

Multi-country outbreak of cholera



External Situation Report n. 18, published 18 September 2024

Cases – 371 517
Since Jan 2024

Deaths – 2527
Since Jan 2024

Countries affected – 28
Since Jan 2024

Population at risk
1 billion

Global risk –
Very high

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Overview

Data as of 25 August 2024

- In August 2024 (epidemiological weeks 31 to 34), a total of 49 986 new cholera cases were reported from 17 countries, territories, areas (hereafter countries) across four WHO regions, showing a 16% decrease from the previous month. The Eastern Mediterranean Region registered the highest number of cases, followed by the African Region, the South-East Asia Region, and the European Region. The period also saw 161 cholera-related deaths reported globally, highlighting a 28% decrease from the previous month. Around the same time last year, 64 086 cases and 180 cholera-related deaths were reported from 22 countries. Cases and deaths reported over this period in 2024 are 22% and 11% lower, respectively, than those reported over the same period last year.
- During the same period, new cholera outbreaks were reported from Ghana (two confirmed cases, no deaths) and Togo (five confirmed cases, one death), bringing the total number of countries reporting cholera outbreaks in 2024 to 28.
- For the latest data, please refer to WHO's [Global Cholera and Acute Watery Diarrhoea \(AWD\) Dashboard](#).
- From 1 January 2024 to 25 August 2024, a cumulative total of 371 517 cholera cases and 2527 deaths were reported from 28 countries across five WHO regions, with the Eastern Mediterranean Region recording the highest numbers, followed by the African Region, the Region of the Americas, the South-East Asia Region, and the European Region. No outbreaks were reported in the Western Pacific Region during this time.
- WHO classified the global resurgence of cholera as a grade 3 emergency in January 2023, the highest internal level for emergencies in WHO. Based on the number of outbreaks and their geographic expansion, alongside the shortage of vaccines and other resources, WHO continues to assess the risk at the global level as very high and the event remains classified as a grade 3 emergency.
- WHO collaborates with global, regional, and country partners to support Member States in outbreak response.
- The dynamics of cholera outbreaks are increasingly complex due to factors that transcend national boundaries, such as population mobility, natural disasters, and climate change. Recent severe floods across Central and West Africa, as well as South-East Asia, have increased the risk of cholera transmission, with some of the affected countries already reporting surges in cases. The risk of transnational transmission is also heightened by porous borders with numerous unofficial entry points, inadequate disease surveillance at border areas, and limited awareness in cholera-affected communities. To address these challenges, countries must prioritize cross-border collaboration by establishing real-time data sharing mechanisms, harmonizing surveillance systems, pooling resources, and implementing joint preparedness and response interventions.

Global epidemiological update

In August 2024 (epidemiological weeks 31 to 34), a total of 49 986 new cholera cases were reported from 17 countries across four WHO regions, showing a 16% decrease from the previous month. The Eastern Mediterranean Region (41 789 cases; five countries) reported the highest number of cases, followed by the African Region (5635 cases; eight countries), the South-East Asia Region (2561 cases; three countries), and the European Region (one case; one country). In the same period, 161 cholera-related deaths were registered, representing a 28% decrease compared with the death numbers reported globally during the previous month. The highest number of fatalities was recorded in the African Region (91 deaths; six countries), followed by the Eastern Mediterranean Region (70 deaths; four countries). During this period, no deaths were reported in the European and the South-East Asia regions.

From 1 January 2024 to 25 August 2024, a cumulative total of 371 517 cholera cases and 2527 deaths were reported globally across five WHO regions. The region with the highest reported case count was the Eastern Mediterranean Region (233 672 cases; six countries), followed by the African Region (118 148 cases; 16 countries), the Region of the Americas (9935 cases; one country), the South-East Asia Region (9541 cases; four countries), and the European Region (221 cases; one country). During this period, cholera deaths were reported in the African Region (2012 deaths), the Eastern Mediterranean Region (473 deaths), the South-East Asia Region (24 deaths), the Region of the Americas (16 deaths), and the European Region (two deaths). Notably, the Western Pacific Region did not report any cholera outbreaks.

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

Figure 1. Reported epidemics of cholera and acute watery diarrhoea (AWD), 1 January 2024 to 25 August 2024

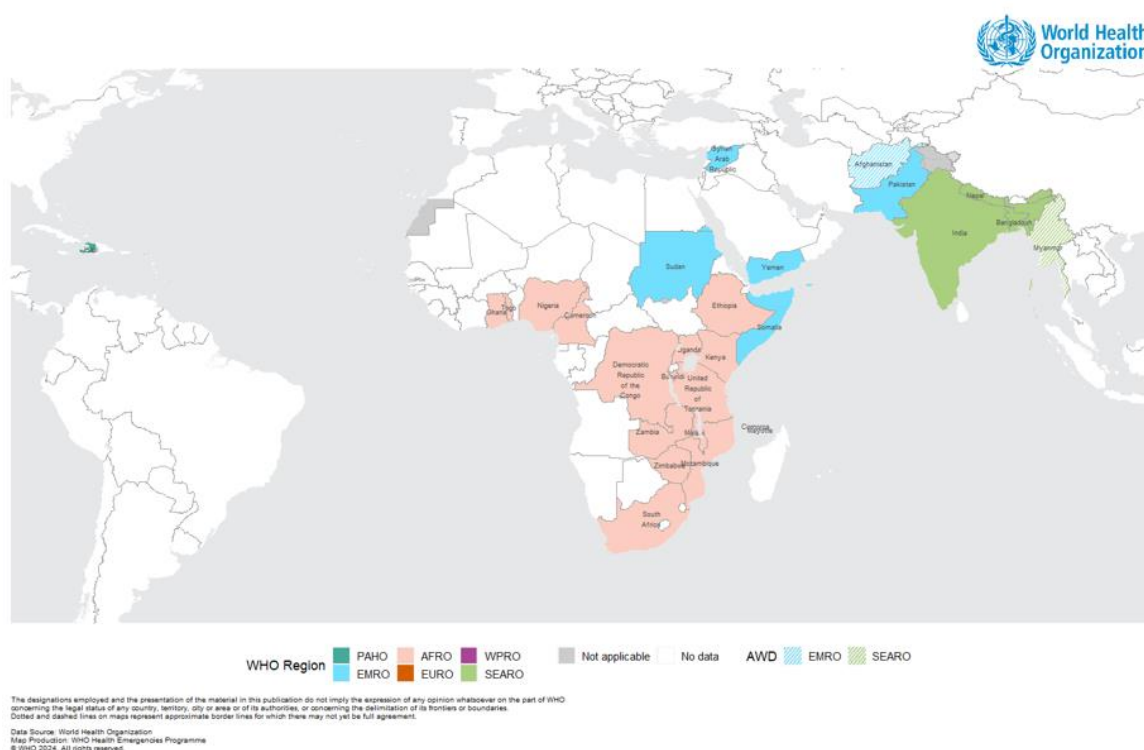


Table 1. Cholera cases and deaths reported from WHO regions, as of 25 August 2024*

WHO Region	Country, area, territory	1 January to 25 August 2024				Last 28 days				
		Cases	Deaths	Cases per 100 000	CFR (%)	Cases	Deaths	CFR (%)	Monthly cases % change	Monthly deaths % change
African Region	Burundi	749	3	6	0.4	33	0	0	-66	
	Cameroon [§]	49	0	0	0					
	Comoros [§]	10 342	149	1 258	1.4					
	Democratic Republic of the Congo	23 324	311	19	1.3	1 362	16	1.2	-14	-16
	Ethiopia	22 889	205	31	0.9	1 635	23	1.4	-22	-47
	Ghana	2	0		0	2	0	0		
	Kenya	613	5	1	0.8	181	1	0.6	353	0
	Malawi [§]	252	1	1	0.4					
	Mozambique [§]	8 132	18	28	0.2					
	Nigeria	6 833	201	3	2.9	1 533	36	2.3	-52	-65
	South Africa [§]	11	0	0	0					
	Togo	5	1	0	20	4	1	25	300	
	Uganda [§]	89	5	0	5.6					
	United Republic of Tanzania	4 606	77	7	1.7	885	14	1.6	142	27
	Zambia [§]	20 219	637	103	3.2					
	Zimbabwe [§]	20 033	399	132	2					
Eastern Mediterranean Region	Afghanistan**	120 278	57	368	0	24 977	9	0	0	-10
	Pakistan***	49 619	0	21	0	7 802	0	0	-30	
	Somalia	18 218	138	111	0.8	972	1	0.1	-35	-80
	Sudan	3 328	125	8	3.8	915	48	5.2	12 971	
	Syrian Arab Republic [§]	10 420	0	47	0					
	Yemen [¥]	31 809	153	94	0.5	7 123	12	0.2	-23	-61
European Region	Mayotte	221	2	69	0.9	1	0	0	-90	
Region of the Americas	Haiti [§]	9 935	16	86	0.2					
South-East Asia Region	Bangladesh	157	0	18	0	71	0	0	15	
	India ^{#§}	5 733	23	0	0.4					
	Myanmar	3 593	1	7	0	2 452	0	0	115	
	Nepal	58	0	0	0	38	0	0	90	

* 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 number of suspected cholera and AWD cases are included 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 25 August 2024.

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

Among the total of 5733 cases reported from India, 229 cases were confirmed.

WHO regional overviews

African Region

In August 2024 (epidemiological weeks 31 to 34), the African Region reported 5635 new cholera cases across eight 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 (1635 cases), Nigeria (1533 cases), and the Democratic Republic of the Congo (1362 cases). Additionally, there were 91 cholera-related deaths, a 49% decrease compared with the previous month. The highest numbers of deaths were reported from Nigeria (36 deaths), Ethiopia (23 deaths), and the Democratic Republic of the Congo (16 deaths).

From 1 January to 25 August 2024, a total of 118 148 cholera cases were reported across 16 countries in the African Region. During this period, the highest numbers of cases were reported from the Democratic Republic of the Congo (23 324 cases), Ethiopia (22 889 cases), and Zambia (20 219 cases). During the same period, a total of 2012 deaths were reported from 13 countries, with the highest numbers recorded in Zambia (637 deaths), Zimbabwe (399 deaths), and the Democratic Republic of the Congo (311 deaths).

Eastern Mediterranean Region

In August 2024, the Eastern Mediterranean Region reported 41 789 new cholera cases across five countries, marking an 11% decrease compared with the case numbers reported in the previous month. During this period, cases were reported from Afghanistan (24 977 cases), Pakistan (7802 cases), Yemen (7123 cases), Sudan (915 cases), and Somalia (972 cases). Additionally, there were 70 cholera-related deaths, a 52% increase compared with the previous month. Those deaths were reported from Sudan (48 deaths), Yemen (12 deaths), Afghanistan (nine deaths), and Somalia (one death).

From 1 January to 25 August 2024, a total of 233 672 cholera cases were reported across six countries in the Eastern Mediterranean Region. During this period, cases were reported from Afghanistan (120 278 cases), Pakistan (49 619 cases), Yemen (31 809 cases), Somalia (18 218 cases), Syrian Arab Republic (10 420 cases), and Sudan (3328 cases). During the same period, a total of 473 deaths were reported from four countries: Yemen (153 deaths), Somalia (138 deaths), Sudan (125 deaths), and Afghanistan (57 deaths).

European Region

In August 2024, the European Region reported one new cholera case in the French overseas department of Mayotte in the Indian Ocean, marking a 90% decrease compared with the previous month. From 1 January to 25 August 2024, a total of 221 cholera cases were reported from Mayotte.

Region of the Americas

From January to August 2024, Haiti documented 9935 cholera cases and 16 deaths. For more detailed information, please refer to the Cholera resurgence in Hispaniola dashboard (<https://shiny.paho-phe.org/cholera/>).

South-East Asia Region

In August 2024, the South-East Asia Region reported 2561 new cholera cases across three countries, marking a 109% increase compared with the case numbers reported in the previous month. During this period, cases were reported from Myanmar (2452 cases), Bangladesh (71 cases), and Nepal (38 cases). No new deaths were reported during this period.

From 1 January 2024 to 25 August 2024, a total of 9541 cholera cases were reported across four countries in the South-East Asia Region. During this period, cases were reported from India (5733 cases), Myanmar (3593 cases), Bangladesh (157 cases), and Nepal (58 cases). During the same period, a total of 24 deaths were reported from two countries: India (23 deaths) and Myanmar (one death).

Western Pacific Region

From 1 January 2024 to 25 August 2024, the Western Pacific Region reported no new cholera cases or deaths.

Focus on selected subregions and countries

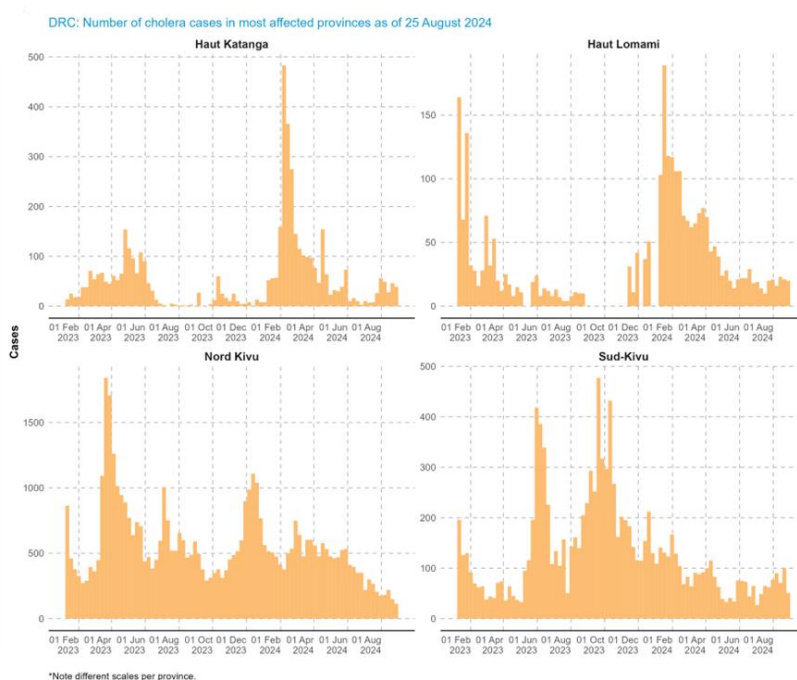
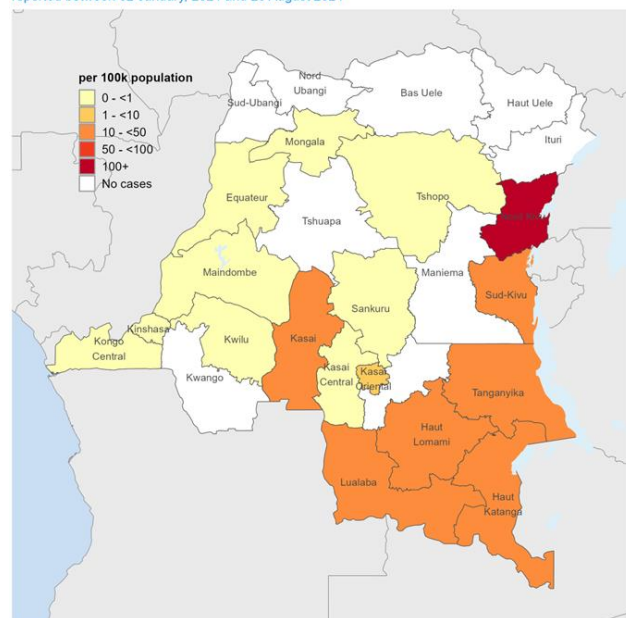
Democratic Republic of the Congo

Between 1 and 25 August 2024, the Democratic Republic of the Congo reported 1362 new cholera cases and 16 associated deaths with a CFR of 1.2%, marking a 14% decrease in cases and a 16% decrease in fatalities compared with the numbers reported in the previous month. In the last four weeks, Nord-Kivu reported the highest number of cases, peaking at 211 in week 32 and decreasing to 114 by week 34. Sud-Kivu followed closely, with weekly cases ranging between 68 and 91. Haut Katanga ranged between 28 and 58 cases, while Haut Lomami fluctuated between 12 and 24 cases. These four provinces represent 85% of all cases during this period.

From 1 January to 25 August 2024, the Democratic Republic of the Congo reported a total of 23 324 cases and 311 deaths with a CFR of 1.3%. Since 1 January, cholera cases have been reported in 16 of the country's 26 provinces, with Nord Kivu accounting for 61% of all cases.

Figure 2. Democratic Republic of the Congo: cumulative cholera cases reported since January 2024 in North Kivu, South Kivu, Haut Katanga, and Haut Lomami (right). National cholera cases in DRC, by province (left), as of 25 August 2024

DRC: Cumulative cases of cholera
reported between 02 January, 2024 and 25 August 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: 25 August 2024

 **World Health Organization**
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Myanmar

Between 1 January and 25 August 2024, Myanmar reported a total of 3593 AWD cases and one death, with a notable surge in the number of cases since late July 2024. These cases were reported from Yangon region (3421 hospitalized AWD cases) and Rakhine state (172 AWD cases). Notably, 160 of the cases reported from Yangon presented with severe dehydration.

Nigeria

Between 1 and 25 August 2024, Nigeria reported 1533 new cholera cases and 36 associated deaths with a CFR of 2.3%, reflecting a 52% decrease in cases and a 65% decrease in deaths compared to the previous month. In the last four weeks, cases were reported from 18 of Nigeria's 36 states. Lagos had the highest case count, peaking at 247 in week 32, followed by Jigawa and Kaduna. These three states accounted for 81% of all cases reported during this period.

From 1 January to 25 August 2024, Nigeria reported a total of 6833 cases and 201 deaths, with a CFR of 2.9%. Since 1 January, cholera cases have been recorded in 35 of the country's 36 states, as well as in the Federal Capital Territory (FCT). The only state that has yet to report any cholera cases is Enugu, which is located in the southeast of Nigeria.

Figure 3. Nigeria: the trend of the suspected and confirmed cholera cases and CFR by week (left) and total cholera cases in Nigeria (right), 1 January to 25 August 2024

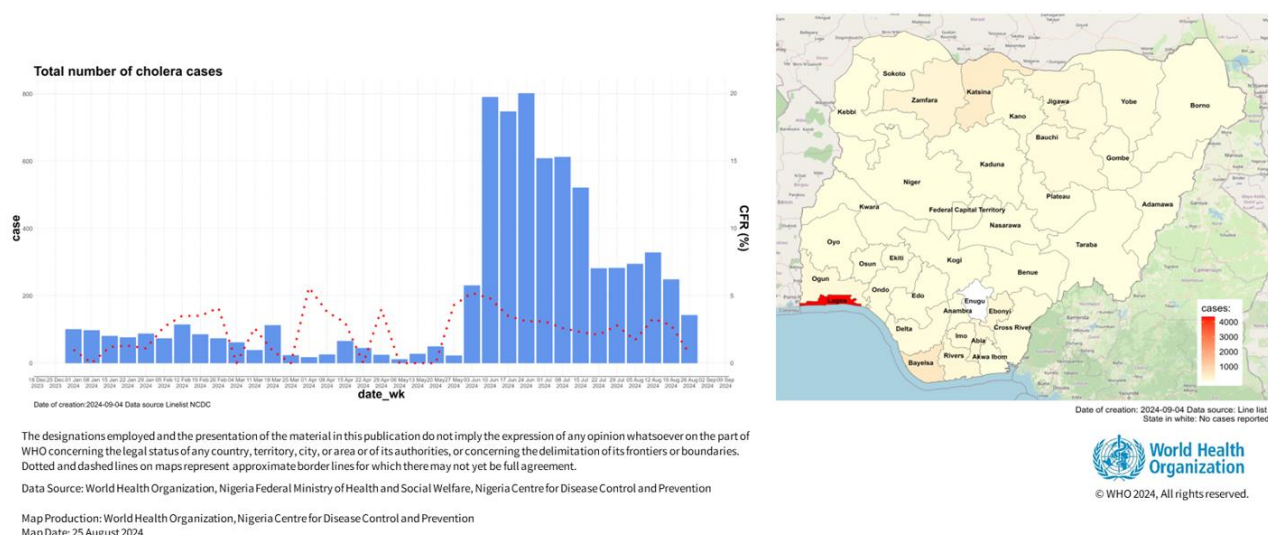
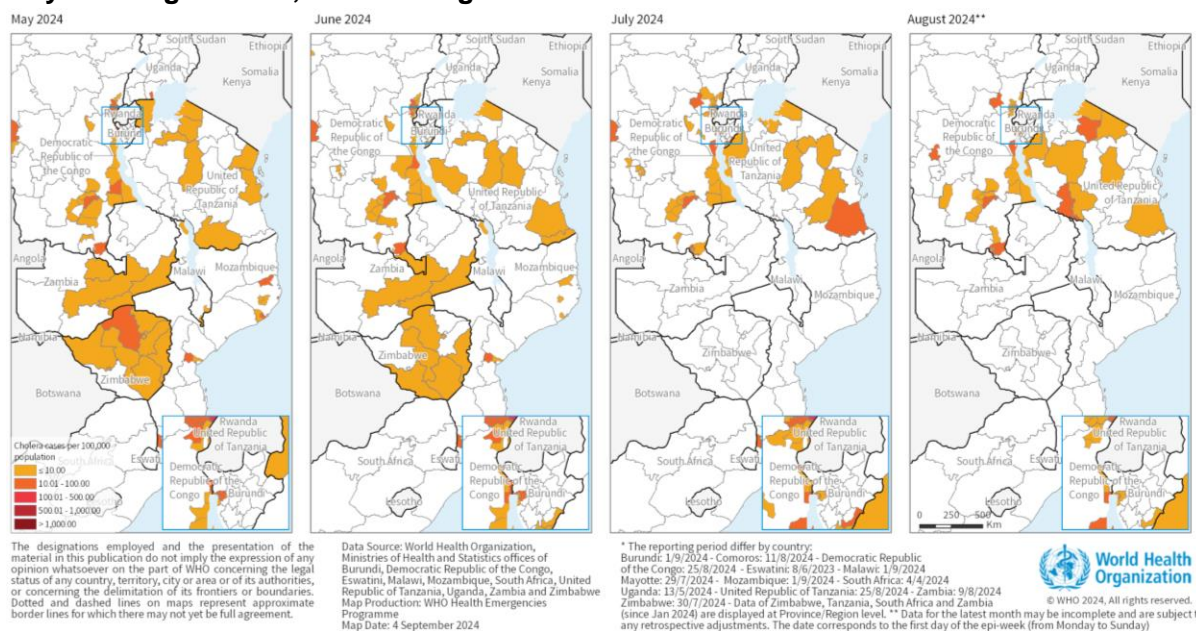


Figure 4. South Eastern Africa attack rate per 100 000 (suspected and confirmed cholera cases per month) between May and August 2024, as of 25 August 2024



Horn of Africa

Ethiopia

Between 1 and 25 August 2024, Ethiopia reported 1635 new cholera cases and 23 associated deaths with a CFR of 1.4%, marking a 22% decrease in cases and a 47% decrease in deaths compared with the previous month. The outbreak remains active in 68 woredas across six regions, including Amhara, Tigray, and Oromia, which have reported the majority of cases in the last four weeks. A total of 126 woredas in nine regions have controlled the outbreak but remain at risk due to proximity to areas with active outbreaks.

Since January 2024, Ethiopia reported a total of 22 889 cases and 205 deaths with a CFR of 0.9%.

Somalia

Between 1 and 25 August 2024, Somalia reported 972 new cholera cases and one associated death with a CFR of 0.1%, marking a 35% decrease in cases and an 80% decrease in deaths compared with the numbers reported in the previous month. In the last four weeks, the states with the highest case counts have been Jubaland, Southwest State, and Hirshabelle. No deaths attributed to cholera have been reported in recent weeks.

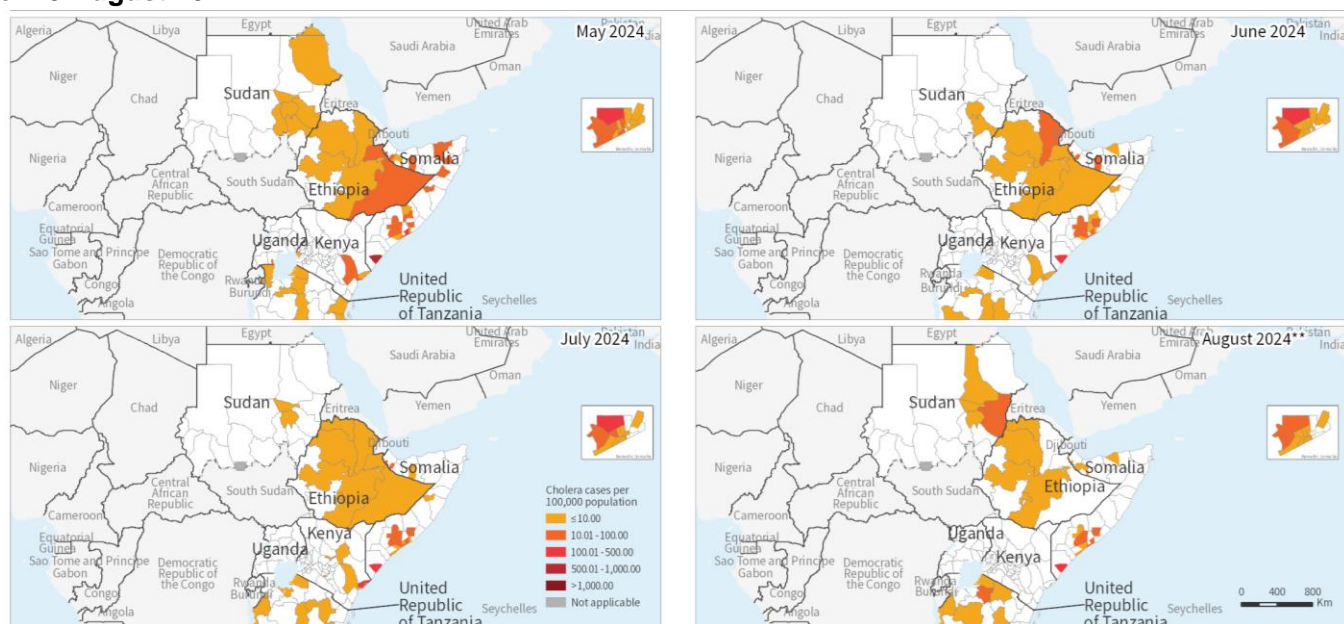
Since January 2024, Somalia reported a total of 18 218 cases and 138 deaths with a CFR of 0.8%.

Sudan

Between 1 and 25 August 2024, Sudan reported 915 new cholera cases and 48 associated deaths with a CFR of 5.2%, showing a significant rise in both cases and deaths compared with the previous month. Since 25 July 2024, the outbreak has spread across five states, with Kassala being the hardest hit, accounting for approximately 60% of cases and about 65% of deaths. Potential factors contributing to the resurgence of cholera in the country include heavy rains and flooding, especially in Kassala, which worsened water, sanitation, and hygiene (WASH) conditions. The influx of internally displaced persons (IDPs), due to insecurity, has further strained infrastructure.

Since January 2024, Sudan reported a total of 3328 cases and 125 deaths with a CFR of 3.8%.

Figure 5. The Horn of Africa region cholera attack rate per 100 000 population between May and August 2024, as of 25 August 2024



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Data Source: World Health Organization, Ministries of Health and Statistics offices of Ethiopia, Kenya, Somalia, Uganda, and United Republic of Tanzania
Map Production: WHO Health Emergencies Programme
Map Date: 4 September 2024
* Data for the latest month may be incomplete and are subject to any retrospective adjustments.

* The reporting period differs by country:
Ethiopia: 26/08/2024; Kenya: 08/08/2024
Somalia: 18/08/2024; Sudan: 02/09/2024
United Republic of Tanzania: 25/08/2024
Uganda: 13/05/2024
Data for Kenya, Tanzania, Sudan, and Ethiopia are displayed at the County/Region/State level. The date corresponds to the first day of the epi-week (from Monday to Sunday)

Operational updates

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

Coordination

- In response to the needs in countries and with support from key partners, experts were deployed through the Global Outbreak Alert and Response Network (GOARN), Standby Partners (SBP), and Emergency Medical Teams (EMT) in addition to weekly information exchange on operational updates for cholera response through the GOARN Weekly Ops call forum.
- As of 25 August, 20 experts have been deployed to Malawi, Mozambique, Kenya, Lebanon, Haiti, Sudan, Zambia, Comoros and Yemen through GOARN to support the cholera response, specifically Health Operations, Case Management, Social anthropology and Epidemiology/Surveillance, Health Cholera Coordinator and Partner Coordination
- As of 25 August, 19 experts have been deployed (for a duration of 3 to 6 months each) to nine countries (Malawi, Mozambique, Cameroon, Haiti, Turkey, Ethiopia, Zambia, Comoros and Myanmar) 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), Risk Communication and Community Engagement (RCCE) and Logistics (OSL).
- WHO appreciates the support received from Standby Partners for this response so far: Norwegian Refugee Council (NORCAP) and CANADEM (deployment funded by the United Kingdom Foreign, Commonwealth & Development Office (UK FCDO)).

Health Operations

- The GTFCC Cholera Outbreak Field Manual has been translated into Portuguese and will shortly be available online (www.choleraoutbreak.org)
- Support to countries continues including sharing the recently developed clinical posters

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](#). In August 2024, this material was released in [Arabic, French, and Portuguese](#) to supplement English.
- Countries are encouraged to periodically self-assess their cholera surveillance system and strategies using the [GTFCC method to assess cholera surveillance](#) in order to identify priority activities to strengthen their cholera surveillance system/strategies towards meeting the standards set in the GTFCC revised guidance on public health surveillance for cholera.
- GTFCC technical recommendations on [standard data and metadata sets](#) for cholera reporting at regional and global levels are being promoted. A [template](#) is available for cholera reporting at regional and global levels.
- Support in data management and analysis is being provided to countries and regions on a case-by-case basis.
- Coordination efforts are underway with countries, regions, and partners to strengthen cholera surveillance.
- [Identification of Priority Areas for Multisectoral Interventions \(PAMIs\)](#) makes it possible to maximize the impact of control strategies and direct resources to the most affected or vulnerable areas. GTFCC guidance for the identification of [PAMIs for cholera control](#) is being disseminated and promoted (in English, Arabic, French, and Portuguese). This guidance aims to maximize the use of surveillance data for cholera-affected countries in the development or revision of a National Cholera Plan for cholera control.

Laboratory

- 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 acute and active 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

- Fifteen new requests were received in 2024 from Bangladesh, Comoros, Ethiopia (3), Kenya, Mozambique, Myanmar, Nigeria, Somalia, Sudan (2), Yemen, Zambia, and Zimbabwe, collectively seeking 37 million doses. Nine were approved, one was not approved, one was cancelled, and one is pending a decision from the International Coordinating Group (ICG) on Vaccine Provision. One additional country is considering submitting request.
- Since the start of 2024, seven countries (Comoros, Ethiopia, Mozambique, Somalia, Sudan, Zambia, and Zimbabwe) have carried out ten reactive vaccination campaigns in response to cholera outbreaks, targeting a total of 12 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.
- The constrained supply of OCVs is severely impacting the capacity to carry out preventive vaccination campaigns.
- The limited global stockpile of OCVs underscores the need for increased production and strategic stockpile management to ensure that both reactive and preventive needs are adequately met.

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

- Support continues to be provided on IPC and WASH to affected countries, including Nigeria, Sudan and Ethiopia.
- Specific support with WASH/IPC Focal Point in Yemen, Myanmar, Tanzania and Nigeria has been given. In addition, a global review of WHO WASH/IPC strategy is ongoing to identify areas of improvement.
- A core function list is currently drafted and will be shared in every newly affected country to the WASH/IPC focal point to support them in identifying and prioritizing activities to be implemented. This list is part of the overall WASH cholera toolkit currently developed by the WASH IMST team.

Risk communication and community engagement (RCCE)

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

Operations Support and Logistics (OSL)

- The current stock availability of cholera modules and bulk items remains satisfactory at both the supplier and WHO Hub levels. Continuous efforts are being made to enable stock rotation to avoid short expiration dates for materials.
- Shipment ongoing in several countries including some of the listed acute countries for response (Sudan, Ethiopia, Myanmar) through air and sea freight shipment. Various shipments ongoing for readiness activities (Mainly in the African Region and the East Mediterranean Region)
- Technical support is being provided to countries to assist in the preparation of orders.
- Coordination with other partners involved in cholera response ongoing.

Preparedness and Readiness

- Conducted a comprehensive analysis of the last cholera readiness assessment results and developed country-specific plans and recommendations.
- Managed to engage South Africa, Malawi and Zambia and discussed their assessment report including the recommendations to be included in their cholera preparedness and response/contingency plans.
- Reviewed and updated the cholera readiness checklist with the inclusion of pertinent information in all pillars.
- Ongoing support to Zambia, South Africa, Namibia, Uganda, Zimbabwe, and Rwanda on the identification of PAMIs.
- Supported Malawi in the development of the country's National Cholera Control Plan.

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](#).
- 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 for prevention, readiness, and preparedness activities.
- Lack of technical capacity required for effective readiness to respond in Member States.

Next steps

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

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

Annex 1. Data, table, and figure notes

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

'Countries' may refer to countries, territories, areas, or other jurisdictions of similar status. The designations employed, and the presentation of these materials do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement. Countries, territories, and areas are arranged under the administering WHO region. The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by WHO in preference to others of a similar nature that are not mentioned. Errors and omissions excepted; the names of proprietary products are distinguished by initial capital letters.

Technical guidance and other resources

- [Cholera fact sheet](#)
- [Ending Cholera, A Global Roadmap To 2030](#)
- [Global cholera strategic preparedness, readiness, and response plan 2023/24](#)
- [WHO's Call for urgent and collective action to fight cholera](#)
- [Disease outbreak news Cholera – Democratic Republic of the Congo](#)
- [Disease outbreak news Cholera – Haiti](#)
- [Disease outbreak news Cholera – Malawi](#)
- [Disease outbreak news Cholera - Mozambique](#)
- [Disease outbreak news Cholera-Global situation](#)
- [Global Task Force on Cholera Control \(GTFCC\)](#)
- [GTFCC fixed ORP interim guidance and planning](#)
- [Public health surveillance for cholera, Guidance document, 2024](#)
- [AFRO Weekly outbreaks and emergency bulletin](#)
- [WHO AFRO Cholera Dashboard](#)
- [Cholera outbreak in Hispaniola 2022 - Situation Report](#)
- [Cholera upsurge \(2021-present\) web page](#)