

Multi-country outbreak of cholera



Epidemiological Update n. 36 published 30 April 2026

Cases – 58 740
Since Jan. 2026

Deaths – 732
Since Jan. 2026

Countries affected – 22
Since Jan. 2026

Population at risk
1 billion

Global risk –
Very high

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Overview

Data as of 29 March 2026

- In March 2026 (epidemiological weeks 10 to 13), a total of 16 198 new cholera and acute watery diarrhoea (AWD) cases were reported from 16 countries, territories, and areas (hereafter countries) across three WHO regions, showing a 17% decrease from the previous month. The African Region registered the highest number of cases, followed by the Eastern Mediterranean Region and the South-East Asia Region. This period also saw 225 cholera-related deaths globally, representing a 10% decrease from the previous month. No cases were reported from the Region of the Americas, the European Region or the Western Pacific Region during this time.
- Cholera cases and deaths in March 2026 were 56% and 66% lower than the same period last year (36 491 cases and 662 deaths across 26 countries).
- For the year so far, from 1 January to 29 March 2026, a total of 58 740 cholera and AWD cases and 732 deaths were reported from 22 countries across four WHO regions, with the African Region recording the highest numbers, followed by the Eastern Mediterranean Region, the Region of the Americas, and the South-East Asia Region. No cases were reported from the European Region or the Western Pacific Region during this time.
- In recent years, conflict, mass displacement, disasters associated with natural hazards and climate-related events have contributed to conditions that may facilitate cholera transmission, particularly in rural and flood-affected areas where poor infrastructure and limited access to healthcare can delay treatment. These cross-border factors have made cholera outbreaks increasingly complex and harder to control.
- 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 refer to the [WHO Global Cholera and AWD Dashboard](#).

Global epidemiological update

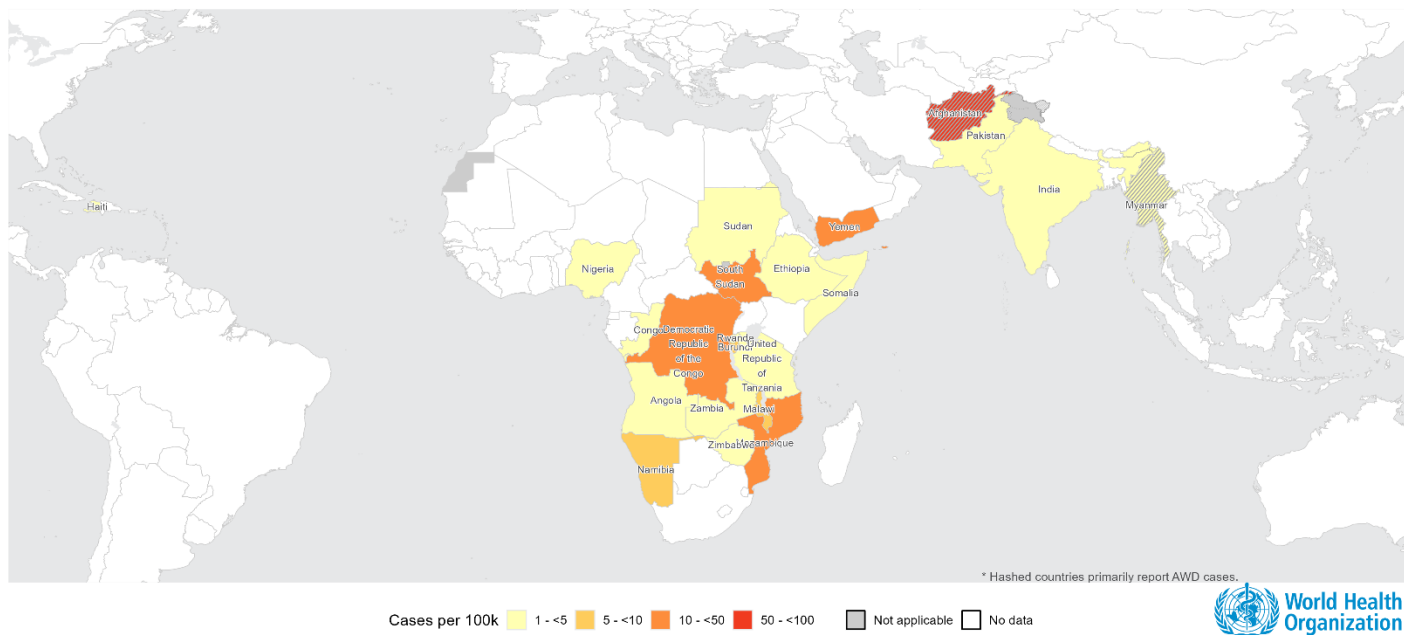
In March 2026 (epidemiological weeks 10 to 13), a total of 16 198 new cholera and acute watery diarrhoea (AWD) cases were reported from 16 countries across three WHO regions, representing a 17% decrease from the previous month and a 56% decrease compared with the same period last year (36 491 cases across 26 countries).

In March 2026, the African Region reported the highest number of cases (8614 cases; 12 countries), followed by the Eastern Mediterranean Region (7566 cases; three countries) and the South-East Asia Region (18 cases; one country). No cases were reported from the Region of the Americas, the European Region or the Western Pacific Region.

During the same period, 225 cholera-related deaths were reported globally, representing a 10% decrease compared with the previous month. In March 2026, the highest number of deaths was recorded in the African Region (222 deaths; 10 countries), followed by the Eastern Mediterranean Region (three deaths; two countries). No deaths were reported from the South-East Asia Region, the Region of the Americas, the European Region or the Western Pacific Region.

From 1 January 2026 to 29 March 2026, a cumulative total of 58 740 cholera and AWD cases and 732 deaths were reported from 22 countries across four WHO regions. The region with the highest reported case count was the African Region (34 348 cases; 14 countries), followed by the Eastern Mediterranean Region (24 009 cases; five countries), the Region of the Americas (212 cases; one country), and the South-East Asia Region (171 cases; two countries). During the same period, cholera deaths were reported in the African Region (721 deaths), the Eastern Mediterranean Region (nine deaths), and the Region of the Americas (two deaths). No deaths were reported from the South-East Asia Region, the European Region or the Western Pacific Region.

Figure 1. Cholera and acute watery diarrhoea (AWD) cases per 100 000, 1 January to 29 March 2026



The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

Data Source: World Health Organization
Map Production: WHO Health Emergencies Programme
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Table 1. Reported cholera and AWD cases and deaths by WHO Region, as of 29 March 2026

WHO Region	Country, territory, area	1 January to 29 March 2026				Last 28 days				
		Cases	Deaths	CFR (%)	Cases per 100 000	Cases	Deaths	CFR (%)	Monthly cases % change	Monthly deaths % change
African Region	Angola	603	16	2.7	2	266	7	2.6	46	133
	Burundi	531	1	0.2	4	77	1	1.3	-53	-
	Congo	248	24	9.7	4	168	16	9.5	110	100
	Democratic Republic of the Congo	18 992	522	2.7	16	5186	166	3.2	-8	-5
	Ethiopia	53	1	1.9	0	30	1	3.3	275	-
	Malawi	1249	15	1.2	7	223	4	1.8	-52	-20
	Mozambique	6584	63	1.0	23	1362	7	0.5	-55	-68
	Namibia	213	0	0.0	7	57	0	0.0	2	-
	Nigeria	591	5	0.8	0	-	-	-	-	-
	Rwanda	23	0	0.0	0	5	0	0.0	150	-
	South Sudan	4390	58	1.3	35	969	16	1.7	-45	-41
	United Republic of Tanzania	113	2	1.8	0	-	-	-	-	-
	Zambia	722	12	1.7	4	259	3	1.2	-18	-25
	Zimbabwe	36	2	5.6	0	12	1	8.3	-33	-
Eastern Mediterranean Region	Afghanistan [†]	18 943	6	<0.1	58	6308	1	<0.1	6	-67
	Pakistan [§]	1647	0	0.0	1	289	0	0.0	-62	-
	Somalia	233	0	0.0	1	-	-	-	-	-
	Sudan	9	0	0.0	0	-	-	-	-	-
	Yemen [¥]	3177	3	0.1	9	969	2	0.2	-4	-
Region of the Americas	Haiti	212	2	0.9	2	-	-	-	-	-
South-East Asia Region	India [#]	26	0	0.0	0	-	-	-	-	-
	Myanmar [†]	145	0	0.0	0	18	0	0.0	-65	-

* 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.

** Missing data in this report do not imply the absence of cholera or AWD cases or deaths in the respective country. The data presented in this report are based on the latest available information and may not reflect the current situation.

† 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.

All cases were confirmed.

WHO regional overviews

African Region

In March 2026, the African Region reported 8614 new cholera cases across 12 countries, marking a 26% decrease compared with the previous month. During this period, the highest number of cases were reported from the Democratic Republic of the Congo (5186), Mozambique (1362), and South Sudan (969). A total of 222 cholera-related deaths were reported, representing a 9% decrease compared with the previous month. The highest number of deaths were reported from the Democratic Republic of the Congo (166), South Sudan, and Congo (16 each).

From 1 January to 29 March 2026, a total of 34 348 cholera cases were reported across 14 countries in the African Region. The highest number of cases were reported from the Democratic Republic of the Congo (18 992), Mozambique (6584), and South Sudan (4390). During the same period, a total of 721 deaths were reported from 12 countries. The highest number of deaths were reported from the Democratic Republic of the Congo (522), Mozambique (63), and South Sudan (58).

Eastern Mediterranean Region

In March 2026, the Eastern Mediterranean Region reported 7566 new cholera and AWD cases across three countries, marking a 2% decrease compared with the previous month. During this period, cases were reported from Afghanistan (6308), Yemen (969), and Pakistan (289). Additionally, there were 3 cholera-related deaths reported from Yemen (two deaths) and Afghanistan (one death).

From 1 January to 29 March 2026, a total of 24 009 cholera and AWD cases were reported across five countries in the Eastern Mediterranean Region. The highest number of cases were reported from Afghanistan (18 943), Yemen (3177), and Pakistan (1647). During the same period, a total of nine deaths were reported from two countries: Afghanistan (six deaths) and Yemen (three deaths).

Region of the Americas

In March 2026, no cases or deaths were reported from the Region of the Americas.

From 1 January to 29 March 2026, a total of 212 cholera cases and two deaths were reported from Haiti.

South-East Asia Region

In March 2026, the South-East Asia Region reported 18 new cholera or AWD cases in Myanmar, marking a 77% decrease compared with February. No cholera or AWD-related deaths were reported during this period.

From 1 January to 29 March 2026, a total of 171 cholera or AWD cases were reported across two countries in the South-East Asia Region. During this period, cases were reported from Myanmar (145) and India (26). No cholera or AWD-related deaths were reported during this period.

Figure 2. Global cholera and AWD cases by week, 1 January 2024 to 29 March 2026

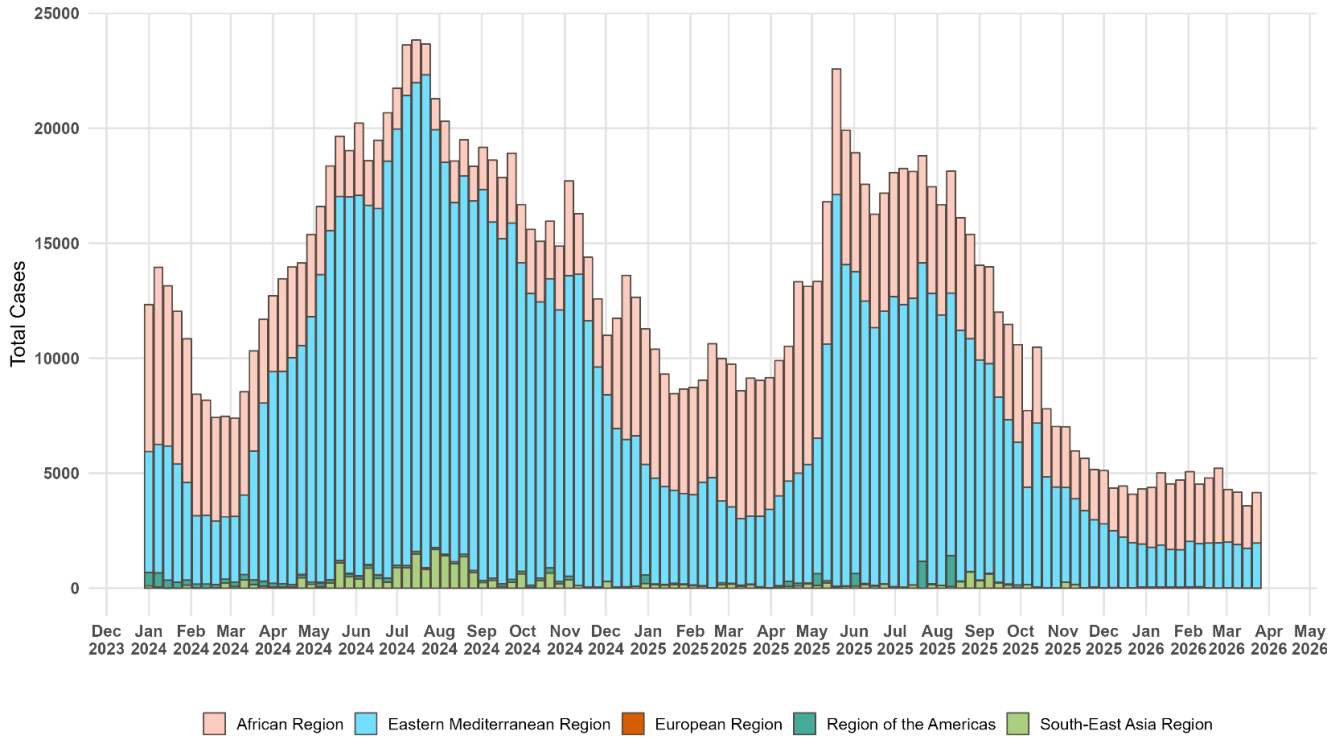
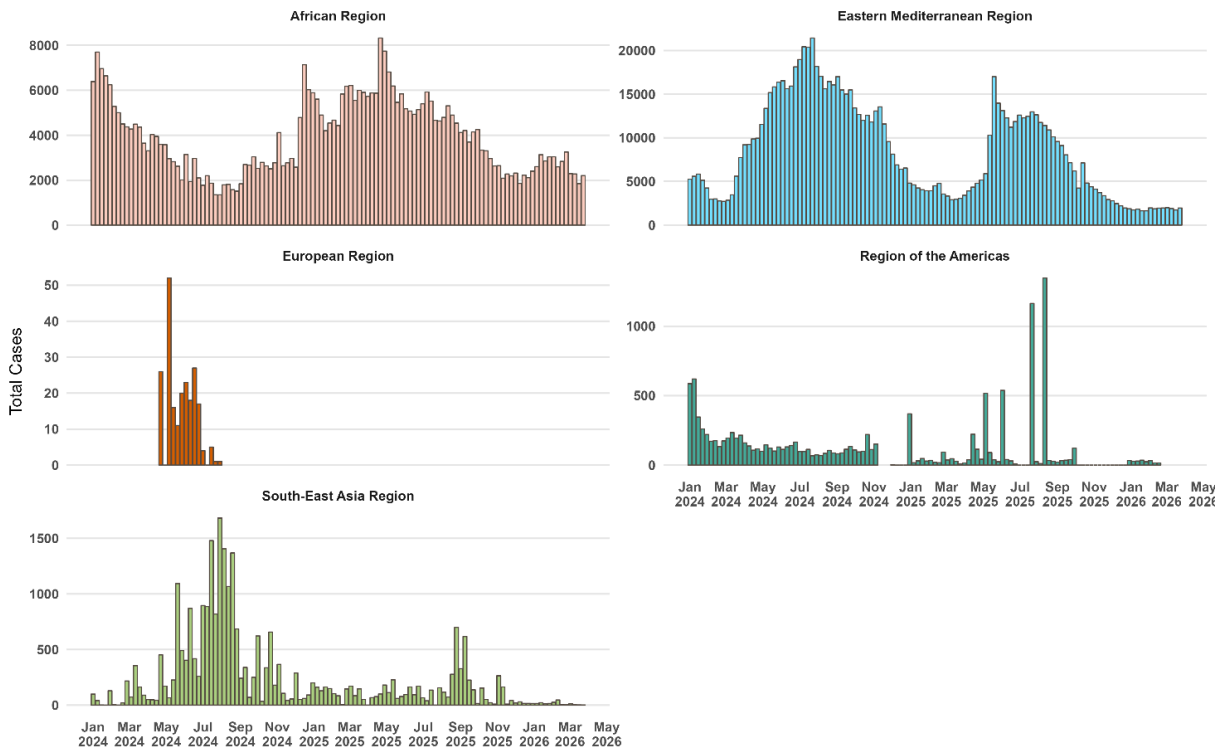


Figure 3. Cholera and AWD cases by WHO Region (separate Y scales), 1 January 2024 to 29 March 2026



*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

Democratic Republic of the Congo

Between 1 January and 29 March 2026, the Democratic Republic of the Congo reported a total of 18 992 cases and 522 deaths (CFR: 2.7%). Cumulatively, 21 of the country's 26 provinces have been affected.

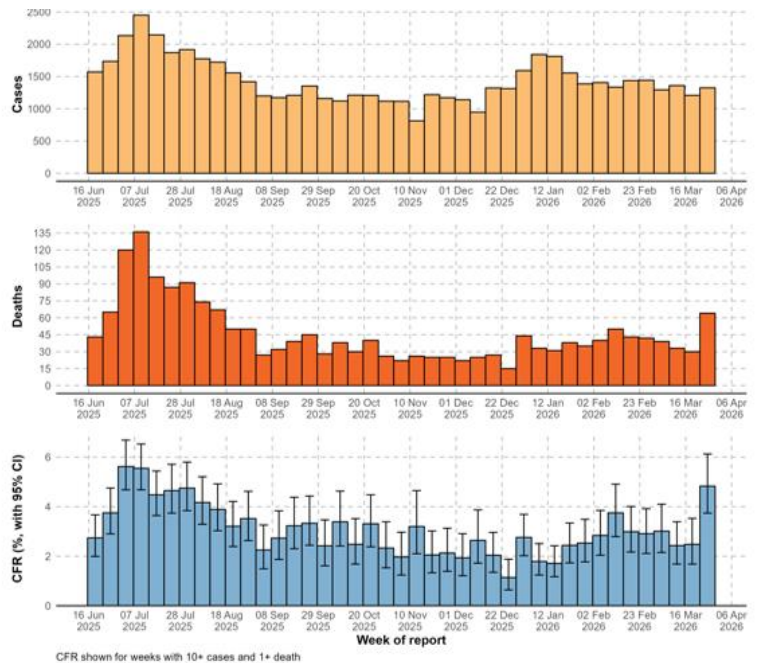
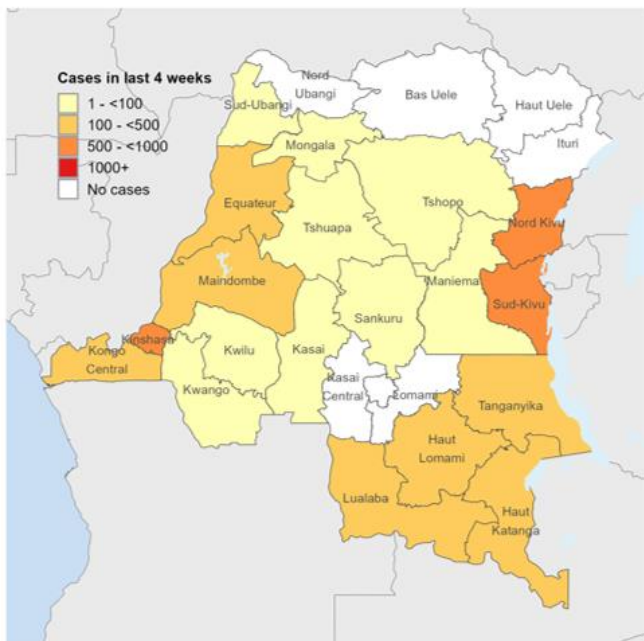
In March 2026, the Democratic Republic of the Congo reported 5186 new cholera cases and 166 associated deaths (CFR: 3.2%). This represents an 8% decrease in cases and a 5% decrease in deaths compared with the previous month.

In the last four weeks, the highest proportions of cases were reported from Kinshasa (17%), Sud-Kivu (16%), Nord-Kivu (13%), and Equateur (9%).

In Kinshasa, cases have been identified in areas with poor sanitation. Ongoing challenges along the Congo River continue to heighten the risk of the disease spreading to additional provinces such as Equateur and Mai-Ndombe.

Meanwhile, in eastern regions, transmission remains consistently high in lakeside communities. Factors such as conflict, frequent population movement, and limited access to clean water and sanitation services are further driving the risk of continued spread.

Figure 4: Democratic Republic of the Congo: Distribution of cases in the last four weeks by province (left) and weekly case, death, and CFR trends (right), as of 29 March 2026



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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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Mozambique

Between 1 January and 29 March 2026, Mozambique reported a total of 6584 cases and 63 deaths (CFR: 1%). Cumulatively, nine of the country's 10 provinces have been affected.

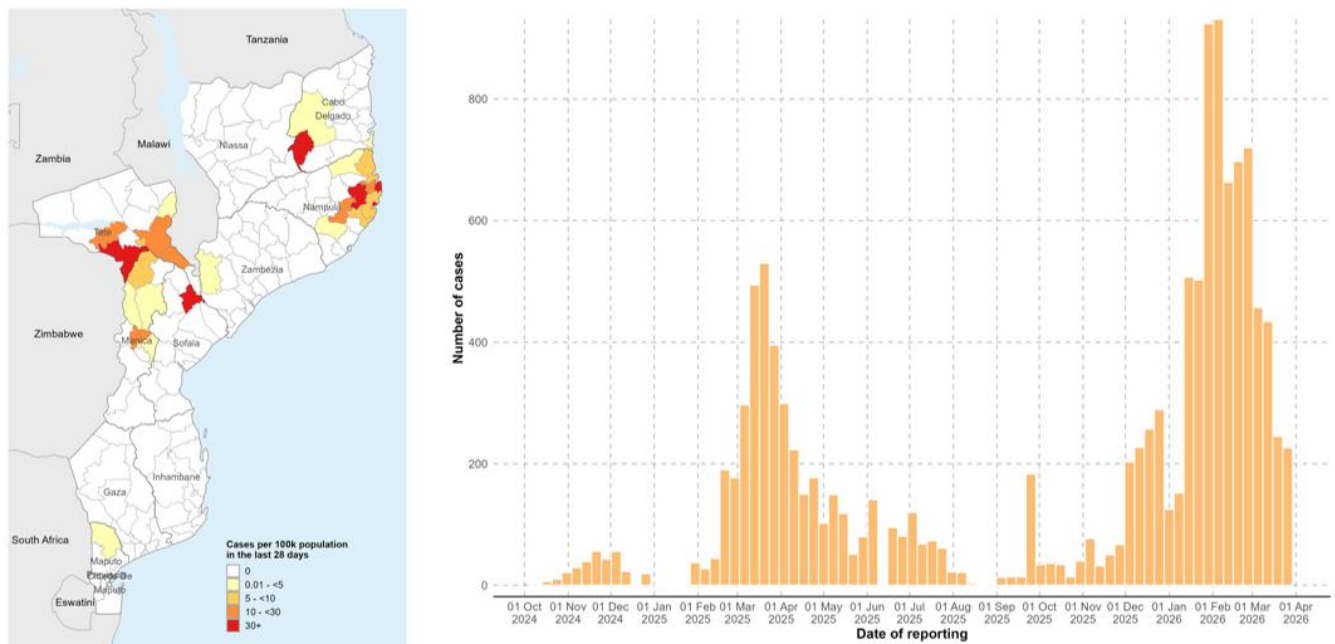
In March 2026, Mozambique reported 1362 new cholera cases and seven associated deaths (CFR: 0.5%). This represents a 55% decrease in cases and a 68% decrease in deaths compared with February.

In the last 28 days, the highest proportions of cases were reported from Nampula (45%), Tete (25%) and Sofala (21%).

Since December 2025, the country has experienced heavy rains, flooding, and a cyclone. The most affected provinces are Gaza, Inhambane, Maputo Province, and Maputo City. In March, intense rainfall affected nearly all provinces, with particularly concerning conditions in Cabo Delgado and Tete Province.

Geographical spread was observed in March, with five districts in Nampula, Cabo Delgado, Manica, and Maputo provinces declaring outbreaks.

Figure 5: Mozambique: Distribution of cases per 100 000 population by province in the last 28 days (left) and weekly case trend (right), as of 29 March 2026.



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Data Source: World Health Organization, Ministry of Health Mozambique
Map Production: World Health Organization

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South Sudan

Between 1 January and 29 March 2026, South Sudan reported a total of 4390 cases and 58 deaths (CFR: 1.3%).

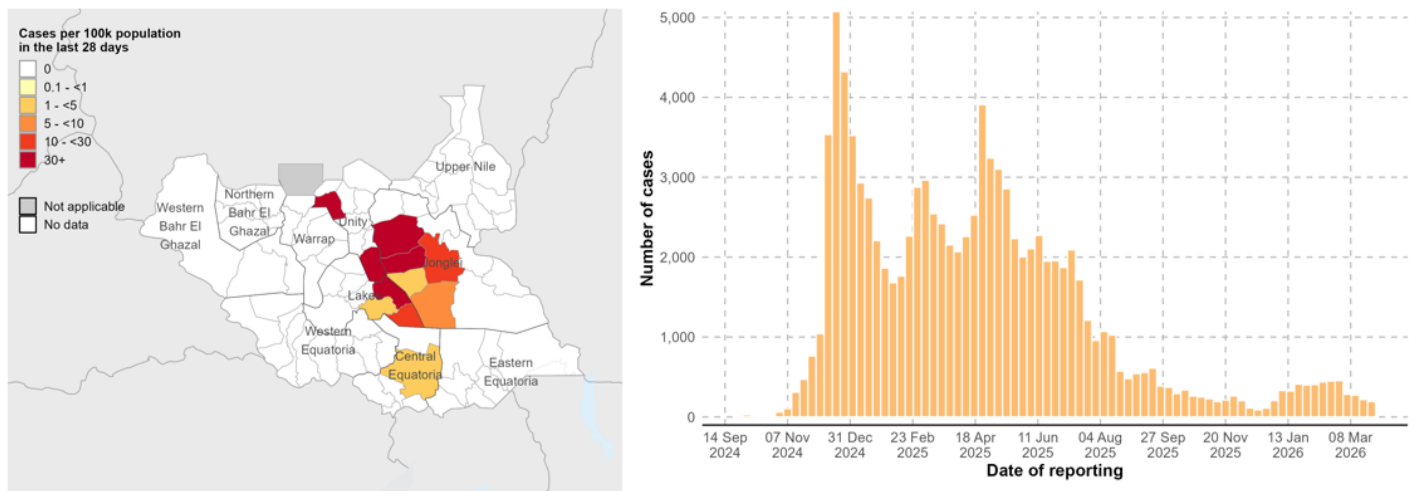
In March 2026, South Sudan reported 969 new cholera cases and 16 associated deaths (CFR: 1.7%). This represents a 45% decrease in cases and a 41% decrease in deaths compared with the previous month.

During the last 28 days, cases were reported from four states: Jonglei (69%), Lakes (20%), Unity (10%) and Central Equatoria (1%).

The key drivers of cholera persistence and resurgence are population displacement and movement due to the conflict. The security situation in the country remains volatile with active clashes across Jonglei, Upper Nile and Unity states, contributing to population displacement and destruction of livelihood and infrastructure.

Inadequate WASH conditions in IDP camps and sub-optimal health seeking behaviors may also contribute to community transmission of cholera.

Figure 6: South Sudan: Distribution of cases per 100 000 population by state in the last 28 days (left) and weekly case trend (right), as of 29 March 2026.



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



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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 definitions, laboratory testing strategies, reporting practices, and lag times differ across countries/territories/areas. These factors, among 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 Global Cholera and AWD Dashboard](#)
- [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, Arabic, and Portuguese.
- GTFCC Laboratory [job aids and fact sheets](#) available in English, French, Arabic, and Portuguese.
- [GTFCC Cholera surveillance for health care workers](#). These courses are available in English and French.
- [GTFCC Cholera surveillance for health authorities](#). This course is available in English and French.
- Countries are encouraged to periodically self-assess their cholera surveillance systems using the [GTFCC surveillance assessment method](#) to identify priority 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.
- GTFCC [updated recommendations for cholera reporting to the regional and global levels](#), accompanied by an Excel [reporting template](#), are available in English, French, Arabic, and Portuguese.