Multi-country outbreak of cholera

External Situation Report n. 31, published 29 October 2025

Cases – 518 328 *Since Jan. 2025*	Deaths – 6 508 *Since Jan. 2025*	Countries affected – 32 *Since Jan. 2025*	Population at risk 1 billion	Global risk – Very high

In this edition:

Overview

Data as of 28 September 2025

- In September 2025 (epidemiological weeks 36 to 39) a total of 45 787 new cholera and acute watery diarrhoea (AWD) cases were reported from 21 countries, territories, areas (hereafter countries) across four WHO regions, showing a 27% decrease from August. The period also saw 601 cholera-related deaths globally, a 37% decrease from the previous month.
- Cholera cases and deaths in September 2025 were 39% and 25% lower, respectively, than in September 2024 (74 849 cases and 802 deaths across 19 countries).
- From 1 January to 28 September 2025, a cumulative total of 518 328 cholera cases and 6508 deaths were reported from 32 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 Western Pacific Region. No cases were reported from the European Region during this period.
- The preliminary number of deaths reported in 2025, as of 28 September, has already surpassed the 2024 total of 6028, which was itself a 50% increase on 2023.
- In September 2025, the average stockpile of Oral Cholera Vaccine (OCV) was 5.2 million doses, exceeding the emergency threshold of 5 million doses during two weeks of the reporting period.
- Conflict, mass displacement, disasters from natural hazards, 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 factors have made cholera outbreaks increasingly complex and harder to control.
- The overall cholera data remain incomplete due to underreporting and reporting delays, especially in countries affected by insecurity and extreme weather events. Given these complexities, the data presented here likely underestimate the true burden of cholera and should be interpreted with caution.

Global epidemiological update

In September 2025, (epidemiological weeks 36 to 39), a total of 45 787 new cholera and AWD cases were reported from 21 countries across four WHO regions, showing a 27% decrease from the previous month. The Eastern Mediterranean Region (33 216 cases; four countries) reported the highest number of cases, followed by the African Region (11 672 cases, 13 countries), the South-East Asia Region (772 cases, 3 countries), the Region of the Americas (127 cases, 1 country). In the same period, 601 cholera-related deaths were registered, representing a 37% decrease compared to August 2025. The highest number of deaths was recorded in the Eastern Mediterranean Region (326 deaths; three countries), followed by the African Region (273 deaths; 10 countries), and the Region of the Americas (2 deaths, one country). No deaths were reported from the South-East Asia Region.

From 1 January to 28 September 2025, a cumulative total of 518 328 cholera and AWD cases and 6508 deaths were reported globally across five WHO regions. The Eastern Mediterranean Region reported the highest case count (306 762 cases; six countries), followed by the African Region (199 724 cases, 21 countries), the South-East Asia Region (5343 cases; five countries), the Region of the Americas (5231 cases; one country), and the Western Pacific Region (1268 cases; one country). During this period, cholera and AWD deaths were reported in the African Region (4460 deaths), the Eastern Mediterranean Region (1952 deaths), the Region of the Americas (78 deaths), the Western Pacific Region (13 deaths), and the South-East Asia Region (5 deaths).

Please interpret the data presented here with caution. Potential underreporting and reporting delays can affect timeliness and accuracy, while variations in surveillance systems, case definitions, and laboratory capacities limit direct comparability between countries. These factors also influence the global case fatality rate (CFR), requiring careful examination. Unless otherwise specified, the term 'cholera cases' includes both suspected and confirmed cases. Data in this report may be adjusted retrospectively as more information becomes available. For the latest data, please consult WHO's Global Cholera and AWD Dashboard.

Figure 1. Cholera and acute watery diarrhoea (AWD) cases per 100 000, 1 January to 28 September 2025

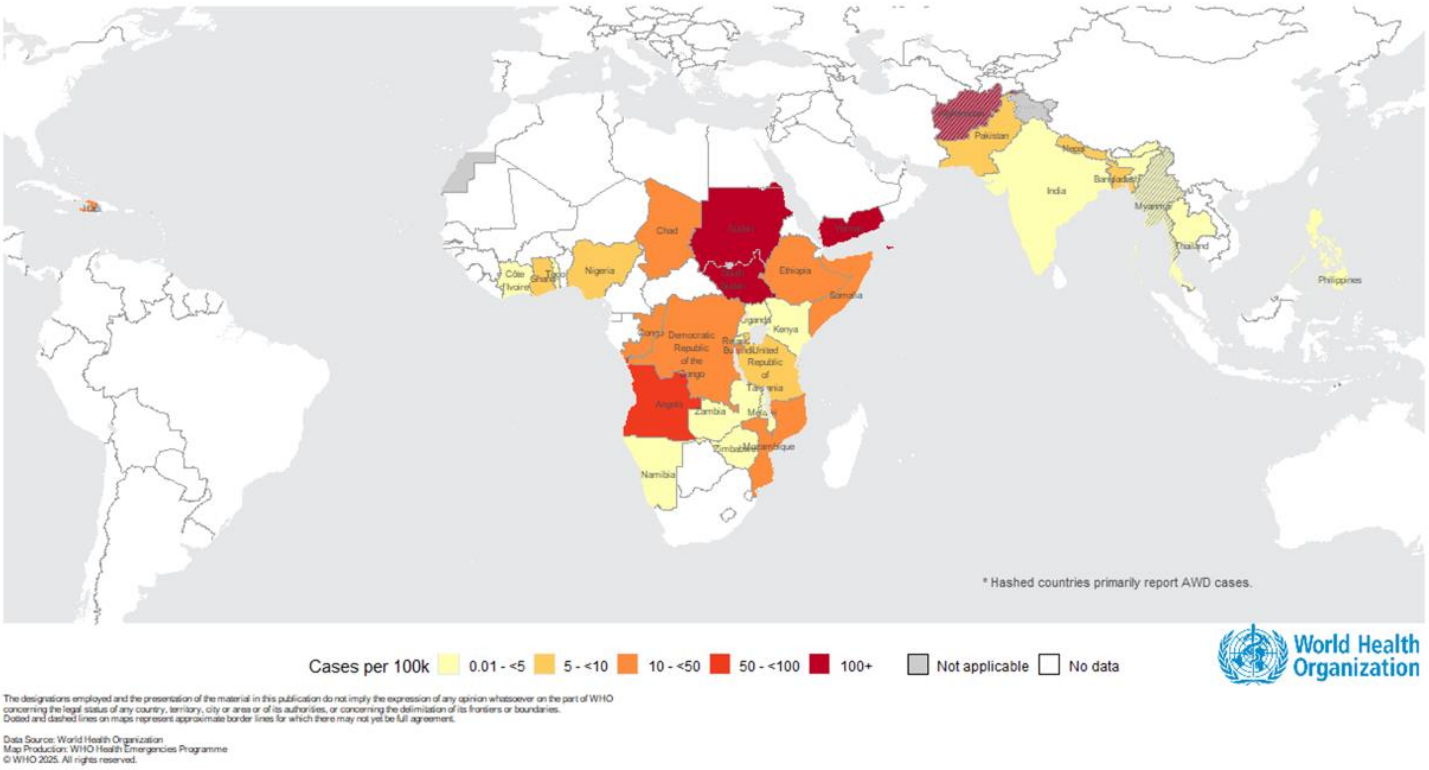


Table 1. Reported cholera and AWD cases and deaths by WHO region, as of 28 September 2025

WHO Region	Country area territory	1 January to 28 September 2025				Last 28 days				
		Cases	Deaths	Cases per 100 000	CFR (%)	Cases	Deaths	CFR (%)	Monthly cases % change	Monthly deaths % change
African Region	Angola	29 347	809	81	2.8	1 356	28	2.1	416	460
	Burundi	1 360	6	11	0.4	679	1	0.1	257	0
	Chad	2 506	143	13	5.7	1 073	51	4.8	-14	-38
	Congo	747	65	13	8.7	78	3	3.8	-77	-91
	Côte d'Ivoire	503	20	2	4.0					
	Democratic Republic of the Congo	56 696	1 713	47	3.0	5 005	146	2.9	-24	-43
	Ethiopia	7 558	70	10	0.9	575	9	1.6	-30	80
	Ghana	2 562	14	8	0.5	8	0	0.0	-47	-
	Kenya§	426	20	1	4.7	-	-	-	-	-
	Malawi§	109	2	1	1.8	-	-	-	-	-
	Mozambique	4 266	35	15	0.8	41	0	0.0	71	-
	Namibia§	29	1	1	3.4	-	-	-	-	-
	Nigeria	10 353	244	5	2.4	615	10	1.6	-79	-85
	Rwanda	286	0	2	0.0	2	0	0.0	-33	
	South Sudan	77 388	1 249	624	1.6	2 036	22	1.1	-35	-42
	Togo§	164	4	2	2.4	-	-	-	-	-
	Uganda§	255	0	1	0.0	-	-	-	-	-
	United Republic of Tanzania	3 293	54	5	1.6	43	4	9.3	-56	-43
	Zambia	732	11	4	1.5	187	1	0.5	202	0
	Zimbabwe§	569	21	4	3.7	-	-	-	-	-
Eastern Mediterranean Region	Afghanistan**	133 211	65	407	0.0	17 128	8	0.0	-17	-27
	Pakistan**§	14 760	0	6	0.0	-	-	-	-	-
	Somalia	7 879	9	48	0.1	387	0	0.0	-16	-
	Sudan	69 723	1 653	166	2.4	6 772	293	4.3	-45	-26
	Yemen¥	81 189	225	241	0.3	8 929	25	0.3	-18	-24
Region of the Americas	Haiti§	5 231	78	45	1.5	127	2	1.6	-91	-90
South-East Asia Region	Bangladesh	67	0	8	0.0	2	0	0.0	-85	-
	India#§	1 389	5	0	0.4	-	-	-	-	-
	Myanmar**	2 223	0	4	0.0	69	0	0.0	13	-
	Nepal	1 659	0	6	0.0	701	0	0.0	-20	-
	Thailand§	5	0	0	0.0	-	-	-	-	-
Western Pacific Region	Philippines§	1 268	13	1	1.0	-	-	-	-	-

* 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 31 August and 28 September 2025

Among the total of 1389 cases reported from India, 92 cases were confirmed.

WHO regional overviews

African Region

In September 2025, the African Region reported 11 698 new cholera cases across 13 countries, marking a 26% decrease compared with August. The highest numbers of cases were reported from the Democratic Republic of the Congo (5005), South Sudan (2036), and Angola (1356). Additionally, there were 275 cholera-related deaths, a 45% decrease compared with the previous month. The highest numbers of deaths were reported from the Democratic Republic of the Congo (146), Chad (51), and Angola (28).

From 1 January to 28 September 2025, a total of 199 914 cholera cases were reported across 21 countries in the African Region. The highest numbers of cases were reported from South Sudan (77 388), the Democratic Republic of the Congo (56 696), and Angola (29 347). In the same period, a total of 4481 deaths were reported from 18 countries. The highest numbers of deaths were reported from the Democratic Republic of the Congo (1713), South Sudan (1249), and Angola (809).

Eastern Mediterranean Region

In September 2025, the Eastern Mediterranean Region reported 33 216 new cholera cases across 4 countries, marking a 25% decrease compared with August. Cases were reported from Afghanistan (17 128), Yemen (8929), and Sudan (6772). Additionally, there were 326 cholera-related deaths, a 26% decrease compared with the previous month. These deaths were reported from Sudan (293), Yemen (25), and Afghanistan (8).

From 1 January to 28 September 2025, a total of 306 762 cholera cases were reported across 6 countries in the Eastern Mediterranean Region. The highest numbers of cases were reported from Afghanistan (133 211), Yemen (81 189), and Sudan (69 723).

Region of the Americas

In September 2025, the Region of the Americas reported 127 new cholera cases from one country, Haiti, marking a 91% decrease compared with August. Additionally, there were 2 cholera-related deaths reported from Haiti, a 90% decrease compared with the previous month.

From 1 January to 28 September 2025, a total of 5 231 cholera cases were reported from one country, Haiti. During the same period, a total of 78 deaths were reported from Haiti.

South-East Asia Region

In September 2025, the South-East Asia Region reported 772 new cholera cases across 3 countries, marking a 34% decrease compared with August. Cases were reported from Nepal (701), Myanmar (69), and Bangladesh (2). There were no cholera-related deaths reported in September.

From 1 January to 28 September 2025, a total of 5343 cholera cases were reported across 5 countries in the South-East Asia Region. The highest numbers of cases were reported from Myanmar (2223), Nepal (1659), and India (1389). During the same period, a total of 5 deaths were reported from one country, India.

Western Pacific Region

In September 2025, no new cases or deaths were reported from the Western Pacific Region. From 1 January to 28 September 2025, a total of 1268 cholera cases and 13 deaths were reported from the Philippines.

Figure 2. Global cholera and AWD cases by week, 1 January 2024 to 28 September 2025

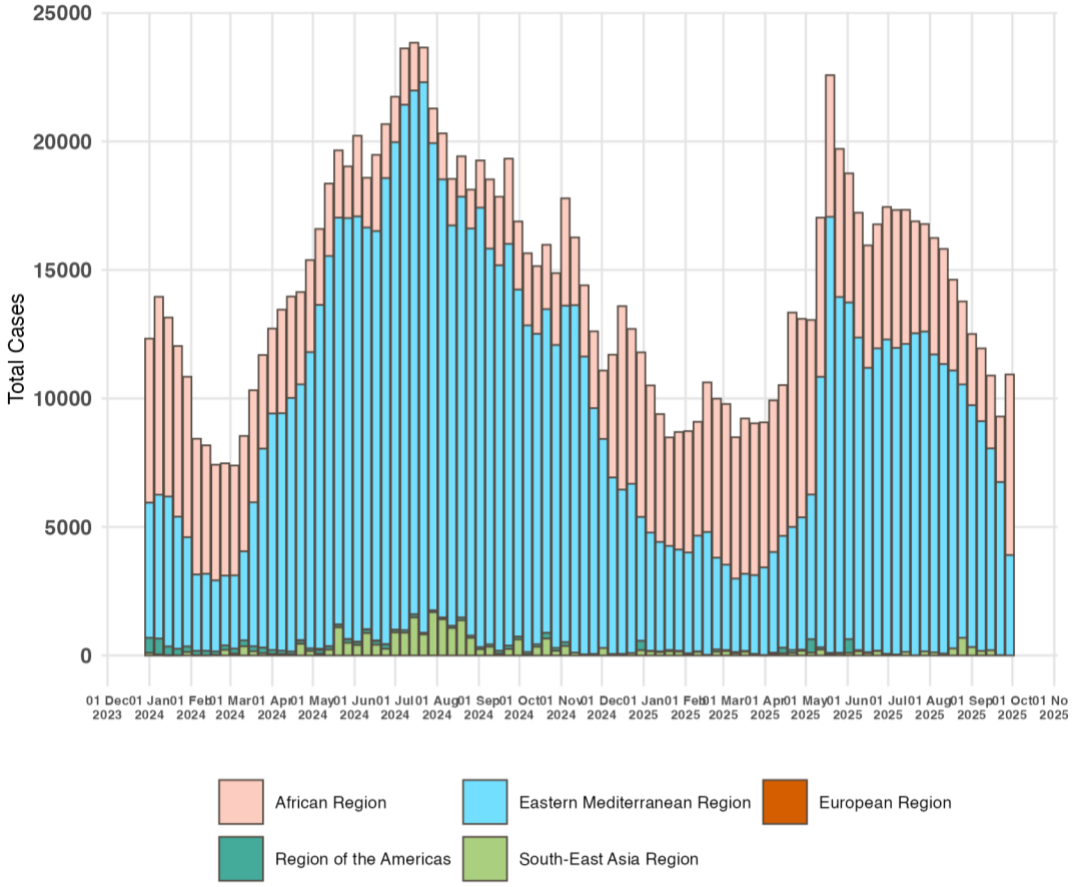
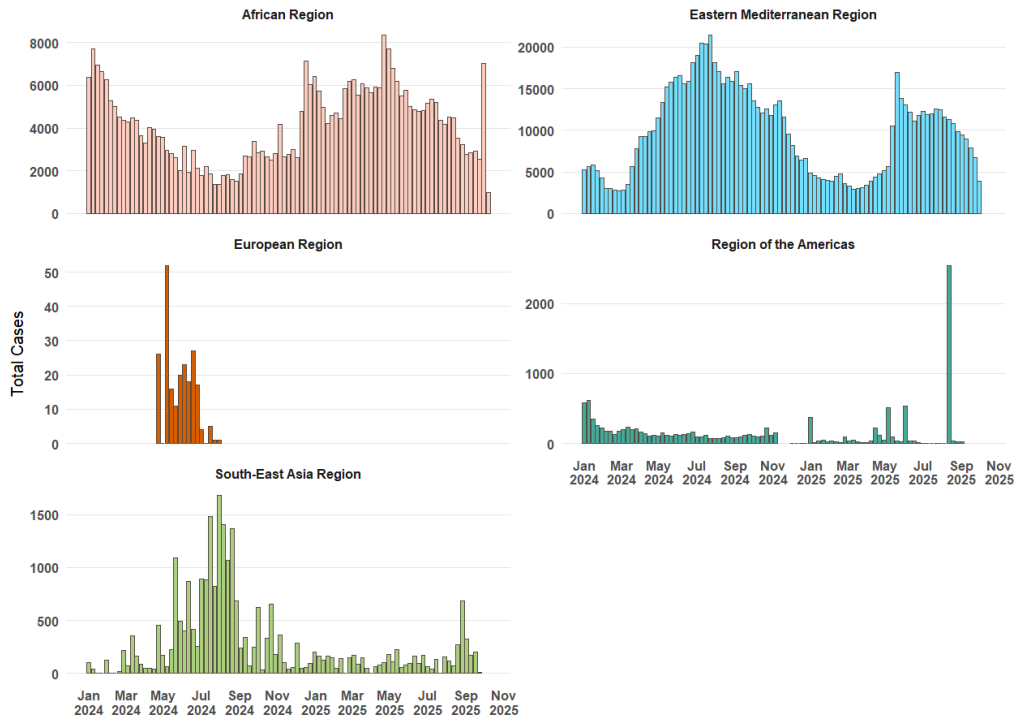


Figure 3. Cholera and AWD cases by WHO Region (separate Y scales), 1 January 2024 to 28 September 2025



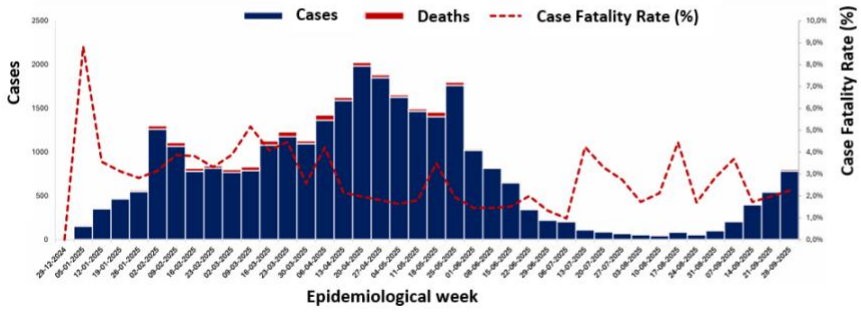
Focus on selected subregions and countries

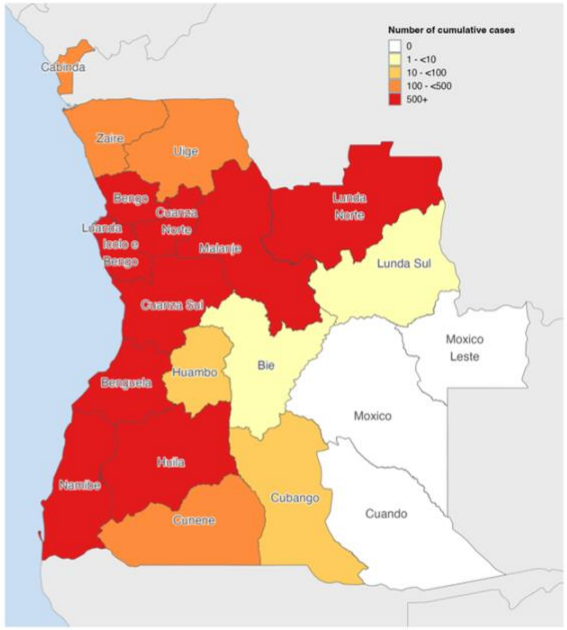
Angola

In September 2025, Angola reported 1356 new cholera cases and 28 associated deaths with a CFR of 2.8%, marking a 416% increase in cases and a 460% increase in deaths compared to August 2025. This resurgence is driven by increased transmission in several areas, including in hard-to-reach zones in provinces such as Uíge and Lunda Norte.

Between 1 January and 28 September 2025, Angola reported a total of 29 347 cases and 809 deaths (including 364 community deaths), with an overall CFR of 2.8% and a facility CFR of 1.2%. Cases were reported from 18 of 21 provinces, with 4 provinces accounting for 60% of cases: Luanda (7035 cases), Benguela (4728), Bengo (3069), and Cuanza Sul (2883).

Figure 4: Angola: A) Weekly cases, deaths, and CFR and B) geographical distribution of cases as of 28 September 2025.





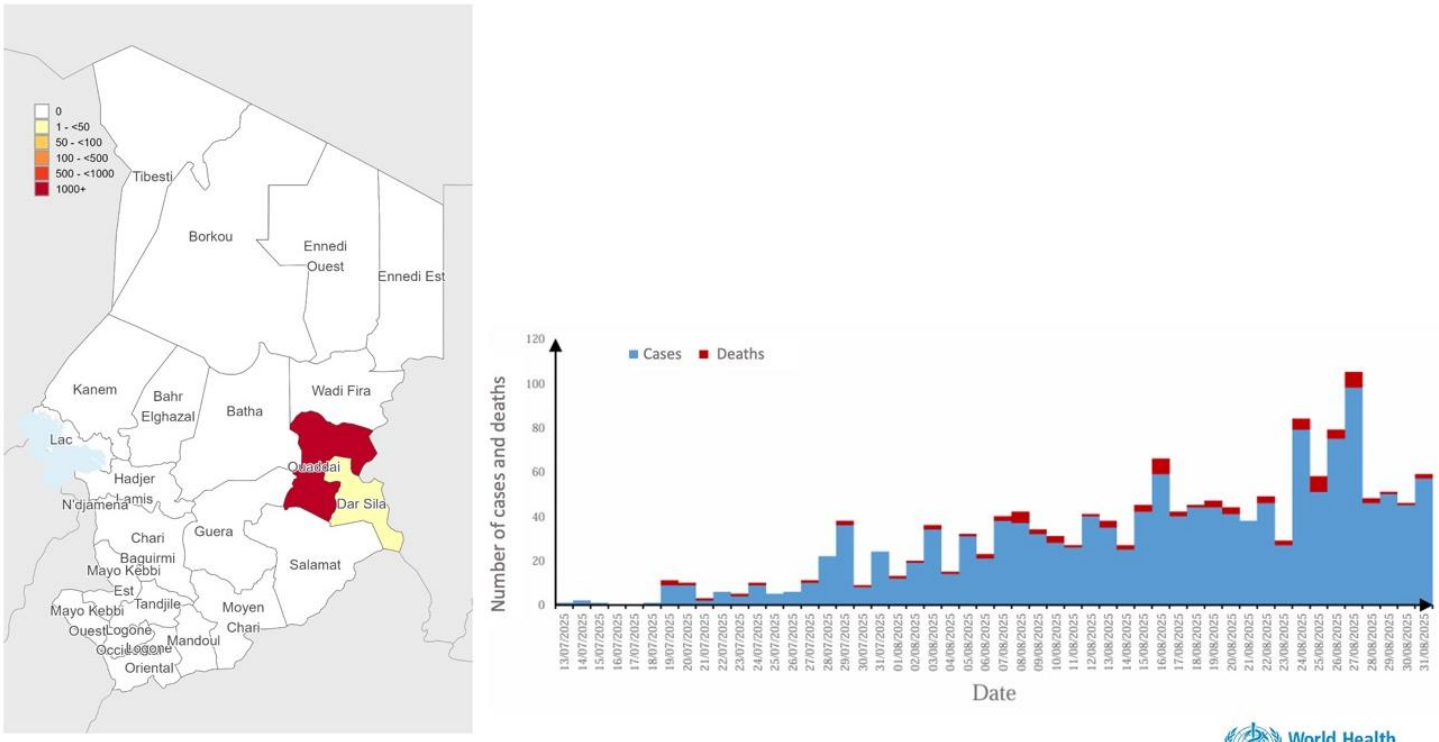
Data Source: World Health Organization,
Ministry of Health Angola
Map Production: WHO Health Emergencies Programme

Chad

Since the first suspected cholera case was reported on 13 July 2025, Chad has recorded a total of 2 506 cases and 143 deaths, with a CFR of 5.7%. In September, Chad reported 1073 new cholera cases and 51 associated deaths (CFR: 4.8%), marking a 14% decline in cases and a 38% decline in deaths compared to August 2025. However, the persistently high CFR, even with declining case numbers, signals ongoing, critical challenges in case management effectiveness or timely access to treatment.

Three provinces, Ouaddaï, Sila, and Guera remain affected, with nine active health districts, including six in Ouaddaï (Chokoyane, Hadjer Hadid, Adré, Amleyouna, Abéché, and Abougoudam), two in Sila (Abdi and Goz Beïda), and one in Guera (Bitkine). Geographical expansion of cases has been observed, with outbreaks increasingly affecting hard-to-reach areas where high CFRs are being reported, suggesting response efforts may not be keeping pace with transmission in remote zones. The operational context remains complex due to significant population displacement and cross-border movement with neighbouring Sudan.

Figure 5: Chad: Distribution of cumulative cases by region (left) and daily case trend (right), as of 28 September 2025.



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

World Health Organization

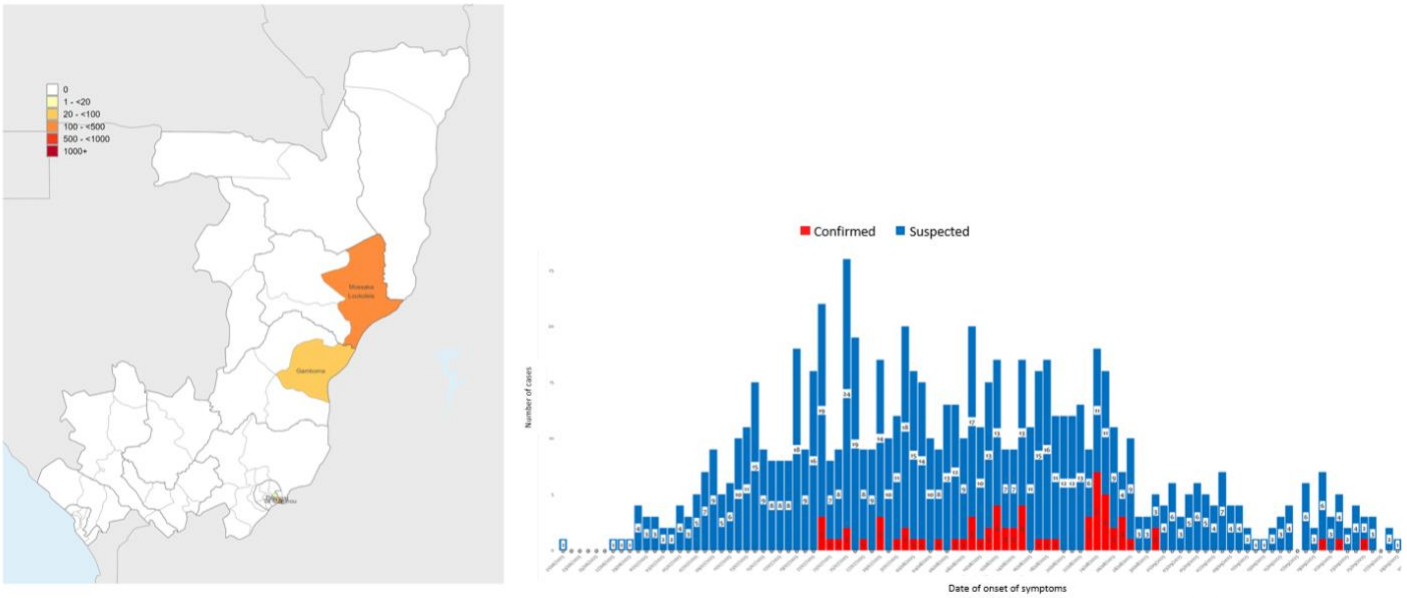
Republic of the Congo

In September 2025, the Republic of the Congo reported 78 cases and 4 deaths, with a CFR of 3.8%, marking a 77% decrease in cases and 91% decrease in deaths compared to August 2025.

Between 21 June and 28 September 2025, 793 cases and 66 deaths were reported with a CFR of 8.3%. Cases have been reported from three departments: Brazzaville (Île Mbamou and Talangai districts), Congo-Oubangui (Mossaka district), and Nkéni-Alima (Gamboma district).

The high cumulative CFR reflects underlying weaknesses in the detection and management of cases, particularly at the onset of the outbreak. Continued surveillance and WASH reinforcement are required to prevent resurgence, especially along riverine transport routes connecting to the Democratic Republic of the Congo.

Figure 6: Republic of the Congo: Distribution of cumulative cases by region (left) and daily case trend (right), as of 28 September



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

World Health Organization

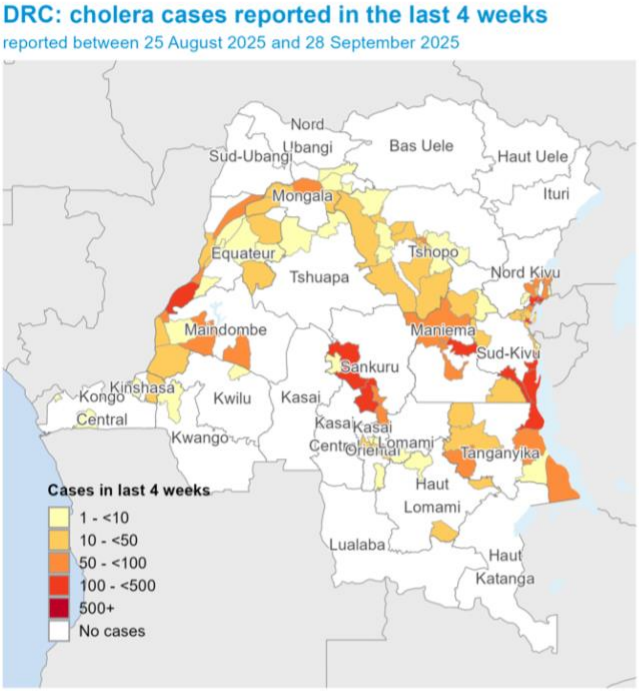
Democratic Republic of the Congo

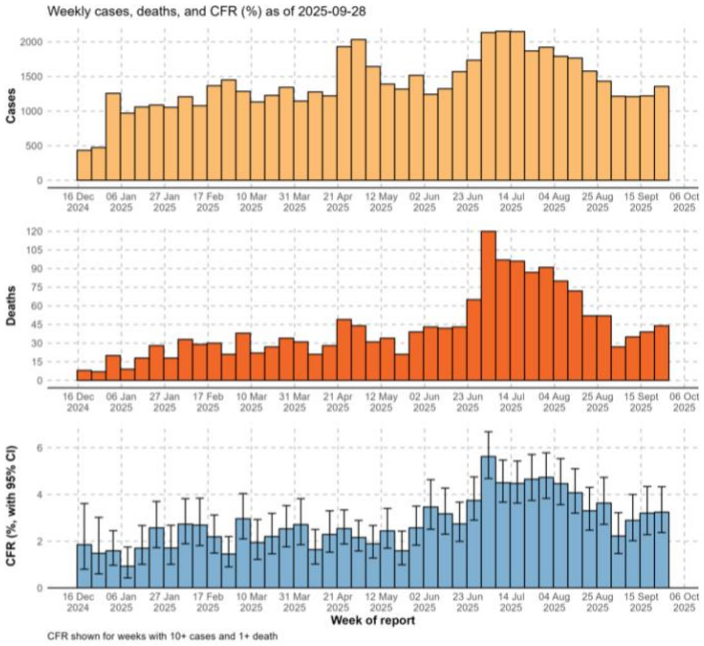
In September 2025, the Democratic Republic of the Congo reported 5005 new cholera cases and 146 cholera-associated deaths, with a CFR of 2.9%, marking a 24% decrease in cases and 43% decrease in deaths compared to August 2025.

Between 1 January and 28 September 2025, 56 696 cases and 1713 deaths were reported (CFR: 3%), the highest annual case count reported by the country in over 25 years. The outbreak is widespread, affecting 20 of 26 provinces and 221 health zones.

Riverine transmission poses a significant challenge, and an increase in cases is anticipated with the ongoing fishing season and the onset of the rainy season.

Figure 7: Democratic Republic of the Congo: Distribution of cumulative cases by province (left) and weekly case, death, and CFR trends (right), as of 28 September





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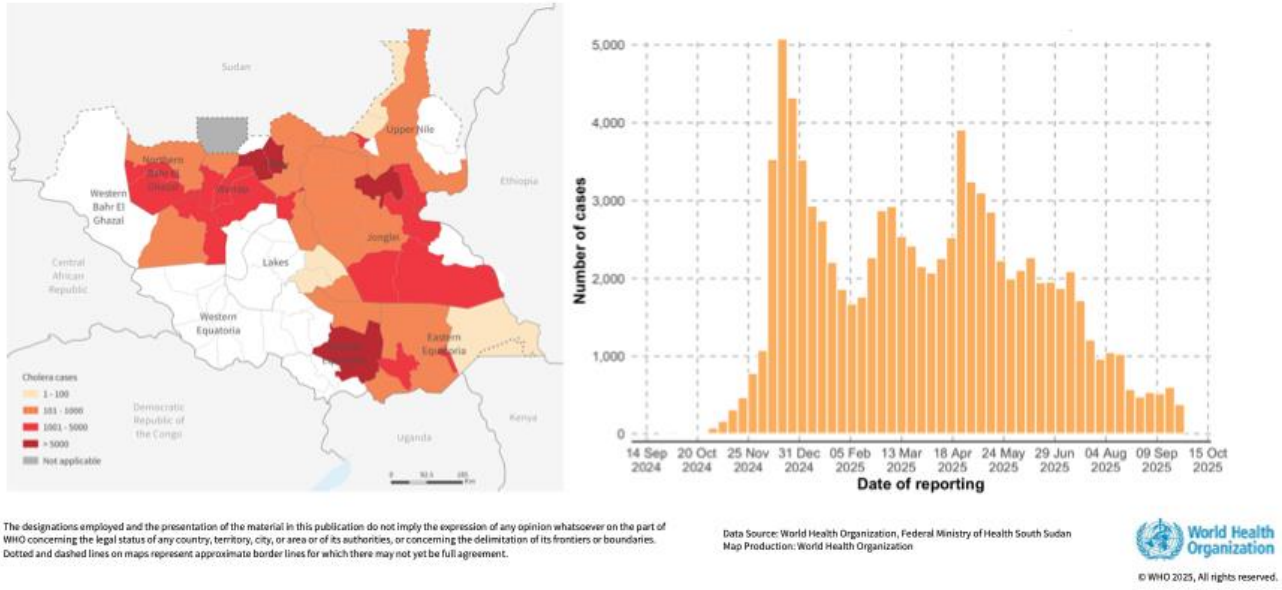
Data Source: World Health Organization, Ministry of Health Democratic Republic of the Congo
Map Production: World Health Organization

South Sudan

In September 2025, South Sudan reported 2036 new cholera cases and 22 associated deaths with a CFR of 1.1%, marking a 35% and 42% decrease in cases and deaths respectively compared to August 2025. Between 1 January and 28 September 2025, South Sudan reported a total of 77 388 cases and 1249 deaths with a CFR of 1.6%.

Despite the recent decline, the number of cases reported in the country in recent weeks remains notable. Furthermore, widespread flooding in September affected 121 health facilities and displaced more than 170 000 people, predominantly in Unity, Jonglei, and Upper Nile states, raising the risk of an upsurge in transmission in the coming weeks due to disrupted sanitation and limited access to safe water. Sustained surveillance and pre-positioning of response materials are therefore critical.

Figure 8: South Sudan: Distribution of cumulative cases (left) and weekly case trend (right), from 1 January to 28 September 2025.



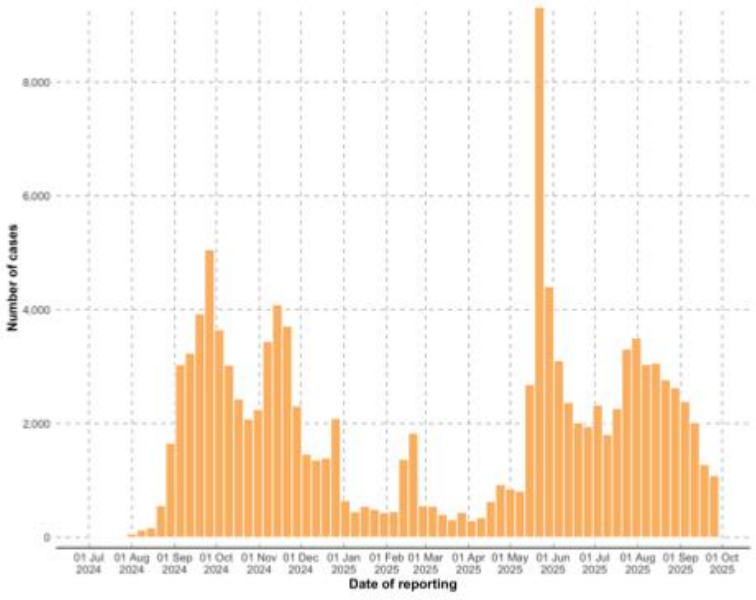
Data Source: World Health Organization, Federal Ministry of Health South Sudan
Map Production: World Health Organization

Sudan

In September 2025, Sudan reported 6772 new cholera cases and 293 associated deaths with a CFR of 4.3%, marking a 45% decline in cases and 26% decline in deaths compared to August 2025. Between 1 January and 28 September 2025, Sudan reported a total of 69 723 cases and 1653 deaths with a CFR of 2.4%. The elevated CFR for September, higher than the cumulative rate, highlights persistent challenges in the management of patients and access to care in active transmission zones.

While most states showed declining trends, cases were rising in West and Central Darfur, Kassala, and South Kordofan – areas particularly affected by insecurity, looting, and population displacement. The situation also remains challenging due to the ongoing rainy season. These factors contribute to difficulties in the implementation of response activities and underlying gaps in sanitation coverage and water supply, notably in North Darfur (Tawila area), hindering control efforts in critical areas.

Figure 9: Sudan: Distribution of cumulative cases per 100 000 population by state (left) and weekly case trend (right), as of 28 September 2025.



* The image above includes additional one week of data due to differences in the reporting cycle.

Data Source: World Health Organization, Federal Ministry of Health Sudan
Map Production: World Health Organization
Map Date: 29 December 2024

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 28 September 2025, GOARN supported a total of 17 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, the deployment of two experts – a risk communication and community engagement expert and an epidemiologist – to support the cholera outbreak in Chad is in process.
- The GOARN Operational Support Team has launched a new Cholera Deployment Dashboard to enhance the monitoring and coordination of support provided by WHO and GOARN partners to countries affected by the cholera outbreak. Developed in collaboration with the WHO Incident Management Support Team (IMST) and partners including the Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH – SEEG, the International Federation of Red Cross and Red Crescent Societies (IFRC), the United Nations Children's Fund (UNICEF), and the UK Public Health Rapid Support Team (UK-PHRST), the dashboard provides a centralized platform to track deployments, and contributes to strengthen coordination of technical and operational assistance across the cholera response.
- Additionally, 16 experts have been deployed (for 3 to 6 months) to five countries (Angola, Comoros, Jordan, Panama / HQ support, 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

- Direct support is being provided to affected countries to improve the quality and use of surveillance data. This includes deploying new analytical dashboards, offering technical assistance on epidemiological forecasting, and generating weekly intelligence briefs to inform operational decision-making.
- Joint surveillance is being facilitated in key cross-border areas through regular information-sharing calls between neighboring countries like the Democratic Republic of the Congo / Republic of the Congo and Chad / Sudan, and the harmonization of surveillance indicators to better track transmission dynamics.
- Coordination with countries and partners to strengthen cholera surveillance systems is ongoing. This includes helping countries implement the GTFCC public health surveillance guidance, providing technical tools, and supporting the identification of priority areas for multisectoral interventions (PAMIs).

Laboratory

- A two-week training of trainers was conducted in Malawi. It trained 25 laboratory staff in the fundamentals of cholera diagnostics, and 73 health care workers from 27 Districts on the GTFCC strategy for cholera testing, sample collection and use of rapid diagnostic tests (RDTs).
- Technical support is being provided to countries to define and implement testing strategies during outbreaks.
- Support and assistance were provided in developing laboratory strengthening plans for countries.
- 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 in at risk countries.
- Collaboration is ongoing with Gavi for the procurement of cholera RDTs for Gavi-eligible countries for cholera surveillance, including outbreak monitoring.

Vaccination

- OCV production remains at high pace with over seven million doses produced in September 2025, reflecting significant efforts by the supplier and partners.
- The stockpile averaged 5.2 million doses in September versus 2.6 million in August, after ten consecutive weeks and three consecutive months with the weekly and monthly average of the global OCV stockpile below the emergency stockpile level of five million, that should be available at all times for outbreak response.
- Cumulatively, 48 new emergency requests were submitted in the nine first months of 2025 – compared to 17 in 2024 – by Angola (3), Chad (4), Republic of the Congo, Democratic Republic of the Congo (5), Ethiopia (2), Ghana (4), Côte d'Ivoire, Kenya, Mozambique, Myanmar, Nepal, Nigeria (4), South Sudan (11), and Sudan (9) collectively seeking 65 million doses for single-round campaigns. Forty-five requests and 49 million OCV doses were approved, while three were not approved by the International Coordinating Group (ICG) on Vaccine Provision.
- In 2025, 18 countries (Angola, Bangladesh, Chad, Côte d'Ivoire, Democratic Republic of the Congo, Ethiopia, Ghana, Haiti, Kenya, Malawi, Mozambique, Myanmar, Niger, Nigeria, South Sudan, Sudan, Yemen and Zambia) have conducted 57 reactive vaccination campaigns, including introduction in three countries (Angola, Chad, Côte d'Ivoire). Due to limited vaccine availability, only single-dose vaccination campaigns have been approved and implemented.

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

- A Standby Partner case management specialist was deployed to support the cholera response in South Sudan.
- Portuguese translations of nine cholera case management job aids were finalized and submitted for publication on the GTFCC website. These include: Assessment of dehydration, Patient algorithm, Treatment of patients with no signs of dehydration, Treatment of patients with some dehydration, Maintaining hydration in patients with some dehydration, Treatment of patients with severe dehydration, Maintaining hydration in patients with severe dehydration, Rapid reference chart for hydration and Discharge. See: Clinical Job Aids – GTFCC

Risk communication and community engagement (RCCE)

- Provided technical support to countries upon request (e.g. Chad, the Democratic Republic of the Congo, and South Sudan).
- Maintained regular coordination and information-sharing within the IMST and with RCCE focal points at regional and country levels.
- Held weekly partner coordination meetings through the RCCE Collective Service (UNICEF and IFRC).
- Supported the onboarding and coordination of the new RCCE Technical Officer in AFRO, a standby partner deployed through the UK PHRST.
- Contributed to the development of the integrated continental plan for the RCCE pillar and associated interagency activity planning.
- Consolidated existing RCCE materials, guidance, and tools from regions and countries into a central repository.
- Integrated cholera components into ongoing operational research on mpox in Tshopo, the Democratic Republic of the Congo.
- Disseminated “Viral Facts Africa” communication packages and explainer videos produced by the Africa Infodemic Response Alliance (AIRA), and collaborated with IFRC and UNICEF to produce joint community insights reports and interagency 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.
- 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 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 funding is critical for the current emergency. 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.

Annex 2. Technical guidance and other resources

General

- 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 – Multi-country with a focus on countries experiencing current surges
- Global Task Force on Cholera Control (GTFCC)

- AFRO Weekly outbreaks and emergency bulletin
- WHO AFRO Cholera Dashboard
- Cholera upsurge (2021-present) web page

Training

- GTFCC Laboratory - Sample collection and testing with Rapid Diagnostic Tests for cholera for health care workers and job aids
- GTFCC Sample collection for cholera testing and Vibrio cholerae O1/O139 preservation methods in English, French, Portuguese and Arabic.
- GTFCC 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.

Technical guidance

- GTFCC fixed ORP interim guidance and planning
- Public health surveillance for cholera, Guidance document, 2024 including tools and job aids. These recommendations are available in English, French, Arabic and Portuguese.
- Recommendations for reporting cholera to the regional and global levels, 2025
  GTFCC updated recommendations for cholera reporting to the regional and global levels. This comes along with a reporting template in Excel. It is available in English, Arabic, French and Portuguese.