

Multi-country outbreak of cholera



Epidemiological Update n. 37 published 29 May 2026

Cases – 79 740
Since Jan. 2026

Deaths – 1 010
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 26 April 2026

- In April 2026 (epidemiological weeks 14 to 17), a total of 20 100 new cholera and acute watery diarrhoea (AWD) cases were reported from 15 countries, territories, and areas (hereafter countries) across four WHO regions, showing a 20% increase from the previous month. The African Region registered the highest number of cases, followed by the Eastern Mediterranean Region, the Region of the Americas and the South-East Asia Region. This period also saw 243 cholera-related deaths globally, a figure comparable to that reported in the previous month. No cases were reported from the European Region or the Western Pacific Region during this time.
- Cholera cases and deaths in April 2026 were 54% and 62% lower than the same period last year (43 537 cases and 633 deaths across 22 countries).
- For the year so far, from 1 January to 26 April 2026, a total of 79 740 cholera and AWD cases and 1010 deaths were reported from 22 countries across four WHO regions, with the African Region recording the highest number of cases, 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

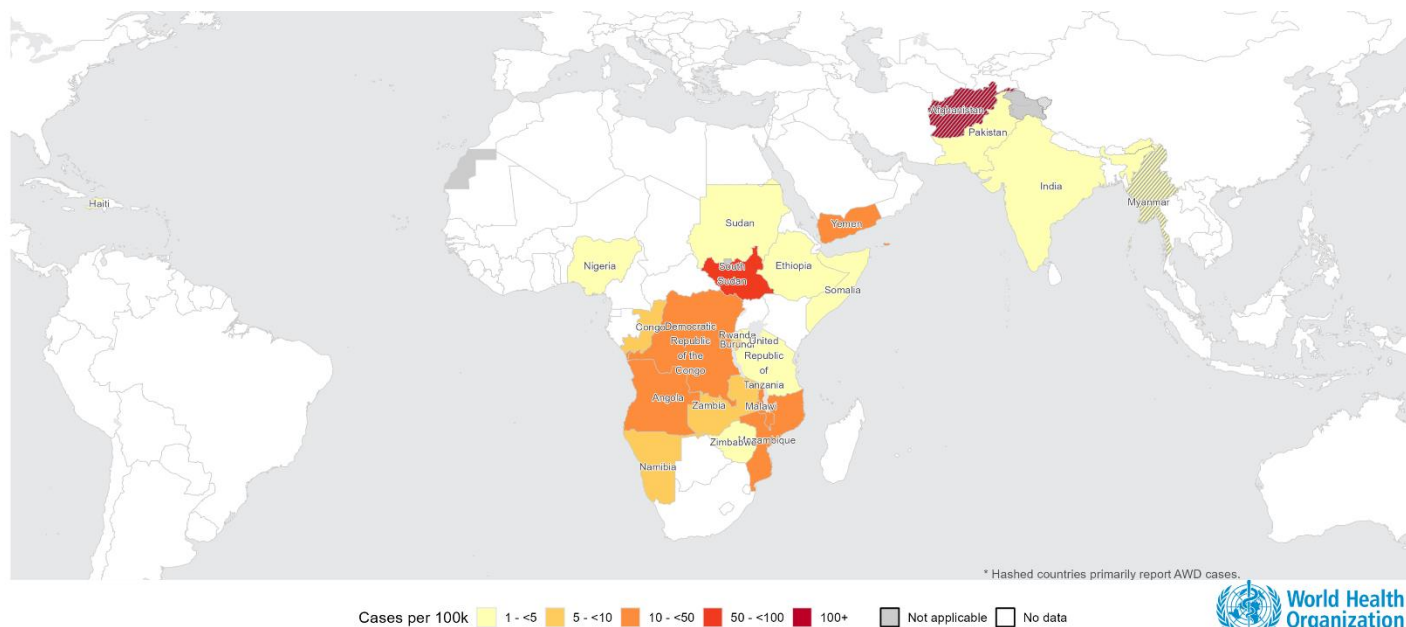
In April 2026 (epidemiological weeks 14 to 17), a total of 20 100 new cholera and AWD cases were reported from 15 countries across four WHO regions, representing a 20% increase from the previous month and a 54% decrease compared with the same period last year (43 537 cases across 22 countries).

In April 2026, the African Region (10 242 cases; 10 countries) reported the highest number of cases, followed by the Eastern Mediterranean Region (9832 cases; three countries), the Region of the Americas (20 cases; one country) and the South-East Asia Region (six cases; one country). No cases were reported from the European Region or the Western Pacific Region.

During the same period, 243 cholera-related deaths were reported globally, a figure comparable to that reported in the previous month. In April 2026, deaths were reported in the African Region (239 deaths; nine countries), and the Eastern Mediterranean Region (four deaths; two countries). No deaths were reported from the Region of the Americas, the South-East Asia Region, the European Region or the Western Pacific Region.

From 1 January to 26 April 2026, a cumulative total of 79 740 cholera and AWD cases and 1010 deaths were reported from 22 countries across four WHO regions. The region with the highest reported case count was the African Region (45 250 cases; 14 countries), followed by the Eastern Mediterranean Region (33 946 cases; five countries), the Region of the Americas (357 cases; one country), and the South-East Asia Region (187 cases; two countries). During the same period, cholera deaths were reported in the African Region (995 deaths), the Eastern Mediterranean Region (14 deaths), and the Region of the Americas (one death). 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 26 April 2026



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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 26 April 2026

WHO Region	Country, territory, area	1 January to 26 April 2026				Last 28 days*				
		Cases	Deaths	CFR (%)	Cases per 100 000	Cases	Deaths	CFR (%)	Monthly cases % change	Monthly deaths % change
African Region	Angola	2363	51	2.2	7	1760	35	2.0	562	400
	Burundi	929	2	0.2	7	397	1	0.3	416	0
	Congo	348	31	8.9	6	100	7	7.0	-40	-56
	Democratic Republic of the Congo	23 971	707	2.9	20	4710	166	3.5	-11	-7
	Ethiopia	53	1	1.9	0	-	-	-	-	-
	Malawi	2076	27	1.3	12	812	14	1.7	166	133
	Mozambique	7188	64	0.9	25	604	1	0.2	-56	-86
	Namibia	213	0	0.0	7	-	-	-	-	-
	Nigeria	1054	26	2.5	0	88	3	3.4	-50	-25
	Rwanda	43	0	0.0	0	20	0	0.0	300	-
	South Sudan	5918	68	1.1	48	1528	10	0.7	58	-38
	United Republic of Tanzania	113	2	1.8	0	-	-	-	-	-
	Zambia	945	14	1.5	5	223	2	0.9	-14	-33
	Zimbabwe	36	2	5.6	0	-	-	-	-	-
Eastern Mediterranean Region	Afghanistan†	27 027	8	<0.1	83	8084	2	<0.1	28	100
	Pakistan§	2604	0	0.0	1	852	0	0.0	116	-
	Somalia	233	0	0.0	1	-	-	-	-	-
	Sudan	9	0	0.0	0	-	-	-	-	-
	Yemen‡	4073	6	0.1	12	896	2	0.2	-8	-33
Region of the Americas	Haiti	357	1	0.3	3	20	0	0.0	-71	-
South-East Asia Region	India #	36	0	0.0	0	-	-	-	-	-
	Myanmar†	151	0	0.0	0	6	0	0.0	-67	-

* From 29 March to 26 April 2026 (epidemiological weeks 14 to 17).

** 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.

Among the total of 36 cases reported from India, 27 cases were confirmed.

WHO regional overviews

African Region

In April 2026, the African Region reported 10 242 new cholera cases across 10 countries, marking a 14% increase compared with the previous month. During this period, the highest number of cases were reported from the Democratic Republic of the Congo (4710), Angola (1760), and South Sudan (1528). A total of 239 cholera-related deaths were reported, a figure comparable to that reported in the previous month. The highest number of deaths were reported from the Democratic Republic of the Congo (166), Angola (35) and Malawi (14).

From 1 January to 26 April 2026, a total of 45 250 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 (23 971), Mozambique (7188), and South Sudan (5918). During the same period, a total of 995 deaths were reported from 12 countries. The highest number of deaths were reported from the Democratic Republic of the Congo (707), South Sudan (68) and Mozambique (64).

Eastern Mediterranean Region

In April 2026, the Eastern Mediterranean Region reported 9832 new cholera and AWD cases across three countries, marking a 28% increase compared with the previous month. During this period, cases were reported from Afghanistan (8084), Yemen (896) and Pakistan (852). Additionally, there were four cholera-related deaths reported from Afghanistan (two deaths) and Yemen (two deaths).

From 1 January to 26 April 2026, a total of 33 946 cholera and AWD cases were reported across five countries in the Eastern Mediterranean Region. The highest number of cases were reported from Afghanistan (27 027), Yemen (4073) and Pakistan (2604). During the same period, a total of 14 deaths were reported from two countries: Afghanistan (eight deaths) and Yemen (six deaths).

Region of the Americas

In April 2026, the Region of the Americas reported 20 new cholera cases in Haiti, marking a 71% decrease compared with the previous month. No deaths were reported during this period.

From 1 January to 26 April 2026, a total of 357 cholera cases and one death were reported from Haiti.

South-East Asia Region

In April 2026, the South-East Asia Region reported six new cholera or AWD cases, all from Myanmar, marking a 79% regional decrease compared with the previous month. At the country level, Myanmar reported a 67% decrease over the same period. No cholera or AWD-related deaths were reported.

From 1 January to 26 April 2026, a total of 187 cholera or AWD cases were reported across two countries in the South-East Asia Region. Cases were reported from Myanmar (151), and India (36). No cholera or AWD-related deaths were reported during this period.

Figure 2. Global cholera and AWD cases by week, 1 January 2024 to 26 April 2026

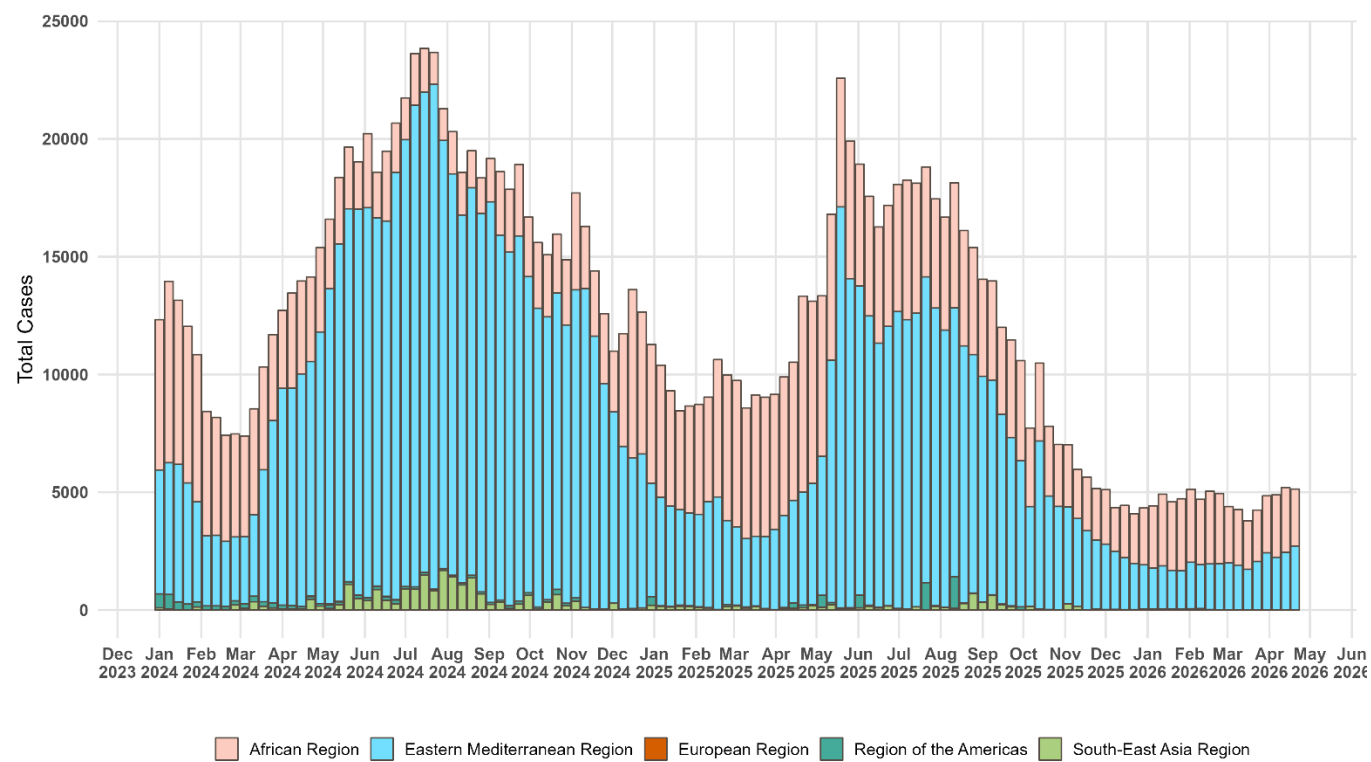
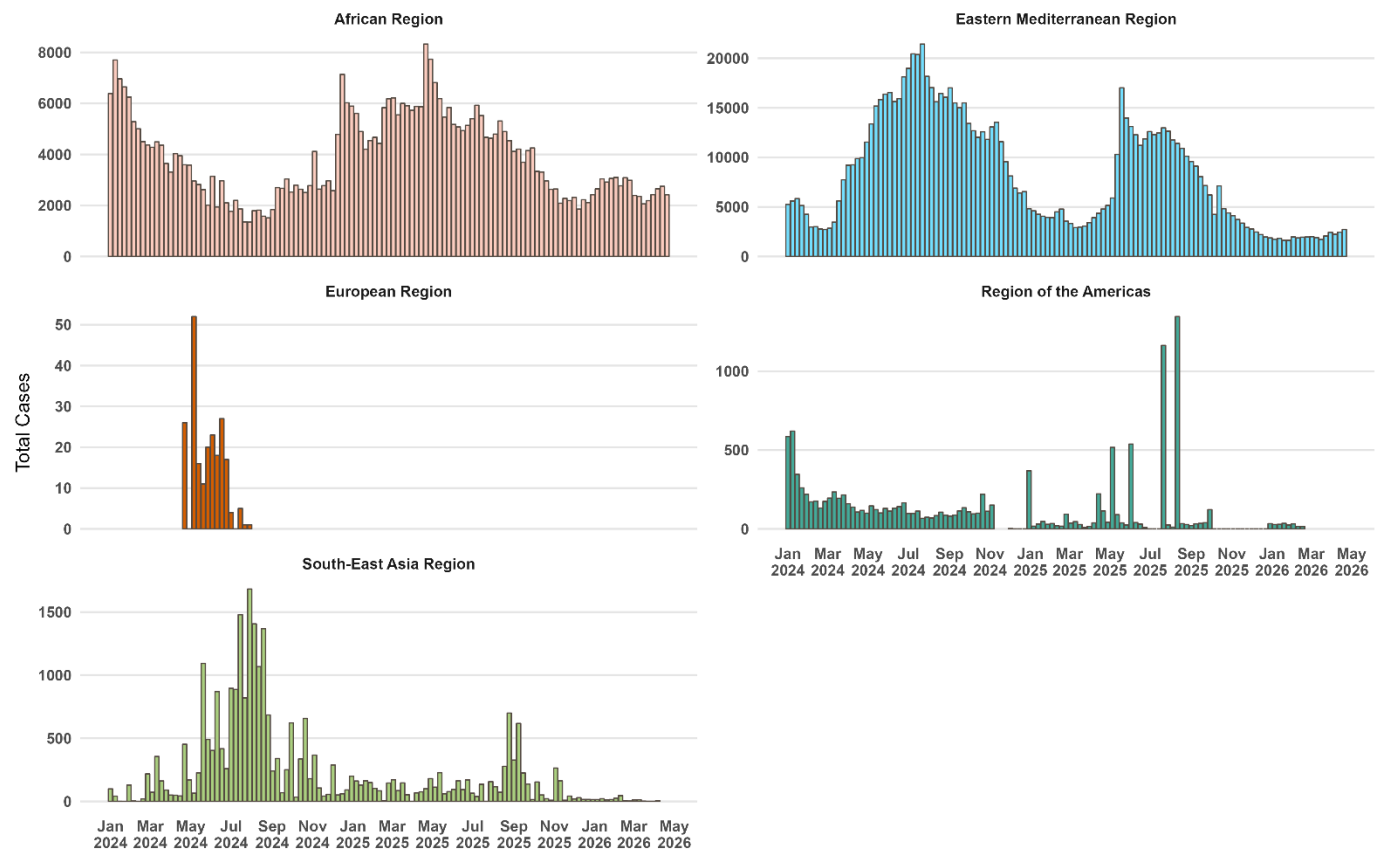


Figure 3. Cholera and AWD cases by WHO Region (separate Y scales), 1 January 2024 to 26 April 2026



*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.

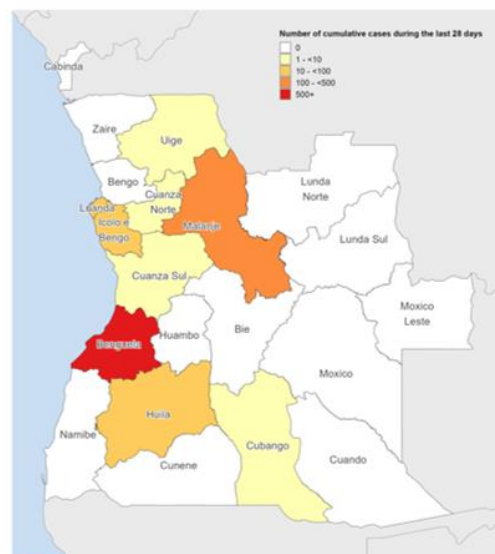
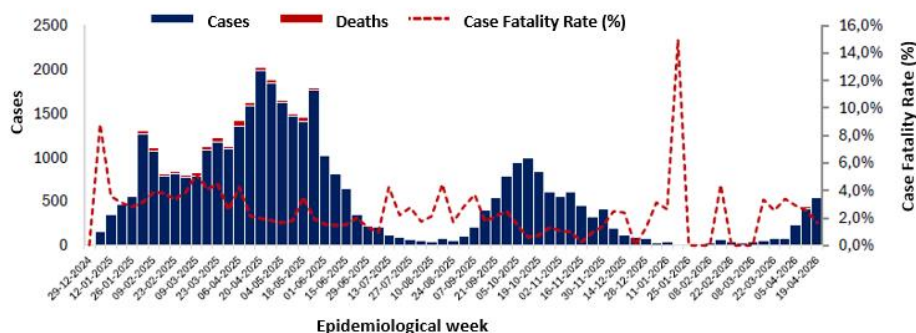
Focus on selected subregions and countries

Angola

Between 1 January 2026 and 26 April 2026, Angola reported a total of 2363 cases and 51 deaths (CFR: 2.2%).

In April 2026, Angola reported 1760 new cholera cases and 35 associated deaths (CFR: 2%). This represents a 562% increase in cases and a 400% increase in deaths compared with the previous month. The highest number of cases are reported in Benguela (80%), Malanje (9%) and Icolo e Bengo (4%).

Figure 4: Angola: weekly case trend (left) and distribution of cases by province in the last 28 days (right), as of 26 April 2026



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

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Democratic Republic of the Congo

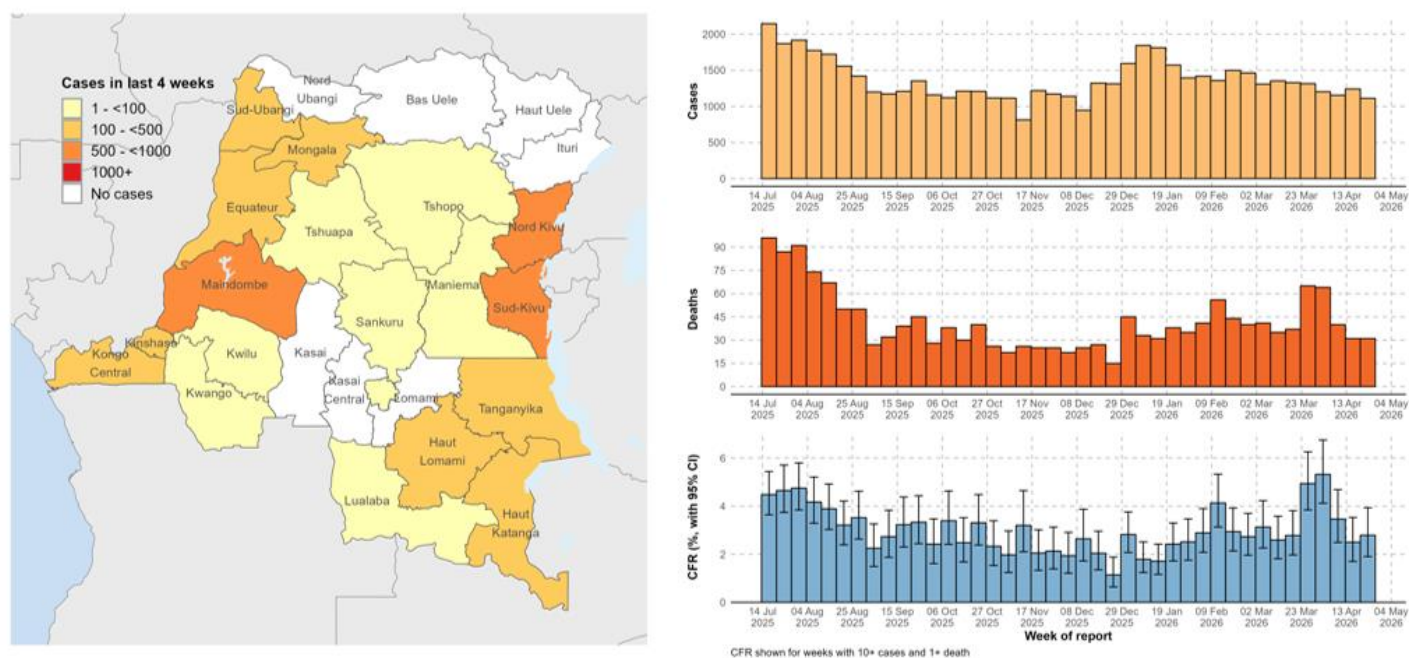
Between 1 January 2026 and 26 April 2026, the Democratic Republic of the Congo reported a total of 23 971 cases and 707 deaths (CFR: 2.9%).

In April 2026, the Democratic Republic of the Congo reported 4710 new cholera cases and 166 associated deaths (CFR: 3.5%). This represents an 11% decrease in cases and a 7% decrease in deaths compared with the previous month. Overall, 19 out of 26 provinces have been affected with the highest proportions from Nord-Kivu (21%), Sud-Kivu (18%), and Mai-Ndombe (14%).

High levels of ongoing transmission continue in the East, particularly in lakeside communities, conflict-affected areas, and locations that are difficult to access, especially in the Ruzizi and Uvira health zones of Sud-Kivu.

In Kinshasa, cases are largely clustered in densely populated, flood-vulnerable informal settlements where sanitation is poor. The situation is further exacerbated by difficulties linked to fishing islands along the river, which are contributing to increasing case numbers in Mai-Ndombe and Equateur provinces.

Figure 5: Democratic Republic of the Congo: Distribution of cases by province in the last four weeks (left) and weekly case, death and CFR trends (right), as of 26 April 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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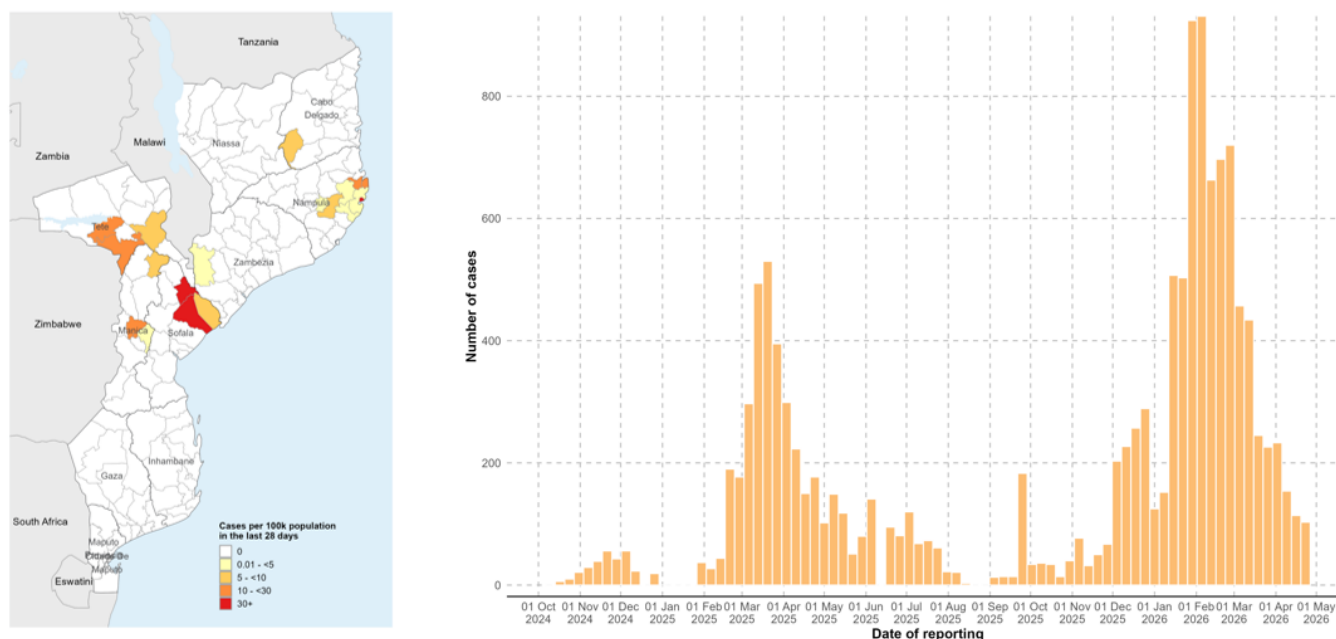
Mozambique

Between 1 January 2026 and 26 April 2026, Mozambique reported a total of 7188 cases and 64 deaths (CFR: 0.9%).

In April 2026, Mozambique reported 604 new cholera cases and one associated death (CFR: 0.2%). This represents a 56% decrease in cases and an 86% decrease in deaths compared with the previous month. The highest proportion of cases were reported in Nampula (41%), Sofala (27%), and Tete (16%) provinces.

The outbreak coincides with Mozambique's rainy season. Since December 2025, the country has experienced persistent torrential rains and widespread flooding across nearly all provinces, which may have increased the risk of cholera transmission.

Figure 6: Mozambique: Distribution of cases per 100 000 population by district in the last 28 days (left) and weekly case trend (right), as of 26 April 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

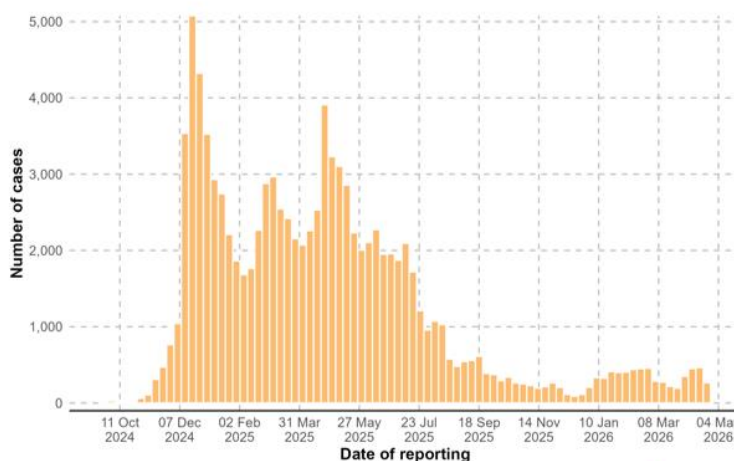
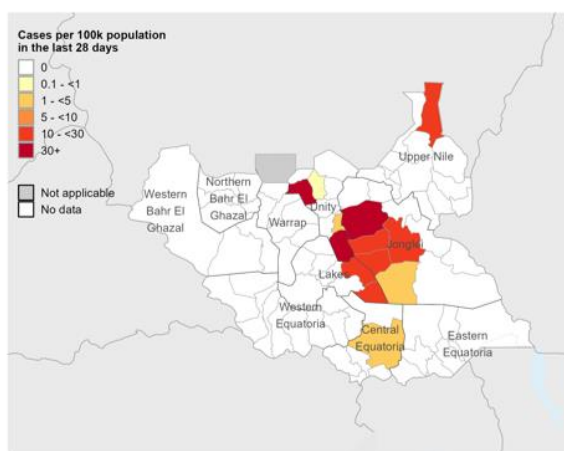
Between 1 January 2026 and 26 April 2026, South Sudan reported a total of 5918 cases and 68 deaths (CFR: 1.1%).

In April 2026, South Sudan reported 1528 new cholera cases and 10 associated deaths (CFR: 0.7%). This represents a 58% increase in cases and a 38% decrease in deaths compared with the previous month. The highest number of cases are reported in Unity (74%), followed by Jonglei (18%) and Lakes (5%) states.

Population displacement and movement related to conflict are likely contributing to cholera persistence and resurgence. 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 water, sanitation and hygiene conditions in internally displaced people camps and suboptimal health-seeking behaviors are also among the factors of cholera community transmission.

Figure 7: South Sudan: Distribution of cases per 100 000 population by county in the last 28 days (left) and weekly case trend (right), as of 26 April 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.