

Multi-country outbreak of cholera



External Situation Report n. 11, published 12 February 2024

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

Countries / areas / territories affected: **30**

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Overview

Data as of 31 January 2024

- From 1 January to 31 December 2023, over 708 200 cases of cholera or acute watery diarrhoea (AWD) and more than 4300 deaths were reported worldwide. While data from 2023 cannot be directly compared to the more detailed official reports submitted to WHO for 2022¹—when there were 472 697 cases and 2349 deaths—the marked increase in preliminary figures for 2023 suggests a concerning escalation in global cases and deaths associated with cholera. For the latest data, please refer to the new [WHO Global Cholera and AWD Dashboard](#).
- In 2023, cases were reported in 30 countries across five WHO regions, including nine countries that recorded more than 10 000 cases. No outbreaks were reported in the European Region. The WHO African Region was the most affected region, with 17 countries reporting cholera cases during the year. The highest numbers of cases in the Region were reported in the Democratic Republic of the Congo (DRC), Malawi, and Mozambique. Countries like Ethiopia, Zimbabwe, and Kenya also faced significant outbreaks.
- The persistence of cholera is evident as 2024 begins, with 40 900 cases and 775 deaths reported in January alone from 17 countries across four regions: the African Region, the Eastern Mediterranean Region, the Region of the Americas, and the South-East Asia Region. Zambia and Zimbabwe have experienced the highest surges, underscoring the ongoing challenge of controlling cholera and the importance of sustained public health efforts.
- The global cholera response continues to be affected by a critical shortage of Oral Cholera Vaccines (OCV). From January 2023 to January 2024, urgent requests for OCV surged, with 76 million OCV doses requested by 14 countries while only 38 million doses were available during that time period. The global stockpile of vaccines is awaiting replenishment and all production up to 8 March will be allocated to requests already approved.
- WHO classified the global resurgence of cholera as a grade 3 emergency in January 2023, its highest internal level for emergencies. Based on the number of outbreaks and their geographic expansion, alongside the shortage of vaccines and other resources, WHO continues to assess the risk at global level as very high and the event remains classified as a grade 3 emergency.
- WHO continues to work with partners at the global, regional, and country levels to support Member States in responding to the outbreaks.

¹ Weekly epidemiological record annual report: Cholera 2022: https://iris.who.int/bitstream/handle/10665/372986/WER9838-eng_fre.pdf

Global epidemiological update

In 2023, more than 708 200 cases of cholera or AWD (hereafter referred to as 'cases'), including over 4300 deaths, were reported worldwide. While data from 2023 cannot be directly compared to the more detailed official reports submitted to WHO for 2022 – when there were 472 697 cases and 2349 deaths – the marked increase in preliminary figures for 2023 suggests a concerning escalation in both the global cases and deaths associated with cholera.

In 2023, cases were reported from 30 countries across five of the six WHO regions, including nine countries that recorded more than 10 000 cases (see Figure 1, Table 1). The African Region reported cases from 17 countries, the Eastern Mediterranean Region from eight, the Region of the Americas from two, the South-East Asia Region from two, and the Western Pacific Region from one. No cholera outbreaks were reported in the European Region.

In the African Region, the countries that reported the highest numbers of cases were the DRC (51 124 cases), Malawi (40 902 cases), and Mozambique (39 908 cases), Ethiopia (29 875 cases), and Zimbabwe (14 517 cases). Notably, Malawi reported 1151 deaths, which represents approximately 26% of the cholera-related deaths reported globally in 2023. Furthermore, countries like Kenya (8926 cases) and Cameroon (6451 cases) also faced significant outbreaks, contributing to the Region's overall burden.

The Eastern Mediterranean Region recorded particularly high case numbers, with Afghanistan reporting 222 230 cases and the Syrian Arab Republic reporting 180 288 cases. The comparatively high number of cases in the two countries can be partially attributed to the broader case definition employed, which encompasses any individual exhibiting symptoms of or dying from AWD. While particularly useful in areas of conflict where diagnostic capacities may be limited, such a case definition likely captures a wider spectrum of gastrointestinal illnesses. Large outbreaks were also reported in countries such as Somalia (18 304 cases), Sudan (8536 cases), and Yemen (8426 cases).

In the Region of the Americas, Haiti faced a severe outbreak with 56 355 cases and 779 deaths, while the Dominican Republic also reported 84 cases.

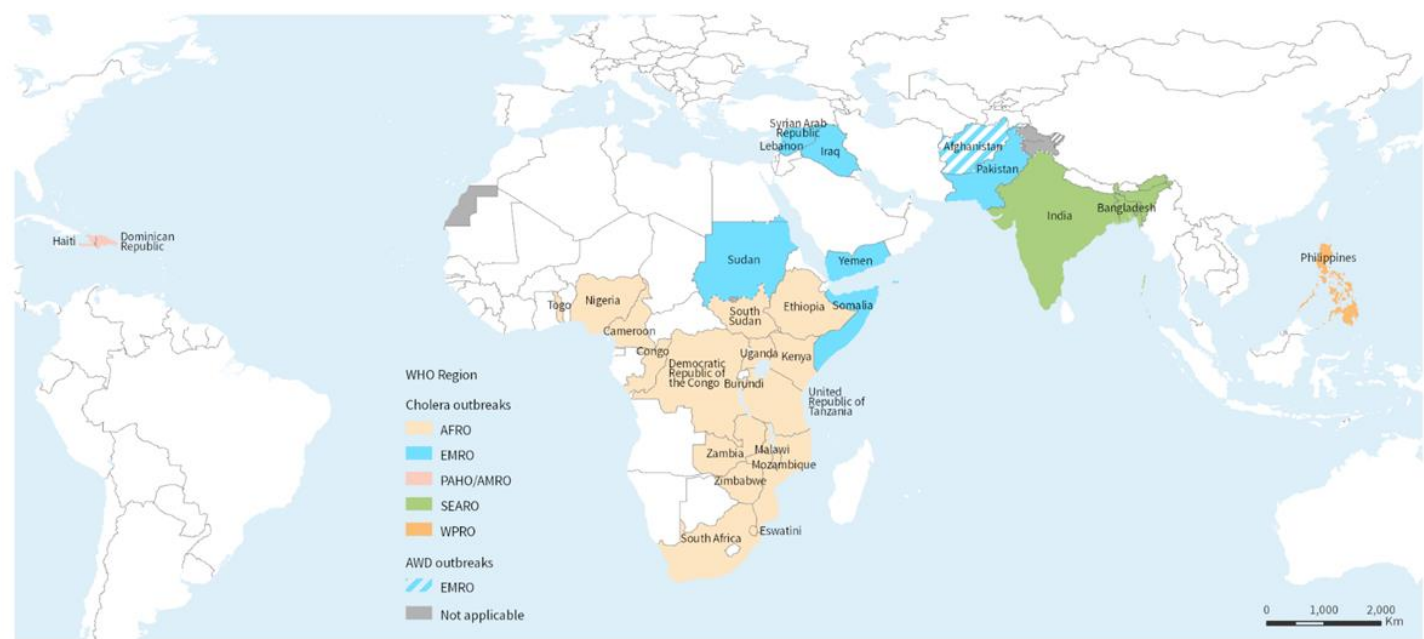
In the South-East Asia Region, India reported 2048 cases and Bangladesh reported 239 cases, while the Philippines in the Western Pacific Region recorded 3756 cases.

Last year's outbreaks have continued into 2024, with 40 900 cases and 775 deaths in January across 17 countries in four regions: the African Region (11 countries), the Eastern Mediterranean Region (three countries), the Region of the Americas (two countries), and the South-East Asia Region (one country). Particularly striking were the surges in Zambia, with 12 268 new cases and 467 deaths recorded, and in Zimbabwe, which saw 6713 cases and 156 deaths.

The sustained number of countries reporting cases into January 2024 underscores the ongoing challenges posed by cholera and the critical need for persistent public health initiatives. These include strengthening water and sanitation systems, raising awareness about cholera transmission and prevention amongst at risk communities, and enhancing surveillance and case management to effectively mitigate the impact of the disease.

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

Figure 1. Reported global epidemics of cholera and AWD, 1 January 2023 to 31 January 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
Map Production: WHO Health Emergencies Programme
Map Date: 1 February 2024

Table 1. Cholera cases and deaths reported from WHO regions, as of 31 January 2024*

WHO Region	Country	Suspected/ Confirmed cases	Total deaths	Cases per 100 000	CFR (%)	Reporting start	Reporting end
Africa	Burundi	1 417	9	11	<1	08/12/2022	22/01/2024
	Cameroon	21 332	508	77	2.4	01/10/2021	29/01/2024
	Congo	21	5	<1	23.8	17/07/2023	12/08/2023
	Democratic Republic of the Congo	51 847	436	55	<1	01/01/2023	01/01/2024
	Eswatini	2	0	<1	0	27/03/2023	18/04/2023
	Ethiopia	32 548	488	29	1.5	01/08/2022	29/01/2024
	Kenya	12 432	206	24	1.7	05/10/2022	15/01/2024
	Malawi	59 126	1 771	296	3	28/02/2022	15/01/2024
	Mozambique	43 074	166	135	<1	01/09/2022	22/01/2024
	Nigeria	3 441	108	2	3.1	01/01/2023	11/11/2023
	South Africa	1 422	47	3	3.3	29/01/2023	29/01/2024
	South Sudan ²	348	1	2	<1	22/02/2023	18/03/2023
	Togo	1	0	<1	0	07/07/2023	19/12/2023
	Uganda	80	10	<1	12.5	05/09/2023	14/09/2023
	United Republic of Tanzania	1 878	38	3	2	11/10/2023	29/01/2024
	Zambia	16 907	608	89	3.6	12/15/2023	29/01/2024
	Zimbabwe	21 230	476	122	2.2	12/02/2023	22/01/2024
Americas	Dominican Republic	84	0	1	0	17/10/2022	15/09/2023
	Haiti	79 347	1 172	685	1.5	02/10/2022	26/01/2024
Eastern Mediterranean	Afghanistan**	232 498	109	709	0	01/01/2023	29/01/2024
	Iraq	1 371	7	3	<1	01/01/2023	18/12/2023
	Lebanon	2 197	0	40	0	01/01/2023	02/06/2023
	Pakistan***	145	0	<1	0	01/01/2023	19/11/2023
	Somalia	20 096	66	123	<1	01/01/2023	22/01/2024
	Sudan	10 273	281	21	2.7	15/04/2023	22/01/2024
	Syrian Arab Republic	161 620	7	884	0	01/01/2023	15/10/2023
	Yemen	8 426	21	27	<1	01/01/2023	15/12/2023
South-East Asia	Bangladesh (Cox's Bazar)	240	0	27	0	01/01/2023	15/01/2024
	India ³	2 044	3	<1	<1	22/06/2023	19/11/2023
Western Pacific	Philippines	3 756	19	3	<1	01/01/2023	02/12/2023

* Case and death numbers presented are not directly comparable due to differences in case definitions, reporting systems, and general underreporting. All data are subject to verification and change due to data availability and accessibility. Respective figures and numbers will be updated as more information becomes available. The data in Table 1 includes suspected, rapid diagnostic test (RDT) positive, and culture-confirmed cholera cases. No cholera cases of local transmission have been reported in the European Region.

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

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

² As of 18 March 2023, confirmation of the outbreak by culture conducted on 13 samples, including three PCR positive samples, was unsuccessful. The reported case numbers in this situation report are updated to reflect those test results.

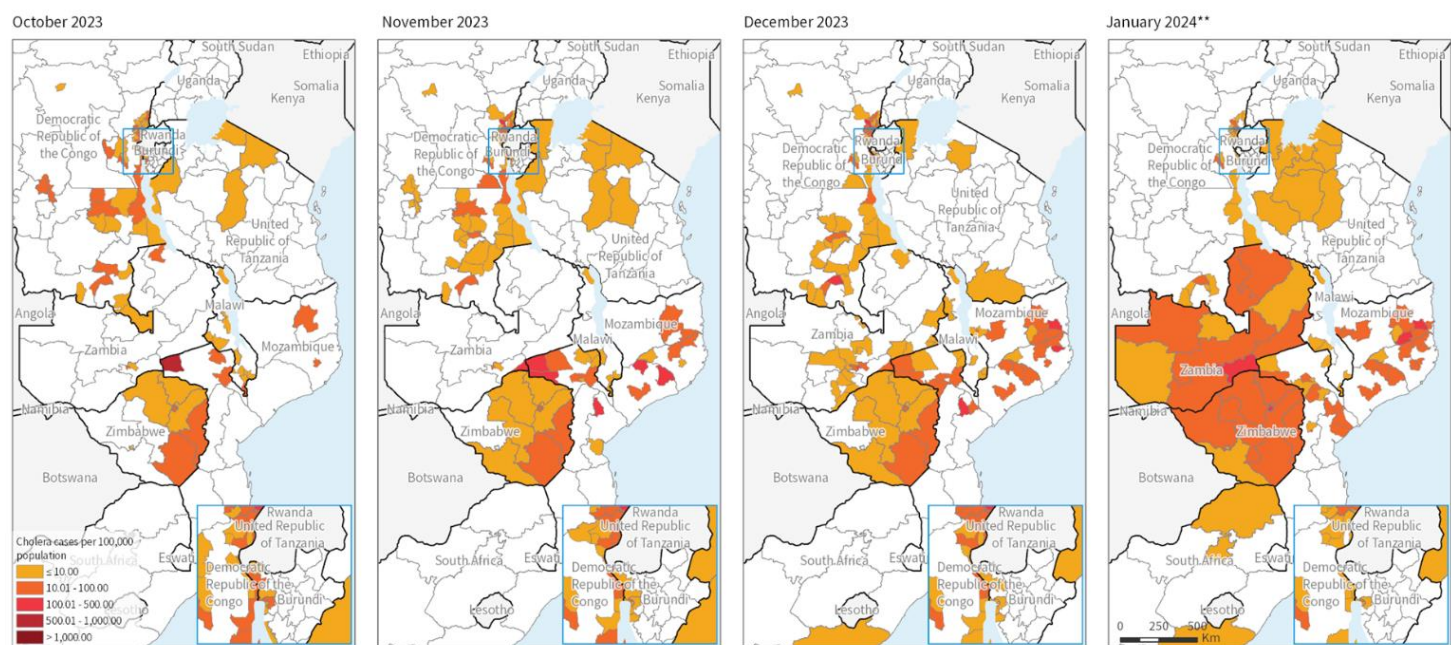
³ Integrated Disease Surveillance Program: National Centre for Disease Control, Directorate General of Health Services:
<https://idsp.nic.in/index4.php?lang=1&level=0&linkid=406&lid=3689>, <https://idsp.nic.in/index4.php>

Focus on selected countries

Central and South-East Africa

The WHO African Region continues to be the region most heavily impacted by cholera, with 17 countries reporting cases since 1 January 2023. In the last month, there has been a significant spike in both cases and deaths across several countries. Zambia and Zimbabwe have reported the most substantial increases, with Zambia seeing 12 268 new cases and 467 deaths, indicating a critical situation needing immediate scale up of response. Zimbabwe also reported a substantial rise with 6713 new cases and 156 deaths, underscoring a rapidly evolving outbreak. Other notable increases were observed in Mozambique, which reported 2193 new cases and five deaths, and in the DRC, with 723 new cases and seven deaths during epidemiological week 1 alone. These figures reflect intense transmission rates and underscore critical gaps in the delivery of health services.

Figure 2. Central and South-East Africa attack rate per 100 000 (suspected and confirmed cholera cases per month) between September and December 2023, as of 31 January 2024*



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Data Source: World Health Organization, Ministries of Health and Statistics offices of Burundi, Democratic Republic of the Congo, Eswatini, Malawi, Mozambique, South Africa, United Republic of Tanzania, Uganda, Zambia and Zimbabwe
Map Production: WHO Health Emergencies Programme
Map Date: 2 February 2024

* The reporting period differ by country:
Burundi: 28/1/2024 - Democratic Republic of the Congo: 1/1/2024
Eswatini: 8/6/2023 - Malawi: 21/1/2024 - Mozambique: 27/1/2024
South Africa: 31/1/2024 - Uganda: 24/8/2023 - United Republic of Tanzania: 27/1/2024 - Zambia: 30/1/2024 - Zimbabwe: 28/1/2024
Data of Zimbabwe, Tanzania, South Africa and Zambia (Jan 2024) are displayed at Province/Region level. ** Data for the latest month may be incomplete and are subject to any retrospective adjustments. The date corresponds to the first day of the epi-week (from Monday to Sunday)

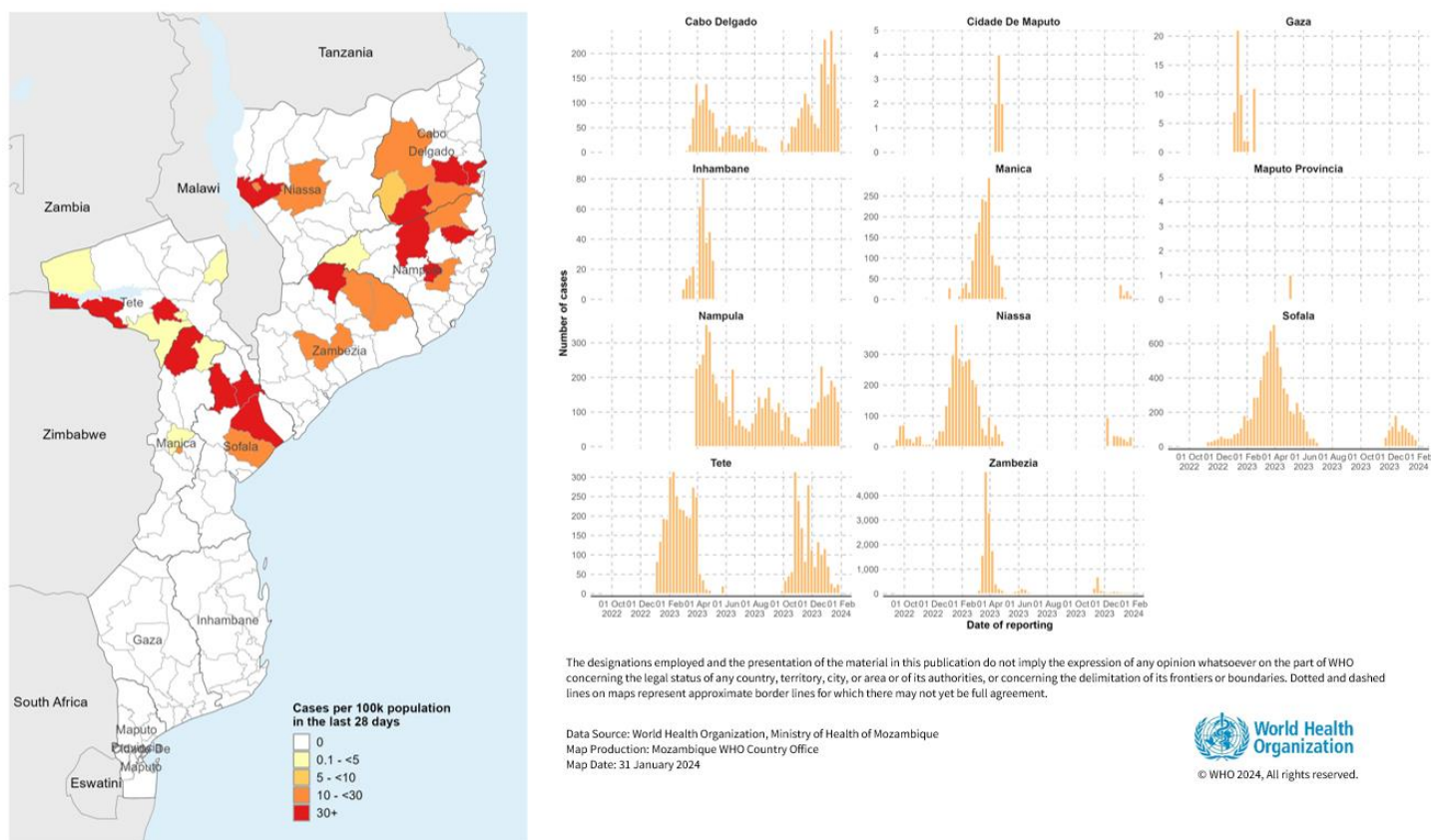


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Mozambique

From 1 September 2022 to 31 January 2024, Mozambique has recorded a cumulative total of 43 074 cases and 166 deaths, with a CFR of 0.4%. This period marked a significant fluctuation in cholera incidence, with a peak of over 6000 weekly cases observed at the end of March 2023. Following this peak, there was a period of decline in reported cases. However, recent data indicate a concerning resurgence of cholera cases in several regions, particularly within the last month where the country has seen an average of over 600 cases weekly. This resurgence is not uniformly distributed across the country; seven out of 11 provinces are currently experiencing active outbreaks, with Cabo Delgado and Nampula provinces showing significant increases in weekly case counts. Given the seasonality of cholera, there is a potential for these numbers to escalate in the coming months, underscoring the need for continued vigilance and robust public health interventions.

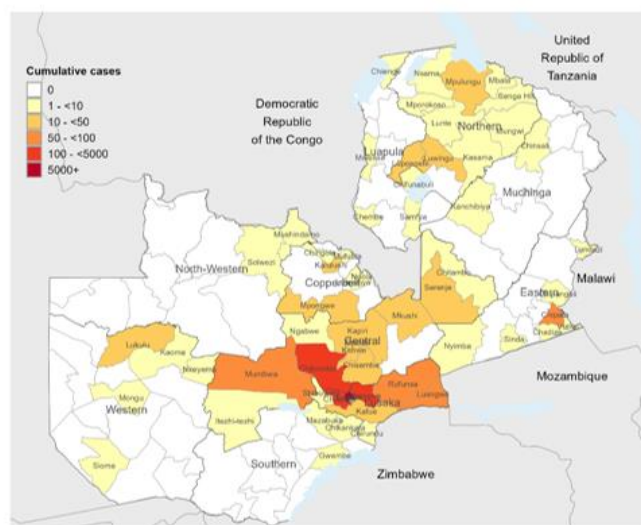
Figure 3. Mozambique: cholera attack rates in the last 28 days (left) and cholera cases in Mozambique by province (right), as of 31 January 2024



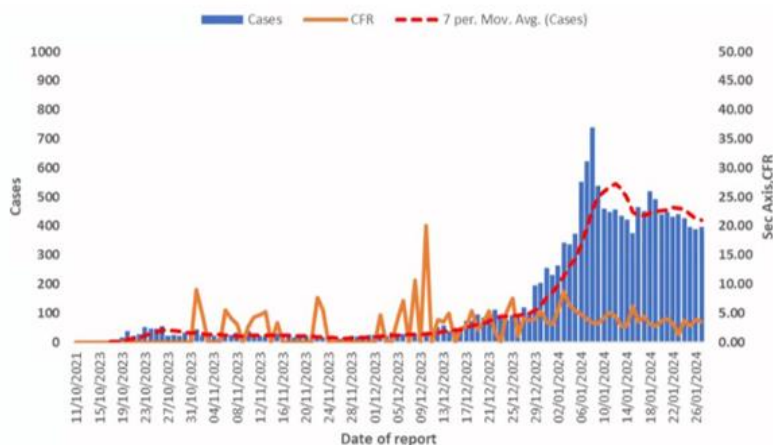
Zambia

Since 18 October 2023, Zambia has been experiencing a significant cholera outbreak. As of 29 January 2024, the country has reported a total of 18 514 cases, including 643 deaths, resulting in a very high CFR of 4%. The outbreak has affected all of Zambia's 10 provinces, with 93% of the total cases emerging from Lusaka (15 111), Central (1169), Southern (447) and Copperbelt (392) provinces. Transmission is widespread, with more than half of the deaths occurring in community settings. Current data reveal a higher case incidence among male adults, particularly those aged 25 to 34 years. Notably, the highest mortality rates are seen in the very young and older populations, with a particularly high CFR (>5%) in males over 55 years of age.

Figure 4. Zambia: cumulative cholera attack rates (left), and daily number of cases and CFR in Zambia (right), from 3 October to 29 January 2024



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Data Source: World Health Organization, Zambia National Public Health Institute
Map Production: World Health Organization
Map Date: 31 January 2024

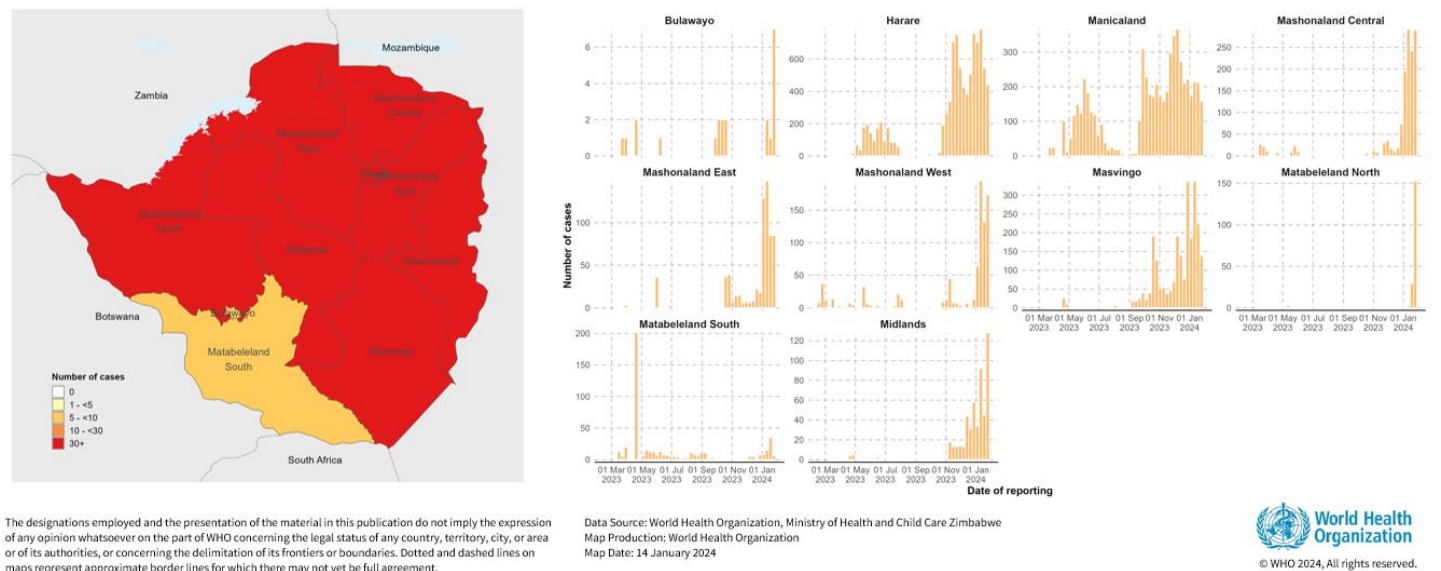


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Zimbabwe

Since the start of the cholera outbreak on 12 February 2023, Zimbabwe has seen a cumulative total of 21 230 cases and 476 deaths, with a high CFR of 2.2%. The outbreak has displayed an overall rising trend in cases since September 2023, reaching a peak of 2085 new weekly suspected cases in epidemiological week 2, which included 209 confirmed cases. All provinces are affected, with the highest number of cases being reported during week 4 from Harare with 442 new cases, followed by Mashonaland Central with 289, Mashonaland West with 174, and Manicaland with 158. Notably, the outbreak is now impacting regions like Matabeleland North for the first time since September 2023.

Figure 5. Zimbabwe: cholera attack rates in the last 7 days (left), and number of cases by province (right), as of 31 January 2024



Democratic Republic of the Congo

From 1 January 2023 to 1 January 2024, there have been 51 847 reported cases of cholera and 436 deaths in the Democratic Republic of the Congo, resulting in a CFR of 0.8%. Over the last four weeks, the country has reported more than 1000 cases per week on average. Since the beginning of the outbreak, cases have been reported in 15 of the country's 26 provinces, with the highest concentrations in North-Kivu (65% of total cases), South-Kivu (16%), and Tanganyika (11%). The ongoing insecurity, violence, and associated displacement of the population remain the primary challenges in containing the outbreak. The recent emergence of a cluster of cases in the central prison of Kamituga in South-Kivu province further underscores the complexity of controlling cholera transmission in the country.

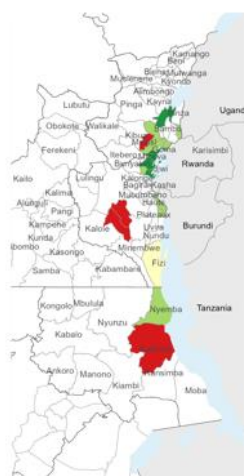
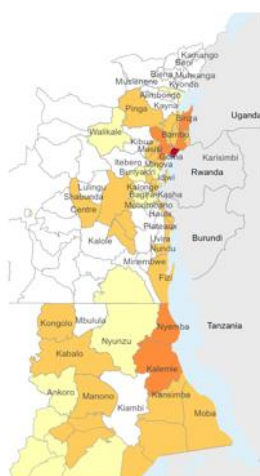
Figure 6. Cholera situation in DRC. Cumulative cholera cases reported in 2023 and weekly percentage change in North Kivu, South Kivu, and Tanganyika (left). National cholera cases in DRC, by province (right), as of 31 January 2024

DRC: Cumulative cases of cholera

reported between 02 January, 2023 and 01 January 2024

DRC: Changes in cases in the last 7 days

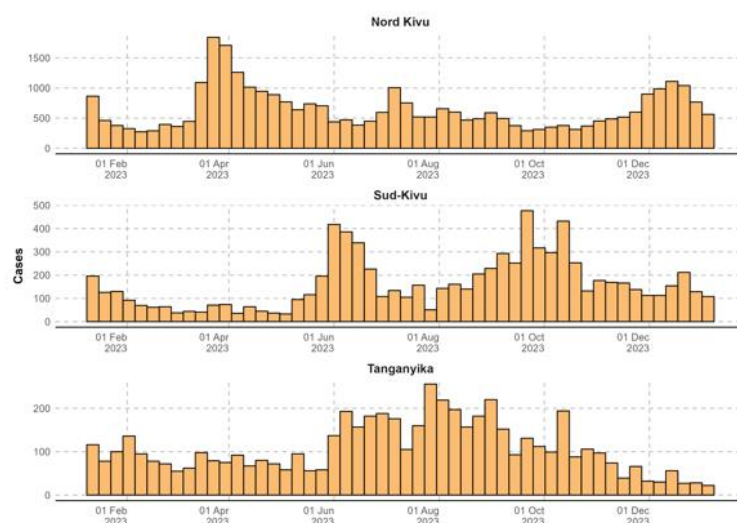
Comparing cases reported between 26 December and 01 January 2024 vs. 19 December and 25 December 2023



Cumulative cases
1 - <100
100 - <1000
1000 - <3000
3000 - <5000
5000+
No cases

Percent change
No cases
Increasing by 50+%
Increasing by 10-50%
Limited change (10-10%)
Decreasing by 10-50%
Decreasing by 50+%

*Note different scales per province.



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Data Source: World Health Organization, Ministry of Health Democratic Republic of the Congo

Map Production: World Health Organization

Map Date: 01 January 2024



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Greater Horn of Africa

Ethiopia

Since August 2022, Ethiopia has reported a cumulative total of 32 548 cholera cases with 488 deaths, resulting in a high CFR of 1.5%. As of 30 January 2024, the outbreak remains active in 48 woredas across six regions: Oromia (18 woredas), Somali (16), Harari (5), Dire Dawa (5), Amhara (3), and Afar (1). Recent epidemiological trends in the country show an increase in cholera cases, with 429 new cases reported in epidemiological week 4 of 2024 (up 32.4% from week 3). Since early November 2023, parts of Ethiopia, Kenya, and Somalia have experienced excessive rainfall resulting in flooding and overflow of rivers, which likely exacerbated the spread of cholera by contaminating water sources and disrupting clean water supplies.⁴ There is a high risk of further spread of the outbreak in refugee camps and among internally displaced persons (IDPs) due to ongoing insecurity. These challenges are compounded by the suboptimal access to healthcare facilities, hindering timely and effective cholera treatment.

Somalia

From 2 January 2023 to 28 January 2024, Somalia has recorded a cumulative total of 20 096 cholera cases and 66 deaths, leading to a CFR of 0.3%. The overall situation in the country remains serious, with over 400 new cases reported on average each week recently. High burden regions include Banadir, Bay, and Lower Juba. The country is also facing an increased risk of cholera spread due to recent flooding, which is expected to have exacerbated the conditions for transmission.

Sudan

In Sudan, a cumulative total of 10 273 cases have been reported across 11 of the country's 18 states since April 2023, when the conflict began. During the same period, a total of 281 deaths were reported, resulting in a high CFR of 2.7% as of 26 January 2024. Approximately 88% of the cases have been reported from the Red Sea (3452), Gedaref (2097), Gezira (1861), and White Nile (1625) states. Notably, River Nile and Northern states are the latest to be affected by the outbreak. Recently, there has been a notable decline in weekly cases from approximately 1500 in early December to 446 in the last week. This downward trend must be cautiously interpreted due to potential surveillance weaknesses. The ongoing conflict may hinder the collection of accurate data, as such situations often disrupt routine surveillance and reporting systems. This could lead to underreporting of cases and an inaccurate portrayal of the current situation.

⁴ Situation Report: Greater Horn of Africa Food Insecurity and Health - Grade 3 Emergency — 1 September - 31 October 2023: [https://cdn.who.int/media/docs/default-source/documents/emergencies/ghoa-food-insecurity-and-health-sitrep--11-\(sept-oct-2023\).pdf](https://cdn.who.int/media/docs/default-source/documents/emergencies/ghoa-food-insecurity-and-health-sitrep--11-(sept-oct-2023).pdf)

Figure 7. Cholera situation in Sudan. Cholera attack rates in the last 28 days (left) and cholera cases and deaths per week of onset (right), as of 26 January 2023

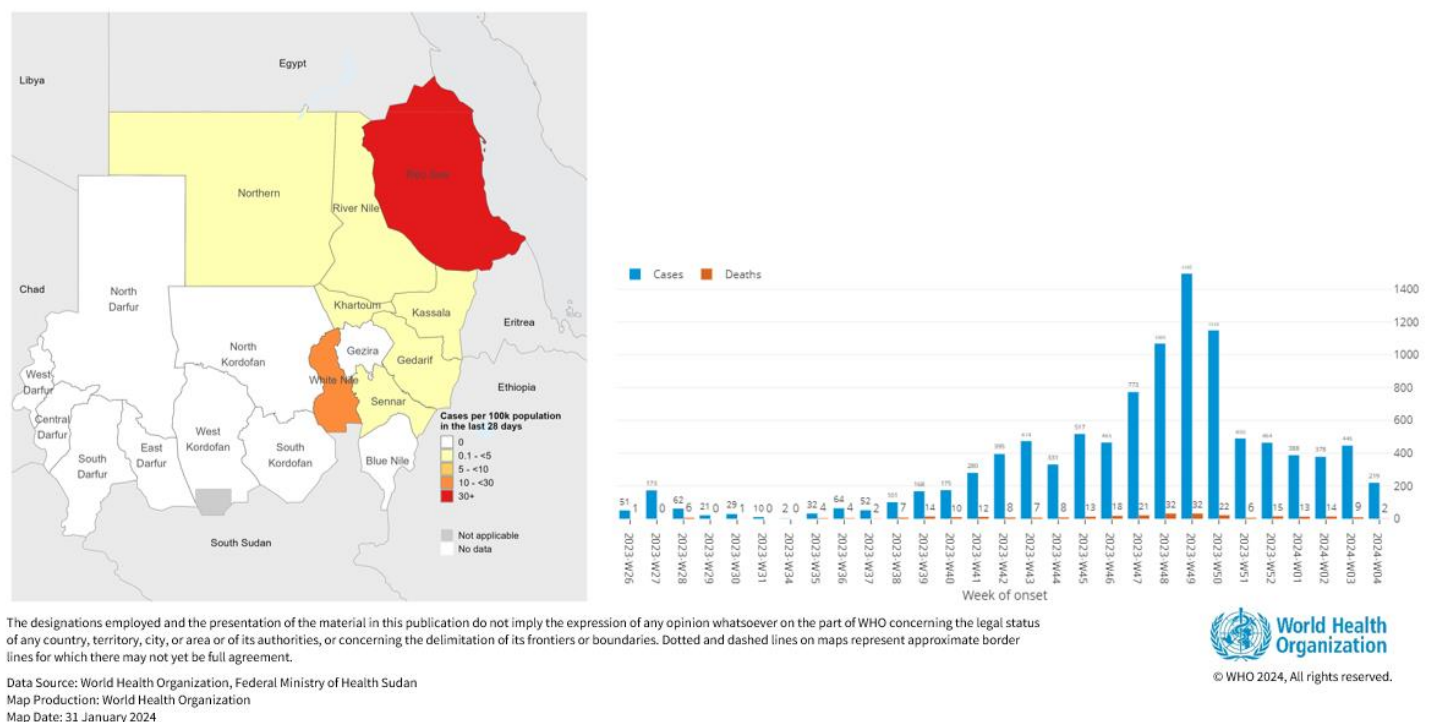
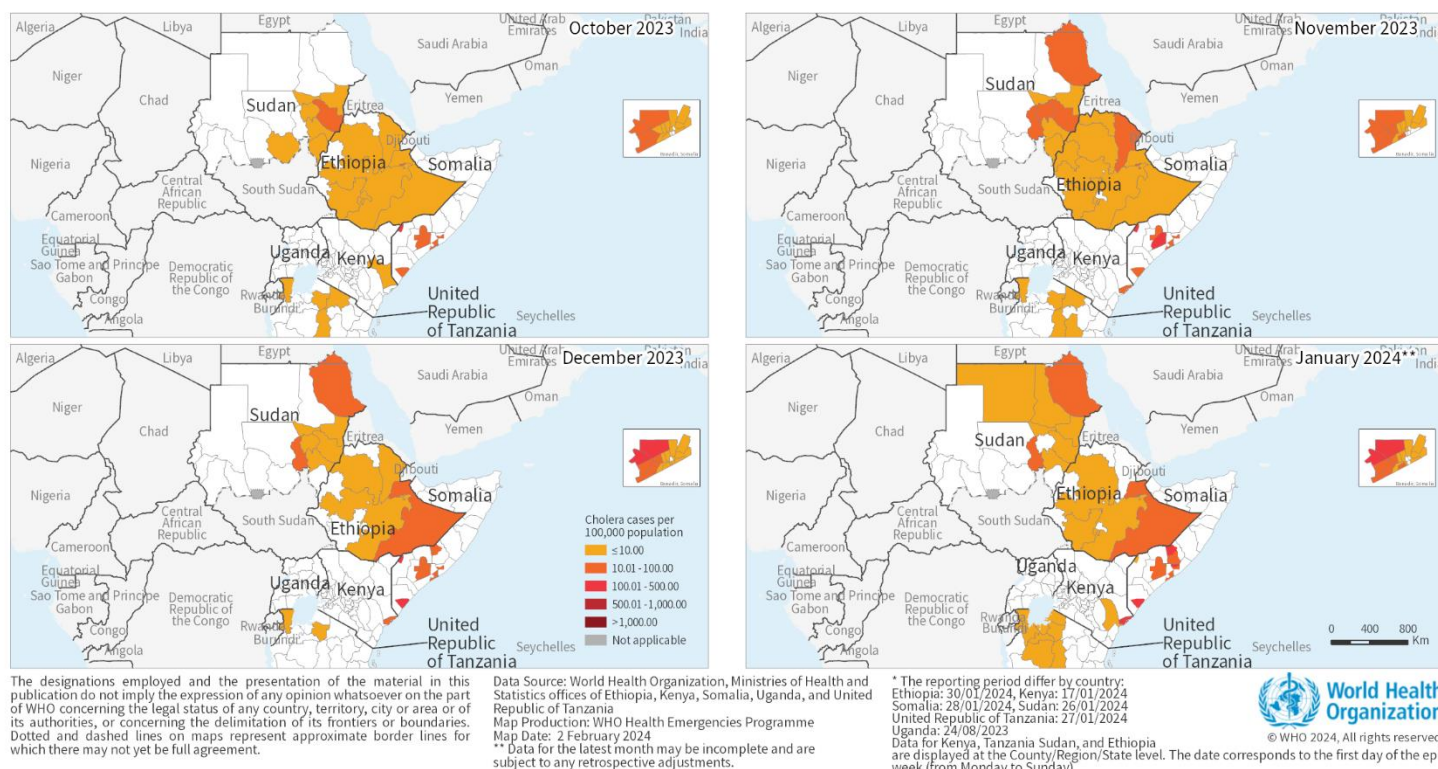


Figure 8. The Greater Horn of Africa region cholera attack rate per 100 000 population between September to December 2023, as of 31 January 2024



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

- WHO continues to coordinate the cholera response at global, regional, and country levels with partners through the Global Task Force on Cholera Control (GTFCC), the Global Outbreak Alert and Response Network (GOARN), the Emergency Medical Teams (EMT) Secretariat, Standby Partners (SBPs), and other mechanisms.
- Currently, there are four ongoing SBP assignments for the Multi-Region Cholera Outbreak response. Three experts are deployed for six months to Ethiopia by CANADEM (funded by UK FCDO) covering functions such as Surveillance, Risk Communication Community Engagement, Infection Prevention and Control. In addition, the Dutch government has supported, through Dutch SURGE Support, the deployment of a WASH/Cholera Specialist who will be a part of the global Incident Management Support Team.
- Currently, there are four Requests for Assistance (RFA) through GOARN that remain open for sourcing specialized field expertise across Haiti, Sudan, Zambia, and Zimbabwe. An RFA for East Africa is being prepared in anticipation of required multi-country support in the region across several key functions.
- An EMT request for assistance has been launched for the response to cholera in Zambia, with arrival of two initial exploratory teams in mid-January. An EMT coordinator has also been deployed to coordinate teams arriving in country.

Public health surveillance

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

Laboratory

- GTFCC recommendations for cholera testing are being disseminated and promoted in both [English](#) and [French](#).
- GTFCC laboratory [resources](#), including Job Aids, Fact Sheets, and other guidance materials are being promoted. There are ongoing efforts to develop additional technical support resources.

- Coordination activities are in progress with countries, regions, and partners to strengthen cholera laboratories.
- Technical support and assistance in the development of laboratory strengthening plans for countries are being provided on a case-by-case basis.
- A GTFCC toolkit and guidance for conducting detailed cholera laboratory capacity assessments have been developed. These assessments identify gaps and needs that require targeted support.
- Collaborations are ongoing to facilitate the ordering and access to laboratory supplies using the WHO catalogue resources. Additionally, technical support is being extended at regional and country levels to identify field and laboratory diagnostic supply needs as required.
- Collaboration with Gavi is underway to support the procurement of rapid diagnostic tests for Gavi-eligible countries for cholera surveillance, including outbreak monitoring. Ongoing efforts involve the development of GTFCC tools and materials for cholera diagnostics training of trainers for laboratory personnel.

Vaccination

- Three new requests were received in 2024 from Ethiopia, Somalia, and Zambia, collectively seeking over six million doses. Additionally, two other countries (Burundi and Yemen) are considering submitting an OCV request for a reactive campaign.. However, the global OCV stockpile is currently depleted, with no doses available until beginning of March. Four approved International Coordinating Groups (ICG) requests awaiting production release for shipment to affected countries. This shortage presents a significant challenge to cholera response efforts.
- Since the onset of 2024, four reactive vaccination campaigns have been conducted in response to cholera outbreaks in four countries: Ethiopia, Mozambique, Zambia, and Zimbabwe. These campaigns are critical in curtailing the spread of the disease. However, given the current context of outbreaks and limited vaccine availability, only single-dose vaccination courses have been validated and utilized in these reactive campaigns.
- Moreover, the constrained supply of OCVs is severely impacting the capacity to carry out preventive vaccination campaigns. The limited global stockpile of OCVs underscores the need for increased production and strategic stockpile management to ensure that both reactive and preventive needs are adequately met.

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

- WHO deployed a team to Zambia to strengthen case management - both access to treatment in the community and quality of care in treatment centres.
- Focus on harmonizing partner support to volunteers providing Oral Rehydration in the community. WHO to focus on providing nursing support and supervision for volunteers.
- To improve quality of inpatient care, WHO will provide mentoring support in treatment structures.
- The Emergency Medical Teams Coordination Cell (EMTCC) was established on 24 January 2024, and the current EMT capacity involves one UK-EMT providing clinical expertise in infectious disease and paediatrics and Save the Children deploying three surgical staff. Additionally, Médecins Sans Frontières is actively participating in coordination activities, with two operational centres in the country. Deployments from various organizations, including Samaritan Purse, Team Rubicon, and the International Federation of Red Cross and Red Crescent Societies (IFRC), are also being explored. EMTs are actively conducting site visits to key locations identified in collaboration with the Ministry of Health (MoH) and Zambia National Public Health Institute (ZNPHI).
- Key challenges in Zambia include a concerning case fatality rate, late presentation of severe cases, and a need for community-based interventions. Surge support is crucial, particularly in peripheral facilities, and denotes potential areas for EMT involvement in IPC and community case management. The EMTCC has been involved in meetings, site visits, and collaboration with health partners to address the evolving situation.

- WHO deployed IPC team to support the Cholera outbreak response in Zambia for improving infection prevention and control practices in healthcare facilities. IPC and WASH assessment tools have been used to assess gaps and provide technical support for risk mitigation. The assessment is completed in six cholera treatment units (CTUs) and the feedback is provided to the CTUs to fill gaps in cleaning and disinfection, waste management and availability of WASH services. Field visits were conducted to assess the IPC practices in the communities.
- Integrated WASH and IPC assessments to be conducted in CTCs/CTUs in newly affected provinces in Zimbabwe. The WASH pillar has suggested a national strategy for water quality surveillance and including WASH improvement in CTCs in response activities. Key gaps have been identified in water quality testing and supplies, sanitation and sewer infrastructure, food safety and safe disposal of waste.

Risk communication and community engagement (RCCE)

- WHO continues to support global and regional RCCE coordination for the multi-country outbreak of cholera through the RCCE Collective Service, this includes identifying and deploying RCCE support, developing joint guidance and strengthening local collection and analysis and use of social-behavioural data important for tailored response interventions.
- Coordination needs to be strengthened. Efforts are in progress to improve internal coordination with regions and countries and with external partners to better align support and resources for countries most in need.
- Direct RCCE support to countries continues to be provided through the deployment of regional and global experts. Specifically, Ethiopia, Malawi, Mozambique, South Africa, Zambia, and Zimbabwe.
- In Zambia, a rapid qualitative assessment (RQA) on community perceptions of cholera was completed in January 2024. This assessment provides a more complete understanding of transmission dynamics and community perceptions towards causes of cholera, prevention measures and treatment. The findings and recommendations of the RQA have been provided to other technical pillars to guide and strengthen the response. RQAs and RCCE situational analyses are crucial to understand community perceptions, gaps and needs and to guide more tailored and community-centred cholera responses. These RCCE interventions are essential and recommended to ensure cholera response interventions are aligned with community needs and expectations.

Operations Support and Logistics (OSL)

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

A comprehensive list of these items has been shared with WHO Regional Offices to facilitate the distribution process.

Preventing and Responding to Sexual Exploitation, Abuse and Harassment (PRSEAH)

- Given the scale and nature of current operations in Zambia, PSEAH is embedded in the response and measures are being identified to mitigate risks. PSEAH teams at the three levels of the Organization are ensuring appropriate and timely implementation of key interventions as per the Emergency Response Framework (from risk assessment to reporting in the community). Besides, WHO and UNICEF are jointly collaborating to ensure that gender-based violence risks are also considered in risk assessments and mitigation measures. All WHO responders have received a briefing on PSEAH additionally to the United Nations Department of Safety and Security (UNDSS) security briefing also addressing these aspects.
- In Sudan, efforts to incorporate PSEA prevention and response activities into the national cholera response plan are ongoing. This initiative is a significant step towards creating a holistic and protective response to cholera, which considers both the medical and ethical dimensions of outbreak management.

Key challenges

The geographical spread and global surge in cases is due to and has resulted in numerous challenges:

- Exacerbation of cholera outbreaks due to natural disasters and climatic effects.
- Data quality and reporting, including issues with reporting consistency and insufficient disaggregation of data for vulnerable groups, especially for children under 5 years of age. Insufficient OCV stocks to respond to all concurrent cholera outbreaks, resulting in the suspension of preventive campaigns and a transition from [a two-dose to a one-dose strategy](#). In January 2024, the vaccine stockpile was entirely depleted.
- Exhausted national cholera response capacities and overall overstretched emergency response capacity due to numerous parallel large-scale and high-risk outbreaks and other emergencies affecting public health.
- Limited experienced cholera response staff available for deployments to support national emergency responses.
- Inadequate financial resources to respond in a timely and effective manner across all levels.
- A lack of resources, both financial and material, for prevention, readiness, and preparedness activities.

Next steps

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

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

Annex 1. Data, table, and figure notes

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

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

Technical guidance and other resources

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