

Multi-country outbreak of cholera



External Situation Report n. 29, published 28 August 2025

Cases – 382 723
Since Jan. 2025

Deaths – 4478
Since Jan. 2025

Countries affected – 31
Since Jan. 2025

Population at risk
1 billion

Global risk –
Very high

In this edition:

- [Overview](#)
- [Global epidemiological update](#)
- [WHO regional overviews](#)
- [Focus on selected subregions and countries](#)
- [Operational updates](#)
- [Key challenges](#)
- [Next steps](#)

Overview

Data as of 27 July 2025

- In July 2025 (epidemiological weeks 27 to 30), a total of 67 705 new cholera and acute watery diarrhoea (AWD) cases were reported from 18 countries, territories, areas (hereafter countries) across two WHO regions, showing a 2% increase from June. The period also saw 624 cholera-related deaths globally, a 14% increase from the previous month.
- In July 2025, the number of cholera cases was 30% lower, while the number of deaths was 43% higher compared to July 2024, when 96 197 cases and 436 cholera-related deaths were reported across 21 countries.
- From 1 January to 27 July 2025, a cumulative total of 382 718 cholera cases and 4478 deaths were reported from 31 countries across four WHO regions, with the Eastern Mediterranean Region recording the highest numbers, followed by the African Region, the South-East Asia Region and the Region of the Americas. No cases were reported in other WHO regions.
- 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. Additionally, extreme weather events and conflict, as experienced in several cholera affected countries, have resulted in low or no reporting from some areas. **Given these complexities, the data presented here likely underestimates the true burden of cholera and should be interpreted with caution.**
- In July 2025, the average stockpile of Oral Cholera Vaccine (OCV) was 4.1M doses, below the emergency stockpile level of five million.

Global epidemiological update

In July 2025, (epidemiological weeks 27 to 30), a total of 67 705 new cholera and AWD cases were reported from 18 countries across two WHO regions, showing a 2% increase from the previous month. The Eastern Mediterranean Region (47 652 cases; four countries) reported the highest number of cases, followed by the African Region (20 053 cases, 14 countries). In the same period, 624 cholera-related deaths were registered, representing a 14% increase compared to June 2025. The highest number of deaths was recorded in the African region (577 deaths; 10 countries), followed by the Eastern Mediterranean Region (47 deaths; three countries).

From 1 January 2025 to 27 July 2025, a cumulative total of 382 718 cholera and AWD cases and 4478 deaths were reported globally across four WHO regions. The region with the highest reported case count was the Eastern Mediterranean Region (212 433 cases; six countries), followed by the African Region (164 804 cases, 21 countries), the South-east Asia Region (2985 cases; five countries) and the Region of the Americas (2496 cases; one country). During this period, cholera and AWD deaths were reported in the African region (3510 deaths), the Eastern Mediterranean Region (936 deaths), the Region of the Americas (31 deaths) and the South-East Asia Region (one death).

The **data presented here should be interpreted cautiously due to potential underreporting and reporting delays**. This may affect the timeliness of reports, and consequently, the presented figures might not accurately represent the true burden of cholera. The diversity of surveillance systems, case definitions, and laboratory capacities among countries means that statistics on cholera cases and deaths are not directly comparable. Additionally, the global case fatality rate (CFR) for cholera warrants a prudent examination as it is heavily influenced by variations in surveillance methodologies. In this document, the term 'cholera cases' encompasses both suspected and confirmed cases, unless specified otherwise for specific countries. The data within this report are subject to potential retrospective adjustments as more accurate information becomes available. For the latest data, please refer to WHO's [Global Cholera and AWD Dashboard](#).

Figure 1. Cholera and acute watery diarrhoea (AWD) cases per 100 000, 1 January to 27 July 2025

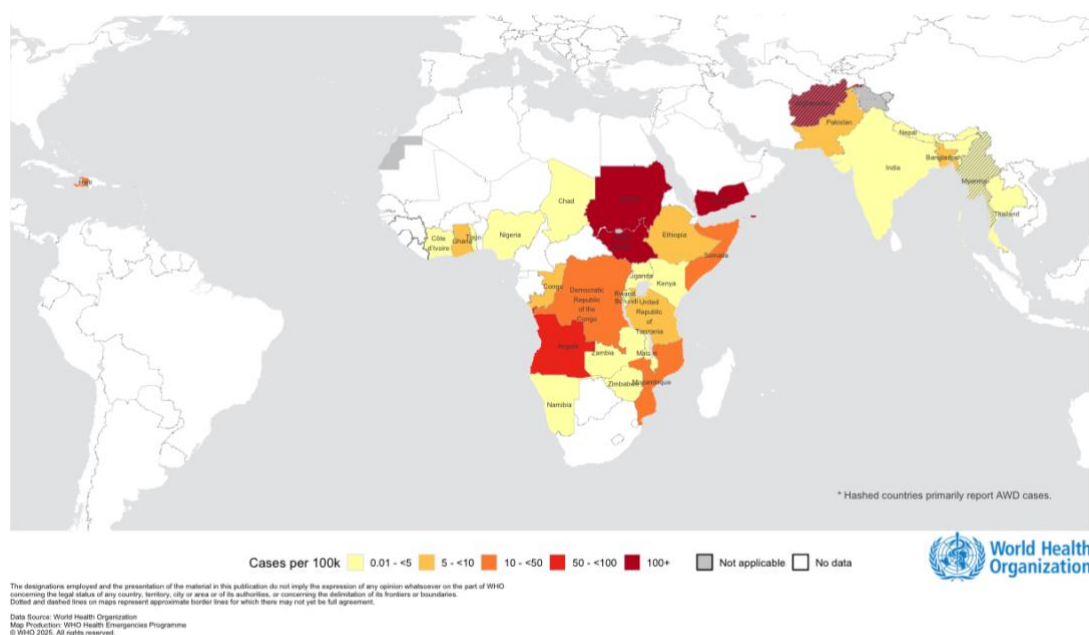


Table 1. Reported cholera and AWD cases and deaths by WHO region, as of 27 July 2025

WHO Region	Country area territory	1 January to 27 July 2025				Last 28 days				
		Cases	Deaths	Cases per 100 000	CFR (%)	Cases	Deaths	CFR (%)	Monthly cases % change	Monthly deaths % change
African Region	Angola	27 666	773	76	2.8	633	13	2.1	-77	-69
	Burundi	451	4	4	0.9	153	4	2.6	189	
	Chad	120	6	1	5.0	120	6	5.0		
	Congo	188	21	3	11.2	184	21	11.4	4 500	
	Côte d'Ivoire	389	19	1	4.9	289	12	4.2	189	71
	Democratic Republic of the Congo	42 760	1 212	36	2.8	8 308	400	4.8	41	107
	Ethiopia	5 920	56	8	0.9	459	5	1.1	-39	67
	Ghana [§]	2 480	14	7	0.6					
	Kenya	425	20	1	4.7	7	0	0.0	-93	
	Malawi [§]	109	2	1	1.8					
	Mozambique	4 179	35	14	0.8	322	2	0.6	2	-33
	Namibia [§]	29	1	1	3.4					
	Nigeria	4 708	113	2	2.4	2 638	48	1.8	600	300
	Rwanda	280	0	2	0.0	13	0	0.0	-41	
	South Sudan	70 516	1 173	569	1.7	6,740	66	1.0	-17	-21
	Togo [§]	164	4	2	2.4					
	Uganda	255	0	1	0.0	99	0	0.0		
	United Republic of Tanzania	3 113	27	5	0.9	88	0	0.0	-71	
	Zambia [§]	483	9	2	1.9					
	Zimbabwe [§]	569	21	4	3.7					
Eastern Mediterranean Region	Afghanistan ^{**}	89 882	42	275	0.0	21 851	16	0.1	26	78
	Pakistan ^{**§}	12 398	0	5	0.0					
	Somalia	6 821	9	42	0.1	1 119	1	0.1	15	0
	Sudan	45 235	722	108	1.6	8 747	0	0.0	1	
	Yemen [*]	58 097	163	172	0.3	15 935	30	0.2	-15	-45
Region of the Americas	Haiti [§]	2 496	31	22	1.2					
South-East Asia Region	Bangladesh [§]	80	0	9	0.0					
	India ^{§#}	925	1	0	0.1					
	Myanmar ^{**§}	1 888	0	3	0.0					
	Nepal [§]	87	0	0	0.0					
	Thailand [§]	5	0	0	0.0					

* Case and death numbers presented are not directly comparable due to differences in case definitions, reporting systems, and general underreporting. All data are subject to verification and change due to data availability and accessibility. Respective figures and numbers will be updated as more information becomes available. The data in Table 1 includes suspected, rapid diagnostic test (RDT) positive, and culture-confirmed cholera cases.

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

** Afghanistan and Myanmar report AWD cases.

*** The reported number of suspected cholera and AWD cases is based on the available [Public Health Bulletin published by the National Institute of Health of Pakistan](#).

^{*} Includes all reported suspected cholera and AWD cases from Yemen.

[§] Countries which did not report cholera cases between 1 and 27 July 2025

[#] Among the total of 925 cases reported from India, 72 cases were confirmed.

WHO regional overviews

African Region

In July 2025, the African Region reported 20 053 new cholera cases across 14 countries, marking a 7% increase compared with June. In this period, the highest number of cases were reported from the Democratic Republic of the Congo (8308), South Sudan (6740) and Nigeria (2638). Additionally, there were 577 cholera-related deaths, a 62% increase compared with the previous month. The highest number of deaths were reported from the Democratic Republic of the Congo (400), South Sudan (66), and Nigeria (48).

From 1 January to 27 July 2025, a total of 164 804 cholera cases were reported across 21 countries in the African Region. The highest number of cases were reported from South Sudan (70 516), the Democratic Republic of the Congo (42 760), and Angola (27 666). In the same period, a total of 3510 deaths were reported from 18 countries with the highest numbers recorded in the Democratic Republic of the Congo (1212), South Sudan (1173) and Angola.

Eastern Mediterranean Region

In July 2025, the Eastern Mediterranean Region reported 47 652 new cholera cases across four countries, marking a 3% increase compared with the case numbers reported in June. During this period, cases were reported from Afghanistan (21 851), Yemen (15 935) and Sudan (8747). Additionally, there were 47 cholera-related deaths, a 75% decrease compared with June. The highest number of deaths were reported from Yemen (30), Afghanistan (16) and Somalia (1).

From 1 January to 27 July 2025, a total of 212 433 cholera cases were reported across six countries in the Eastern Mediterranean Region. During this period, cases were reported from Afghanistan (89 882), Yemen (58 097) and Sudan (45 235). During the same period, a total of 936 deaths were reported from four countries with the highest numbers recorded in Sudan (722), Yemen (1163) and Afghanistan (42).

Region of the Americas

In July 2025, no new cases and cholera-related were reported from the Region of the Americas. From 1 January to 27 July 2025, a total of 2 496 cholera cases and 31 deaths were reported from one country, Haiti.

South-East Asia Region

In July 2025, the South-East Asia Region reported no new cholera cases and cholera-related deaths. From 1 January to 27 July 2025, a total of 2985 cholera cases were reported from five countries in the South-East Asia Region. During this period, cases were reported from Myanmar (1888), India (925), and Nepal (87). During the same period, India reported one death.

Figure 2. Global cholera and AWD cases by week, 1 January 2024 to 27 July 2025

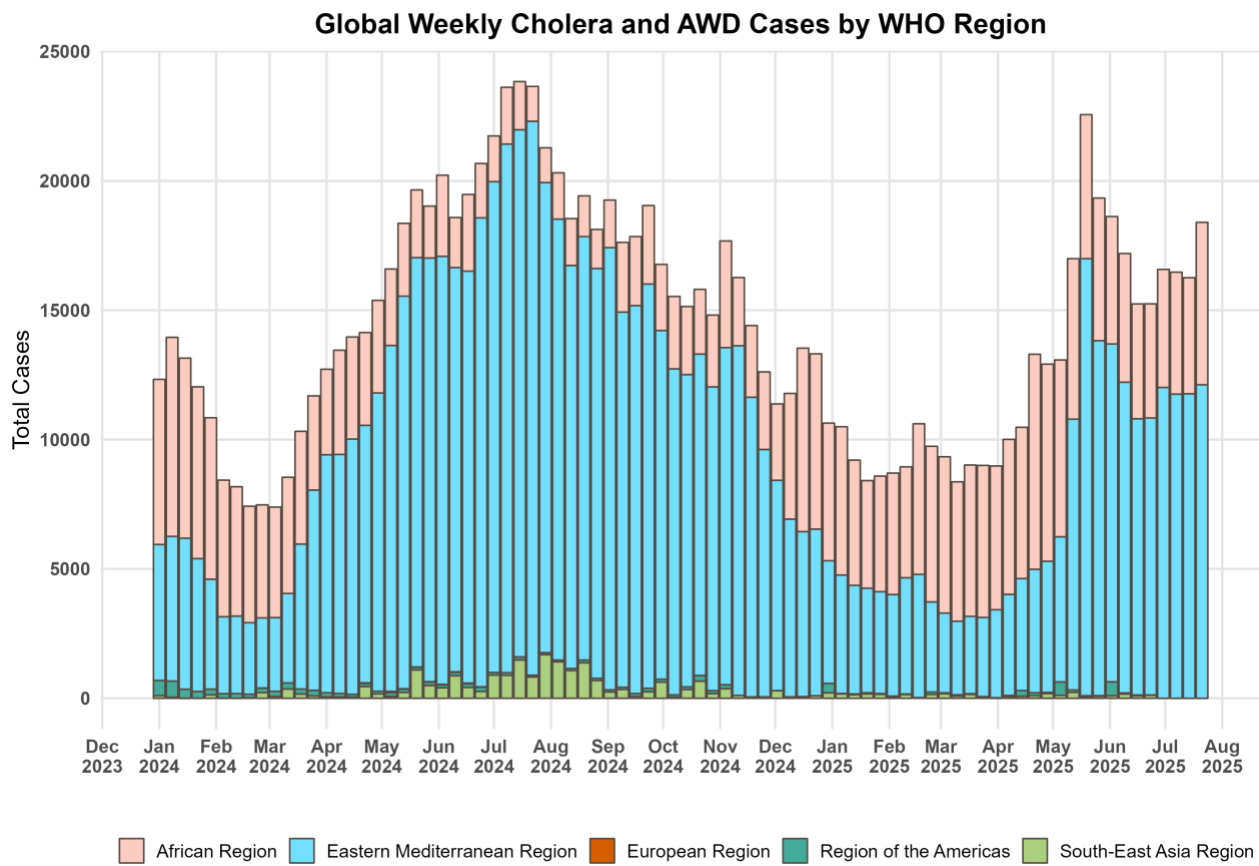
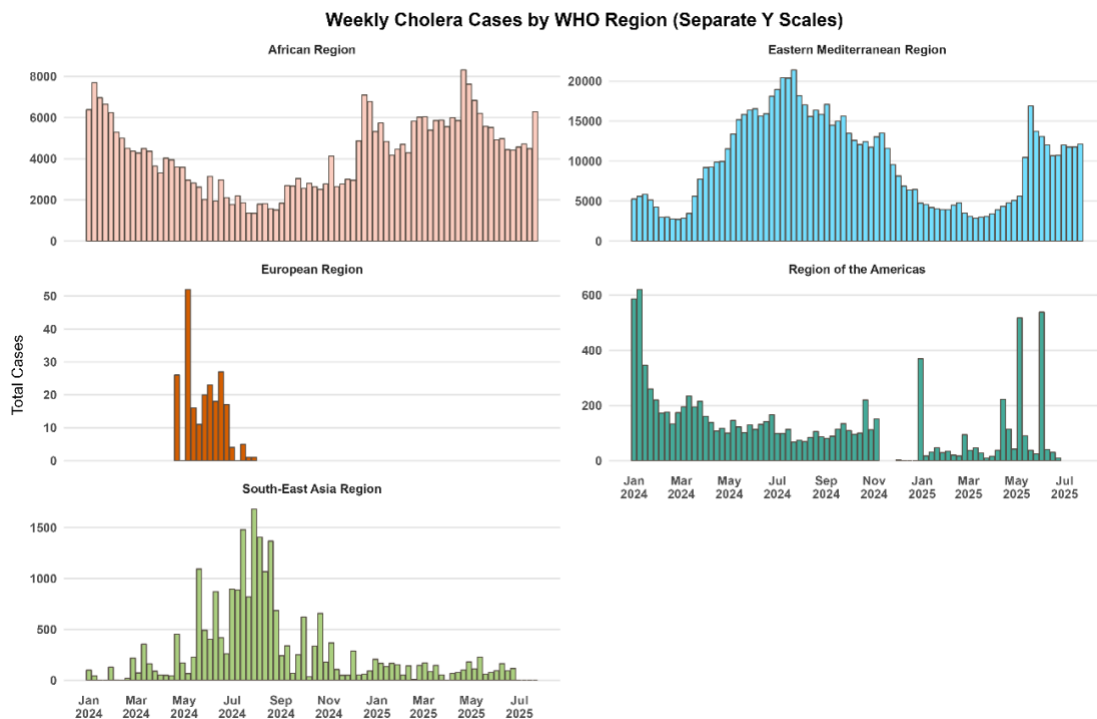


Figure 3. Cholera and AWD cases by WHO Region, 1 January 2024 to 27 July 2025*



*Note: Spikes in cases reported from the Region of the Americas in January, May and June 2025 due to batch reporting.

Focus on selected subregions and countries

Democratic Republic of the Congo

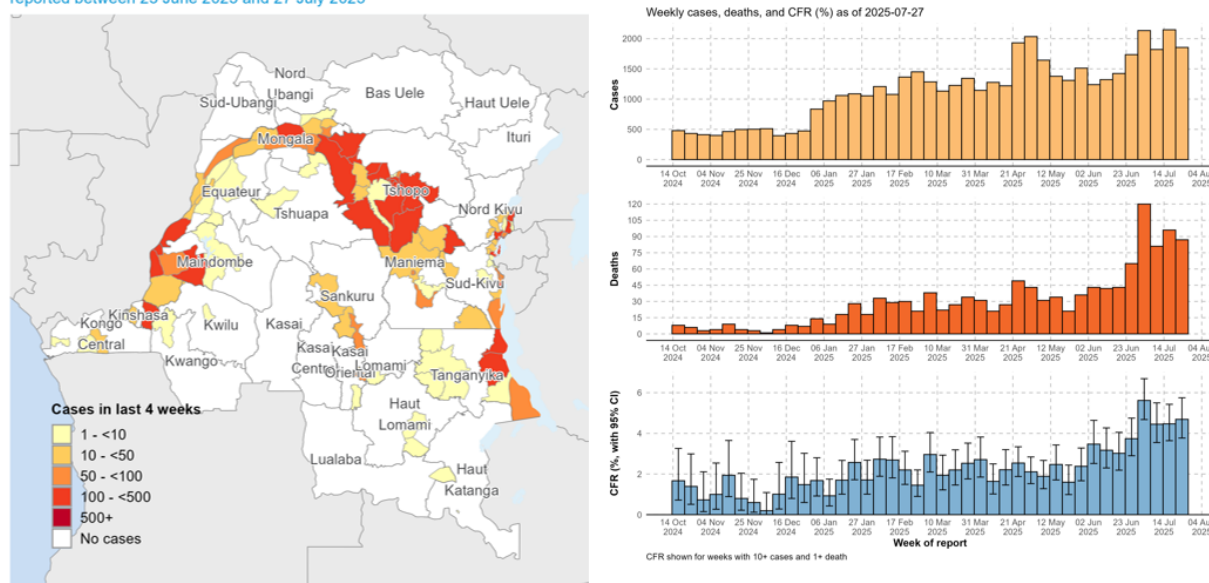
In July 2025, the Democratic Republic of the Congo reported 8308 new cholera cases and 400 associated deaths with a CFR of 4.8%, marking a 41% increase in cases and a 107% increase in deaths compared to June 2025.

Between 1 January 2025 and 27 July 2025, Democratic Republic of the Congo reported a total of 42 760 cases and 1212 deaths with a CFR of 2.8%. In July, most cases were reported from Tshopo, Kinshasa, Tanganyika and Sud-Kivu provinces. In July 2025, cholera cases rose by 185% in Kinshasa, 45% in Tshopo, and 19.9% in Tanganyika, while Sud Kivu recorded a 37% decline compared to June 2025.

Figure 5: Democratic Republic of Congo: Geographic distribution of cases per 100 000 population by province (left). Weekly cholera cases, deaths, and CFR trends (right), as of 27 July 2025.

DRC: cholera cases reported in the last 4 weeks

reported between 23 June 2025 and 27 July 2025



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.

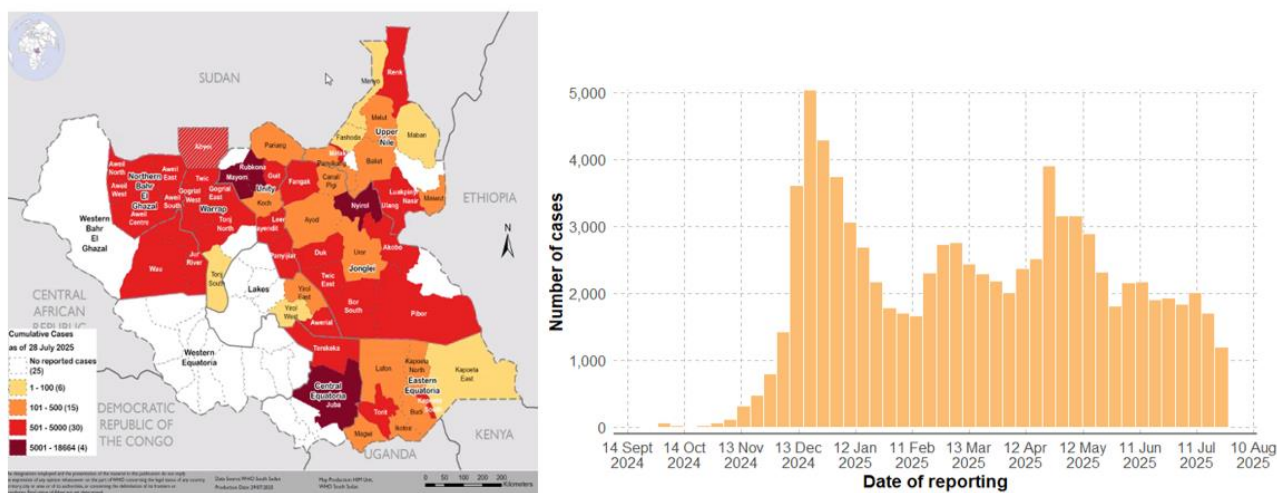
Data Source: World Health Organization, Ministry of Health Democratic Republic of the Congo
Map Production: World Health Organization
Map Date: 24 November, 2025

South Sudan

In July 2025, South Sudan reported 6740 new cholera cases and 66 associated deaths with a CFR of 1%, marking a 17% decrease in cases and a 21% decrease in deaths compared to the previous month.

Between 1 January 2025 and 27 July 2025, South Sudan reported a total of 70 516 cases and 1173 deaths with a CFR of 1.7%. Most cases reported are from Abyei, Rubkona, Mayendit and Mayom. Western Equatoria remains the only state with no reported cholera cases.

Figure 6: South Sudan: Distribution of cumulative cases (left) and weekly case trend (right), as of 27 July 2025.



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



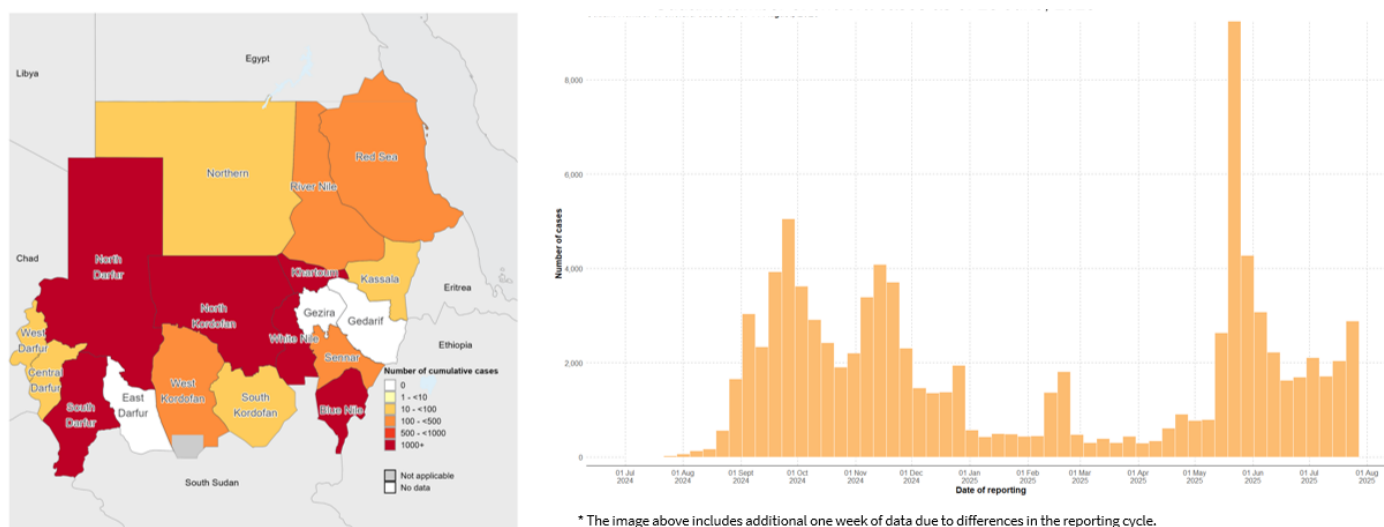
© WHO 2025. All rights reserved.

Sudan

In July 2025, Sudan reported 8747 new cholera cases and 0 associated deaths with a CFR of 0%, marking a 1% decrease in cases compared to the previous month. The ongoing humanitarian crisis continues to affect surveillance systems, with significant under reporting of cases and deaths.

Between 1 January 2025 and 27 July 2025, Sudan reported a total of 45235 cases and 722 deaths with a CFR of 1.6%. The ongoing cholera outbreak continues to expand, with all 18 states reporting cholera cases as of July 2025, with Central Darfur the latest state reporting cases. The first confirmed case in Central Darfur was on 13 July in Golo district. In the Darfur states, the cholera outbreak worsened, with increased cases reported. In July, 2 675 cases were reported in North Darfur compared to 46 cases in June 2025. In South Darfur 700 cases were reported in July 2025, a 185.7% increase compared to June 2025 when 245 cases were reported. The cholera situation is compounded by the presence displaced people across Darfur, many living in overcrowded sites with poor sanitation and frequent cross-border movement with Chad, which is further driving transmission risks.

Figure 7: Sudan: Distribution of cumulative cases per 100 000 population by state (left) and weekly case trend (right), as of 27 July 2025.



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

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.

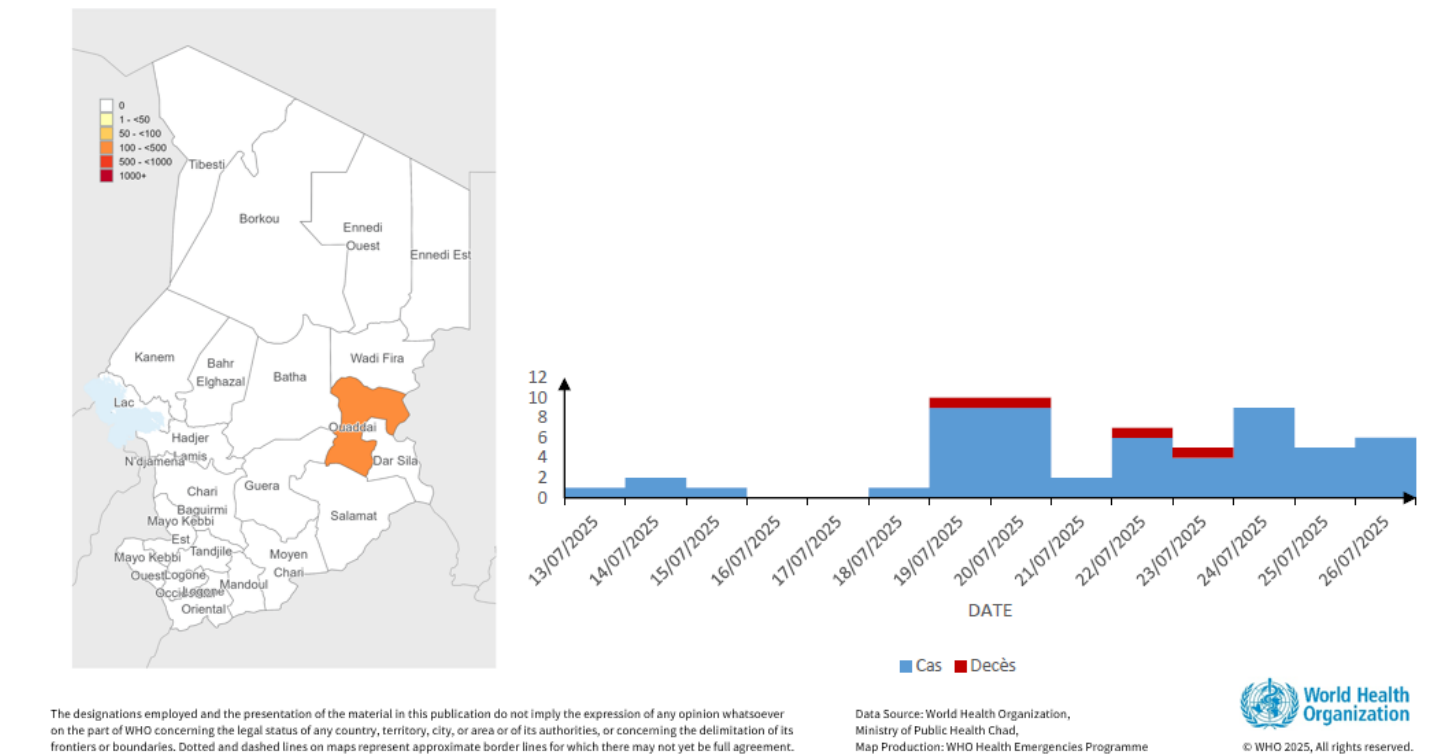
Data Source: World Health Organization, Federal Ministry of Health Sudan
Map Production: World Health Organization
Map Date: 29 December 2024

 World Health Organization
© WHO 2024. All rights reserved.

Chad

Between 13 July (first cholera case notified in 2025) and 27 July 2025, Chad reported a total of 120 cases and 6 deaths, with a CFR of 5.0%. The first suspected case was reported in Dougui Camp in Chokoyane health district, Ouaddai province. Cases are occurring in both camp and host populations with significant movement occurring between the two. The ongoing cholera outbreak in Chad highlights ongoing risk of cross-border transmission of cases.

Figure 8: Chad: Distribution of cumulative cases by region (left) and daily case trend (right), as of 27 July 2025.

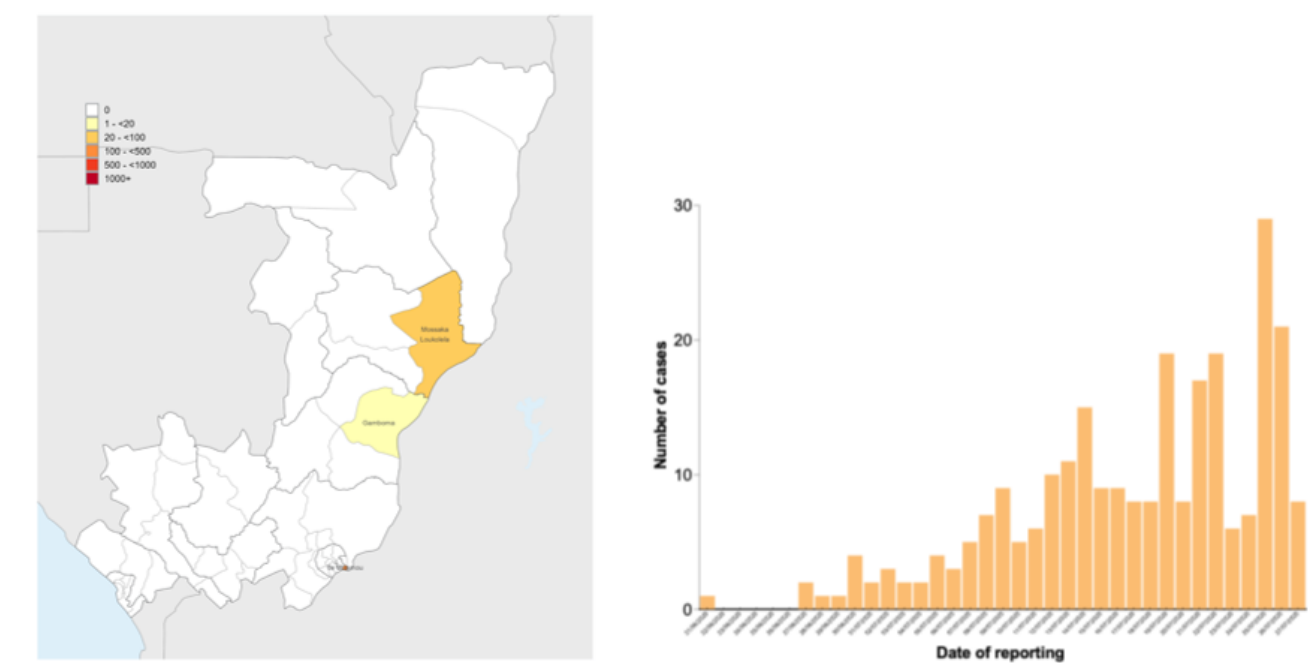


Republic of the Congo

In July 2025, Congo has reported 188 cases and 21 deaths, with a CFR of 11.2%, marking a 4.6% increase in cases compared to June 2025. The first case was reported on 23 June 2025, with an increase in cholera cases reported in several localities along the Congo River. Current trends indicate continued spread, with outbreaks mainly located in remote areas with high WASH vulnerabilities and high population density.

Between 1 January 2025 and 27 July 2025, Congo reported a total of 188 cases and 21 deaths, with a CFR of 11.2%.

Figure 9: Congo: Distribution of cumulative cases by district (left) and daily case trend (right), as of 27 July 2025.



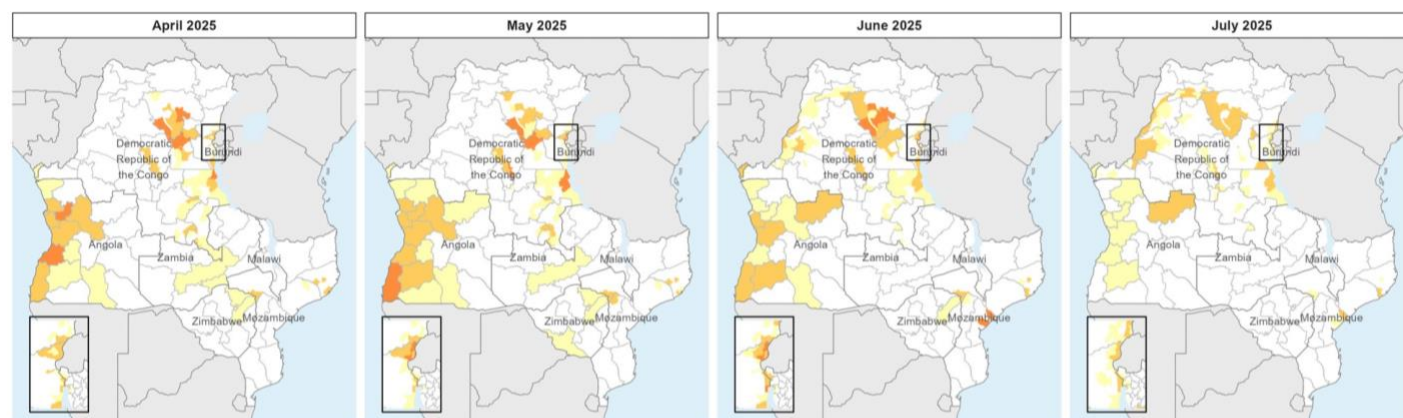
The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city, or area or of its authorities, or concerning the delimitation of its frontiers or boundaries.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

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



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

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



Not applicable Cases per 100k 0 1 - <10 10 - <100 100 - <500 500 - <1000 1000+



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

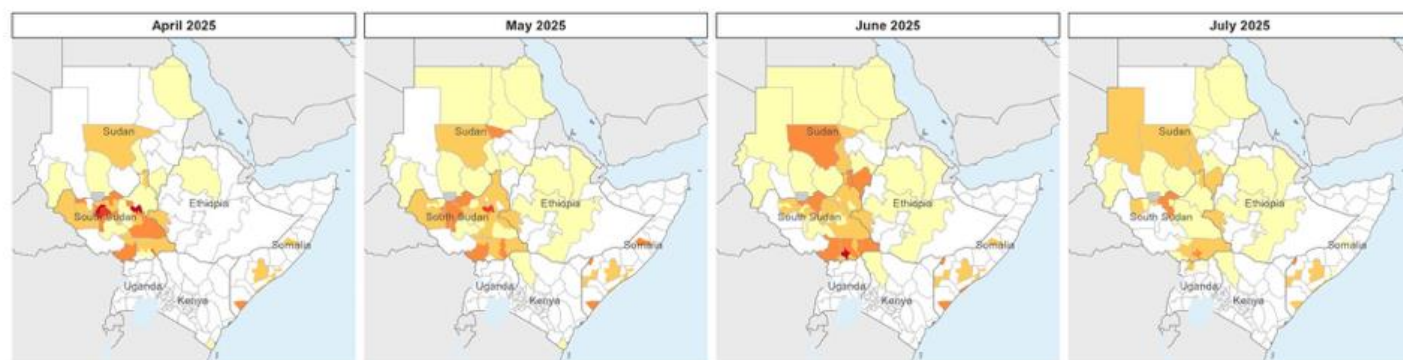
Map Production: WHO Health Emergencies Programme

© WHO 2025. All rights reserved.

Data as of: Angola: 27/07/2025, Burundi: 27/07/2025, Malawi: 13/04/2025, Mozambique: 27/07/2025, Zambia: 18/05/2025, Zimbabwe: 18/06/2025, Democratic Republic Of The Congo: 14/07/2025. The date corresponds to the first day of the epi-week (from Monday to Sunday cycle).

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

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



Not applicable Cases per 100k 0 1 - <10 10 - <100 100 - <500 500 - <1000 1000+



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

© WHO 2025. All rights reserved.

Data as of: Ethiopia: 27/07/2025, Kenya: 27/07/2025, Uganda: 13/07/2025, Sudan: 14/07/2025, Somalia: 20/07/2025, South Sudan: 21/07/2025. The date corresponds to the first day of the epi-week (from Monday to Sunday cycle).

Operational updates

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

Coordination

- WHO is actively coordinating response efforts with partners, including the Global Outbreak Alert and Response Network (GOARN) and Standby Partners (SBP) to support country needs.
- Between 1 January and 27 July 2025, GOARN supported a total of 16 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, 12 experts have been deployed (for 3 to 6 months) to five countries (Angola, Comoros, Jordan, Panama, and South Sudan, through SBP to support the cholera response in areas such as Information Management, Partner/Cluster Coordination, Preventing and Responding to Sexual Exploitation, Abuse and Harassment (PRSEAH), Infection Prevention and Control (IPC) / WASH, Risk Communication and Community Engagement (RCCE), Epidemiology, Cholera response coordination, Case Management, Operations Support and Logistics (OSL), including remote global WASH support.
- GOARN is organizing and chairing a biweekly cholera partners' coordination call with partners and donors to discuss ongoing activities, needs, and gaps, facilitating ground-level coordination in affected countries, with calls so far focused on Angola, DRC, South Sudan, Yemen, Sudan, and Chad.

Public health surveillance

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

Laboratory

- The GTFCC has published guidance and tools for cholera testing laboratories, covering various aspects of surveillance, testing, and reporting. All available guidance is accessible through a [quick reference guide](#), and documents are available in English, French, and in some instances, Arabic and Portuguese.
- Recent GTFCC publications include: training materials on [Sample collection and testing with Rapid Diagnostic Tests for cholera for health care workers](#) in English, French and Arabic and job aids [Sample collection for cholera testing](#) and [Vibrio cholerae O1/O139 preservation methods](#).
- Technical support is being provided to countries to define and implement testing strategies during outbreaks.
- Support and assistance were provided in developing laboratory strengthening plans for countries. In Nigeria, a cholera laboratory assessment was conducted using GTFCC tools. The assessment covered both federal government public health facilities, a selection of culture laboratories and RDT providers across the seven zones, a total of 19 sites over three weeks, focusing on the fundamentals of cholera diagnostics. Findings and feedback were shared with the Federal Ministry of Health, Federal Ministry of Water Resources, Federal Ministry of Environment, and key partners including FIND, Africa CDC, UKHSA, and CHAI to guide discussions on gap-filling and next steps.
- Support is provided for the identification of laboratory diagnostic supply needs, deployment of laboratory supplies in countries with acute and active outbreaks and prepositioning of supplies for preparedness and readiness in key countries.
- Collaboration is ongoing with Gavi for the procurement of cholera RDTs for Gavi-eligible countries for cholera surveillance, including outbreak monitoring.

Vaccination

- The global OCV stockpile averaged 4.1 million doses making this the second consecutive month with average stock level below the emergency stock level of 5 million doses. The threshold of 5 million doses is the minimum that should be available at all times for outbreak response.
- Between January and July 2025, 35 new emergency requests were submitted – compared to 11 in during the same period in 2024 – by 11 countries: Angola (3), DR Congo (4), Ethiopia, Ghana (4), Ivory Coast, Kenya, Mozambique, Myanmar, Nigeria (2), South Sudan (11), Sudan (6) collectively requesting 47 million doses for single dose campaigns (compared to 30 million in 2024). Thirty-three requests were approved, while two were not approved by the International Coordinating Group (ICG) on Vaccine Provision.
- Despite these efforts, the growing demand for OCV continues to exceed supply, severely constraining preventive vaccination campaigns. Urgent expansion of vaccine production remains critical.

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

- Continual support provided to countries with ongoing outbreaks. Support on use of antibiotics provided to multiple countries (eg. Chad, Sudan) during the reporting period.
- Support to online case management trainings specifically for clinicians in Sudan
- Multiple tools and job aids have to support case management in the field have been developed and are available online including posters to support clinical care, recommendations on the set up and management of oral rehydration points and recommendations on the use of antibiotics [Guidelines & technical documents – GTFCC](#) (case management) An online case management training was recently published on OpenWHO cholera page and is accessible for all (in English): [OpenWHO.org - Cholera](#)
- WHO is supporting water quality monitoring activities in response to Cholera outbreaks in South Sudan, Sudan and DRC. Assessment of WASH and IPC services is ongoing in cholera treatment centers and improvement plans have been developed to improve compliance to required standards.

Risk communication and community engagement (RCCE)

- Ongoing regular coordination and information sharing with RCCE focal points, supporting countries upon request.
- Deployment of RCCE expert in South Sudan ongoing in coordination with other responding pillars and authorities.
- Continuing weekly partners coordination through the RCCE Collective Service, GOARN, and bilateral engagement.
- Compiling existing RCCE materials from regions and countries and guidance and tools into a repository.
- Following up on the development of the integrated continental plan and RCCE pillar, with now reviewed focus countries: Burundi, DRC, Malawi, Sierra Leone, and Uganda.
- AIRA's actions include sharing "Viral Facts Africa" communication packages and explainer videos before and during epidemics, and coordinating with partners like IFRC and UNICEF to produce joint community insights reports and inter-agency action trackers

Key challenges

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

- Cholera's highly infectious nature, compounded by disasters from natural hazards and climatic effects, significantly hampers containment efforts.
- Inadequate WASH infrastructure and lack of reliable data continue to drive cholera transmission in affected regions.
- Despite strong efforts by producer and partners, insufficient OCV production, which hinders the implementation of preventive vaccination and allow campaigns to be implemented only in the most affected areas, leaving vulnerable populations exposed to continued transmission.
- Barriers to care in fragile, conflict, and violence zones or areas experiencing social unrest, making it difficult for affected populations to access treatment and prevention services.
- Surveillance and reporting gaps, with limited capacity and delayed data due to political and economic challenges, hindering timely response.
- Heightened risk of cross-border transmission, fueled by porous borders, inadequate surveillance, and low community awareness.
- Insufficient coordination between governments, non-governmental organizations, and international agencies, affecting the overall effectiveness of response efforts.
- Staff shortages, with insufficient experienced personnel available for deployment during emergencies, further complicating response efforts.
- Exhausted national response capacities, as countries face concurrent large-scale cholera outbreaks and other emergencies, straining resources.
- Funding and resource gaps remain a challenge, with the withdrawal of key donor support impacting response efforts in several high-burden countries; sustained international and national investment is needed for prevention, preparedness, and outbreak management.

Next steps

To address the challenges identified above, WHO, UNICEF, IFRC, and partners continue to work together.

- Cholera scenario planning and forecasting will continue to be updated, considering the impact of severe climatic events at global, regional, and national levels.
- WHO will continue advocating for investment in cholera preparedness and response, emphasizing that long-term investment is essential for sustainable solutions, while immediate investment is needed for rapid emergency response to the current surge in cases. 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: Highlighted Technical guidance and other resources

- Cholera fact sheet
- Ending Cholera, A Global Roadmap To 2030
- Global Task Force on Cholera Control (GTFCC)
- GTFCC fixed ORP interim guidance and planning
- WHO Clinical tools for cholera treatment facilities: <https://iris.who.int/handle/10665/379760>
- Public health surveillance for cholera, Guidance document, 2024
- Recommendations for reporting cholera to the regional and global levels, 2025
- AFRO Weekly outbreaks and emergency bulletin
- Cholera upsurge (2021-present) web page