

Multi-country outbreak of cholera



External Situation Report n. 15, published 19 June 2024

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

Countries /areas /territories affected since 1 January 2024: **24**

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Overview

Data as of 26 May 2024

- In May 2024 (epidemiological weeks 18 to 21), a total of 46 364 new cholera cases were reported from 19 countries, territories, and areas (hereafter countries) across four WHO regions, showing a 58% increase from the previous month. The Eastern Mediterranean Region registered the highest number of cases, followed by the African Region, the European Region, and the South-East Asia Region. During this period, 185 cholera-related deaths were reported globally, representing a 37% decrease from the previous month. Around the same time last year, 60 288 cases and 263 cholera-related deaths were reported from 20 countries. Cases and deaths reported over this period in 2024 are 23% lower and 30% lower, respectively than those reported over the same period last year. For the latest data, please refer to WHO's [Global Cholera and Acute Watery Diarrhoea \(AWD\) Dashboard](#).
- From 1 January 2024 to 26 May 2024, a cumulative total of 194 897 cholera cases and 1932 deaths were reported from 24 countries across five WHO regions, with the Eastern Mediterranean Region recording the highest numbers, followed by the African Region, the Region of the Americas, the South-East Asia Region, and the European Region. No outbreaks were reported in the Western Pacific Region during this time.
- The global stockpile of Oral Cholera Vaccines (OCV) was depleted until early March but exceeded the emergency target of 5 million doses in early June for the first time in 2024. As of 10 June 2024, the stockpile has 6.2 million doses.
- However, demand for the vaccine continues to outpace supply. Since January 2023, 92 million OCV doses were requested by 16 countries, nearly double the 49 million doses produced during this period. Preventive vaccination campaigns remain suspended to prioritize doses for outbreak response.
- WHO classified the global resurgence of cholera as a grade 3 emergency in January 2023, the highest internal level for emergencies in WHO. Based on the number of outbreaks and their geographic expansion, alongside the shortage of vaccines and other resources, WHO continues to assess the risk at the global level as very high and the event remains classified as a grade 3 emergency.
- WHO continues to work with global, regional, and country partners to support Member States in the response.
- The dynamics of cholera outbreaks are increasingly complex due to factors that transcend national boundaries, such as population mobility, natural disasters, and climate change. Inadequate disease surveillance at border areas and limited awareness in cholera-affected communities are also contributing factors. To address these challenges, countries must prioritize cross-border collaboration by establishing real-time data sharing mechanisms, harmonizing surveillance systems, pooling resources, and implementing joint preparedness and response interventions.

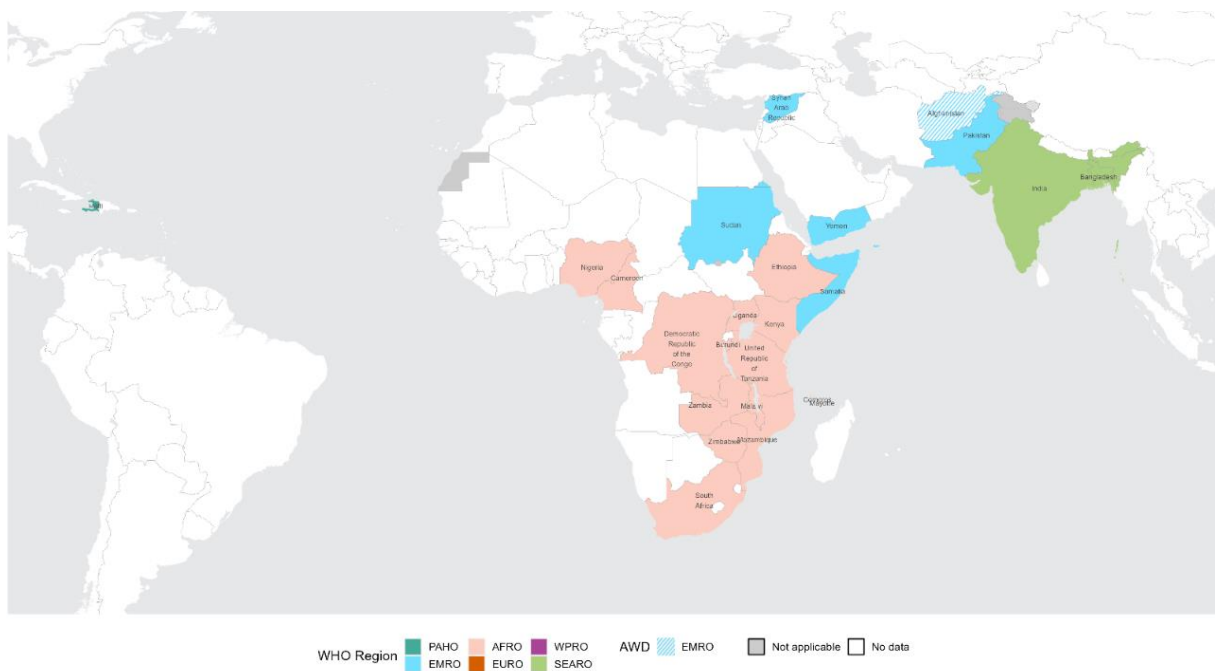
Global epidemiological update

In May 2024 (epidemiological weeks 18 to 21), a total of 46 364 new cholera cases were reported from 19 countries across four WHO regions, showing a 58% increase from the previous month. The Eastern Mediterranean Region (33 779 cases; six countries) reported the highest number of cases, followed by the African Region (12 504 cases; 11 countries), the European Region (79 cases; one country), and the South-East Asia Region (two cases; one country). In the same period, 185 cholera-related deaths were registered, representing a 37% decrease compared with the previous month. The highest number of fatalities was recorded in the African Region (130 deaths; 10 countries), followed by the Eastern Mediterranean Region (54 deaths; four countries), and the European Region (one death; one country).

From 1 January to 26 May 2024, a cumulative total of 194 897 cholera cases and 1932 deaths were reported globally across five WHO regions. The region with the highest reported case count was the Eastern Mediterranean Region (98003 cases; seven countries), followed by the African Region (92 789 cases; 14 countries), the Region of the Americas (2672 cases; one country), the South-East Asia Region (1328 cases; two countries), and the European Region (105 cases; one country). During this period, cholera deaths were reported in the African Region (1698 deaths), the Eastern Mediterranean Region (256 deaths), the Region of the Americas (13 deaths), the South-East Asia Region (four deaths), and the European Region (one death). The Western Pacific Region did not report any cholera outbreaks.

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

Figure 1. Reported epidemics of cholera and acute watery diarrhoea (AWD), 1 January 2024 to 26 May 2024



The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement. Data Source: World Health Organization. Map Production: WHO Health Emergencies Programme. © WHO 2024. All rights reserved.

Table 1. Cholera cases and deaths reported from WHO regions, as of 26 May 2024*

WHO Region	Country, area, territory	1 January to 26 May 2024				Last 28 days				
		Cases	Deaths	Cases per 100 000	CFR (%)	Cases	Deaths	CFR (%)	Monthly cases % change	Monthly deaths % change
African Region	Burundi	494	1	4	0.2	298	1	0.3	243	
	Cameroon [§]	49	0	0	0					
	Comoros	7 335	121	892	1.6	4 091	54	1.3	59	8
	Democratic Republic of the Congo	16 539	295	14	1.8	2 545	18	0.7	-14	-77
	Ethiopia	16 163	124	22	0.8	3 355	28	0.8	22	4
	Kenya	372	3	1	0.8	59	1	1.7	136	0
	Malawi	246	1	1	0.4	9	0	0	-72	
	Mozambique	7 762	16	27	0.2	462	3	0.6	-52	200
	Nigeria	882	16	0	1.8	27	2	7.4	-55	-33
	South Africa [§]	11	0	0	0					
	Uganda [§]	32	1	0	3.1					
	United Republic of Tanzania	3 032	48	5	1.6	391	10	2.6	-35	0
	Zambia	20 113	637	103	3.2	114	1	0.9	-83	-93
Zimbabwe	19 759	395	130	2	1 153	12	1	-54	-80	
Eastern Mediterranean Region	Afghanistan**	46 758	25	143	0.1	13 451	9	0.1	54	200
	Pakistan***	18 318	0	8	0	13 075	0	0	809	
	Somalia	13 079	120	80	0.9	3 062	18	0.6	-3	-36
	Sudan	2 368	63	6	2.7	33	1	3	-47	
	Syrian Arab Republic	10 127	0	46	0	307	0	0	777	
	Yemen [¥]	7 353	48	22	0.7	3 851	26	0.7	47	53
European Region	Mayotte	105	1		1.0	79	1	1.3	204	
Region of the Americas	Haiti [§]	2 672	13	23	0.5					
South-East Asia Region	Bangladesh	8	0	1	0	2	0	0	-33	
	India ^{§#}	1 320	4	0	0.3					

* 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 reports AWD through the sentinel site surveillance system.

*** The number of suspected cholera and AWD cases are included based on the available [Public Health Bulletin published by the National Institute of Health](#).

§ Countries which did not report cholera cases between 1 and 26 May 2024.

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

Among the total of 1320 cases reported from India, 50 cases were confirmed.

WHO regional overviews

African Region

In May 2024 (epidemiological weeks 18 to 21), the African Region reported 12 504 new cholera cases across 11 countries, marking a 5% decrease compared with the previous month. During this period, the highest numbers of cases were reported from Comoros (4091 cases), Ethiopia (3355 cases), the Democratic Republic of the Congo (2545 cases), Zimbabwe (1153 cases), and Mozambique (462 cases). Additionally, there were 130 cholera-related deaths, a 47% decrease compared with the previous month. The highest numbers of deaths were reported from Comoros (54 deaths), Ethiopia (28 deaths), the Democratic Republic of the Congo (18 deaths), Zimbabwe (12 deaths), and the United Republic of Tanzania (10 deaths).

From 1 January to 26 May 2024, a total of 92 789 cholera cases were reported across 14 countries in the African Region. During this period, the highest numbers of cases were reported from Zambia (20 113 cases), Zimbabwe (19 759 cases), the Democratic Republic of the Congo (16 539 cases), Ethiopia (16 163 cases), and Mozambique (7762 cases). During the same period, 1658 deaths were reported from 12 countries. The highest numbers of deaths were reported from Zambia (637 deaths), Zimbabwe (395 deaths), the Democratic Republic of the Congo (295 deaths), Ethiopia (166 deaths), and Comoros (121 deaths).

Eastern Mediterranean Region

In May 2024, the Eastern Mediterranean Region reported 33 779 new cholera cases across six countries, marking a 110% increase compared with the previous month. During this period, the highest numbers of cases were reported from Afghanistan (13 451 cases), Pakistan (13 075 cases), Yemen (3851 cases), Somalia (3062 cases), and the Syrian Arab Republic (307 cases). Additionally, there were 54 cholera-related deaths, a 12% increase compared with the previous month. Those deaths were reported from Yemen (26 deaths), Somalia (18 deaths), Afghanistan (nine deaths), and Sudan (one death).

From 1 January to 26 May 2024, a total of 98 003 cholera cases were reported across six countries in the Eastern Mediterranean Region. During this period, the highest numbers of cases were reported from Afghanistan (46 758 cases), Pakistan (18 318 cases), Somalia (13 079 cases), Syrian Arab Republic (10 127 cases), and Yemen (7353 cases). During the same period, 256 deaths were reported from four countries: Somalia (120 deaths), Sudan (63 deaths), Yemen (48 deaths), and Afghanistan (25 deaths).

European Region

In May 2024, the European Region reported 79 new cholera cases and one new death in the French overseas department of Mayotte in the Indian Ocean, marking a 204% increase compared with the previous month. From 1 January to 26 May 2024, a total of 105 cholera cases and one death were reported from Mayotte.

Region of the Americas

In May 2024, the Region of the Americas reported no new cholera cases. The lack of reported cases in Haiti could suggest underreporting amid the ongoing humanitarian crisis, rather than an absence of disease. The rainy season and dense conditions in displacement camps significantly elevate the potential for outbreaks. From January to May 2024, Haiti documented 2672 cholera cases and 13 deaths.

South-East Asia Region

In May 2024, the South-East Asia Region reported two new cholera cases and no new deaths in Cox's Bazaar, Bangladesh. From 1 January 2024 to 26 May 2024, a total of 1335 cholera cases and four deaths were reported from India (1327 cases and four deaths) and Bangladesh (eight cases).

Western Pacific Region

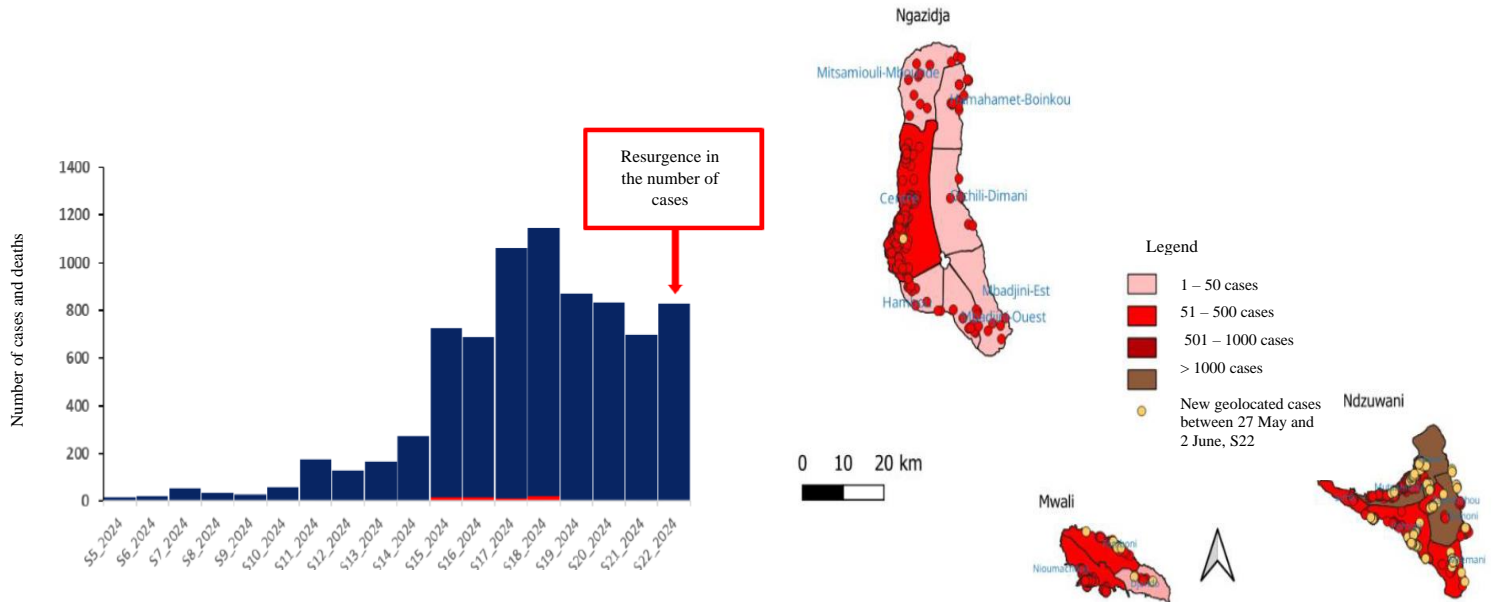
From 1 January 2024 to 26 May 2024, the Western Pacific Region reported no new cholera cases or deaths.

Focus on selected subregions and countries

Comoros

Since the declaration of the cholera outbreak in early February, Comoros continues to report cases across all three islands (Ngazidja, Ndzuwani, and Mwali). In May 2024, the country reported 4091 new cholera cases and 54 associated deaths with a CFR of 1.3%, marking a 59% increase in cases and an 8% increase in deaths compared with the previous month. Since January 2024, Comoros reported a total of 7335 cases and 121 deaths (CFR: 1.6%).

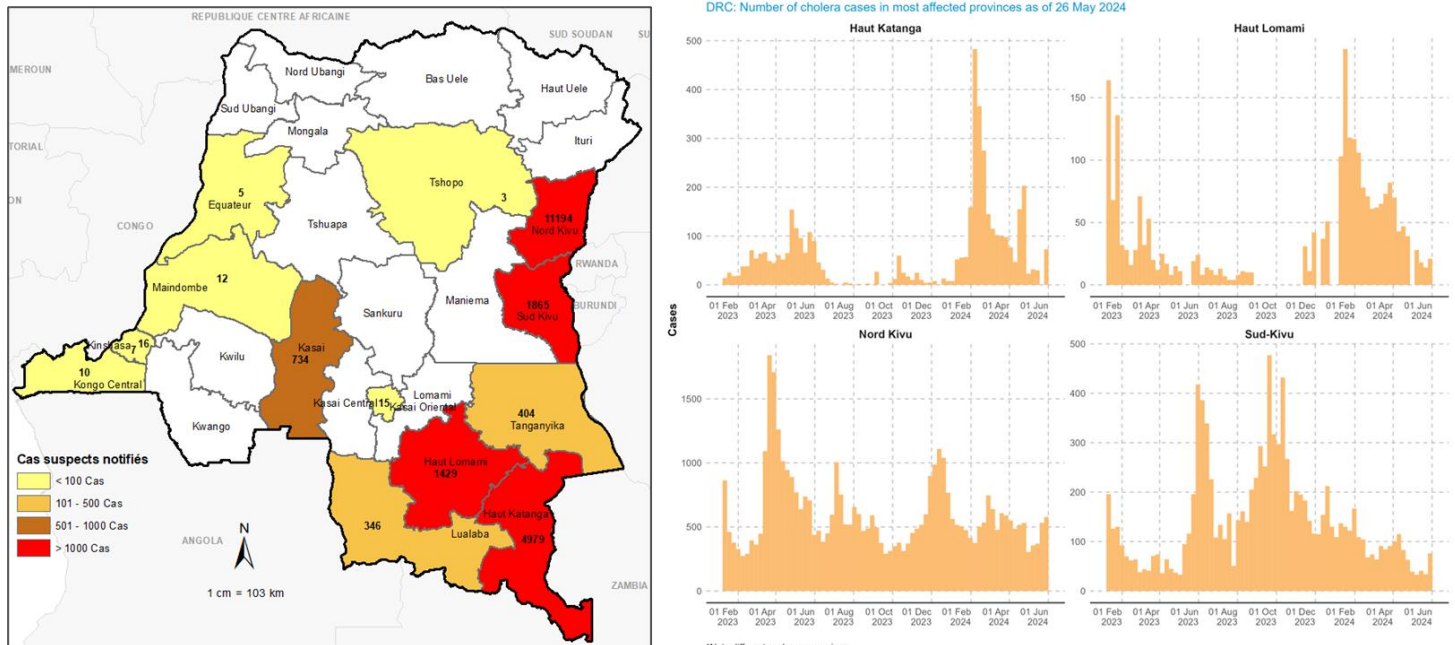
Figure 2. Comoros: number of confirmed cholera cases and deaths by week (left) and total cholera cases and deaths in Comoros (right), as of 26 May 2024 (The data source is Comoros Ministry of Health, Solidarity, Social Protection and Gender Promotion)



Democratic Republic of the Congo

In May 2024, the Democratic Republic of the Congo reported 2545 new cholera cases and 18 associated deaths with a CFR of 0.7%, marking a 14% decrease in cases and a 77% decrease in deaths compared with the numbers reported in the previous month. Since January 2024, the Democratic Republic of the Congo reported a total of 16 539 cases and 295 deaths with a CFR of 1.8%.

Figure 3. Democratic Republic of the Congo: cumulative cholera cases reported since January 2024 in North Kivu, South Kivu, Haut Katanga, and Haut Lomami (right). National cholera cases in DRC, by province (left), as of 26 May 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: 26 May 2024

Mayotte (France)

Since the detection of the first cholera case in mid-March 2024, as of 22 May, Mayotte has reported a total of 105 cases and one death, including 101 cases confirmed by PCR testing. Among the 105 cases, 87 were acquired locally and 18 were imported from Comoros and other neighbouring cholera-affected countries. By subnational area, the communes of Koungou (64 cases), M'tsangamouji (14 cases), and Passamainty (five cases) are currently actively reporting cases.

Figure 4. Mayotte: Daily evolution of cholera cases detected in Mayotte from 16 March to 22 May 2024 (left) and distribution of the cholera cases by commune as of 22 May 2024 (right)

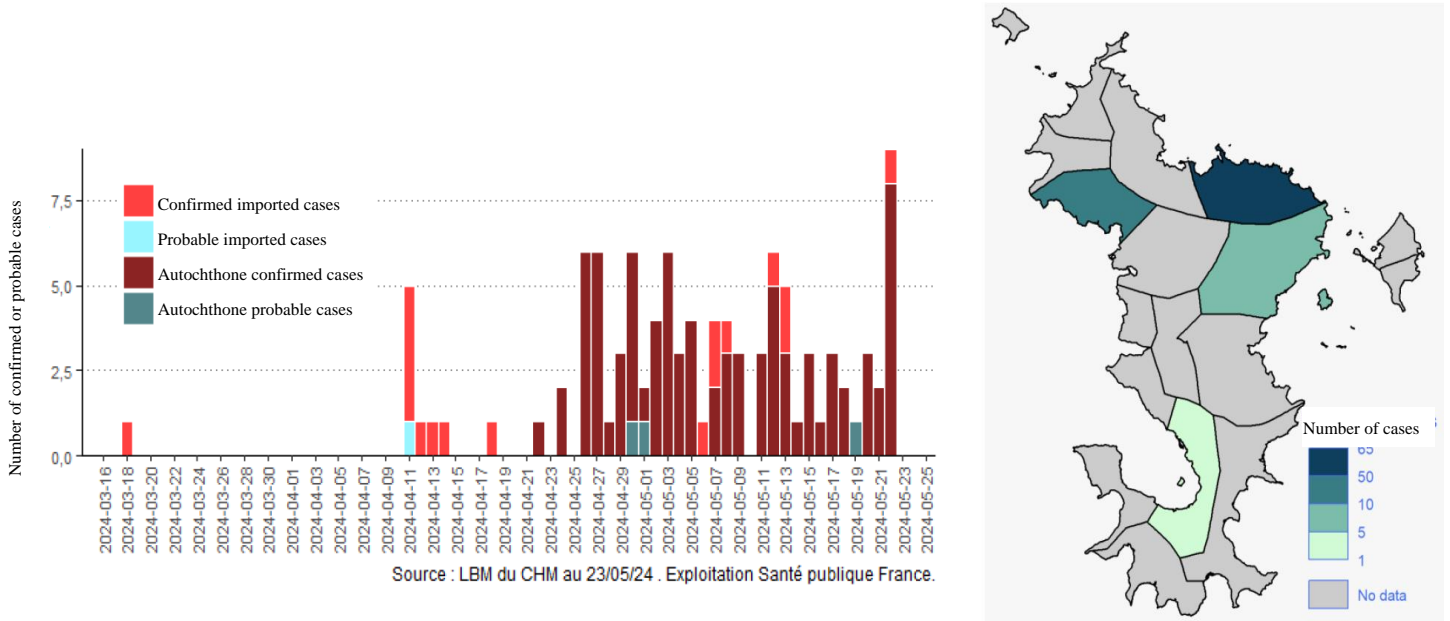
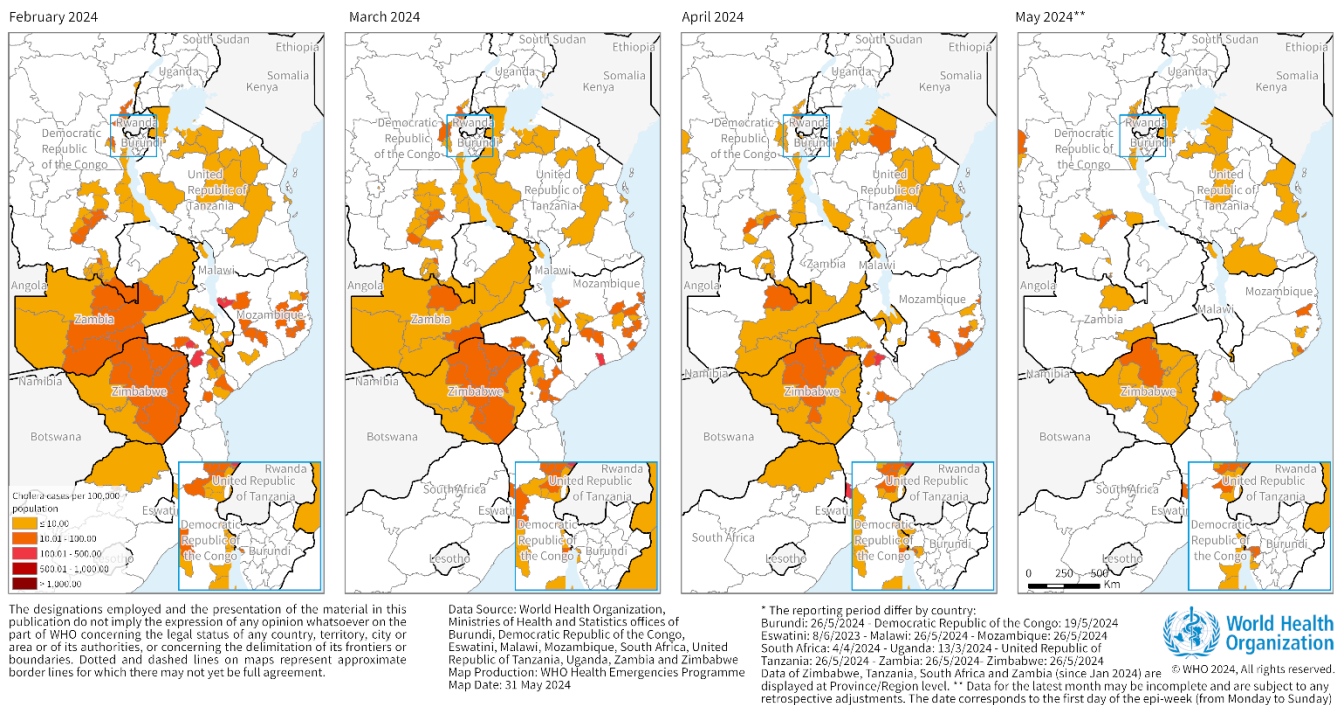


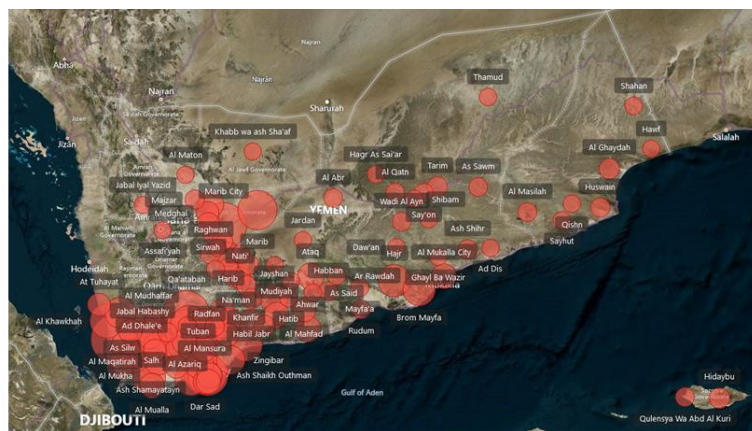
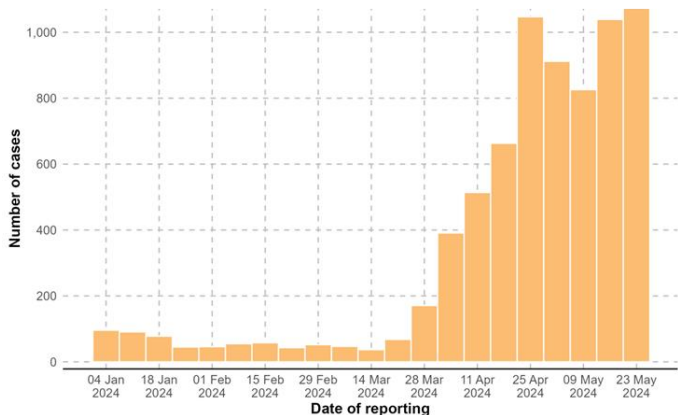
Figure 5. South Eastern Africa attack rate per 100 000 (suspected and confirmed cholera cases per month) between February and May 2024, as of 26 May 2024*



Yemen

According to the latest available report as of 31 May 2024, Yemen has reported a total of 63 000 AWD and cholera cases since January 2024 across 20 out of 22 governorates.¹ This figure is not reflected in the global total and Table 1 because the weekly/monthly breakdown is not available for the De-facto Authority areas of the country. In May, the Internationally Recognized Government (IRG) areas in Yemen reported 3851 new cholera cases and 26 associated deaths with a CFR of 0.7%, marking a 47% increase in cases and a 53% increase in deaths compared with the previous month.

Figure 6. Yemen (IRG areas): cholera cases by reporting date by week (left) and cholera cases distribution (right), as of 26 May 2024



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Data Source: World Health Organization, Ministry of Public Health and Population, Yemen
 Map Production: Ministry of Public Health and Population, Yemen
 Map Date: 26 May 2024

 **World Health Organization**
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¹ Waterborne diseases rage in Yemen ahead of rainy season: <https://www.doctorswithoutborders.org/latest/waterborne-diseases-rage-yemen-ahead-rainy-season>

Horn of Africa

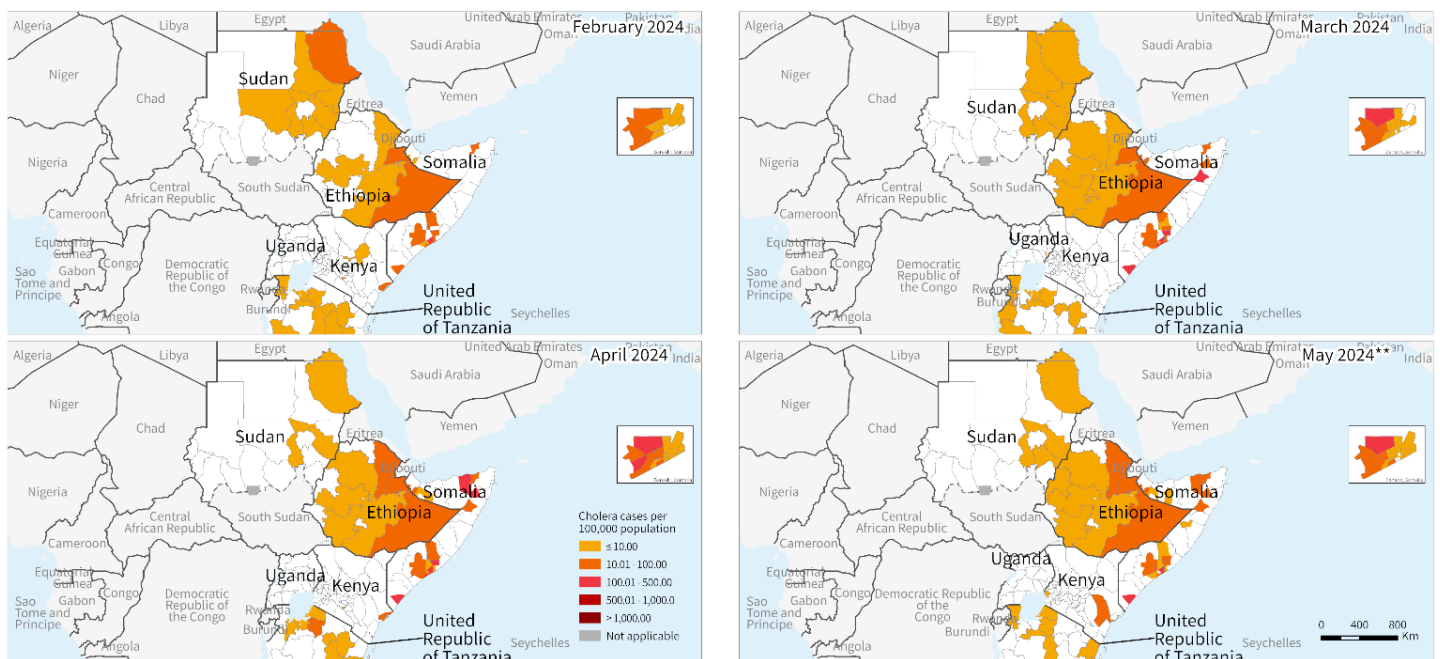
Ethiopia

In May 2024, Ethiopia reported 3355 new cholera cases and 28 associated deaths with a CFR of 0.8%, marking a 22% increase in cases and a 4% increase in deaths compared with the previous month. Since January 2024, Ethiopia reported a total of 16 163 cases and 124 deaths with a CFR of 0.8%.

Somalia

In May 2024, Somalia reported 3062 new cholera cases and 18 associated deaths with a CFR of 0.6%, marking a 3% decrease in cases and a 36% decrease in deaths compared with the numbers reported in the previous month. Since January 2024, Somalia reported a total of 13 079 cases and 120 deaths with a CFR of 0.9%.

Figure 7. The Horn of Africa region cholera attack rate per 100 000 population between February and May 2024, as of 26 May 2024



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Data Source: World Health Organization, Ministries of Health and Statistics offices of Ethiopia, Kenya, Somalia, Uganda, and United Republic of Tanzania
 Map Production: WHO Health Emergencies Programme
 Map Date: 31 May 2024
 ** Data for the latest month may be incomplete and are subject to any retrospective adjustments.

* The reporting period differ by country:
 Ethiopia: 24/05/2024, Kenya: 19/05/2024
 Somalia: 26/05/2024, Sudan: 17/05/2024
 United Republic of Tanzania: 26/05/2024
 Uganda: 13/03/2024
 Data for Kenya, Tanzania, Sudan, and Ethiopia are displayed at the County/Region/State level. The date corresponds to the first day of the epidemic (from Monday to Sunday)



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Operational updates

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

Coordination

- In response to the needs in countries and with support from key partners, experts were deployed through the Global Outbreak Alert and Response Network (GOARN), Standby Partners (SBP), and Emergency Medical Teams (EMT) in addition to weekly information exchange on operational updates for cholera response through the GOARN Weekly Ops call forum.
- As of 26 May, 18 experts have been deployed to Malawi, Mozambique, Kenya, Lebanon, Haiti, Sudan and Zambia through GOARN to support the cholera response, specifically Health Operations, Case Management, Social anthropology and Epidemiology/Surveillance, Health Cholera Coordinator and Partner Coordination
- As of 26 May 2024, sixteen experts have been deployed (for a duration of 3 to 6 months each) to eight countries (Malawi, Mozambique, Cameroon, Haiti, Turkey, Ethiopia, Zambia, and Comoros) through the Standby Partners to support the cholera response for the functions of Information management (IMO), Partner/Cluster Coordinator, Preventing and Responding to Sexual Exploitation, Abuse and Harassment (PRSEAH), Infection Prevention and Control (IPC)/Water Sanitation and Hygiene (WASH) and Risk Communication and Community Engagement (RCCE).
- WHO appreciates the support received from Standby Partners for this response so far: Norwegian Refugee Council (NORCAP) and CANADEM (deployment funded by the United Kingdom Foreign, Commonwealth & Development Office (UK FCDO)).

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](#).
- 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.
- GTFCC guidance for the identification of [Priority Areas for Multisectoral Interventions 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

- GTFCC [recommendations for cholera testing](#) are being disseminated and promoted.
- GTFCC laboratory [resources](#), including Job Aids, Fact Sheets, and other guidance materials are being promoted. Updated recommendations for antimicrobial susceptibility testing were published in both [English](#) and [French](#). There are ongoing efforts to develop additional technical support resources.
- Technical support and assistance in the development of laboratory strengthening plans for countries are being provided on a case-by-case basis.
- Collaborations are ongoing to facilitate the ordering and access to laboratory supplies using the WHO catalogue resources. Additionally, technical support is being extended at regional and country levels to identify field and laboratory diagnostic supply needs as required.
- Collaboration with Gavi is underway to support the procurement of rapid diagnostic tests for Gavi-eligible countries for cholera surveillance, including outbreak monitoring.
- Ongoing efforts involve the development of training materials for cholera diagnostics.

Vaccination

- Seven new requests were received in 2024 from Ethiopia (2), Comoros, Kenya, Somalia, Yemen, and Zambia, collectively seeking over 19 million doses. Four were partially approved, one was cancelled and two are pending ICG decision. Additionally, three other countries (Mozambique, Sudan, and Zimbabwe) are considering submitting an OCV request or have already shared a draft for the emergency campaign.
- Since the start of 2024, six countries (Ethiopia, Mozambique, Somalia, Sudan, Zambia, and Zimbabwe) have carried out seven reactive vaccination campaigns in response to cholera outbreaks, targeting a total of 10 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.
- Although in early June the global stockpile exceeded the emergency threshold of 5 million doses for the first time in 2024, the constrained supply of OCVs is severely impacting the capacity to carry out preventive vaccination campaigns. The limited global stockpile of OCVs underscores the need for increased production and strategic stockpile management to ensure that both reactive and preventive needs are adequately met.

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

- Continuing technical support to countries in case management.
- A webinar was held with Ministries of Health and WHO Country Offices in Africa on the decentralization of cholera treatment, including Oral Rehydration Points (ORPs). One English and one French session was held.
- A set of job aids/posters to support case management in the Cholera Treatment Unit (CTU) / Cholera Treatment Centre (CTC) was drafted.
- The WHO headquarters IPC/WASH team convened a three-level call with the WHO African Regional Office (AFRO) and the WHO Ethiopia Country Office to assess the cholera situation and identify the needed support for the implementation of the national cholera operational plan (2023-2024).
- With technical support from HQ-IPC/WASH teams, the AFRO webinar on IPC standard & transmission-based precautions and WASH activities during the cholera outbreak was held on 30 May and attended by 141 healthcare workers from the Member States.
- The IPC specialist job description required for the cholera response in Comoros was reviewed and updated.
- Technical support continues to be provided to Burundi on IPC measures required to be in place in CTCs/CTUs.

Risk communication and community engagement (RCCE)

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

Operations Support and Logistics (OSL)

- The current stock availability of cholera modules and bulk items remains satisfactory at both the supplier and WHO Hub levels. Work continues to enable stock rotation in order to avoid short expiration dates for materials.
- The availability of specific Rapid Diagnostic Tests (RDT) is forecasted to be constrained in the coming weeks.
- Technical support is being provided to countries to assist in the preparation of orders.

Preparedness and Readiness

- WHO headquarters continue to support regional efforts in providing trainings and webinars to Member States on IPC and WASH readiness.
- Zambia and Rwanda were supported in conducting the inception meeting for the identification of Priority Areas for Multisectoral Interventions (PAMIs): formation of a PAMI core team, and development of a plan for PAMI identification.
- Reviewing cholera guidelines for Tanzania.
- Provided technical guidance to Malawi on the National Cholera Plan (NCP) development.

Key challenges

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

- Exacerbation of cholera outbreaks due to natural disasters and climatic effects.
- Data quality and reporting, including issues with reporting consistency and insufficient disaggregation of data for vulnerable groups, especially for children under 5 years of age.
- Insufficient OCV stocks to respond to all concurrent cholera outbreaks, resulting in the suspension of preventive campaigns and a transition from [a two-dose to a one-dose strategy](#). Between January and May 2024, the vaccine stockpile was entirely depleted.
- Exhausted national cholera response capacities and overall overstretched emergency response capacity due to numerous parallel large-scale and high-risk outbreaks and other emergencies affecting public health.
- Limited experienced cholera response staff available for deployments to support national emergency responses.
- Increased risk of cross-border cholera transmission due to porous borders with numerous unofficial points of entry points, inadequate surveillance at border areas, and limited cholera awareness in affected communities.
- Inadequate financial resources to respond in a timely and effective manner across all levels.
- A lack of resources, human, financial and material, for prevention, readiness, and preparedness activities.
- Lack of technical capacity required for effective readiness to respond in member states.

Next steps

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

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

Annex 1. Data, table, and figure notes

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

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

Technical guidance and other resources

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