

Multi-country outbreak of cholera



External Situation Report n. 28, published 24 July 2025

Cases – 305 903
Since Jan. 2025

Deaths – 3522
Since Jan. 2025

Countries affected – 28
Since Jan. 2025

Population at risk
1 billion

Global risk –
Very high

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Overview

Data as of 29 June 2025

- In June 2025 (epidemiological weeks 23 to 26), a total of 62330 new cholera and/or acute watery diarrhoea (AWD) cases were reported from 20 countries, territories, areas (hereafter countries) across three WHO regions, showing an 8% decrease from May. The Eastern Mediterranean Region registered the highest number of cases, followed by the African Region and the South-East Asia Region. The period also saw 527 cholera-related deaths globally, an 8% decrease from the previous month.
- In June 2025, the number of cholera cases was 21% lower, while the number of deaths was 38% higher compared to June 2024, when 78 403 cases and 381 cholera-related deaths were reported across 21 countries.
- From 1 January to 29 June 2025, a cumulative total of 305 903 cholera cases and 3522 deaths were reported from 28 countries across three WHO regions, with the Eastern Mediterranean Region recording the highest numbers, followed by the African Region and the South-East Asia Region. No cases were reported in other WHO regions.
- The overall cholera data remain incomplete due to underreporting and reporting delays. Additionally, extreme weather events and conflict, as experienced in several cholera affected countries, have resulted in low or no reporting from some areas. **Given these complexities, the data presented here likely underestimates the true burden of cholera and should be interpreted with caution.**
- In June 2025, the average stockpile of Oral Cholera Vaccine (OCV) was 2.9 million doses, below the emergency stockpile level of five million for the first time in 6 months.

Global epidemiological update

In June 2025 (epidemiological weeks 23 to 26), a total of 62 330 new cholera and AWD cases were reported from 20 countries across three WHO regions, showing an 8% decrease from the previous month. The Eastern Mediterranean Region (44 642 cases; four countries) reported the highest number of cases, followed by the African Region (17 480 cases; 14 countries) and the South-East Asia Region (208 cases; two countries). In the same period, 527 cholera-related deaths were registered, representing an 8% decrease compared with May. The highest number of deaths was recorded in the African Region (347 deaths; 10 countries), followed by the Eastern Mediterranean Region (180 deaths; four countries). No fatalities were reported in South-East Asia Region.

From 1 January 2025 to 29 June 2025, a cumulative total of 305 903 cholera cases and 3 522 deaths were reported globally across three WHO regions. The region with the highest reported case count was the Eastern Mediterranean Region (159 414 cases; six countries), followed by the African Region (143 762 cases; 19 countries) and the South-East Asia Region (2727 cases; five countries). During this period, cholera deaths were reported in the African Region (2928 deaths), the Eastern Mediterranean Region (593 deaths) and the South-East Asia Region (one death).

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 29 June 2025

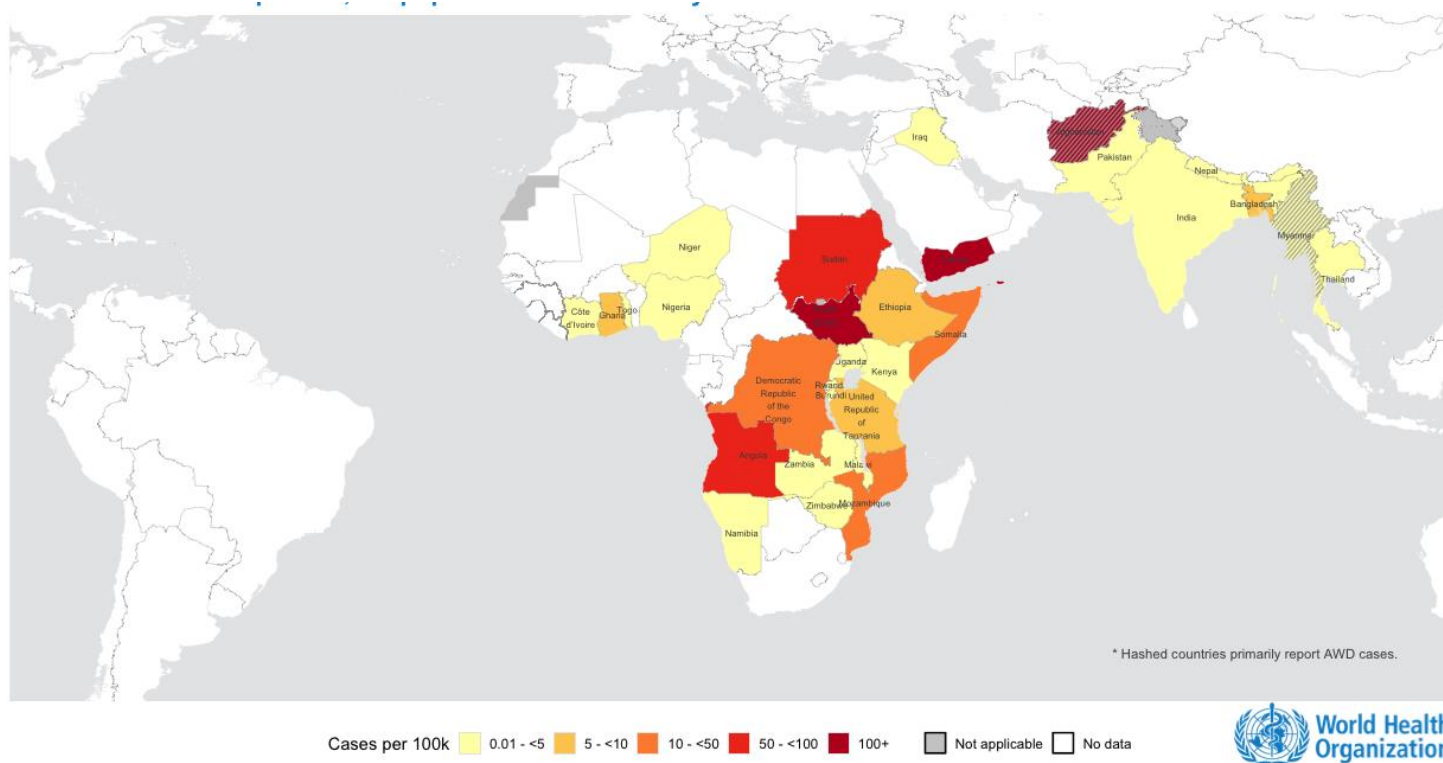


Table 1. Reported cholera and AWD cases and deaths by WHO region, as of 29 June 2025

WHO Region	Country area territory	1 January to 29 June 2025				Last 28 days				
		Cases	Deaths	Cases per 100 000	CFR (%)	Cases	Deaths	CFR (%)	Monthly cases % change	Monthly deaths % change
African Region	Angola	27 033	760	74	2.8	2 694	42	1.6	-58	-70
	Burundi	298	24	2	8.1	53	12	22.6	23	
	Côte d'Ivoire	100	7	0	7.0	100	7	7.0		
	Democratic Republic of the Congo	34 192	803	29	2.3	5 715	193	3.4	-2	58
	Ethiopia	5 425	47	7	0.9	735	3	0.4	41	200
	Ghana	2 480	14	7	0.6					
	Kenya	418	20	1	4.8	99	6	6.1	0	100
	Malawi [§]	109	2	1	1.8					
	Mozambique	3 857	33	13	0.9	317	3	0.9	-20	50
	Namibia	29	1	1	3.4	7	1	14.3		
	Nigeria	1 703	53	1	3.1	10	0	0.0	-95	
	Rwanda	263	0	2	0.0	18	0	0.0	-78	
	South Sudan	62 903	1 092	507	1.7	7 577	77	1.0	-25	-38
	Togo [§]	164	4	2	2.4					
	Uganda [§]	166	3	1	1.8	10	0	0.0		
	United Republic of Tanzania	3 571	35	6	1.0	139	3	2.2	-51	50
	Zambia [§]	483	9	2	1.9					
	Zimbabwe	568	21	4	3.7	6	0	0.0	-88	
Eastern Mediterranean Region	Afghanistan ^{**}	68 031	26	208	0.0	17 316	9	0.1	10	50
	Pakistan ^{**§}	11 181	0	5	0.0					
	Somalia	5 681	8	35	0.1	955	1	0.1	-33	-50
	Sudan	32 359	426	77	1.3	7 696	115	1.5	-45	26
	Yemen [*]	42 162	133	125	0.3	18 675	55	0.3	87	-13
South-East Asia Region	Bangladesh [§]	80	0	9	0.0					
	India ^{§#}	667	1	0	0.1					
	Myanmar ^{**}	1 888	0	3	0.0	206	0	0.0	-17	
	Nepal [§]	87	0	0	0.0	2	0	0.0		
	Thailand [§]	5	0	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.

As multiple countries report only total data on deaths, the reported CFR is calculated throughout based on the total number of deaths reported. The Global Task Force on Cholera Control (GTFCC) recommends that CFR be calculated using only facility deaths, with the number of community deaths reported separately.

** 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](#).

[†] Includes all reported suspected cholera and AWD cases from Yemen.

[§] Countries which did not report cholera cases between 1 and 29 June 2025

[#] Among the total of 667 cases reported from India, 57 cases were confirmed.

WHO regional overviews

African Region

In June 2025, the African Region reported 17 480 new cholera cases across 14 countries, marking a 27% decrease compared with May. In this period, cases were reported from South Sudan (7577), the Democratic Republic of the Congo (5715), and Angola (2694). Additionally, there were 347 cholera-related deaths, a 15% decrease compared with May. The highest number of deaths were reported from the Democratic Republic of the Congo (193), South Sudan (77), and Angola (42).

From 1 January to 29 June 2025, a total of 143 762 cholera cases were reported across 19 countries in the African Region. The highest number of cases were reported from South Sudan (62 903), the Democratic Republic of the Congo (34 192), and Angola (27 033). In the same period, a total of 2928 deaths were reported from 17 countries with the highest numbers recorded in South Sudan (1092), the Democratic Republic of the Congo (803), and Angola.

Eastern Mediterranean Region

In June 2025, the Eastern Mediterranean Region reported 44 642 new cholera cases across four countries, marking a 3% increase compared with the case numbers reported in May. During this period, cases were reported from Yemen (18 675), Afghanistan (17 316), and Sudan (7696). Additionally, there were 180 cholera-related deaths, an 11% increase compared with May. The highest number of deaths were reported from Sudan (115), Yemen (55), and Afghanistan (9).

From 1 January to 29 June 2025, a total of 159 414 cholera cases were reported across six countries in the Eastern Mediterranean Region. During this period, cases were reported from Afghanistan (68 031), Yemen (42 162), and Sudan (32 359). During the same period, a total of 593 deaths were reported from four countries with the highest numbers recorded in Sudan (426), Yemen (133), and Afghanistan (26).

South-East Asia Region

In June 2025, the South-East Asia Region reported 208 new cholera cases across 2 countries, marking a 56% decrease since May. During this period, cases were reported from Myanmar (206) and Nepal (2). No cholera-related deaths were reported during this period.

From 1 January to 29 June 2025, a total of 2727 cholera cases were reported from five countries in the South-East Asia Region. During this period, cases were reported from Myanmar (1888), India (667), and Nepal (87). During the same period, India reported one death.

Figure 2. Global cholera and AWD cases by week, 1 January 2024 to 29 June 2025

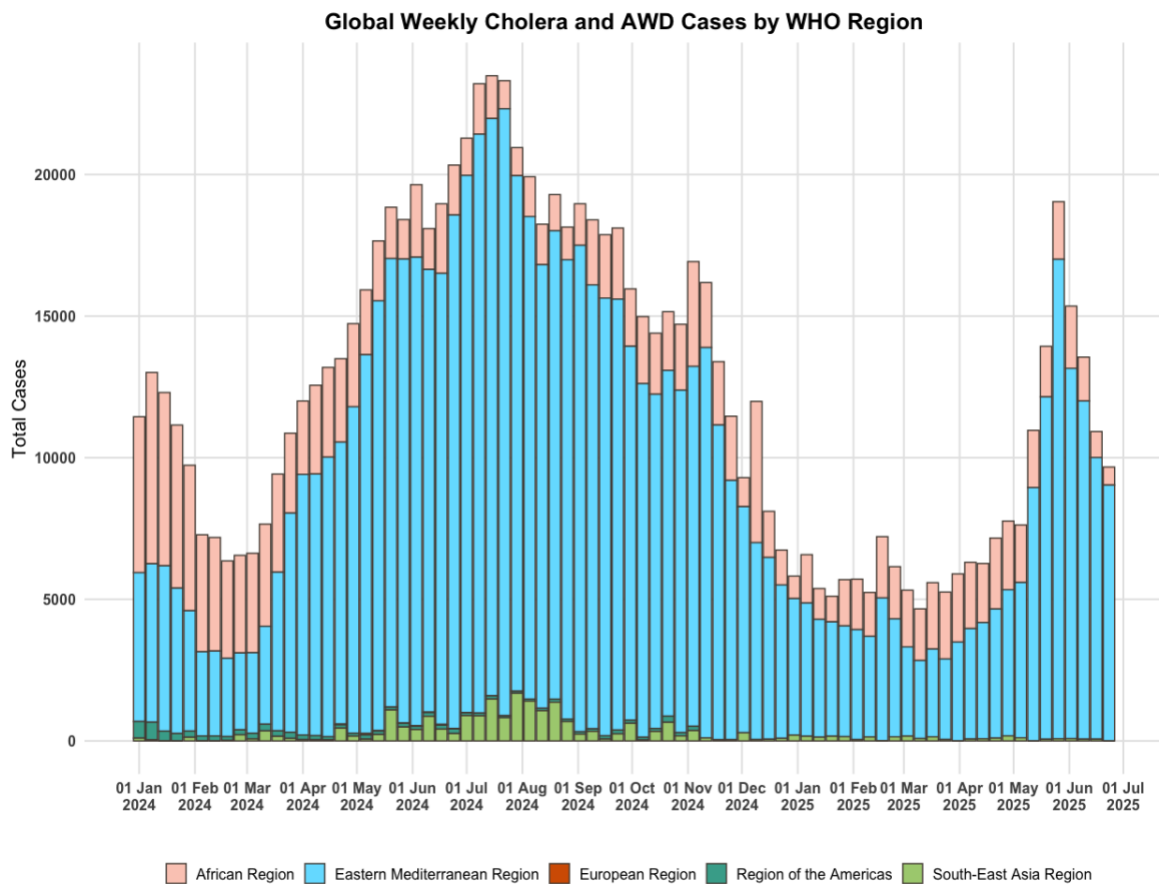
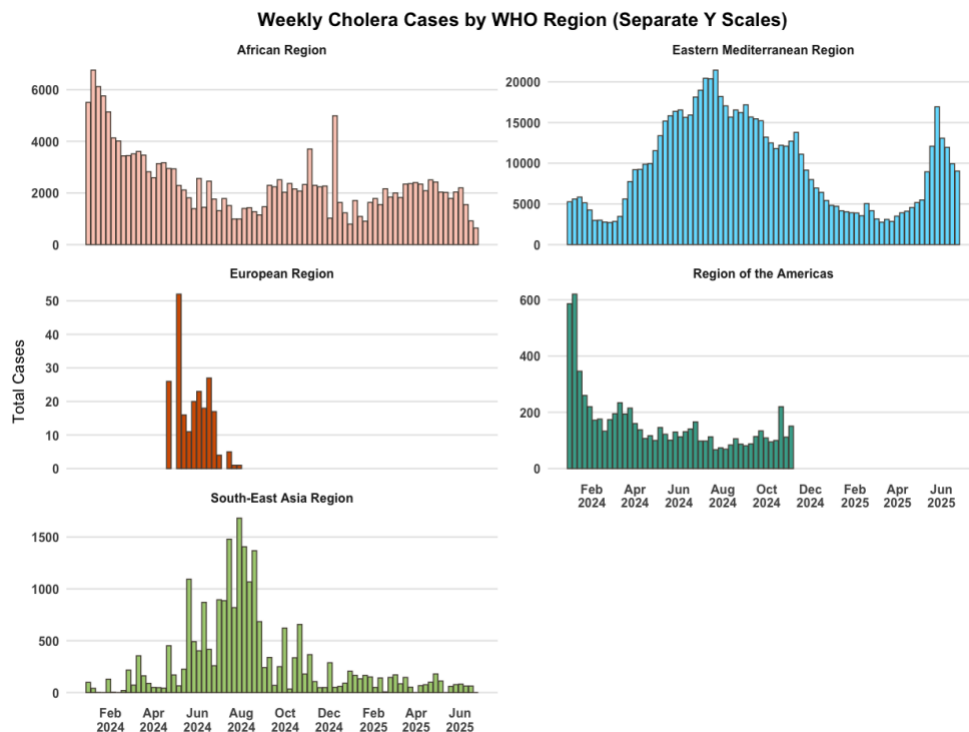


Figure 3. Cholera and AWD cases by WHO Region, 1 January 2024 to 29 June 2025*



*Note: No monthly breakdown in cases for Region of the Americas in 2025.

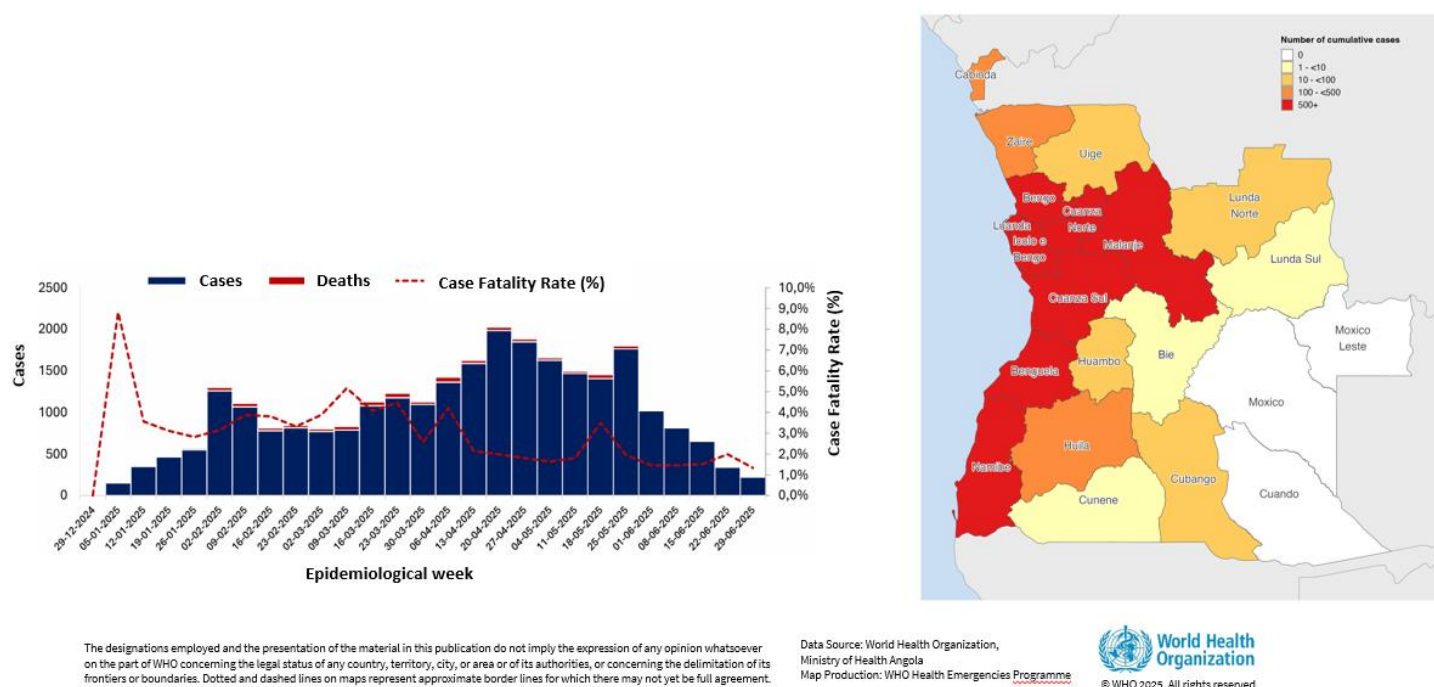
Focus on selected subregions and countries

Angola

In June 2025, Angola reported 2694 new cholera cases and 42 deaths (CFR = 1.6), marking a 58% decrease in cases and a 70% decrease in deaths compared to May.

Between 1 January and 29 June 2025, Angola reported a total of 27 033 cases and 760 deaths (including 332 community deaths), with an overall CFR of 2.8% and a facility CFR of 1.6%. Cases were reported from 18 of 21 provinces, with the majority being reported from Luanda (6954 cases), Benguela (4718), Bengo (3064) and Cuanza Sul (2726). In June, cases were reported from 13 of 21 provinces.

Figure 4: Angola: Weekly cases, deaths, and CFR (left) and geographic distribution of cases (right) as of 29 June 2025



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Data Source: World Health Organization, Ministry of Health Angola
Map Production: WHO Health Emergencies Programme

World Health Organization
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Democratic Republic of the Congo

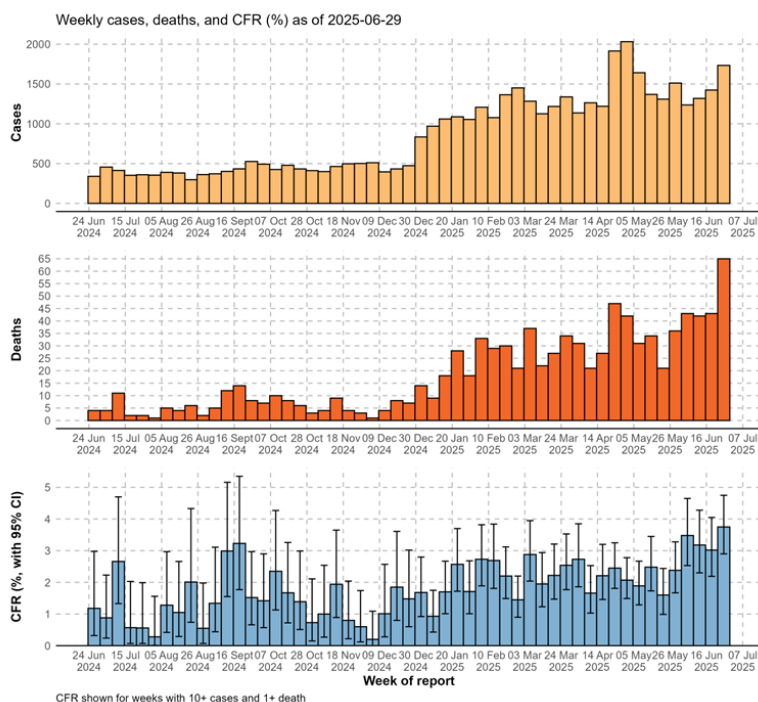
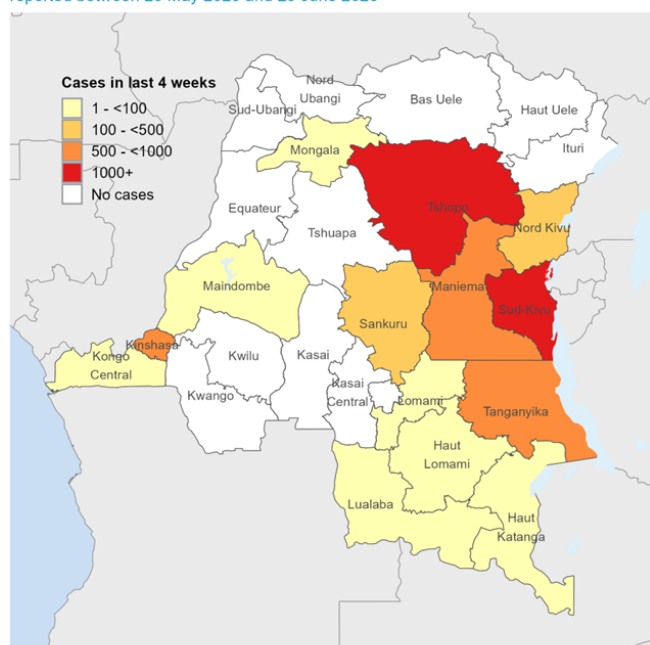
In June 2025, the Democratic Republic of the Congo reported 5715 new cholera cases and 193 cholera-associated deaths, with a CFR of 3.4%, marking a 2% decrease in cases and 58% increase in deaths compared to May 2025.

Between 1 January and 29 June 2025, 33 864 cases and 757 deaths were reported, with a CFR of 2.2%. Most of the cases were reported from Sud-Kivu, Haut Katanga, Nord-Kivu, Haut Lomami, Tanganyika and Maniema while most deaths were reported from Kinshasa, Tshopo and Maniema. The current outbreak is also affecting non-endemic provinces in the western part of the country. In June alone, 858 cholera cases were reported from Kinshasa.

Figure 5: Democratic Republic of Congo: Geographic distribution of cases per 100 000 population by province (left). Weekly cholera cases, deaths and CFR trends (right), as of 29 June 2025.

DRC: cholera cases reported in the last 4 weeks

reported between 26 May 2025 and 29 June 2025



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



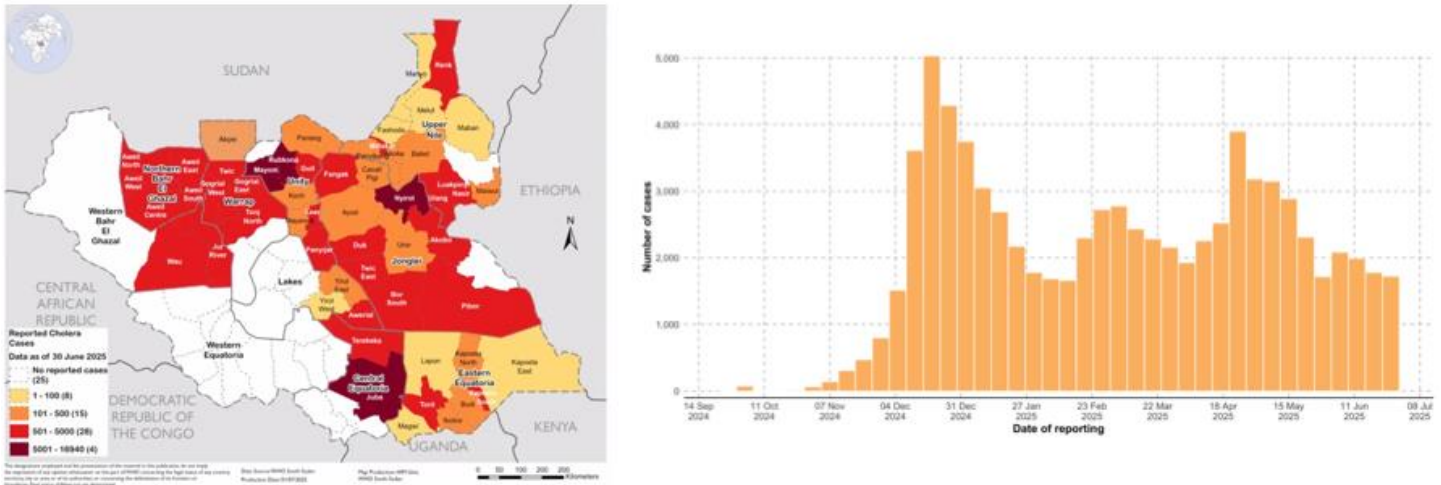
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South Sudan

In June 2025, South Sudan reported 7577 new cholera cases and 77 associated deaths with a CFR of 1%, marking a 25% decrease in cases and a 38% decrease in deaths compared to May 2025.

Between 1 January and 29 June 2025, South Sudan reported a total of 62 903 cases and 1092 deaths with a CFR of 1.7%. Cases were reported across 46 counties in nine states and two administrative areas. During this period, most of the cases were reported from Juba, Rubkona, and Nyirol counties.

Figure 6: South Sudan: Distribution of cases (left) and weekly case trend (right), as of 29 June 2025.



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Data Source: World Health Organization, Federal Ministry of Health South Sudan

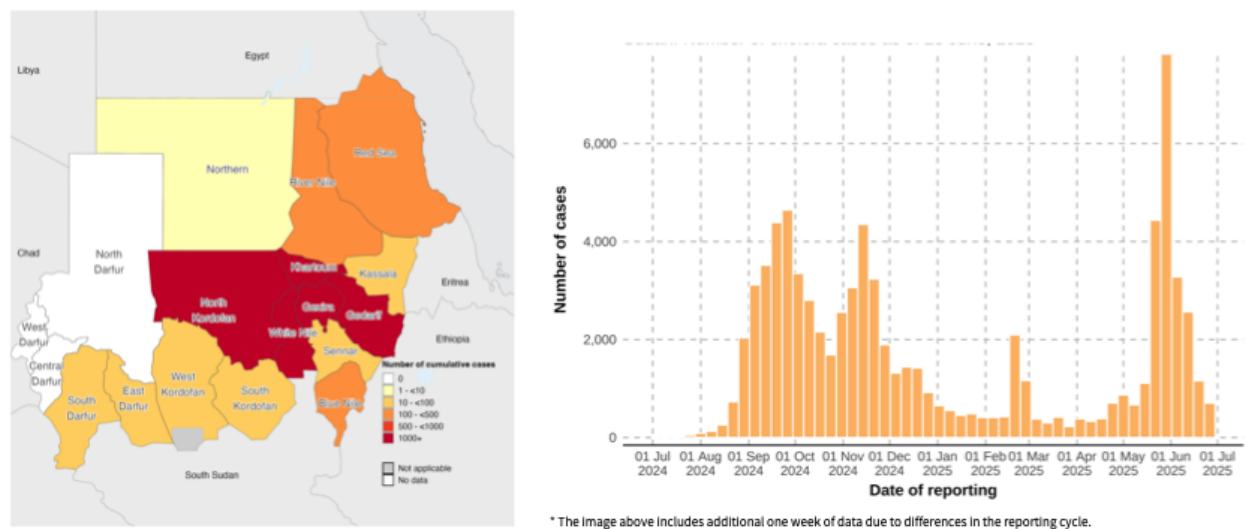
Map Production: World Health Organization

Sudan

In June 2025, Sudan reported 7696 new cholera cases and 115 associated deaths with a CFR of 1.5%, marking a 45% decrease in cases and a 26% increase in deaths compared to May.

Between 1 January and 29 June 2025, Sudan reported a total of 32 359 cases and 426 deaths with a CFR of 1.3%. During this period, most of the cases were reported from Khartoum, White Nile, and North Kordofan. In June, cases were also reported from South Darfur and East Darfur.

Figure 7: Sudan: Distribution of cases per 100 000 population by state (left) and weekly case trend (right), as of 29 June 2025.



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Data Source: World Health Organization, Federal Ministry of Health Sudan
Map Production: World Health Organization

Yemen

In June 2025, Yemen reported 18 675 new cholera cases and 55 associated deaths with a CFR of 0.3%, marking a 87% increase in cases and a 13% decrease in deaths compared to May.

Between 1 January and 29 June 2025, Yemen reported a total of 42 162 cases and 133 deaths with a CFR of 0.3%.

Figure 8: Yemen: Distribution of cases per 100 000 population by state (left) and weekly case trend (right), as of 29 June 2025.

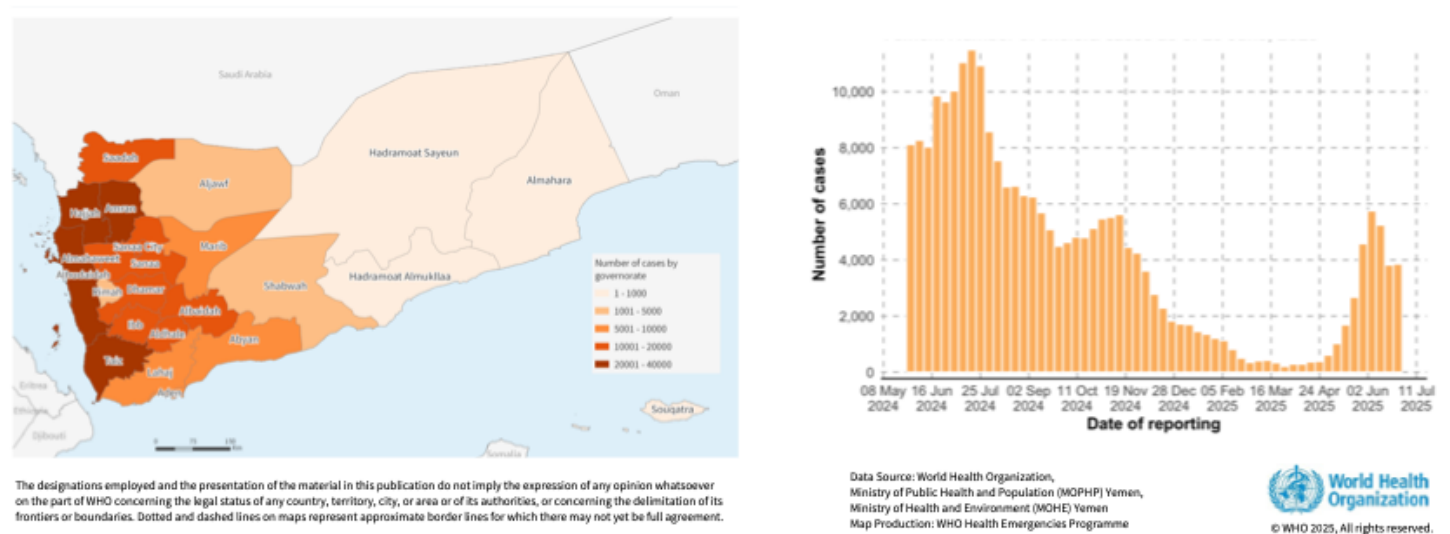
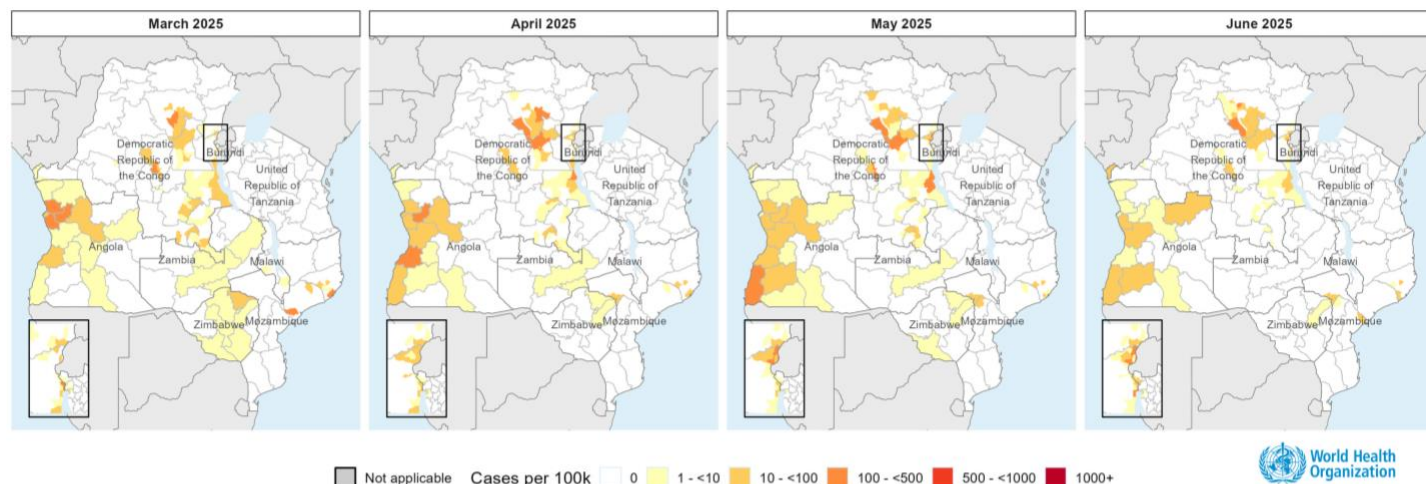


Figure 9: Cholera cases per 100,000 population in South-East Africa

* The reporting period differs by country and data in the latest month may be incomplete.



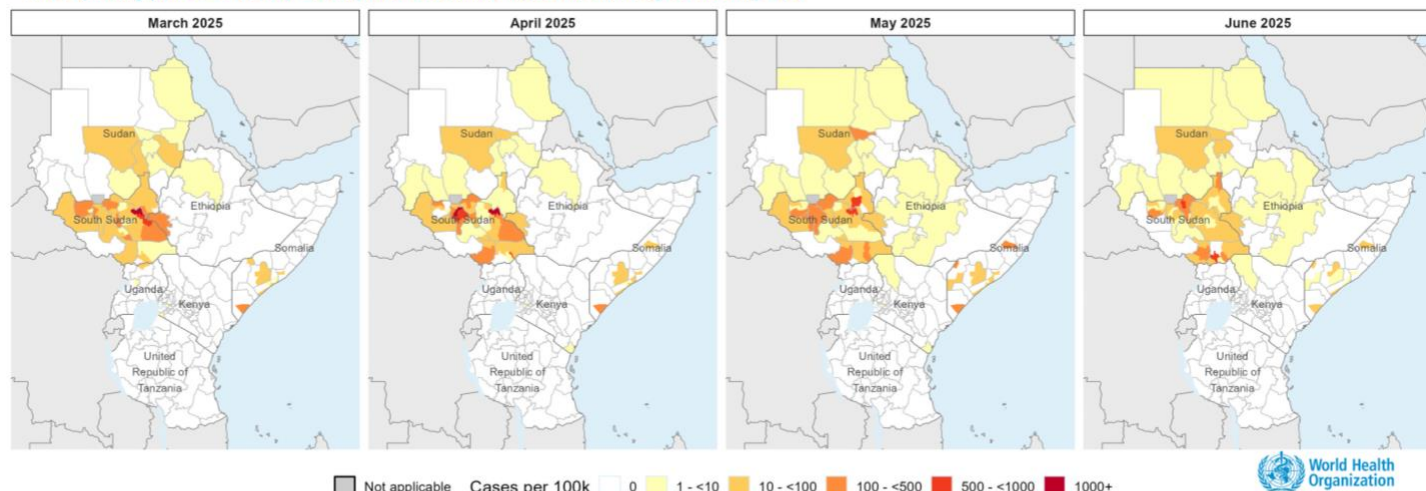
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Data Source: World Health Organization
Map Production: WHO Health Emergencies Programme
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Data as of: Angola: 29/06/2025, Burundi: 29/06/2025, Malawi: 13/04/2025, Mozambique: 29/06/2025, United Republic Of Tanzania: 08/06/2025, Zambia: 18/05/2025, Zimbabwe: 16/06/2025, Democratic Republic Of The Congo: 16/06/2025.
The date corresponds to the first day of the epi-week (from Monday to Sunday cycle).

Figure 10: Cholera cases per 100,000 population in the Greater Horn of Africa

* The reporting period differs by country and data in the latest month may be incomplete.



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Data Source: World Health Organization
Map Production: WHO Health Emergencies Programme
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Data as of: Ethiopia: 28/06/2025, Kenya: 29/06/2025, Uganda: 29/03/2025, United Republic Of Tanzania: 08/06/2025, Sudan: 23/06/2025, Somalia: 15/06/2025, South Sudan: 23/06/2025.
The date corresponds to the first day of the epi-week (from Monday to Sunday cycle).

Operational updates

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

Coordination

- WHO is actively coordinating response efforts with partners, including the Global Outbreak Alert and Response Network (GOARN) and Standby Partners (SBP) to support country needs.
- Between 1 January and 29 June 2025, GOARN supported a total of 14 deployments. These deployments provided technical support to Angola, South Sudan, and Myanmar, along with remote support to the global cholera response through the Incident Management Support Team (IMST) at WHO HQ, focusing on areas such as epidemiology and surveillance.
- Additionally, 11 experts have been deployed (for 3 to 6 months) to five countries (Angola, Comoros, Jordan, Panama, and South Sudan, through SBP to support the cholera response in areas such as Information Management, Partner/Cluster Coordination, Preventing and Responding to Sexual Exploitation, Abuse and Harassment (PRSEAH), Infection Prevention and Control (IPC) / WASH, Risk Communication and Community Engagement (RCCE), Epidemiology, Cholera response coordination, Case Management, Operations Support and Logistics (OSL), including remote global WASH support.
- WHO appreciates the critical support provided by GOARN and Standby Partners for this response.

Public health surveillance

- In 2025, the Global Task Force on Cholera Control (GTFCC) published [updated recommendations for cholera reporting to the regional and global levels](#). This comes along with a [reporting template](#). This is also available in [Arabic, French, and Portuguese](#).
- The GTFCC published [revised guidance on public health surveillance for cholera](#), which comes with [accompanying tools and job aids](#). This material is available in Arabic, English, French, and Portuguese. The GTFCC also published online courses on cholera surveillance for health authorities as well as on cholera surveillance health care workers. These courses are available [in English and French](#).
- Countries are encouraged to periodically self-assess their cholera surveillance systems using the [GTFCC method to assess cholera surveillance](#) to identify key activities for strengthening surveillance in line with GTFCC recommendations.
- Support for data management and analysis is being provided to countries and regions on a case-by-case basis.
- Coordination with countries, regions, and partners is ongoing 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](#) and [elimination](#) is being disseminated (in English, Arabic, French, and Portuguese). In addition, the GTFCC published three online courses: Introduction to the identification of PAMIs, Identification of PAMIs to control cholera, Identification of PAMIs to eliminate cholera. These courses are available [in English and French](#). Overall, the identification of PAMIs aims to maximize the use of surveillance data for cholera-affected countries in the development or revision of a National Cholera Plan.

Laboratory

- The GTFCC has published guidance and tools for cholera testing laboratories, covering various aspects of surveillance, testing, and reporting. All available guidance is accessible through a [quick reference guide](#), and documents are available in English, French, and in some instances, Arabic and Portuguese.
- Recent GTFCC publications include training materials on [Sample collection and testing with Rapid Diagnostic Tests for cholera for health care workers](#) in English, French, and Arabic and job aids [Sample collection for cholera testing](#) and [Vibrio cholerae O1/O139 preservation methods](#).
- Technical support is being provided to countries to define and implement testing strategies during outbreaks. In June 2025, a Training of Trainers was conducted in Nigeria, where 21 laboratory specialists were trained on the fundamentals of cholera diagnostics. These newly trained experts then went on to train over 120 healthcare workers in sample collection, transport, and the use of Rapid Diagnostic Tests (RDTs) for cholera. The trainers are now actively cascading this knowledge within their respective laboratories, helping to strengthen diagnostic capacity at the local level.
- Support and assistance in the development of laboratory strengthening plans for countries are being provided on a case-by-case basis. Cholera laboratory assessments are underway in Nigeria using GTFCC tools.
- Support is provided for the identification of laboratory diagnostic supply needs, deployment of laboratory supplies in countries with acute and active outbreaks and prepositioning of supplies for preparedness and readiness in key countries.
- Collaboration is ongoing with Gavi for the procurement of cholera RDTs for Gavi-eligible countries for cholera surveillance, including outbreak monitoring.

Vaccination

- The global OCV stockpile averaged 2.9 million doses in June 2025, with the five weeks below the target of five million doses that should be available at all times for outbreak response. After six consecutive months above, this is the first month with an average stock level below the emergency stock level.
- Between January and June 2025, 29 new emergency requests were submitted – compared to nine in 2024 – by 9 countries: Angola (3), DR Congo (3), Ethiopia, Ghana (4), Mozambique, Myanmar, Nigeria, South Sudan (10), Sudan (5) collectively seeking 36 million doses for single round campaigns (compared to 22 million in 2024). Twenty-eight requests were approved, while one was not approved by the International Coordinating Group (ICG) on Vaccine Provision.
- Since the start of 2025, fifteen countries (Angola, Bangladesh, DR Congo, Ethiopia, Ghana, Haiti, Kenya, Malawi, Mozambique, Myanmar, Niger, Nigeria, South Sudan, Sudan and Zambia) have conducted 37 reactive vaccination campaigns, targeting a total of 28 million people. Due to limited vaccine availability, only single-dose vaccination campaigns have been approved by ICG.
- Despite these efforts, the growing demand for OCV continues to exceed supply, severely constraining preventive vaccination campaigns. Urgent expansion of vaccine production remains critical.

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

- Field and technical guidance has been provided to cholera affected countries throughout the last month, guidance is available at www.gtfcc.org
- In June 2025, an English language GTFCC cholera case management training was made available on the OpenWHO platform [Cholera case management - OpenWHO.org](https://openwho.org/courses/cholera-case-management)
- Deployment of WASH expert ongoing in Angola, South Sudan, Sudan, and Myanmar in coordination with other responders, national authorities and regional offices of WHO.
- The WASH response activity is two-fold:
 - On the WASH side, efforts are made to ensure proper Water Quality Monitoring follow up in liaison with epidemiologists to target high risk areas where action is needed.
 - On the other hand, WHO is providing technical advice and eventual HR support to ensure IPC compliance in health structures where WHO is providing support. (CTC/CTU/ORP).
- Efforts are made to enhance training and national capacity building in the light of the forthcoming rainy season in selected regions.
- Technical support is provided country by country as required.

Risk communication and community engagement (RCCE)

- Ongoing regular coordination and information sharing with RCCE focal points, supporting countries upon request.
- Continuing weekly partners coordination through the RCCE Collective Service, GOARN, and bilateral engagement. Developed and integrated RCCE indicators for acute crisis countries into the RCCE Collective Service coordination.
- Compiling existing RCCE materials from regions and countries and guidance and tools into a repository.
- Following up on the development of the integrated continental plan and RCCE pillar, with focus countries: Burundi, DRC, Malawi, Sierra Leone, and Uganda.
- At the 10 July GOARN Operations Call, the Africa Infodemic Response Alliance ([AIRA](#)) presented efforts to track infodemic trends and support inter-agency analysis of community evidence. The AIRA coordinator highlighted key cholera infodemic insights across several African countries, including concerns about limited safe water and waste management, prevalence of "miracle cures," distrust of authorities and aid agencies, and frustration over WASH gaps.
- AIRA's actions include sharing "Viral Facts Africa" communication packages and explainer videos before and during epidemics, and coordinating with partners like IFRC and UNICEF to produce joint community insights reports and inter-agency action trackers.

Key challenges

Several challenges complicate the response to the global spread and surge of cholera:

- 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.
- Despite strong efforts by producer and partners, insufficient OCV production, which hinders 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 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, non-governmental organizations, 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 remain a challenge, with the withdrawal of key donor support impacting response efforts in several high-burden countries; sustained international and national investment is needed for prevention, preparedness, and outbreak management.

Next steps

To address the challenges identified above, WHO, UNICEF, IFRC, and partners 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 in 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](#)
- [Recommendations for reporting cholera to the regional and global levels, 2025](#)
- [AFRO Weekly outbreaks and emergency bulletin](#)
- [WHO AFRO Cholera Dashboard](#)
- [Cholera outbreak in Hispaniola 2022 - Situation Report](#)
- [Cholera upsurge \(2021-present\) web page](#)