

# Multi-country outbreak of cholera



External Situation Report n. 20, published 20 November 2024

Cases – 486 760  
Since Jan. 2024

Deaths – 4018  
Since Jan. 2024

Countries affected – 33  
Since Jan. 2024

Population at risk  
1 billion

Global risk –  
Very high

## In this edition:

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

## Overview

### Data as of 27 October 2024

- In October 2024 (epidemiological weeks 40 to 43), a total of 37 363 new cholera and acute watery diarrhoea (AWD) cases were reported from 19 countries, territories, areas (hereafter countries) across three WHO regions, marking a 32% decrease from September. The Eastern Mediterranean Region registered the highest number of cases, followed by the African Region and the South-East Asia Region. Additionally, 395 cholera-related deaths were reported globally, a 48% decrease from the previous month. The data presented here should be interpreted cautiously due to potential underreporting and reporting delays.
- While the number of cases reported in October 2024 is 42% lower than the same period in 2023, the number of deaths has increased by 54% – reflecting severe response challenges in outbreak settings. Factors such as conflict, mass displacement, natural disasters, and climate change have intensified outbreaks, particularly in rural and flood-affected areas, where poor infrastructure and limited healthcare access delay treatment. These cross-border dynamics have made cholera outbreaks increasingly complex and harder to control.
- Since the last report, new cholera outbreaks have been reported in Iraq (571 cases and one death), Lebanon (one case with no death) and South Sudan (49 cases and one death), bringing the total number of affected countries in 2024 to 33.
- From 1 January to 27 October 2024, a cumulative total of 486 760 cholera and AWD cases and 4018 deaths were reported from 33 countries across five WHO regions, with the Eastern Mediterranean Region recording the highest numbers, followed by the African Region, the South-East Asia Region, the Region of the Americas, and the European Region. No outbreaks were reported in the Western Pacific Region during this time.
- In November, record production of Oral Cholera Vaccines (OCV) was achieved, the highest since 2013, driven by new formulations and production methods introduced and prequalified this year.<sup>[1]</sup> Despite this progress, the OCV emergency stockpile averaged less than 600 000 doses in October – far below the target of five million doses needed for emergency stockpile at all times for effective outbreak response. This persistent shortage continues to hinder efforts to control cholera outbreaks and respond promptly to the spread of the disease.
- For the latest data, please refer to WHO's [Global Cholera and AWD Dashboard](#).

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

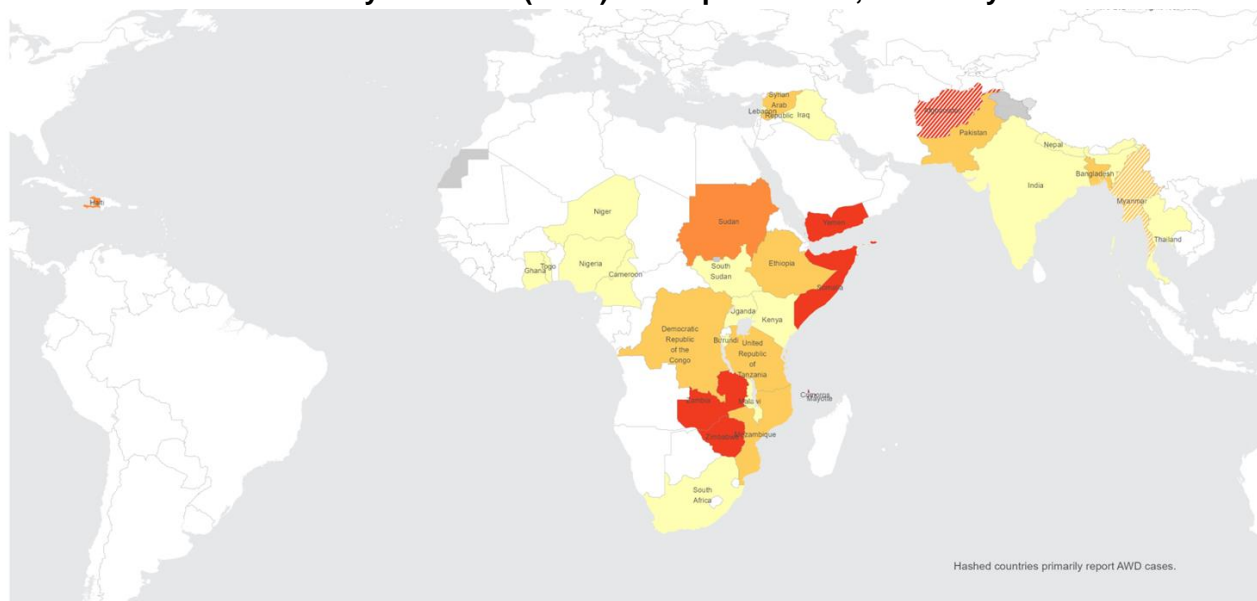
# Global epidemiological update

In October 2024 (epidemiological weeks 40 to 43), a total of 37 363 new cholera and AWD cases were reported from 19 countries across three WHO regions, showing a 32% decrease from September. The Eastern Mediterranean Region (28 878 cases; six countries) reported the highest number of cases, followed by the African Region (8264 cases; 11 countries) and the South-East Asia Region (221 cases; two countries). In the same period, 395 deaths among cholera and AWD cases were registered, representing a 48% decrease compared with the previous month. The highest number of fatalities was recorded in the Eastern Mediterranean Region (236 deaths; two countries), followed by the African Region (159 deaths; eight countries). No deaths were reported in the South-East Asia region.

From 1 January to 27 October 2024, a cumulative total of 486 760 cholera and AWD cases and 4018 deaths were reported globally across five WHO regions. The region with the highest reported case count was the Eastern Mediterranean Region (321 146 cases; eight countries), followed by the African Region (140 097 cases; 18 countries), the South-East Asia Region (15 666 cases; five countries), the Region of the Americas (9630 cases; one country), and the European Region (221 cases; one country). During this period, deaths among cholera and AWD cases were reported in the African Region (2613 deaths), the Eastern Mediterranean Region (1218 deaths), the Region of the Americas (142 deaths), the South-East Asia Region (43 deaths), and the European Region (two deaths). Notably, the Western Pacific Region did not report any cholera outbreaks.

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

**Figure 1. Cholera and acute watery diarrhoea (AWD) cases per 100 000, 1 January to 27 October 2024**



**Table 1. Reported cholera and AWD cases and deaths by WHO region, as of 27 October 2024**

WHO Region	Country, area, territory	1 January to 27 October 2024				Last 28 days				
		Cases	Deaths	Cases per 100 000	CFR (%)	Cases	Deaths	CFR (%)	Monthly cases % change	Monthly deaths % change
<b>African Region</b>	Burundi	823	3	6	0.4	9	0	0	-80	
	Cameroon <sup>§</sup>	49	0	0	0					
	Comoros	10 549	152	1 283	1.4	116	0	0	27	
	Democratic Republic of the Congo	27 086	388	23	1.4	1 831	30	1.6	6	-23
	Ethiopia	26 624	255	36	1	1 324	11	0.8	-3	-58
	Ghana	11	0	0	0	9	0	0		
	Kenya <sup>§</sup>	613	5	1	0.8					
	Malawi	324	4	2	1.2	21	2	9.5	-59	100
	Mozambique <sup>§</sup>	8 132	18	28	0.2					
	Niger	1 027	21	4	2	322	4	1.2	-54	-76
	Nigeria	17 139	603	8	3.5	3 179	87	2.7	-44	-62
	South Africa <sup>§</sup>	11	0	0	0					
	South Sudan	49	1	0	2	49	1	2		
	Togo	71	8	1	11.3	66	7	10.6		
	Uganda <sup>§</sup>	89	5	0	5.6					
	United Republic of Tanzania	7 248	114	12	1.6	1 338	17	1.3	15	-6
	Zambia <sup>§</sup>	20 219	637	103	3.2					
	Zimbabwe <sup>§</sup>	20 033	399	132	2					
<b>Eastern Mediterranean Region</b>	Afghanistan <sup>**</sup>	155 383	77	475	0	12 296	8	0.1	-31	14
	Iraq	571	1	1	0.2	571	1	0.2		
	Lebanon	1	0	0	0	1	0	0		
	Pakistan <sup>***</sup>	67 703	0	29	0	5 130	0	0	-34	
	Somalia	20 159	138	123	0.7	733	0	0	-7	
	Sudan	30 362	843	72	2.8	10 147	227	2.2	-33	-45
	Syrian Arab Republic <sup>§</sup>	10 563	0	48	0					
	Yemen <sup>§</sup>	36 404	159	108	0.4					
<b>European Region</b>	Mayotte <sup>§</sup>	221	2	69	0.9					
<b>Region of the Americas</b>	Haiti <sup>§</sup>	9 630	142	83	1.5					
<b>South-East Asia Region</b>	Bangladesh	278	0	31	0	61	0	0	3	
	India <sup>§#</sup>	9 236	43	1	0.5					
	Myanmar <sup>**</sup>	6 052	0	11	0	160	0	0	67	
	Nepal <sup>§</sup>	95	0	0	0					
	Thailand <sup>§</sup>	5	0	0	0					

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

\*\* Afghanistan and Myanmar report AWD cases.

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

§ Countries which did not report cholera cases between 1 and 27 October 2024.

¥ The reported number of suspected cholera and AWD cases is based on the [Internationally Recognized Government areas of Yemen's Dashboard](#).

# Among the total of 9236 cases reported from India, 358 cases were confirmed.

# WHO regional overviews

## African Region

In October 2024 (epidemiological weeks 40 to 43), the African Region reported 8264 new cholera and AWD cases across 11 countries, marking a 24% decrease compared with September. During this period, the highest numbers of cases were from Nigeria (3179), Democratic Republic of the Congo (1831), and the United Republic of Tanzania (1338). Additionally, there were 159 cholera-related deaths, a 52% decrease from the previous month. The highest numbers of deaths were reported from Nigeria (87), the Democratic Republic of the Congo (30), and the United Republic of Tanzania (17).

From 1 January to 27 October 2024, a total of 140 075 cholera and AWD cases were reported across 18 countries in the African Region. The highest number of cases were reported from the Democratic Republic of the Congo (27 086), Ethiopia (26 624), and Zambia (20 219). During the same period, 2613 deaths were reported from 15 countries, with the highest numbers recorded in Zambia (637), Nigeria (603), and Zimbabwe (399).

## Eastern Mediterranean Region

In October 2024, the Eastern Mediterranean Region reported 28 878 new cholera and AWD cases across six countries, marking a 35% decrease compared with September. During this period, cases were reported from Afghanistan (12 296), Sudan (10 147), Pakistan (5130), Somalia (733), Iraq (571) and Lebanon (1). Additionally, there were 236 cholera-related deaths, a 44% decrease from the previous month. The deaths were reported from Sudan (227), Afghanistan (8), and Iraq (1).

From 1 January to 27 October 2024, a total of 321 146 cholera and AWD cases were reported across eight countries in the Eastern Mediterranean Region. Cases were reported from Afghanistan (155 383), Pakistan (67 703), Yemen (36 404), Sudan (30 362), Somalia (20 159), Syrian Arab Republic (10 563), Iraq (571) and Lebanon (1). During the same period, 1218 deaths were reported from five countries: Sudan (843), Yemen (159), Somalia (138), Afghanistan (77), and Iraq (1).

## European Region

In October 2024, the European Region reported no new cholera cases or deaths. From 1 January to 27 October 2024, a total of 221 cases, including one death, were recorded in the region, all from France's department of Mayotte.

## Region of the Americas

From 1 January to 27 October 2024, Haiti documented 9630 cholera cases and 142 deaths. For more detailed information, please refer to the [Pan American Health Organization's Cholera resurgence in Hispaniola Dashboard](#)

## South-East Asia Region

In October 2024, the South-East Asia Region reported 221 new cholera and AWD cases from two countries, marking a 21% increase compared with September. During this period, cases were reported from Myanmar (160) and Bangladesh (61). No cholera-related deaths were reported in the region during this period.

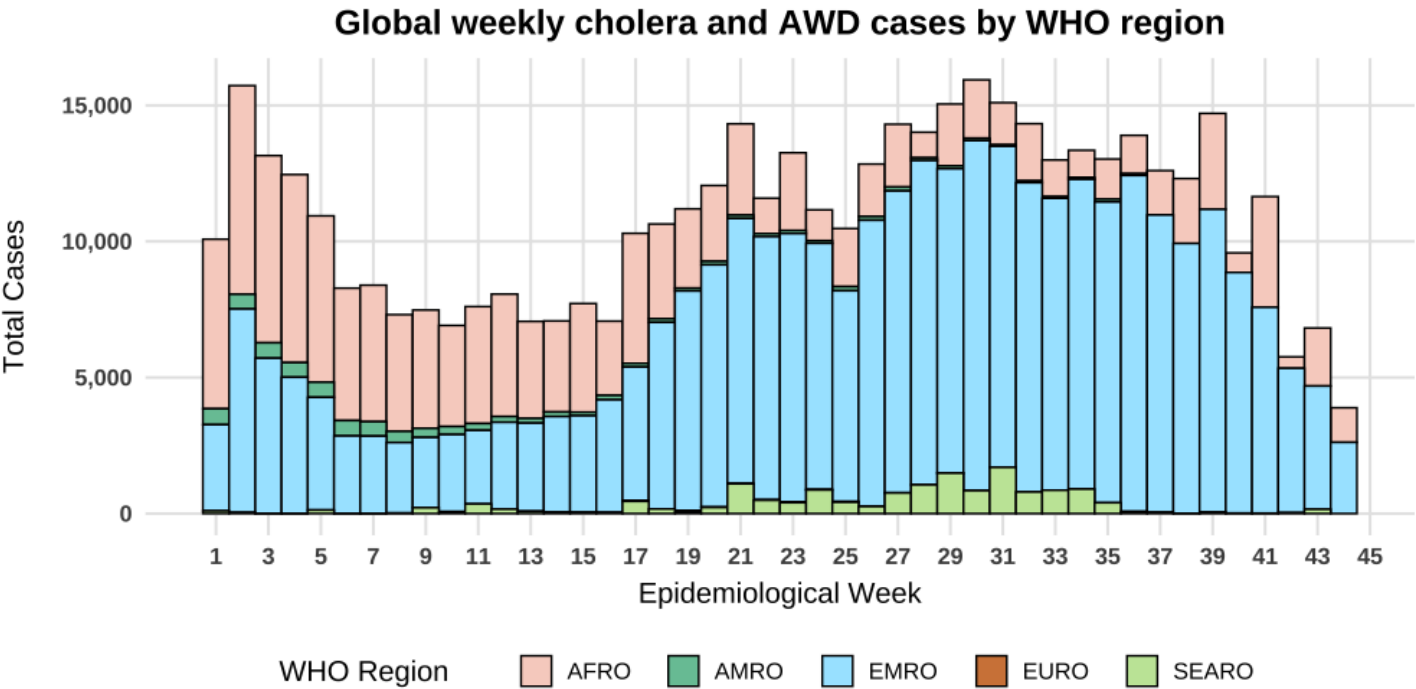
From 1 January to 27 October 2024, a total of 15 666 cholera and AWD cases were reported across five countries in the South-East Asia Region. During this period, cases were reported from India (9236), Myanmar (6052), Bangladesh (278), Nepal (95) and Thailand (5). During the same period, a total of 43 deaths were reported from India.

## Western Pacific Region

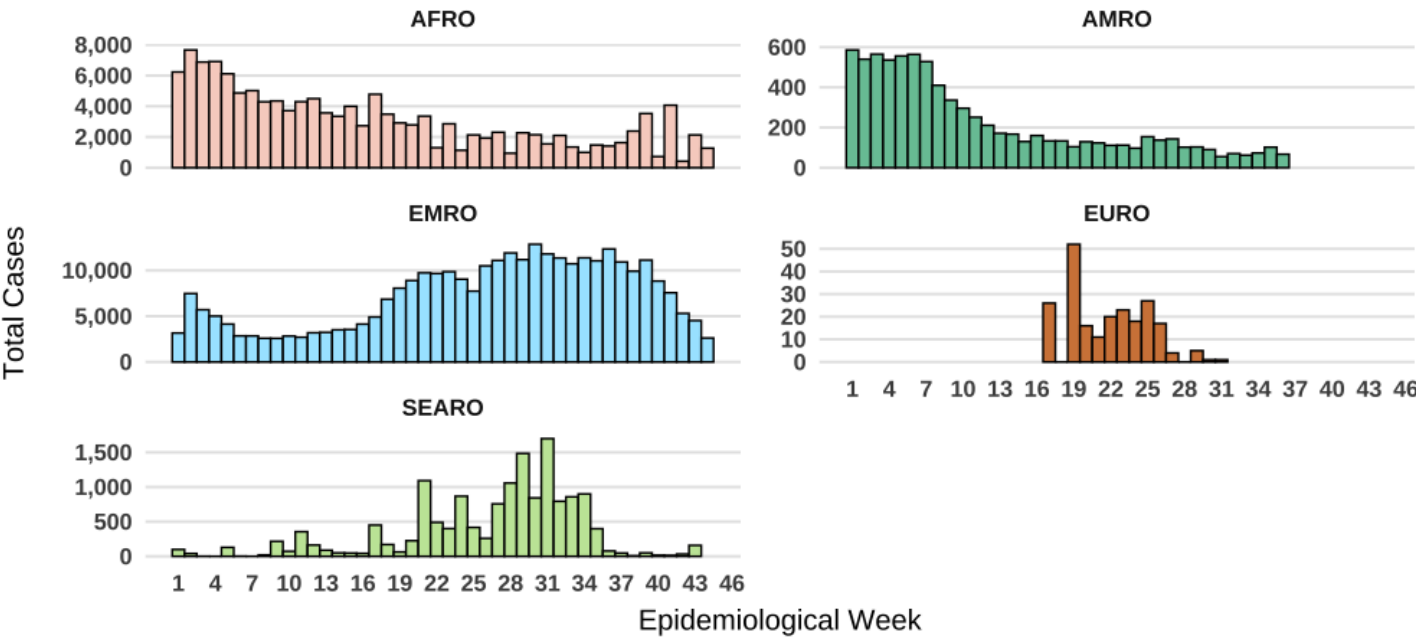
From 1 January to 27 October 2024, the Western Pacific Region reported no new cholera cases or deaths.

Figure 2. Cholera cases by week globally (A) and by WHO Region (B), 1 January to 27 October 2024 <sup>[2]</sup>

A



B



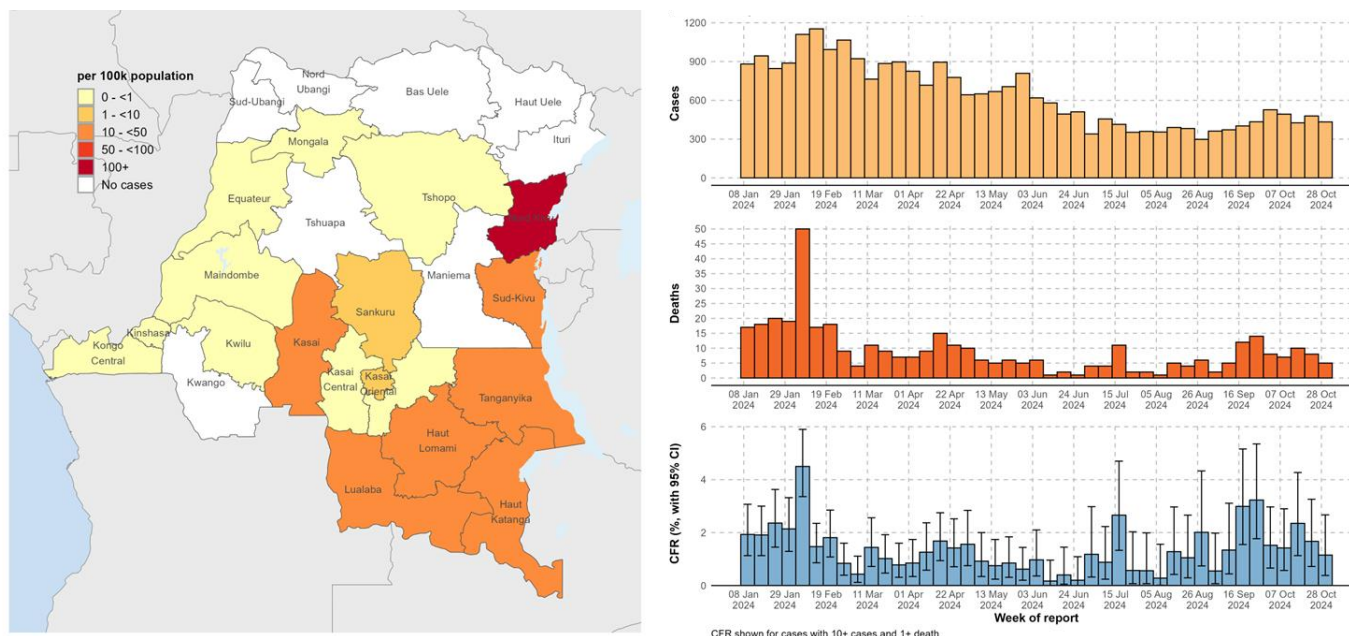
<sup>2</sup> AFRO: WHO African Region; AMRO: WHO Region of the Americas; EMRO: WHO Eastern Mediterranean Region; EURO: WHO European Region; SEARO: WHO South-East Asia Region

## Focus on selected subregions and countries

### Democratic Republic of the Congo

Between 1 January and 27 October 2024, the Democratic Republic of the Congo reported a total of 27 086 cases and 388 deaths with a CFR of 1.4%, well above the 1% threshold used as an indicator for early and adequate treatment of cholera patients. In October, the country recorded 1831 new cholera cases and 30 deaths, with an even higher CFR of 1.6%. This represents a 6% increase in cases and a 23% decrease in deaths compared to September. The rise in cases and the persistently elevated CFR underscore significant challenges in outbreak control and access to timely treatment. Over 80% of all cases were reported from North Kivu, Haut Katanga, and South Kivu provinces.

**Figure 3. Democratic Republic of the Congo: Geographic distribution of cholera cases per 100 000 population by province (Left). Weekly case, death, and CFR trends (Right), as of 27 October 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 border lines for which there may not yet be full agreement.

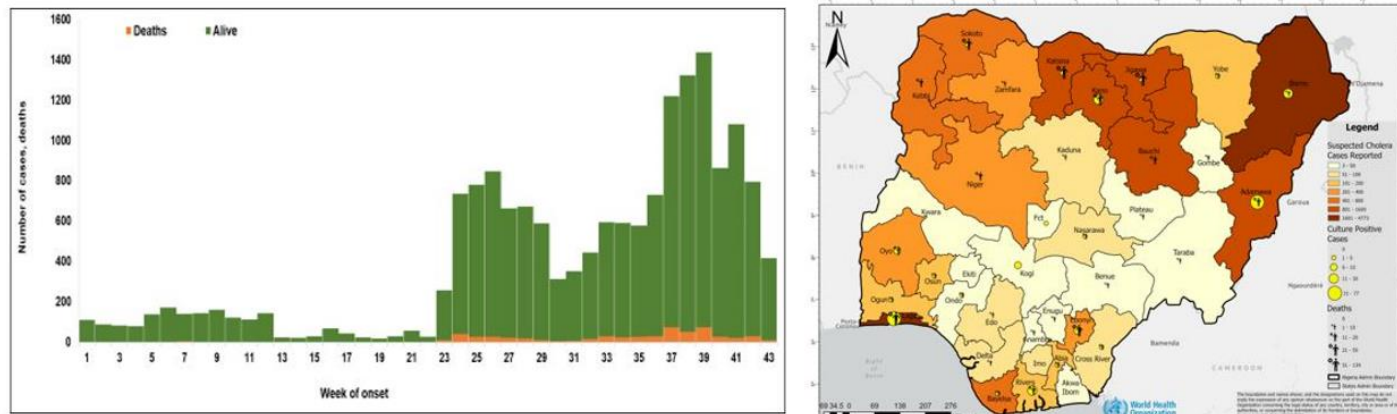
Data Source: World Health Organization, Ministry of Health Democratic Republic of the Congo  
Map Production: World Health Organization  
Map Date: 27 October 2024



## Nigeria

Between 1 January and 27 October 2024, Nigeria reported a total of 17 139 cases and 603 deaths with an extremely high CFR of 3.5%. In October, the country recorded 3179 new cases and 87 deaths, with a slightly lower but still concerning CFR of 2.7%. While cases and deaths decreased by 44% and 62% compared to September, the persistently elevated CFR highlights the severe impact of cholera nationwide. The country's 36 states reported cases, with Lagos, Borno, and Katsina states accounting for over half of the national caseload.

**Figure 4. Nigeria: Geographic distribution of cholera cases and deaths by state (Right). Weekly case and death trends (Left), as of 27 October 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 border lines for which there may not yet be full agreement.

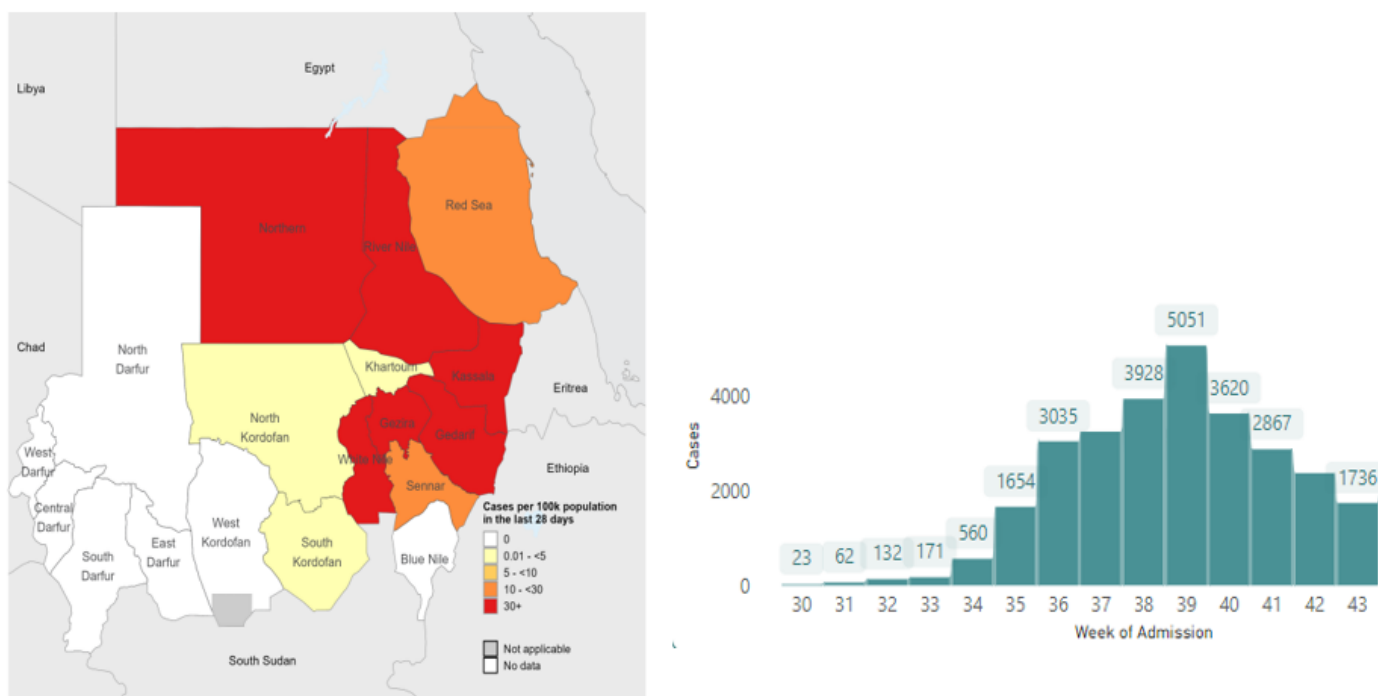
Data Source: World Health Organization, Nigeria Federal Ministry of Health and Social Welfare, Nigeria Centre for Disease Control and Prevention

Map Production: World Health Organization, Nigeria Centre for Disease Control and Prevention  
Map Date: 27 October 2024

## Sudan

Between 1 January and 27 October 2024, Sudan reported a total of 30 362 cases and 843 deaths, with a critically high CFR of 2.8%. In October, the country recorded 10 147 new cases and 227 deaths, with a CFR of 2.2%. Although cases and deaths decreased by 33% and 45% from September, the sustained high CFR underscores the challenges of responding effectively to the outbreak. Eleven of Sudan's 18 states were affected, with Kassala, Gedarif, and River Nile states accounting for approximately 63% of the total cases.

**Figure 5. Sudan: Geographic distribution of cholera cases per 100 000 population by state in the last 28 days (Left). Distribution of cholera cases by week of admission (right), 25 July to 27 October 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 border lines for which there may not yet be full agreement.

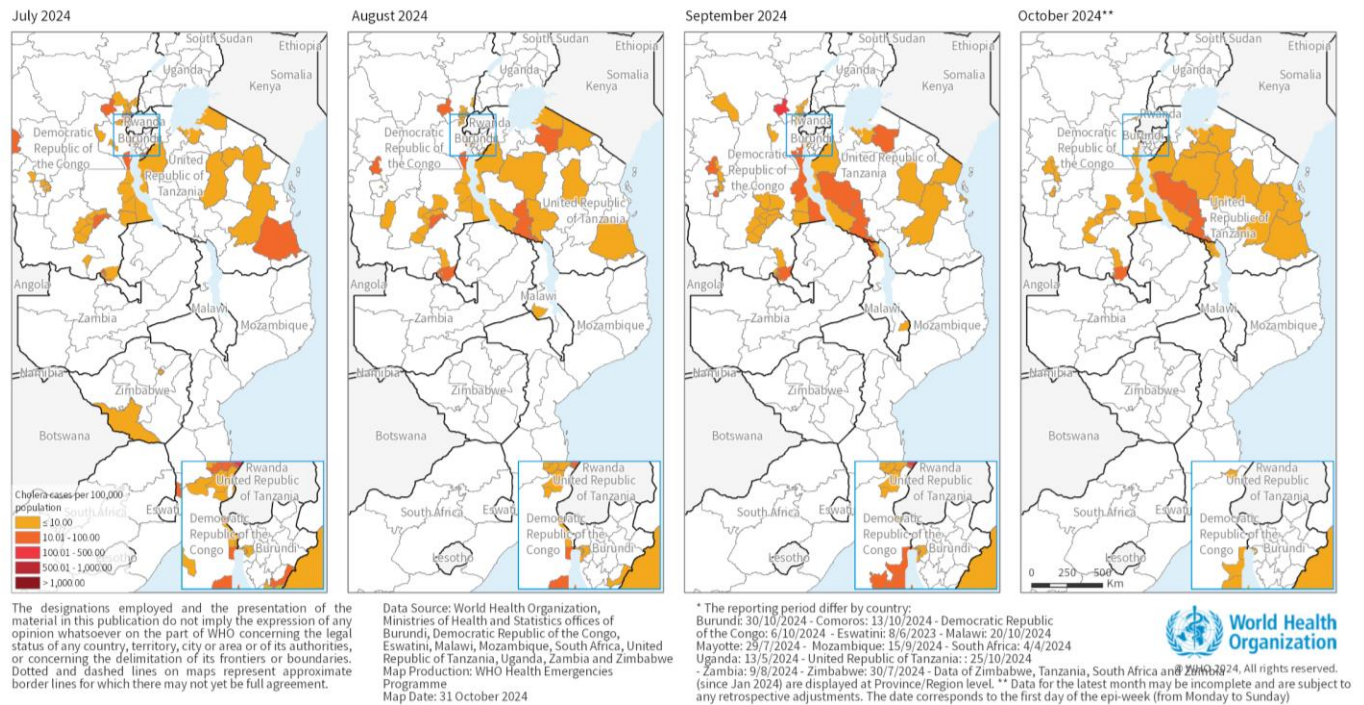
Data Source: World Health Organization, Federal Ministry of Health Sudan  
Map Production: World Health Organization  
Map Date: 29 September 2024


World Health Organization

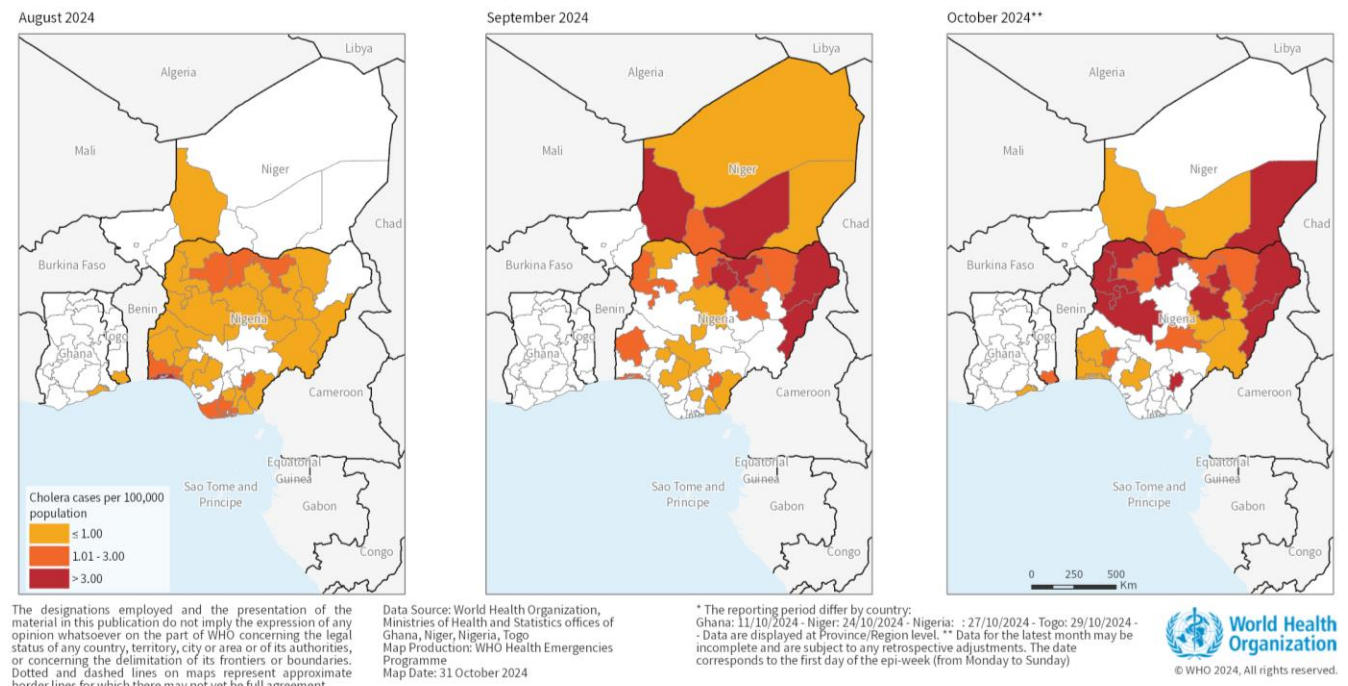
© WHO 2024, All rights reserved.



**Figure 6. Southeastern Africa attack rate per 100 000 (suspected and confirmed cholera cases per month) between July and October 2024, as of 27 October 2024**



**Figure 7. West Central Africa attack rate per 100 000 (suspected and confirmed cholera cases per month) between August and October 2024, as of 27 October 2024**



## Operational updates

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

### Coordination

- Regular briefings have been provided to Global Outbreak Alert and Response Network (GOARN) and Standby Partners (SBP) networks to facilitate coordinated efforts and share the latest operational updates on the cholera response.
- In response to country needs and with partners' support, experts have been deployed through GOARN, SBP, and Emergency Medical Teams (EMT).
- As of 27 October, 20 experts have been deployed to Comoros, Haiti, Kenya, Lebanon, Malawi, Mozambique, Sudan, Zambia, and Yemen through GOARN to support the cholera response in areas such as Health Operations, Case Management, Social Anthropology, Epidemiology/Surveillance, and Partner Coordination.
- Additionally, 22 experts have been deployed (for three to six months) to nine countries (Cameroon, Comoros, Ethiopia, Haiti, Malawi, Myanmar, Mozambique, Turkey, and Zambia) through SBP to support the cholera response in areas such as Information Management; Partner/Cluster Coordination; Prevention and Response to Sexual Exploitation, Abuse and Harassment (PRSEAH); Infection Prevention and Control (IPC); Water, Sanitation and Hygiene (WASH); Risk Communication and Community Engagement (RCCE); and Operations Support and Logistics (OSL), including remote global WASH support.
- WHO appreciates the support from Standby Partners for this response, especially from the Norwegian Refugee Council.

### Public health surveillance

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

### Laboratory

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

- Support and assistance in the development of laboratory strengthening plans for countries are being provided on a case-by-case basis.
- Support is provided for the identification of laboratory diagnostic supply needs and deployment of laboratory supplies in countries with acute and active outbreaks. Prepositioning of supplies for preparedness and readiness in key countries.
- Collaboration is ongoing with Gavi for the procurement of cholera RDTs for Gavi-eligible countries for cholera surveillance, including outbreak monitoring. Applications from countries received by 22 January 2025 will be considered in the next round of review by independent review committee.

## **Vaccination**

- The global OCV stockpile averaged less than 600 000 doses in October, compared to the target of five million doses that should be available at all times for outbreak response.
- Twenty-three new requests were received in 2024 from Bangladesh, Comoros, Ethiopia (3), Ghana, Kenya, Mozambique, Myanmar (2), Niger (2), Nigeria, Somalia, South Sudan, Sudan (5), Yemen, Zambia, and Zimbabwe, collectively seeking 43.4 million doses. Twenty-one were approved, one was not approved, one was cancelled by the International Coordinating Group (ICG) on Vaccine Provision.
- Since the start of 2024, 10 countries (Comoros, Ethiopia (3), Mozambique (2), Myanmar, Niger, Nigeria, Somalia, Sudan (4), Zambia (2), and Zimbabwe (2)) have carried out 18 reactive vaccination campaigns in response to cholera outbreaks, targeting a total of 25 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.
- November is the month with the highest monthly OCV production since the global stockpile was created in 2013, and reflects the efforts of the supplier and partners, with a new vaccine formulation and manufacturing method released and prequalified earlier this year.
- Nevertheless, the constrained supply of OCVs is severely impacting the capacity to carry out preventive vaccination campaigns. The limited global stockpile 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)**

- In the Democratic Republic of Congo's North and South Kivu provinces, two IPC experts from WHO Headquarters (HQ) recently completed deployments, identifying IPC and WASH challenges in healthcare facilities and camps for internally displaced persons (IDP). Recommendations have been shared with the WHO Country Office. WHO HQ and the Regional Office for Africa (AFRO) will continue to support the WHO IPC focal points in the country.
- The deployment of an IPC expert from the WHO Regional Office for the Eastern Mediterranean to Sudan was recently completed, uncovering challenges in implementing engineering and administrative controls for effective screening and isolation of cases. Specific assessments were performed in IDP camps with limited WASH services. Recommendations have been drafted for the WHO Country Office, and additional human resources will be deployed to support the WHO IPC focal person in the country.
- WHO AFRO is discussing with the WHO Country Office and the Ministry of Water of the United Republic of Tanzania to establish a water quality monitoring programme in the Simiyu region, following a water quality testing campaign conducted in September.

## **Risk communication and community engagement**

- Coordination of RCCE support for affected regions and countries continues through regional coordination mechanisms 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 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**

- Cholera response supplies are being shipped via air and sea freight to countries with severe outbreaks, including Nigeria, Ethiopia, Myanmar, Yemen, the Democratic Republic of Congo, and Sudan. Additionally, shipments for readiness activities are underway in Mozambique, South Sudan, and Lebanon, while hub replenishment is ongoing in Dakar and Nairobi.
- The current stock availability of cholera modules and bulk items remains satisfactory at both the supplier and WHO Hub levels. Continuous efforts are being made to rotate stock and avoid the expiration of materials.
- Technical support is being provided to hubs and countries to assist in the preparation of stockpiling.
- Coordination with other partners involved in cholera response is ongoing.
- Treatments administered using WHO-supplied cholera kits and bulk items accounted potentially for over 50% of the worldwide caseload since the beginning of the year.

### **Preparedness and Readiness**

- Support was provided to Zambia and South Africa for the identification of Priority Areas for Multisectoral Interventions (PAMIs).
- Zimbabwe was engaged with and supported in strengthening cholera preparedness and response, including PAMI identification.
- Malawi continued to be supported in completing the development of the National Cholera Control Plan.
- Malawi was assisted in developing a multi-year plan of action for an OCV preventive campaign.
- Tanzania's Ministry of Health was engaged on the importance of identifying PAMIs and strengthening overall cholera preparedness.
- Nigeria was provided with cholera training materials and guidelines.

## Key challenges

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

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

## Next steps

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

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



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

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