

Multi-country outbreak of cholera



External Situation Report n. 14, published 16 May 2024

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

Countries /areas /territories affected
since 1 January 2024: **24**

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Overview

Data as of 28 April 2024

- In April 2024 (epidemiological weeks 14 to 17), a total of 27 696 new cholera cases were reported from 19 countries, territories, and areas (hereafter countries) across four WHO regions, showing no significant changes (1% increase) from the past 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 281 cholera-related deaths globally, highlighting a 31% increase from the past month. Around the same time last year, 40 856 cases and 247 cholera-related deaths were reported from 22 countries. Cases and deaths reported over this period in 2024 are 32% lower and 14% higher, 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](#).
- On 26 April 2024, the French overseas department of Mayotte in the Indian Ocean confirmed a new cholera outbreak, including several individuals who arrived in Mayotte via boats from the neighbouring cholera-affected countries of Comoros and the United Republic of Tanzania. A total of 26 locally acquired cases have been reported.
- From 1 January 2024 to 28 April 2024, a cumulative total of 145 900 cholera cases and 1766 deaths were reported from 24 countries across five WHO regions, with the African Region recording the highest numbers, followed by the Eastern Mediterranean 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.
- The cholera response continues to be affected by a critical shortage of Oral Cholera Vaccines (OCV). Since January 2023, OCV requests have surged, with 82 million doses requested by 15 countries, nearly double the 46 million doses produced during this period. The global stockpile of vaccines was depleted until early March. As of 6 May 2024, the stockpile has 3.2 million doses, which is below the global stockpile target of five million doses.
- 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 re-assessed the risk at the global level as very high and the event remains classified as a grade 3 emergency.
- WHO continues to work with global, regional, and country partners to support Member States in the 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. Inadequate disease surveillance at border areas and limited awareness in cholera-affected communities are also contributing factors. 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 April 2024 (corresponding to epidemiological weeks 14 to 17), a total of 27 696 new cholera cases were reported from 19 countries across four WHO regions, showing no significant change (1% increase) from the previous month. The Eastern Mediterranean Region (14 541 cases; five countries) reported the highest number of cases, followed by the African Region (13 126 cases; 12 countries), the European Region (26 cases; one country), and the South-East Asia Region (three cases; one country). In the same period, 281 cholera-related deaths were registered, representing a 31% increase compared with the death numbers reported globally during the previous month. The highest number of fatalities was recorded in the African Region (240 deaths; eight countries), followed by the Eastern Mediterranean Region (41 deaths; three countries).

From 1 January 2024 to 28 April 2024, a cumulative total of 145 900 cholera cases and 1766 deaths were reported globally across five WHO regions. The region with the highest reported case count was the African Region (80 429 cases; 14 countries), followed by the Eastern Mediterranean Region (62 190 cases; six countries), the Region of the Americas (2672 cases; one country), the South-East Asia Region (583 cases; two countries), the European Region (26 cases; one country). During this period, cholera deaths were reported in the African Region (1557 deaths), the Eastern Mediterranean Region (195 deaths), the Region of the Americas (13 deaths), and the South-East Asia Region (1 death). 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 28 April 2024

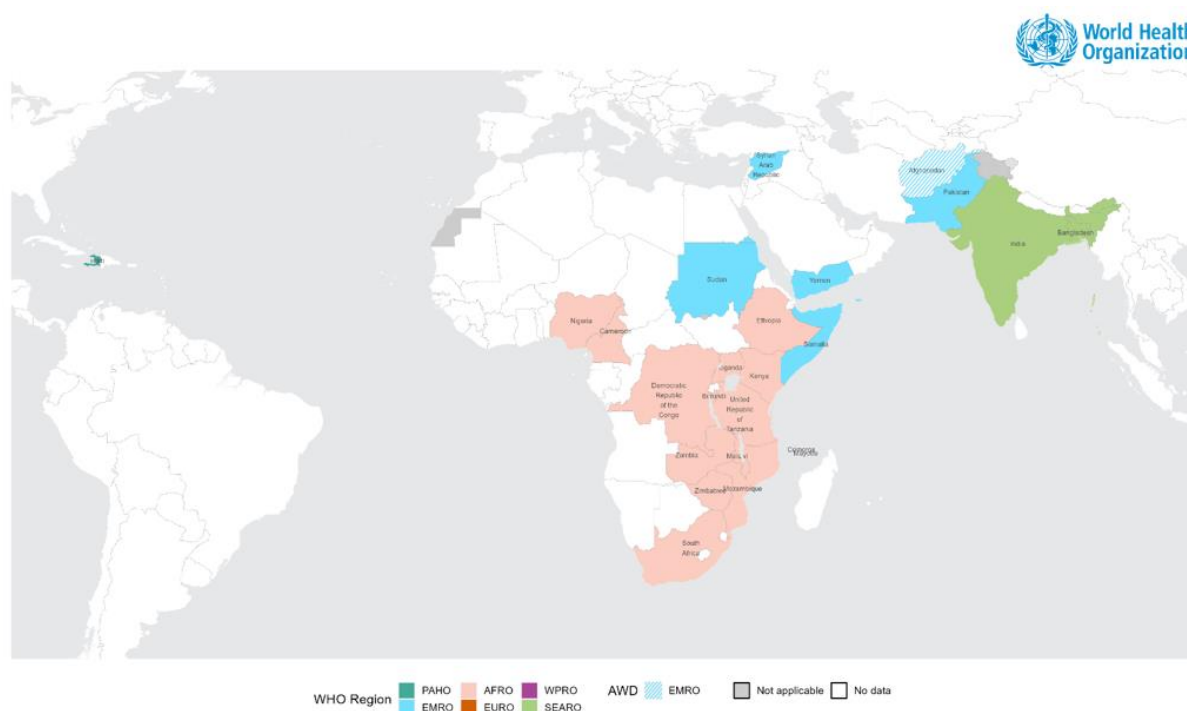


Table 1. Cholera cases and deaths reported from WHO regions, as of 28 April 2024*

WHO Region	Country, area, territory	1 January to 28 April 2024				Last 28 days				
		Cases	Deaths	Cases per 100 000	CFR (%)	Cases	Deaths	CFR (%)	Monthly cases % change	Monthly deaths % change
African Region	Burundi	196	0	2	0	87	0	0	278	-
	Cameroon	49	0	0	0	1	0	0	-	-
	Comoros	3 244	67	395	2.1	2 566	50	1.9	379	355
	Democratic Republic of the Congo	13 555	262	11	1.9	2 958	78	2.6	-11	105
	Ethiopia	12 811	138	17	1.1	2 740	27	1	-35	12
	Kenya	313	2	1	0.6	25	1	4	-	-
	Malawi	237	1	1	0.4	32	-	-	-18	-
	Mozambique	7 300	13	25	0.2	954	1	0.1	-46	-75
	Nigeria [§]	559	7	0	1.3	-	-	-	-	-
	South Africa	11	0	0	0	5	0	0	-	-
	Uganda [§]	32	1	0	3.1	-	-	-	-	-
	United Republic of Tanzania	2 641	38	4	1.4	598	10	1.7	5	67
	Zambia	19 999	636	102	3.2	680	15	2.2	-58	-29
	Zimbabwe	18 606	383	123	2.1	2 480	60	2.4	-31	-15
Eastern Mediterranean Region	Afghanistan ^{**}	33 307	16	102	0	8 754	3	0	22	200
	Pakistan ^{***§}	3 472	0	1	0	-	-	-	-	-
	Somalia	9 761	95	60	1	3 082	21	0.7	7	-22
	Sudan	2 326	62	6	2.7	53	0	0	-63	-
	Syrian Arab Republic	9 820	0	44	0	35	0	0	-30	-
	Yemen [¥]	3 504	22	10	0.6	2 617	17	0.6	710	467
European Region	Mayotte (France)	26	0		0	26	0	0	-	-
Region of the Americas	Haiti [§]	2 672	13	23	0.5	-	-	-	-	-
South-East Asia Region	Bangladesh	6	0	1	0	3	0	0	-	-
	India [§]	577	1	0	0.2	-	-	-	-	-

* 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 28 April 2024.

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

WHO regional overviews

African Region

In April 2024 (corresponding to epidemiological weeks 14 to 17), the African Region reported 11 835 new cholera cases across 12 countries, marking a 26% decrease compared with the case numbers reported in the previous month. During this period, the highest numbers of cases were reported from Ethiopia (2740 cases), Comoros (2566 cases), Zimbabwe (2480 cases), the Democratic Republic of the Congo (1667 cases), and Mozambique (954 cases). Additionally, eight countries reported 222 cholera-related deaths, a 25% increase compared with the previous month. Those deaths were reported from Zimbabwe (60 deaths), Democratic Republic of the Congo (60 deaths), Comoros (50 deaths), Ethiopia (27 deaths), and Zambia (15 deaths).

From 1 January 2024 to 28 April 2024, a total of 79 553 cholera cases were reported across 14 countries in the African Region. During this period, the highest numbers of cases were reported from Zambia (19 999 cases), Zimbabwe (18 606 cases), the Democratic Republic of the Congo (13 555 cases), Ethiopia (12 811 cases), and Mozambique (7300 cases). During the same period, a total of 1548 deaths were reported from 11 countries. The highest numbers of deaths were reported from Zambia (636 deaths), Zimbabwe (383 deaths), the Democratic Republic of the Congo (262 deaths), Ethiopia (138 deaths), and Comoros (67 deaths).

Eastern Mediterranean Region

In April 2024, the Eastern Mediterranean Region reported 14 541 new cholera cases across five countries, marking a 28% increase compared with the case numbers reported in the previous month. During this time period, cases were reported from Afghanistan (8754 cases), Somalia (3082 cases), Yemen (2617 cases), Sudan (53 cases), Syrian Arab Republic (35 cases). Additionally, there were 41 cholera-related deaths, a 14% increase compared with the previous month. Those deaths were reported from Somalia (21 deaths), Yemen (17 deaths), and Afghanistan (3 deaths).

From 1 January 2024 to 28 April 2024, a total of 62 190 cholera cases were reported across six countries in the Eastern Mediterranean Region. During this period, cases were reported from Afghanistan (33 307 cases), Syrian Arab Republic (9820 cases), Somalia (9761 cases), Yemen (3504 cases), Pakistan (3472 cases), and Sudan (2326 cases). During the same period, a total of 195 deaths were reported from four countries: Somalia (95 deaths), Sudan (62 deaths), Yemen (22 deaths), and Afghanistan (16 deaths).

European Region

In April 2024, the European Region reported 26 new cholera cases in the French overseas department of Mayotte in the Indian Ocean. No new deaths were reported in the Region during this period.

Region of the Americas

In April 2024, the Americas reported no new cholera cases. The lack of reported cases in Haiti could suggest underreporting amid the ongoing humanitarian crisis, rather than an absence of disease. The rainy season and dense conditions in displacement camps significantly elevate the potential for outbreaks. From January to April 2024, Haiti documented 2672 cholera cases and 13 deaths.

South-East Asia Region

In April 2024, the South-East Asia Region reported three new cholera cases in Cox's Bazaar, Bangladesh. No new deaths were reported in the Region during the period. From 1 January 2024 to 28 April 2024, a total of 583 cholera cases were reported from India (577 cases) and Bangladesh (6 cases). During the same period, one death was reported in India.

Western Pacific Region

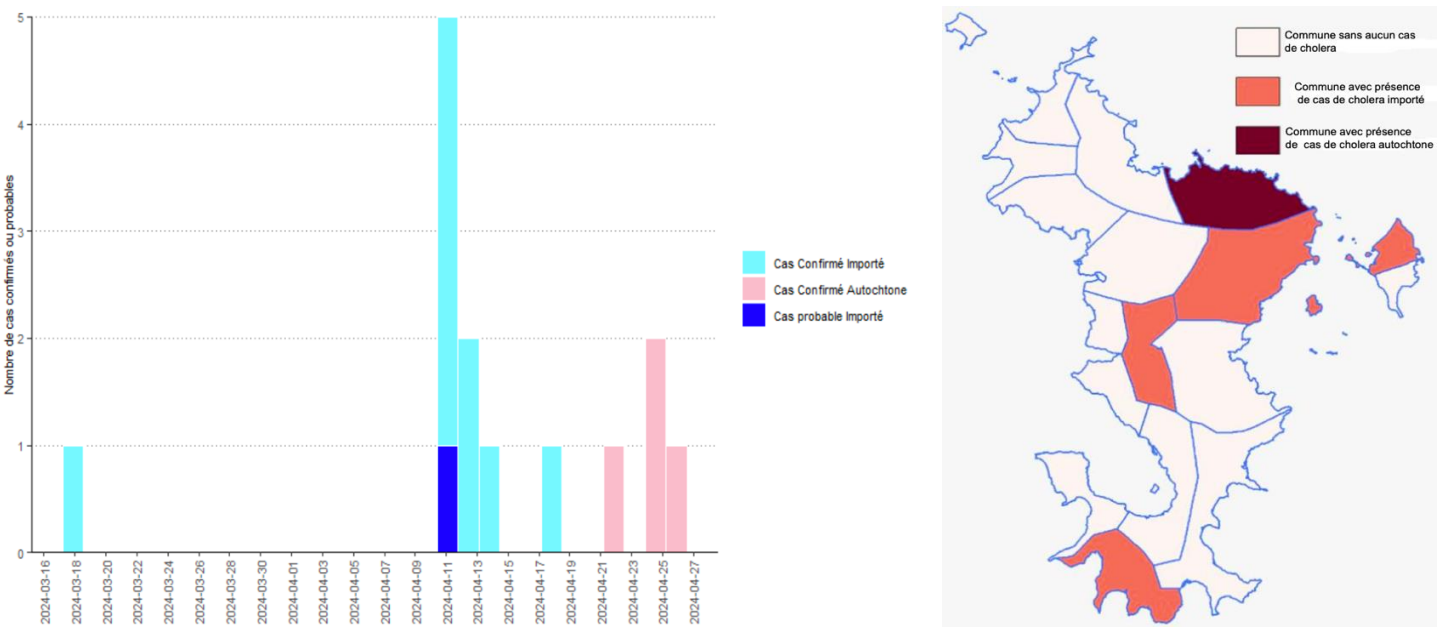
From 1 January 2024 to 28 April 2024, the Western Pacific Region reported no new cholera cases or deaths.

Focus on selected subregions and countries

Mayotte (France)

On 18 March 2024, Mayotte announced the detection of the first imported cases of cholera. As of 26 April 2024, a total of 26 cases have been reported, including locally acquired cases confirmed via polymerase chain reaction (PCR). Among these cases, 10 were imported from Comoros or East Africa, while the remaining 16 were locally acquired cases reported in the commune of Koungou.

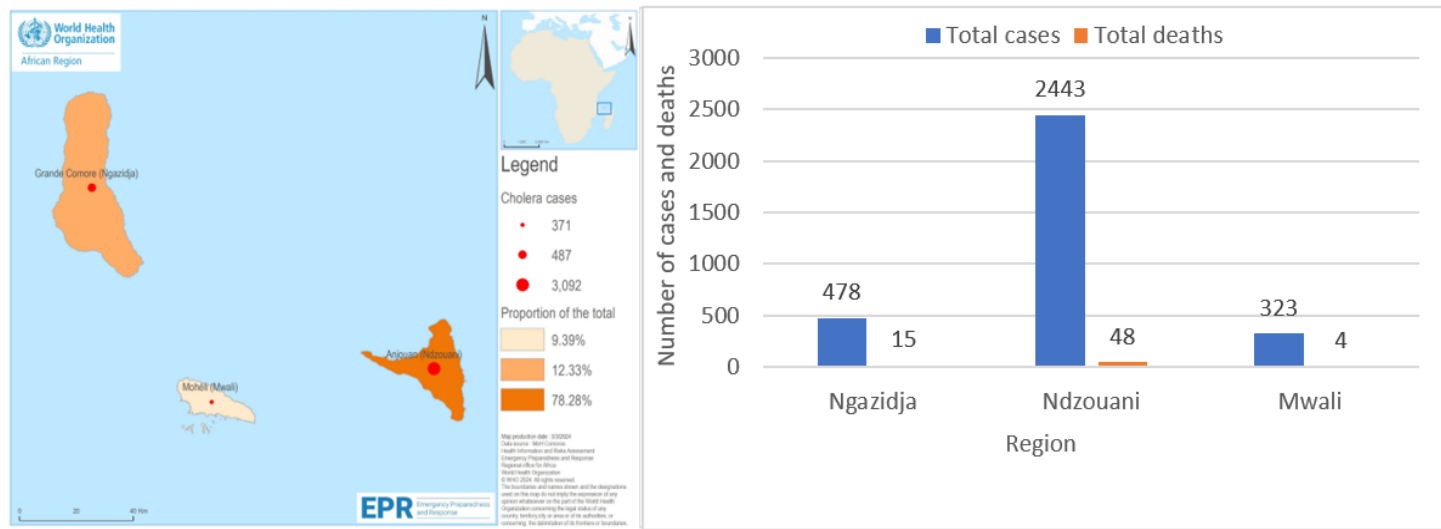
Figure 2. Mayotte: Daily evolution of cholera cases detected in Mayotte from 16 March to 27 April 2024 (left) and distribution of the cholera cases by commune as of 26 April 2024 (right)



Comoros

In Comoros, since the declaration of the outbreak in early February, the number of cholera cases and deaths has continued to rise, with the disease spreading across all three islands (Ngazidja, Ndzuwani, and Mwali). As of 28 April 2024, Comoros reported a total of 3244 cases and 67 deaths with a CFR of 2.1%. In April 2024, Comoros reported 2566 new cholera cases and 50 associated deaths with a CFR of 1.9%, marking a 379% increase in cases and a 355% increase in deaths compared with the numbers reported in the previous month.

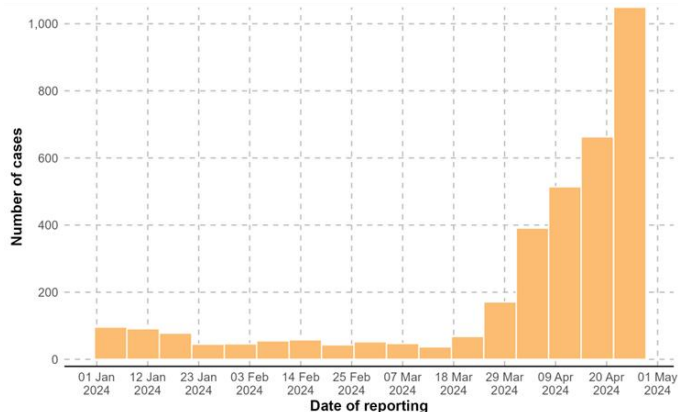
Figure 3. Comoros: number of confirmed cholera cases and deaths in the last 28 days (left) and total cholera cases and deaths in Comoros (right), as of 28 April 2024



Yemen

The total number of cases recorded between 1 January and 29 April 2024 across all 22 governorates is now estimated to be around 30 000. This figure is not reflected in the global total and Table 1 because the weekly/monthly breakdown is not available. The number of suspected cases is rising by 500 to 1000 cases each day. Recent reports have indicated positive culture results for cholera in sewage and water sources in certain areas, such as Sana'a City, Al Hodeidah, and Raymah. While the majority of the reported cases are concentrated in the northern regions of the country, there has been a noticeable increase in AWD/suspected cholera cases in the southern governorates since the end of March. Among those cases, from 1 to 28 April, the Internationally Recognized Government (IRG) areas in Yemen reported 2617 new cholera cases and 17 associated deaths with a CFR of 0.6%, marking a 710% increase in cases and a 467% increase in deaths compared with the numbers reported in the previous month. The ongoing conflict and the arrival of heavy rains and subsequent flooding may increase the risk of further cholera transmission in the country.

Figure 4. Yemen (IRG areas): cholera cases by reporting date in the last 28 days (left) and cholera cases distribution in Yemen (right), as of 28 April 2024



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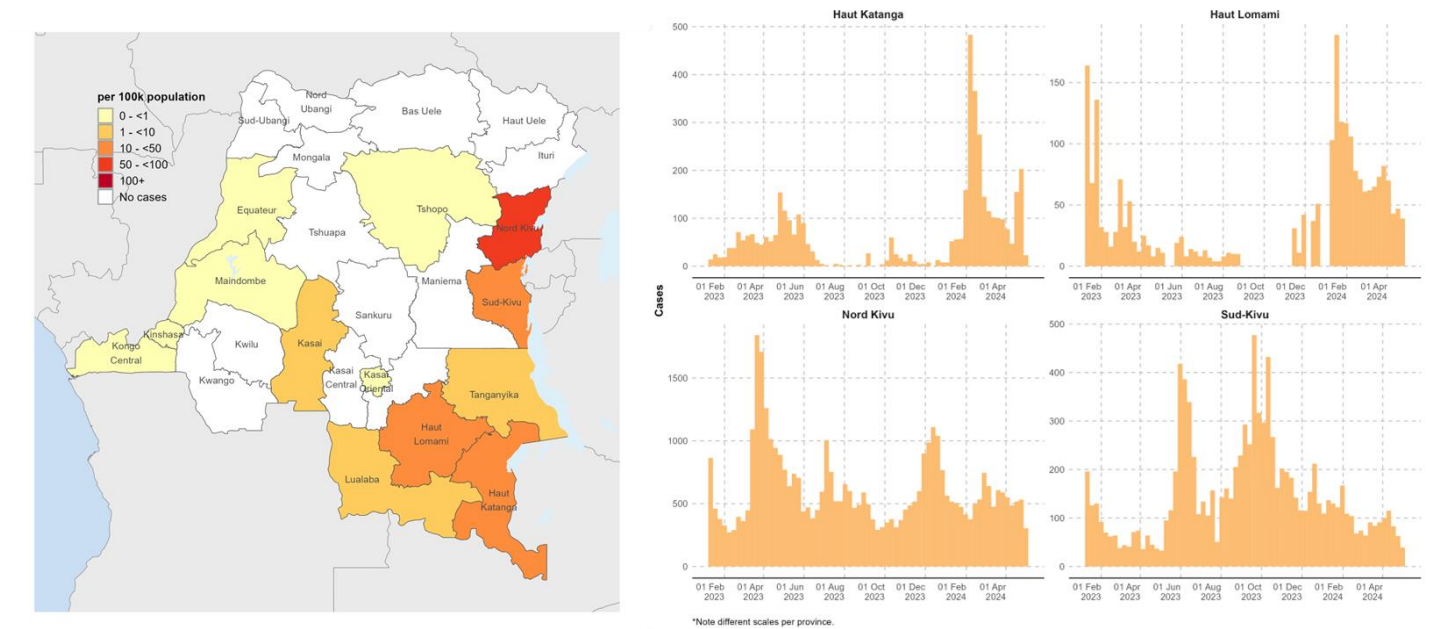
Data Source: World Health Organization, Ministry of Public Health and Population, Yemen
Map Production: Ministry of Public Health and Population, Yemen
Map Date: 28 April 2024

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Democratic Republic of the Congo


In April 2024, the Democratic Republic of the Congo reported 2958 new cholera cases and 78 associated deaths with a CFR of 2.6%, marking an 11% decrease in cases and a 105% increase in deaths compared with the numbers reported in the previous month. Since January 2024, the Democratic Republic of the Congo reported a total of 14 431 cases and 271 deaths with a CFR of 1.9%.

Figure 5. Cholera situation in DRC. Cumulative cholera cases reported since January 2024 in North Kivu, South Kivu, and Tanganyika (left). National cholera cases in DRC, by province (right), as of 28 April 2024



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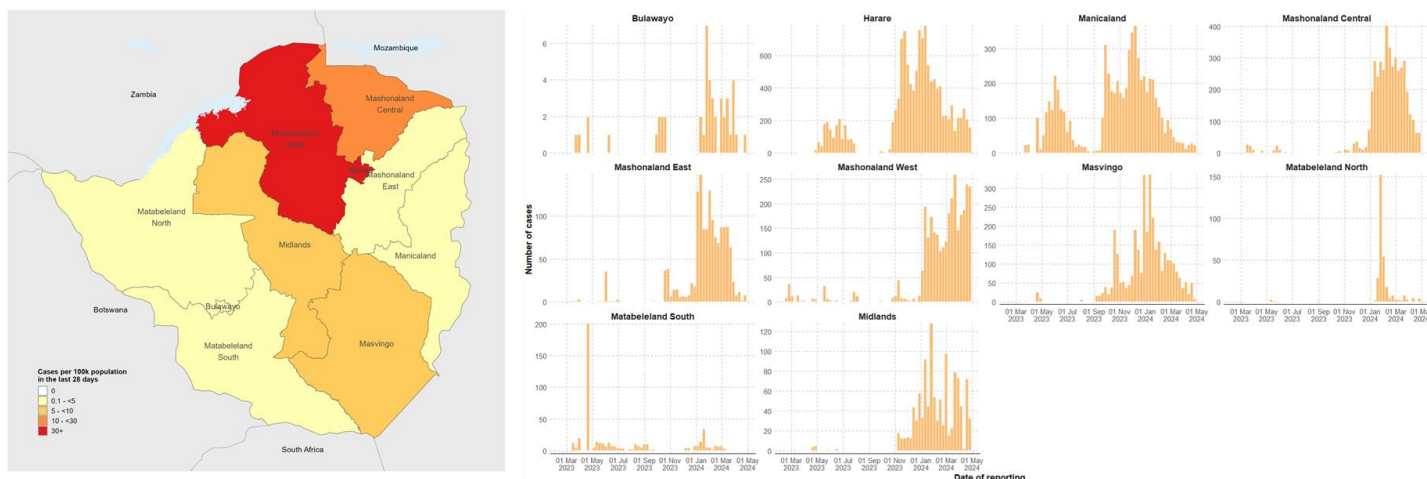
Data Source: World Health Organization, Ministry of Health Democratic Republic of the Congo
Map Production: World Health Organization
Map Date: 28 April 2024

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Zimbabwe

In April 2024, Zimbabwe reported 2480 new cholera cases and 60 associated deaths with a CFR of 2.4%, marking a 31% decrease in cases and a 15% decrease in deaths compared with the numbers reported in the previous month. Since January 2024, Zimbabwe reported a total of 18 606 cases and 383 deaths with a CFR of 2.1%.

Figure 6. Zimbabwe: number of cases in the last 28 days (left) and by province (right), as of 28 April 2024

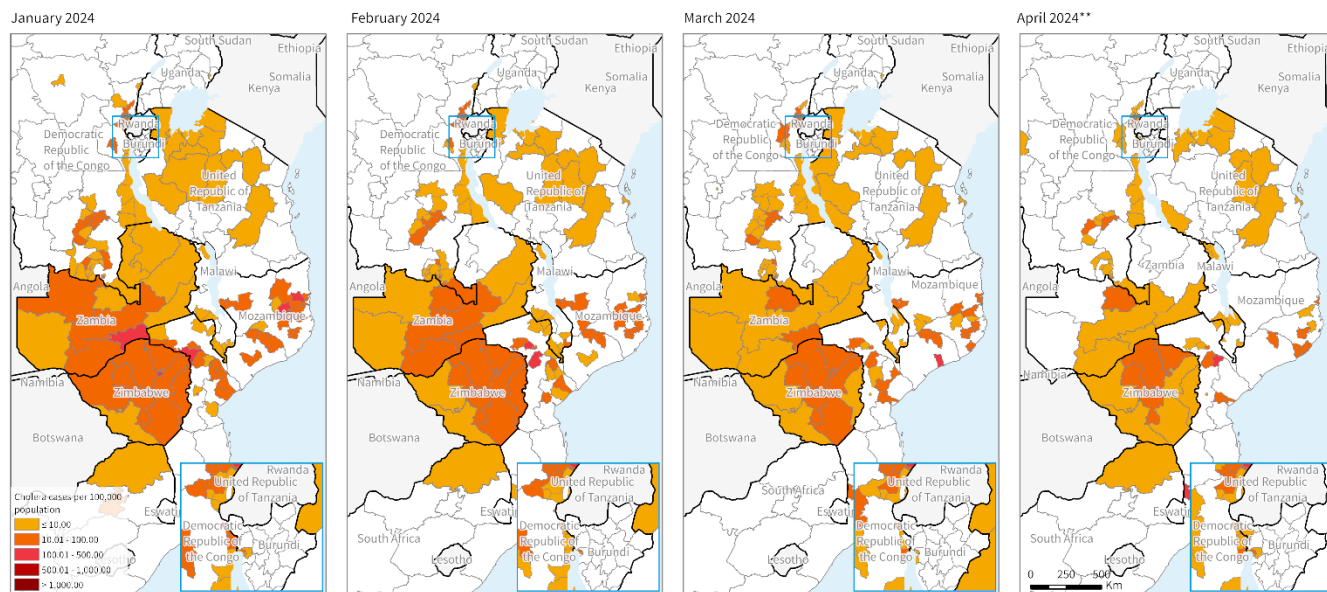


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Data Source: World Health Organization, Ministry of Health and Child Care Zimbabwe
Map Production: World Health Organization
Map Date: 28 April 2024

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Figure 7. South Eastern Africa attack rate per 100 000 (suspected and confirmed cholera cases per month) between January and April 2024, as of 28 April 2024*



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Data Source: World Health Organization, Ministries of Health and Statistics offices of Burundi, Democratic Republic of the Congo, Eswatini, Malawi, Mozambique, South Africa, United Republic of Tanzania, Uganda, Zambia and Zimbabwe
Map Production: WHO Health Emergencies Programme
Map Date: 10 May 2024

* The reporting period differ by country:
Burundi: 5/5/2024 - Democratic Republic of the Congo: 28/4/2024
Eswatini: 8/5/2023 - Malawi: 5/5/2024 - Mozambique: 5/5/2024
South Africa: 4/4/2024 - Uganda: 13/5/2024 - United Republic of Tanzania: 28/4/2024 - Zambia: 5/5/2024 - Zimbabwe: 5/5/2024
Data of Zimbabwe, Tanzania, South Africa and Zambia (since Jan 2024) are displayed at Province/Region level. ** Data for the latest month may be incomplete and are subject to any retrospective adjustments. The date corresponds to the first day of the epi-week (from Monday to Sunday)

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Horn of Africa

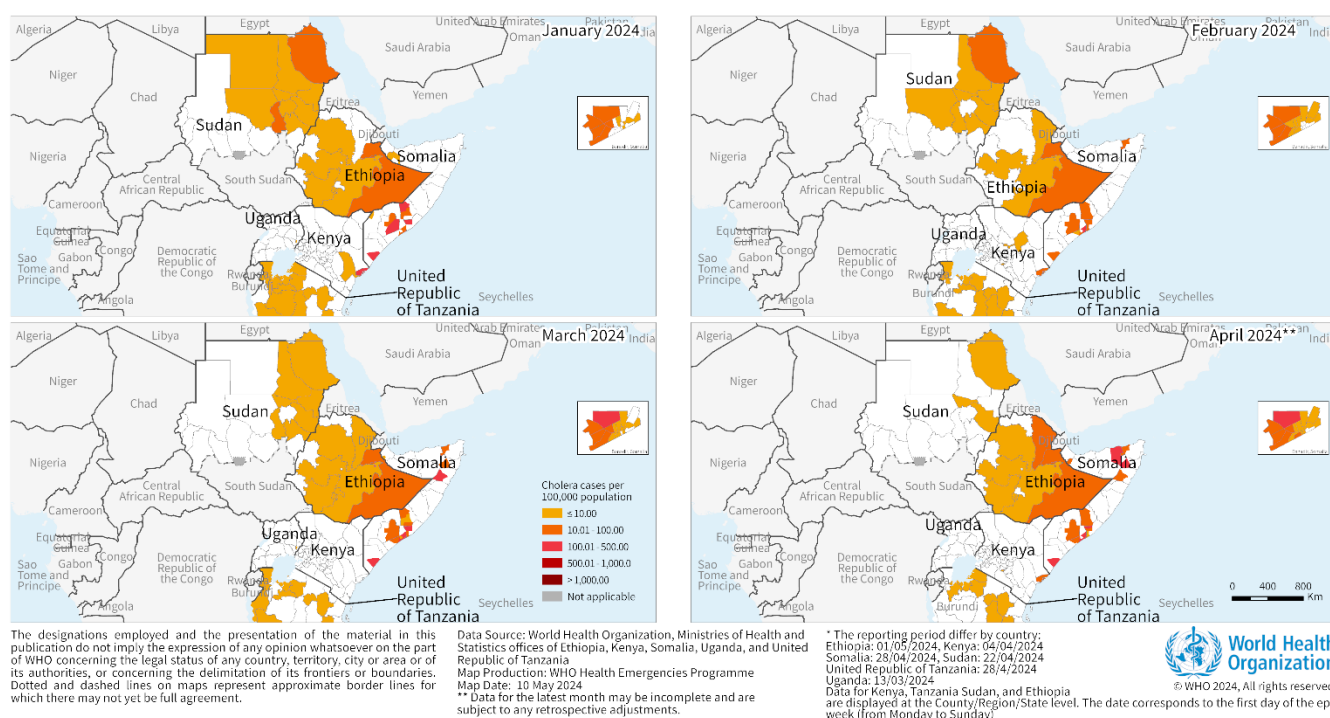
Ethiopia

In April 2024, Ethiopia reported 2740 new cholera cases and 27 associated deaths with a CFR of 1%, marking a 35% decrease in cases and a 12% increase in deaths compared with the numbers reported in the previous month. Since January 2024, Ethiopia reported a total of 12 811 cases and 138 deaths with a CFR of 1.1%. Active cholera outbreaks have been reported across nine regions with over 80% of cases reported from Somali and Oromia regions.

Somalia

In April 2024, Somalia reported 3082 new cholera cases and 21 associated deaths with a CFR of 0.7%, marking a 7% increase in cases and a 22% decrease in deaths compared with the numbers reported in the previous month. Since January 2024, Somalia reported a total of 9761 cases and 95 deaths with a CFR of 1%.

Figure 8. The Horn of Africa region cholera attack rate per 100 000 population between January and April 2024, as of 28 April 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

- In response to 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 Operations call forum.
- Planning is underway for a side event during the World Health Assembly week, titled "Uniting against the Global Cholera Emergency: Empowering communities, facilitating multi-sectoral action, and galvanizing resource," which aims to empower communities, facilitate multi-sectoral action, and mobilize resources. This event is a collaborative effort between IFRC, UNICEF, WHO, and GTFCC.
- As of 30 April 2024, nineteen experts have been deployed to Malawi, Mozambique, Kenya, Lebanon, Haiti, Sudan, Comoros, and Zambia through GOARN to support the cholera response for the functions of Health Operations, Case Management, Social anthropology and Epidemiology/Surveillance, Health Cholera Coordinator and Partner Coordination. An additional Request for Assistance has been published for Epidemiology support in Yemen.
- As of 30 April 2024, sixteen experts have been deployed (for a duration of three to six 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 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 United Kingdom Foreign, Commonwealth & Development Office or 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](#). Strengthening cholera surveillance following this guidance is essential for the early detection and rapid response to cholera outbreaks, and for informing the multisectoral strategies needed to control and eliminate cholera.
- GTFCC technical recommendations on [standard data and metadata sets](#) for cholera reporting at the regional and global levels are actively promoted. A [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 guidance for the identification of [Priority Areas for Multisectoral Interventions 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](#) have been disseminated and promoted.
- 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.
- 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 rapid diagnostic tests for Gavi-eligible countries for cholera surveillance, including outbreak monitoring.
- Ongoing efforts involve the development of training materials for cholera diagnostics.

Vaccination

- Four new requests were received in 2024 from Ethiopia, Somalia, Zambia, and Comoros, collectively seeking over nine million doses. Additionally, three other countries (Ethiopia, Kenya, and Zimbabwe) are considering submitting an OCV request for a reactive campaign.
- Since the onset of 2024, seven reactive vaccination campaigns have been conducted in response to cholera outbreaks in six countries: Ethiopia, Mozambique, Somalia, 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.
- WHO prequalified a new oral vaccine for cholera, Euvichol-S, on 12 April. This inactivated oral vaccine has a similar efficacy to existing vaccines but a simplified formulation, allowing opportunities to increase production capacity.

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

- In collaboration with the WHO Zambia Country Office, over 500 healthcare workers, including community-based volunteers, received training on cholera IPC standards and transmission-based precautions. This effort was bolstered by strategic IPC/WASH pillar meetings, enhancing coordination and collaboration with the Ministry of Health and partners such as the US-CDC, UNICEF, Save the Children and World Vision.
- The Burundi Country Office was provided with IPC cholera standard operating procedures (SOPs) and an assessment tool.
- Continued support is being extended to Burundi, Ethiopia, the Democratic Republic of the Congo, and Zambia to strengthen IPC/WASH cholera measures.
- WHO headquarter provided specific WASH strategy support to Comoros and Yemen, including scheduling a WASH supervisor deployment for early May.
- The WASH team is developing a comprehensive package of WASH kick-start activities, detailing roles and responsibilities for WHO and its partners.
- UNICEF creates four cholera-focused animation videos: 1. Detecting and confirming a cholera outbreak, 2. Rapid qualitative assessment (RQA) risk communication and community engagement in cholera response, 3. Community case management through access and use of oral rehydration solution, 4. Transmission risk-informed targeted WASH interventions during a cholera response.

- UNICEF continues to provide ongoing WASH support to countries facing cholera outbreaks and other humanitarian crises, including drought in Zambia and Zimbabwe, flooding in the Horn of Africa, and conflict and displacement in Sudan.
- A technical workshop on cross-border cholera coordination between Zambia and DRC was held, focusing on strengthening response strategies.

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.
- An RCCE readiness and response toolkit for cholera is under development – the 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.
- UNICEF: RCCE engagement and support to the Eastern and Southern Africa Regional Office (SEARO) in documenting the role of religious leaders in cholera outbreaks.

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.
- The dire financial situation of certain countries may hamper continuity in supply.
- Preparation or shipment of essential materials is ongoing to Comoros, Zambia, and Mozambique.
- Special in-kind donations from certain Member States are ongoing (to Zimbabwe and Madagascar).
- Technical support is being provided to countries to assist in the preparation of orders.

Preparedness and Readiness

- In 2024, 26 countries reported their readiness status, with an average readiness score of 50%.
- Identified gap areas include IPC, WASH / Food Safety, Case Management, OSL, and Surveillance and Points of Entry, including cross-border issues.
- Proactive engagement with the Madagascar Emergency Task Force is ongoing to discuss cholera readiness in the context of the regional cholera outbreaks in Comoros and Mayotte.
- Risk assessment was conducted in flood-affected countries (Kenya and the United Republic of Tanzania) and at-risk countries (South Sudan and Ethiopia).
- National Cholera Control Plans (NCCPs) are under development or review in South Sudan and Mozambique.
- To support the laboratory capacity investigation kits, RDTs, and IPC equipment were shipped to Comoros (1289 kg of supplies).
- Support continues to be provided to South Africa, Namibia, Botswana, and Zambia in identifying Priority Areas for Multisectoral Interventions (PAMIs).

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 March 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, human, 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 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 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 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](#)