

Multi-country outbreak of cholera

External Situation Report #6, published 6 September 2023

Risk assessment
Global risk – Very high

Countries/areas/territories affected
28

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Highlights

Data as of 15 August 2023

- Since the last [situation report](#) on the multi-country outbreak of cholera was published on 4 August 2023 (covering data reported until 15 of July), and as of 15 August 2023, three new outbreaks of cholera and/or Acute Watery Diarrhea (AWD) were reported from Uganda, Sudan, and the Republic of the Congo. In total, 28 countries have reported cases since the beginning of 2023.
- The overall capacity to respond to the multiple and simultaneous outbreaks continues to be strained due to the global lack of resources, including shortages of the Oral Cholera Vaccine (OCV) and cholera supplies, as well as overstretched public health and medical personnel, who are dealing with multiple parallel disease outbreaks and other health emergencies.
- Based on the large number of outbreaks and their geographic expansion, as well as a lack of vaccines and other resources, WHO continues to assess the risk at global level as very high.
- The WHO African Region remains the most affected region with 16 countries reporting cholera cases since the beginning of the year. The outbreaks in many Southeast African countries, including Burundi, Malawi, Mozambique, South Africa, and Zimbabwe appear to have stabilized in recent weeks. In the Democratic Republic of the Congo, the number of cases is plateauing at over 950 cases each week at the national level with some regional variations, with the majority of the cases concentrated in North Kivu, South Kivu, and Tanganyika.
- In the Horn of Africa, the number of cases and deaths in ‘Mandera triangle’, where the borders of Ethiopia, Kenya, and Somalia meet have stabilized since our last reporting in mid-July. In Ethiopia, further geographic spread has been observed in the last four weeks affecting six regions in total (Oromia, Somali, Sidama and Southern Nations, Nationalities and Peoples (SNNP), Sidama, Afar, and Amhara). Over 400 cases of Acute Watery Diarrhea (AWD) and suspected cholera have also been reported in Sudan from the South Kordofan and Gedarf states amid the ongoing conflict. Security concerns and forced displacement remain the major challenges in the response operations.
- WHO continues to work with partners at the global, regional and country level to support Member States in outbreak response activities.

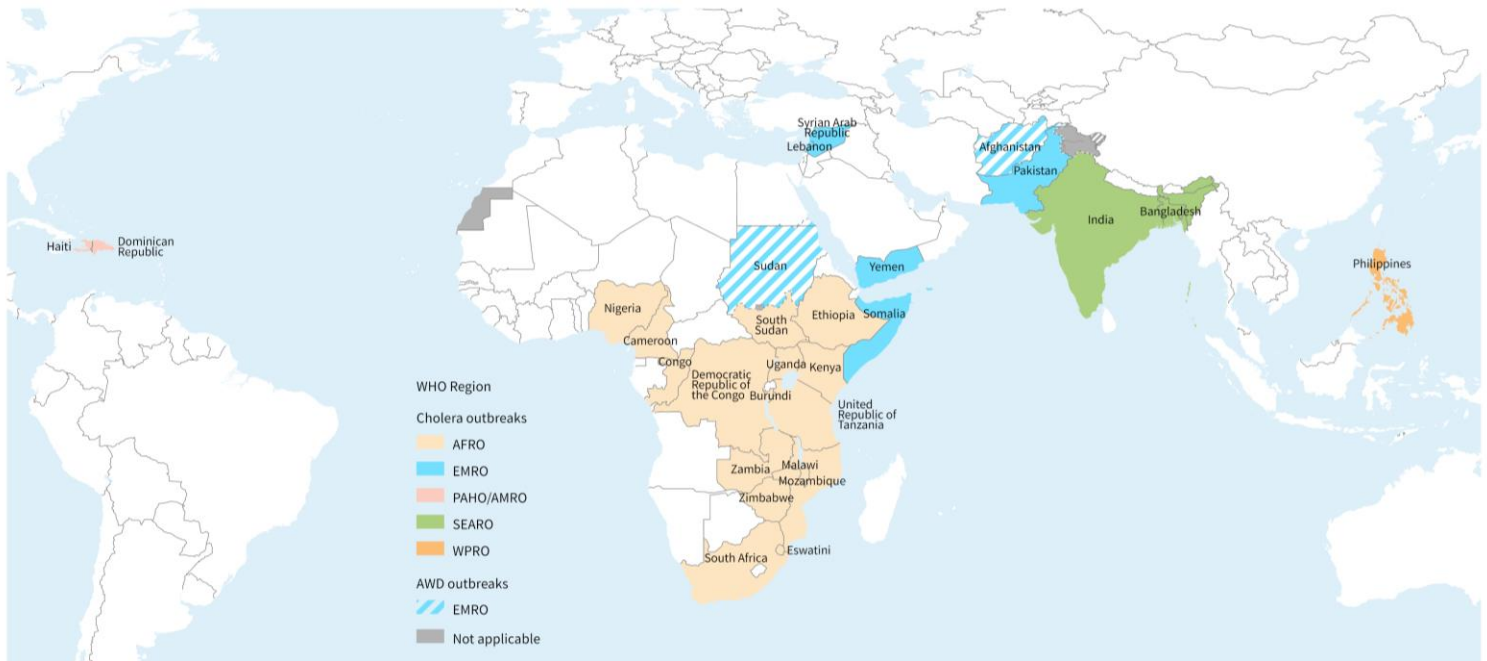
Epidemiological update

Since the beginning of the year and as of 15 August 2023, at least 28 countries have reported cholera cases (Table 1). During the same period in 2022, 16 countries reported cases. With reference to historical transmission patterns and seasonality, countries in West Africa have entered the high transmission period with the rainy season that spans from May to October. On the other hand, heavily affected countries such as Mozambique are in preparedness mode for the upcoming rainy season in September, while still managing ongoing outbreaks.

The mortality associated with these outbreaks is of particular concern. Many countries continue to report higher Case Fatality Ratios (CFR) than in previous years. The average cholera CFR reported globally in 2021 was 1.9% (2.9% in Africa), a significant increase above the targeted rate (<1%) and the highest recorded in over a decade. The global annual report for 2022 will be consolidated in the coming months.

Considering the varying surveillance systems, case definitions and laboratory capacities among countries reporting cholera, cases and deaths reported need to be interpreted with caution and cannot readily be compared between countries. In this document, cholera cases refer to the sum of suspected and confirmed cases, if not further specified within the country-specific context.

Figure-1: Global situation of epidemics of cholera and acute watery diarrhea reported in 2023, as of 15 August 2023



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Data Source: World Health Organization
Map Production: WHO Health Emergencies Programme
Map Date: 15 August 2023

Table -1. Cholera cases and deaths reported from WHO regions, as of 15 August 2023*

WHO Region	Country, area, territory	Suspected /Confirmed cases	Total deaths	Cases per 100 000	CFR (%)	Reporting start	Reporting end
Region of Africa	Burundi	612	9	5	1.5	08/12/2022	14/08/2023
	Cameroon	19 860	475	71	2.4	01/10/2021	13/08/2023
	Democratic Republic of the Congo	31 986	227	34	<1	01/01/2023	15/08/2023
	Eswatini ¹	2	0	< 1	0	27/03/2023	18/04/2023
	Congo	21	5	< 1	23.8	17/07/2023	12/08/2023
	Ethiopia	18 661	236	17	1.3	01/08/2022	15/08/2023
	Kenya	12 000	197	23	1.6	05/10/2022	14/08/2023
	Malawi	58 982	1 768	295	3	28/02/2022	13/08/2023
	Mozambique	33 862	144	106	<1	01/09/2022	15/08/2023
	Nigeria	2 309	57	1	2.5	01/01/2023	30/07/2023
	South Africa	1 274	44	2	3.5	29/01/2023	09/07/2023
	South Sudan ²	348	1	2	< 1	22/02/2023	18/03/2023
	United Republic of Tanzania	289	1	< 1	< 1	14/05/2023	30/07/2023
	Uganda	52	8	< 1	15.4	07/07/2023	13/08/2023
	Zambia	768	14	4	1.8	21/01/2023	10/08/2023
Zimbabwe	3 872	96	22	2.5	12/02/2023	15/08/2023	
Region of the Americas	Dominican Republic	111	0	1	0	17/10/2022	05/08/2023
	Haiti	58 230	823	503	1.4	02/10/2022	05/08/2023
Eastern Mediterranean Region	Afghanistan**	128 880	63	394	< 1	01/01/2023	12/08/2023
	Lebanon	8 007	23	146	< 1	05/10/2022	02/06/2023
	Pakistan***	12460	0	< 1	0	01/01/2023	20/08/2023
	Somalia	12 142	30	285	< 1	01/01/2023	13/08/2023
	Sudan [§]	421	12		2.8	15/04/2023	05/08/2023
	Syrian Arab Republic (excluding Northwest Syria)	103 123	6	467	< 1	01/01/2023	05/08/2023
	Yemen	5 157	7	17	< 1	01/01/2023	13/08/2023
	Syrian Arab Republic (Northwest only)	124 909	946	2 700	< 1	16/09/2022	12/08/2023
South-East Asia Region	Bangladesh (Cox's Bazar)	121	0	14	0	01/01/2023	12/08/2023
	India ³	571	1	< 1	< 1	22/06/2023	11/06/2023
Western Pacific Region	Philippines	2 407	13	2	< 1	01/01/2023	22/07/2023

* Case and death numbers presented are unreliable due to differences in case definitions, reporting systems, and underreporting overall. 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 number of tests conducted.

§ Sudan reported AWD cases.

¹ There were no further cases reported since situation report #2, 15 May 2023

² As of 18 March, 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

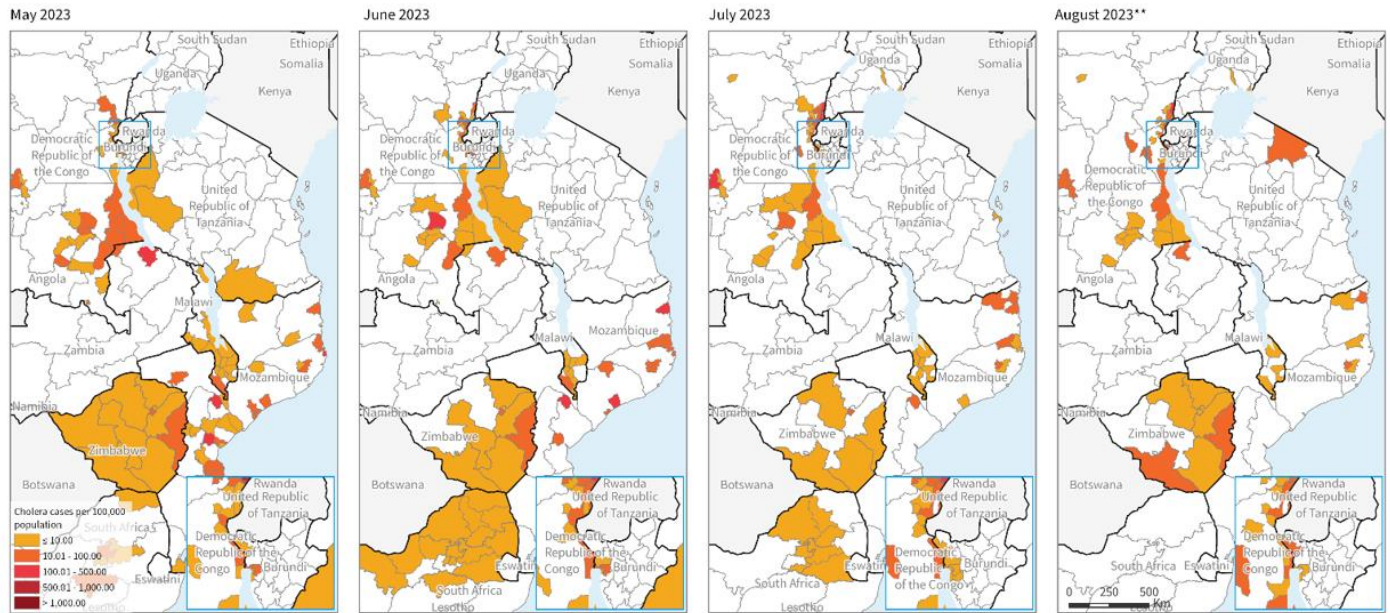
³ Integrated Disease Surveillance Program: National Centre for Disease Control, Directorate General of Health Services: <https://idsp.nic.in/index4.php?lang=1&level=0&linkid=406&lid=3689>

Focus on selected countries

Central and South-East Africa

Since mid-July, the overall epidemiological situation continues to improve in Malawi, Mozambique, South Africa, and Zimbabwe. In Uganda, as of 3 August 2023, a total of 52 cases have been reported from two districts, Kayunga and Namayingo. While the situation is plateauing in the Democratic Republic of the Congo, an average of over 950 cases are reported each week with cases mostly concentrated in North Kivu, South Kivu and Tanganyika.

Figure-2. Central and South-East Africa attack rate per 100 000 (suspected and confirmed cholera cases per month) between May to August 2023, as of 15 August 2023*



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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: 1 September 2023

* The reporting period differ by country:
Burundi: 14/8/2023 - Democratic Republic of the Congo: 15/8/2023
Eswatini: 8/6/2023 - Malawi: 13/8/2023 - Mozambique: 15/8/2023
South Africa: 9/7/2023 - Uganda: 13/8/2023 - United Republic of Tanzania: 25/7/2023 - Zambia: 10/8/2023 - Zimbabwe: 15/8/2023
Data of Zimbabwe and Tanzania are displayed at Province/Region level.
** Data for the latest month may be incomplete and are subject to any retrospective adjustments.

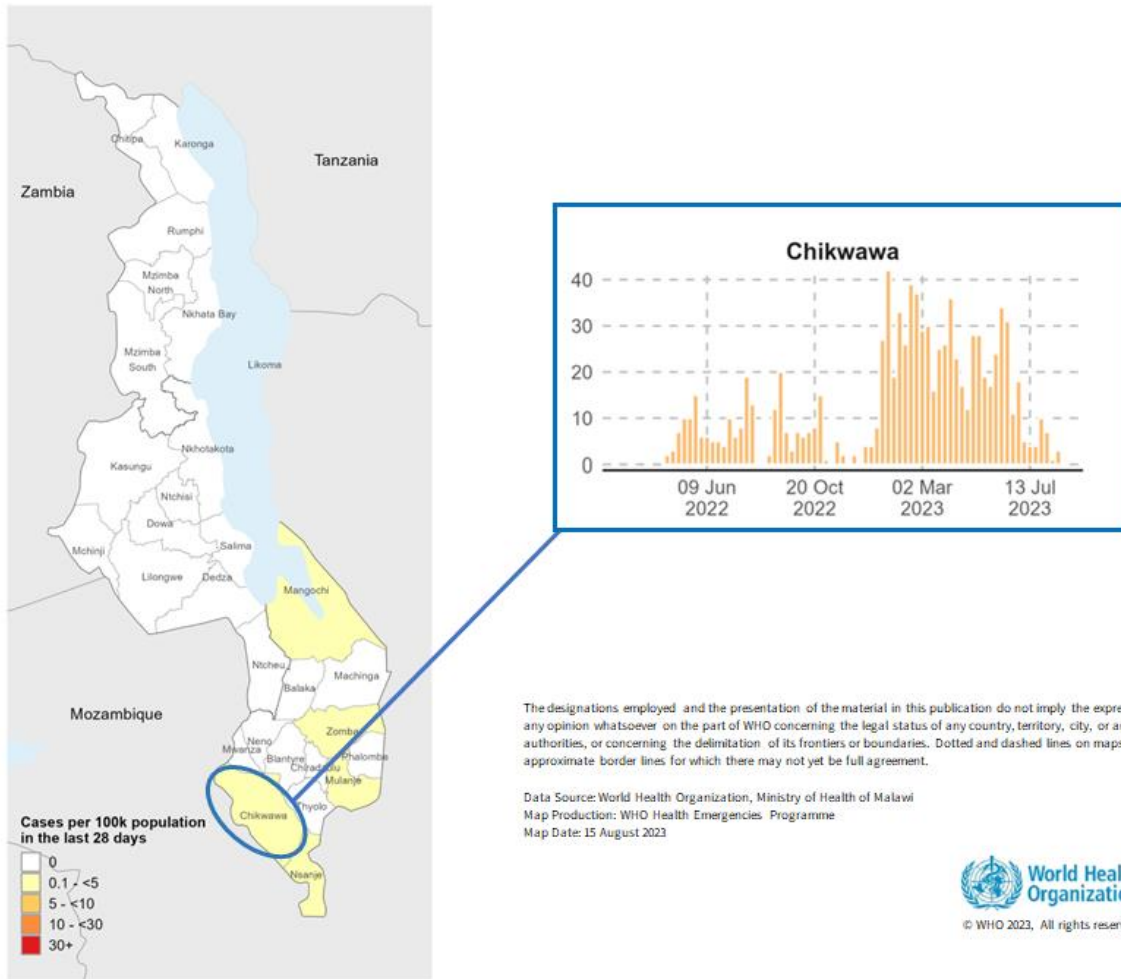


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Malawi

In Malawi, a downward trend in number of both cases and deaths continues to be observed. As of 13 August 2023, a total of 58 982 cases and 1768 deaths with CFR 3% have been reported. In the last four weeks, 33 new cases and two deaths were reported from five districts in the Southern Region. This is a decrease of 55% in cases and 50% in deaths compared to the preceding 4-week period. A high CFR% has persisted in the country during this time period (6%).

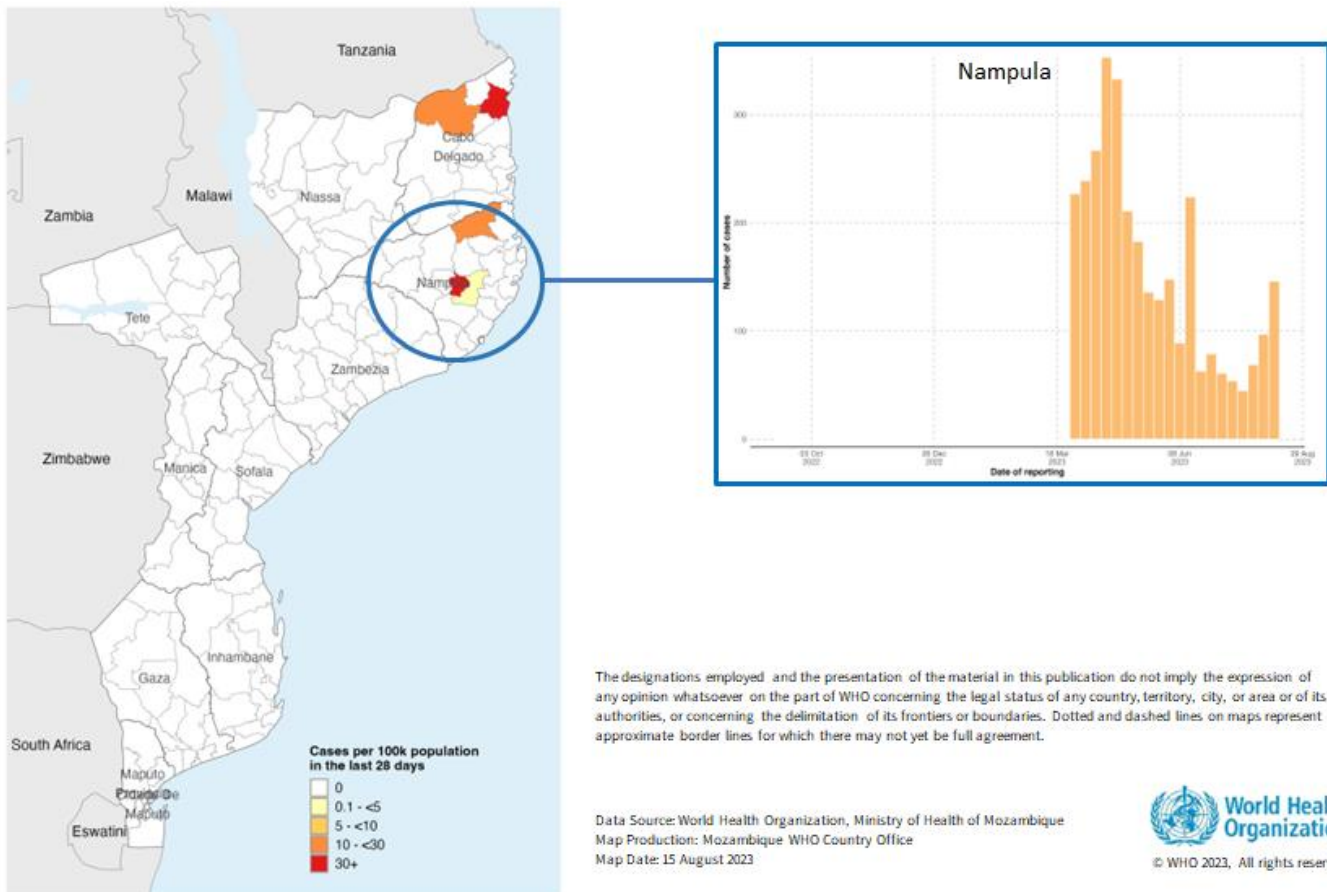
Figure-3. Malawi cholera attack rates in the last 28 days (left), number of cases in Chikwawa district (right), as of 15 August 2023



Mozambique

In Mozambique as of 15 August 2023, 33 862 cases and 144 deaths have been reported with CFR 0.4% from all 11 provinces. The epidemiological situation continues to stabilize in almost the entire country. In the last four weeks, new cases are reported mainly from two provinces, Cabo Delgado and Nampula with an average of 120 cases reported each week. Active outbreaks of cholera have been reported in five out of 66 total districts.

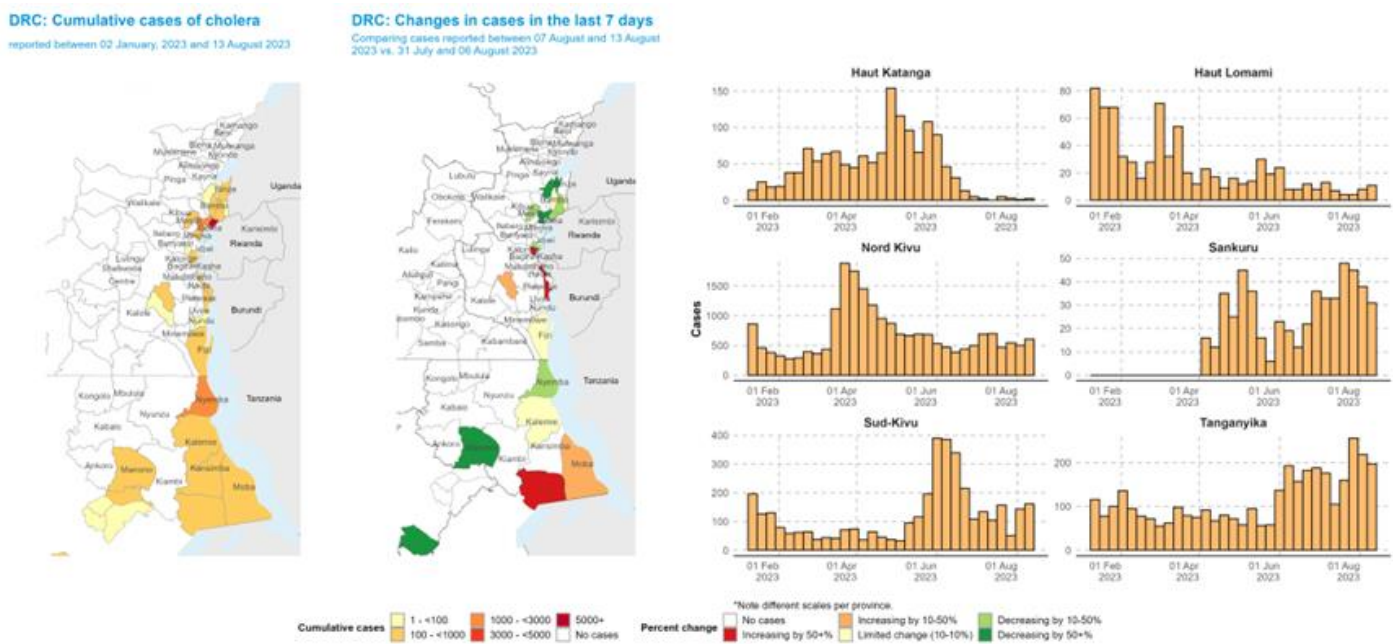
Figure-4. Mozambique cholera attack rates in the last 28 days (left), number of cases in Nampula district (right), as of 15 August 2023



Democratic Republic of the Congo

Since the surge in the number of cases in the Democratic Republic of the Congo (DRC) in mid-March 2023, the country has seen a decrease in cases which has plateaued at an average of roughly 1000 cases per week. This represents a much higher weekly case incidence compared to the same time period over the last two years, where less than 500 cases per week were reported. As of 13 August 2023, a total of 32 687 cases and 232 deaths were reported with CFR 0.7%. From 17 July to 13 August 2023, 3943 cases and 31 deaths with a CFR of 1% were reported. While the majority of cases in 2023 were reported from the North Kivu province, a surge in cases in South Kivu and Tanganyika was observed in June and early July. These increases were most prominent in health zones along the shores of Lake Tanganyika and Lake Kivu. Incidence is now low in South Kivu compared to its June surge; however, cases have plateaued near the highest levels observed this year.

Figure-5. 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).



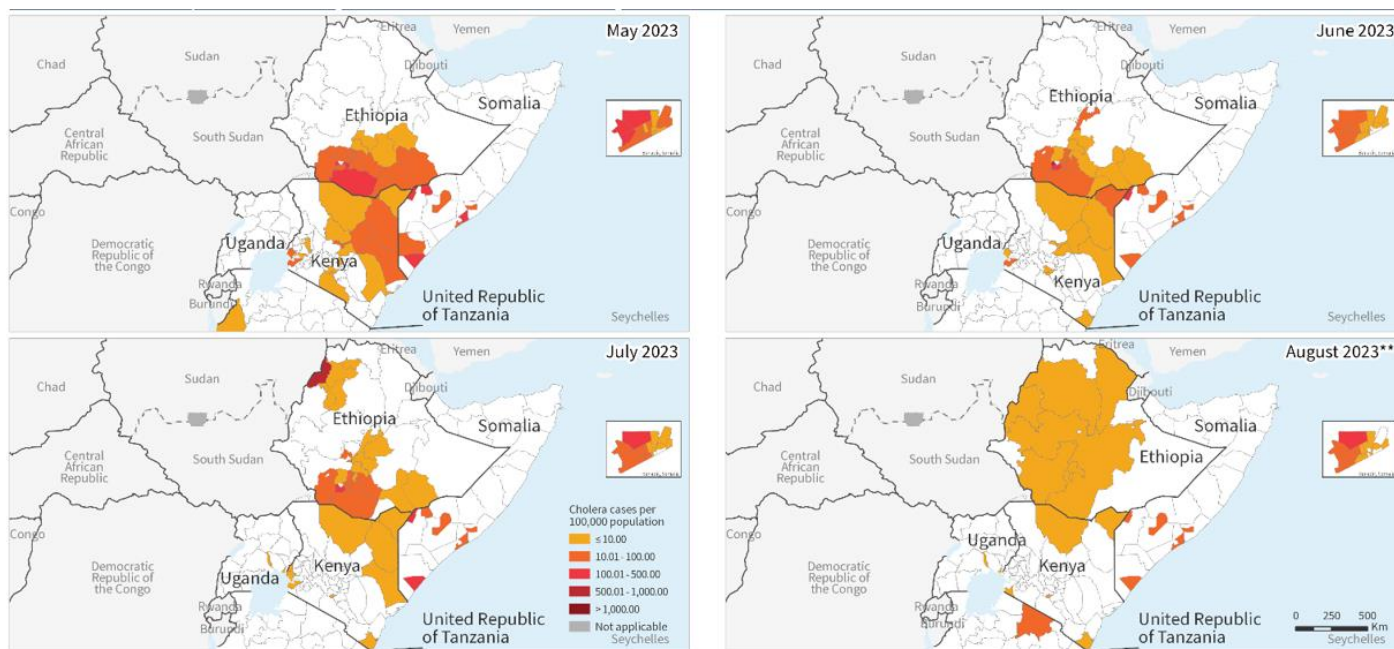
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Data Source: World Health Organization, Ministry of Health Democratic Republic of the Congo
Map Production: World Health Organization
Map Date: 13 August 2023

The greater Horn of Africa

In the Horn of Africa, the number of cases and deaths in ‘Mandera triangle’, where the borders of Ethiopia, Kenya, and Somalia meet have stabilized since our last reporting in mid-July. In Ethiopia, further geographic spreads have been observed in the last four weeks affecting six regions in total (Oromia, Somali, SNNP, Sidama, Afar, and Amhara). Over 400 cases of AWD and suspected cholera have also been reported in Sudan from the South Kordofan and Gedarif states amid the ongoing conflict. Security concerns and forced displacement remain the major challenges in the response operations.

Figure-6. The Horn of Africa region cholera attack rate per 100 000 population between May to August 2023, as of 15 August 2023*



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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: 1 September 2023
** Data for the latest month may be incomplete and are subject to any retrospective adjustments.

* The reporting period differ by country:
Ethiopia: 15/8/2023
Kenya: 14/8/2023
Somalia: 13/8/2023
United Republic of Tanzania: 25/07/2023
Uganda: 13/8/2023
Data for Kenya, Tanzania and Ethiopia (August pane only) are displayed at the County/Region level

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In Kenya, since October 2022 and as of 14 August 2023, 12 000 cases and 197 deaths with CFR 1.6% have been reported. In the last four weeks, 137 new cases and three new deaths have been reported with CFR 2.2%, which indicates a decrease of around 70% in both cases and deaths, compared to the preceding four weeks. On average, around 30 new cases are reported each week, including from newly affected areas.

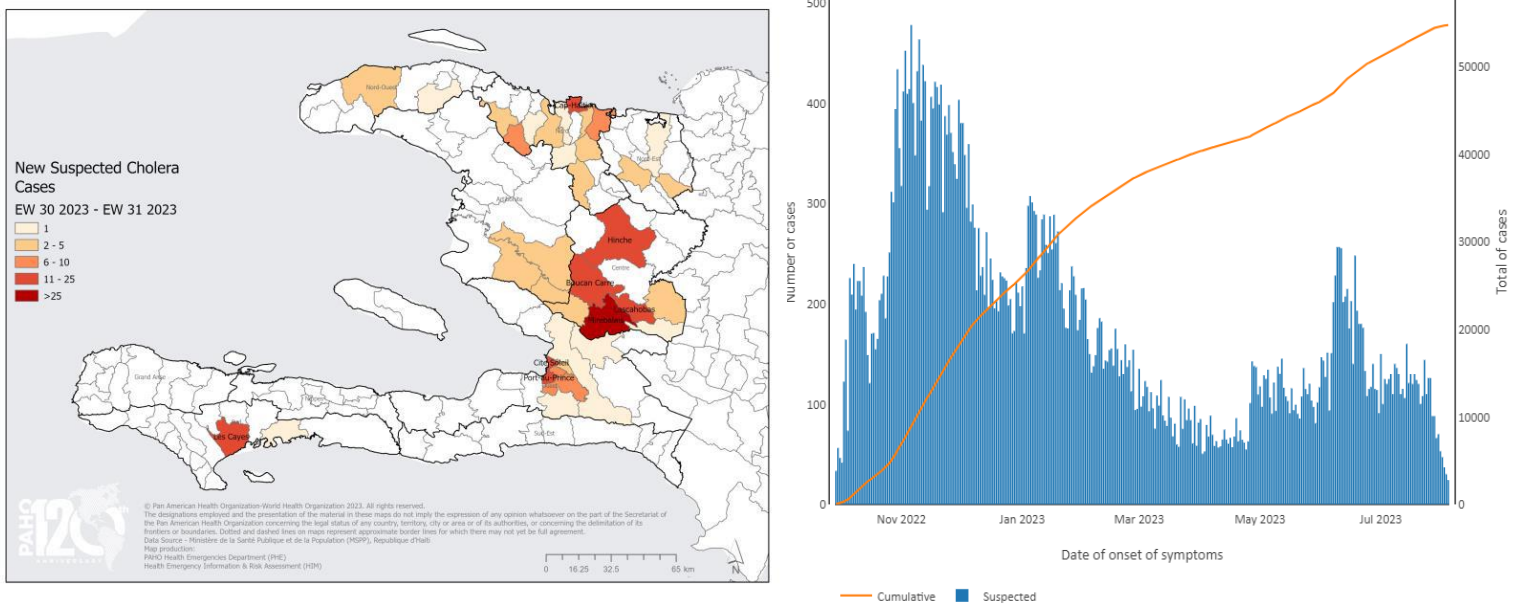
In Ethiopia, since August 2022, and as of 15 August 2023, a total of 18 661 cases and 236 deaths with CFR 1.3% have been reported. In the last four weeks, around 800 new cases are reported each week. Further geographic spreads have been reported during this period and currently cases are reported from six regions in total: Oromia, Somali, Sidama, Southern Nations, Nationalities and Peoples (SNNP), Afar, and Amhara.

In Somalia, since the beginning of the year, and as of 13 August 2023, a total of 12 142 cases and 30 deaths with CFR 0.3% have been reported. In the last four weeks, 982 new cases and no new death were reported. While the epidemiological trends have been stabilizing, an average of about 250 new cases are reported each week. Jubaland and Southwest regions near the borders with Kenya and Ethiopia remain the most affected areas of the current outbreak.

Haiti

The cholera outbreak that began on 1 October 2022, after more than three years with no cases, is continuing. As of 5 August 2023, the Department of Epidemiology, Laboratories, and Research (DELR) have reported a total of 58 230 suspected cases, of which 3696 were confirmed, including 823 deaths. To date, all ten departments have reported confirmed cases, with the majority reported in Ouest (1795), followed by Centre (457), Grand Anse (256), and Nord (242). The most affected municipalities in the Ouest Department continue to be Port-au-Prince, Delmas, Cité Soleil, Carrefour, and Pétion-Ville. Cases continue to be confirmed by culture in all departments of the country, indicating active circulation of *Vibrio cholerae* O:1.

Figure-7. Haiti: daily distribution of suspected cases (right) and map of suspected cases by department (left) as of 5 August 2023



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 acute needs in countries and with a support from key partners, experts were deployed through the Global Outbreak Alert and Response Network (GOARN), Standby Partners (SBP), Emergency Medical Teams (EMT) in addition to weekly information exchange on operational updates for cholera response through GOARN Weekly Ops call forum
- As of 31 August 2023, thirteen experts have been deployed to Malawi, Mozambique, Kenya, Lebanon and Haiti through GOARN to support the cholera response, for the functions of health operations, case management, social anthropology and epidemiology/surveillance.
- As of 31 August 2023, ten experts have been deployed to five countries (Malawi, Mozambique, Cameroon, Haiti, Turkey) through the Standby Partners to support the cholera response for the functions of Information Management, Partner/Cluster Coordination, Preventing and Responding to Sexual Exploitation, Abuse and Harassment, Infection Prevention and Control (IPC)/ Water, Sanitation and Hygiene (WASH) and Risk communication and community engagement (RCCE). Additional experts for RCCE, WASH, Information Management officer and IPC are in process to be deployed to Haiti and Ethiopia in the coming weeks for six months.
- WHO appreciates the support received from Standby Partners for this response so far: Norwegian Refugee Council (NORCAP) and CANADEM (deployment funded by United Kingdom Foreign, Commonwealth & Development Office (UK FCDO)).

Surveillance

- **Public health surveillance**
 - Disseminating and promoting Global Task Force on Cholera Control (GTFCC) revised guidance on public health surveillance for cholera [\[EN\]](#) [\[FR\]](#).
 - Disseminating and promoting GTFCC technical recommendations on [standard data and metadata sets](#) for cholera reporting to the regional and global level. The [template](#) is available for cholera reporting at the regional and global levels.
 - Providing technical support to countries/regions as well as assistance in data management and analysis on a case-by-case basis.
 - Fostering coordination with countries, regions and partners for strengthening cholera surveillance.
 - Disseminating and promoting GTFCC revised guidance for the identification of [Priority Areas for Multisectoral Interventions](#) to maximize the use of surveillance data for cholera-affected countries to develop or revise a National Cholera Plan (NCP) for cholera control. The guidance is available in English, Arabic, French, and Portuguese.
 - Developing updated GTFCC guidance on public health surveillance for cholera, including additional guidance and practical tools for data collection, reporting, and analysis

- **Laboratory**
 - Disseminating and promoting GTFCC recommendations for testing for cholera [EN] [FR].
 - Disseminating and promoting GTFCC laboratory resources (Job Aids, Fact Sheet, other guidance).
 - Fostering coordination with countries, regions, and partners for strengthening cholera laboratories.
 - Providing technical support as well as assistance in development of country laboratory strengthening plans on a case-by-case basis.
 - Developed a GTFCC toolkit and guidance for detailed cholera laboratory capacity assessments to highlight gaps and needs to target for support. Preparing for roll out in first four countries.
 - Working with operations support and logistics to facilitate ordering and access to laboratory supplies using the WHO catalogue resources; Technical support at regional and country levels for identification of field and laboratory diagnostic supply needs as required.
 - Developing recommendations for minimum standards for laboratory capacity in cholera affected countries.
 - Developing GTFCC tools and materials for cholera diagnostics training of trainers for laboratory personnel.

Vaccination

- Since the start of 2023 and as of 30 August 2023, a total of 52 million doses of OCV have been requested, of which 21 million (41%) have been approved for 11 countries. The available (not yet allocated) global OCV stockpile is 4.9 million doses as of 28 August.
- Beginning in 2023, 20 reactive vaccination campaigns (Cameroon (2), the Dominican Republic, DRC, Ethiopia (3), Haiti, Kenya (3), Malawi, Mozambique (3), Somalia (2), Northwest Syria (2), Zambia) were implemented.
- Successful regional approach in the Mandera Triangle, coordinating vaccination strategies and implementation in August across three countries and two WHO regions.
- One new campaign is currently being planned and is due to start in mid-September (Ethiopia). Malawi will vaccinate new districts with active transmission with leftover doses.
- At least three countries are considering placing OCV requests for reactive campaigns.
- In the current outbreak context, only one-dose courses have been validated and implemented in these reactive campaigns. Doses for preventive campaigns cannot be supplied due to the low global stockpile.

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

- During recent outbreaks, the lack of decentralization of care has been identified as a potential contributing factor to high case fatality. To support countries to strengthen decentralization of treatment, WHO and the GTFCC Case Management Working Group have drafted guidance to set-up and manage oral rehydration points (ORPs).
- Additional tools to improve clinical care in treatment centres were also developed (posters, job aids). The ORP guidance is currently being field tested.
- An operational protocol on IPC for epidemic-prone diarrheal infections is currently in development to guide quality of care considerations utilizing a hierarchy of controls approach to mitigate health care-associated diarrheal infections in health and care settings. Expected publication in October.

Risk communication and community engagement (RCCE)

- A tool is being developed by the RCCE Collective Service to support the inclusion of community engagement in national cholera plans.
- Interim risk communication and community engagement guidance for cholera outbreak readiness and response is also in development.

Operations Support and Logistics (OSL)

- Ongoing shipment of several orders for cholera kits including laboratory material and bulk items in various countries from the different supply platforms
- Delays to obtain kits from manufacturers are still 3 months in average, but the level of stock for immediate emergency response has improved in the WHO Dubai Hub bulk items are still available and regularly replenished to substitute missing kits.
- Support is being given to other countries with non-cholera related emergencies as we do have fair quantity of intravenous fluids available
- Ongoing discussion to coordinate better on the optimum cost/efficiency stock level in the different supply hubs.

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

- WHO is working to ensure that cholera affected population access health services free from the risk of sexual exploitation and abuse (SEA) and have safe reporting channels in case SEA occurs.
- In Zimbabwe 50 000 copies of Information, education, and communication (IEC) material were distributed in the field as well as No Excuse cards to personnel and partners' staff.
- In Cameroon 40 community health officers and Ministry of Health cholera response personnel (including 17women) in Centre Region were trained on prevention of SEAH and key messages to be passed to local communities.
- In Nigeria PRSEAH session conducted for health sector partners on the updated Gender Based Violence (GBV) service mapping and referral pathways integrating PRSEAH in the Borno, Adamawa and Yobe.
- In DRC SEA rapid risk assessment conducted and missions undertaken to the Bukavu and Bunia WHO sub-offices. Capacity-building for implementing partners involved in integrated medical care done in Tshikapa, Mai-ndombe and Tshopo.
- In Mozambique PSEA training for health care workers covered by the WHO-funded temporary clinics in Cabo Delgado province, in Metuge district (in the accommodation centers of N'tocota and Nicavaco).

Key Challenges

As noted above, 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 in consistency of reporting and insufficient disaggregation of data for vulnerable groups, especially for children under 5 years of age
- Constrained availability of critical cholera supplies, including case management materials and kits
- Insufficient OCV stock to respond to all concurrent cholera outbreaks, with OCV shortage leading to suspension of preventive campaigns and change 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 public health emergencies
- Insufficient experienced cholera response staff available for deployments to support national emergency response
- Inadequate financial resources to respond in a timely and effective manner across all levels
- A lack of resources (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.

- Updated cholera scenario planning/prioritization for a potential severe El Niño event (global, regional and country level)
- WHO will continue to advocate for investment in cholera response, highlighting that long term investment is critical for a sustainable solution, and in the interim investment is needed for rapid emergency response to the current surge in cases.
- WHO and UNICEF will continue to work together and with other partners to streamline the critical cholera material pipeline to maximize the availability based on 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.

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](#)