

Multi-country outbreak of cholera



External Situation Report n. 10, published 11 January 2024

Risk assessment: **Global risk – Very high**

Countries / areas / territories affected: **30**

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Overview

Data as of 15 December 2023

- Preliminary data from Member States indicate that the number of cholera cases reported in 2023 as of 15 December has surpassed that of 2022, with over 667 000 cases and 4000 deaths. These figures must be interpreted with caution given the varying surveillance systems and capacity across countries, which means that 2023 data are not directly comparable to reports from previous years.
- Since the publication of the last [situation report](#) on the multi-country outbreak of cholera on 7 December 2023 (which included data up to 15 November), and as of 15 December 2023, one new country (Togo) has reported an outbreak of cholera or acute watery diarrhoea (AWD). In total, at least 30 countries have reported cases since 1 January 2023.
- Nearly a year has passed since WHO classified the global resurgence of cholera as a grade 3 emergency, the highest internal level for a health emergency requiring a comprehensive response at the three levels of the organization. WHO is currently reviewing its response to cholera globally to identify key lessons and make evidence-based adjustments where needed to better coordinate activities in the coming months.
- Based on the large number of outbreaks and their geographic expansion, alongside the shortage of vaccines and other resources, WHO continues to assess the risk at global level as very high.
- The WHO African Region remains the most affected region, with 17 countries reporting cholera cases throughout 2023. In the south-east and central Africa subregions, the Democratic Republic of the Congo (DRC) continues to report close to 1000 cases each week. Zimbabwe is experiencing a rise in cases, particularly in the provinces of Harare, Manicaland, and Masvingo. Additionally, Mozambique is reporting new cases and further geographical spread. Burundi and Zambia also continue to report active cholera outbreaks.
- In the Greater Horn of Africa, concerning increases in new cases have been observed in Sudan, where nearly 1000 new cases are reported weekly across expanding geographical areas, exacerbating the already dire humanitarian crisis. Ethiopia also faces challenges in controlling ongoing outbreaks in eight regions, with approximately 400 new cases reported each week.
- WHO continues to work with partners at the global, regional, and country levels to support Member States in responding to the outbreaks.

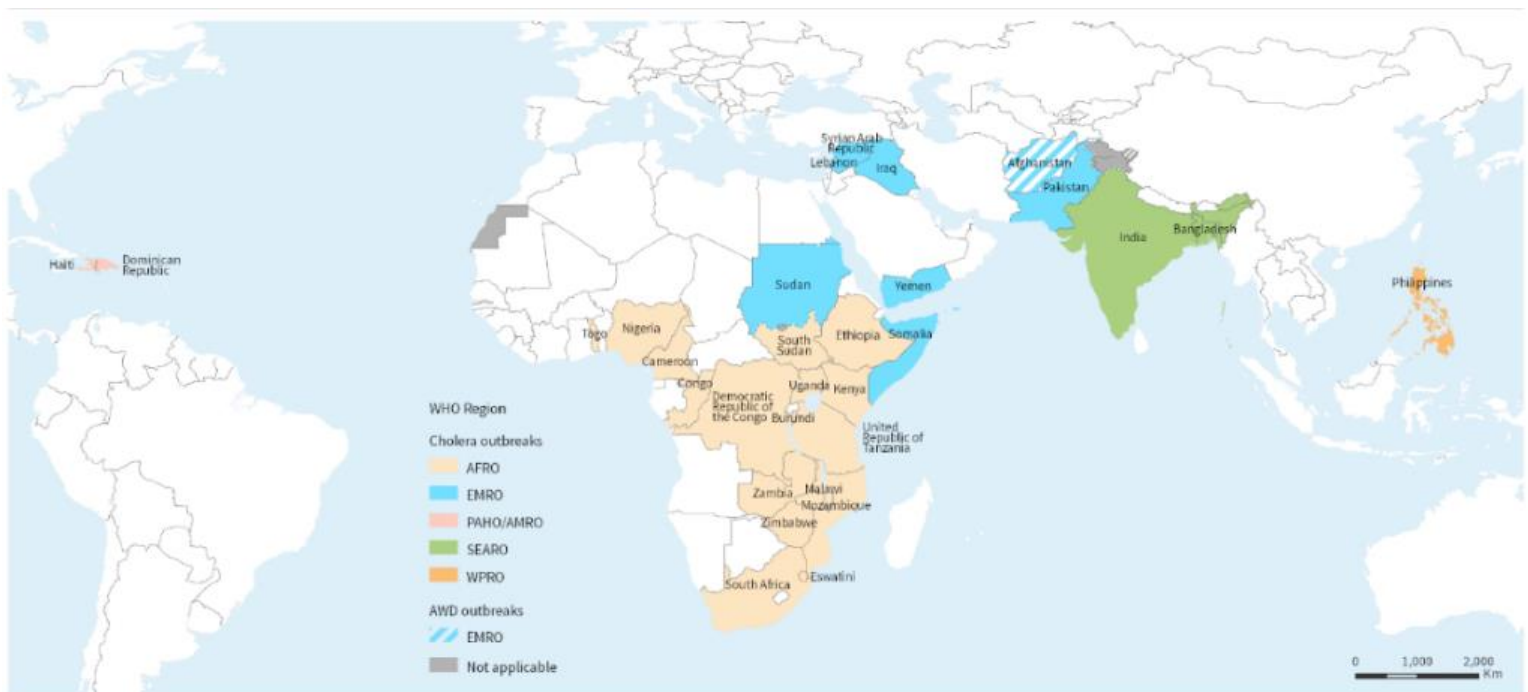
Epidemiological update

Between 1 January and 15 December 2023, at least 30 countries have reported cholera and/ or AWD cases (Table 1).¹ In Southeast Africa, several countries including Burundi, Mozambique, Tanzania, Zambia, and Zimbabwe are currently in their rainy season, which typically spans from October to April. The heightened rainfall during this period can result in the overflow of water sources and inadequate sanitation systems, leading to the mixing of sewage and drinking water, which creates prime conditions for cholera transmission. The risk is particularly acute in under-resourced areas, where access to clean water and sanitation facilities is limited.

Flooding can also lead to the displacement of populations, exacerbating the overall cholera risk. Crowded living conditions in temporary shelters, often with poor hygiene facilities, increase the likelihood of disease spreading. Additionally, the movement of people can extend the geographic reach of outbreaks. Recognizing the complex challenges posed by natural disasters and other environmental factors, WHO continues to support Member States in identifying areas at heightened risk of cholera / AWD outbreaks, while also supporting their rapid response efforts.

Preliminary data from Member States indicate that the number of cases reported in 2023 as of 15 December has surpassed that of 2022, with over 667 000 cases and 4000 deaths, corresponding to a CFR of 0.6%.² This finding must be interpreted with caution given that 2023 data are not directly comparable to the more comprehensive official reports to WHO from previous years.

Figure 1. Global epidemics of cholera and acute watery diarrhoea reported in 2023, as of 15 December 2023



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Data Source: World Health Organization
Map Production: WHO Health Emergencies Programme
Map Date: 15 December 2023

 World Health Organization
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¹ Considering the varying surveillance systems, case definitions and laboratory capacities among countries reporting cholera, reported cases and deaths figures need to be interpreted with caution and cannot readily be compared among countries. In this document, cholera cases refer to the sum of suspected and confirmed cases, if not further specified within the country-specific context.

² The global CRF must be interpreted with caution as it is strongly impacted by the nature of the surveillance system

Table 1. Cholera cases and deaths reported from WHO regions, as of 15 December 2023*

WHO Region	Country, area, territory	Suspected/ Confirmed cases	Total deaths	Cases per 100 000	CFR (%)	Reporting start	Reporting end
Region of Africa	Burundi	1 354	9	10	< 1	8/12/2022	10/12/2023
	Cameroon	21 252	508	76	2.4	1/10/2021	10/12/2023
	Congo	21	5	< 1	23.8	17/7/2023	12/8/2023
	Democratic Republic of the Congo	47 028	390	50	< 1	1/1/2023	4/12/2023
	Eswatini ³	2	0	0	0	27/3/2023	18/4/2023
	Ethiopia	29 399	428	26	1.5	1/8/2022	10/12/2023
	Kenya	12 232	205	23	1.7	05/10/2022	9/12/2023
	Malawi	59 114	1 771	296	3	28/2/2022	13/12/2023
	Mozambique	38 879	153	122	< 1	1/9/2022	10/12/2023
	Nigeria	3 441	108	2	3.1	1/1/2023	11/11/2023
	South Africa	1 388	47	2	3.4	29/1/2023	31/8/2023
	South Sudan ⁴	348	1	2	< 1	22/02/2023	18/3/2023
	Uganda	80	10	< 1	12.5	7/7/2023	14/9/2023
	United Republic of Tanzania	662	19	1	2.9	5/9/2023	14/12/2023
	Zambia	1 330	34	7	2.6	11/10/2023	12/12/2023
Togo	1	0	< 1	0	12/15/2023	12/15/2023	
Zimbabwe	11 290	249	65	2.2	12/2/2023	10/12/2023	
Region of the Americas	Dominican Republic	111	0	1	0	17/10/2022	15/9/2023
	Haiti	76 556	1 156	661	1.5	2/10/2022	14/12/2023
Eastern Mediterranean Region	Afghanistan**	215 210	99	657	< 1	1/1/2023	9/12/2023
	Iraq	1 337	7	3	< 1	1/1/2023	18/12/2023
	Lebanon	2 197	0	40	0	1/1/2023	2/6/2023
	Pakistan***	143	0	< 1	0	1/1/2023	15/10/2023
	Somalia	16 989	43	104	< 1	1/1/2023	9/12/2023
	Sudan	6 739	200	14	3	15/4/2023	8/12/2023
	Syrian Arab Republic	180 288	7	816	< 1	1/1/2023	15/12/2023
Yemen	8 426	21	24	< 1	1/1/2023	21/12/2023	
South-East Asia Region	Bangladesh (Cox's Bazar)	158	0	18	0	1/1/2023	15/12/2023
	India ⁵	2 044	3	< 1	< 1	22/6/2023	22/10/2023
Western Pacific Region	Philippines	3 756	19	3	< 1	1/1/2023	2/12/2023

* 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. No cholera cases of local transmission have been reported in the European Region.

** Afghanistan reports AWD through the sentinel site surveillance system.

*** Refers to the laboratory-confirmed cases only.

³ There were no further cases reported since situation report #2, 15 May 2023.

⁴ As of 18 March, confirmation of the outbreak by culture conducted on 13 samples, including three PCR positive samples, was unsuccessful. The reported case numbers in this situation report are updated to reflect those test results.

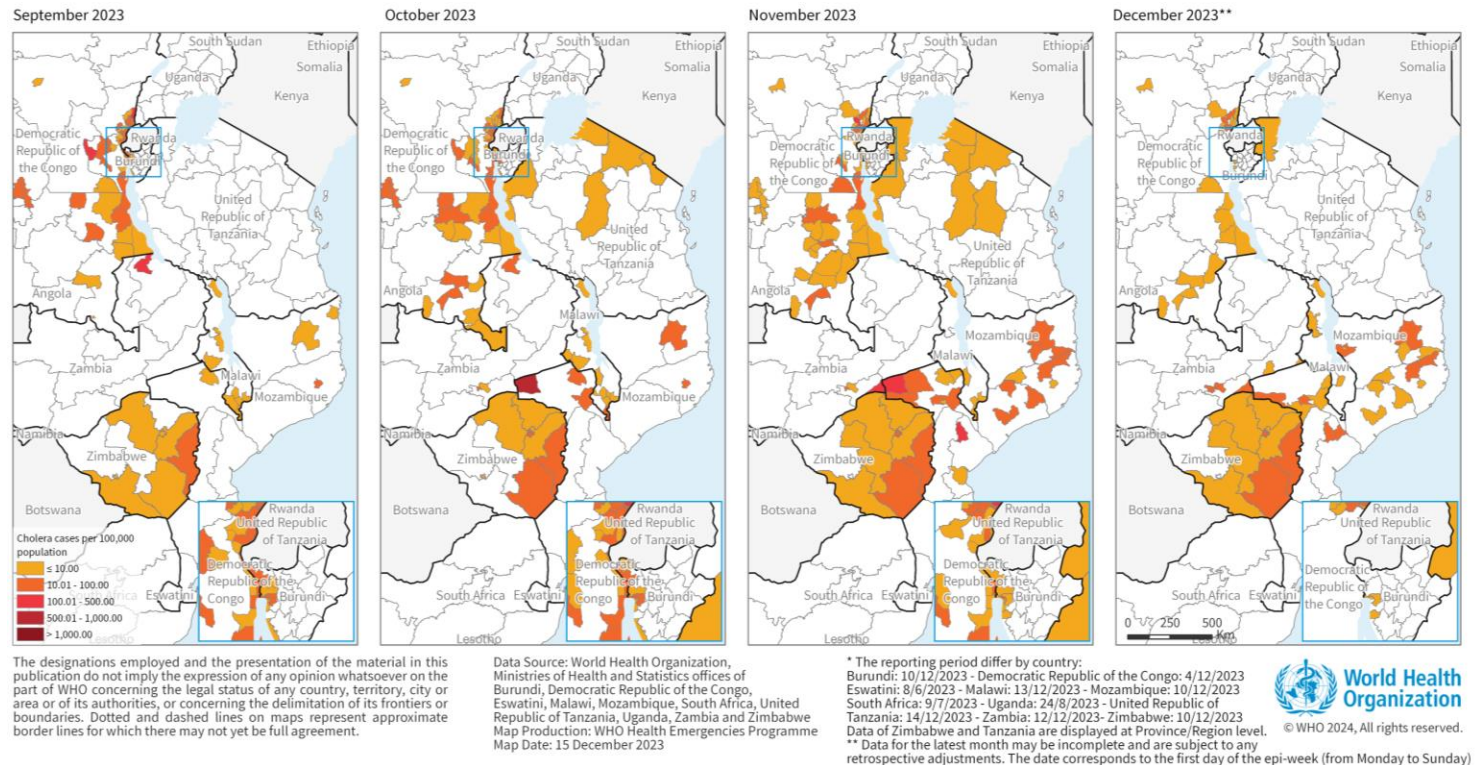
⁵ Integrated Disease Surveillance Program: National Centre for Disease Control, Directorate General of Health Services: <https://idsp.nic.in/index4.php?lang=1&level=0&linkid=406&lid=3689>.<https://idsp.nic.in/index4.php?lang=1&level=0&linkid=406&lid=3689>.

Focus on selected countries

Central and South-East Africa

The WHO African Region remains the most affected region, with 17 countries reporting cholera cases between 1 January and 15 December 2023. In the south-east and central Africa subregions, the Democratic Republic of the Congo continues to report close to 1000 cases each week. Zimbabwe is experiencing a rise in cases, particularly in the provinces of Harare, Manicaland, and Masvingo. Additionally, Mozambique is reporting new cases and further geographical spread. Burundi and Zambia also continue to report active cholera outbreaks.

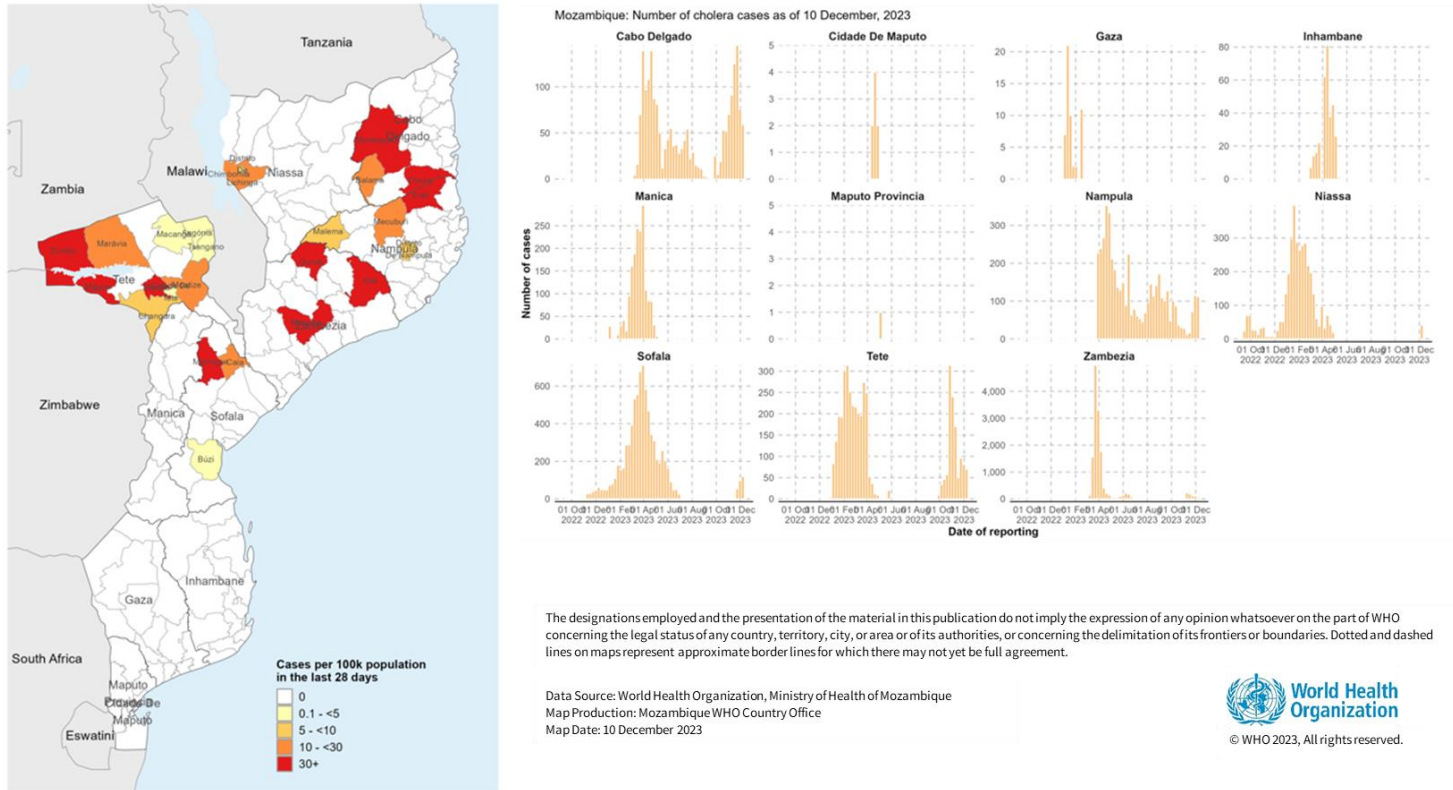
Figure 2. Central and South-East Africa attack rate per 100 000 (suspected and confirmed cholera cases per month) between September and December 2023, as of 15 December 2023*



Mozambique

From 1 September 2022 to 10 December 2023, Mozambique reported 38 879 cases and 153 deaths (CFR: 0.4%) across all 11 provinces. In the last four weeks (13 November to 10 December 2023), cases have been reported in two additional provinces. This raises the number of provinces with active outbreaks to six: Cabo Delgado, Nampula, Niassa, Sofala, Tete, and Zambezia.

Figure 3. Mozambique: cholera attack rates in the last 28 days (left) and cholera cases in Mozambique by province (right), as of 10 December 2023



Zambia

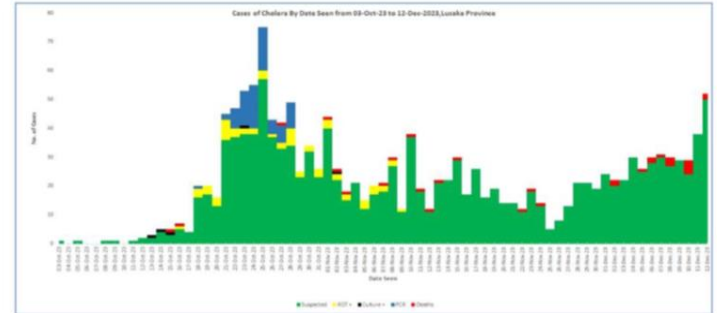
Zambia has notified a new outbreak of cholera in Lusaka province on 18 October 2023. Since the last reporting as of 11 November 2023, Zambia reported additional over 700 new cases affecting Lusaka and Eastern provinces including some imported cases from the neighbouring countries. As of 12 December 2023, a total of 1330 cases and 34 deaths have been reported with further geographic spread in other areas in the country.

Figure 4. Zambia: cholera affected districts (left) and epi-curve of cases of cholera in Lusaka Province (right), as of 12 December 2023.



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Epi-curve of Cases of Cholera in Lusaka Province, 3rd October to 12th December 2023



Data Source: World Health Organization, Zambia National Public Health Institute
 Map Production: World Health Organization
 Map Date: 12 December 2023

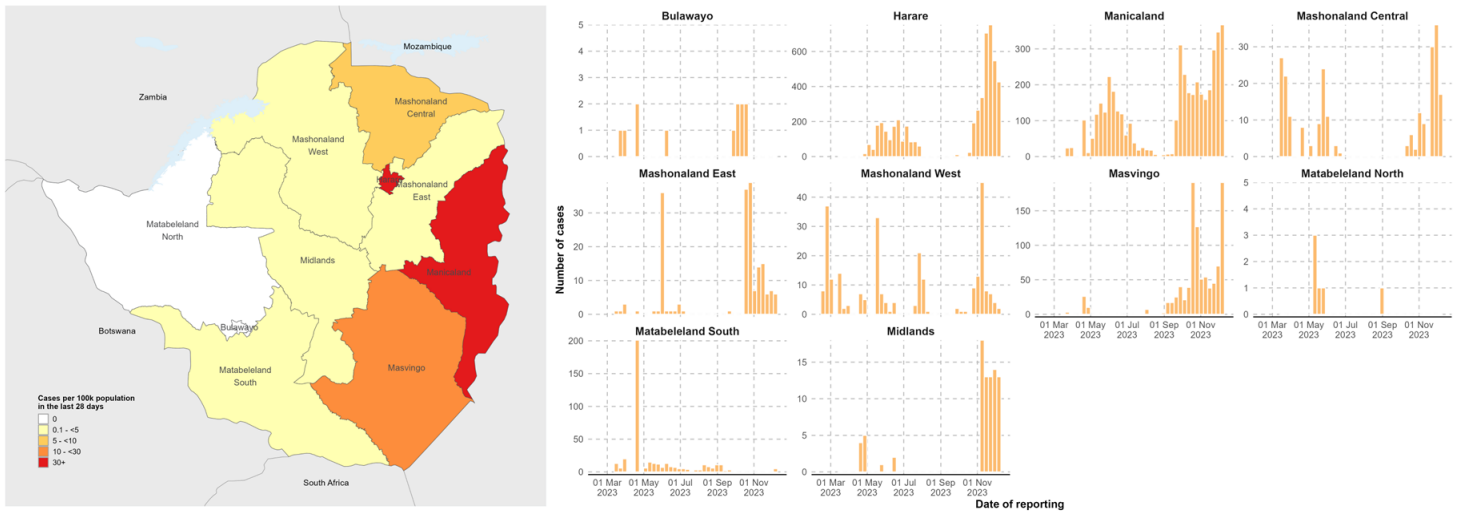


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Zimbabwe

From 1 February to 10 December 2023, Zimbabwe reported 11 290 cases, of which 1472 were culture confirmed, resulting in a test positivity rate (TPR) of 36%. Among the reported cases, there have been 249 deaths (CFR: 2.2%). In the last four weeks, an average of over 1000 cases have been reported each week, predominantly from Harare, Manicaland, and Masvingo provinces.

Figure 5. Zimbabwe: cholera attack rates in the last 28 days (left), and number of cases by province (right), as of 10 December 2023



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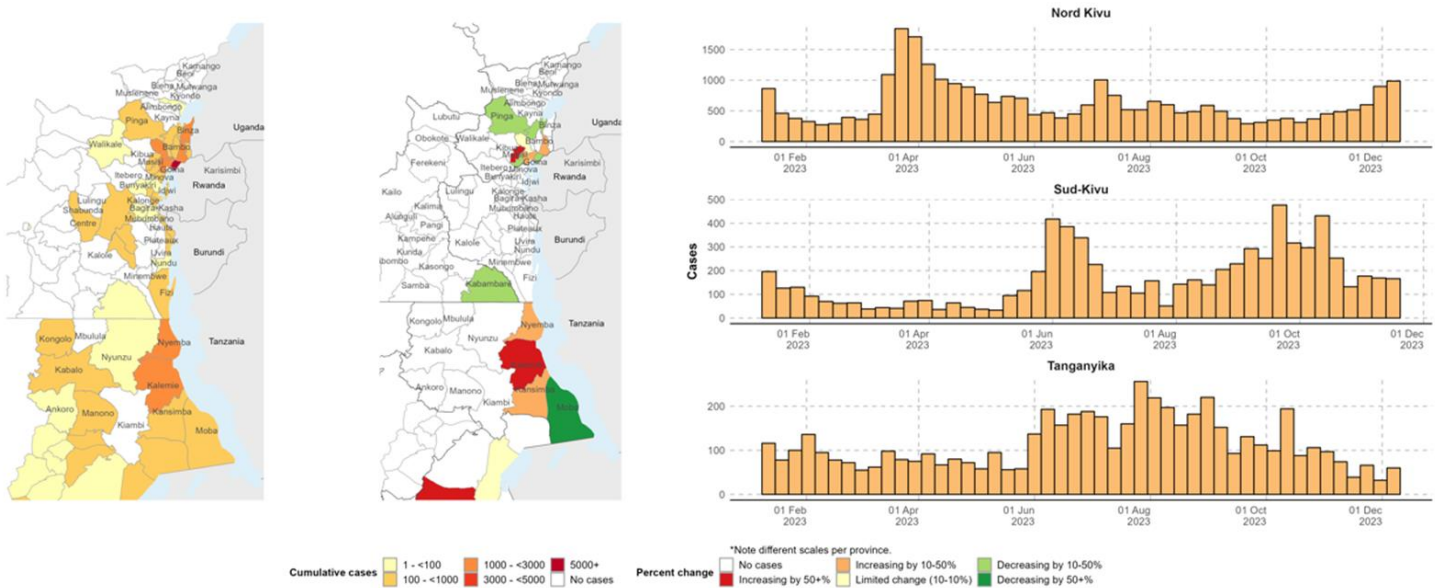
Data Source: World Health Organization, Ministry of Health and Child Care Zimbabwe
Map Production: World Health Organization
Map Date: 10 December 2023

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Democratic Republic of the Congo

From 1 January to 4 December 2023, the Democratic Republic of the Congo reported 47 028 cases and 390 deaths (CFR: 0.8%). Since the country's last report dated 13 November 2023, over 3000 new cases have been recorded. During this period, the highest concentration of new cases was observed in North Kivu province, accounting for nearly 80% of the total. Additionally, Lualaba, South Kivu, and Tanganyika provinces each reported over 100 cases during this period. Alongside the ongoing humanitarian crisis in the cholera-affected provinces, the country faced flooding and landslides in South Kivu, caused by heavy rains.

Figure 6. Cholera situation in DRC. Cumulative cholera cases reported in 2023 and weekly percentage change in North Kivu, South Kivu, and Tanganyika (left). National cholera cases in DRC, by province (right), as of 4 December 2023



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Data Source: World Health Organization, Ministry of Health Democratic Republic of the Congo
Map Production: World Health Organization
Map Date: 04 December 2023

Greater Horn of Africa

Ethiopia

From 1 August 2022 to 10 December 2023, Ethiopia reported 29 399 cases and 428 deaths (CFR: 1.5%). Between 15 November and 10 December, around 400 new cases were reported each week, indicating a stabilization of the case incidence compared the preceding four weeks. Active outbreaks are being reported in eight regions: Afar; Amhara; Dire Dawa; Harari; Oromia; former Southern Nations, Nationalities and Peoples (SNNP); Somali; and Tigray. In Ethiopia, the combination of heavy rainfall, floods, landslides, and mass population displacement in November and December has likely exacerbated the spread of cholera outbreaks, particularly in the Somali region.⁶

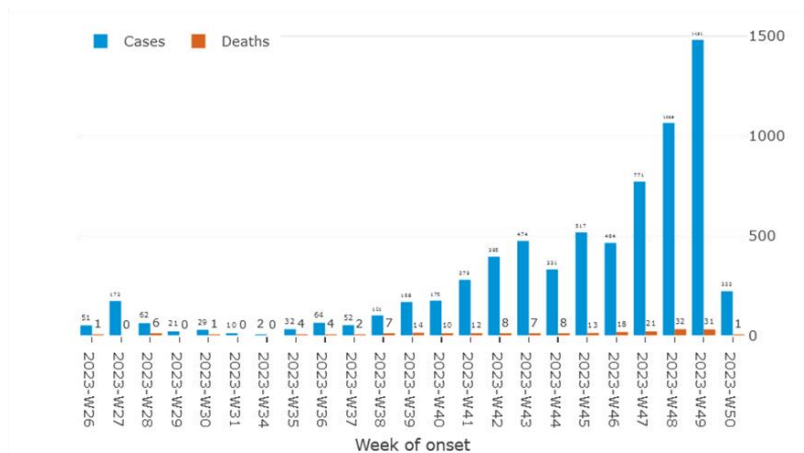
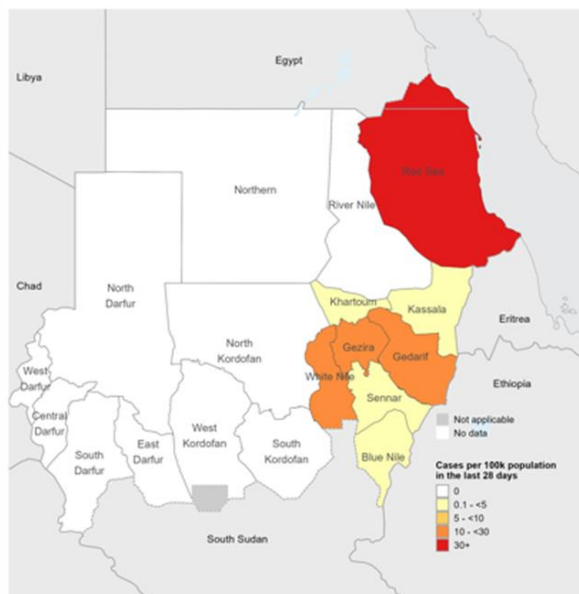
Somalia

In Somalia, since the beginning of the year and as of 9 December 2023, a total of 16 989 cases and 43 deaths with CFR 0.3% have been reported. Since our last reporting as of 15 November 2023, 1818 new cases and one new death were reported. During this period, an average of about 400 new cases are reported each week. Jubaland and Southwest regions near the borders with Kenya and Ethiopia remain the most affected areas of the current outbreak.

Sudan

In Sudan, amid the ongoing conflict that began in April 2023, an outbreak of cholera was declared in Gedaref state on 26 September 2023. As of 8 December 2023, 6739 cases and 200 deaths (CFR 3%) have been reported from nine of the country's 18 states. The outbreak is intensifying, with over 1000 new cases being reported each week in the last two weeks with complete data. Since the last report on the multi-country outbreak of cholera, two additional states (Blue Nile and White Nile) have reported cases. This brings the total number of affected states in 2023 to nine.

Figure 7. Cholera situation in Sudan. Cholera attack rates in the last 28 days (left) and cholera cases and deaths per week of onset (right), as of 10 December 2023



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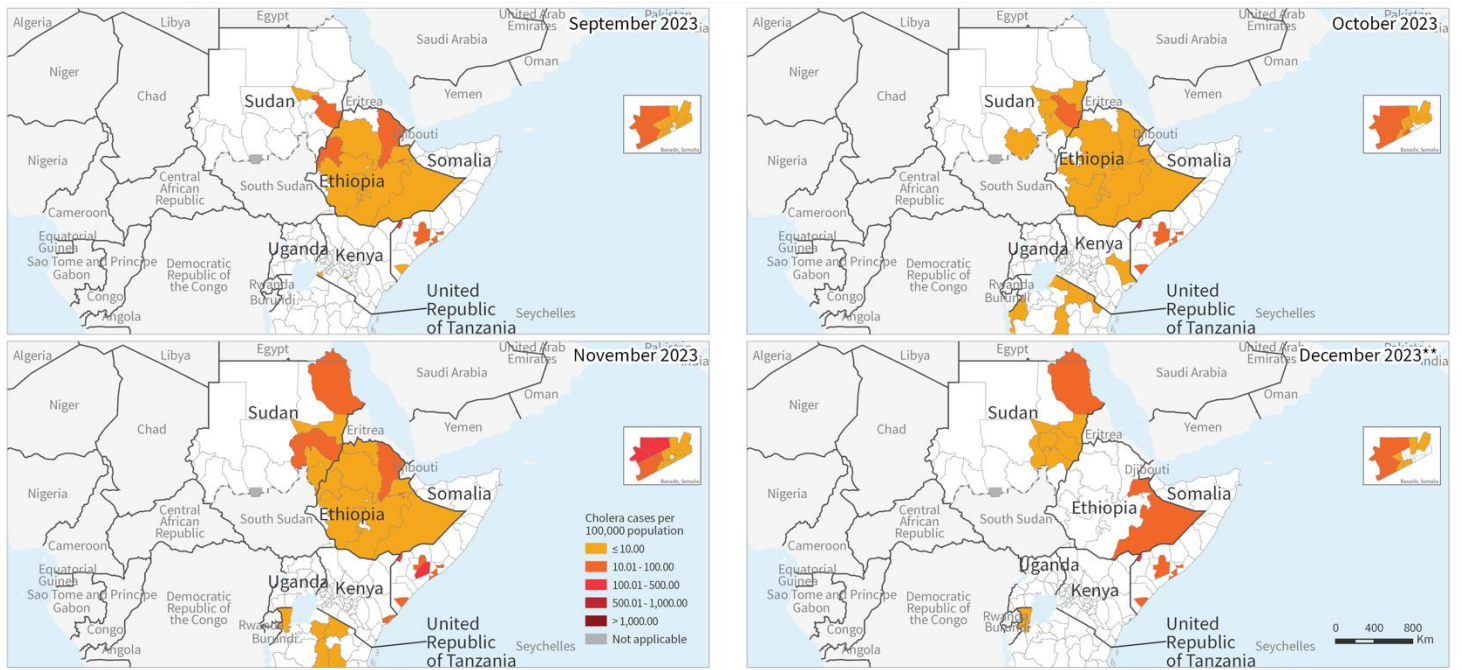
Data Source: World Health Organization, Federal Ministry of Health Sudan
Map Production: World Health Organization
Map Date: 10 December 2023



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⁶ Office for Coordination of Humanitarian Affairs (OCHA) situation report on Ethiopia: <https://reports.unocha.org/en/country/ethiopia>

Figure 8. The Greater Horn of Africa region cholera attack rate per 100 000 population between September to December 2023, as of 15 December 2023



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Data Source: World Health Organization, Ministries of Health and Statistics offices of Ethiopia, Kenya, Somalia, Uganda, and United Republic of Tanzania
 Map Production: WHO Health Emergencies Programme
 Map Date: 15 December 2023
 ** Data for the latest month may be incomplete and are subject to any retrospective adjustments.

* The reporting period differ by country:
 Ethiopia: 10/12/2023, Kenya: 09/12/2023
 Somalia: 09/12/2023, Sudan: 08/12/2023
 United Republic of Tanzania: 14/12/2023
 Uganda: 24/08/2023
 Data for Kenya, Tanzania, Sudan, and Ethiopia are displayed at the County/Region/State level. The date corresponds to the first day of the epidemic (from Monday to Sunday)



Operational updates

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

Coordination

- WHO initially classified the multi-country cholera outbreak as a grade three (the highest internal level for a health emergency) at the end of January 2023, after assessing the global risk as very high. This risk assessment and grading have been reviewed at three-month intervals following the initial evaluation, in accordance with the WHO Emergency Response Framework. Currently, the multi-country cholera outbreak continues to be classified as very high global risk, maintaining the internal grade 3 emergency status.
- Nearly a year has passed since this initial grading. WHO is currently reviewing its response to cholera globally to identify key lessons and make evidence-based adjustments where needed to better coordinate activities across all levels of the response.
- WHO continues to coordinate cholera response at global, regional and country levels with partners through the Global Task Force on Cholera Control, the Global Outbreak Alert and Response Network (GOARN), the Emergency Medical Teams Secretariat, the Standby Partners (SBPs), and other mechanisms. WHO continues to receive the direct technical support of partners through field deployments to countries, facilitated through GOARN, SBPs and other ad-hoc support offers.

Public health surveillance

- The Global Task Force on Cholera Control (GTFCC) revised guidance on public health surveillance for cholera continues to be disseminated and promoted. This guidance is available in both [English](#) and [French](#).
- GTFCC technical recommendations on [standard data and metadata sets](#) for cholera reporting to the regional and global level are actively promoted. The [template](#) is available for cholera reporting at the regional and global levels.
- Technical support in data management and analysis is being provided to countries and regions on a case-by-case basis.
- Coordination efforts are underway with countries, regions, and partners to strengthen cholera surveillance.
- GTFCC revised guidance for the identification of [Priority Areas for Multisectoral Interventions for cholera control](#) is being disseminated and promoted (English, Arabic, French, and Portuguese). This guidance aims to maximize the use of surveillance data for cholera-affected countries in the development or revision of a National Cholera Plan (NCP) for cholera control.
- New GTFCC guidance for the identification of [Priority Areas for Multisectoral Interventions for cholera elimination](#) is being disseminated and promoted (English, Arabic, French, and Portuguese). This guidance is designed for countries with limited to no cholera outbreaks, helping them assess vulnerability factors for cholera (re)emergence and develop or revise a National Cholera Plan (NCP) for cholera elimination.
- Ongoing efforts involve the development of updated GTFCC guidance on public health surveillance for cholera, including additional guidance and practical tools for data collection, reporting, and analysis.

Laboratory

- GTFCC recommendations for cholera testing are being disseminated and promoted in both [English](#) and [French](#).
- GTFCC laboratory [resources](#), including Job Aids, Fact Sheets, and other guidance materials are being promoted. There are ongoing efforts to develop additional technical support resources.
- Coordination activities are in progress with countries, regions, and partners to strengthen cholera laboratories.
- Technical support and assistance in the development of laboratory strengthening plans for countries are being provided on a case-by-case basis.
- A GTFCC toolkit and guidance for conducting detailed cholera laboratory capacity assessments have been developed. These resources highlight gaps and needs that require targeted support.
- Collaborations are ongoing to facilitate the ordering and access to laboratory supplies using the WHO catalogue resources. Additionally, technical support is being extended at regional and country levels to identify field and laboratory diagnostic supply needs as required.
- Collaboration with the Gavi Alliance is underway to support the procurement of rapid diagnostic tests (RDTs) for cholera surveillance, including outbreak monitoring, particularly for Gavi-eligible countries.
- Ongoing efforts involve the development of GTFCC tools and materials for cholera diagnostics training of trainers for laboratory personnel. Training of laboratory personnel were conducted in South Sudan and Somalia.

Vaccination

- Between 1 January 2023 and 31 December 2023, 12 countries submitted 30 requests for Oral Cholera Vaccine (OCV) doses for emergency use. A total of 33 million doses were dispatched, fully allocating the available stockpile. As of 9 January 2024, the global OCV stockpile stands at 1.1 million doses, which are available for allocation but not yet committed.
- The growing frequency and complexity of these requests, along with the contexts in which they occur, pose additional challenges, particularly concerning vaccine shipment logistics and on-ground implementation.
- Throughout 2023, 27 reactive vaccination campaigns were conducted across 12 countries in response to cholera outbreaks, with campaigns taking place in Mozambique (5), Ethiopia (4), Sudan (4), Kenya (3), Somalia (2), Northwest Syria (2), Cameroon (2), DRC (1), the Dominican Republic (1), Haiti (1), Malawi (1), and Zambia (1).
- In the current outbreak context, only single-dose OCV regimens have been approved and utilized for these reactive campaigns. The stockpile for preventive campaigns remains limited, reflecting the strain on the global supply of vaccines.
- In December alone, four new requests, totalling 13.6 million doses, were submitted to the International Coordinating Group (ICG) from Ethiopia, Sudan, Zambia, and Zimbabwe.

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

- Collaboration is ongoing with the WHO team in Northern Ethiopia, through the support of a standby partner, to develop a health and care worker training module focused on WASH and IPC in the context of cholera.
- Technical support is being provided to countries with ongoing outbreaks to increase access to treatment and decrease case fatality. Special emphasis is being placed on decentralizing treatment services and facilitating community access to oral rehydration solutions, along with distributing GTFCC guidelines for setting up and managing fixed-ORS points.
- Technical support for scenario planning is being offered to multiple countries to guide strategies and, in collaboration with the Operations Support and Logistics (OSL) team, streamline the procurement of necessary supplies.
- A WASH technical expert will be deployed to Yemen to support the WHO Country Office with the cholera outbreak response.

- A WASH expert will be stationed in Nairobi for at least six months as a member of the WHO HQ IMST team. The expert will reinforce technical support, assess needs at both the Regional and Country Office levels, facilitate communication across the three levels of the Organization, and respond to country needs as needed.

Risk communication and community engagement (RCCE)

- GTFCC has developed Guidance for Integrating Community Engagement into National Cholera Plans (NCPs). It includes detailed information to ensure that community knowledge and perspectives shape the design, delivery, and evaluation of NCPs, enabling the objectives of each pillar to be achieved.
- RCCE support to priority countries continues to be provided by the International Federation of Red Cross and Red Crescent Societies (IFRC), UNICEF, and WHO through the Collective Service partnership and the Technical Working Group (TWG) in the East and Southern Africa subregion. This ongoing work, focusing on communities, seeks to address barriers to uptake of protective behaviours.
- Specific support is being provided through the TWG in several countries in the subregion, responding to requests from Ministries of Health. Technical needs assessments, mapping of partners, and identification of RCCE service gaps and local capacities have been undertaken. In Zimbabwe, an interagency RCCE coordination capacity has been deployed to support the Ministry of Health on priority needs: developing RCCE strategies, establishing inter-agency feedback mechanisms, strengthening social analytics data collection and use and generating rapid qualitative assessments to inform response activities.

Operations Support and Logistics (OSL)

- In December, there has been a high demand of cholera kits, particularly in the Eastern Mediterranean Region. The Dubai Supply Hub has organized and managed several full charter deliveries to the occupied Palestinian territory, Sudan, and Yemen. Thanks to the adjusted stock quantities, no supply disruptions are expected for current orders. The current inventory includes supplies for an estimated 50 000 patients, which will be gradually distributed by 31 March 2024. Additionally, ongoing shipments of cholera kits, including laboratory material, are being dispatched to various countries for immediate response or preparedness through different supply platforms.
- Technical support is being provided to elaborate orders for cholera response in selected countries.
- Efforts are being made to organise ad-hoc donations of items with short shelf-lives that are set to expire next year, to support WHO partners. A list of items free of charge has been shared with WHO Regional Offices.

Key challenges

The geographical spread and global surge in cases is due to and has resulted in numerous challenges:

- Exacerbation of cholera outbreaks due to natural disasters and climatic effects.
- Data quality and reporting, including issues with reporting consistency and insufficient disaggregation of data for vulnerable groups, especially for children under 5 years of age.
- Constrained availability of critical cholera supplies, including case management materials and kits.
- Insufficient OCV stocks to respond to all concurrent cholera outbreaks, resulting in the suspension of preventive campaigns and a transition from [a two-dose to a one-dose strategy](#). [This policy decision remains in place](#).
- Exhausted national cholera response capacities and overall overstretched emergency response capacity due to numerous parallel large-scale and high-risk outbreaks and other emergencies affecting public health.
- Limited experienced cholera response staff available for deployments to support national emergency responses.
- Inadequate financial resources to respond in a timely and effective manner across all levels.
- A lack of resources, both financial and material, for prevention, readiness, and preparedness activities.

Next steps

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

- Cholera scenario planning/prioritization will continue to be updated, considering the potential impact of a severe El Niño events at the global, regional, and national levels.
- WHO will continue to advocate for investment in cholera response, highlighting that long-term investment is critical for a sustainable solution, while emphasizing that immediate investment is needed for rapid emergency response to the current surge in cases.
- WHO and UNICEF will continue to work with partners to streamline the supply chain for essential cholera materials, ensuring maximum availability based on the prioritization of needs.
- WHO and partners, including the GTFCC, will continue to support Ministries of Health and implementing partners with the latest available information and material to enable prevention and response activities in the current constrained environment.
- WHO, UNICEF, and partners will continue to work together to maintain focus on the cholera emergency, to mobilize resources and lobby for long term solutions to reduce the cholera burden. In addition, WHO, UNICEF and other partners will continue to work together to streamline response efforts and maximize limited resources.

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 true case and death counts, and variable delays to 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 \(GTFCC\)](#)
- [Public health surveillance for cholera- Interim guidance, February 2023 \[EN\] \[FR\]](#)
- [AFRO Weekly outbreaks and emergency bulletin](#)
- [WHO AFRO Cholera Dashboard](#)
- [Cholera outbreak in Hispaniola 2022 - Situation Report](#)
- [Cholera upsurge \(2021-present\) web page](#)