Multi-country outbreak of cholera

External Situation Report n. 27, published 17 June 2025

Cases – 211 678 *Since Jan. 2025*	Deaths – 2754 *Since Jan. 2025*	Countries affected – 26 *Since Jan. 2025*	Population at risk 1 billion	Global risk – Very high

In this edition:

Overview

Data as of 25 May 2025

- In May 2025 (epidemiological weeks 18 to 21), a total of 52 589 new cholera and/or acute watery diarrhoea (AWD) cases were reported from 17 countries, territories, areas (hereafter countries) across three WHO regions, showing a 35% increase from April. The Eastern Mediterranean Region registered the highest number of cases, followed by the African Region and the South-East Asia Region. The period also saw 552 cholera-related deaths globally, highlighting a 4% decrease from the previous month.
- In May 2025, the number of cholera cases was 24% lower, while the number of deaths was 122% higher compared to May 2024, when 69 520 cases and 249 cholera-related deaths were reported across 22 countries.
- Importantly, the overall cholera data remains incomplete due to underreporting and reporting delays. Additionally, extreme weather events and conflict may have resulted in low or no reporting from some areas due to interrupted surveillance activities. **Given these complexities, the presented data should be interpreted with caution**.
- From 1 January 2025 to 25 May 2025, a cumulative total of 211 678 cholera cases and 2754 deaths were reported from 26 countries across three WHO regions, with the African Region recording the highest numbers, followed by the Eastern Mediterranean Region, the South-East Asia Region. No cases were reported in other WHO regions during this time.
- In May 2025, the average stockpile of Oral Cholera Vaccine (OCV) was 5.7 million doses, the sixth consecutive month with the monthly average above the emergency stockpile level of five million.

Global epidemiological update

In May 2025 (epidemiological weeks 18 to 21), a total of 52 589 new cholera and AWD cases were reported from 17 countries across three WHO regions, showing a 35% increase from April 2025. The Eastern Mediterranean Region (28 228 cases; four countries) reported the highest number of cases, followed by the African Region (24 104 cases; 12 countries), and the South-East Asia Region (257 cases; one country). No cases were reported in other WHO regions. In the same period, 552 cholera-related deaths were registered, representing a 4% decrease compared with April. The highest number of deaths was recorded in the African Region (480 deaths; nine countries), followed by the Eastern Mediterranean Region (72 deaths; three countries). No fatalities were reported in the South-East Asia Region.

From 1 January 2025 to 25 May 2025, a cumulative total of 211 678 cholera cases and 2754 deaths were reported globally across three WHO regions. The region with the highest reported case count was the African Region (117 346 cases; 17 countries), followed by the Eastern Mediterranean Region (92 194 cases; six countries) and the South-East Asia Region (2138 cases; five countries). During this period, cholera deaths were reported in the African Region (2447 deaths), the Eastern Mediterranean Region (307 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 thus, 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 noted otherwise. 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 25 May 2025

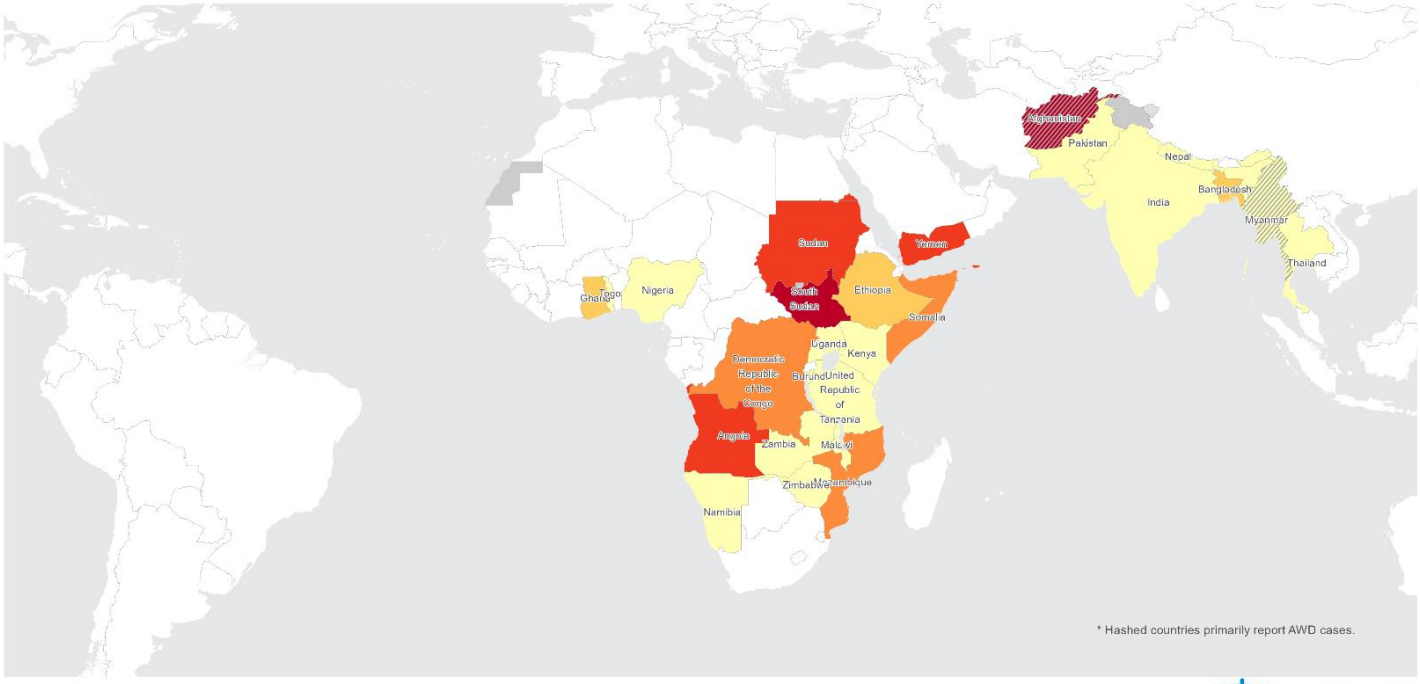


Table 1. Reported cholera and AWD cases and deaths by WHO region, as of 25 May 2025

WHO Region	Country, area, territory	1 January to 25 May 2025				Last 28 days				
		Cases	Deaths	Cases per 100 000	CFR (%)	Cases	Deaths	CFR (%)	Monthly cases % change	Monthly deaths % change
African Region	Angola	22 557	685	62	3.0	6 713	138	2.1	8	-16
	Burundi	227	0	2	0.0	33	0	0.0	-52	
	Democratic Republic of the Congo	27 008	576	23	2.1	6 353	128	2.0	15	1
	Ethiopia	4 565	44	6	1.0	441	1	0.2	-70	-83
	Ghana	2 480	14	7	0.6	6	0	0.0	-91	
	Kenya	279	13	1	4.7	108	4	3.7	6	0
	Malawi§	109	2	1	1.8					
	Mozambique	3 460	29	12	0.8	420	7	1.7	-51	75
	Namibia§	22	0	1	0.0					
	Nigeria	1 562	48	1	3.1	111	2	1.8	-30	100
	South Sudan	51 054	973	412	1.9	9 585	190	2.0	-3	-10
	Togo§	164	4	2	2.4					
	Uganda§	156	3	1	1.9					
	United Republic of Tanzania	2 671	29	4	1.1	292	9	3.1	50	125
	Zambia	483	9	2	1.9	6	0	0.0	-88	
	Zimbabwe	549	18	4	3.3	36	1	2.8	100	
Eastern Mediterranean Region	Afghanistan**	46 461	13	142	0.0	14 648	2	0.0	44	-33
	Pakistan***§	6 424	0	3	0.0					
	Somalia	4 459	6	27	0.1	1 405	1	0.1	79	-75
	Sudan	16 564	278	39	1.7	6 806	69	1.0	278	41
	Yemen¥	18 286	10	54	0.1	5 369	0	0.0	304	
South-East Asia Region	Bangladesh§	80	0	9	0.0					
	India§#	363	0	0	0.0					
	Myanmar**	1 605	0	3	0.0	257	0	0.0	7	
	Nepal§	85	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 25 May 2025
# Among the total of 363 cases reported from India, 34 cases were confirmed.

WHO regional overviews

African Region

In May 2025, the African Region reported 24 104 new cholera cases across 12 countries, plateauing since April. In this period, cases were reported from South Sudan (9585), Angola (6713), and the Democratic Republic of the Congo (6353). Additionally, there were 480 cholera-related deaths, an 8% decrease compared with April. The highest number of deaths were reported from South Sudan (190), Angola (138), and the Democratic Republic of the Congo (128).

From 1 January to 25 May 2025, a total of 117 346 cholera cases were reported across 17 countries in the African Region. The highest number of cases were reported from South Sudan (51 054), the Democratic Republic of the Congo (27 008) and Angola (22 557). In the same period, a total of 2447 deaths were reported from 14 countries with the highest numbers recorded in South Sudan (973), the Democratic Republic of the Congo (576), and Nigeria (48).

Eastern Mediterranean Region

In May 2025, the Eastern Mediterranean Region reported 28 228 new cholera cases across four countries, marking a doubling in the number of cases since April. During this period, cases were reported from Afghanistan (14 648), Sudan (6806), and Yemen (5369). Additionally, there were 72 cholera-related deaths, a 26% increase compared with April. The highest number of deaths were reported from Sudan (69), Afghanistan (2), and Somalia (1).

From 1 January to 25 May 2025, a total of 92 194 cholera cases were reported across six countries in the Eastern Mediterranean Region. The highest number of cases were reported from Afghanistan (46 461), Yemen (18 286), and Sudan (16 564). During the same period, a total of 307 deaths were reported from four countries with the highest numbers recorded in Sudan (278), Afghanistan (13), and Yemen (10).

South-East Asia Region

In May 2025, the South-East Asia Region reported 257 new cholera cases from one country, marking a 6% increase since April. During this period, cases were reported from Myanmar (257). Additionally, no cholera-related deaths were reported during this period.

From 1 January to 25 May 2025, a total of 2138 cholera cases were reported across five countries in the South-East Asia Region. During this period, cases were reported from Myanmar (1605), India (363), and Nepal (85). No deaths were reported during this period.

Figure 2. Global cholera and AWD cases by week, 1 January 2024 to 25 May 2025

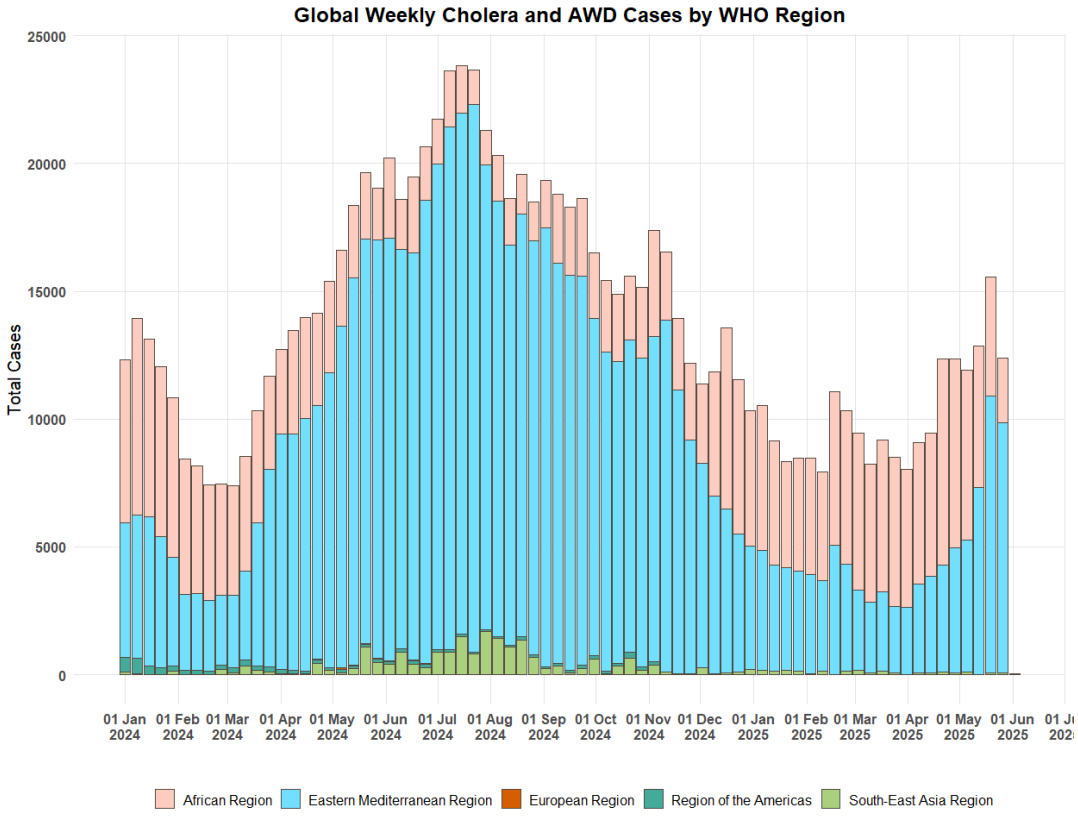
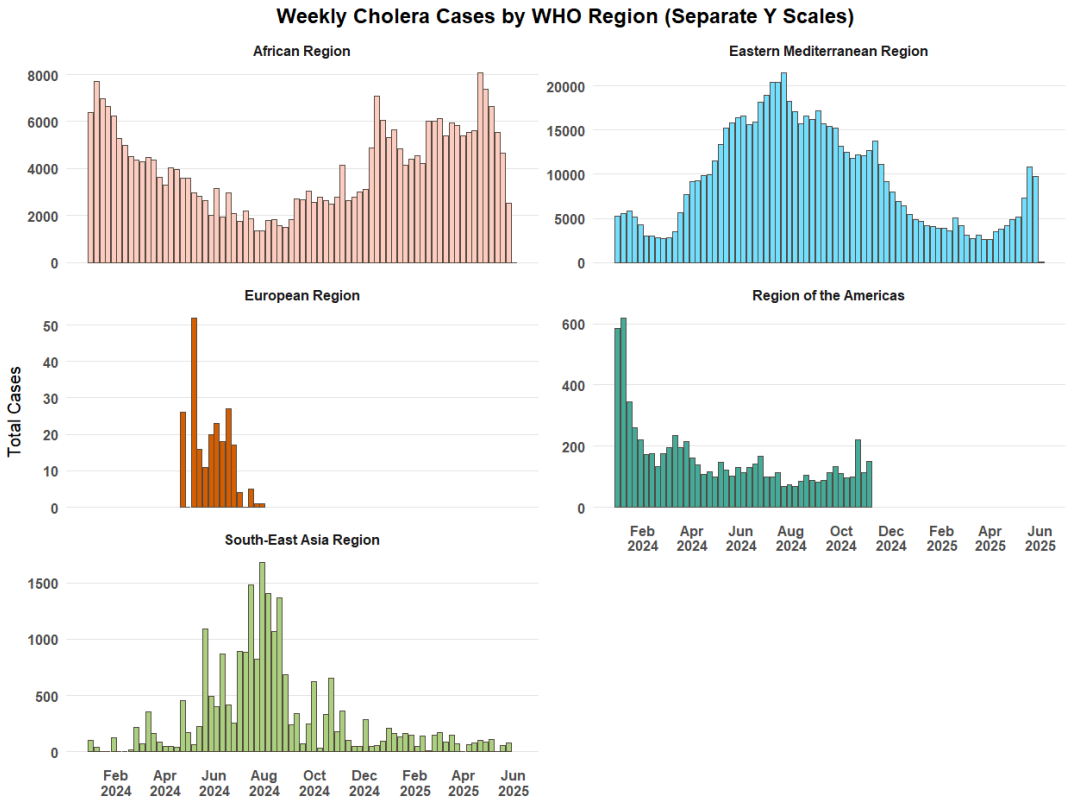


Figure 3. Cholera and AWD cases by WHO Region, 1 January 2024 to 25 May 2025

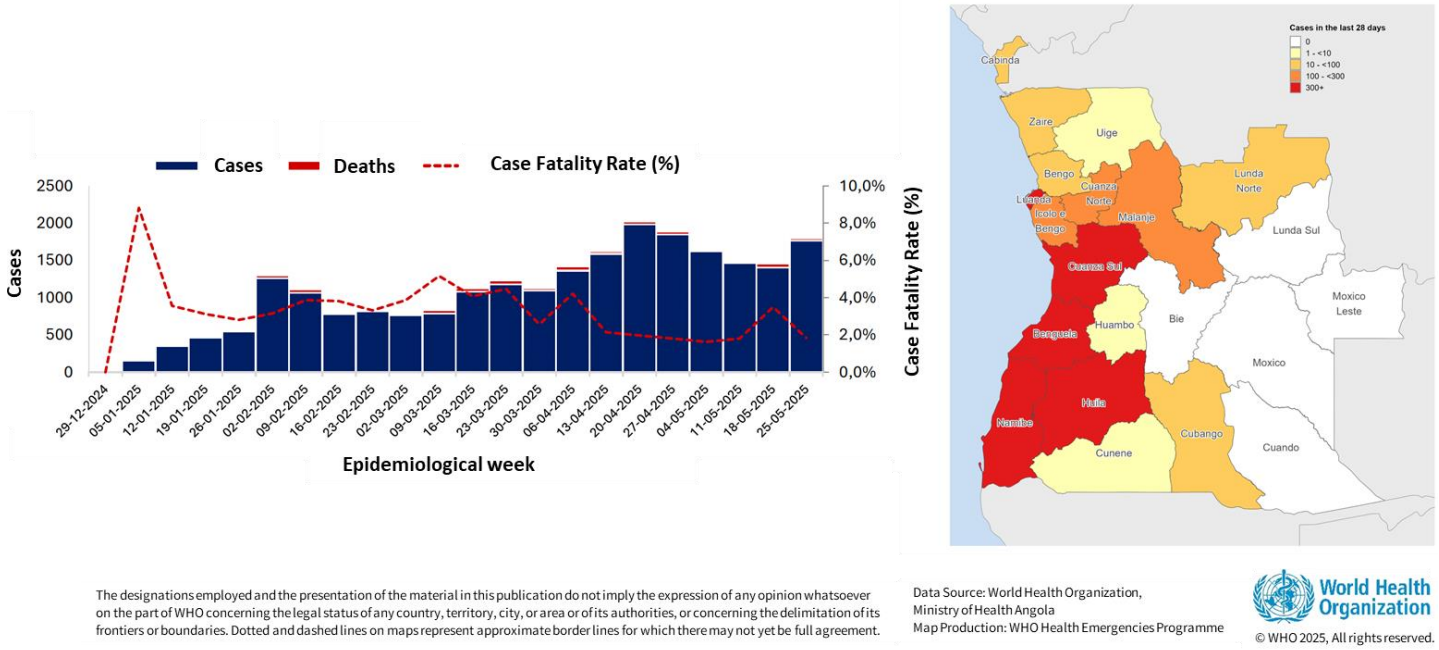


Focus on selected subregions and countries

Angola

In May 2025, Angola reported 6713 new cholera cases and 138 associated deaths (CFR = 2.1%), marking an increase of 8% in cases and a 16% decrease in deaths compared to April. Between 1 January and 25 May 2025, Angola reported a total of 22 557 cases and 685 deaths (including 276 community deaths), with an overall CFR of 3% and facility CFR of 1.8%. Cases are reported from 18 out of 21 provinces in the country. While the epidemiological situation is improving in some of the high burden provinces such as Bengo, Benguela, and Cuanza Norte, further geographic spread in other provinces remains a major concern. The majority of the cases in the last 28 days are reported from Namibe, Cuanza Sul, Luanda, and Benguela provinces.

Figure 4: Angola: Daily cases and deaths (Left) and geographic distribution of cases (Right) as of 25 May 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 Angola
Map Production: WHO Health Emergencies Programme

World Health Organization

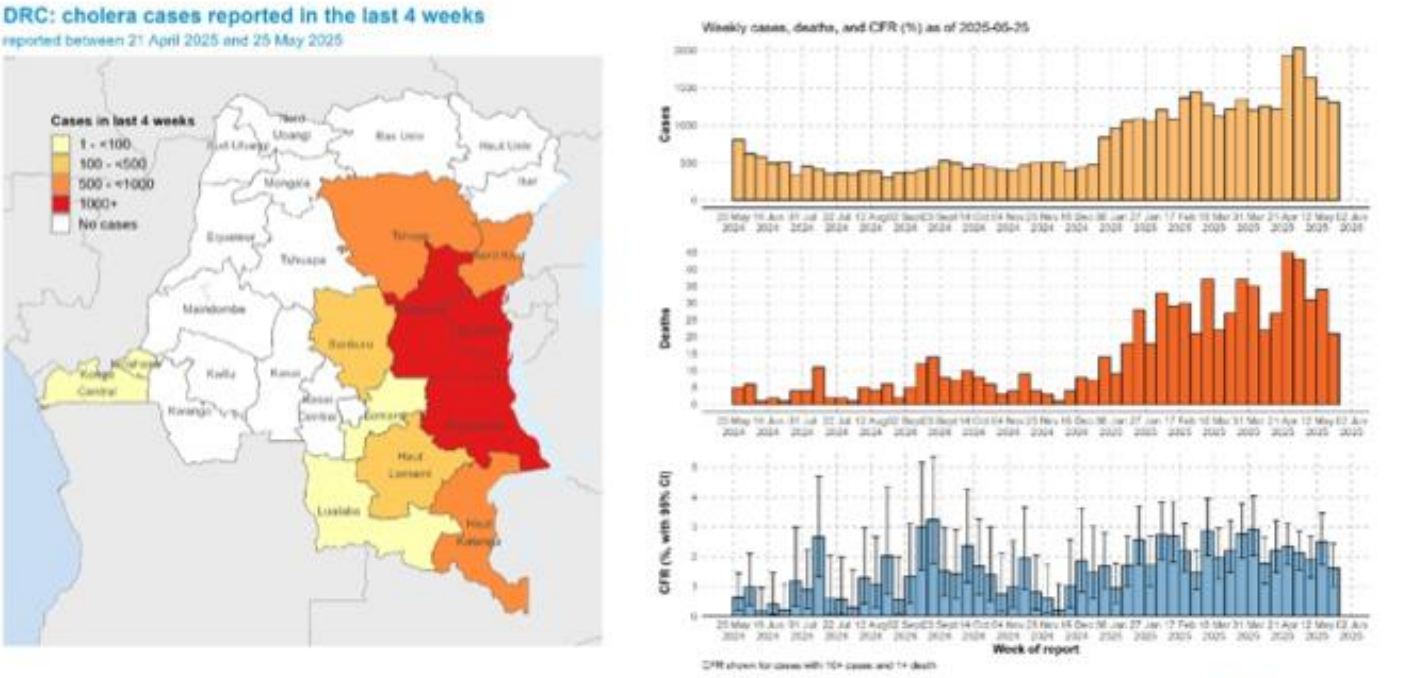
Democratic Republic of the Congo

In May 2025, the Democratic Republic of the Congo reported 6353 new cases and 128 cholera-associated deaths, with a CFR of 2%, marking a 15% increase in cases and a 1% increase in deaths compared to April 2025.

Between 1 January and 25 May 2025, 27 008 cases and 576 deaths were reported, with a CFR of 2.1%. Most of the cases are reported from Haut Katanga, Haut-Lomami, Nord Kivu, Sud Kivu, Tanganyika, Maniema and Tshopo.

In recent weeks, the epidemiological situation has deteriorated in provinces such as Haut-Katanga, Maniema, Sankuru, South Kivu, Tanganyika, and Tshopo. The capital province of Kinshasa also reported a new cluster of cases in May 2025. In these areas, various risk factors such as ongoing conflicts, population displacement, flooding, and logistical constraints are impacting the situation.

Figure 5: Democratic Republic of Congo: Geographic distribution of cases per 100 000 population by province (Left). Weekly case, death and CFR trends (Right), as of 25 May 2025



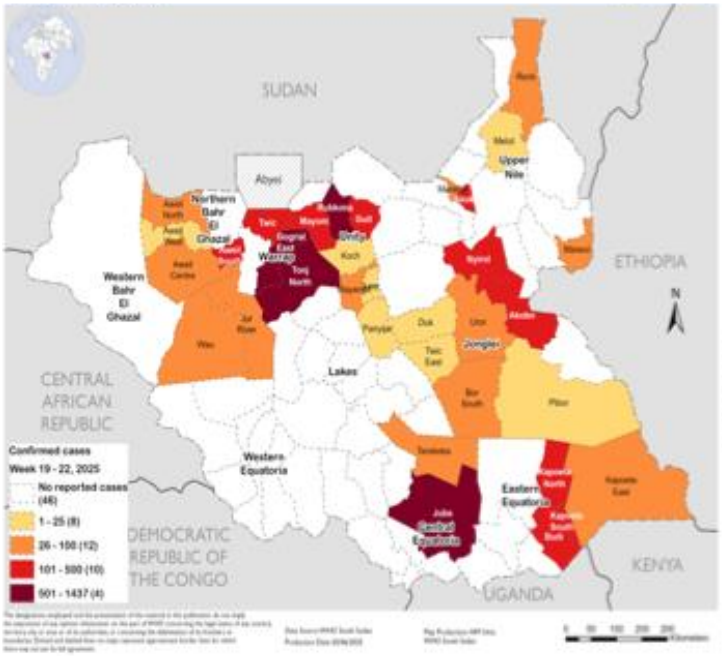
Data Source: World Health Organization, Ministry of Health Democratic Republic of the Congo
Map Production: World Health Organization

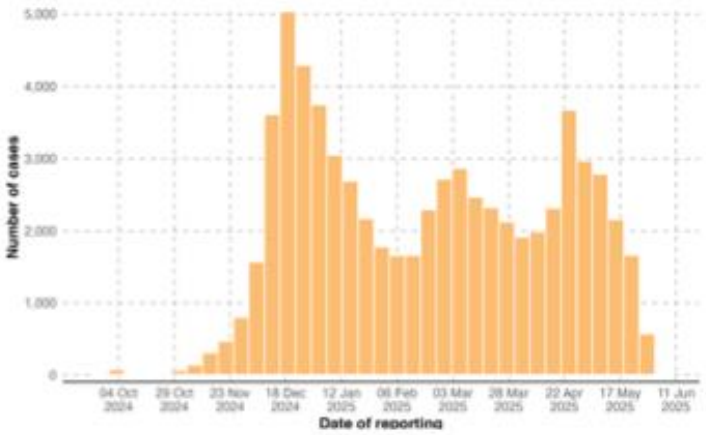
South Sudan

In May 2025, South Sudan reported 9585 new cholera cases and 190 associated deaths with a CFR of 2.0%, marking a 3% decrease in cases and a 10% decrease in deaths compared to April.

Between 1 January and 25 May 2025, South Sudan reported a total of 51 054 cases and 973 deaths with an overall CFR of 1.9%. Cases were reported across 46 counties in nine states and two administrative areas. During this period, most of the cases are reported from Gogrial East, Juba, Tonj North and Nyirol counties.

Figure 6. South Sudan: Distribution of cases (Left) and weekly case trend (Right), as of 25 May 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

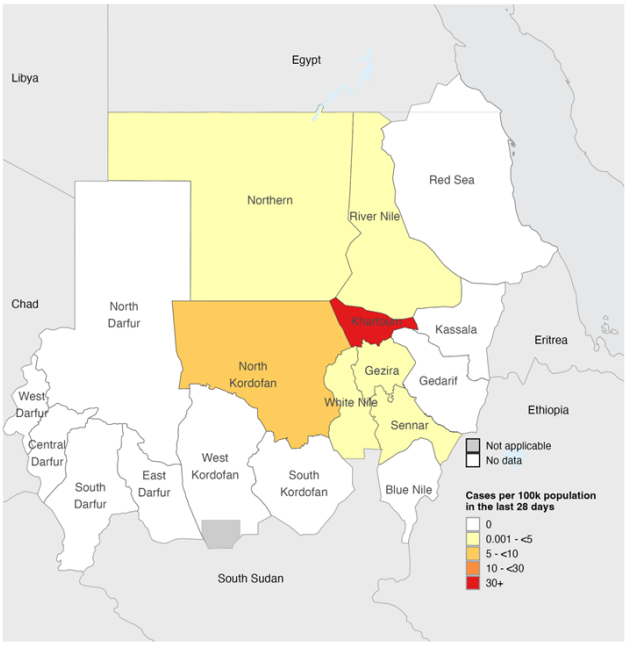
World Health Organization

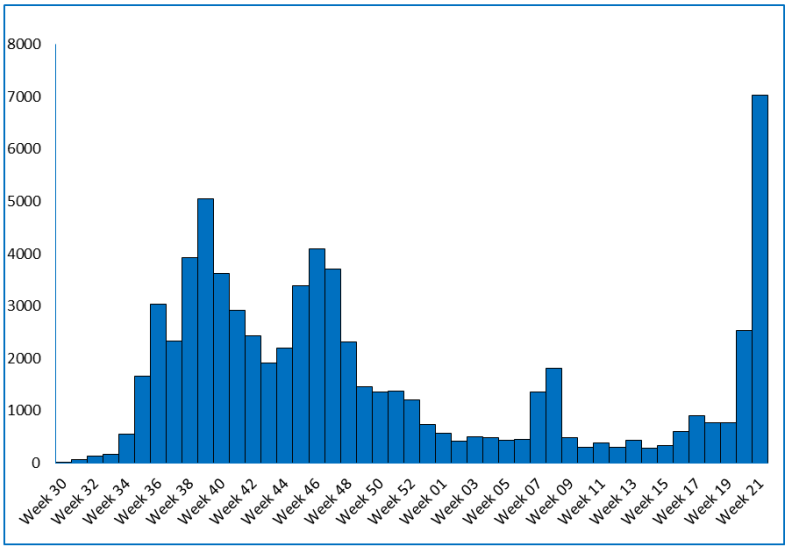
Sudan

In May 2025, Sudan reported 6806 new cholera cases and 69 associated deaths with a CFR of 1.0%, marking a 278% increase in cases and a 41% increase in deaths compared to April.

Between 1 January and 25 May 2025, Sudan reported a total of 16 564 cases and 278 deaths with a CFR of 1.7% from 12 out of 18 states in the country. Most of these cases are reported in the White Nile, Khartoum, and North Kordofan states. In recent weeks, there has been an increasing trend in cases, particularly in Khartoum and Sennar. This surge is likely linked to limited access due to ongoing security concerns, delayed partner mobilization, and damaged Water, Sanitation and Hygiene (WASH) infrastructure. Inadequate surveillance, poor internet connectivity, and constrained operations and funding have further hindered timely detection, reporting, and response, contributing to the rapid spread.

Figure 7. Sudan: Distribution of cases per 100 000 population by state (Left) and weekly case trend (Right), as of 25 May 2025[1]





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

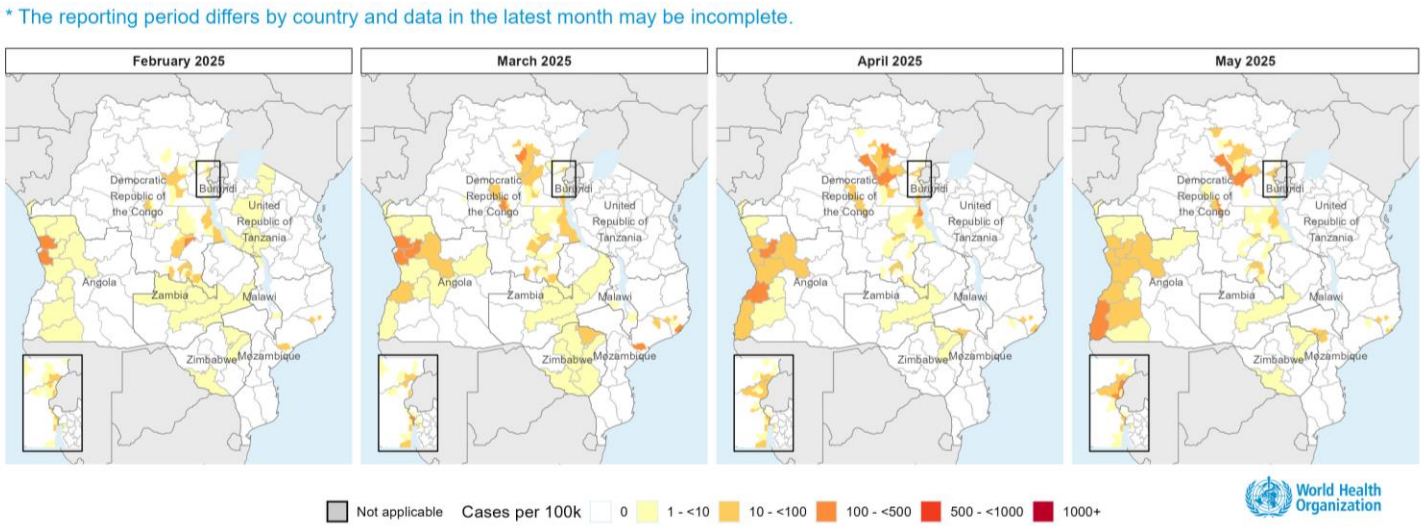
The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city, or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. 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

[1]Epi curve includes additional one week of data due to differences in the reporting cycle

Figure 8. Cholera cases per 100,000 population in South-East Africa

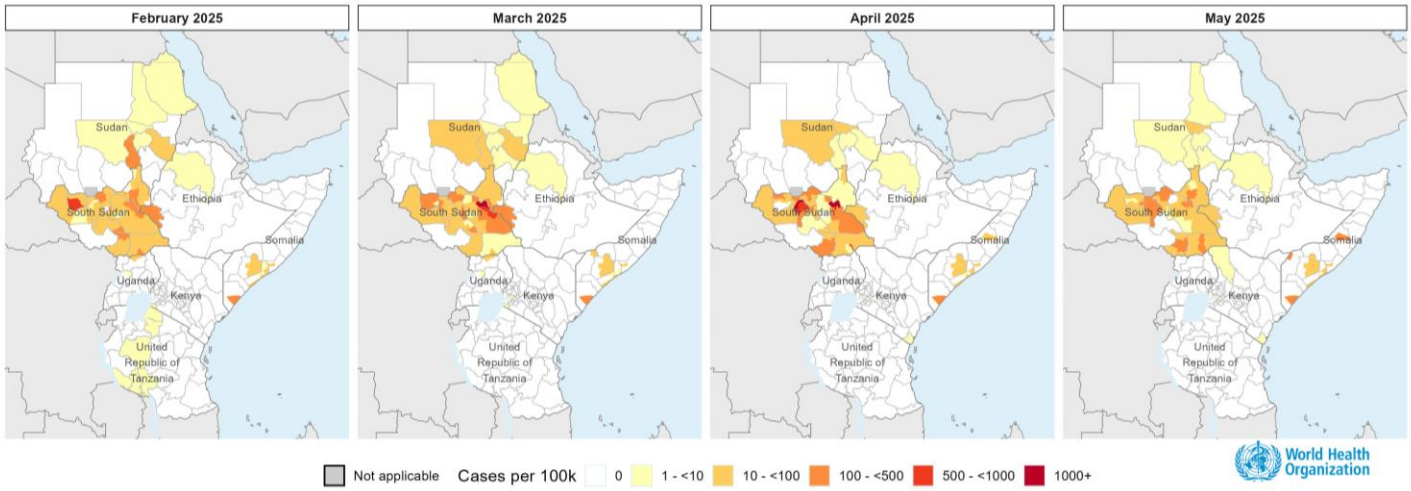


The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries.
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

Data as of: Angola: 01/06/2025, Burundi: 25/05/2025, Malawi: 13/04/2025, Mozambique: 01/06/2025, United Republic Of Tanzania: 25/05/2025, Zambia: 18/05/2025, Zimbabwe: 26/05/2025, Democratic Republic Of The Congo: 19/05/2025.
The date corresponds to the first day of the epi-week (from Monday to Sunday cycle).

Figure 9. Cholera cases per 100,000 population in the Greater Horn of Africa



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

Data as of: Ethiopia: 01/06/2025, Kenya: 01/06/2025, Uganda: 29/03/2025, United Republic Of Tanzania: 25/05/2025, Sudan: 19/05/2025, Somalia: 01/06/2025, South Sudan: 02/06/2025.
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.
- As of 25 May 2025, 27 experts have been deployed to Comoros, Haiti, Kenya, Lebanon, Malawi, Mozambique, South Sudan, Sudan, Yemen, and Zambia through GOARN to support the cholera response in areas such as Health Operations, Case Management, Social Anthropology, Epidemiology/Surveillance, and Partner Coordination.
- Additionally, 27 experts have been deployed (for 3 to 6 months) to twelve countries (Angola, Cameroon, Comoros, Ethiopia, Jordan, Haiti, Malawi, Myanmar, Mozambique, South Sudan, Yemen and Zambia 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), Epidemiologist, Cholera response coordinator, Case Management, Operations Support and Logistics (OSL), including remote global WASH support.
- WHO appreciates the critical support provided by 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 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 guidance is available via a quick reference guide in English, French, and in some cases, 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 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 diagnostic supply needs, deployment of laboratory supplies in countries with active outbreaks, and prepositioning of supplies for preparedness and readiness in priority settings.
- 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 5.7 million doses in May, with two weeks below the target of five million doses that should be available at all times for outbreak response. This represents the sixth consecutive month of average stock levels above this emergency stock level.
- Between January and May 2025, 26 new emergency requests were submitted – compared to five in 2024 – by Angola (3), DR Congo (3), Ethiopia, Ghana (4), Mozambique, Myanmar, Nigeria, South Sudan (8), Sudan (4) collectively seeking 33 million doses for single round campaigns (compared to 12 million in 2024). Twenty-five requests were approved, while one was not approved by the International Coordinating Group (ICG) on Vaccine Provision.
- Since the start of 2025, fourteen countries (Angola, Bangladesh, Ghana, Malawi, Mozambique, Myanmar, Niger, South Sudan, Sudan and Zambia) have conducted 31 reactive vaccination campaigns, targeting a total of 23 million people. Due to limited vaccine availability, almost exclusively single-dose vaccination campaigns have been approved and implemented (about 200 000 leftover doses were used as a second dose in a refugee camp).
- 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)

- Case management surge support to Angola from both HQ and AFRO to support outbreak response. Support included training, strategic guidance, including for decentralization, and hands-on clinical supervision.
- WHO HQ, Eastern Mediterranean Regional Office (EMRO), and the Sudan Country Office conducted virtual training on cholera case management and IPC, attended by over 500 participants.
- WASH-IPC surge support from AFRO and via SBP to strengthen outbreak response. Activities included improving circuit and IPC in treatment facilities, and water quality monitoring. Field investigations and training were also conducted.

Risk communication and community engagement (RCCE)

- Ongoing regular coordination and information sharing with regional risk communication and community engagement focal points. Bilateral support to country-level focal points is provided upon request. For example, support was provided for the RCCE standby partner deployment to South Sudan.
- Continued close coordination with partners through the RCCE Collective Service, GOARN, and bilateral engagement.
- The latest Africa Infodemic Response Alliance (AIRA) report (29 May – 4 June 2025) was shared with affected countries. The latest report points to community concerns over long-term water treatment solutions, along with inadequate waste management and water access in Malawi markets, underscoring the need to address public frustration. The previous report (23 – 28 May 2025) highlights concerns about a lack of contextualized media reporting in eastern DRC, which may lead to community doubts about the effectiveness of the chlorination of water. Insights are being shared in intergovernmental and partner meetings to improve communication and transparency.
- Collation of existing RCCE resources from regions and countries as available repository, coordination with the RCCE Collective Service on the same.

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 funding is critical for the current emergency. Briefs to donors and roundtables will be organized to facilitate these investments.
- WHO and UNICEF, in collaboration with partners, will continue streamlining the supply of essential cholera materials, including vaccines, ensuring availability based on prioritization of needs.
- WHO, along with 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