Multi-country outbreak of cholera

External Situation Report n. 32, published 26 November 2025

Cases – 565 404 *Since Jan. 2025*	Deaths – 7 074 *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 26 October 2025

- The data presented here should be interpreted with caution. Potential underreporting and reporting delays may affect timeliness and accuracy, while variations in surveillance systems, standard case definitions, and laboratory capacities can limit direct comparability among 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.

- In October 2025 (epidemiological weeks 40 to 43) a total of 35 026 new cholera and acute watery diarrhoea (AWD) cases were reported from 20 countries, territories and areas (hereafter countries) across four WHO regions, showing a 34% decrease from September. In this period 335 cholera-related deaths were reported globally, a 55% decrease from the previous month.

- Cholera cases and deaths in October 2025 were both 44% lower than in October 2024 (63 030 cases and 599 deaths across 24 countries).

- From 1 January to 26 October 2025, a cumulative total of 565 404 cholera cases and 7074 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.

- In October 2025, the average stockpile of Oral Cholera Vaccine (OCV) was 7.9 million doses, exceeding the emergency threshold of 5 million doses throughout the reporting period.

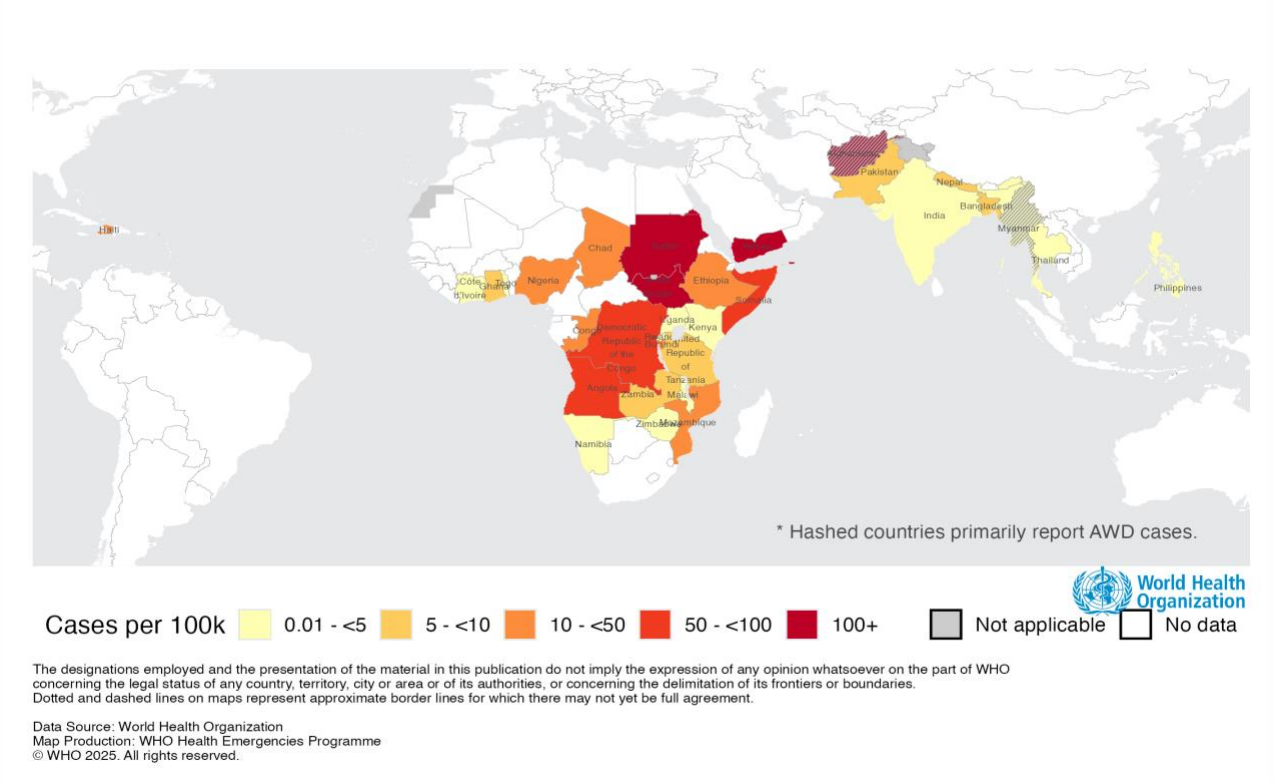
- In recent years, conflict, mass displacement, disasters from natural hazards, and climate change have intensified outbreaks, particularly in rural and flood-affected areas, where poor infrastructure and limited healthcare access delay treatment. These cross-border factors have made cholera outbreaks increasingly complex and harder to control.

Global epidemiological update

In October 2025, (epidemiological weeks 40 to 43), a total of 35 026 new cholera and AWD cases were reported from 20 countries across four WHO regions, showing a 34% decrease from the previous month. The Eastern Mediterranean Region (21 451 cases; four countries) reported the highest number of cases, followed by the African Region (13 253 cases, 13 countries), the South-East Asia Region (200 cases, two countries), the Region of the Americas (122 cases, one country). During the same period, 335 cholera-related deaths were reported, representing a 55% decrease as compared to September 2025. The highest number of deaths was recorded in the African Region (272 deaths; 12 countries), followed by the Eastern Mediterranean Region (63 deaths; three countries). No deaths were reported from the South-East Asia Region or the Region of the Americas.

From 1 January to 26 October 2025, a cumulative total of 565 404 cholera and AWD cases and 7074 deaths were reported globally across five WHO regions. The Eastern Mediterranean Region reported the highest case count (329 208 cases; six countries), followed by the African Region (223 452 cases, 21 countries), the South-East Asia Region (6077 cases; five countries), the Region of the Americas (5353 cases; one country), and the Western Pacific Region (1314 cases; one country). The African Region reported the highest number of cases (4955 deaths), followed by the Eastern Mediterranean Region (2022 deaths), the Region of the Americas (78 deaths), the Western Pacific Region (14 deaths) and the South-East Asia Region (five deaths).

Figure 1. Cholera and acute watery diarrhoea (AWD) cases per 100 000, 1 January to 26 October 2025



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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

Table 1. Reported cholera and AWD cases and deaths by WHO Region, as of 2025

Region	Country area territory	1 January to 26 October 2025				Last 28 days				
		Cases	Deaths	Cases per 100 000	CFR (%)	Cases	Deaths	CFR (%)	Monthly cases % change	Monthly deaths % change
African Region	Angola	32 975	858	91	2.6	3 628	49	1.4	168	75
	Burundi	2 247	10	17	0.4	887	4	0.5	31	300
	Chad	2 807	157	15	5.6	301	14	4.7	-72	-73
	Congo	813	67	14	8.2	25	1	4.0	-74	-75
	Côte d'Ivoire§	503	20	2	4.0	-	-	-	-	-
	Democratic Republic of the Congo	61 089	1 825	51	3.0	4 633	134	2.9	-6	-6
	Ethiopia	8 031	75	11	0.9	468	5	1.1	-19	-44
	Ghana§	2 562	14	8	0.5	-	-	-	-	-
	Kenya	537	25	1	4.7	111	5	4.5	-	-
	Malawi§	109	2	1	1.8	-	-	-	-	-
	Mozambique	4 567	37	16	0.8	301	2	0.7	634	-
	Namibia§	29	1	1	3.4	-	-	-	-	-
	Nigeria	22 102	500	10	2.3	1 320	33	2.5	-75	-65
	Rwanda	303	0	2	0.0	17	0	0.0	750	-
	South Sudan	78 772	1,272	636	1.6	1 334	23	1.7	-35	5
	Togo§	164	4	2	2.4	-	-	-	-	--
	Uganda§	255	0	1	0.0	-	-	-	-	-
	United Republic of Tanzania	4 101	55	7	1.3	43	1	2.3	0	-75
	Zambia	917	12	5	1.3	185	1	0.5	-1	0
	Zimbabwe§	569	21	4	3.7	-	-	-	-	-
Eastern Mediterranean Region	Afghanistan**	145 907	72	446	0.0	12 696	7	0.1	-26	-12
	Pakistan§	15 752	0	7	0.0	--		-	-	--
	Somalia	8 291	9	51	0.1	412	0	0.0	6	-
	Sudan	71 692	1 704	171	2.4	1 966	44	2.2	-76	-87
	Yemen¥	87 566	237	260	0.3	6,377	12	0.2	-29	-52
Region of the Americas	Haiti	5 353	78	46	1.5	122	0	0.0	-4	-
South-East Asia Region	Bangladesh (Cox's Bazaar) §	67	0	8	0.0	-	-	-	-	-
	India#§	1 923	5	0	0.3	-	-	-	-	-
	Myanmar**	2 280	0	4	0.0	57	0	0.0	-17	-
	Nepal	1 802	0	6	0.0	143	0	0.0	-80	-
	Thailand§	5	0	0	0.0	-	-	-	-	-
Western Pacific Region	Philippines§	1 314	14	1	1.1	-	-	-	-	-

* Case and death numbers presented are not directly comparable due to differences in case definitions, reporting systems and surveillance capacity. 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 health 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 30 September and 26 October 2025

Among the total of 1923 cases reported from India, 102 cases were confirmed.

WHO regional overviews

African Region

In October 2025, the African Region reported 13 253 new cholera cases across 13 countries, marking a 19% decrease compared with September. The highest number of cases were reported from the Democratic Republic of the Congo (4633), Angola (3628), and South Sudan (1334). Additionally, there were 272 cholera-related deaths, a 24% decrease compared with the previous month. The highest numbers of deaths were reported from the Democratic Republic of the Congo (134), Angola (49), and Nigeria (33).

From 1 January 2025 to 26 October 2025, a total of 223 452 cholera cases were reported across 21 countries in the African Region. The highest number of cases were reported from South Sudan (78 772), the Democratic Republic of the Congo (61 089) and Angola (32 975). During the same period, a total of 4955 deaths were reported from 18 countries. The highest numbers of deaths were reported from the Democratic Republic of the Congo (1825), South Sudan (1272), and Angola (858).

Eastern Mediterranean Region

In October 2025, the Eastern Mediterranean Region reported 21 451 new cholera cases across four countries, marking a 39% decrease compared with September. The highest numbers of cases were reported from Afghanistan (12 696), Yemen (6377) and Sudan (1966). Additionally, there were 63 cholera-related deaths, a 84% decrease compared with the previous month. Those deaths were reported from Sudan (44), Yemen (12), and Afghanistan (7).

From 1 January 2025 to 26 October 2025, a total of 329 208 cholera cases were reported across six countries in the Eastern Mediterranean Region. The highest numbers of cases were reported from Afghanistan (145 907), Yemen (87 566), Sudan (71 692). The highest numbers of deaths were reported from Sudan (1704), Yemen (237), and Afghanistan (72).

Region of the Americas

In October 2025, the Region of the Americas reported 122 new cholera cases from Haiti, marking a 4% decrease compared with September. No cholera-related deaths were reported during this period.

From 1 January 2025 to 26 October 2025, a total of 5 353 cholera cases and 78 deaths were reported from Haiti.

South-East Asia Region

In October 2025, the South-East Asia Region reported 200 new cholera cases across two countries, marking a 85% decrease compared with September. Cases were reported from Nepal (143) and Myanmar (57). there were no cholera-related deaths reported during this period.

From 1 January 2025 to 26 October 2025, a total of 6 077 cholera cases were reported across five countries in the South-East Asia Region. The highest number of cases were reported from Myanmar (2280), India (1923) and Nepal (1802). During the same period, a total of five deaths were reported from one country, India.

Western Pacific Region

In October 2025, no new cases or deaths were reported from the Western Pacific Region. From 1 January 2025 to 26 October 2025, a total of 1 314 cholera cases and 14 deaths were reported from the Philippines.

Figure 2. Global cholera and AWD cases by week, 1 January 2024 to 26 October 2025

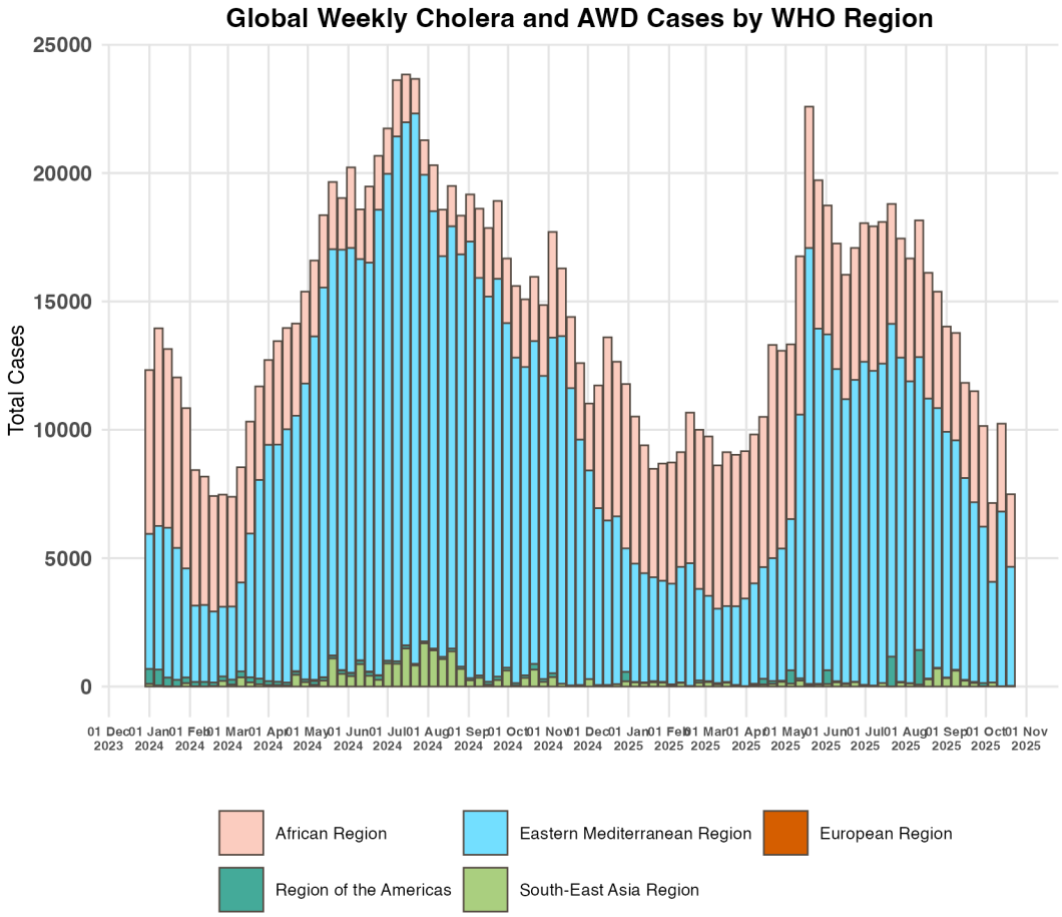
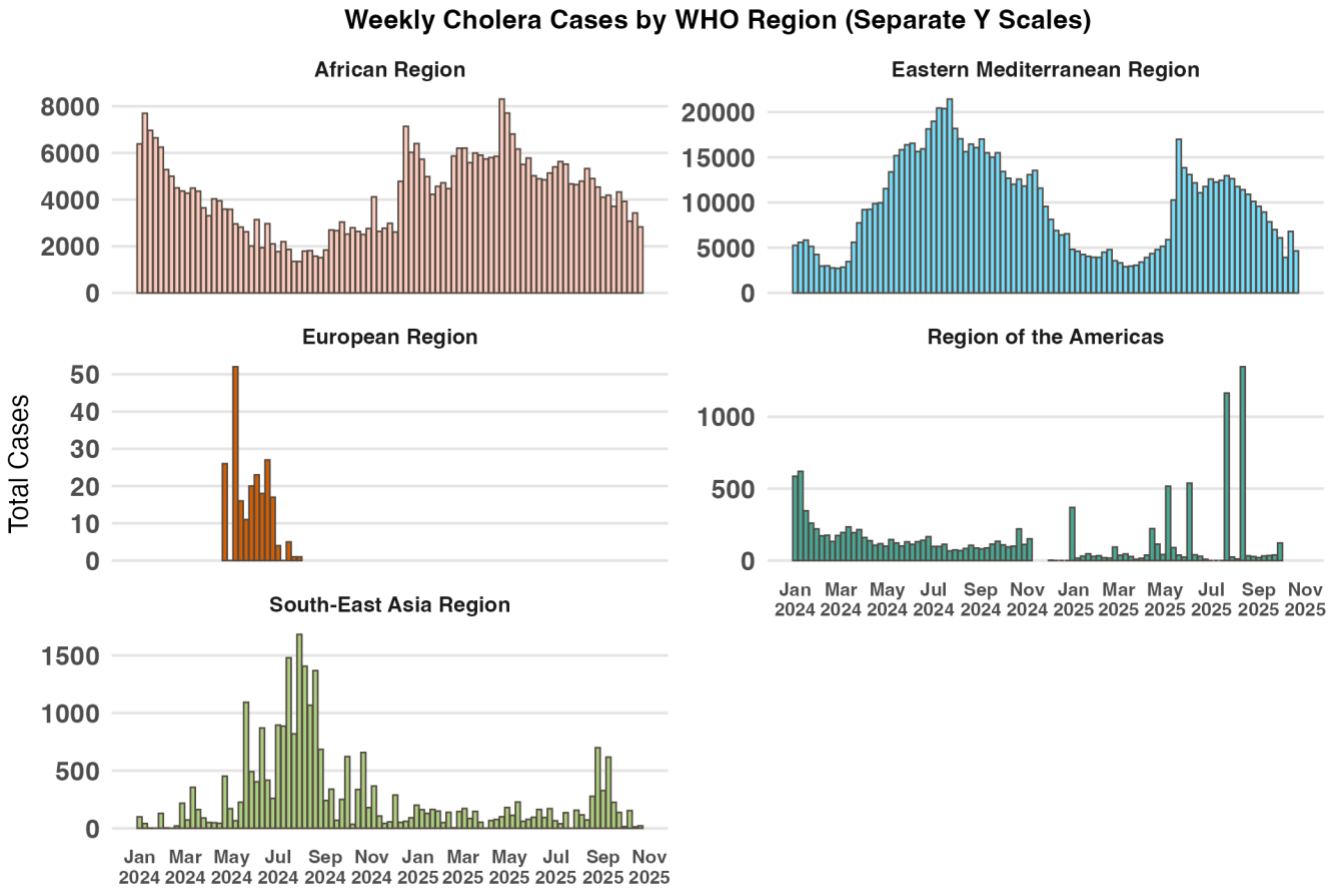


Figure 3. Cholera and AWD cases by WHO Region (separate Y scales), 1 January 2024 to 26 October 2025



***The epi curve of the Western Pacific Region is not included due to limited available weekly data.**

****Spikes in the Region of the Americas are due to batch reporting.**

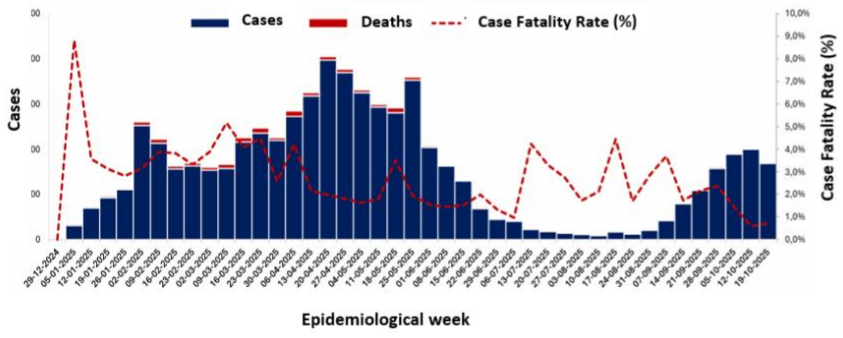
Focus on selected subregions and countries

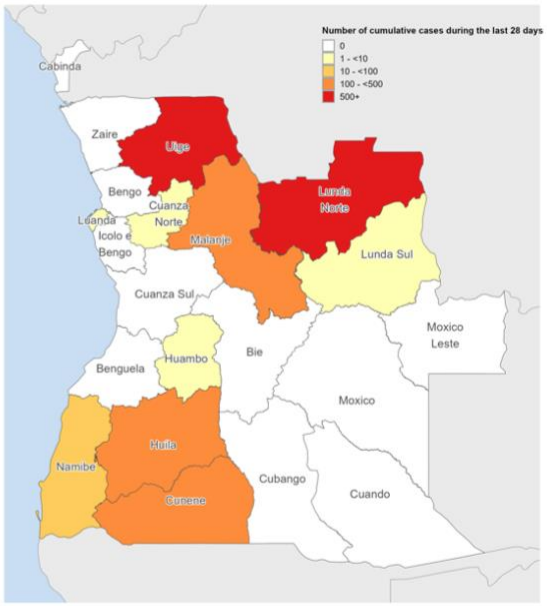
Angola

In October 2025, Angola reported 3628 new cholera cases and 49 associated deaths with a CFR of 1.4%, marking a 168% increase in cases and a 75% increase in deaths compared to the previous month.

Between 1 January 2025 and 26 October 2025, Angola reported a total of 32 975 cases and 858 deaths (including 383 community deaths) with an overall CFR of 2.6% and a facility CFR of 1.4%. Cases were reported from 18 of 21 provinces, with four provinces accounting for 54% of cases: Luanda (7037 cases), Benguela (4730), Bengo (3069), and Cuanza Sul (2883).

Figure 4: Angola: A) Weekly cases, deaths, and CFR and B) geographical distribution of cases as of 26 October 2025.





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

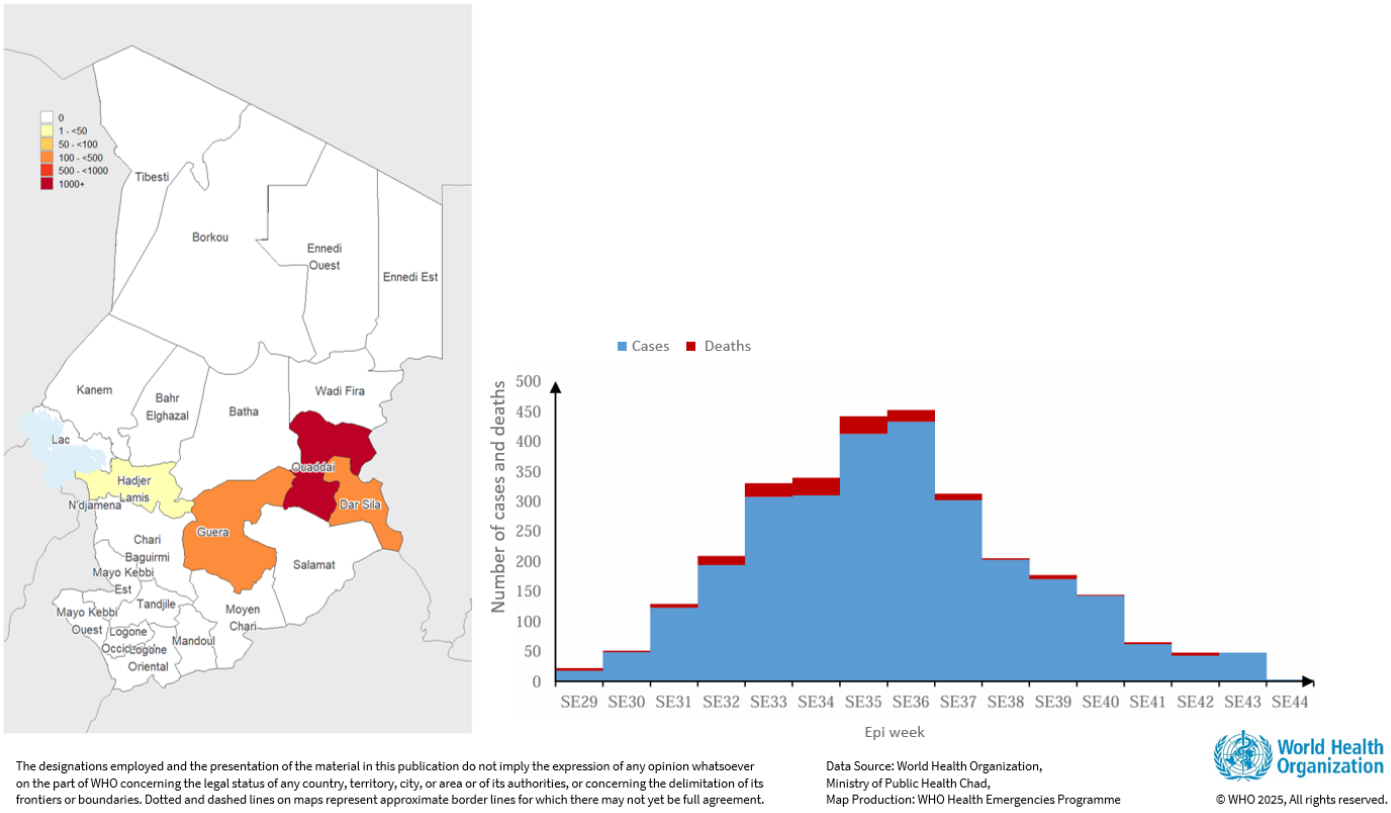
World Health Organization

Chad

In October 2025, Chad reported 301 new cholera cases and 14 associated deaths with a CFR of 4.7%, marking a 72% decrease in cases and a 73% decrease in deaths compared to the previous month.

Between 1 January 2025 and 26 October 2025, Chad reported a total of 2807 cases and 157 deaths with a CFR of 5.6%. Cases were reported from four provinces: Ouaddaï ,Sila, Guera and Hadjer Lamis.

Figure 5: Chad: Distribution of cumulative cases by region (left) and daily case trend (right), as of 26 October 2025.



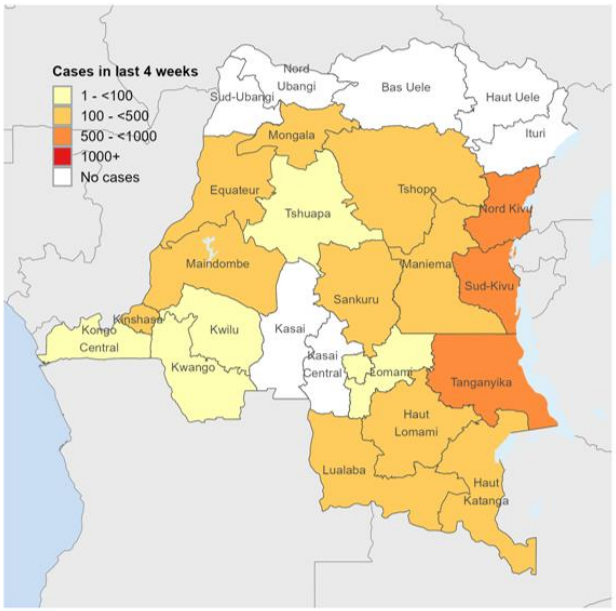
Data Source: World Health Organization,
Ministry of Public Health Chad,
Map Production: WHO Health Emergencies Programme

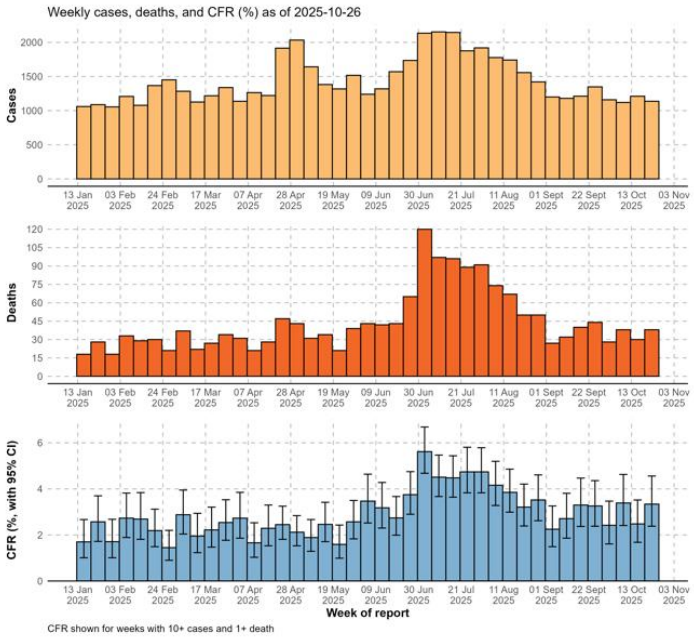
Democratic Republic of the Congo

In October 2025, the Democratic Republic of the Congo reported 4633 new cholera cases and 134 associated deaths with a CFR of 2.9%, marking a 6% decrease in cases and a 6% decrease in deaths compared to the previous month.

Between 1 January 2025 and 26 October 2025, Democratic Republic of the Congo reported a total of 61 089 cases and 1825 deaths with a CFR of 3%. This represents the largest outbreak since 1994, during which58 057 cases and 4181 deaths were reported. Overall, 20/26 provinces have been affected, with 70% of cases reported from Sud-Kivu (21%), Tanganyika (19%), Nord Kivu (15%), Sankuru (8%) and Maniema (7%) in the last 4 weeks. Cases are resurging in Haut Lomami and Haut Katanga following several weeks of zero reported cases and after the implementation of vaccination campaigns (single-dose vaccine).

Figure 6: Democratic Republic of the Congo: Distribution of cumulative cases by province (left) and weekly case, death, and CFR trends (right), as of 26 October 2025





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

Sudan

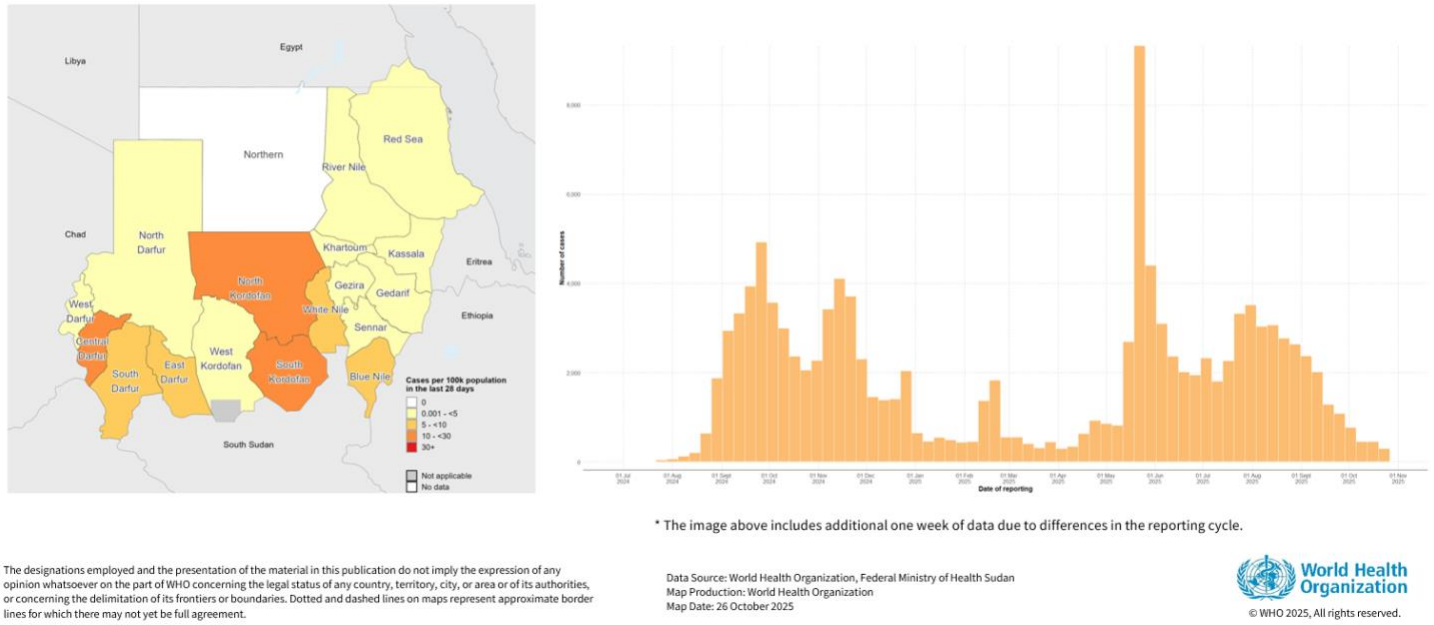
Between 1 and 26 October 2025, Sudan reported 1966 new cholera cases and 44 associated deaths with a CFR of 2.2%, marking a 76% decrease in cases and a 87% decrease in deaths compared to the previous month.

Between 1 January 2025 and 26 October 2025, Sudan reported a total of 71 692 cases and 1704 deaths with a CFR of 2.4%.

Overall national trends are declining, but geographical expansion is reported in West Kordofan since September 2025, and transmission continues in El Fasher. In October, most affected states are North Kordofan (33%), South Kordofan (15%), and South Darfur (12%).

The Darfur and Kordofan regions remain affected by conflict, contributing to further disruptions in health care access potentially hindering case reporting.

Figure 7: Sudan: Distribution of cumulative cases per 100 000 population by state in the last 28 days (left) and weekly case trend (right), as of 26 October 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: 26 October 2025

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 26 October 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 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 continue to maintain the Cholera Deployment Dashboard with the support o fthe 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.

- WHO appreciates the critical support provided by GOARN and Standby Partners for outbreak response.

Public health surveillance

- Direct support is 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 facilitated in key cross-border areas through regular information-sharing calls between neighboring countries (e.g. 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 is executed in Mozambique. It is set to train approximately 25 laboratory staff in the fundamentals of cholera diagnostics, and up to 100 health care workers on the GTFCC strategy for cholera testing, sample collection and use of rapid diagnostic tests (RDTs).
- Technical support is provided to countries to define and implement testing strategies during outbreaks.
- Support and assistance is 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

- The global OCV stockpile averaged 7.9 million doses in October.. Throughout the month, the stockpile level remained above the target of five million doses that should be available at all times for outbreak response.
- Fifty new emergency requests were submitted to the International Coordinating Group (ICG) on Vaccine Provision in the ten first months of 2025 – compared to twenty in 2024 – by Angola (3), Chad (4), Republic of the Congo, Democratic Republic of the Congo (6), Côte d'Ivoire, Ethiopia (2), Ghana (4), Kenya, Mozambique, Myanmar, Nepal, Nigeria (4), South Sudan (11), and Sudan (10) collectively seeking 67 million doses for single-round campaigns. Forty-six requests and 49 million OCV doses were approved, while four were not approved by ICG.
- In 2025, nineteen countries (Angola, Bangladesh, Chad, Democratic Republic of Congo, Côte d'Ivoire, Ethiopia, Ghana, Haiti, Kenya, Malawi, Mozambique, Myanmar, Nepal, Niger, Nigeria, South Sudan, Sudan, Yemen and Zambia) have conducted 64 reactive vaccination campaigns.

Risk communication and community engagement (RCCE)

- Technical support is provided to countries upon request (e.g. Chad, the Democratic Republic of the Congo, and South Sudan).
- Regular coordination and information-sharing is maintained within the IMST and with RCCE focal points at regional and country levels.
- Weekly partner coordination meetings are held through the RCCE Collective Service (UNICEF and IFRC).
- Supported is provided for the planning and preparations of a rapid qualitative assessment for a community-centered cholera response in Chad and supported the deployment of a standby partner to support this process through the UK PHRST. This assessment is being implemented with the National Institute for Public Health in Chad (INSAPT).
- Support is being provided for the preparations of a WHO assessment mission to Sudan (taking place in December).
- Supported the start of a pilot initiative for strengthening community-led WASH and RCCE interventions for health improvement in South Sudan. This initiative runs from October to December 2025 in is implemented 10 counties. Its objective is to pilot an integrated community-led WASH and RCCE approach which will promote sustainable hygiene practices, safe water access, and improved public health outcomes in Cholera and Hepatitis E hotspots.
- Consolidated existing RCCE materials, guidance, and tools from regions and countries into a central repository.

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 health 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.
- Challenges with coordination between governments, non-governmental organizations, and international agencies, affecting the overall effectiveness of response efforts.
- Staff shortages, with insufficiently 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 public health emergencies, straining available 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 response efforts.

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 the GTFCC and partners, 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, case definitions, laboratory testing strategies, reporting practice, and lag times differ across 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 training on Sample collection and testing with Rapid Diagnostic Tests for cholera for health care workers available in English, French, Portuguese and Arabic.
- GTFCC Laboratory job aids and fact sheets available 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.