

Multi-country outbreak of cholera



External Situation Report n. 12, published 14 March 2024

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

Countries / areas / territories affected
since 1 January 2023: **31**

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Overview

Data as of 29 February 2024

- In February 2024 (corresponding to the epidemiological weeks from 5 to 8), a total of 37 269 new cholera cases were reported from 20 countries across three WHO regions, showing a 12% decrease over the previous month. The Eastern Mediterranean region registered the highest number of cases, followed by the African region, and South-East Asia regions. The period also saw 322 cholera-related deaths reported. For the latest data, please refer to the [WHO Global Cholera and AWD Dashboard](#).
- In February 2024, Comoros reported its first cholera outbreak since 2008, following the arrival of a traveller from Tanzania who is suspected to have died from the disease. Overall, 132 confirmed cases and six deaths have been reported from the country as of 28 February. This resurgence highlights the risk of spread to nearby islands like Mayotte and Madagascar.
- Since the beginning of 2023, a cumulative total 787 813 cholera cases and 5586 deaths have been reported from 31 countries across five WHO regions, with the Eastern Mediterranean region recording the highest numbers, followed by the African, South-East Asia, Americas, and Western Pacific regions. No outbreaks have been reported in the European Region during this period.
- The global cholera response continues to be affected by a critical shortage of Oral Cholera Vaccines (OCV). From January 2023 to February 2024, requests for OCV have surged, with 79 million doses requested by 14 countries, double the 40 million doses available during that period. The global stockpile of vaccines is awaiting replenishment and all production up to 4 March has been allocated to requests already approved.
- WHO classified the global resurgence of cholera as a grade 3 emergency in January 2023, its highest internal level for emergencies. 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 continues to work with partners at the global, regional, and country levels to support Member States in responding to the outbreaks.
- 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 transnational transmission is often heightened by porous borders with numerous unofficial entry points, inadequate 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.

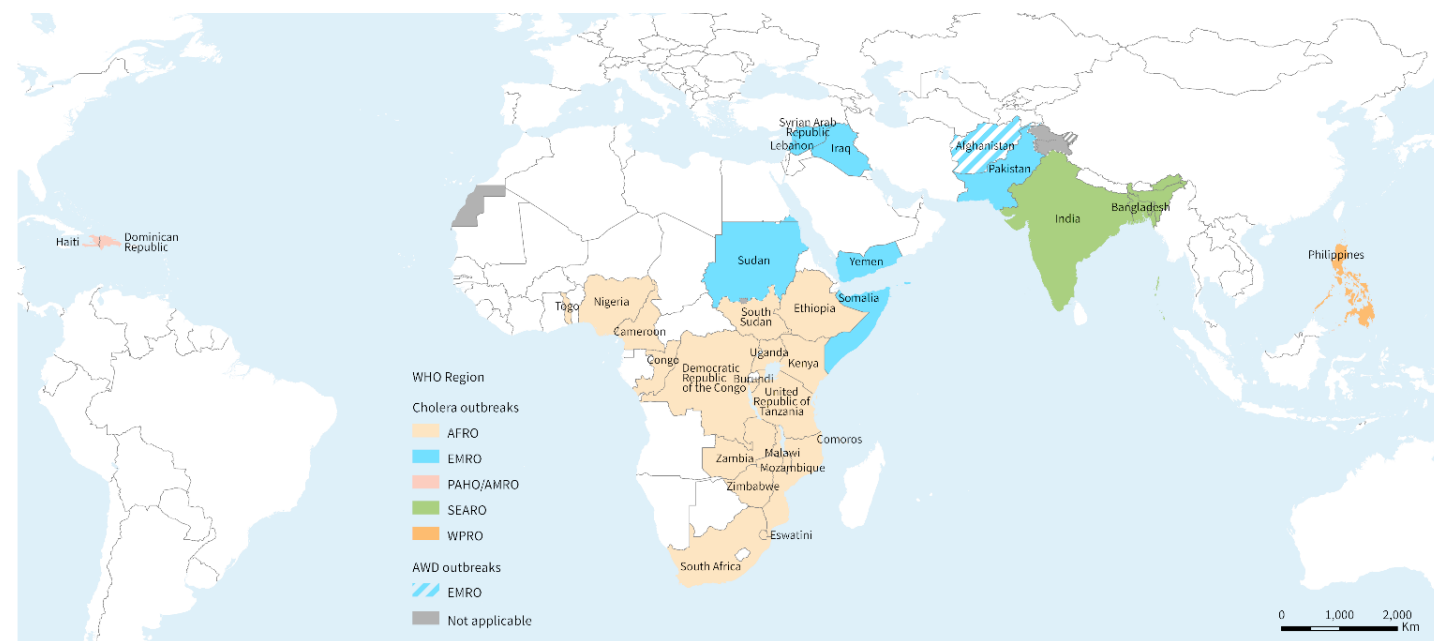
Global epidemiological update

In February 2024 (corresponding to the epidemiological weeks from 5 to 8), a total of 37 269 new cholera cases were reported from 20 countries across three WHO regions, showing a 12% decrease from the previous month. The Eastern Mediterranean Region (19 049 cases; five countries) reported the highest number of cases, followed by the African Region (18 218 cases; 14 countries), the South-East Asia Region (two cases; one country). In the same period, 322 cholera-related deaths were registered in the African Region (300 deaths) and the Eastern Mediterranean Region (22 deaths),

Since the beginning of 2023, a cumulative total of 787 813 cholera cases and 5586 deaths were reported globally across five regions. The region with the highest reported case count was the Eastern Mediterranean Region (468 495 cases; eight countries), followed by the African Region (250 649 cases; 18 countries), the Region of the Americas (59 176 cases; two countries), the South-East Asia Region (5737 cases; two countries), and the Western Pacific Region (3756 cases; one country). During this period, cholera deaths were reported in the African Region (4240 deaths), the Region of the Americas (792 deaths), the Eastern Mediterranean Region (520 deaths), the Western Pacific Region (19 deaths), and the South-East Asia Region (15 deaths). Notably, the European Region did not report any cholera outbreaks.

The data presented here should be interpreted with caution due to potential reporting delays. Such delays 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 global epidemics of cholera and Acute Watery Diarrhoea (AWD), 1 January 2023 to 29 February 2024



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Data Source: World Health Organization
Map Production: WHO Health Emergencies Programme
Map Date: 1 March 2024

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Table 1. Cholera cases and deaths reported from WHO regions, as of 29 February 2024*

WHO Region	Country, area, territory	1 January to 31 December 2023				1 January to 29 February 2024			
		Cases	Deaths	Cases per 100 000	CFR (%)	Cases	Deaths	Cases per 100 000	CFR (%)
African Region	Burundi	1 348	9	10	0.7	84	0	1	0
	Cameroon	6 451	210	23	3.3	73	0	0	0
	Comoros					119	6	14	5
	Congo [§]	21	5	0	23.8				
	Democratic Republic of the Congo	51 847	436	43	0.8	6 164	130	5	2.1
	Eswatini [§]	2	0	0	0				
	Ethiopia	30 463	413	41	1.4	4 813	82	7	1.7
	Kenya	8 926	145	19	1.6	289	1	1	0.3
	Malawi	40 902	1 151	233	2.8	160	3	1	1.9
	Mozambique	39 908	156	138	0.4	4 016	7	14	0.2
	Nigeria	3 683	128	2	3.5	318	4	0	1.3
	South Africa	1 389	47	2	3.4	6	0	0	0
	South Sudan [§]	348	1	3	0.3				
	Togo [§]	1	0		0				
	Uganda	80	10	0	12.5	6	1	0	16.7
	United Republic of Tanzania	1 068	23	2	2.2	1 040	16	2	1.5
	Zambia	4 095	117	21	2.9	17 014	588	87	3.5
	Zimbabwe	14 517	320	96	2.2	11 498	231	76	2
Eastern Mediterranean Region	Afghanistan	222 249	101	679	0	15 566	10	48	0.1
	Iraq [§]	1 376	7	3	0.5				
	Lebanon [§]	2 389	0	44	0				
	Pakistan [§]	145	0	0	0				
	Somalia	18 304	46	112	0.3	3 365	37	21	1.1
	Sudan	8 845	246	21	2.8	1 938	50	5	2.6
	Syrian Arab Republic	180 288	7	815	0	9 718	0	44	0
Region of the Americas	Yemen [#]	3 804	14	1	0.4	508	2	0	0.4
	Dominican Republic [§]	149	0	1	0				
	Haiti	56 355	779	486	1.4	2 672	13	23	0.5
South-East Asia Region	Bangladesh	158	0	18	0	3	0	0	0
	India	5 436	14	0	0.3	140	1	0	0.7
Western Pacific Region	Philippines [§]	3 756	19	3	0.5				

* 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. No cholera cases of local transmission have been reported in the European Region.

** Afghanistan reports AWD through the sentinel site surveillance system.

*** Refers to the laboratory-confirmed cases only.

§ Data not received for 1 January to 29 February 2024.

Epidemiological situation of diseases in free areas Yemen:

<https://app.powerbi.com/view?r=eyJrJoiNjEzY2NkNzItY2YxMCM0Mjk4LTlmOGItYzgzYmUxMjY2OWRjliwidCI6IjRhYzMyMjllTVIMzctNDcyNS1hY2I1LWU2MjhjNjIzNWE5ZiIsImMiOiI9&pageName=ReportSectionaa3efb8cb5fd4cba8386>

WHO regional overviews

African Region

In February 2024 (corresponding to the epidemiological weeks from 5 to 8), the African Region reported 18 218 new cholera cases across 14 countries, marking a 33% decrease compared with the case numbers reported in the previous month. Notably, Comoros is the latest country to report cholera cases. During this period, the highest numbers of cases were reported from Zambia (4904 cases), Zimbabwe (4785 cases), Ethiopia (2883 cases), the Democratic Republic of the Congo (2839 cases), and Mozambique (1823 cases). Among the cases, 300 deaths were reported, a 61% decrease compared with the previous month. The highest numbers of deaths were reported from Zambia (118 deaths), Zimbabwe (75 deaths), the Democratic Republic of the Congo (64 deaths), Ethiopia (27 deaths), and Comoros (6 deaths).

From 1 January 2023 to 29 February 2024, a total of 250 649 cholera cases were reported across 18 countries in the African Region. During this period, the highest numbers of cases were reported from the Democratic Republic of the Congo (58 011 cases), Mozambique (43 924 cases), Malawi (41 062 cases), Ethiopia (35 276 cases), and Zimbabwe (26 015 cases). During the same period, a total of 4240 deaths were reported from 16 countries, with the highest numbers of deaths reported from Malawi (1154 deaths), Zambia (705 deaths), the Democratic Republic of the Congo (566 deaths), Zimbabwe (551 deaths), and Ethiopia (495 deaths).

Eastern Mediterranean Region

In February 2024, the Eastern Mediterranean Region reported 19 049 new cholera cases across five countries, marking a 58% decrease compared with the case numbers reported in the previous month. The majority of the cases were reported from Afghanistan (7164 cases), Somalia (1573 cases), and Sudan (396 cases). Furthermore, 22 deaths were reported among cholera cases, a 71% decrease compared with the previous month. They were reported from Somalia (17 deaths), Afghanistan (two deaths), Sudan (two deaths), and Yemen (one death).

From 1 January 2023 to 29 February 2024, a total of 468 495 cholera cases were reported across eight countries in the Eastern Mediterranean Region. During this period, the highest numbers of cases were reported from Afghanistan (237 815 cases), the Syrian Arab Republic (190 006 cases), Somalia (21 669 cases), Sudan (10 783 cases), and Yemen (4312 cases). During the same period, a total of 520 deaths were reported from six countries, with the highest numbers of deaths reported from Sudan (296 deaths), Afghanistan (111 deaths), Somalia (83 deaths), Yemen (16 deaths), and the Syrian Arab Republic (7 deaths).

Region of the Americas

From 1 January 2023 to 29 February 2024, a total of 59 176 cholera cases were reported across two countries in the Region of the Americas: Haiti (59 027 cases) and the Dominican Republic (149 cases). During the same period, a total of 792 deaths were reported from Haiti (792 deaths).

South-East Asia Region

Between 1 and 29 February 2024, the South-East Asia Region reported two new cholera cases and no deaths in one country: Bangladesh. This marks a 99% decrease compared with the case numbers reported in the previous month.

From 1 January 2023 to 29 February 2024, a total of 5737 cholera cases were reported across two countries in the South-East Asia Region: India (5576 cases) and Bangladesh (161 cases). During the same period, a total of 15 deaths were reported from India.

Western Pacific Region

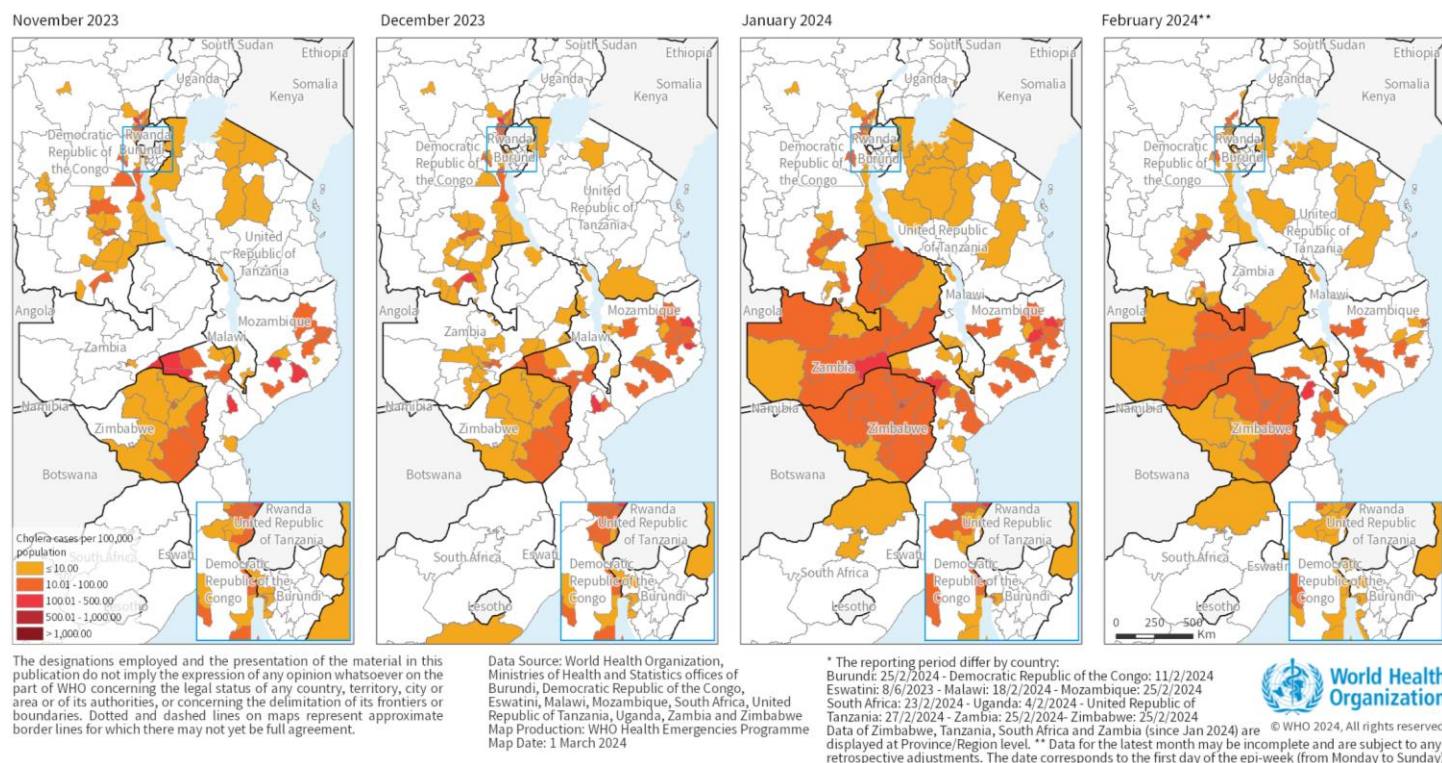
From 1 January 2023 to 29 February 2024, a total of 3756 cholera cases and 19 deaths were reported in the Philippines.

Focus on selected subregions and countries

Central, Eastern, and Southern Africa

In Central, Eastern, and Southern Africa, the cholera situation remains critical, with several countries consistently reporting high numbers of cases. Notably, despite a slight decrease in reported cases for February 2024, Zambia and Zimbabwe continue to record particularly high figures. This indicates that while there has been some progress, the burden of disease in these countries remains significant, and continued efforts are essential to further reduce cholera transmission. By contrast, the Democratic Republic of the Congo, Malawi, and Mozambique presented stable attack rates, with little to no reduction in the number of reported cases in February. This stability underscores the persistent nature of the outbreaks and the ongoing challenge to public health systems in these areas. The latest country to report cholera cases is Comoros, highlighting the expanding geographical spread of the disease alongside the need for vigilant surveillance and response efforts across the Region.

Figure 2. Central and South-East Africa attack rate per 100 000 (suspected and confirmed cholera cases per month) between November 2023 and February 2024, as of 27 February 2024*



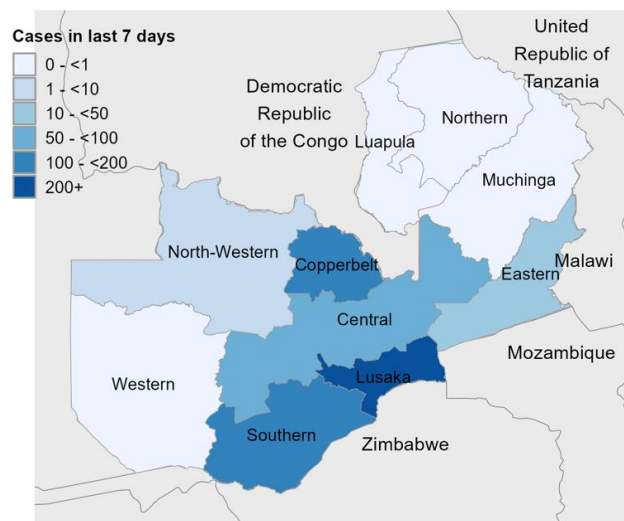
Comoros

In February 2024, Comoros experienced its first cholera outbreak since 2008. The outbreak was officially declared by the Ministry of Health on 2 February, after a commercial ship arrived in Moroni, the country's capital, from Tanzania on 31 January, with a passenger suspected to have died from cholera. Among the passengers, many exhibited symptoms. By 28 February, Comoros reported a total of 132 positive on rapid diagnostic tests (RDT), with six deaths, resulting in an overall CFR of 4.5%. Most of the cases emerged on Ngazidja Island, specifically in Moroni. This resurgence, after nearly 17 years since the outbreaks of 2007 and 2008, emphasizes the potential risk of the disease spreading to nearby islands like Mayotte and Madagascar.

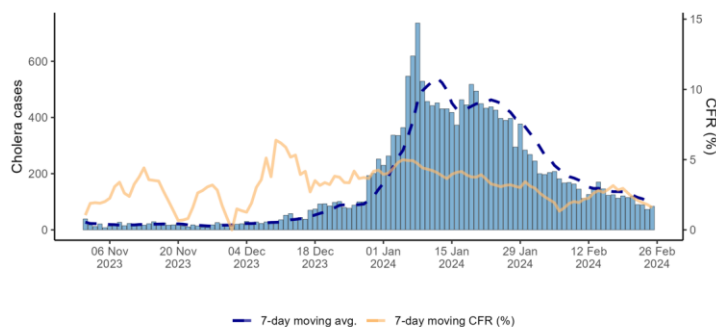
Zambia

Since 18 October 2023, Zambia has been experiencing a significant cholera outbreak. As of 25 February 2024, the country has reported a total of 20 176 cases, including 691 deaths, resulting in an overall CFR of 3.4%. Importantly, the CFR associated with deaths in healthcare facilities is lower, at 1.4%, suggesting that access to medical care is having a positive impact on survival rates. The outbreak has affected all of Zambia's 10 provinces, with 82% of the total cases emerging from Lusaka (16 591), followed by Central (1458), Copperbelt (815), Southern (712), and Eastern (301) provinces. Despite a downward trend at the national level, certain provinces, such as the Southern and Copper Belt, continue to see increases in cases. The transmission of cholera remains extensive, particularly in community settings, with 59% of the deaths occurring there. Current data also reveal a higher case incidence among male adults, particularly those aged 25 to 34 years.

Figure 3. Zambia: number of cases in the last 7 days (left), and daily number of cases and CFR (right), as of 25 February 2024



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Data Source: World Health Organization, Zambia National Public Health Institute
Map Production: World Health Organization
Map Date: 1 March 2024

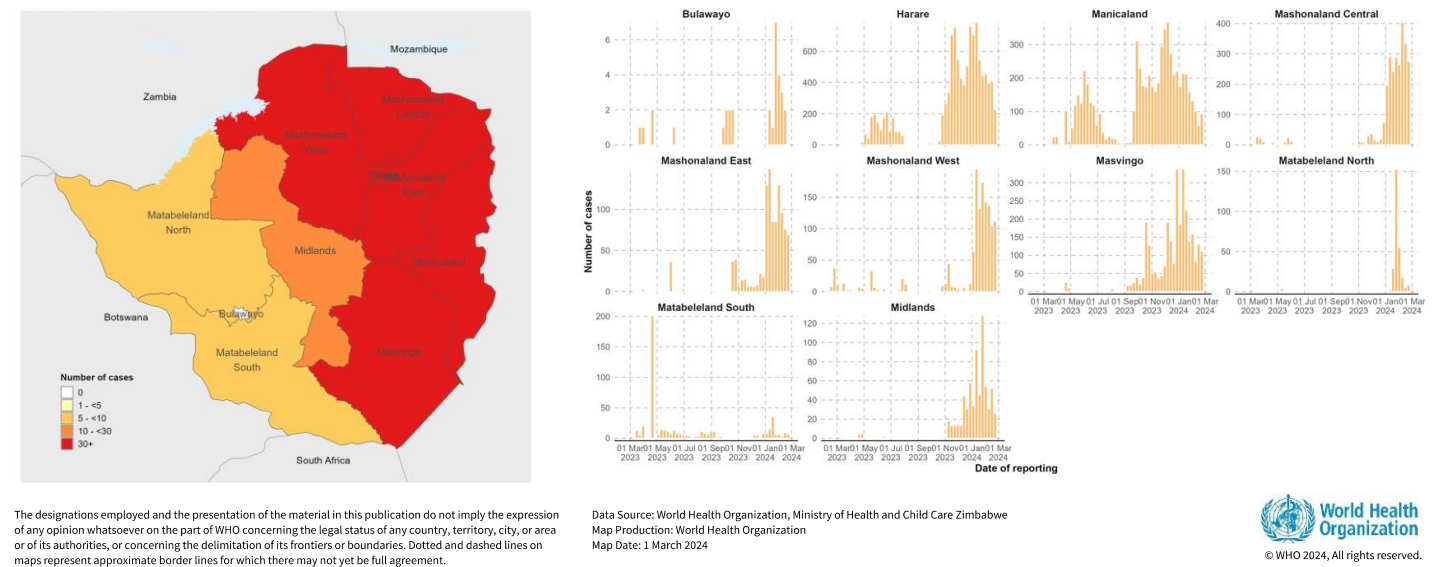


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Zimbabwe

Since the start of the cholera outbreak on 12 February 2023, Zimbabwe has seen a cumulative total of 26 015 cases and 551 deaths, with a high CFR of 2.1%. The outbreak has displayed an overall rising trend in cases from September 2023 to early January 2024, when the number of new weekly suspected cases peaked in epidemiological week 2 at 2085. Since then, there has been a sustained decrease in the weekly number of reported cases. By epidemiological week 8, the weekly number of suspected cases had declined to 929 suspected cases, including six confirmed cases. All provinces are affected, with approximately 80% of new cases being reported from four provinces: Mashonaland Central, Harare, Mashonaland West, and Masvingo.

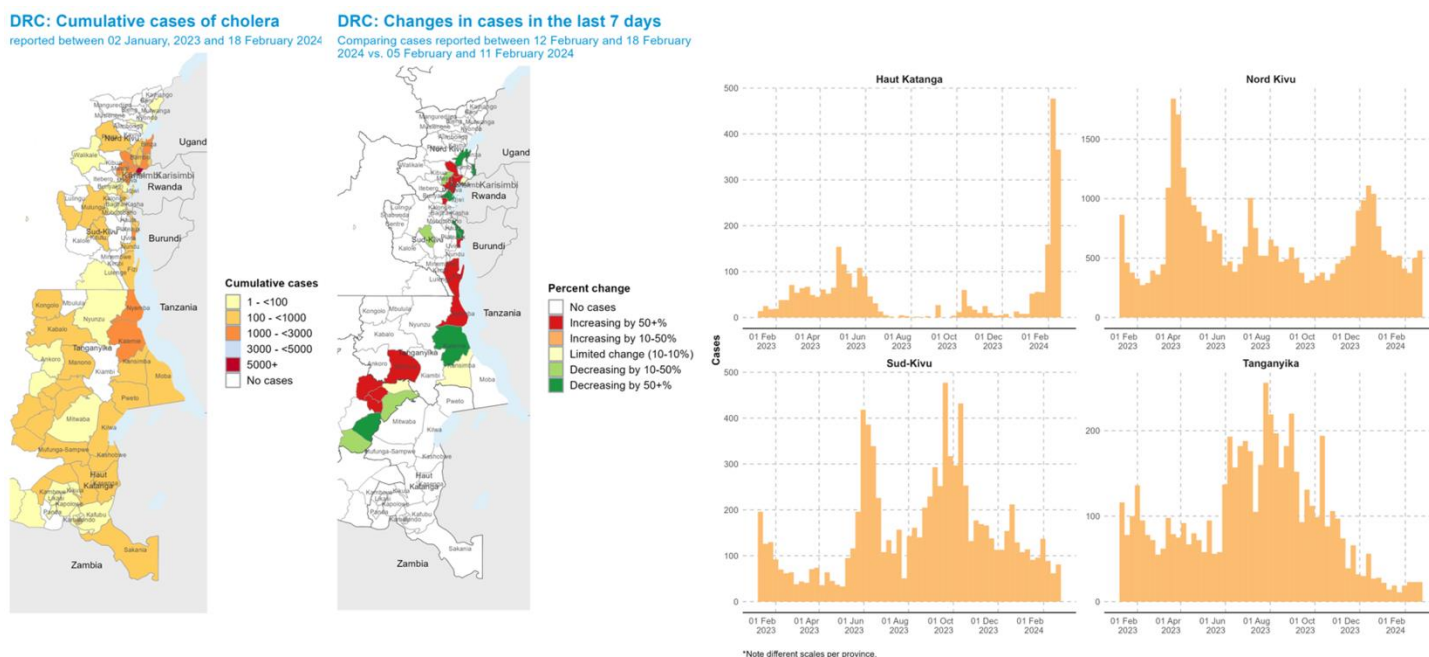
Figure 4. Zimbabwe: number of cases in the last 7 days (left) and by province (right), as of 25 February 2024



Democratic Republic of the Congo

From 1 January to 18 February 2024, there have been 7732 suspected cholera cases and 158 deaths in the Democratic Republic of the Congo, resulting in a CFR of 2%. Similar to January 2024, in February 2024, the country has reported more than 1000 cases per week on average. Since the beginning of 2024, cases have been reported in nine of the country's 26 provinces, with the highest concentrations in North-Kivu (52% of total cases), Haut Katanga (21%), and South-Kivu (12%). Inadequate water and sanitation infrastructure, ongoing insecurity, violence, and associated displacement of the population remain the primary challenges in containing the outbreak.

Figure 5. Cholera situation in DRC. Cumulative cholera cases reported from 2 January 2023 to 18 February 2024 and weekly percentage change in Haut Katanga, North Kivu, South Kivu, and Tanganyika (left). National cholera cases in DRC, by province (right), as of 18 February 2024



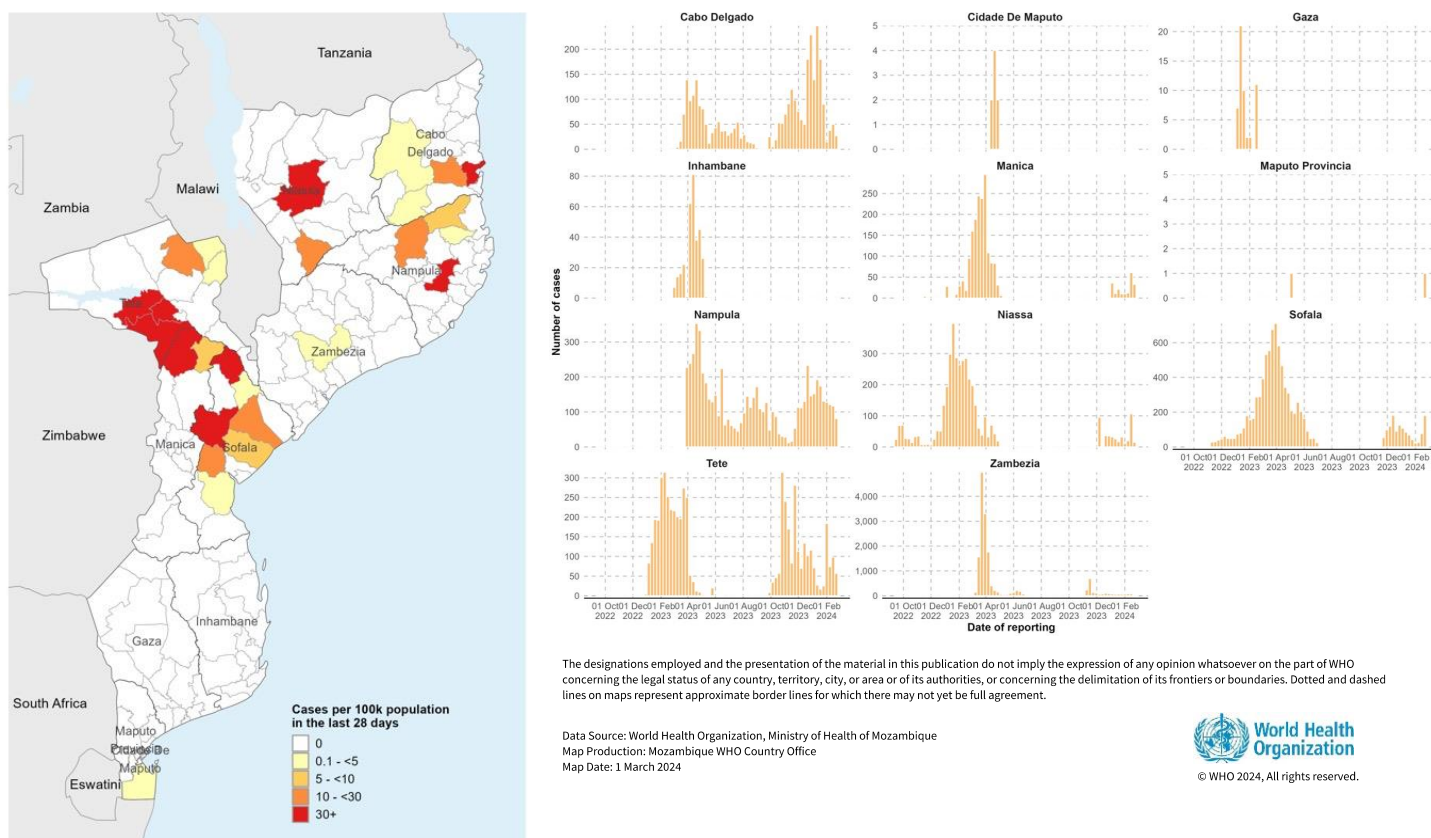
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Data Source: World Health Organization, Ministry of Health Democratic Republic of the Congo
Map Production: World Health Organization
Map Date: 1 March 2024

Mozambique

From 1 September 2022 to 25 February 2024, Mozambique has recorded a cumulative total of 44 897 cases and 168 deaths, with a CFR of 0.4%. Throughout February 2024, the country has consistently reported a high incidence of cases, averaging 400 suspected cases per week. The distribution of reported cases across Mozambique is uneven, with active outbreaks in seven out of the country's 11 provinces. Given the seasonal nature of cholera transmission in the country, there is a substantial risk that these figures could increase in the upcoming months. This situation emphasizes the critical importance of maintaining vigilance and implementing effective public health measures to mitigate the spread and impact of the disease.

Figure 6. Mozambique: cholera attack rates in the last 28 days (left) and cholera cases in Mozambique by province (right), as of 25 February 2024



Greater Horn of Africa

Ethiopia

Since August 2022, Ethiopia has reported a cumulative total of 36 061 cholera cases, including 515 deaths, leading to an overall CFR of 1.4%. As of 25 February 2024, the outbreak remains active in 53 woredas across six regions, predominantly in Somali (23 woredas) and Oromia (16 woredas) regions. February 2024 saw an average of over 700 cases reported weekly. The age groups most affected by the outbreak are individuals aged 15-34 years (41%) and 5-14 years (20%). In the Somali region, a combination of drought and unseasonal rainfall has likely contributed to the surge in cholera cases. The response to the outbreak is hampered by several challenges, including insufficient resources such as vaccines, and water, sanitation, and hygiene (WASH) supplies. Additionally, insecurity in various regions, coupled with a high risk of disease spread among internally displaced persons (IDPs) and refugee populations, further complicates efforts to control the outbreak.

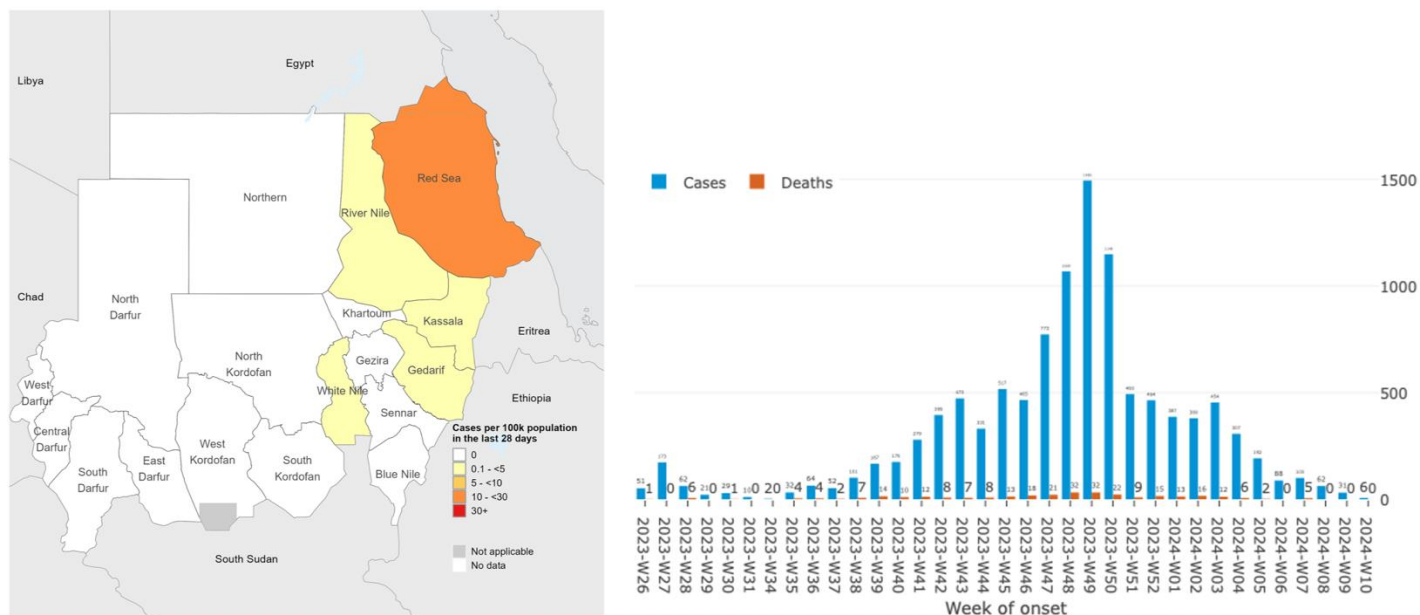
Somalia

From 2 January 2023 to 25 February 2024, Somalia reported a cumulative total of 21 669 cholera cases, including 83 deaths, resulting in an overall CFR of 0.4%. The current epidemiological landscape in Somalia is alarming, with reports from February 2024 indicating a national average of approximately 390 new cases each week. The regions most affected by the outbreak are Bay, Lower Juba, Lower Shabelle, and Middle Shabelle. Moreover, recent floods have exacerbated the situation, contributing an increased risk of cholera transmission and amplifying the urgency for public health interventions and enhanced disease surveillance measures.

Sudan

Since April 2023, amidst an escalating conflict, Sudan has recorded a cumulative total of 10 783 cases across 11 of the country's 18 states, with 296 deaths reported as of 24 February 2024, resulting in an overall CFR of 2.7%. The bulk of these cases, approximately 88%, originated from four states: the Red Sea (3842 cases), Gedaref (2121 cases), Gezira (1863 cases), and White Nile (1658 cases), highlighting areas most impacted by the outbreak. There has been a discernible downward trend in weekly case numbers, from around 1500 in epidemiological week 49 of 2023 to 53 in week 8 of 2024. This decreasing trend should be interpreted with caution, as the effectiveness of the surveillance system is potentially compromised due to the ongoing conflict. All cases in week 8 and 98% of cases in week 7 were reported from the Red Sea state alone. Additionally, no deaths were reported in the last three weeks.

Figure 7. Cholera situation in Sudan. Cholera attack rates in the last 28 days (left) and cholera cases and deaths per week of onset (right), as of 24 February 2024

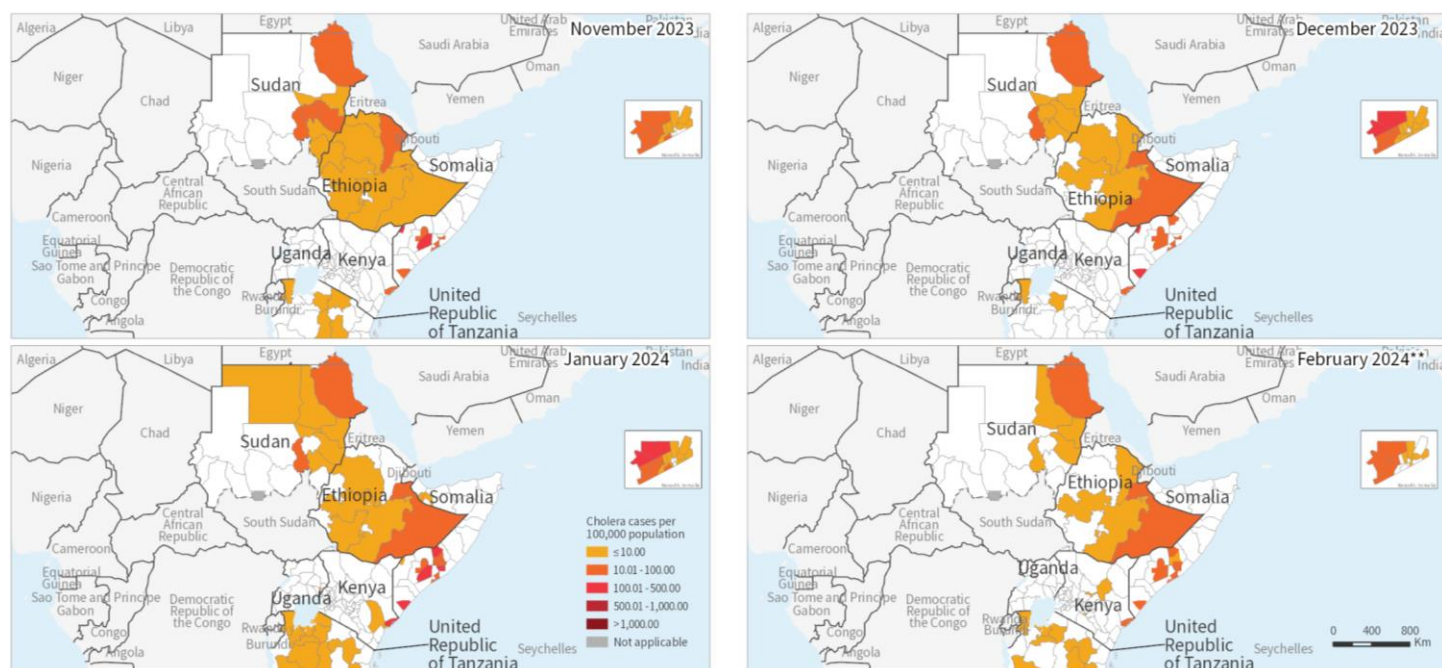


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Data Source: World Health Organization, Federal Ministry of Health Sudan
Map Production: World Health Organization
Map Date: 1 March 2024

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Figure 8. The Greater Horn of Africa region cholera attack rate per 100 000 population between September 2023 to February 2024, as of 27 February 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: 1 March 2024
** Data for the latest month may be incomplete and are subject to any retrospective adjustments.

* The reporting period differ by country:
Ethiopia: 25/02/2024, Kenya: 20/02/2024
Somalia: 18/02/2024, Sudan: 24/02/2024
United Republic of Tanzania: 27/02/2024
Uganda: 04/02/2024
Data for Kenya, Tanzania, Sudan, and Ethiopia are displayed at the County/Region/State level. The date corresponds to the first day of the epi-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 needs in countries and with a support from key partners, experts were deployed through the Global Outbreak Alert and Response Network (GOARN), Standby Partners (SBP), Emergency Medical Teams (EMT) in addition to weekly information exchange on operational updates for cholera response through GOARN Weekly Ops call forum.
- As of 29 February 2024, seventeen experts have been deployed to Malawi, Mozambique, Kenya, Lebanon, Haiti, Sudan and Zambia through GOARN to support the cholera response for the functions Health Operations, Case Management, Social anthropology and Epidemiology/Surveillance, Health Cholera Coordinator and Partner Coordination
- As of 29 February 2024, sixteen experts have been deployed (for a duration of 3 to 6 months each) to eight countries (Malawi, Mozambique, Cameroon, Haiti, Turkey, Ethiopia, Zambia and Comoros) 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 RCCE.
- WHO appreciates the support received from Standby Partners for this response so far: Norwegian Refugee Council (NORCAP) and CANADEM (deployment funded by United Kingdom Foreign, Commonwealth & Development Office (UK FCDO)).

Public health surveillance

- The Global Task Force on Cholera Control (GTFCC) revised guidance on public health surveillance for cholera continues to be disseminated and promoted. This guidance is available in both [English](#) and [French](#).
- GTFCC technical recommendations on [standard data and metadata sets](#) for cholera reporting to the regional and global level are actively promoted. The [template](#) is available for cholera reporting at the regional and global levels.
- Technical 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.
- GTFCC revised guidance for the identification of [Priority Areas for Multisectoral Interventions for cholera control](#) is being disseminated and promoted (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 (NCP) for cholera control.
- New GTFCC guidance for the identification of [Priority Areas for Multisectoral Interventions for cholera elimination](#) is being disseminated and promoted (English, Arabic, French, and Portuguese). This guidance is designed for countries with limited to no cholera outbreaks, helping them assess vulnerability factors for cholera (re)emergence and develop or revise a National Cholera Plan (NCP) for cholera elimination.
- Ongoing efforts involve the development of updated GTFCC guidance on public health surveillance for cholera, including additional guidance and practical tools for data collection, reporting, and analysis.

Laboratory

- GTFCC recommendations for cholera testing are being disseminated and promoted in both [English](#) and [French](#).
- GTFCC laboratory [resources](#), including Job Aids, Fact Sheets, and other guidance materials are being promoted. Updated recommendations for antimicrobial susceptibility testing were published in both English and French. There are ongoing efforts to develop additional technical support resources.
- Coordination activities are in progress with countries, regions, and partners to strengthen cholera laboratories.
- Technical support and assistance in the development of laboratory strengthening plans for countries are being provided on a case-by-case basis.
- A GTFCC toolkit and guidance for conducting detailed cholera laboratory capacity assessments have been developed. These assessments identify gaps and needs that require targeted support.
- 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 rapid diagnostic tests for Gavi-eligible countries for cholera surveillance, including outbreak monitoring.
- Ongoing efforts involve the development of training materials for cholera diagnostics and emergency training of trainers are executed as needed (the Comoros islands).

Vaccination

- Three new requests were received in 2024 from Ethiopia, Somalia, and Zambia, collectively seeking over six million doses. Additionally, two other countries (DRC and Yemen) are considering submitting an OCV request for a reactive campaign.
- Since the onset of 2024, six reactive vaccination campaigns have been conducted in response to cholera outbreaks in five countries: Ethiopia, Mozambique, Sudan, Zambia, and Zimbabwe. These campaigns are critical in curtailing the spread of the disease. However, given the current context of outbreaks and limited vaccine availability, only single-dose vaccination courses have been validated and utilized in these reactive campaigns.
- Moreover, 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 to countries for case management continues to be provided, including support to decentralise treatment to increase access to treatment in the community.
- Three case management experts were deployed to Zambia support case management with a focus on strategy – including decentralization and capacity building.
- ORP guidance and tools developed in collaboration with HQ IMST and the GTFCC Case Management working group have been published on the GTFCC website (www.gtfcc.org/resources) and are currently being translated into French.
- WHO Technical team and Clinical Case Management have agreed a way forward to finalise cholera tools including on treatment of clinical complications (not on the GTFCC website) as a global good for use at Regional and Country Level.
- Three WASH experts were deployed in February: one in Zambia through UNICEF, one in Yemen and one in Comoros (ongoing deployment). Experts deployed in Zambia and Comoros supported outbreak responses. The expert deployed in Yemen supported the country to develop a preparedness and readiness strategic plan.

- WASH preparedness and response training was given in Yemen for local authorities and key partners for two days. Aden's Health Care structure was assessed for a future CTC implementation. Local WASH expert was trained during the 3 weeks.
- Zambia WASH expert focused on supporting rapid qualitative assessments together with RCCE colleagues, development and roll out of ORP/Cs with health colleagues, plus the scale up of point of use and point of collection chlorination strategies. All of this was supported by the 3 C's strategy – clean water, clean hands and early care.
- Comoros WASH expert supported the design of the WASH PCI strategy / plan of action and focused on implementation of WASH/PCI in health centres / CTCs /ORPs, training and SOPs, while UNICEF WASH colleagues are focusing on targeted interventions around cases (CATI approach). Tents have been ordered and are on their way to set up proper cholera treatment centres and support decentralization of the case management (ORPs). Cholera prevention activities (such as chlorination of centralized water systems and monitoring water quality) are still not implemented so far.
- In addition to cholera surge deployments UNICEF is also developing capacity strengthening outputs. This includes design of 4 cholera focused animation videos (i. detecting and confirming a cholera outbreak, ii. RCCE and social science, iii. oral rehydration therapy, and iv. targeted interventions – CATI, health setting and blanket), plus specific guidance on RCCE, preparedness and WASH to complement the pre-existing GTFCC and UNICEF cholera guidelines and toolkit respectively.
- WHO WASH experts are meeting Madagascar WASH WHO and partners on weekly basis to give technical support on WASH-cholera preparedness in relation with the current cholera outbreak in Comoros.

Risk communication and community engagement (RCCE)

- RCCE technical support to countries continues to be provided through deployment and regional support.
- RCCE deployment supported the development and conducting of rapid qualitative assessments to link communities with ongoing response action and establishing national dashboards to visualise data and community feedback (eg: Zambia, Malawi)
- Coordination with the Collective Service is on-going, with [cholera resources](#) available.
- RCCE toolkit is under development - The ultimate goal of this toolkit is to save lives and reduce morbidity and mortality by empowering affected communities to make informed decisions to protect their health and that of their loved ones against a specific disease or a health threat.

Operations Support and Logistics (OSL)

- Currently, the level of availability at both WHO's logistic hub in Dubai and the supplier level is satisfactory.
- This includes a reserve of bulk stock, ready to meet any strong demands that may arise. As a result of these preparations, no supply disruptions are anticipated for the fulfilment of current orders. A stock of bulk laboratory material and reagent is now available at WHO headquarter (HQ) for dispatch in requesting countries.
- There are ongoing shipments of cholera kits, which include essential laboratory materials, being dispatched to various countries. These shipments provide immediate response resources to areas currently facing cholera outbreaks and bolster preparedness in areas at risk. The distribution of these kits is being facilitated through different supply platforms (HQ, Brindisi, Dubai, Nairobi, and Dakar), ensuring a swift and efficient delivery process to the needed areas.
- Technical support is being actively provided to assist in the elaboration of orders for cholera response in selected countries. This support includes guidance on the selection of appropriate materials, estimation of required quantities, and logistical planning.
- Efforts are underway to organize ad-hoc donations of items with short shelf-lives that are set to expire next year. This initiative is aimed at supporting WHO partners by providing them with essential items free of charge.

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](#). In January 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.

Next steps

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

- Cholera scenario planning/prioritization will continue to be updated, considering the potential impact of a severe El Niño event at the global, regional, and national levels.
- WHO will continue to advocate for investment in cholera 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 for 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 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- Interim guidance, February 2023 \[EN\] \[FR\]](#)
- [AFRO Weekly outbreaks and emergency bulletin](#)
- [WHO AFRO Cholera Dashboard](#)
- [Cholera outbreak in Hispaniola 2022 - Situation Report](#)
- [Cholera upsurge \(2021-present\) web page](#)