Multi-country outbreak of cholera

External Situation Report n. 26, published 22 May 2025

Cases – 157 035 *Since Jan. 2025*	Deaths – 2148 *Since Jan. 2025*	Countries affected – 25 *Since Jan. 2025*	Population at risk 1 billion	Global risk – Very high

In this edition:

Overview

Data as of 27 April 2025

- In April 2025 (epidemiological weeks 14 to 17), a total of 37 147 new cholera and/or acute watery diarrhoea (AWD) cases were reported from 18 countries, territories, areas (hereafter countries) across three WHO regions, showing a 5% increase from March. The African Region registered the highest number of cases, followed by the Eastern Mediterranean Region and the South-East Asia Region. The period also saw 561 cholera-related deaths globally, highlighting a 3% decrease from the previous month.
- In April 2025, the number of cholera cases was 35% lower, while the number of deaths was 71% higher compared to April 2024, when 57 263 cases and 328 cholera-related deaths were reported across 24 countries.
- Importantly, the overall cholera data remains incomplete due to underreporting and reporting delays. Additionally, extreme weather events and conflict, such as the ongoing insecurity in the Democratic Republic of the Congo, 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**.
- 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.
- From 1 January 2025 to 27 April 2025, a cumulative total of 157 035 cholera cases and 2148 deaths were reported from 26 countries across three WHO regions, with the African Region recording the highest numbers, followed by the Eastern Mediterranean Region, and the South-East Asia Region. No cases were reported in other WHO regions.
- As of 19 May, the stockpile of Oral Cholera Vaccine (OCV) stands at 3.6 million doses – below the minimum emergency threshold of five million. Persistent global demand continues to exceed supply, undermining efforts to contain cholera outbreaks, ensure rapid response, and conduct preventative campaigns.

Global epidemiological update

In April 2025 (epidemiological weeks 14 to 17), a total of 37 147 new cholera and AWD cases were reported from 18 countries across three WHO regions, showing a 5% increase from March 2025. The African Region (22 801 cases; 12 countries) reported the highest number of cases, followed by the Eastern Mediterranean Region (14 103 cases; four countries), and the South-East Asia Region (243 cases; two countries). No cases were reported in other WHO regions. In the same period, 561 cholera-related deaths were also registered globally, representing a 3% decrease compared with March. The highest number of fatalities was recorded in the African Region (504 deaths; eight countries), followed by the Eastern Mediterranean Region (57 deaths; four countries). No deaths were reported in the South-East Asia region.

From 1 January to 27 April 2025, a cumulative total of 157 035 cholera cases and 2148 deaths were reported globally across three WHO regions. The region with the highest reported case count was the African Region (91 195 cases; 17 countries), followed by the Eastern Mediterranean Region (63 972 cases; six countries), and the South-East Asia Region (1868 cases; five countries). During this period, cholera deaths were reported in the African Region (1913 deaths), and the Eastern Mediterranean Region (235 deaths). No deaths were reported in the South-East Asia Region.

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 April 2025

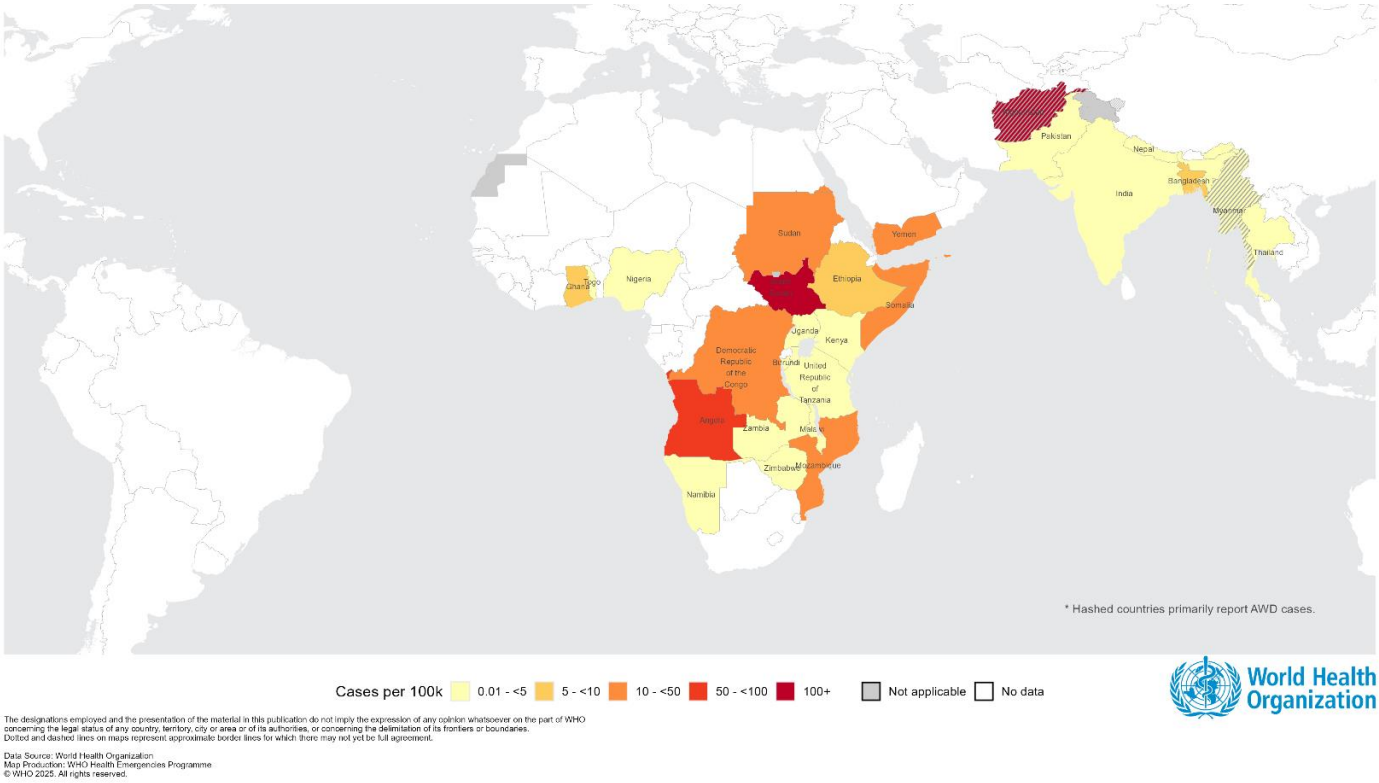


Table 1. Reported cholera and AWD cases and deaths by WHO region, as of 27 April 2025

WHO Region	Country, area, territory	1 January to 27 April 2025				Last 28 days				
		Cases	Deaths	Cases per 100 000	CFR (%)	Cases	Deaths	CFR (%)	Monthly cases % change	Monthly deaths % change
African Region	Angola	15 844	547	44	3.5	6 201	164	2.6	55	-8
	Burundi	212	0	2	0	69	0	0	44	
	Democratic Republic of the Congo	21 527	452	18	2.1	5 600	129	2.3	-4	5
	Ethiopia	4 008	41	5	1	1 416	6	0.4	7	-25
	Ghana	2 474	14	7	0.6	68	0	0	-87	
	Kenya	171	9	0	5.3	102	4	3.9	240	0
	Malawi§	70	1	0	1.4					
	Mozambique	3 040	22	11	0.7	849	4	0.5	-51	-78
	Namibia§	22	0	1	0					
	Nigeria	1 307	34	1	2.6	80	6	7.5	-22	
	South Sudan	38 719	740	312	1.9	8 042	187	2.3	-10	-13
	Togo§	164	4	2	2.4					
	Uganda§	156	3	1	1.9					
	United Republic of Tanzania	2 491	20	4	0.8	307	4	1.3	-14	-20
	Zambia	477	9	2	1.9	49	0	0	-64	
	Zimbabwe	513	17	3	3.3	18	0	0	-92	
Eastern Mediterranean Region	Afghanistan**	31 813	11	97	0	10 182	3	0	41	50
	Pakistan***§	6 424	0	3	0					
	Somalia	3 035	5	19	0.2	768	4	0.5	11	
	Sudan	9 758	209	23	2.1	1 801	49	2.7	37	345
	Yemen¥	12 942	10	38	0.1	1 352	1	0.1	-1	
South-East Asia Region	Bangladesh§	80	0	9	0					
	India§#	327	0	0	0					
	Myanmar**	1 371	0	3	0	241	0	0	-20	
	Nepal	85	0	0	0	2	0	0	100	
	Thailand§	5	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 April 2025
# Among the total of 327 cases reported from India, 16 cases were confirmed.

WHO regional overviews

African Region

In April 2025, the African Region reported 22 801 new cholera / AWD cases across 12 countries, marking a 2% decrease since March. During this period, the highest number of cases were reported from South Sudan (8042), Angola (6201), and the Democratic Republic of the Congo (5600). Additionally, there were 504 cholera-related deaths, a 11% decrease compared with March. The highest number of deaths were reported from South Sudan (187), Angola (164), and the Democratic Republic of the Congo (129).

From 1 January to 27 April 2025, a total of 91 195 cholera / AWD cases were reported across 17 countries in the African Region. The highest number of cases were reported from South Sudan (55 103), the Democratic Republic of the Congo (53 136), and Ethiopia (31 160).

During the same period, a total of 1913 deaths were reported from 18 countries, with the highest numbers recorded in South Sudan (1071), the Democratic Republic of the Congo (889), and Nigeria (768).

Eastern Mediterranean Region

In April 2025, the Eastern Mediterranean Region reported 14 103 new cholera / AWD cases across four countries, marking a 22% increase since March. During this period, the highest number of cases were reported from Afghanistan (10 182), Sudan (1801), Yemen (1352), and Somalia (768). Additionally, there were 57 cholera-related deaths, a 338% increase compared with March. Those deaths were reported from Sudan (49), Somalia (4), Afghanistan (3), and Yemen (1).

From 1 January to 27 April 2025, a total of 63 972 cholera / AWD cases were reported across six countries in the Eastern Mediterranean Region. The highest number of cases were from Yemen (273 494), Afghanistan (207 075), and Pakistan (83 641). During the same period, a total of 235 deaths were reported from five countries, with the highest numbers recorded in Sudan (1507), Yemen (889), and Somalia (143).

South-East Asia Region

In April 2025, the South-East Asia Region reported 243 new cholera / AWD cases across two countries, marking a 47% decrease since March. During this period, cases were reported from Myanmar (241) and Nepal (2). No cholera-related deaths were reported in the region during this period.

From 1 January to 27 April 2025, a total of 1868 cholera / AWD cases were reported across five countries in the South-East Asia Region. The highest number of cases were reported from India (11 730), Myanmar (8869), Bangladesh (655), Nepal (445), and Thailand (16). A total of 58 cholera-related deaths were reported in India.

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

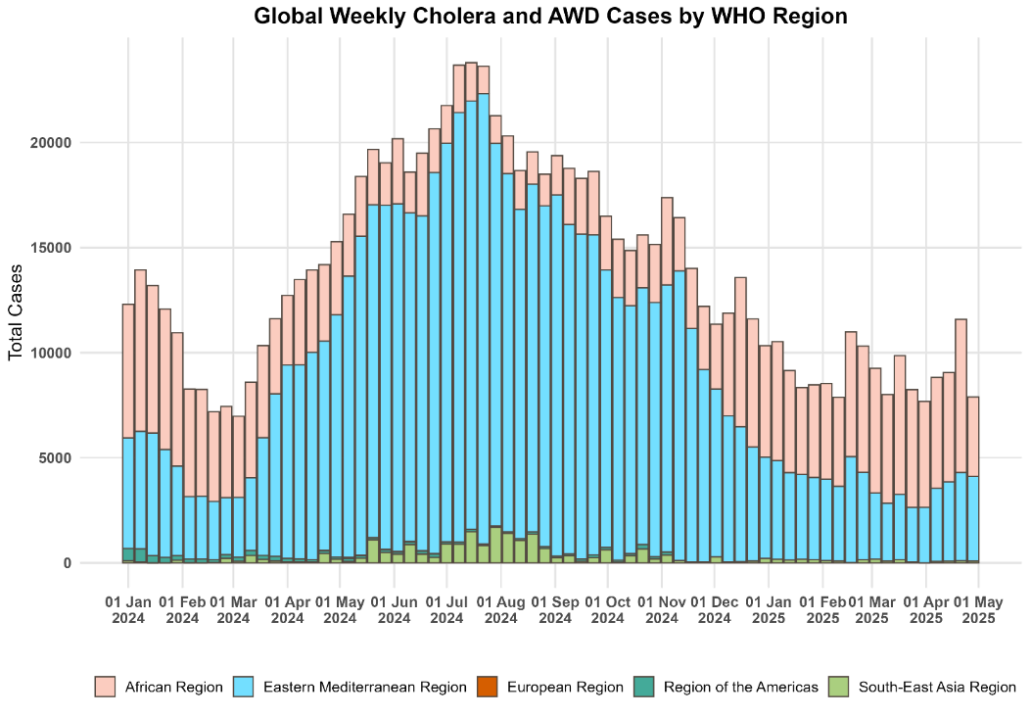
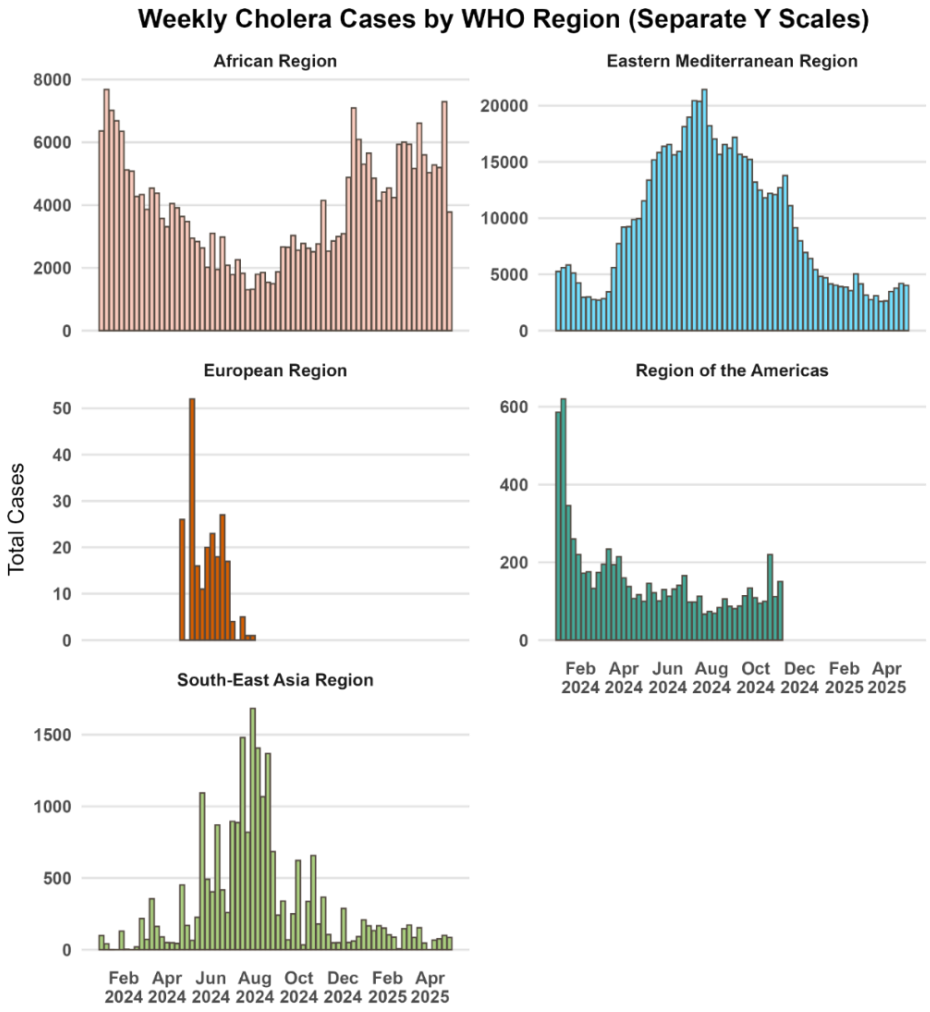


Figure 3. Cholera and AWD cases by WHO Region, 1 January 2024 to 27 April 2025



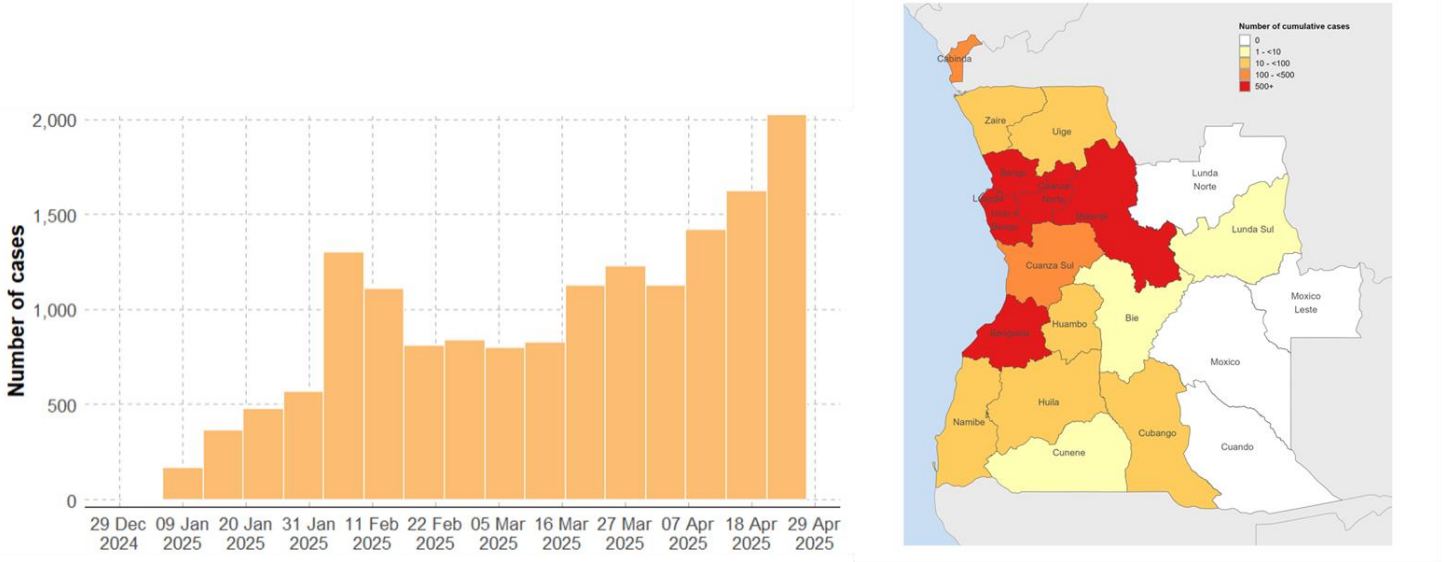
Focus on selected subregions and countries

Angola

In April 2025, Angola reported 6201 new cholera cases and 164 associated deaths with a CFR of 2.6%, marking a 55% increase in cases and an 8% decrease in deaths compared to March.

Between 1 January and 27 April 2025, Angola reported a total of 15 844 cases and 547 deaths (including 180 community deaths) with an overall CFR of 3.5% and a facility CFR of 2.2%. During this period, cases are reported from 17 out of 21 provinces in the country, with the majority reported from Luanda, Bengo, Benguela, and Cuanza Norte provinces. The ongoing geographic expansion of cases in recent weeks is a growing concern, as provinces including Benguela, Cuanza Norte, Cuanza Sul, Huila, Malanje, and Namibe report a deteriorating epidemiological situation.

Figure 4. Angola: Daily cases and deaths trend (Left) and geographic distribution of cases (Right), as of 27 April 2025



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

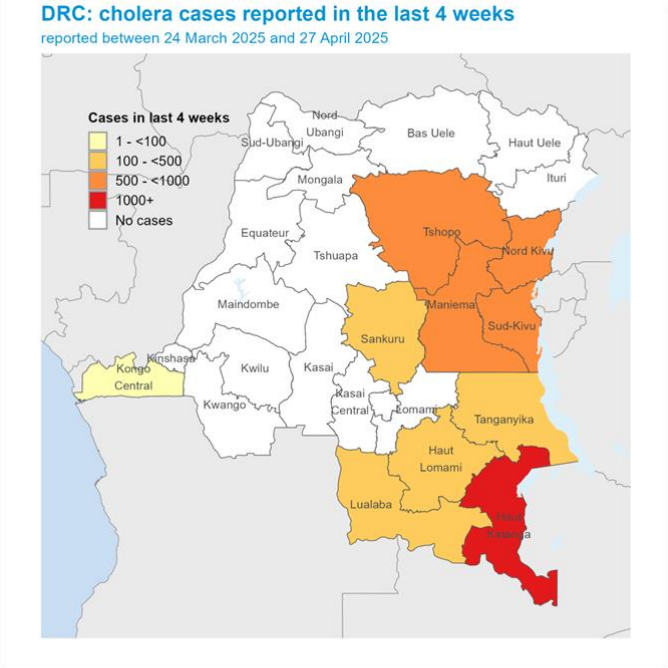
Democratic Republic of the Congo

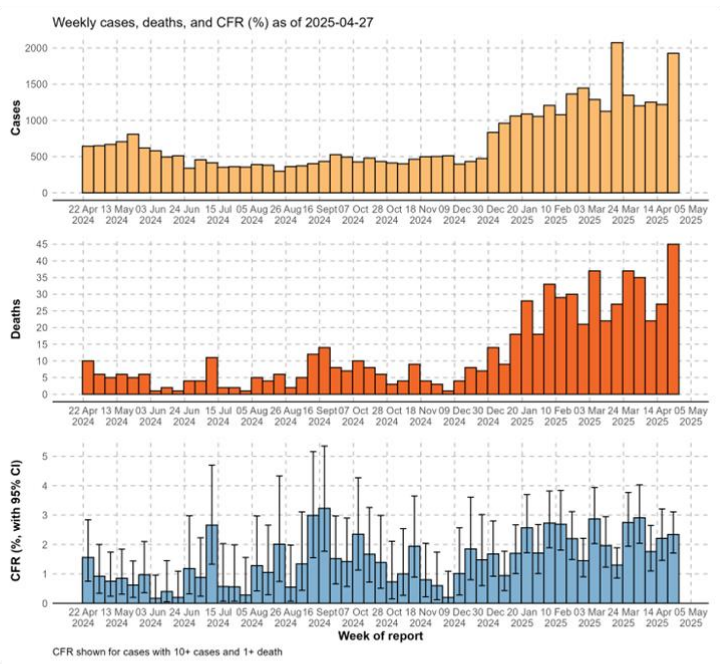
In April 2025, the Democratic Republic of the Congo reported 5600 new cholera cases and 129 associated deaths with a CFR of 2.3%, marking a 4% decrease in cases and a 5% increase in deaths compared to March.

Between 1 January and 27 April 2025, the Democratic Republic of the Congo reported a total of 21 527 cases and 452 deaths with a CFR of 2.1%. Most of the cases are reported from Haut Katanga, Haut Lomami, North Kivu, South Kivu, and Tanganyika provinces.

In recent weeks, the epidemiological situation has deteriorated in provinces such as Haut-Katanga, Maniema, Sankuru, South Kivu, Tanganyika, and Tshopo. In these areas, various risk factors such as ongoing conflicts, population displacement, flooding, and logistical constraints are impacting the situation. In light of the critical outbreak situation in neighbouring Angola, cross-border surveillance efforts are being intensified to reduce the risk of further spillover into adjacent provinces.

Figure 5. Democratic Republic of the Congo: Geographic distribution of cholera cases per 100 000 population by province (Left). Weekly case, death, and CFR trends (Right), as of 27 April 2025



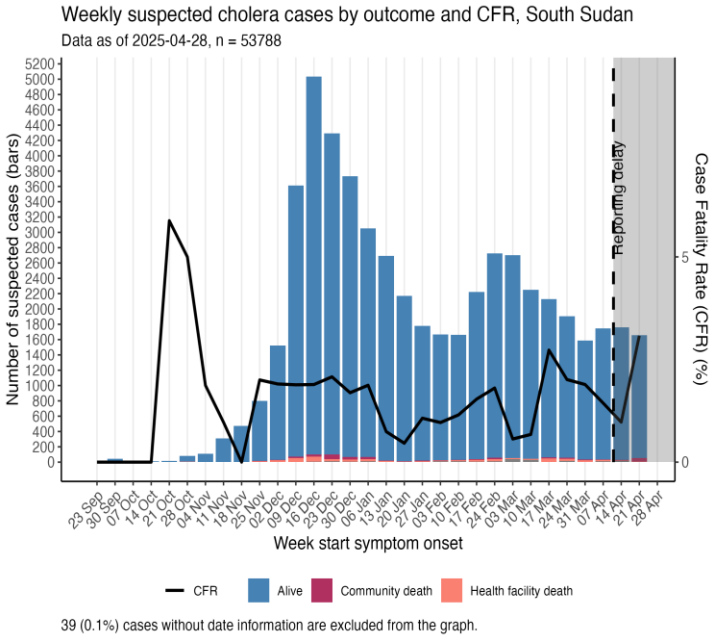


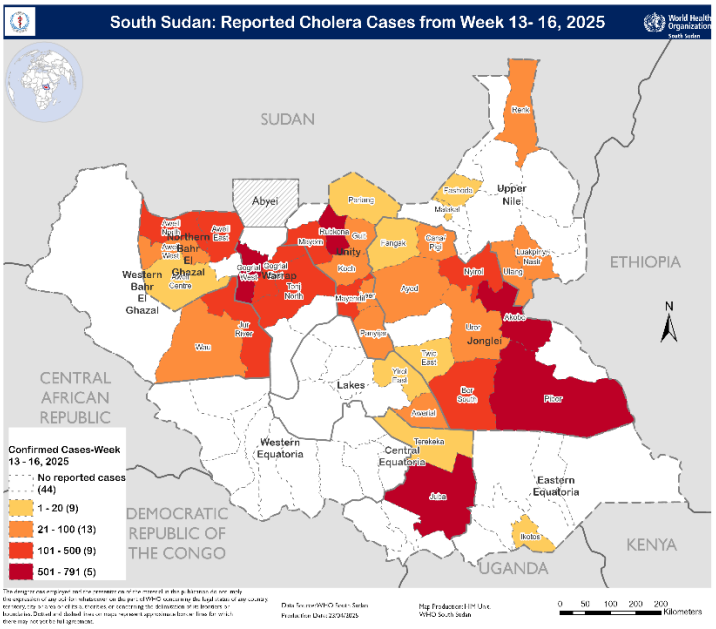
South Sudan

In April 2025, South Sudan reported 8042 new cholera cases and 187 associated deaths with a CFR of 2.3%, marking a 10% decrease in cases and a 13% decrease in deaths compared to March.

Between 1 January and 27 April 2025, South Sudan reported a total of 38 719 cases and 740 deaths with an overall CFR of 1.9% and a facility CFR of 1%. Cases were reported across 46 counties in nine states and two administrative areas. During this period, most of the cases were reported from Gogrial East (23.9%), Juba (19.7%), Tonj North (14.4%), and Nyirol (13.7%) counties.

Figure 6. South Sudan: Distribution of cases (Left) and weekly case trend (Right), as of 27 April 2025



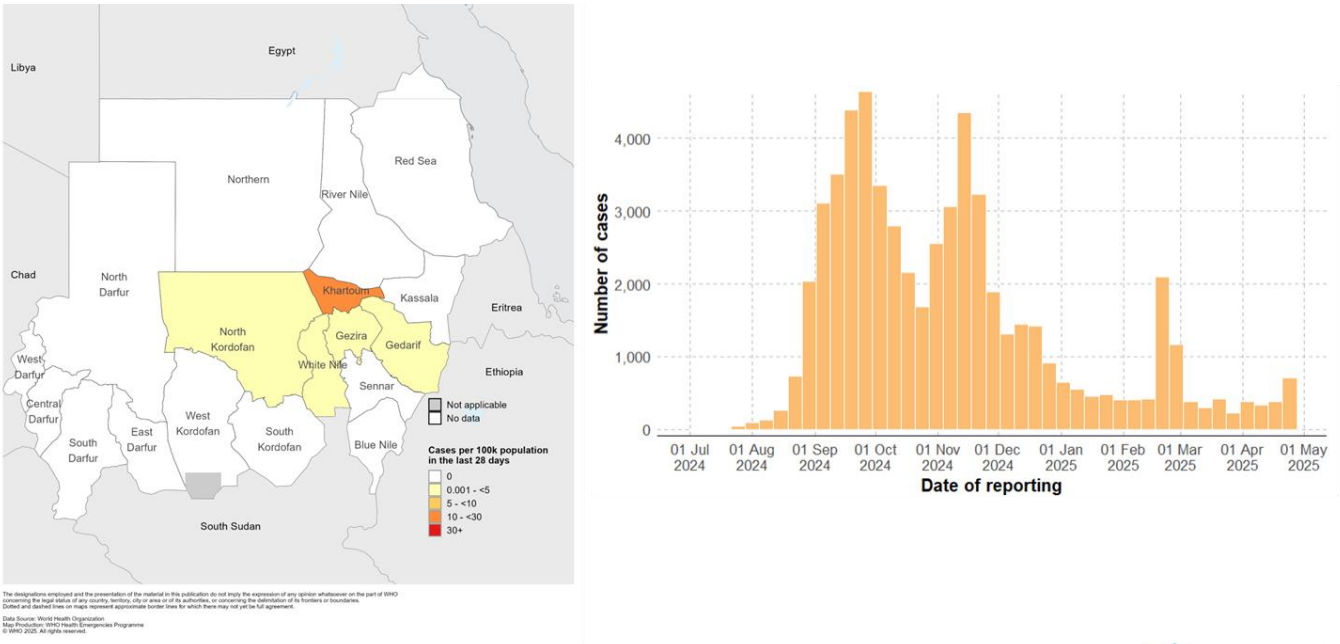


Sudan

In April 2025, Sudan reported 1801 new cholera cases and 49 associated deaths with a CFR of 2.7%, marking a 37% increase in cases and a 345% increase in deaths compared to March.

Between 1 January 2025 and 27 April 2025, Sudan reported a total of 9758 cases and 209 deaths with a CFR of 2.1% from 12 out of 18 states in the country. During this period most cases are reported in the White Nile, Khartoum, and North Kordofan states.

Figure 7. Sudan: Distribution of cases per 100 000 population by state (Left) and weekly case trend (Right), as of 27 April 2025



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

Operational updates

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

Coordination

- The Ministry of Health of Angola issued a request for Emergency Medical Teams (EMT) assistance to support the cholera outbreak response, with a focus on Cholera Treatment Centre (CTC) setup, early case management, infection prevention and control (IPC), and capacity building. In April, the National Institute of Medical Emergencies (INEM) from Portugal and Malteser International were deployed.
- The EMT Coordination Cell (EMTCC) was activated in Benguela Province on 17 April 2025, led by WHO and the Portuguese EMT in coordination with the Ministry of Health. The EMTCC is supporting coordination, assessments, and preparedness for incoming EMT deployments. Regular briefings have been provided to the Global Outbreak Alert and Response Network (GOARN) and Standby Partners (SBP) to ensure coordinated efforts and share the latest operational updates on the cholera response.
- In response to country needs and with partners' support, experts have been deployed through GOARN, SBP, and EMT. As of 27 April 2025, 28 experts have been deployed to Comoros, Haiti, Kenya, Lebanon, Malawi, Mozambique, Sudan, Zambia, Yemen and South Sudan through GOARN to support the cholera response in areas such as Health Operations, Case Management, Social Anthropology, Epidemiology/Surveillance, and Partner Coordination.
- Additionally, 24 experts have been deployed (for 3 to 6 months) to ten countries (Cameroon, Comoros, Ethiopia, Haiti, Malawi, Myanmar, Mozambique, Zambia, South Sudan and Amman) 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), IPC/ Water, Sanitation and Hygiene (WASH), Risk Communication and Community Engagement (RCCE), Epidemiologist, Cholera response coordinator, Case Management, Operations Support and Logistics (OSL), including remote global WASH support.
- WHO appreciates the support from Standby Partners for this response.

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 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.
- 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. 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, 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 in the development of laboratory strengthening plans for countries are being provided on a case-by-case basis.
- 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

- As of 19 May, the global OCV stockpile stands at 3.6 million doses – well below the minimum threshold of five million doses required to maintain an effective emergency reserve. The gap between supply and growing global demand continues to strain outbreak response capacities, delay timely vaccination campaigns, and limit the ability to conduct preventive interventions in high-risk settings.

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

- A webinar on the decentralization of cholera treatment was hosted by the WHO Regional Office for Africa and Headquarters on 23 April, with participation from 150 representatives of Ministries of Health and partner organizations from affected and at-risk countries.
- WHO deployed case management teams to Angola to support increased access to oral rehydration solutions in the community and improve the quality of care.
- Clinical management posters were translated into Portuguese and are being widely used in Angola to support clinical staff.
- In Benguela, Angola, the EMTCC supported the assessment of 20 CTCs, many of which require reinforcement in case management, essential supplies, and staffing. Coordination with the Ministry of Health is ongoing to improve the quality of care and coverage.

Risk communication and community engagement (RCCE)

- Exchange of information and technical support is being provided to countries.
- Weekly coordination with the Collective Service (IFRC, UNICEF, WHO) continues.
- Coordination of risk communication, community engagement, and infodemic management (RCCE-IM) for affected regions and countries continues through regional coordination mechanisms.

Key challenges

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

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

Next steps

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

- Cholera scenario planning and forecasting will continue to be updated, considering the impact of severe climatic events at global, regional, and national levels.
- WHO will continue advocating for investment in cholera preparedness and response, emphasizing that long-term investment is essential for sustainable solutions, while immediate investment is needed for rapid emergency response to the current surge in cases. Briefs to donors and roundtables will be organized to facilitate these investments.
- WHO and UNICEF, in collaboration with partners, will continue streamlining the supply of essential cholera materials, including vaccines, ensuring availability based on prioritization of needs.
- WHO, along with partners such as the GTFCC, will support Ministries of Health and implementing partners with the latest information and resources to enable prevention and response activities in a constrained environment.
- Improving response planning at the country level will help increase efficiency and ensure more effective cholera interventions.
- Improvement of cross-border coordination will be prioritized by establishing coordination structures that can share data, harmonize surveillance systems, and implement joint interventions to serve highly mobile populations.

Annex 1. Data, table, and figure notes

Caution must be taken when interpreting all data presented. Differences are to be expected between information products published by WHO, national public health authorities, and other sources using different inclusion criteria and different data cut-off times. While steps are taken to ensure accuracy and reliability, all data are subject to continuous verification and change. Case detection, definitions, testing strategies, reporting practice, and lag times differ between countries/territories/areas. These factors, amongst others, influence the counts presented, with variable underestimation of the true case and death counts, and variable delays in reflecting these data at the global level.

'Countries' may refer to countries, territories, areas, or other jurisdictions of similar status. The designations employed, and the presentation of these materials do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement. Countries, territories, and areas are arranged under the administering WHO region. The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by WHO in preference to others of a similar nature that are not mentioned. Errors and omissions excepted; the names of proprietary products are distinguished by initial capital letters.

Technical guidance and other resources

- 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 – Democratic Republic of the Congo
- Disease outbreak news Cholera – Haiti
- Disease outbreak news Cholera – Malawi
- Disease outbreak news Cholera - Mozambique
- Disease outbreak news Cholera-Global situation
- Global Task Force on Cholera Control (GTFCC)
- GTFCC fixed ORP interim guidance and planning
- 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
- WHO AFRO Cholera Dashboard
- Cholera outbreak in Hispaniola 2022 - Situation Report
- Cholera upsurge (2021-present) web page