

# Multi-country outbreak of cholera



External Situation Report n. 19, published 18 October 2024

Cases – 439 724  
Since Jan. 2024

Deaths – 3432  
Since Jan. 2024

Countries affected – 30  
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 29 September 2024

- In September 2024 (epidemiological weeks 36 to 39), a total of 47 234 new cholera cases were reported from 14 countries, territories, and areas (hereafter countries) across three WHO regions, marking a 15% decrease from the previous month. The Eastern Mediterranean Region registered the highest number of cases, followed by the African Region and the South-East Asia Region.
- From 1 January to 29 September 2024, a cumulative total of 439 724 cholera cases and 3432 deaths were reported globally across five WHO regions. Although the number of cases in 2024 is 16% lower than last year, the 126% spike in deaths is deeply concerning.
- The increase in mortality may partly be attributed to the specific locations of these outbreaks, which include conflict-affected areas where access to healthcare is severely compromised, regions experiencing massive flooding that has damaged critical infrastructure, and areas with inadequate medical facilities. These challenges are particularly pronounced in rural and remote regions, where delays in accessing treatment are common due to poor infrastructure and limited healthcare resources.
- Since the last report, new cholera outbreaks have been reported in Niger (705 cases and 17 deaths) and Thailand (five cases with no deaths), pushing the total number of affected countries in 2024 to 30.
- As of 14 October, the global stockpile of Oral Cholera Vaccine (OCV) is depleted, with no remaining doses available. Although more doses are expected in the coming weeks, this shortage poses significant challenges to outbreak response efforts and hampers efforts to control the spread of the disease.
- The dynamics of cholera outbreaks are becoming increasingly complex, driven by factors that transcend borders—such as mass displacement, natural disasters, civil unrest, military conflict, and climate change. Recent severe floods across Central and West Africa, as well as South-East Asia, have intensified cholera transmission, with several countries continuing to report surges in cases.
- For the latest data, please refer to WHO's [Global Cholera and Acute Watery Diarrhoea \(AWD\) Dashboard](#).

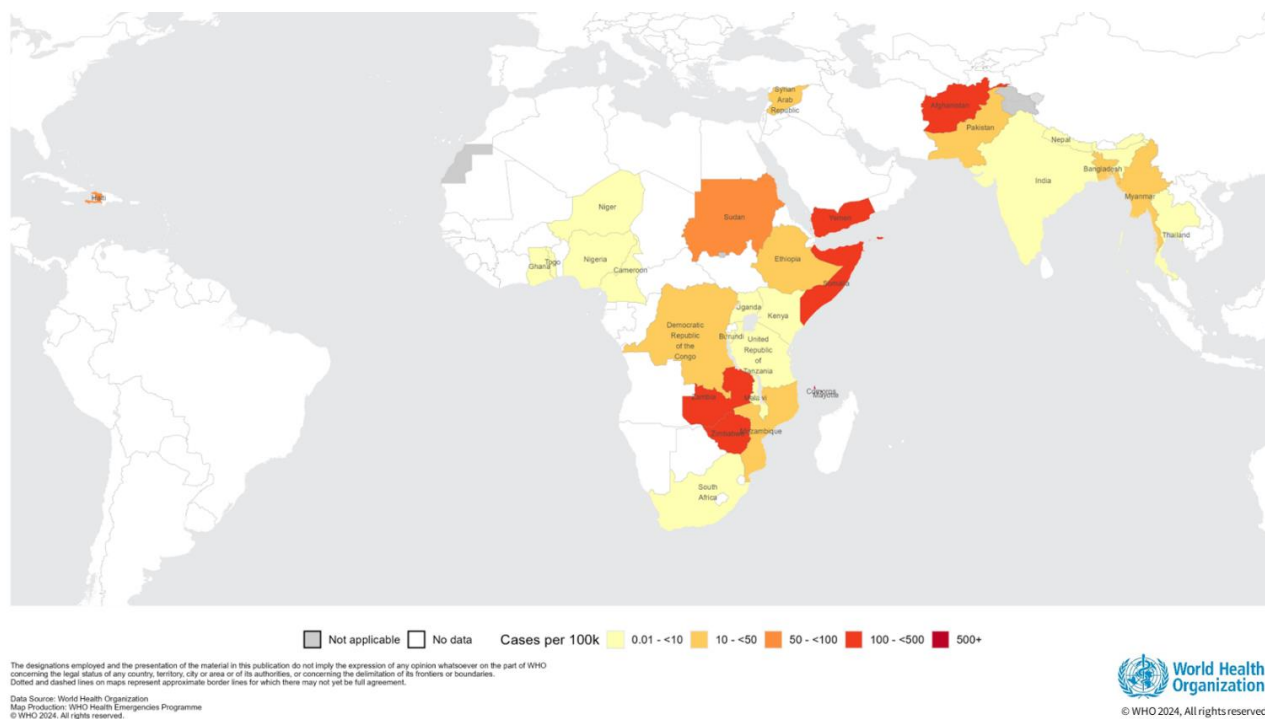
## Global epidemiological update

In September 2024 (epidemiological weeks 36 to 39), a total of 47 234 new cholera cases were reported from 14 countries across three WHO regions, showing a 15% decrease from the previous month. The Eastern Mediterranean Region (41 424 cases; five countries) reported the highest number of cases, followed by the African Region (5710 cases; seven countries), and the South-East Asia Region (100 cases; two countries). In the same period, 583 cholera-related deaths were registered, representing an 89% increase compared with the death numbers reported globally during the previous month. Fatalities were recorded in the Eastern Mediterranean Region (418 deaths; three countries) and in the African Region (165 deaths; six countries). No deaths were reported in the South-East Asia region.

From 1 January to 29 September 2024, a cumulative total of 439 724 cholera cases and 3432 deaths were reported globally across five WHO regions. The region with the highest reported case count was the Eastern Mediterranean Region (289 933 cases; six countries), followed by the African Region (127 283 cases; 17 countries), the South-East Asia Region (12 657 cases; five countries), the Region of the Americas (9630 cases; one country), and the European Region (221 cases; one country). During this period, cholera deaths were reported in the African Region (2268), the Eastern Mediterranean Region (986), the Region of the Americas (142), the South-East Asia Region (34), and the European Region (two). 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. Cholera and acute watery diarrhoea (AWD) cases per 100 000, 1 January to 29 September 2024**



**Table 1. Reported cholera and AWD cases and deaths by WHO region, as of 29 September 2024\***

WHO Region	Country, area, territory	1 January to 29 September 2024				Last 28 days				
		Cases	Deaths	Cases per 100 000	CFR (%)	Cases	Deaths	CFR (%)	Monthly cases % change	Monthly deaths % change
<b>Africa</b>	Burundi	814	3	6	0.4	44	0	0	-4	
	Cameroon <sup>§</sup>	49	0	0	0					
	Comoros	10 433	152	1 269	1.5	91	3	3.3		
	Democratic Republic of the Congo	25 221	355	21	1.4	1 738	39	2.2	20	95
	Ethiopia <sup>§</sup>	23 931	218	32	0.9					
	Ghana <sup>§</sup>	2	0	0	0					
	Kenya <sup>§</sup>	613	5	1	0.8					
	Malawi	279	2	2	0.7	27	1	3.7		
	Mozambique <sup>§</sup>	8 132	18	28	0.2					
	Niger	705	17	3	2.4	704	17	2.4	70 300	
	Nigeria	10 837	359	5	3.3	3 615	149	4.1	115	272
	South Africa <sup>§</sup>	11	0	0	0					
	Togo <sup>§</sup>	5	1	0	20					
	Uganda <sup>§</sup>	89	5	0	5.6					
	United Republic of Tanzania	5 910	97	10	1.6	1 168	18	1.5	31	29
	Zambia <sup>§</sup>	20 219	637	103	3.2					
	Zimbabwe <sup>§</sup>	20 033	399	132	2					
<b>Eastern Mediterranean</b>	Afghanistan**	143 327	67	438	0	17 856	7	0	-25	-30
	Pakistan***	60 369	0	26	0	5 521	0	0	-46	
	Somalia	19 208	138	117	0.7	572	0	0	-46	
	Sudan	20 062	622	48	3.1	15 047	408	2.7	498	219
	Syrian Arab Republic <sup>§</sup>	10 563	0	48	0					
	Yemen <sup>¥</sup>	36 404	159	108	0.4	2 706	3	0.1	-60	-67
<b>Europe</b>	Mayotte <sup>§</sup>	221	2	69	0.9					
<b>Americas</b>	Haiti <sup>§</sup>	9 630	142	83	1.5					
<b>South-East Asia</b>	Bangladesh (Cox's Bazaar)	241	0	27	0	73	0	0	6	
	India <sup>§#</sup>	6 506	34	1	0.5					
	Myanmar <sup>§**</sup>	5 810	0	11	0					
	Nepal	95	0	0	0	27	0	0	-44	
	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 29 September 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 6506 cases reported from India, 262 cases were confirmed.

# WHO regional overviews

## African Region

In September 2024 (epidemiological weeks 36 to 39), the African Region reported 5710 new cholera cases across seven countries, marking a 26% increase compared to the previous month. During this period, the highest numbers of cases were from Nigeria (1938), the Democratic Republic of the Congo (1738) and the United Republic of Tanzania (1168). Additionally, there were 165 cholera-related deaths, with no significant change compared to the previous month. The highest numbers of deaths were reported from Nigeria (87), the Democratic Republic of the Congo (39), and the United Republic of Tanzania (18).

From 1 January to 29 September 2024, a total of 127 283 cholera cases were reported across 17 countries in the African Region. During this period, the highest number of cases were reported from the Democratic Republic of the Congo (25 221), Ethiopia (23 931), and Zambia (20 219). During the same period, a total of 2268 deaths were reported from 14 countries, with the highest numbers recorded in Zambia (637), Zimbabwe (399), and Nigeria (359).

## Eastern Mediterranean Region

In September 2024, the Eastern Mediterranean Region reported 41 702 new cholera cases across five countries, marking a 6% decrease compared to the previous month. The cases were distributed as follows: Afghanistan (17 856), Sudan (15 047), Pakistan (5521), Yemen (2706), and Somalia (572). Additionally, there were 418 cholera-related deaths, a 184% increase compared with the previous month. The deaths were reported as follows: Sudan (408), Afghanistan (seven), and Yemen (three).

From 1 January to 29 September 2024, a total of 289 933 cholera cases were reported across six countries in the Eastern Mediterranean Region. The cases were distributed as follows: Afghanistan (143 327), Pakistan (60 369), Yemen (36 404), Sudan (20 062), Somalia (19 208), and the Syrian Arab Republic (10 563). During this period, 986 deaths were reported from four countries: Sudan (622), Yemen (159), Somalia (138), and Afghanistan (67).

## European Region

In September 2024, the European Region reported no new cholera cases or deaths. From 1 January to 29 September 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 29 September 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 September 2024, the South-East Asia Region reported 100 new cholera cases across two countries, marking a 96% decrease compared to the previous month. During this period, cases were reported from Bangladesh (73) and Nepal (27). No cholera-related deaths were reported in the region during this period.

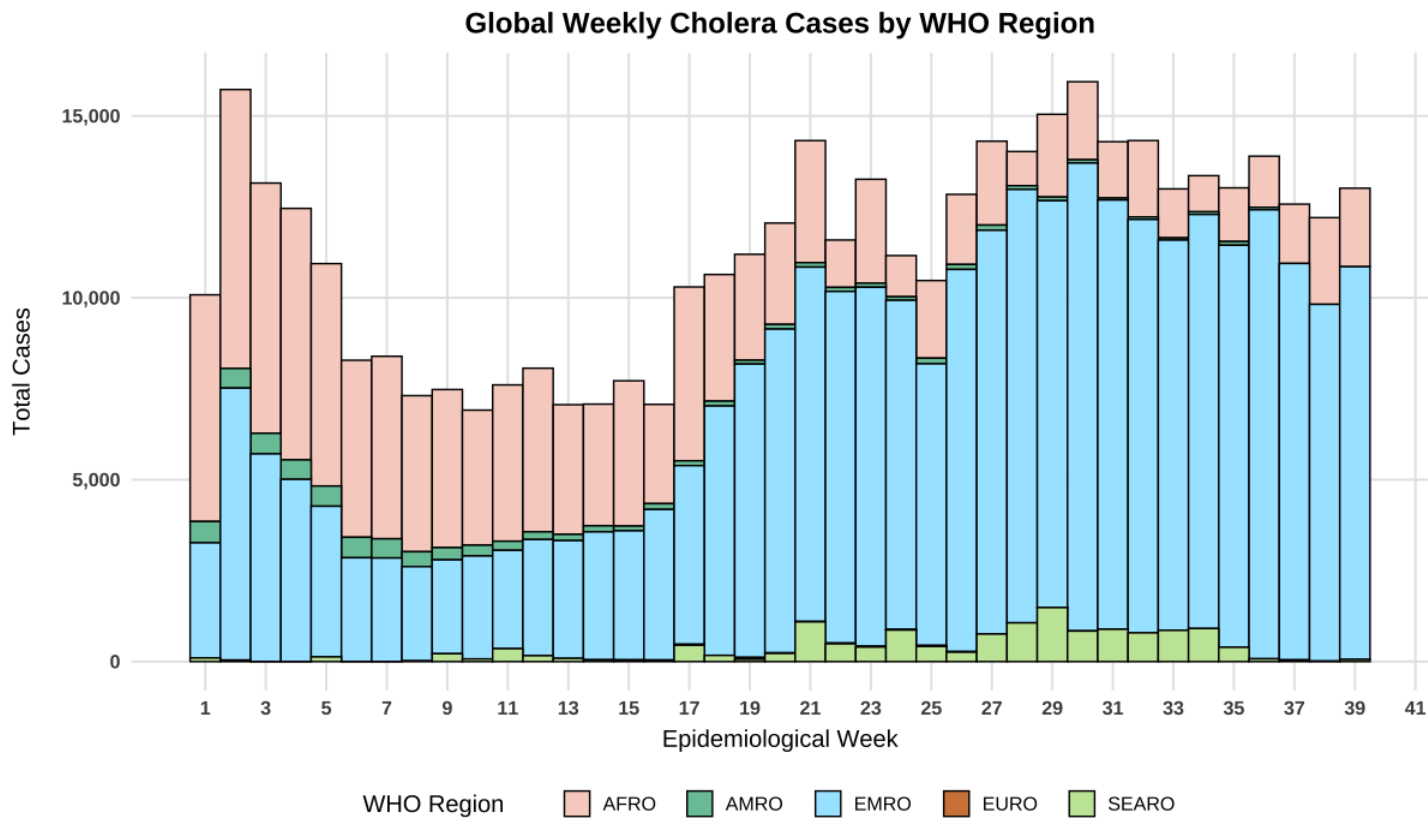
From 1 January to 29 September 2024, a total of 12 657 cholera cases were reported across five countries in the South-East Asia Region. The cases were distributed as follows: India (6506), Myanmar (5810), Bangladesh (241), Nepal (95), and Thailand (five). During this period, a total of 34 deaths were reported from India.

## Western Pacific Region

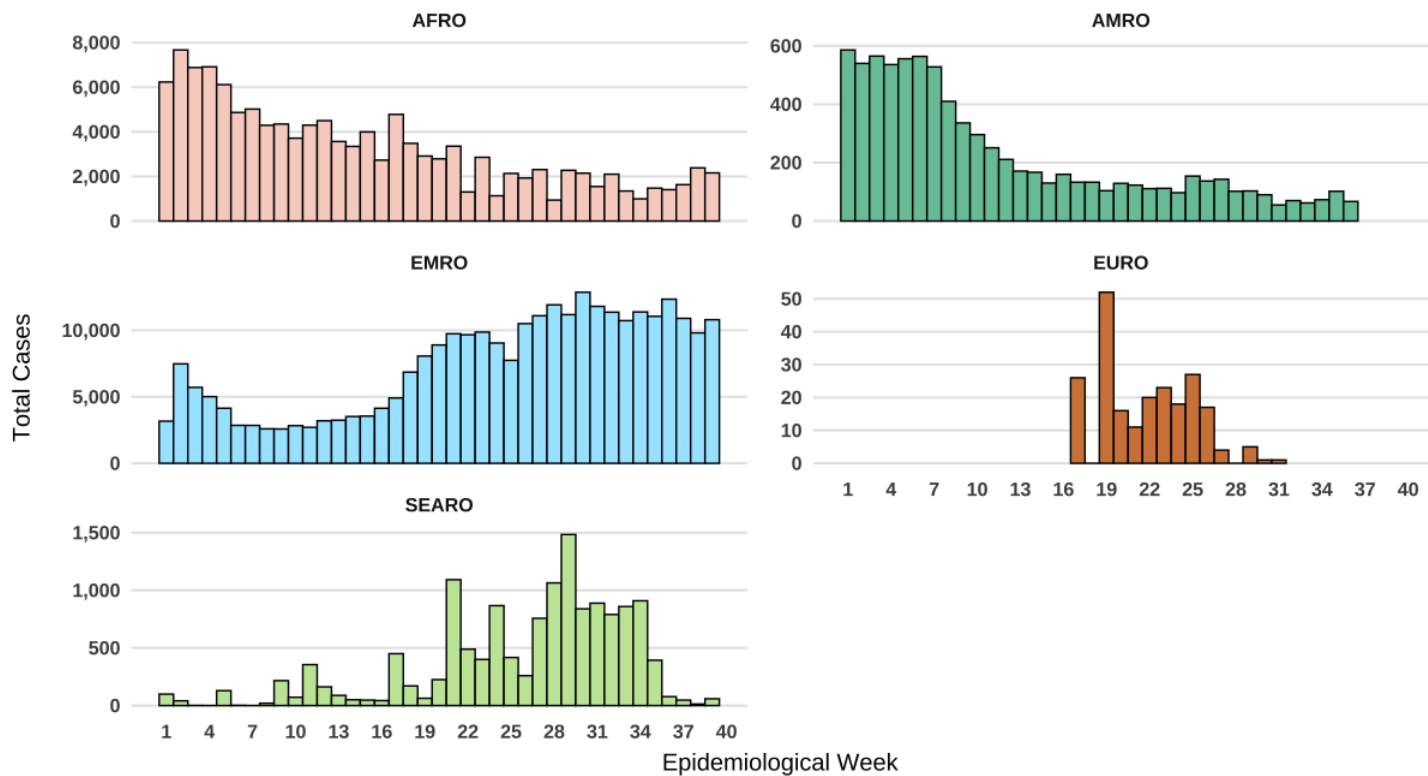
From 1 January to 29 September 2024, the Western Pacific Region reported no new cholera cases or deaths.

Figure 2. Cholera cases by week globally (A) and by WHO Region (B), 1 January to 29 September 2024

A



B



## Focus on selected subregions and countries

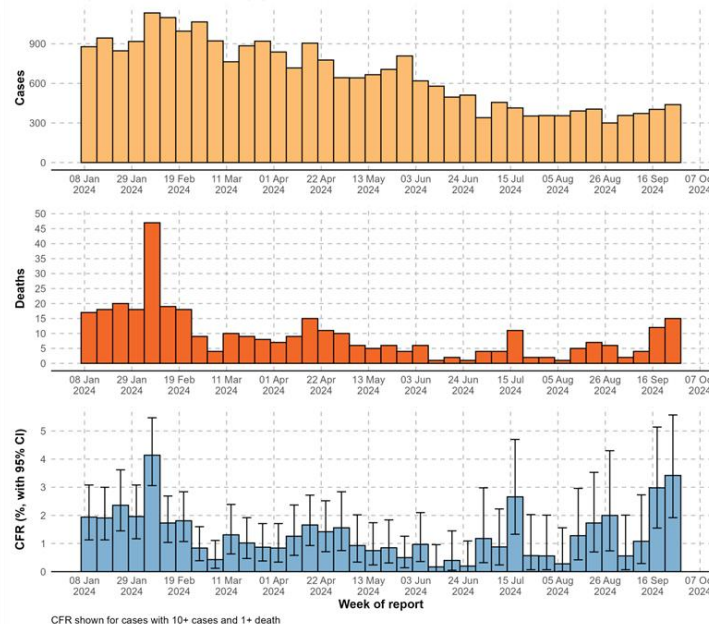
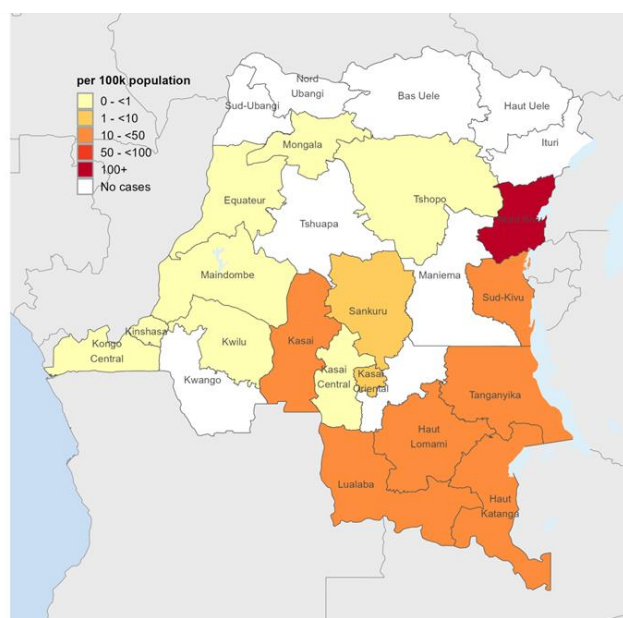
### Democratic Republic of the Congo

Between 2 and 29 September 2024, the Democratic Republic of the Congo reported 1738 new cholera cases and 39 associated deaths with a CFR of 2.2%, marking a 20% increase in cases and a 95% increase in deaths compared to the previous month. Over the past four weeks, reported cases have increased consistently, from 372 in week 36 to 524 in week 39. During this period, cases were concentrated in North-Kivu, Haut-Katanga, and Tanganyika, with these provinces experiencing consistent or increasing case numbers.

From 1 January 2024 to 29 September 2024, the Democratic Republic of the Congo reported a total of 25 221 cases and 355 deaths with a CFR of 1.4%. Cases have been reported in 16 of the country's 25 provinces, with North Kivu, Haut Katanga, South-Kivu, and Haut Lomami accounting for over 90% of the total cases.

The rise in cholera cases and mortality may be influenced by several factors. Ongoing conflict likely hampers access to healthcare for affected populations, while the seasonality of cholera and unusually high rainfall may contribute to water contamination and increased transmission.

**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 29 September 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: 29 September 2024



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## Nigeria

Between 2 and 29 September 2024, Nigeria reported 1938 new cholera cases and 87 associated deaths with a CFR of 4.5%, marking a 42% increase in cases and a 15% decrease in deaths compared with the numbers reported in the previous month. During this period, 18 states and the Federal Capital Territory (FCT) reported cases, with the highest numbers reported from Adamawa (535), Jigawa (380), Lagos (259), and Kano (224). While weekly cases have decreased in Lagos, the outbreak is worsening in northern states, with recent flooding likely contributing to the surge.

From 1 January 2024 to 29 September 2024, Nigeria reported a total of 10 837 cases and 359 deaths across 35 states and the FCT with a CFR of 3.3%. Enugu is the only state in the country to have not reported any cases in 2024. In July 2024, the International Coordinating Group (ICG) approved 4.5 million doses of the oral cholera vaccine (OCV), and campaigns have been conducted in several affected states.

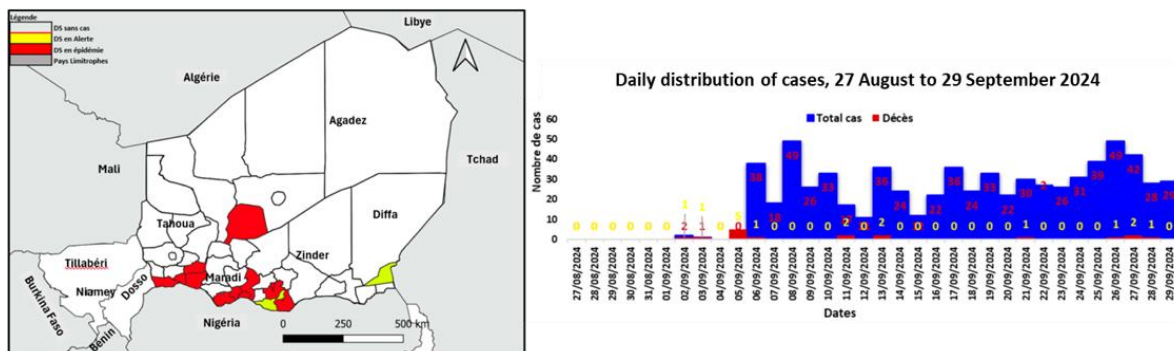
**Figure 4. Nigeria: Geographic distribution of cholera cases and deaths by state (Left). Weekly case and death trends (Right), as of 29 September 2024 (Source: Nigeria Centre for Disease Control and Prevention)**



## Niger

A new cholera outbreak was detected in Niger on 2 September 2024. As of 29 September, 705 suspected cases had been reported across five regions: Tahoua (374), Zinder (226), Maradi (97), Agadez (six), and Diffa (two). Tahoua is the epicentre of the outbreak, with Bouza, Birni N'Konni, and Madaoua being the most affected districts. There have been 17 deaths reported in total, with the majority occurring in Tahoua (11), followed by Zinder (two), Maradi (three), and Agadez (one). Of the reported cases, 52% are female, and 34% are children under 15 years of age.

**Figure 5. Niger: Geographic distribution of cholera cases by district (Left). Weekly case and death trends (Right), 27 August to 29 September 2024**



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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, Ministry of Public Health, of population and social affairs  
Map Date: 29 September 2024

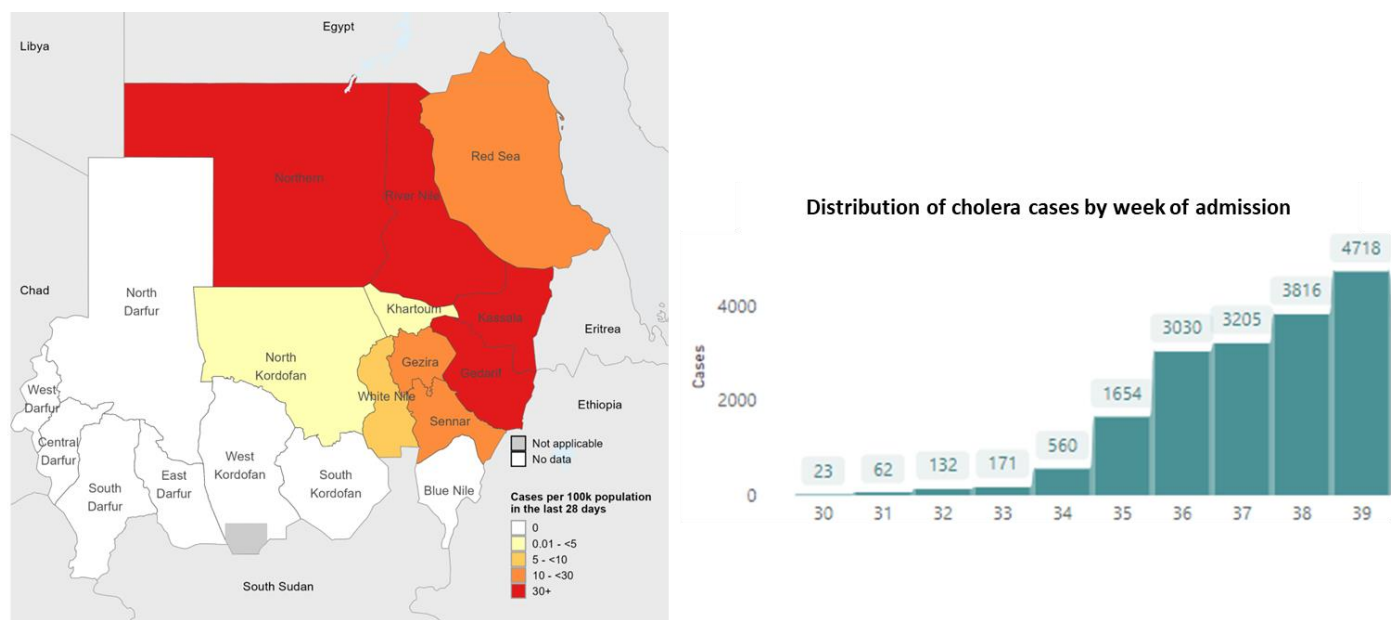
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Sudan

Between 2 and 29 September 2024, Sudan reported 15 047 new cholera cases and 408 associated deaths, with a CFR of 2.7%, reflecting a 498% increase in cases and a 219% increase in deaths compared to the previous month. The cholera outbreak has been particularly severe in the eastern states of the country, with Kassala, River Nile, and Gedaref consistently recording the highest case numbers. The national CFR during this period ranged between 2% and 3%, with several states, including Gedaref, Kassala, and Sennar, experiencing even higher fatality rates.

From 1 January to 29 September 2024, Sudan reported a total of 20 062 cases and 622 deaths with a CFR of 3.1%. Multiple risk factors, including ongoing violence and recent severe floods, have exacerbated the situation, increasing the risk of cholera transmission across the country.<sup>1</sup> Since July 2024, the International Coordinating Group (ICG) approved a total of 3.6 million doses of the oral cholera vaccine (OCV) for Sudan.

**Figure 6. 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 29 September 2024**



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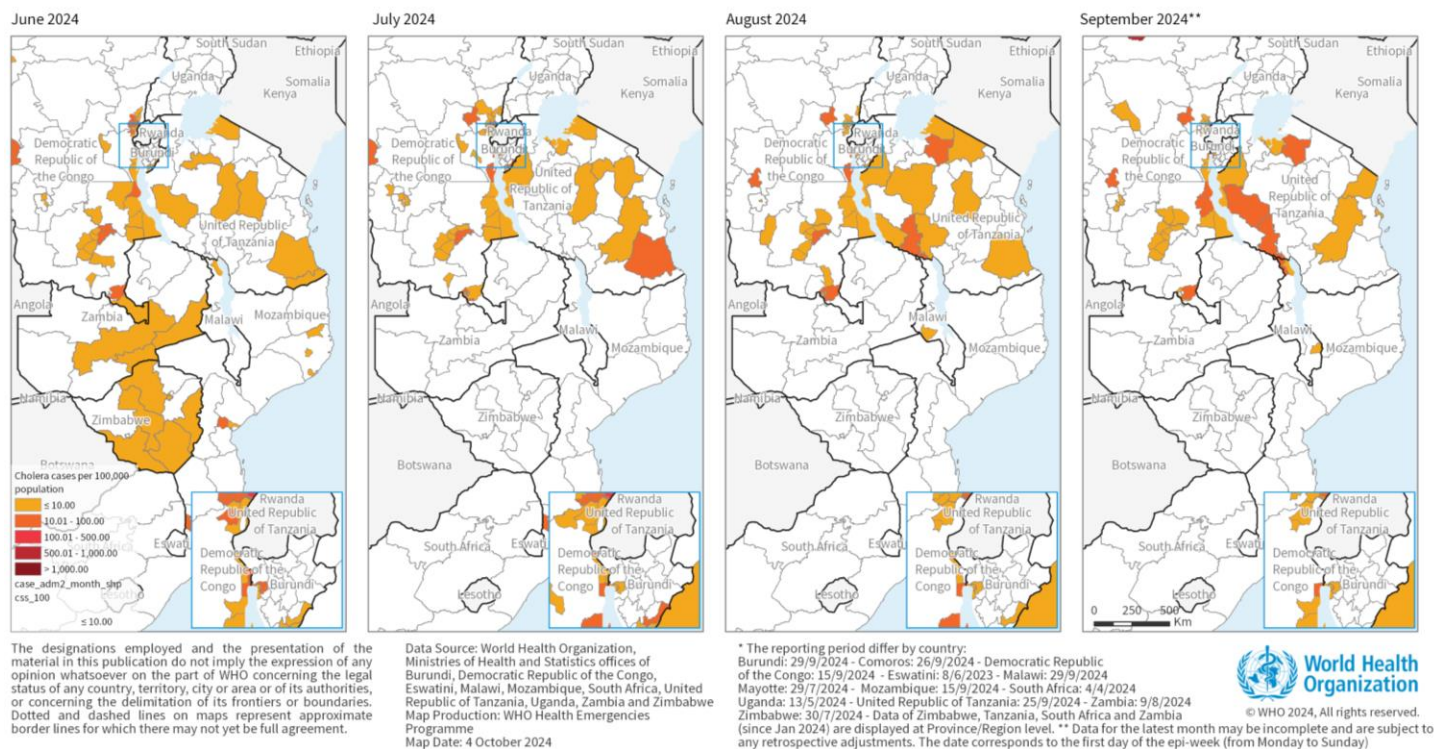
Data Source: World Health Organization, Federal Ministry of Health Sudan  
Map Production: World Health Organization  
Map Date: 29 September 2024

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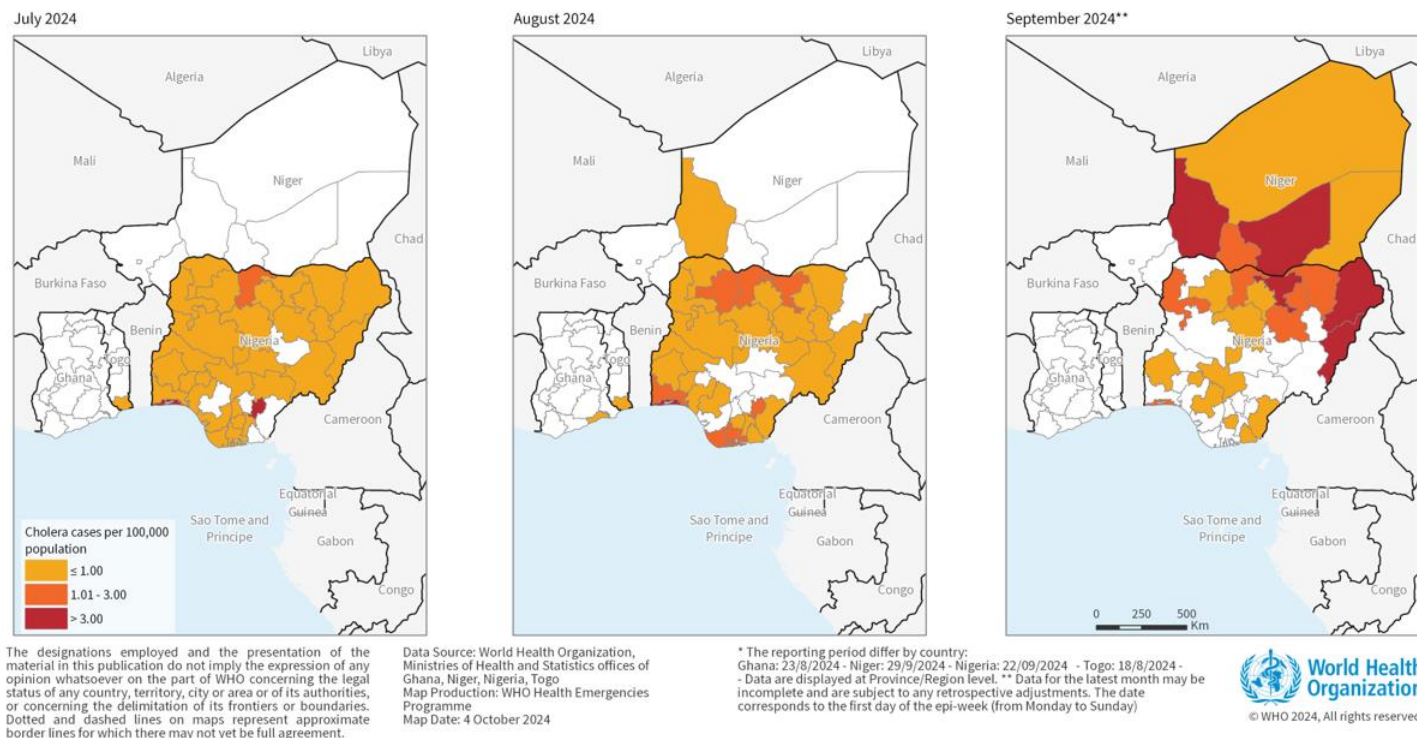
<sup>1</sup> See Ali, Y., Siddig, E. E., & Ahmed, A. (2024). Resurgence of cholera amidst ongoing war in Sudan. *The Lancet*. [https://doi.org/10.1016/s0140-6736\(24\)02290-6](https://doi.org/10.1016/s0140-6736(24)02290-6)



**Figure 7. South Eastern Africa attack rate per 100 000 (suspected and confirmed cholera cases per month) between June and September 2024, as of 29 September 2024**



**Figure 8. West Central Africa attack rate per 100 000 (suspected and confirmed cholera cases per month) between July and September 2024, as of 29 September 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 cholera outbreaks within humanitarian crises (DRC, Middle East, Myanmar, and Sudan), WHO is offering an integrated response to improve coordination, avoid duplication, and enhance operational efficiency.
- To enhance data quality and availability, improved reporting tools have been rolled out, contributing to more accurate and comprehensive cholera outbreak reporting.
- The GTFCC app is now available in Arabic, increasing accessibility for cholera response efforts in Arabic-speaking regions: <https://www.gtfcc.org/cholera-app/>
- Regular briefings have been provided to GOARN and SBP networks to ensure coordinated efforts and share the latest operational updates on cholera response.
- In response to country needs and with partners' support, experts have been deployed through the Global Outbreak Alert and Response Network (GOARN), Standby Partners (SBP), and Emergency Medical Teams (EMT).
- As of 30 September, 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, 21 experts have been deployed (for 3 to 6 months) to nine countries (Cameroon, Comoros, Ethiopia, Haiti, Malawi, Myanmar, Mozambique, Turkey, and Zambia) through Standby Partners to support the cholera response in areas such as Information Management, Partner/Cluster Coordination, PRSEAH, IPC/WASH, 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

### 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](#). These are 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

- Technical support and assistance in the development of laboratory strengthening plans for countries are being provided on a case-by-case basis.
- Support was provided for the identification of laboratory diagnostic supply needs and deployment of laboratory supplies in countries with outbreaks. Prepositioning of supplies for preparedness and readiness in key countries.
- Support is being provided to countries to define and implement testing strategies during outbreaks.
- Collaboration is ongoing with Gavi for the procurement of cholera RDTs for Gavi-eligible countries for cholera surveillance, including outbreak monitoring.
- Training materials for cholera diagnostics are being developed.

## Vaccination

- As of 14 October 2024, the global Oral Cholera Vaccine (OCV) stockpile has been entirely depleted, with no doses currently available for deployment.
- Global vaccine production is operating at full capacity, but the demand continues to outpace supply.
- Between 1 September and 14 October 2024:
  - The International Coordinating Group (ICG) received six requests for OCV from five countries: Bangladesh, Sudan, Niger, Ethiopia, and Myanmar.
  - These requests amounted to a total of 8.4 million doses, all of which were approved by the ICG.
  - However, due to limited vaccine availability, only 7.6 million doses could be shipped to these countries.
- The shortfall in supply highlights the ongoing challenges in meeting global demand, especially as cholera outbreaks continue to rise across multiple regions. Efforts to scale up production are underway, but immediate vaccine access remains constrained.

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

- The Portuguese language version of the [GTFCC Cholera Outbreak Response Field Manual](#) is now live.
- [WASH, Food Safety, and IPC Operational Guide for infectious diarrhoea](#) launched (23 September 2024).
- IPC in Multi-Region Cholera Outbreak featured in the September 2024 issue of [NewSpecial](#).
- WASH, IPC, and Case Management delivered a webinar on Management and Interventions to Prevent and Control Cholera Outbreak with the Eastern Mediterranean Regional Office.
- WASH and Case Management webinars delivered for Niger and neighbouring countries (part of a multi-pillar webinar series organised on country request).
- WASH and IPC providing technical support for Madagascar, Sudan, and DRC for the development of programmes supported financially by the Government of France.
- Field support field mission to Comoros to support Health Operations and the implementation of response activities supported by the Government of France.
- Case management technical support continues including sharing of job aids and other resources with partners.

## Risk communication and community engagement

- Updates provided by the incident manager and health operations lead and discussions held with the RCCE-incident manager regional focal points on 10 October.
- Coordination of RCCE support for affected regions and countries continues through regional coordination and the Collective Service partnership, with cholera resources available.
- RCCE technical and surge support continues based on country needs and demands.
- Collection of RCCE interventions through checklist in high-risk countries by RCCE AFRO.
- An RCCE readiness and response toolkit for cholera is under finalisation - The ultimate goal of this toolkit is to provide RCCE focal points and practitioners with a set of tools to strengthen their work to inform, engage and empower communities at risk from Cholera.

## **Operations Support and Logistics**

- Shipment ongoing in several countries including some of the listed acute countries for response (Nigeria, Ethiopia, Myanmar, Somalia) through air and sea freight shipment. Various shipments ongoing for readiness activities (Mozambique, South Sudan, Lebanon) and for hub replenishment (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 enable stock rotation to avoid short expiration dates for 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 ongoing.

## **Preparedness and Readiness**

- Ongoing support to countries to strengthen Cholera outbreak preparedness and Readiness. Coordinated meetings with four countries in Southern Africa (Malawi, Mozambique, South Africa, and Zambia) to review their readiness capacity assessment results and decide on immediate readiness actions to strengthen preparedness and readiness.
- Shared comprehensive readiness assessment results with South Sudan and Kenya.
- Ongoing support for Priority Areas for Multisectoral Interventions (PAMI) identification to South Africa, Namibia, and Zambia (South Africa and Zambia process has advanced, and likely to complete the exercise by mid-November 2024).
- Commenced collection of cholera data for the past 5 years from all the countries in the region to be used in modelling for predicting cholera outbreaks.
- Working on developing indicators to link readiness and preparedness status to response effectiveness.
- Updated Cholera Readiness Checklist with inputs from all technical experts ready for rollout in countries.

## Key challenges

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

- Cholera's highly infectious nature, compounded by natural disasters 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](#)