Multi-country outbreak of cholera

External Situation Report n. 21, published 18 December 2024

Cases – 733 956 *Since Jan. 2024*	Deaths – 5162 *Since Jan. 2024*	Countries affected – 33 *Since Jan. 2024*	Population at risk 1 billion	Global risk – Very high

In this edition:

- Overview
- Global epidemiological update
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- Operational updates
- Key challenges
- Next steps

Overview

Data as of 24 November 2024

- In November 2024 (epidemiological weeks 44 to 47), a total of 58 749 new cholera cases and acute watery diarrhoea (AWD) were reported from 21 countries, territories, areas (hereafter countries) across four WHO regions, marking a 2% decrease from October. The Eastern Mediterranean Region registered the highest number of cases, followed by the African Region, the South-East Asia Region, and the Region of the Americas. Additionally, 538 cholera-related deaths were reported globally, a 9% increase from the previous month.
- The number of cases and deaths reported in November 2024 are 37% and 27% higher, respectively, compared to the same month in 2023. The increase this year is largely due to updated data from Yemen, with adjustments made to account for more detailed information from regions outside the control of Yemen's Internationally Recognized Government. Yemen has retrospectively reported a total of 245 776 cases and 861 associated deaths across the country between 1 January and 24 November 2024.
- Factors such as conflict, mass displacement, natural disasters, and climate change have intensified outbreaks, particularly in rural and flood-affected areas, where poor infrastructure and limited healthcare access delay treatment. These cross-border dynamics have made cholera outbreaks increasingly complex and harder to control.
- Since the last report, new cholera outbreaks have been reported in Cameroon, Mozambique, Uganda, and Zimbabwe. The number of affected countries in 2024 remains unchanged at 33.
- From 1 January to 24 November 2024, a cumulative total of 733 956 cholera cases and 5162 deaths were reported from 33 countries across five WHO regions, with the Eastern Mediterranean Region recording the highest numbers, followed by the African Region, the South-East Asia Region, the Region of the Americas, and the European Region. No outbreaks were reported in the Western Pacific Region during this time.
- In November, Oral Cholera Vaccines (OCV) production reached its highest level since 2013, driven by new formulations and production methods introduced and prequalified this year.[1] This increase allowed the average stock to rise to 3.5 million doses in November compared to 600 000 in October, closer to the five million doses needed for emergency stockpile at all times for effective outbreak response. However, increased production has not met the rising global demand. This persistent shortage continues to hinder efforts to control cholera outbreaks and respond promptly to the disease's spread.

[1] WHO prequalifies new oral simplified vaccine for cholera: Available at: https://www.who.int/news/item/18-04-2024-who-prequalifies-new-oral-simplified-vaccine-for-cholera#

Global epidemiological update

In November 2024 (epidemiological weeks 44 to 47), a total of 58 749 new cholera and AWD cases were reported from 21 countries across four WHO regions, showing a 2% decrease from October. The Eastern Mediterranean Region (48 056 cases; four countries) reported the highest number of cases, followed by the African Region (10 144 cases; 14 countries), the South-East Asia Region (449 cases; two countries), and the Region of the Americas (100 cases; one country). In the same period, 538 deaths among cholera and AWD cases were registered, representing an 8% increase compared with the previous month. The highest number of fatalities was recorded in the Eastern Mediterranean Region (344 deaths; three countries), followed by the African Region (190 deaths; 12 countries) and the Region of the Americas (four deaths; one country). No deaths were reported in the South-East Asia region.

From 1 January to 24 November 2024, a cumulative total of 733 956 cholera and AWD cases and 5162 deaths were reported globally across five WHO regions. The region with the highest reported case count was the Eastern Mediterranean Region (554 434 cases; eight countries), followed by the African Region (150 156 cases; 18 countries), the South-East Asia Region (18 589 cases; five countries), the Region of the Americas (10 556 cases; one country), and the European Region (221 cases; one country). During this period, deaths among cholera and AWD cases were reported in the African Region (2853 deaths), the Eastern Mediterranean Region (2093 deaths), the Region of the Americas (162 deaths), the South-East Asia Region (52 deaths), and the European Region (two deaths). Notably, the Western Pacific Region did not report any cholera outbreaks.

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

Figure 1. Cholera and acute watery diarrhoea (AWD) cases per 100 000, 1 January to 24 November 2024

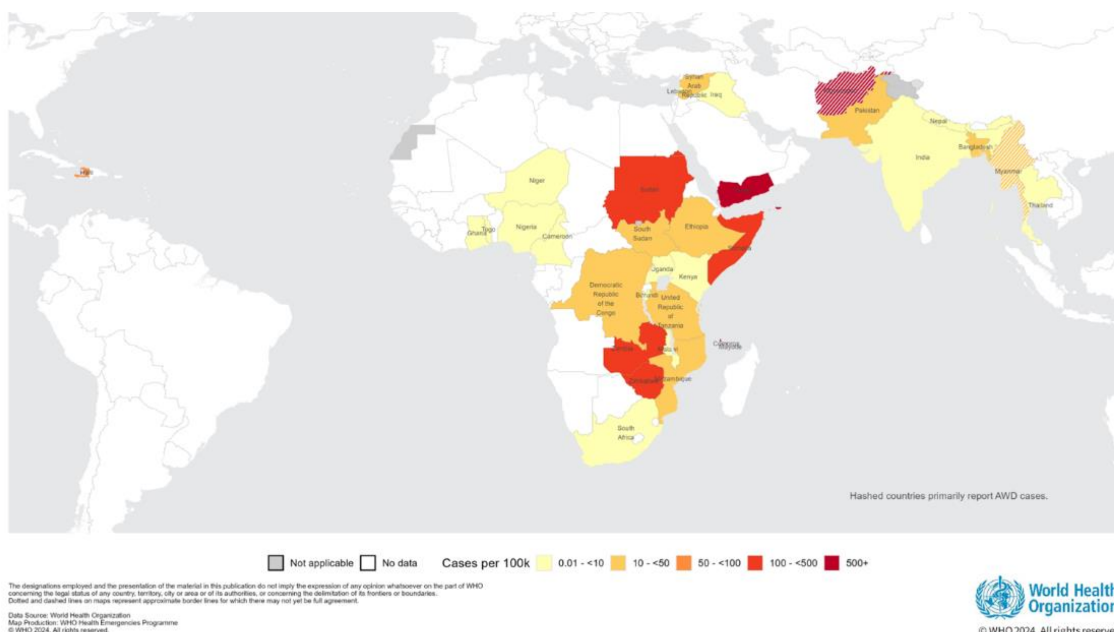


Table 1. Reported cholera and AWD cases and deaths by WHO region, as of 24 November 2024

WHO Region	Country, area, territory	1 January to 24 November 2024				Last 28 days				
		Cases	Deaths	Cases per 100 000	CFR (%)	Cases	Deaths	CFR (%)	Monthly cases % change	Monthly deaths % change
African Region	Burundi	835	3	7	0.4	12	0	0	33	
	Cameroon	81	50	0	61.7	32	1	3.1		
	Comoros§	10 549	152	1 283	1.4					
	Democratic Republic of the Congo	28 804	409	24	1.4	1 783	20	1.1	-3	-33
	Ethiopia	26 718	263	36	1	276	8	2.9	-46	-27
	Ghana	2 244	18	7	0.8	2 233	18	0.8	24 711	
	Kenya§	613	5	1	0.8					
	Malawi	386	11	2	2.8	41	7	17.1	-2	250
	Mozambique	8 299	22	29	0.3	145	4	2.8	559	
	Niger	1 064	23	5	2.2	37	2	5.4	-89	-50
	Nigeria	19 178	702	9	3.7	2 039	99	4.9	-53	14
	South Africa§	11	0	0	0					
	South Sudan	697	7	6	1.0	646	7	1.1	1 192	
	Togo	167	12	2	7.2	96	4	4.2	45	-43
	Uganda	96	5	0	5.2	7	0	0		
	United Republic of Tanzania	10 061	134	16	1.3	2 695	19	0.7	120	27
	Zambia§	20 219	637	103	3.2					
	Zimbabwe	20 135	400	133	2	102	1	1		
Eastern Mediterranean Region	Afghanistan**	165 629	84	506	0.1	10 246	7	0.1	-17	-12
	Iraq§	571	1	1	0.2					
	Lebanon§	1	0	0	0					
	Pakistan***	72 832	0	31	0	3 529	0	0	-48	
	Somalia§	20 159	138	123	0.7					
	Sudan	38 903	1 009	93	2.6	13 199	266	2	32	4
	Syrian Arab Republic§	10 563	0	48	0					
	Yemen¥	245 776	861	729	0.4	21 082	71	0.3	9	20
European Region	Mayotte§	221	2	69	0.9					
Region of the Americas	Haiti	10 556	162	91	1.5	100	4	4	-58	-69
South-East Asia Region	Bangladesh	376	0	42	0	116	0	0	170	
	India§#	10 615	52	1	0.5					
	Myanmar	7 498	0	14	0	333	0	0	-74	
	Nepal§	95	0	0	0					
	Thailand§	5	0	0	0					

* Case and death numbers presented are not directly comparable due to differences in case definitions, reporting systems, and general underreporting. All data are subject to verification and change due to data availability and accessibility. Respective figures and numbers will be updated as more information becomes available. The data in Table 1 includes suspected, rapid diagnostic test (RDT) positive, and culture-confirmed cholera cases.

** Afghanistan and Myanmar report AWD cases.

*** The reported number of suspected cholera and AWD cases is based on the available Public Health Bulletin published by the National Institute of Health of Pakistan.

§ Countries which did not report cholera cases between 1 and 24 November 2024.

¥ Includes all reported suspected cholera and AWD cases from Yemen.

Among the total of 10 615 cases reported from India, 481 cases were confirmed.

WHO regional overviews

African Region

In November 2024, the African Region reported 10 144 new cholera and AWD cases across 14 countries, marking a 19% increase compared with October. During this period, the highest number of cases were from the United Republic of Tanzania (2695), Ghana (2233), and Nigeria (2039). Additionally, there were 190 deaths among cholera and AWD cases, a 20% increase from the previous month. The highest numbers of deaths were reported from Nigeria (99), the Democratic Republic of the Congo (20), and the United Republic of Tanzania (19).

From 1 January to 24 November 2024, a total of 150 156 cholera and AWD cases were reported across 18 countries in the African Region. The highest number of cases were reported from the Democratic Republic of the Congo (28 804), Ethiopia (26 718), and Zambia (20 219). During the same period, 2853 deaths were reported from 17 countries, with the highest numbers recorded in Nigeria (702), Zambia (637), and the Democratic Republic of the Congo (409).

Eastern Mediterranean Region

In November 2024, the Eastern Mediterranean Region reported 48 056 new cholera and AWD cases across four countries, marking a 3% decrease compared with October. During this period, cases were reported from Yemen (21 082), Sudan (13 199), Afghanistan (10 246), and Pakistan (3529). Additionally, there were 344 deaths among cholera and AWD cases, a 6% increase from the previous month. The deaths were reported from Sudan (266), Yemen (71), and Afghanistan (7).

From 1 January to 24 November 2024, a total of 554 434 cholera and AWD cases were reported across eight countries in the Eastern Mediterranean Region. Cases were reported from Yemen (245 776), Afghanistan (165 629), and Pakistan (72 832). During the same period, 2093 deaths were reported from five countries: Sudan (1009), Yemen (861), Somalia (138), Afghanistan (84), and Iraq (1).

European Region

In November 2024, the European Region reported no new cholera cases or deaths. From 1 January to 24 November 2024, a total of 221 cases, including one death, were recorded in the region, all from France's Department of Mayotte.

Region of the Americas

From 1 January to 24 November 2024, Haiti documented 10 556 cholera cases and 162 deaths. For more detailed information, please refer to the Pan American Health Organization's Cholera resurgence in Hispaniola Dashboard

South-East Asia Region

In November 2024, the South-East Asia Region reported 449 new cholera cases across two countries, marking a 66% decrease compared with the case numbers reported in the previous month. During this period, cases were reported from Myanmar (333) and Bangladesh (116). No deaths were reported during this period.

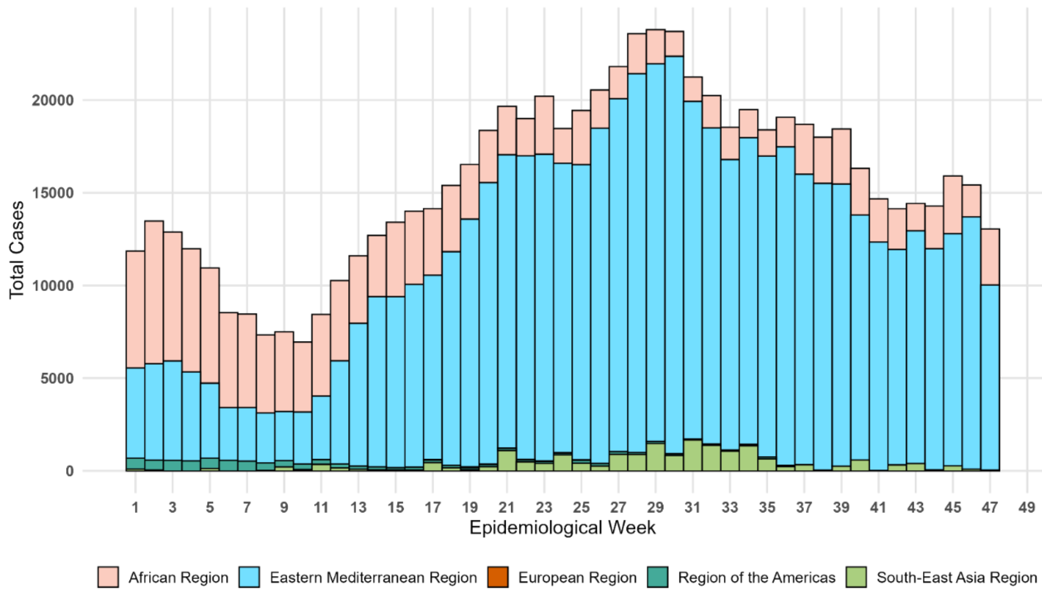
From 1 January to 24 November 2024, a total of 18 589 cholera and AWD cases were reported across five countries in the South-East Asia Region. During this period, cases were reported from India (10 615), Myanmar (7498), Bangladesh (376), Nepal (95), and Thailand (5). During the same period, 52 deaths were reported from India.

Western Pacific Region

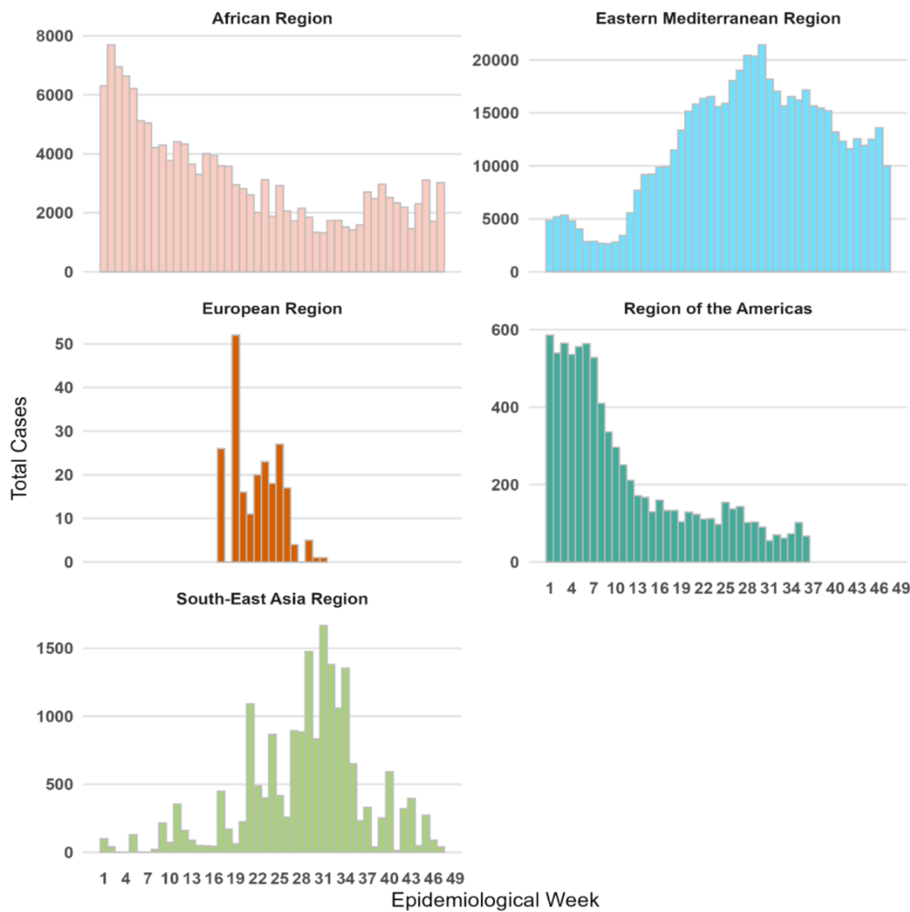
From 1 January to 24 November 2024, the Western Pacific Region reported no new cholera cases or deaths.

Figure 2. Cholera cases by week globally (A) and by WHO Region (B), 1 January to 24 November 2024 [2]

A



B



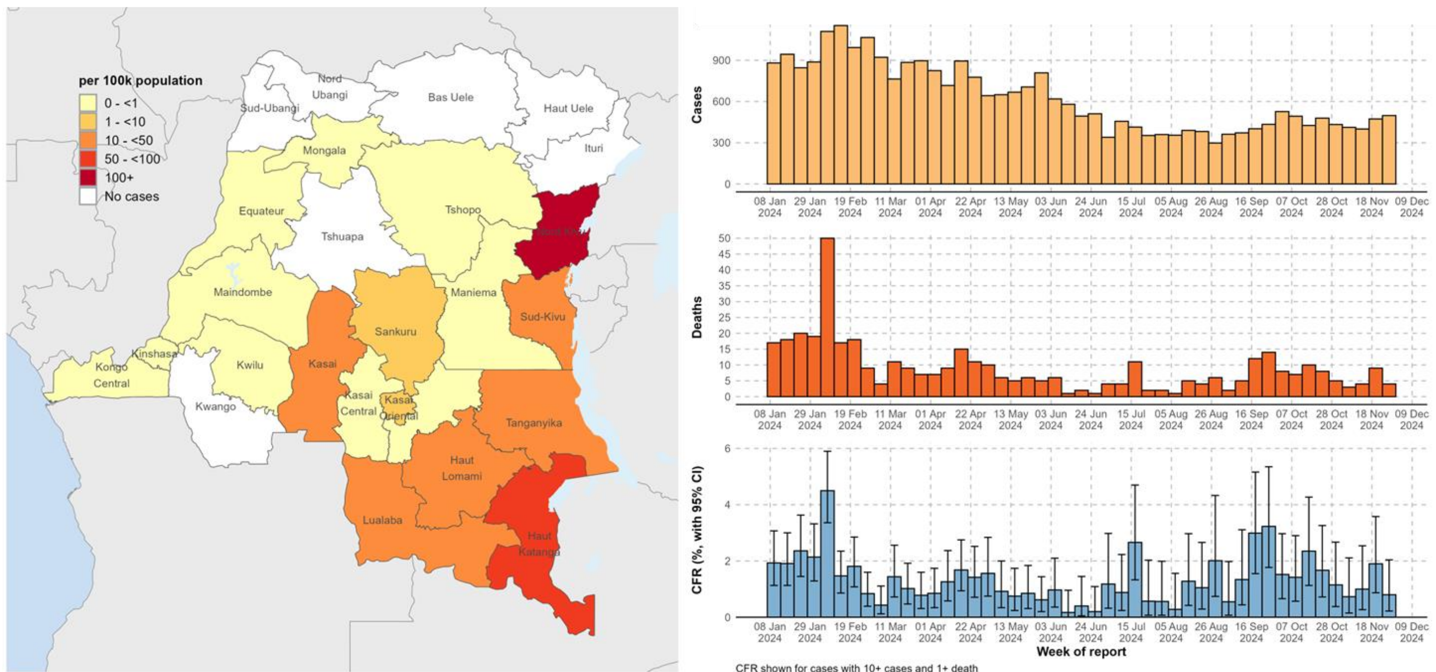
[2] Over 200,000 additional cases have been retrospectively included for Yemen following the availability of more detailed data from regions outside the areas controlled by Yemen's Internationally Recognized Government.

Focus on selected subregions and countries

Democratic Republic of the Congo

Between 1 January 2024 and 24 November 2024, the Democratic Republic of the Congo reported a total of 28 804 cases and 409 deaths with a CFR of 1.4%. In November 2024, the Democratic Republic of the Congo reported 1783 new cholera cases and 20 associated deaths with a CFR of 1.1%, marking a 3% decrease in cases and a 33% decrease in deaths compared to the previous month. Cumulatively 16 out of the 26 provinces are affected with cholera, with the most cases reported in North Kivu (58%), Haut-Katanga (14%), and South Kivu (12%).

Figure 3. Democratic Republic of the Congo: Geographic distribution of cholera cases per 100 000 population by province (Left). Weekly case, death, and CFR trends (Right), as of 24 November 2024



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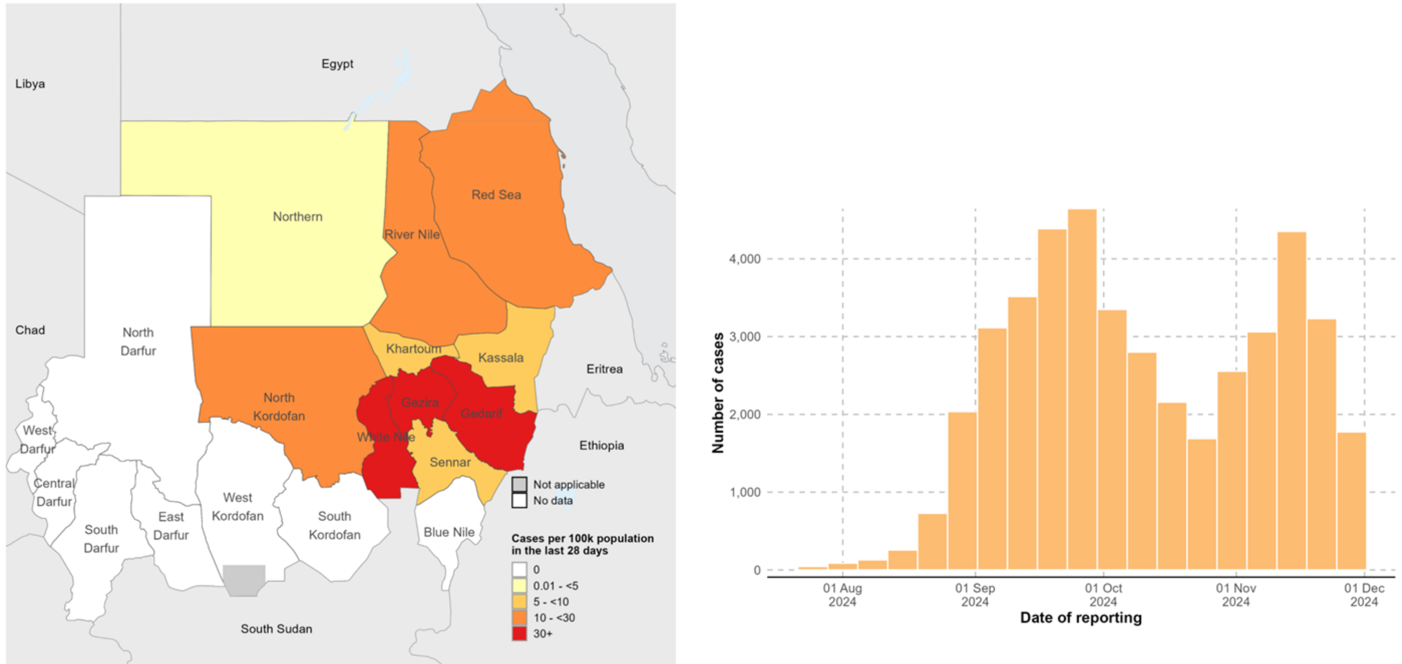
Data Source: World Health Organization, Ministry of Health Democratic Republic of the Congo
Map Production: World Health Organization
Map Date: 24 November 2024

Sudan

Between 1 January and 24 November 2024, Sudan reported a total of 38 903 cases and 1009 deaths, with a CFR of 2.6%. In November, the country recorded 13 199 new cases and 266 deaths, with a CFR of 2% – marking a 32% increase in cases and a 4% increase in deaths compared to October. Since the beginning of the current surge in cases and deaths in July 2024, 11 of Sudan's 18 states have been affected, with over half of the cases reported from Gezira (22%), Gedaref (20%), and Kassala (18%) states.

Figure 4. Sudan: Geographic distribution of cholera cases per 100 000 population by state in the last 28 days (Left). Distribution of cholera cases by date of report (right), 25 July to 24 November 2024



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Data Source: World Health Organization, Federal Ministry of Health Sudan
Map Production: World Health Organization
Map Date: 24 November 2024

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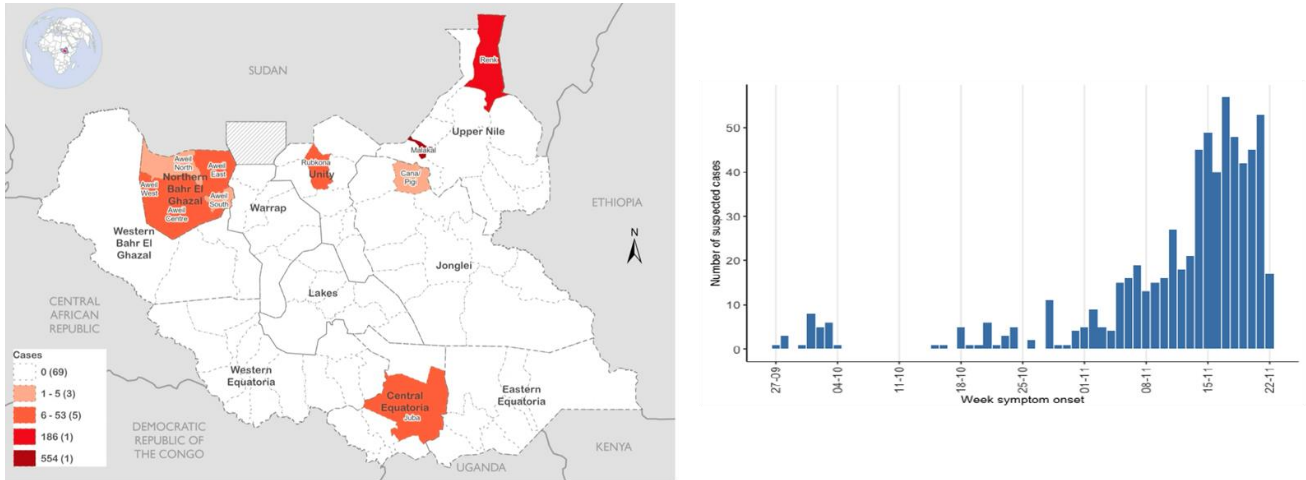
South Sudan

In South Sudan, a new cholera outbreak was confirmed and declared in October 2024 in the border town of Renk, Upper Nile state, affecting refugees, returnees, and local communities. Between 1 January and 24 November 2024, the country reported 697 cases and seven deaths (CFR: 1%). Of these, 646 new cholera cases and all seven deaths occurred in November alone, representing a significant rise compared to the previous month.

Figure 5. South Sudan: Distribution of cholera cases (Left) and daily case trend (Right), as of 24 November 2024



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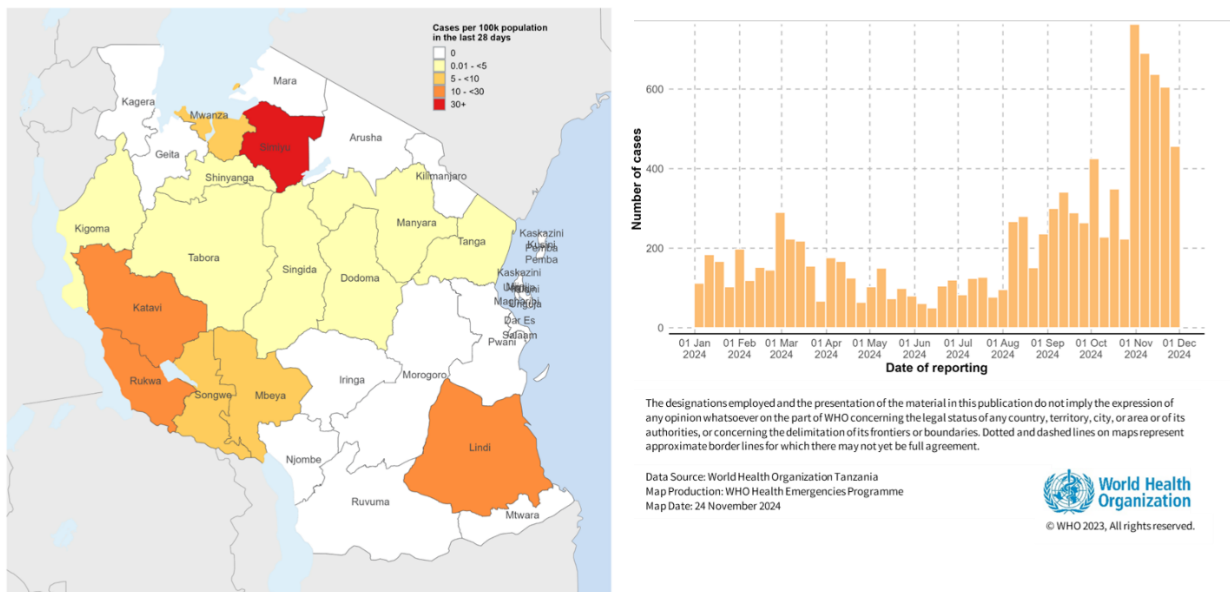
United Republic of Tanzania

Between 1 January and 24 November 2024, the United Republic of Tanzania reported a total of 10 061 cases and 134 deaths (CFR: 1.3%). In November alone, 2695 new cases and 19 deaths were recorded (CFR: 0.7%), reflecting a 120% increase in cases and a 27% rise in deaths compared to October. Cumulatively, this year, outbreaks have been reported across 23 regions, with Simiyu reporting the highest case count (3352; 33%).

Figure 6. United Republic of Tanzania: Geographic distribution of cholera cases per 100 000 population by province (Left) and weekly case trend (Right), as of 24 November 2024



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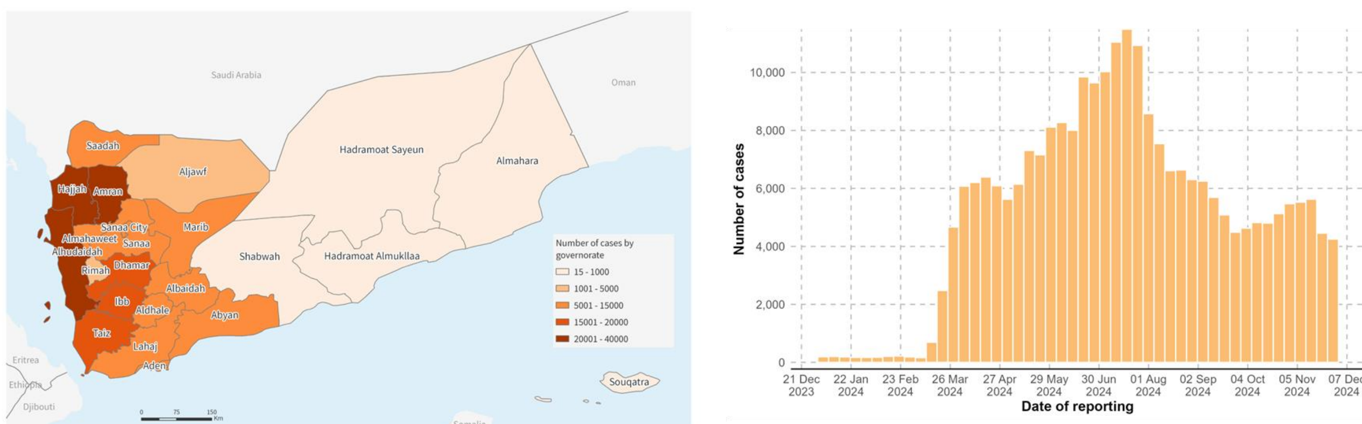
Yemen

Since March 2024, the number of cholera and AWD cases, along with associated deaths, rose steadily in Yemen, peaking at over 10 000 weekly cases by mid-July. Between 1 January and 24 November 2024, a total of 245 776 cases and 861 deaths were reported, with a CFR of 0.4%. The increase in the number of cases and deaths in this edition is due to retrospective adjustments made as more detailed information became available from regions outside the areas controlled by Yemen's Internationally Recognized Government and should be interpreted with caution.

In November 2024, Yemen reported 21 082 new cases and 71 deaths (CFR: 0.3%), marking a 9% rise in cases and a 20% increase in deaths compared to October. Despite ongoing containment efforts, challenges persist due to flooding, heavy rains, and the security situation.

Figure 7. Yemen: Geographic distribution of cholera cases (Left) and weekly case trend (Right), as of 24 November 2024



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Data Source: World Health Organization,
Ministry of Public Health and Population (MOPHP) Yemen,
Ministry of Health and Environment (MOHE) Yemen
Map Production: WHO Health Emergencies Programme

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Figure 8. Southeastern Africa attack rate per 100 000 (suspected and confirmed cholera cases per month) between August and November 2024, as of 24 November 2024

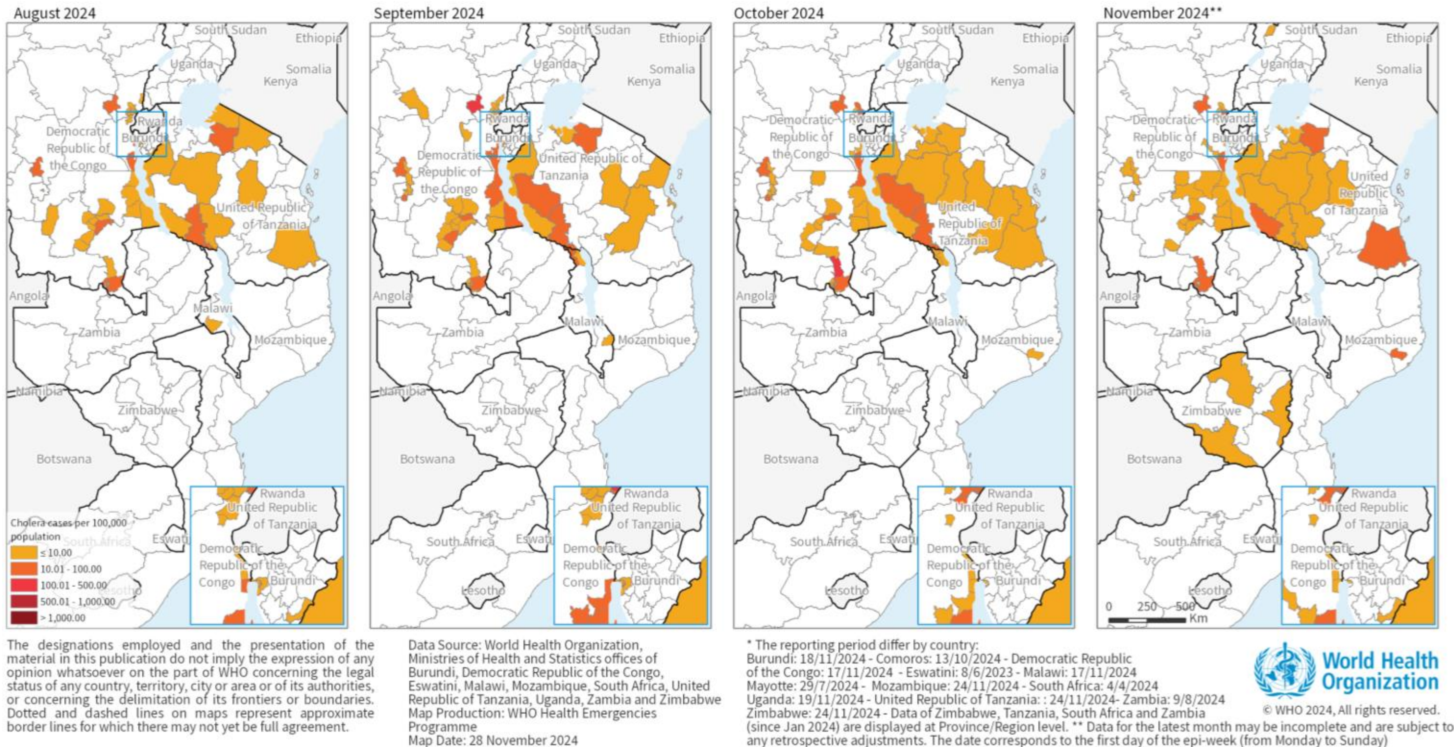
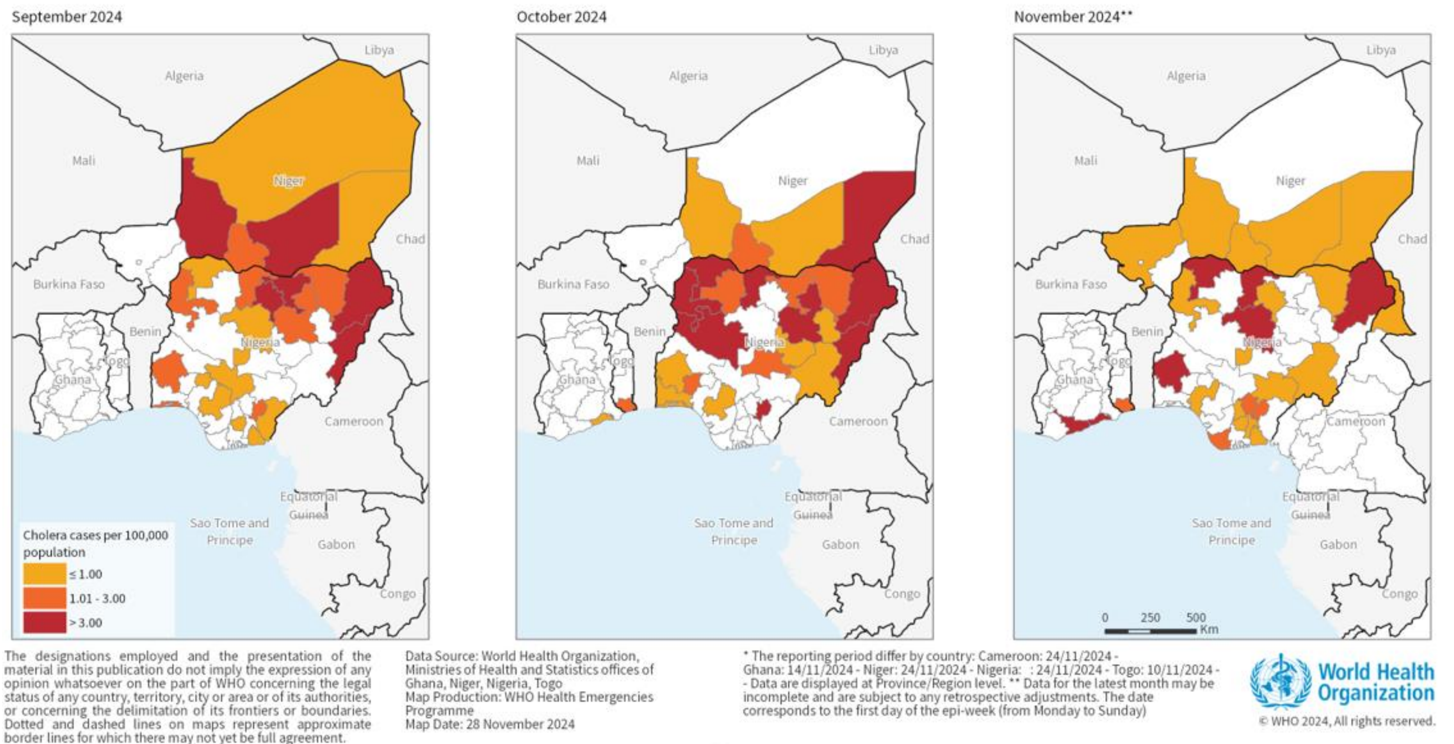


Figure 9. West Central Africa attack rate per 100 000 (suspected and confirmed cholera cases per month) between September and November 2024, as of 24 November 2024



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

- Regular briefings have been provided to the Global Outbreak Alert and Response Network (GOARN) and Standby Partners (SBP) networks to ensure coordinated efforts and share the latest operational updates on cholera response.
- In response to country needs and with partners' support, experts have been deployed through GOARN, SBP, and Emergency Medical Teams (EMT).
- As of 24 November, 20 experts have been deployed to Comoros, Haiti, Kenya, Lebanon, Malawi, Mozambique, Sudan, Zambia, and Yemen through GOARN to support the cholera response in areas such as Health Operations, Case Management, Social Anthropology, Epidemiology/Surveillance, and Partner Coordination.
- Additionally, 22 experts have been deployed (for 3 to 6 months) to nine countries (Cameroon, Comoros, Ethiopia, Haiti, Malawi, Myanmar, Mozambique, Turkey, and Zambia) through SBP to support the cholera response in areas such as Information Management, Partner/Cluster Coordination, PRSEAH, IPC/WASH, RCCE, and Operations Support and Logistics (OSL), including remote global WASH support.
- WHO appreciates the support from Standby Partners for this response, especially from the Norwegian Refugee Council.

Public health surveillance

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

Laboratory

- A training of trainers' session was conducted in Sudan for 22 laboratory diagnosticians on the fundamentals of cholera diagnostics to support the outbreak response. Additionally, 12 healthcare workers received training on cholera sample collection and the use of rapid diagnostic tests (RDTs). The subsequent cascade training by these trainers has expanded the pool of trained healthcare workers to 60.
- Collaboration is ongoing with Gavi for the procurement of cholera RDTs for Gavi-eligible countries for cholera surveillance, including outbreak monitoring. Applications from countries received by 22 January 2025 will be considered in the next round of review by the independent review committee.
- The GTFCC has published guidance and tools for cholera testing laboratories pertaining to laboratory

surveillance, environmental surveillance, sample collection and conditioning, use of rapid diagnostic tests, laboratory confirmation and antimicrobial susceptibility testing, and reporting. All available guidance is accessible through a quick reference guide, and documents are available in English, French, and in some instances, Portuguese.

- Technical support is being provided to countries to define and implement testing strategies during outbreaks.
- Support and assistance in the development of laboratory strengthening plans for countries are being provided on a case-by-case basis.
- Support is provided for the identification of laboratory diagnostic supply needs and deployment of laboratory supplies in countries with acute and active outbreaks. Prepositioning of supplies for preparedness and readiness in key countries is also ongoing.

Vaccination

- The global stockpile averaged 3.5 million OCV doses in November, compared to the emergency target of five million doses that should be available at all times for outbreak response.
- Twenty-eight new requests were received in 2024 from 15 countries: Bangladesh, Comoros, Ethiopia (3), Ghana (2), Kenya, Mozambique (2), Myanmar (2), Niger (2), Nigeria, Somalia, South Sudan (3), Sudan (6), Yemen, Zambia, and Zimbabwe, collectively seeking 47.7 million doses. Twenty-six were approved, one was not approved, one was cancelled by the International Coordinating Group (ICG) on Vaccine Provision.
- Since the start of 2024, 10 countries (Comoros, Ethiopia (4), Ghana (1), Mozambique (2), Myanmar, Niger, Nigeria, Somalia, South Sudan, Sudan (5), Zambia (2), and Zimbabwe (2)) have carried out 23 reactive vaccination campaigns in response to cholera outbreaks, targeting a total of 31 million people. Given the current context of outbreaks and limited vaccine availability, only single dose vaccination courses have been validated and utilized in these reactive campaigns.
- November marked the highest monthly OCV production since the global stockpile's creation in 2013, reflecting the efforts of the supplier and partners following the release and prequalification of a new vaccine formulation and manufacturing method earlier this year.
- Despite these efforts, the limited supply of OCV doses continues to significantly hinder the capacity to conduct preventive vaccination campaigns. This constrained global stockpile highlights the urgent need to scale up production and improve strategic stockpile management to meet both reactive and preventive vaccination needs effectively.

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

- Technical assistance was provided to Tanzania and South Sudan to establish a water quality monitoring plan in the context of cholera. Given the lack of clear technical guidance for country offices, a two-page document is being developed to facilitate this activity and support field teams.
- A template is being developed to streamline WASH activity reporting during cholera outbreaks. This template aims to simplify the work of WASH focal points in Country Offices while enabling Regional Offices and Headquarters to better identify gaps and successes.
- Collaboration with Stand-By Partners and the INITIATE² platform is ongoing, with discussions to add a cholera module in the existing Ebola/Marburg field training for setting up structures. The proposal includes a two-day module, offered three to four times per year. In parallel, a proposal is being developed for an online cholera WASH/IPC training aimed at personnel deploying to the field.

Risk communication and community engagement

- Coordination of RCCE support for affected regions and countries continues through regional coordination mechanisms and the Collective Service partnership, with cholera resources available.

- RCCE technical and surge support continues based on country needs and demands.
- An RCCE readiness and response toolkit for cholera is under finalization. The goal of this toolkit is to provide RCCE focal points and practitioners with a set of tools to strengthen their work to inform, engage, and empower communities at risk from cholera.

Operations Support and Logistics

- Cholera response supplies are being shipped via air and sea freight to countries with severe outbreaks, including Nigeria, Ethiopia, Myanmar, the Democratic Republic of Congo, South Sudan and Sudan. Additionally, shipments for response are underway in Mozambique while hub replenishment is regularly ongoing in Dakar and Nairobi serving countries in the AFRO region.
- New tools have been developed to track efficiently past orders and current pipeline.
- The current stock availability of cholera modules and bulk items is satisfactory at both the supplier and WHO Hub levels. Continuous efforts are being made to rotate stock and avoid the expiration of materials.
- Technical support is being provided to hubs and countries to assist in the preparation of stockpiling.
- Coordination with other partners involved in cholera response is ongoing.
- Treatments administered using WHO-supplied cholera kits and bulk items accounted potentially for over 50% of the worldwide caseload since the beginning of the year.

Preparedness and Readiness

- Draft Priority Areas for Multisectoral Interventions (PAMI) reports for Zambia and South Africa were reviewed in preparation for submission to the GTFCC PAMI Review Committee.
- Preparedness and Monitoring Indicator (PAMI) identification was conducted in Rwanda with support provided.
- The Multi-Year Plan of Action for preventive OCV campaigns is being finalized with ongoing support.
- Plans were updated, and projected cholera supply needs quantified for Malawi and Mozambique in anticipation of Cyclone Chido.
- The cholera readiness and preparedness assessment tool is being finalized.

Key challenges

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

- Cholera's highly infectious nature, compounded by disasters from natural hazards and climatic effects, significantly hampers containment efforts.
- Inadequate WASH infrastructure and lack of reliable data continue to drive cholera transmission in affected regions.
- Insufficient OCV stocks, which hinder the implementation of preventive vaccination and allow campaigns to be implemented only in the most affected areas, leaving vulnerable populations exposed to continued transmission.
- Barriers to care in fragile, conflict, and violence (FCV) zones or areas experiencing social unrest, making it difficult for affected populations to access treatment and prevention services.
- Surveillance and reporting gaps, with limited capacity and delayed data due to political and economic challenges, hindering timely response.
- Heightened risk of cross-border transmission, fueled by porous borders, inadequate surveillance, and low community awareness.
- Insufficient coordination between governments, NGOs, and international agencies, affecting the overall effectiveness of response efforts.
- Staff shortages, with insufficient experienced personnel available for deployment during emergencies, further complicating response efforts.
- Exhausted national response capacities, as countries face concurrent large-scale cholera outbreaks and other emergencies, straining resources.
- Funding and resource gaps, with the international community and member states needing to prioritize cholera response by allocating sufficient resources for prevention, preparedness, and outbreak management.

Next steps

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

- Cholera scenario planning and forecasting will continue to be updated, considering the impact of severe climatic events at global, regional, and national levels.
- WHO will continue advocating for investment in cholera preparedness and response, emphasizing that long-term investment is essential for sustainable solutions, while immediate investment is needed for rapid emergency response to the current surge in cases. Briefs to donors and roundtables will be organized to facilitate these investments.
- WHO and UNICEF, in collaboration with partners, will continue streamlining the supply of essential cholera materials, including vaccines, ensuring availability based on prioritization of needs.
- WHO, along with partners such as the GTFCC, will support Ministries of Health and implementing partners with the latest information and resources to enable prevention and response activities in a constrained environment.
- Improving response planning at the country level will help increase efficiency and ensure more effective cholera interventions.
- Improvement of cross-border coordination will be prioritized by establishing coordination structures that can share data, harmonize surveillance systems, and implement joint interventions to serve highly mobile populations.

Annex 1. Data, table, and figure notes

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

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

Technical guidance and other resources

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