

Multi-country outbreak of cholera

External Situation Report n. 9, published 7 December 2023



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

Countries / areas / territories affected: **29**

In this edition:

- [Overview](#)
- [Epidemiological update](#)
- [Focus on selected countries](#)
- [Operational updates](#)
- [Key challenges](#)
- [Next steps](#)

Overview

Data as of 15 November 2023

- Preliminary 2023 data from Member States indicate that the number of cases reported this year as of 15 November has surpassed that of 2022, with over 610 000 cases and 3500 deaths, corresponding to a case fatality rate (CFR) of 0.6%. This finding must be interpreted with caution given that 2023 data are not directly comparable to the more comprehensive official reports to WHO from previous years.
- Since the last [situation report](#) on the multi-country outbreak of cholera published on 2 November 2023 (covering data reported until 15 of October), and as of 15 November 2023, no new country has reported an outbreak of cholera or acute watery diarrhoea (AWD), although new outbreaks have been reported within affected countries. In total, 29 countries have reported cases since 1 January 2023.
- Almost one year has passed since WHO graded the global cholera resurgence as a grade 3 (highest internal grade) emergency. In an effort to reflect on lessons learned and adjust the ongoing response, WHO is reviewing its response to cholera globally and will make evidence-based adjustments where needed to better coordinate activities across all levels of the response
- Based on the large number of outbreaks and their geographic expansion, as well as the shortage of vaccines and other resources, WHO continues to assess the risk at global level as very high.
- The WHO African Region remains the most impacted, with 16 countries having reported cholera cases since the beginning of the year. In the South-East Africa subregion, Zimbabwe continues to report concerning increases in cases since mid-September, especially in the provinces of Harare, Masvingo and Manicaland. Flare-ups and further geographic spread of cases are also observed in Mozambique. Cases are also reported in Lusaka province, Zambia. The subregion is currently in the rainy season, which typically raises the risk of cholera transmission.
- In the Greater Horn of Africa, despite a declining trend from a weekly average of 800 cases, Ethiopia continues to report over 400 cases per week, with Tigray being the tenth and latest region to be affected and further geographic spread within already affected regions of the country. In Sudan, the number of total cases has doubled since the previous situation report, with close to 3000 cases and 95 associated deaths being reported from seven states: Gedaref, Gezira, Kassala, Khartoum, Red Sea, Sennar, and South Kordofan. Surveillance and response activities remain a significant challenge in the country amid the ongoing humanitarian crisis.
- WHO continues to work with partners at the global, regional, and country levels to support Member States in responding to the outbreaks.

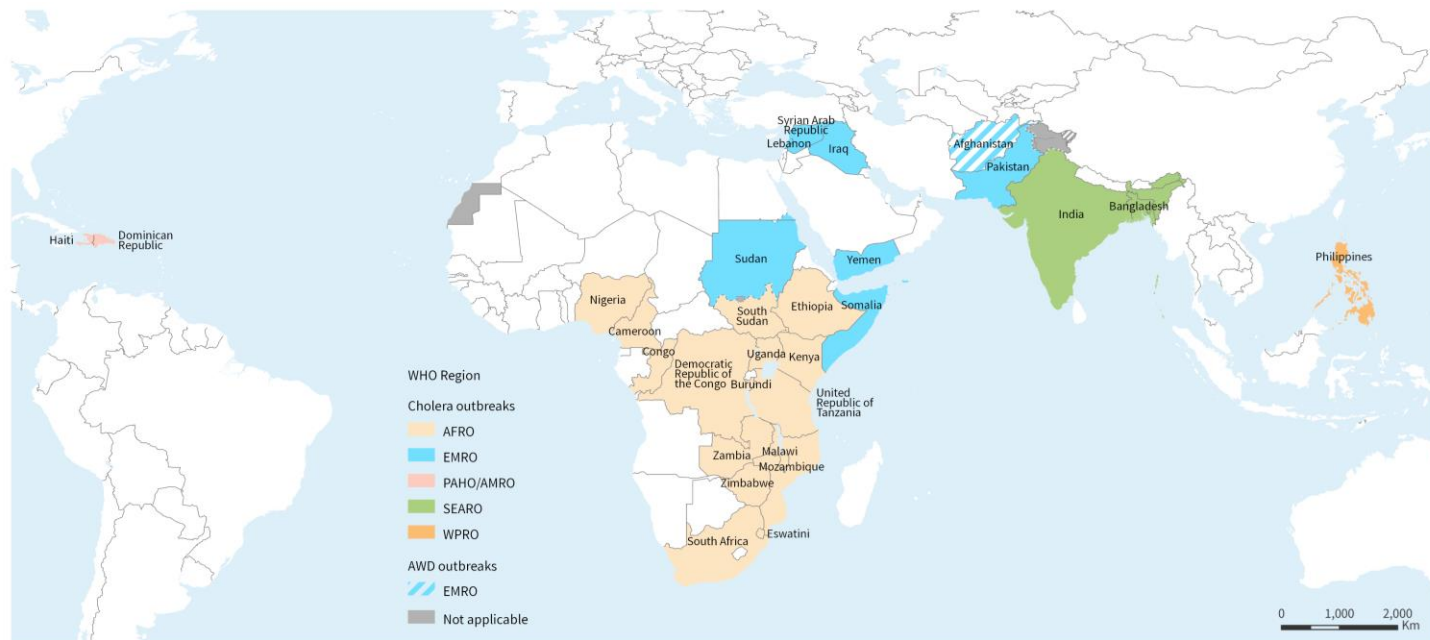
Epidemiological update

Between 1 January and 15 November 2023, at least 29 countries have reported cholera and/ or AWD cases (Table 1).¹ In Southeast Africa, several countries such as Burundi, Mozambique, Tanzania, Zambia and Zimbabwe have entered their rainy season, which typically spans from October to April. This period is marked by an increased risk of cholera transmission.

Throughout the year, several natural disasters have been reported in other cholera/AWD affected countries. Between October and November 2023, devastating floods fueled by heavy rainfall and climatic shifts linked to El Niño, led to more than 1.5 million displaced in Ethiopia, Kenya, and Somalia.² Floods also impacted over 470 000 people in Bangladesh, including nearly 2500 Rohingya refugees.³ In early October 2023, Afghanistan was hit by a series of devastating earthquakes, affecting over 154 000 people in the western part of the country. In response to these natural disasters, WHO continues to support Member States in identifying areas at heightened risk of cholera/AWD outbreaks and other public health threats following natural disasters, while also supporting their rapid response efforts.

Preliminary 2023 data from Member States indicate that the number of cases reported this year as of 15 November has surpassed that of 2022, with over 610 000 cases and 3500 deaths, corresponding to a CFR of 0.6%. This finding must be interpreted with caution given that 2023 data are not directly comparable to the more comprehensive official reports to WHO from previous years.⁴

Figure 1. Global epidemics of cholera and acute watery diarrhoea reported in 2023, as of 15 November 2023



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: 15 November 2023

 World Health Organization
© WHO 2023. All rights reserved.

¹ Considering the varying surveillance systems, case definitions and laboratory capacities among countries reporting cholera, reported cases and deaths figures need to be interpreted with caution and cannot readily be compared among countries. In this document, cholera cases refer to the sum of suspected and confirmed cases, if not further specified within the country-specific context.

² Deadly climate-induced flooding across the Horn of Africa: <https://reliefweb.int/report/ethiopia/deadly-climate-induced-flooding-displaces-nearly-16-million-people-across-horn-africa>

³ Bangladesh: Cyclone Hamoon ravages Cox's Bazar: <https://www.rescue.org/uk/press-release/bangladesh-cyclone-hamoon-ravages-coxs-bazar-severe-cyclonic-storm-affecting-over>

⁴ Global cholera annual report 2022: <https://iris.who.int/bitstream/handle/10665/372986/WER9838-eng-fre.pdf?sequence=1&isAllowed=y>

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

| WHO Region | Country, area, territory | Suspected / Confirmed cases | Total deaths | Cases per 100 000 | CFR (%) | Reporting start | Reporting end |
|------------------------------|--|-----------------------------|--------------|-------------------|-----------|-----------------|---------------|
| Region of Africa | Burundi | 1 297 | 9 | 10 | < 1 | 8/12/2022 | 12/11/2023 |
| | Cameroon | 21 182 | 506 | 76 | 2.4 | 1/10/2021 | 12/11/2023 |
| | Congo | 21 | 5 | < 1 | 23.8 | 17/07/2023 | 12/8/2023 |
| | Democratic Republic of the Congo (DRC) | 43 643 | 390 | 46 | < 1 | 1/1/2023 | 13/11/2023 |
| | Eswatini ⁵ | 2 | 0 | < 1 | 0 | 27/03/2023 | 18/04/2023 |
| | Ethiopia | 27 123 | 381 | 24 | 1.4 | 1/8/2022 | 13/11/2023 |
| | Kenya | 12 123 | 202 | 23 | 1.7 | 5/10/2022 | 10/11/2023 |
| | Malawi | 59 088 | 1 769 | 295 | 3 | 28/02/2022 | 15/11/2023 |
| | Mozambique | 36 930 | 150 | 115 | < 1 | 1/9/2022 | 12/11/2023 |
| | Nigeria | 3 276 | 102 | 2 | 3.1 | 1/1/2023 | 1/10/2023 |
| | South Africa | 1 388 | 47 | 2 | 3.4 | 29/01/2023 | 31/08/2023 |
| | South Sudan ⁶ | 348 | 1 | 2 | < 1 | 22/02/2023 | 18/03/2023 |
| | Uganda | 80 | 10 | < 1 | 13 | 7/7/2023 | 24/08/2023 |
| | United Republic of Tanzania | 642 | 15 | 1 | 2.3 | 5/9/2023 | 12/11/2023 |
| | Zambia | 626 | 11 | 3 | 1.8 | 11/10/2023 | 11/11/2023 |
| Zimbabwe | 7 122 | 191 | 41 | 2.7 | 12/2/2023 | 12/11/2023 | |
| Region of the Americas | Dominican Republic | 111 | 0 | 1 | 0 | 17/10/2022 | 15/09/2023 |
| | Haiti | 71 270 | 922 | 615 | 1.3 | 2/10/2022 | 11/11/2023 |
| Eastern Mediterranean Region | Afghanistan** | 203 911 | 93 | 608 | < 1 | 1/1/2023 | 11/11/2023 |
| | Iraq | 1 317 | 7 | 3 | < 1 | 1/1/2023 | 12/11/2023 |
| | Lebanon | 2 197 | 0 | 40 | 0 | 1/1/2023 | 2/6/2023 |
| | Pakistan*** | 143 | 0 | <1 | 0 | 1/1/2023 | 9/11/2023 |
| | Somalia | 15 171 | 42 | 93 | < 1 | 1/1/2023 | 15/11/2023 |
| | Sudan | 3 229 | 103 | 7 | 3.2 | 15/04/2023 | 15/11/2023 |
| | Syrian Arab Republic | 161 620 | 7 | 884 | < 1 | 1/1/2023 | 15/11/2023 |
| | Yemen | 7 015 | 9 | 23 | < 1 | 1/1/2023 | 12/11/2023 |
| South-East Asia Region | Bangladesh (Cox's Bazar) | 141 | 0 | 16 | 0 | 1/1/2023 | 8/11/2023 |
| | India ⁷ | 1 961 | 2 | < 1 | < 1 | 22/06/2023 | 23/09/2023 |
| Western Pacific Region | Philippines | 3 344 | 17 | 3 | < 1 | 1/1/2023 | 28/10/2023 |

* Case and death numbers presented are not directly comparable 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 laboratory confirmed cases only.

⁵ There were no further cases reported since situation report #2, 15 May 2023

⁶ 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

⁷ 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>

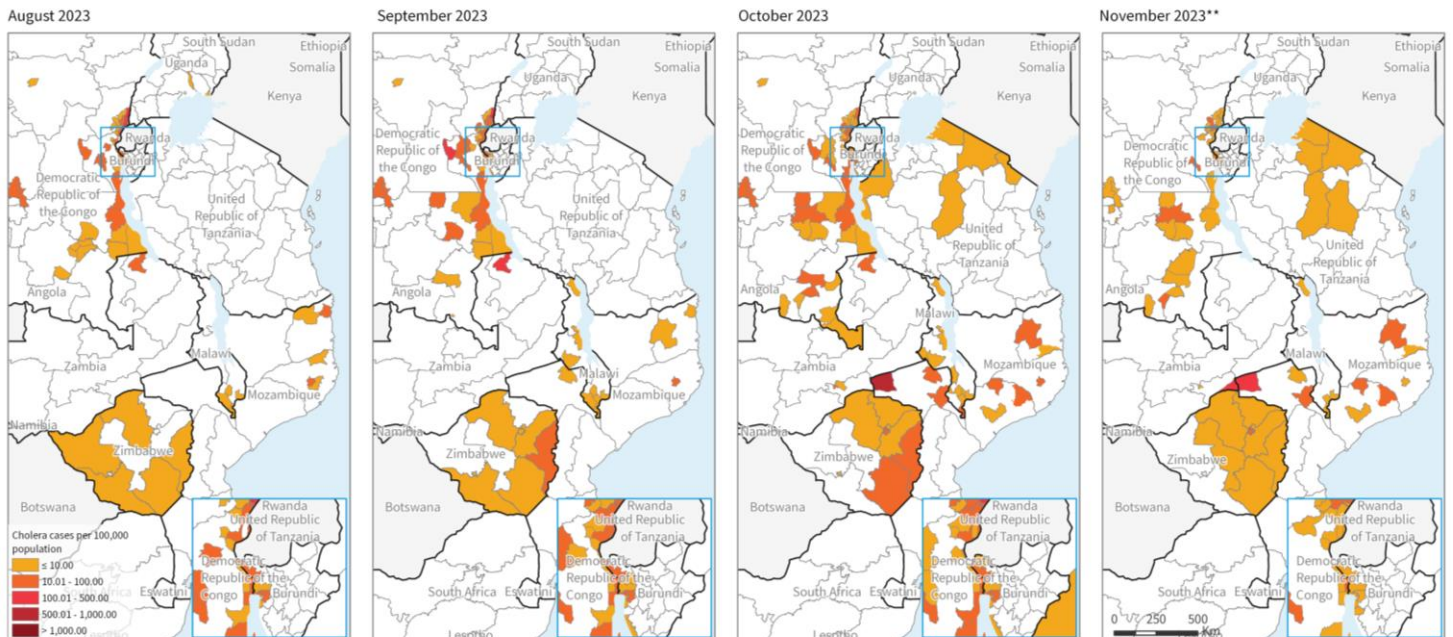
Focus on selected countries

Central and South-East Africa

In the South-East Africa subregion, Zimbabwe has been reporting concerning increases in cases since mid-September, primarily affecting the provinces of Harare, Masvingo and Manicaland. Concurrently, flare-ups and further geographic expansion of cases are being observed in Mozambique, including in the Cabo Delgado Province, which is also grappling with conflict and a humanitarian crisis. Additionally, cases are also being reported in Zambia, notably in the Lusaka province.

Adding to the complexity of the situation is the current rainy season, which typically heightens the risk of cholera transmission in South-East Africa. The conjunction of heavy rainfall and inadequate sanitation infrastructure will create an environment conducive for further disease spread, exacerbating the cholera risk faced by countries in the subregion.

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



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, 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: 22 November 2023

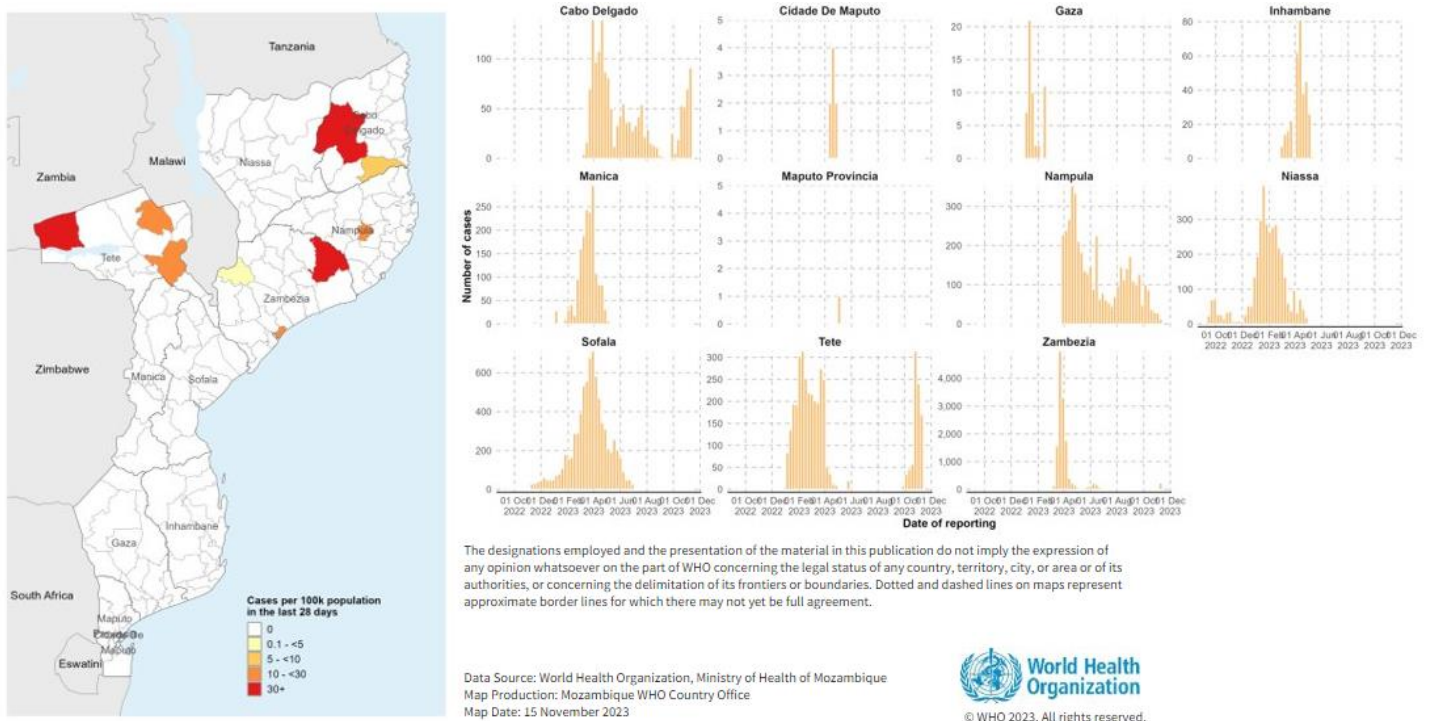
* The reporting period differ by country:
Burundi: 12/11/2023 - Democratic Republic of the Congo: 6/11/2023
Eswatini: 8/6/2023 - Malawi: 16/11/2023 - Mozambique: 12/11/2023
South Africa: 9/7/2023 - Uganda: 24/8/2023 - United Republic of Tanzania: 12/11/2023 - Zambia: 11/11/2023 - Zimbabwe: 12/11/2023
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. The date corresponds to the first day of the epi-week (from Monday to Sunday)



Mozambique

From 1 September 2022 to 12 November 2023, Mozambique reported 36 930 cases and 150 deaths (CFR: 0.4%) from all 11 provinces. In the last four weeks (16 October to 13 November 2023), an average of approximately 300 new cases have been reported each week. Currently, active outbreaks of cholera have been reported in nine districts across four provinces: Cabo Delgado, Nampula, Tete, and Zambezia.

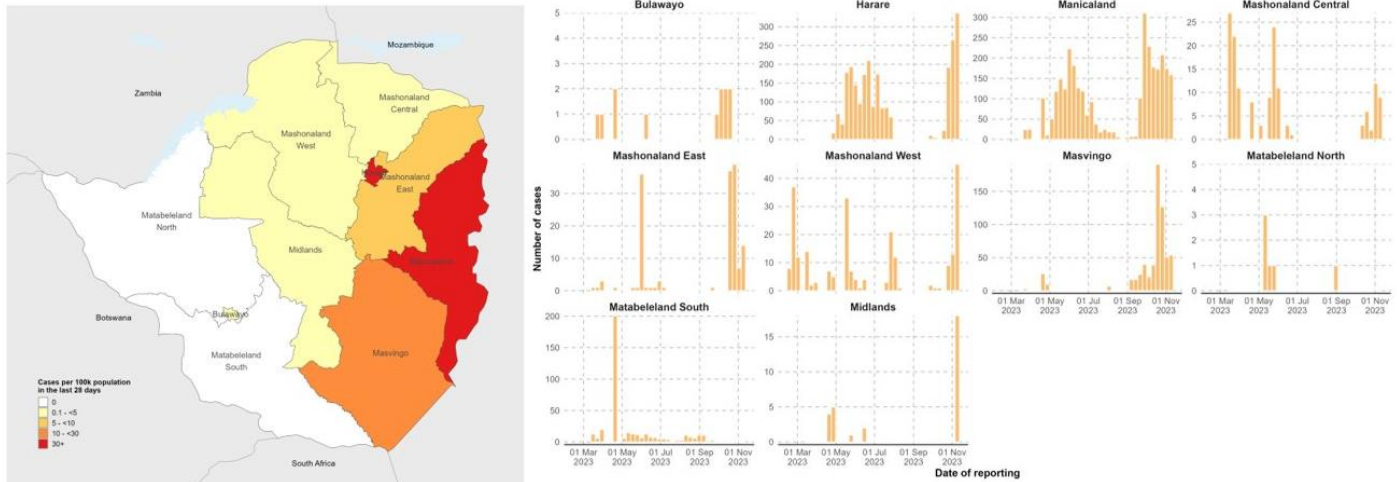
Figure 3. Mozambique: cholera attack rates in the last 28 days (left) and cholera cases in Mozambique by province (right), as of 12 November 2023



Zimbabwe

From 1 February to 12 November 2023, Zimbabwe reported 7122 cases, of which 1203 were culture confirmed, resulting in a test positivity rate (TPR) of 34%. Among the reported cases, there have been 191 deaths (CFR: 2.7%). In the last four weeks, an average of over 500 cases has been reported each week, with most cases being reported from Harare, Manicaland, and Masvingo provinces.

Figure 4. Zimbabwe: cholera attack rates in the last 28 days (left), and number of cases by province (right), as of 15 November 2023



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.

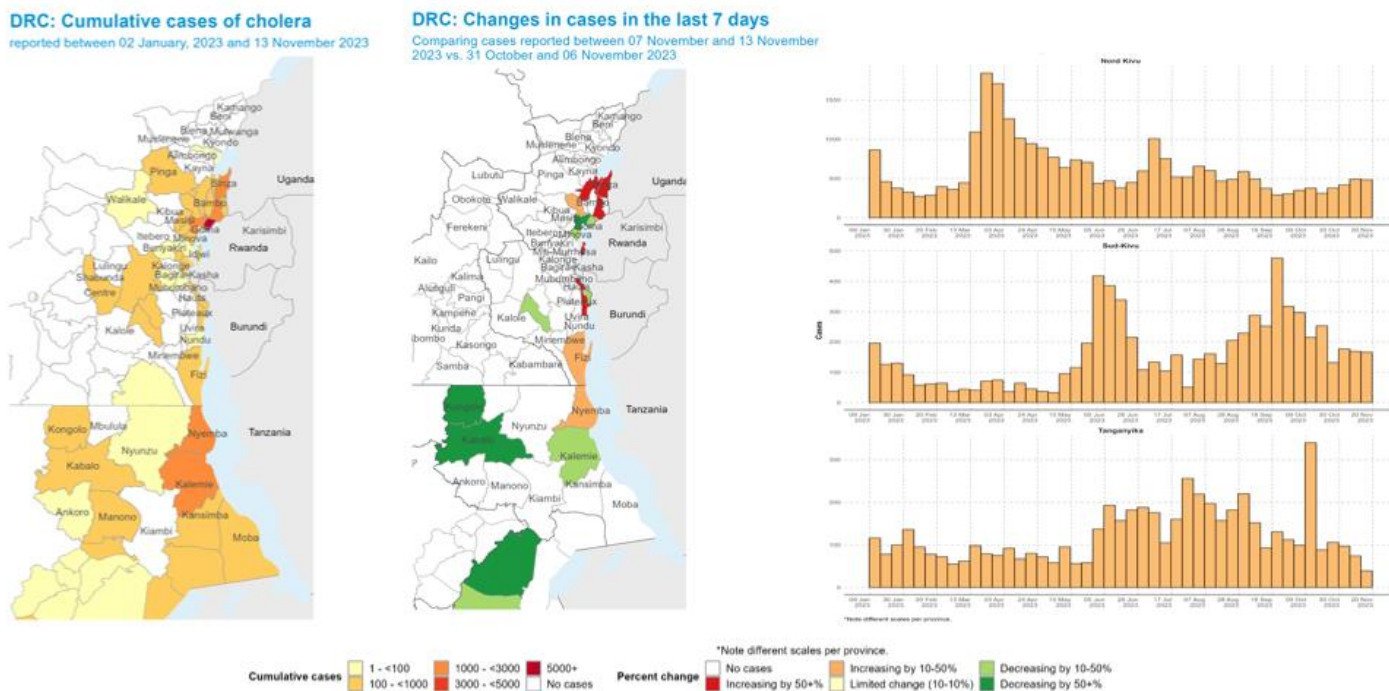
Data Source: World Health Organization, Ministry of Health and Child Care Zimbabwe
 Map Production: World Health Organization
 Map Date: 15 November 2023



Democratic Republic of the Congo

From 1 January to 13 November 2023, the Democratic Republic of the Congo reported 43 643 cases and 390 deaths (CFR: 0.9%). In the last four weeks, 3059 cases and 30 deaths were reported. During this period, the highest concentration of new cases was observed in the Eastern provinces of the country, namely North Kivu (1638 cases, 58% of the total cases), South Kivu (594 cases, 21%), and Tanganyika (290 cases, 10%). The ongoing insecurity, violence, and associated displacement of the population remain the main challenges in containing the current outbreak.

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), as of 15 November 2023



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: 15 November 2023



© WHO 2023, All rights reserved.

Greater Horn of Africa

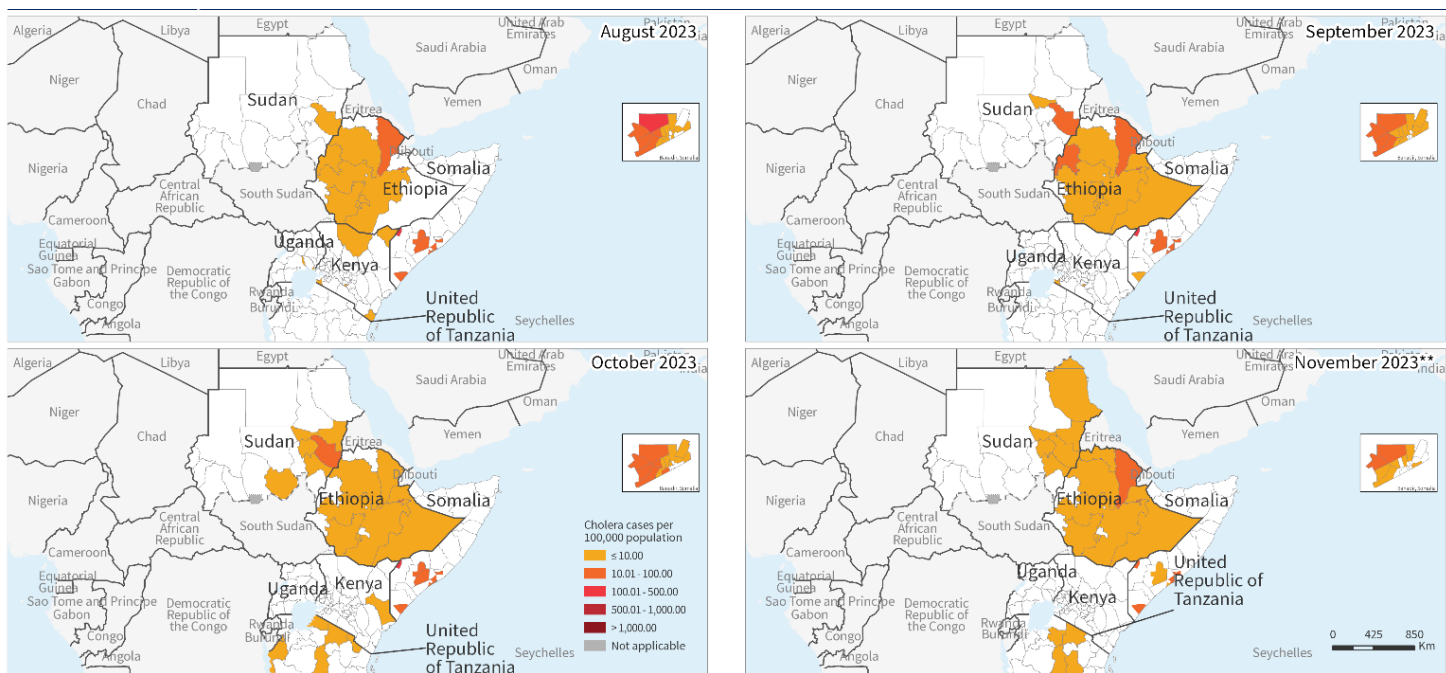
Ethiopia

From 1 August 2022 to 13 November 2023, Ethiopia reported 27 123 cases and 381 deaths (CFR: 1.4%). In the last four weeks, over 400 new cases were reported each week, marking a decrease compared to the preceding four weeks when an average of 800 cases were reported weekly. However, further geographic spread has been observed in the recent four weeks, with active outbreaks now being reported from nine regions: Afar; Amhara; Benishangul Gumuz; Dire Dawa; Harari; Oromia; Sidama; former Southern Nations, Nationalities and Peoples (SNNP); Somali; and Tigray. Further compounding the situation, over five million people are reportedly affected by drought-like conditions in Amhara and Tigray.⁸

Sudan

In Sudan, amid the ongoing conflict which began in April 2023, an outbreak of cholera was declared in Gedaref state on 26 September 2023. Since then, and as of 12 November 2023, an increasing trend in the number of new cases has been observed nationally, with a total of 2967 cases and 95 deaths (CFR: 3.2%) being reported from seven states: Gedaref, Gezira, Kassala, Khartoum, Red Sea, Sennar, and South Kordofan.

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



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, Ministries of Health and Statistics offices of Ethiopia, Kenya, Somalia, Uganda, and United Republic of Tanzania
Map Production: WHO Health Emergencies Programme
Map Date: 17 November 2023
** Data for the latest month may be incomplete and are subject to any retrospective adjustments.

* The reporting period differ by country:
Ethiopia: 13/11/2023, Kenya: 10/11/2023
Somalia: 12/11/2023, Sudan: 12/11/2023
United Republic of Tanzania: 12/11/2023
Uganda: 24/08/2023
Data for Kenya, Tanzania, Sudan, and Ethiopia are displayed at the Country/Region/State level. The date corresponds to the first day of the epi-week (from Monday to Sunday)

World Health Organization
© WHO 2023. All rights reserved.

⁸ Office for Coordination of Humanitarian Affairs (OCHA) situation report on Ethiopia: <https://reports.unocha.org/en/country/ethiopia/>

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 with partners at global, regional, and country levels. Almost one year has passed since WHO graded the global cholera resurgence as a grade 3 (highest internal grade) emergency. In an effort to reflect on lessons learned and adjust the ongoing response, WHO is reviewing its response to cholera globally and will make evidence-based adjustments where needed to better coordinate activities across all levels of the response.
- In response to acute needs in countries and with a support from key partners, experts have been 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 15 November 2023, 13 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 epidemiological surveillance.
- As of 15 November 2023, 14 experts have been deployed (for a duration of 3 to 6 months each) to five countries (Malawi, Mozambique, Cameroon, Haiti, Turkey and Ethiopia) 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 (PRSEAH), Infection Prevention and Control (IPC)/ Water, Sanitation and Hygiene (WASH) and Risk communication and community engagement (RCCE). An additional expert for Surveillance is in process to be deployed to support the Cholera outbreak response in Ethiopia in the coming weeks for three 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)).

Public health surveillance

- The Global Task Force on Cholera Control (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. 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](#). This guidance is particularly relevant 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. Furthermore, 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 resources highlight 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 the Gavi Alliance is underway to support the procurement of rapid diagnostic tests (RDTs) for cholera surveillance, including outbreak monitoring, particularly for Gavi-eligible countries.
- Ongoing efforts involve the development of GTFCC tools and materials for cholera diagnostics training of trainers for laboratory personnel. Ongoing training of laboratory personnel are being conducted in South Sudan and Somalia.

Vaccination

- Between 1 January 2023 and 30 November 2023, around 65 million OCV doses have been requested, with 45% being approved and allocated to 12 countries. As of 30 November 2023, the global OCV stockpile stands at 4.5 million doses, available but not yet allocated.
- The Increasing number of requests, their complexity, size, and context of occurrence are generating additional challenges including for the shipment of vaccine (volume) and implementation
- Since the beginning of 2023, 24 reactive vaccination campaigns have been implemented in 12 countries facing cholera outbreaks: Ethiopia (4), Mozambique (4), Kenya (3), Somalia (2), Northwest Syria (2), Cameroon (2), Sudan (2), the Dominican Republic (1), Democratic Republic of Congo (DRC) (1), Haiti (1), Malawi (1), and Zambia (1).
- In the current outbreak context, only one-dose courses have been validated and implemented in these reactive campaigns. Additionally, the supply of doses for preventive campaigns is constrained due to the limited global stockpile.
- During the International Coordinating Group (ICG) meeting held in November 2023, all the reactive campaigns were presented and discussed in detail. Particular attention was given to evaluating the successes and challenges encountered in the implementation of these reactive campaigns, including a campaign involving three countries within the 'Mandera triangle' region (i.e., Ethiopia, Kenya, and Somalia).

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

- Interim guidance and templates to support the set up and implementation of fixed oral rehydration points (ORPs) have been completed and are available for countries and partners. This work, supported by WHO, takes into consideration WASH (Water, Sanitation, and Hygiene) and IPC (Infection Prevention and Control) aspects. These documents are intended to facilitate the decentralization of treatment for patients with suspected cholera from the start of an outbreak.

Risk communication and community engagement (RCCE)

- On 16 November 2023, a RCCE meeting with regional focal points was held to discuss how RCCE interventions could help improve aspects of the cholera response, including populations perception on OCV campaigns and the one-dose strategy, early access to healthcare facilities or ORPs, WASH interventions in communities. Gaps identified and suggested interventions will be further developed to reinforce RCCE cholera activities.
- Cholera social media tiles for communities are being finalized and will be published on the WHO website.

Operations Support and Logistics (OSL)

- The replenishment of cholera stocks at the Dubai Supply Hub is currently underway and, upon completion, will establish a three-month buffer stock. Similar replenishment efforts are in progress at the Africa Regional Office in Nairobi and the recently established Dakar Hub. Consequently, WHO will gradually decrease the bulk item stock created last year, which was introduced to address challenges in meeting the demand for cholera kits.
- Ongoing shipments of several orders of cholera kits, including laboratory material, are being dispatched to various countries for immediate response or preparedness through different supply platforms.
- Technical support is being provided to elaborate orders for cholera response in selected countries.
- Efforts are being made to organise ad-hoc donations of short shelf-life items that are set to expire next year to support WHO partners.

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

- DRC: A total of 800 posters, 15 000 no-excuses cards, and 1000 awareness-raising materials have been produced for PRSEAH activities in cholera-affected areas.
- Ethiopia: WHO has funded the first round cholera case management training, integrating PRSEAH, benefiting 80 Urban and Rural Health Workers in the Harari region.
- Mozambique: Community engagement and awareness-raising initiatives on cholera, integrating PRSEAH key messages, have reached a total of 3897 people during mobilization and case follow-up activities. Moreover, 190 t-shirts with PRSEAH Zero Tolerance messages were distributed to WHO Country Office staff, including the cholera team, to enhance PRSEAH visibility, especially at the community level during interventions.
- Somalia: Community awareness-raising have been carried out through nationwide radio broadcasts in collaboration with the PRSEAH Network.
- Sudan: Orientation and consultation have been conducted with the WHO team currently leading the cholera response. Additionally, 15 Maternal and Child Health staff from the national programs have received orientation on PRSEAH. These 15 Ministry of Health staff are being empowered to jointly conduct ministry and WHO supportive supervision in five states: Gedaref, Jazeera, Kassala, Red Sea, and River Nile. Furthermore, 24 health care providers, including obstetricians, Integrated Management of Childhood Illness cadres, and midwives, who are currently working in 24 WHO-supported mobile clinics, have also undergone orientation on PRSEAH.
- Zimbabwe: A briefing was held for 105 interfaith religious leaders on PRSEAH during a cholera sensitization meeting organized by the RCCE pillar. Additionally, 20 000 cholera Information, Education and Communication materials embedded with PRSEAH messaging into three languages English, Shona, and Ndebele were distributed. Furthermore, 1100 t-shirts with PRSEAH messages in three languages were distributed.

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.
- Constrained availability of critical cholera supplies, including case management materials and kits.
- 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.
- 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 chain for essential cholera materials, 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](#)