

Multi-country outbreak of cholera



External Situation Report n. 23, published 20 February 2025

Cases – 34 799
Since Jan. 2025

Deaths – 349
Since Jan. 2025

Countries affected – 19
Since Jan. 2025

Population at risk
1 billion

Global risk –
Very high

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Overview

Data as of 26 January 2025

- In January 2025 (epidemiological weeks 1 to 4), a total of 34 799 new cholera and / or Acute Watery Diarrhoea (AWD) cases were reported from 19 countries, territories, areas (hereafter countries) across three WHO regions, marking a 27% decrease from December 2024. 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 349 cholera-related deaths globally, highlighting a 33% decrease from the previous month.
- While the seasonal decline in transmission during winter months may partly explain the reduction in case numbers in some regions, the overall cholera data remains incomplete due to underreporting and reporting delays. Additionally, conflict and extreme weather events, such as the ongoing insecurity in the Democratic Republic of the Congo and the aftermath of Cyclone Filipo in Mozambique, 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.**
- Since the last report, new cholera outbreaks have been reported in Angola. Since January 2025, 19 countries have reported cholera / AWD outbreaks, most of which are continuations from the previous year.
- 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.
- In January, Oral Cholera Vaccines (OCV) production reached 6.2 million doses, reflecting significant efforts by the supplier and partners. This progress follows the introduction and prequalification of a new vaccine formulation and manufacturing process earlier in 2024. However, current production has yet to meet growing global demand, and demand continues to exceed supply, hindering efforts to control cholera outbreaks, respond rapidly to the disease's spread, and implement preventative campaigns.

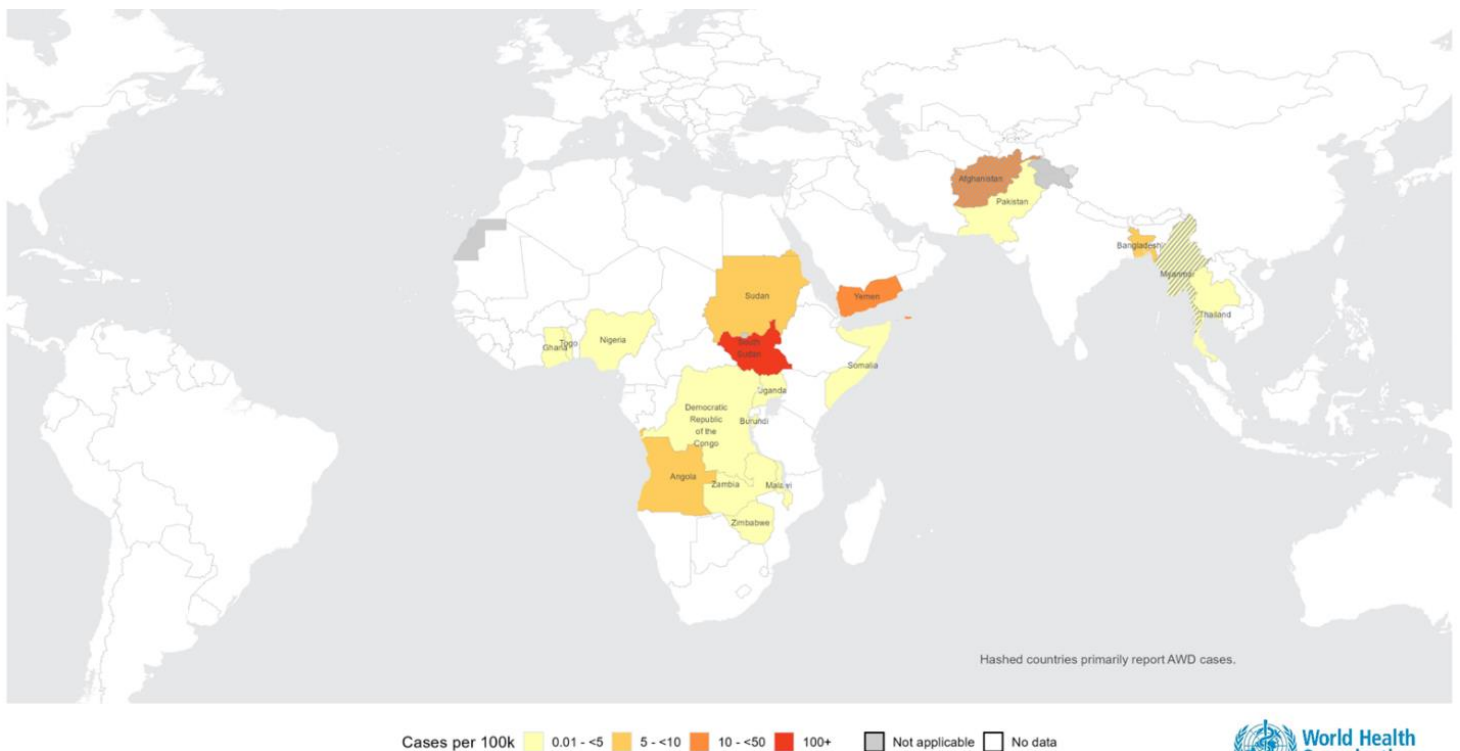
Global epidemiological update

In January 2025 (epidemiological weeks 1 to 4), a total of 34 799 new cholera and AWD cases were reported from 19 countries across three WHO regions, showing a 27% decrease from December 2024. The African Region (17 644 cases; 11 countries) reported the highest number of cases, followed by the Eastern Mediterranean Region (16 530 cases; five countries), and the South-East Asia Region (625 cases; three countries). No cases were reported in other WHO regions.

In January 2025, 349 cholera-related deaths were also registered globally, representing a 32% decrease compared with December 2024. The highest number of fatalities was recorded in the African Region (297 deaths; nine countries), followed by the Eastern Mediterranean Region (52 deaths; four countries). 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 to 26 January 2025



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Data Source: World Health Organization
Map Production: WHO Health Emergencies Programme
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Table 1. Reported cholera and AWD cases and deaths by WHO region, as of 26 January 2025

WHO Region	Country, area, territory	1 January to 26 January 2025				Monthly cases % change	Monthly deaths % change
		Cases	Deaths	Cases per 100 000	CFR (%)		
African Region	Angola	1 081	45	3	4.2		
	Burundi	48	0	0	0	9	
	Democratic Republic of the Congo	3 853	67	3	1.7	112	235
	Ghana	675	5	2	0.7	-67	-67
	Malawi	72	0	0	0	-3	
	Nigeria	786	14	0	1.8	242	17
	South Sudan	10 833	159	87	1.5	-22	-45
	Togo	86	2	1	2.3	-25	-60
	Uganda	80	1	0	1.2		
	Zambia	32	2	0	6.2	146	
	Zimbabwe	98	2	1	2	-1	100
Eastern Mediterranean Region	Afghanistan**	6 346	1	19	0	-17	-67
	Pakistan***	1 162	0	0	0	-56	
	Somalia	777	1	5	0.1	-10	
	Sudan	2 135	46	5	2.2	-58	-57
	Yemen‡	6 110	4	18	0.1	-42	-75
South-East Asia Region	Bangladesh (Cox' Bazar)	67	0	8	0	-62	
	Myanmar**	553	0	1	0		
	Thailand	5	0	0	0	-17	

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

** 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.

WHO regional overviews

African Region

In January 2025, the African Region reported 17 644 new cholera cases across 11 countries, marking a 13% decrease from December 2024. The majority of cases were reported from South Sudan (10 833), the Democratic Republic of the Congo (3853), Angola (1081), Nigeria (786), and Ghana (675). During the same period, 297 cholera-related deaths were reported, reflecting a 23% decline from the previous month. Deaths were reported from South Sudan (159), the Democratic Republic of the Congo (67), Angola (45), Nigeria (14), and Ghana (5).

Eastern Mediterranean Region

In January 2025, the Eastern Mediterranean Region reported 16 530 new cholera cases across five countries, marking a 38% decrease from December 2024. Cases were reported from Afghanistan (6346), Yemen (6110), Sudan (2135), Pakistan (1162), and Somalia (777). Additionally, there were 52 cholera-related deaths, a 59% decrease compared with the previous month. Deaths were reported from Sudan (46), Yemen (4), Afghanistan (1), and Somalia (1).

South-East Asia Region

In January 2025, the South-East Asia Region reported 625 new cholera cases across three countries, marking a 33% increase compared with December 2024. Cases were reported from Myanmar (553), Bangladesh (67), and Thailand (5). No deaths were reported during this period.

Figure 2. Global cholera and AWD cases by week, 1 January 2024 to 26 January 2025

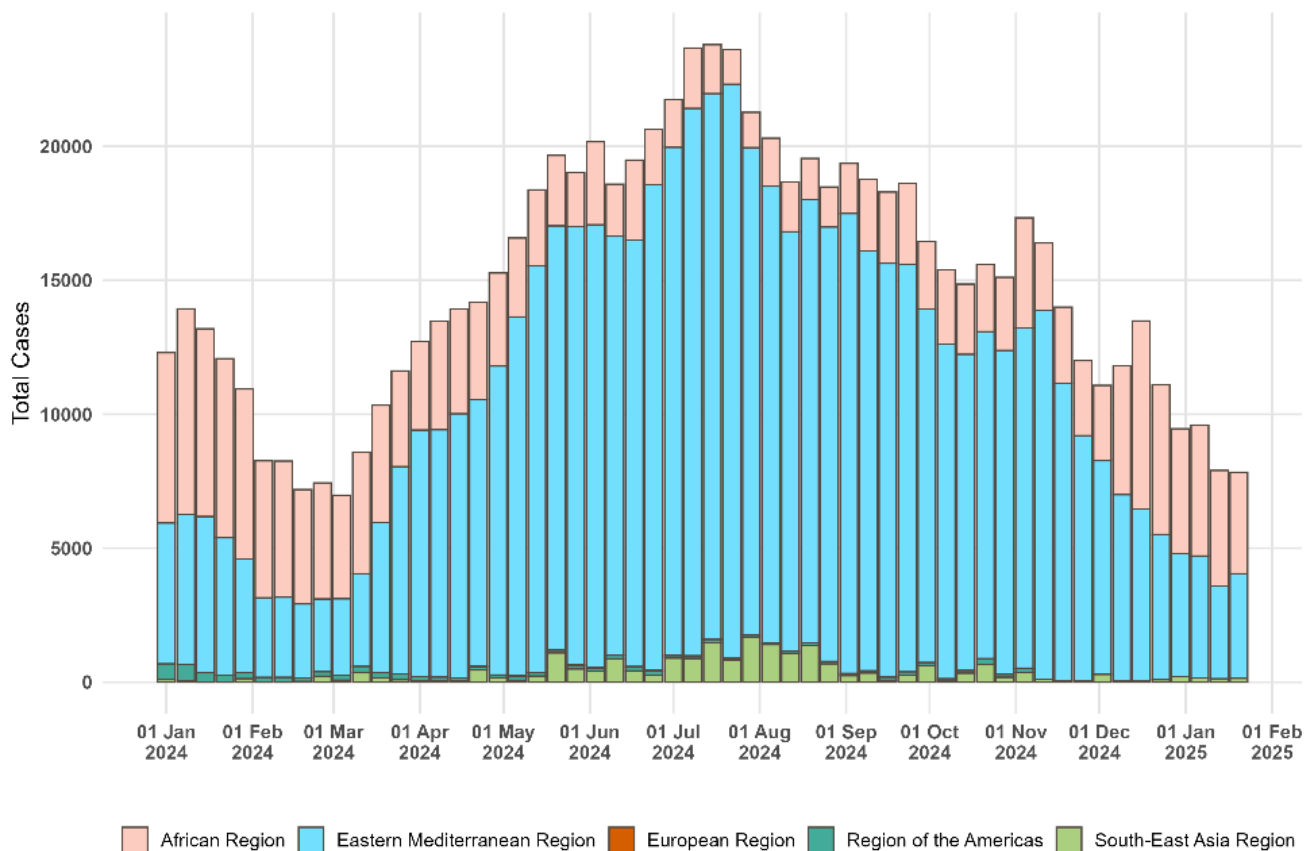
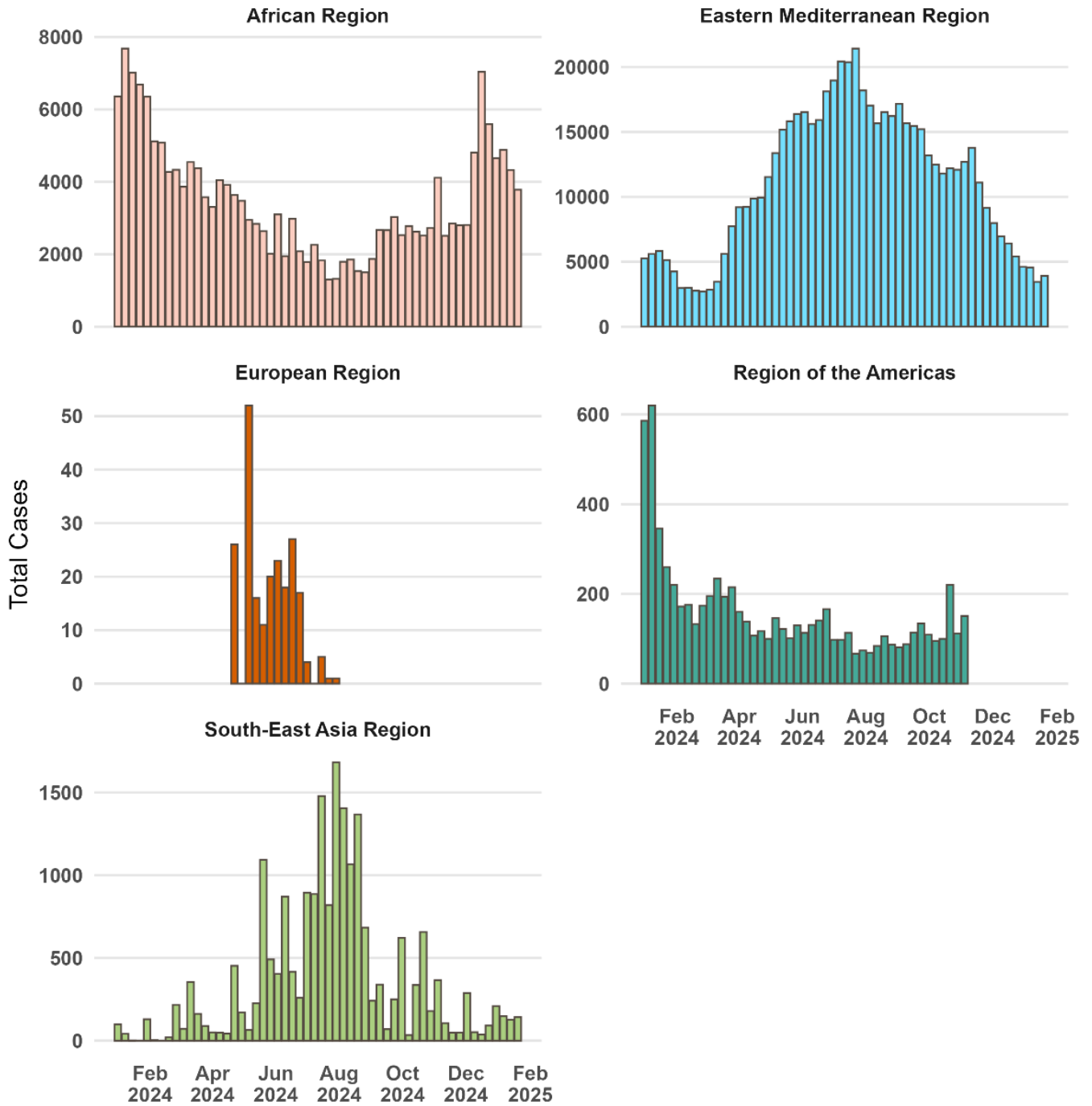


Figure 3. Cholera and AWD cases by WHO Region, 1 January 2024 to 26 January 2025

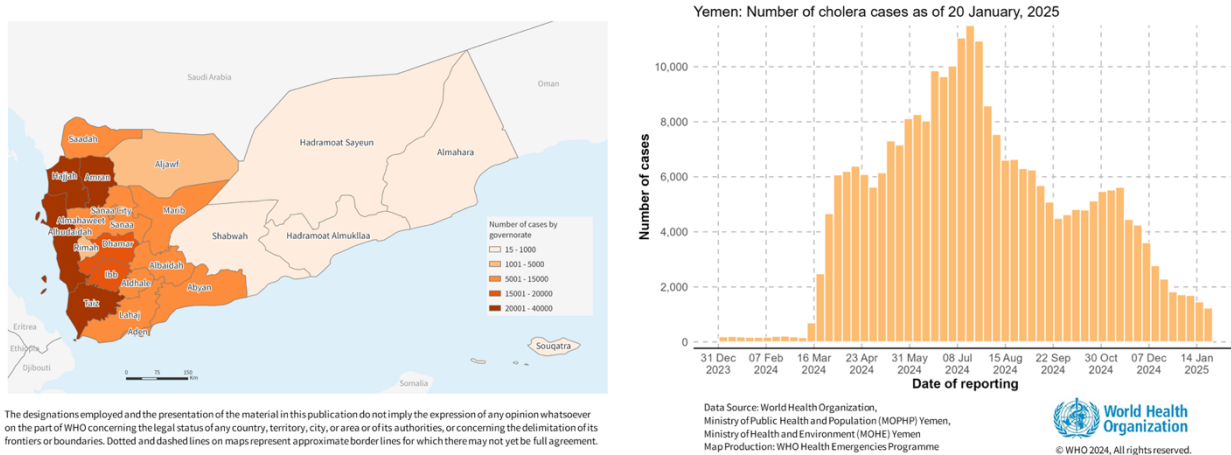


Focus on selected subregions and countries

Yemen

In January 2025, Yemen reported 6110 new cholera cases and four associated deaths, with a CFR of 0.1%. This represents a 42% decline in cases and a 75% decrease in deaths compared to December 2024. Despite the overall downward trend, over 1000 cases continue to be reported each week.

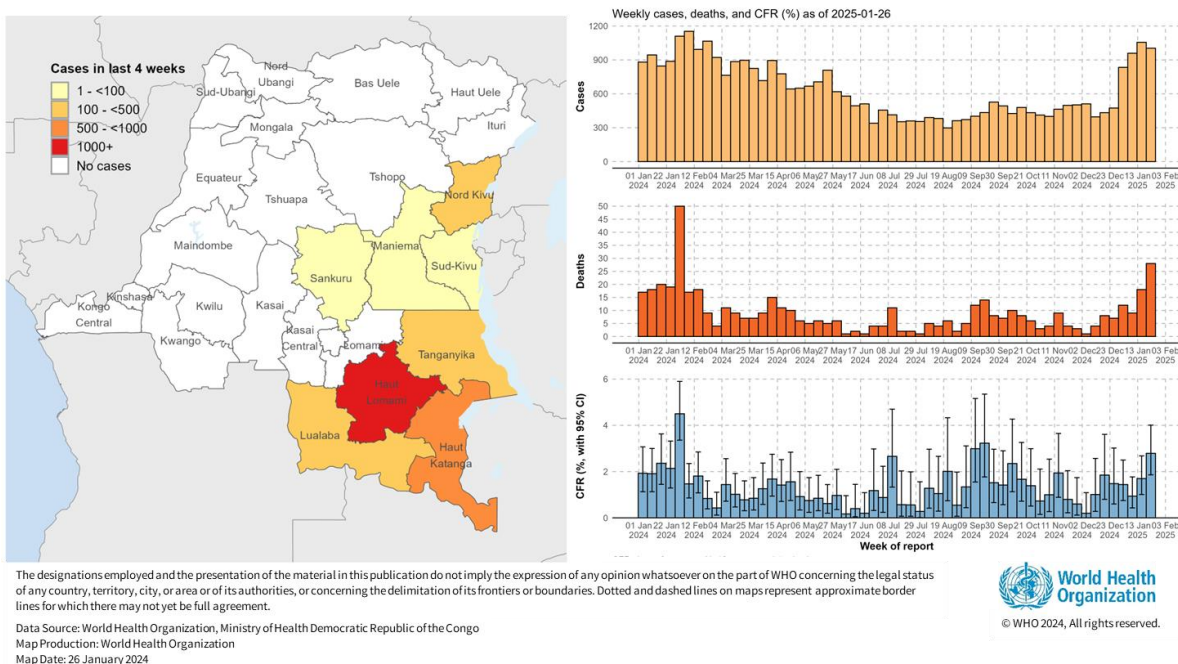
Figure 4. Yemen: Geographic distribution of cases (Left) and weekly case trend (Right), as of 20 January 2025



Democratic Republic of the Congo

Following the prolonged cholera outbreak from the previous year, the Democratic Republic of the Congo reported 3853 new cholera cases and 67 associated deaths in January 2025, with a CFR of 1.7%. This represents a 112% increase in cases and a 235% rise in deaths compared to December 2024. Nearly half of the recent cases were reported from Haut Lomami province, with additional clusters reported in Haut Katanga, Tanganyika, and Nord Kivu provinces. Ongoing hostilities and disruptions to health systems and surveillance activities in the Northeastern part of the country have likely led to underreporting in recent weeks.

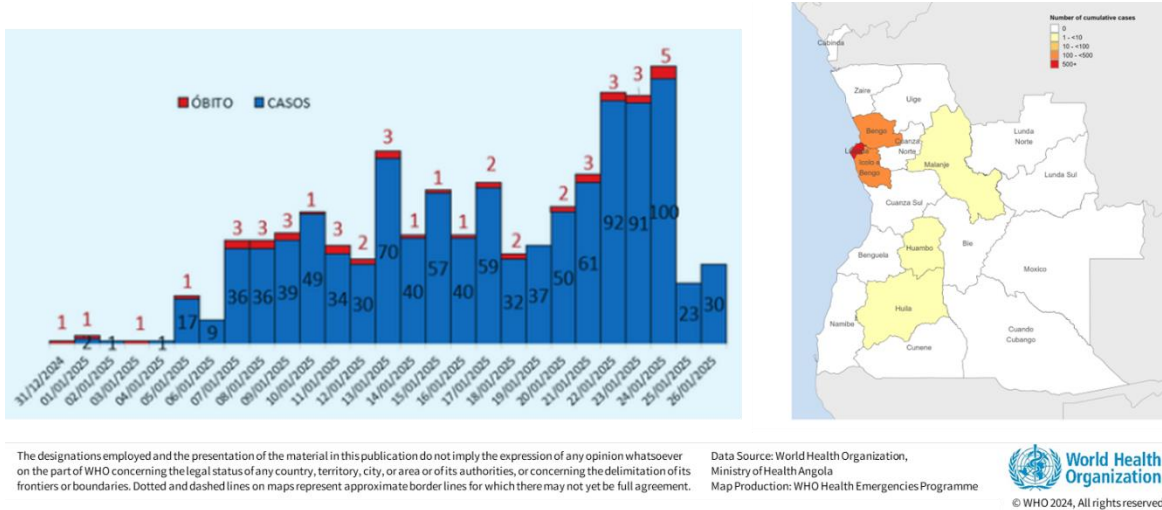
Figure 5. Democratic Republic of the Congo: Geographic distribution of cholera cases per 100 000 population by province (Left). Weekly case, death, and CFR trends (Right), as of 26 January 2025



Angola

The Angola Ministry of Health has declared a new cholera outbreak following the confirmation of the first case in the municipality of Cacucaco, Luanda province on 7 January 2025. As of 26 January 2025, a total of 1081 cases and 45 deaths have been reported, including 25 community deaths, with a health facility CFR of 1.9%. Approximately 70% of cases are reported from Luanda province, followed by Icolo e Bengo, Bengo, Huambo, Malanje, and Huíla provinces.

Figure 6. Angola: Daily case trend (Left) and geographic distribution of cases (Right), as of 26 January 2025



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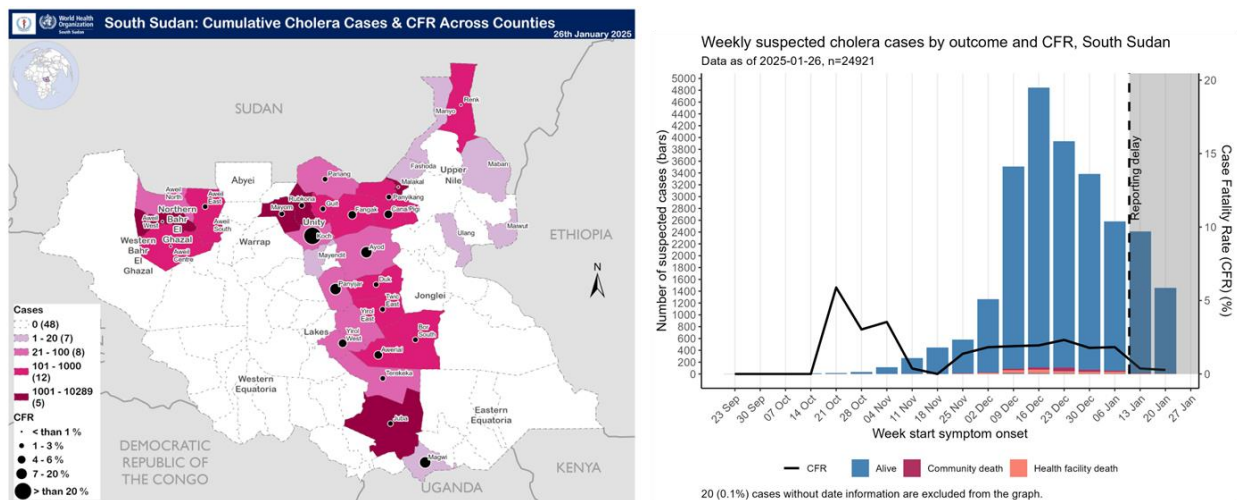
Data Source: World Health Organization, Ministry of Health Angola
Map Production: WHO Health Emergencies Programme



South Sudan

The current cholera outbreak in South Sudan began in late September 2024. In January 2025, the country reported 10 833 new cholera cases and 159 associated deaths, with a CFR of 1.5%. This represents a 22% decline in cases and a 45% decrease in deaths compared to December 2024. However, despite this decline, the outbreak continues to expand geographically. Since the onset, a total of 24 921 cases and 479 deaths (including 245 community deaths) have been reported across 34 counties in seven states and one administrative area. The highest burden has been observed in Unity, Jonglei, Juba, and Northern Bahr el Ghazal, but new areas are increasingly being affected, highlighting the persistent challenges in containing the outbreak.

Figure 7. South Sudan: Distribution of cases (Left) and weekly case trend (Right), as of 26 January 2025



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



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Operational updates

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

Coordination

- 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 Emergency Medical Teams (EMT).
- As of 26 January 2025, 22 experts have been deployed to Comoros, Haiti, Kenya, Lebanon, Malawi, Mozambique, Sudan, Zambia, and Yemen through GOARN to support the cholera response in areas such as Health Operations, Case Management, Social Anthropology, Epidemiology/Surveillance, and Partner Coordination.
- Additionally, 25 experts have been deployed for three to six months to 10 countries (Cameroon, Comoros, Ethiopia, Haiti, Malawi, Myanmar, Mozambique, Turkey, Zambia and South Sudan) through SBP to support the cholera response in areas such as Information Management, Partner/Cluster Coordination, PRSEAH, IPC/WASH, RCCE, Epidemiologist, Cholera response coordinator and OSL, including remote global WASH support.
- WHO appreciates the support from SBP, especially the Norwegian Refugee Council.

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](#).
- In 2024, the GTFCC published [revised guidance](#) on public health surveillance for cholera, which comes with [accompanying tools](#). This material is available in Arabic, English, French, and Portuguese.
- 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 standards.
- 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](#) is being disseminated and promoted (in 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 for cholera control.

Laboratory

- The GTFCC has published guidance and tools for cholera testing laboratories, covering laboratory surveillance, environmental surveillance, sample collection and conditioning, use of rapid diagnostic tests, laboratory confirmation and antimicrobial susceptibility testing, and reporting. These resources are accessible through a [quick reference guide](#), and documents are available in English, French, and in some instances, Portuguese.
- The GTFCC recently published training materials on [Sample collection and testing with Rapid Diagnostic Tests for cholera for health care workers](#). French and Arabic versions are in development.
- Technical assistance is being provided to countries to define and implement testing strategies during outbreaks and to develop laboratory strengthening plans on a case-by-case basis.
- Support is being provided for the identification of laboratory diagnostic supply needs and deployment of laboratory supplies in countries with ongoing outbreaks. Supplies are also being prepositioned in countries at risk of cholera.
- Collaboration is ongoing with Gavi for the procurement of cholera RDTs for Gavi-eligible countries for cholera surveillance, including outbreak monitoring.

Vaccination

- OCV production remained robust in January 2025, reflecting significant efforts by the supplier and partners following the introduction and prequalification of a new vaccine formulation and manufacturing process in 2024.
- The global OCV stockpile averaged 5.4 million doses in January, with only one week below the target of five million doses that should be available at all times for outbreak response.
- Nine new emergency requests were submitted in January 2025 – compared to two in 2024 – by Angola, the Democratic Republic of the Congo, Ghana (2), Myanmar, Nigeria, South Sudan (2), and Sudan, collectively seeking nine million doses for single round campaigns (compared to four million in 2024). Eight requests were approved, while one was not approved by the International Coordinating Group (ICG) on Vaccine Provision.
- Since the start of 2025, five countries (Bangladesh, Malawi, Mozambique, South Sudan and Zambia) have conducted seven reactive vaccination campaigns, targeting a total of four million people. Due to limited vaccine availability, only single-dose vaccination campaigns have been approved and implemented.
- 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)

- The GTFCC cholera app now includes technical specifications for cholera beds to assist field teams in local production; the template is available in the Case Management section. The app is free, accessible offline after download, and can be found by searching "GTFCC Cholera" in app stores.
- Technical support was provided to the Sudan Country Office for water quality monitoring, IPC/WASH assessments in cholera treatment centre (CTCs), and training for health and care workers on cleaning and disinfection in CTCs.
- WHO Headquarters deployed an IPC specialist to Kinshasa, Democratic Republic of Congo, who is supporting the dissemination of technical guidance on infectious diarrhoea management and conducting a rapid assessment of WASH/IPC capacity in health facilities.

Risk communication and community engagement (RCCE)

- Regular coordination and sharing of updates is ongoing with regional RCCE focal points.
- Technical and surge support was provided to South Sudan through a deployment from the regional office.
- Support was provided in response to Mozambique's request for social anthropologists for Zambezia, Nampula, and Cabo Delgado Provinces.
- RCCE coordination for affected regions and countries continues through regional coordination mechanisms and the Collective Service partnership, with cholera resources available.
- Technical support was provided for Myanmar intra-action review, with facilitation for the RCCE pillar.
- RCCE technical and surge support continues based on country needs and demands.
- The RCCE readiness and response toolkit for cholera is under review, with input from regional focal points. This toolkit aims to equip RCCE focal points and practitioners with essential tools to inform, engage, and empower communities at risk of cholera.

Operations Support and Logistics

- Cholera response supplies are being shipped via air and sea freight to countries with ongoing outbreaks, including the Democratic Republic of the Congo, Mozambique, Niger, Nigeria, South Sudan, Sudan, Syria, Yemen, Zambia.
- New tracking tools have been developed to merge data from major organizations responding to cholera, improving stockpile visibility and response efficiency.
- The current stock availability of cholera modules remains adequate, with a three-to-six-month buffer at supplier and WHO Hub levels. The bulk stock is being reduced, and some donations of materials are underway.
- Technical support is being provided to hubs and countries for stockpile preparation.

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, NGOs, 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, with the international community and Member States needing to prioritize cholera response by allocating sufficient resources 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.

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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](#)
- [AFRO Weekly outbreaks and emergency bulletin](#)
- [WHO AFRO Cholera Dashboard](#)
- [Cholera outbreak in Hispaniola 2022 - Situation Report](#)
- [Cholera upsurge \(2021-present\) web page](#)