regions and countries continues through regional coordination and the Collective Service partnership, with [cholera resources](#) available.
- RCCE technical and surge support continues based on country needs and demands.
- Collection of RCCE interventions through checklists is ongoing in high-risk countries by RCCE AFRO.
- An RCCE readiness and response toolkit for cholera is under finalisation. The ultimate goal of this toolkit is to provide RCCE focal points and practitioners with a set of tools to strengthen their work to inform, engage and empower communities at risk from Cholera.

Operations Support and Logistics (OSL)

- The current stock availability of cholera modules and bulk items remains satisfactory at both the supplier and WHO Hub levels, with several months of buffer stock. Efforts are ongoing to enable stock rotation to avoid short expiration dates for materials.
- The availability of specific Rapid Diagnostic Tests (RDT) has returned to normal.
- Technical support is being provided to WHO country offices to assist in the preparation of orders.
- Shipment of material for preparedness and readiness are ongoing.
- Efforts are underway to establish a common platform to track and forecast materials in collaboration with other key cholera response agencies.

Preparedness and Readiness

- Southern African Development Community Heads of State meeting: planning for engagement with policymakers for increased investments for cholera preparedness and readiness.
- Planning Webinar on the orientation of AFRO Member States on PAMIs (English).

Key challenges

The geographical spread and global surge in cases is due to and has resulted in numerous challenges:

- Exacerbation of cholera outbreaks due to natural disasters and climatic effects.
- Data quality and reporting, including issues with reporting consistency and insufficient disaggregation of data for vulnerable groups, especially for children under 5 years of age.
- Insufficient OCV stocks to respond to all concurrent cholera outbreaks, resulting in the suspension of preventive campaigns and a transition from [a two-dose to a one-dose strategy](#). Between January and May 2024, the vaccine stockpile was entirely depleted.
- Exhausted national cholera response capacities and overall overstretched emergency response capacity due to numerous parallel large-scale and high-risk outbreaks and other emergencies affecting public health.
- Limited experienced cholera response staff available for deployments to support national emergency responses.
- Increased risk of cross-border cholera transmission due to porous borders with numerous unofficial points of entry points, inadequate surveillance at border areas, and limited cholera awareness in affected communities.
- Inadequate financial resources to respond in a timely and effective manner across all levels.
- A lack of resources both financial and material, for prevention, readiness, and preparedness activities.
- Lack of technical capacity required for effective readiness to respond in Member States.

Next steps

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

- Cholera scenario planning/prioritization will continue to be updated, considering the impact of severe climatic events at the global, regional, and national levels.
- WHO will continue to advocate for investment in cholera preparedness and response, highlighting that long-term investment is critical for a sustainable solution, while emphasizing that immediate investment is needed for rapid emergency response to the current surge in cases.
- WHO and UNICEF will continue to work with partners to streamline the supply of essential cholera materials, including vaccines, ensuring maximum availability based on the prioritization of needs.
- WHO and partners, including the GTFCC, will continue to support Ministries of Health and implementing partners with the latest available information and material to enable prevention and response activities in the current constrained environment.
- WHO, UNICEF, and partners will continue to work together to maintain focus on the cholera emergency, to mobilize resources and lobby for long-term solutions to reduce the cholera burden. In addition, WHO, UNICEF and other partners will continue to work together to streamline response efforts and maximize limited resources.

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 to 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](#)