



GLOBAL TASK FORCE ON  
**CHOLERA CONTROL**

## GLOBAL CHOLERA SITUATION

January 2023 – May 2024

Caius Ikejezie

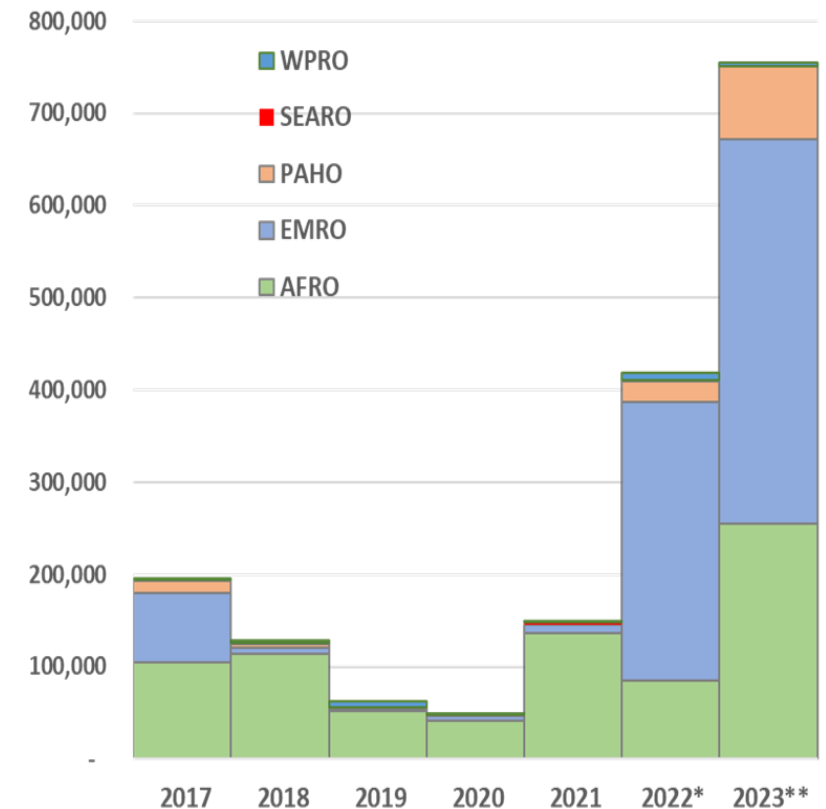
21 May 2024

Cairo, Egypt

# WORSENING GLOBAL CHOLERA SITUATION SINCE 2020

- **WHO Grade 3 emergency** since January 2023
- Increased frequency of **larger and prolonged** outbreaks
- Cholera re-emerging in **previously unaffected** countries
- Outbreaks in **densely populated areas with poor WASH** infrastructure
- Climate change intensifying cholera **spread** in affected regions
- Unacceptably high case fatality rate (**CFR**)
- **Insufficient** long-term investments in **WASH**
- Acute global **shortage** of Oral Cholera Vaccines (**OCV**)
- **Inadequate surveillance** data

Cholera cases reported to WHO 2017-2022\* (WER)  
& preliminary data for 2023 \*\* (Yemen excluded)



\* Source: Weekly Epidemiological Record (Yemen Excluded) + 2022 Haiti data

\*\* Source: IMST HQ



# GLOBAL CHOLERA SITUATION

1 January to 16 May 2024

**160 500** Cases reported since 2024

**1 900** Deaths reported since 2024

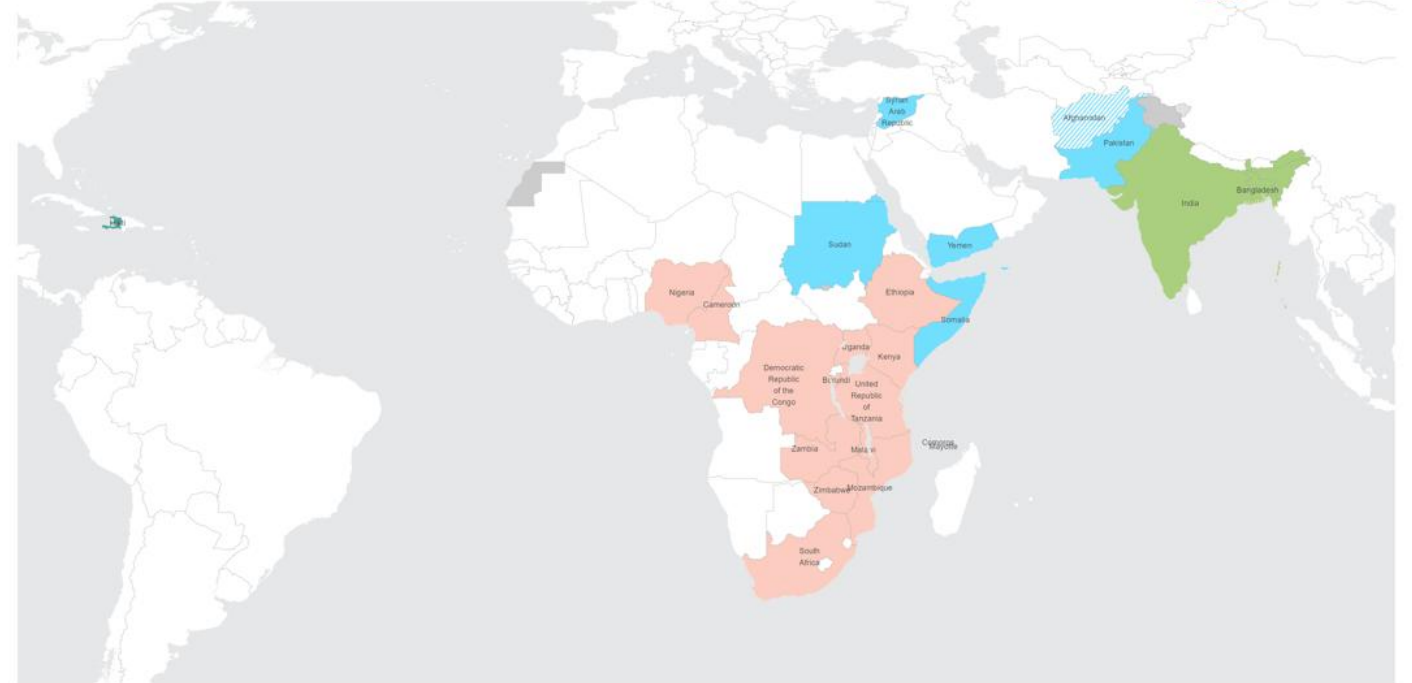
**24** Countries officially reporting cases since 2024

**7** Countries currently in “Acute Crisis”  
Comoros, DRC, Ethiopia, Haiti, Somalia, Yemen, Zimbabwe

**16** Additional countries with active outbreaks

## Countries which reported cholera / AWD since 2024

As of 16 May 2024



WHO Region PAHO AFRO WPRO AWD EMRO Not applicable No data  
EMRO EURO SEARO

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

Data Source: World Health Organization  
Map Production: WHO Health Emergencies Programme  
© WHO 2024. All rights reserved.

1. Please note that the data presented here should be interpreted with caution due to potential reporting delays. Such delays may affect the timeliness of reports, and consequently, the presented figures might not accurately represent the current situation.
2. Given the diversity in surveillance systems, case definitions, and laboratory capacities across the reporting countries, the cholera case and death statistics presented here require careful consideration and are not directly comparable among countries.
3. The global case fatality rate (CFR) for cholera warrants a prudent examination as it is heavily influenced by variations in surveillance methodologies.
4. In this document, the term 'cholera cases' encompasses both suspected and confirmed cases, unless otherwise delineated in the context of specific countries.

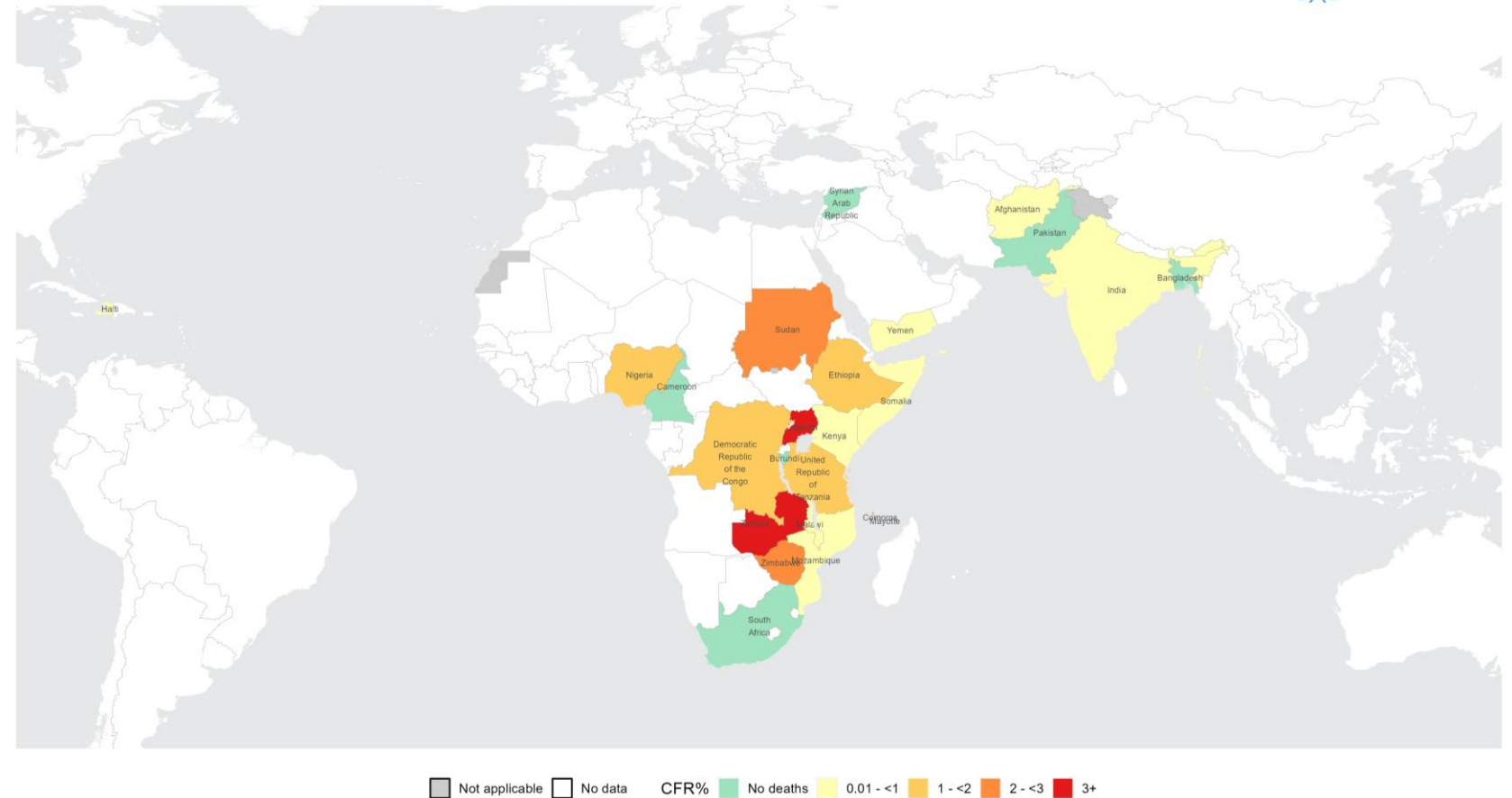
# KEY CHOLERA INDICATORS AND TRENDS

1 January to 16 May 2024



Country	Cases 2024	Deaths 2024	Cases per 100k	CFR%
Burundi	315	1	2	0.3
Comoros	5677	113	691	2.0
Yemen	4276	23	13	0.5
Afghanistan	39075	22	119	0.1
Zimbabwe	19397	390	128	2.0
Ethiopia	15059	164	20	1.1
Somalia	10647	102	65	1.0
Mozambique	7552	16	26	0.2
Democratic Republic of the Congo	14846	280	12	1.9
United Republic of Tanzania	2673	38	4	1.4
Zambia	20077	637	102	3.2
Syrian Arab Republic	9820	0	44	0.0
Malawi	238	1	1	0.4
Sudan	2333	62	6	2.7
Bangladesh	6	0	1	0.0
Cameroon	49	0	0	0.0
Haiti	2672	13	23	0.5
Kenya	313	2	1	0.6
Mayotte	78	1	-	1.3
Nigeria	559	7	0	1.3
Pakistan	3472	0	1	0.0
South Africa	11	0	0	0.0
Uganda	32	1	0	3.1

Cholera associated case fatality ratio (%) reported in 2024



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

Data Source: World Health Organization  
Map Production: WHO Health Emergencies Programme  
© WHO 2024. All rights reserved.

# AFRICAN REGION

1 January 2023 to 16 May 2024

## Eastern Africa

- **Burundi, Ethiopia, Kenya, Malawi, Mozambique, and Tanzania** have reported major outbreaks exacerbated by population movement, floods, and drought
- **Comoros** and **Mayotte** experienced a resurgence in 2024 linked to cases from Tanzania, highlighting the possible risk of spread to other countries

## Central Africa

- **DRC** has consistently reported large outbreaks, with CFR >5% in some provinces

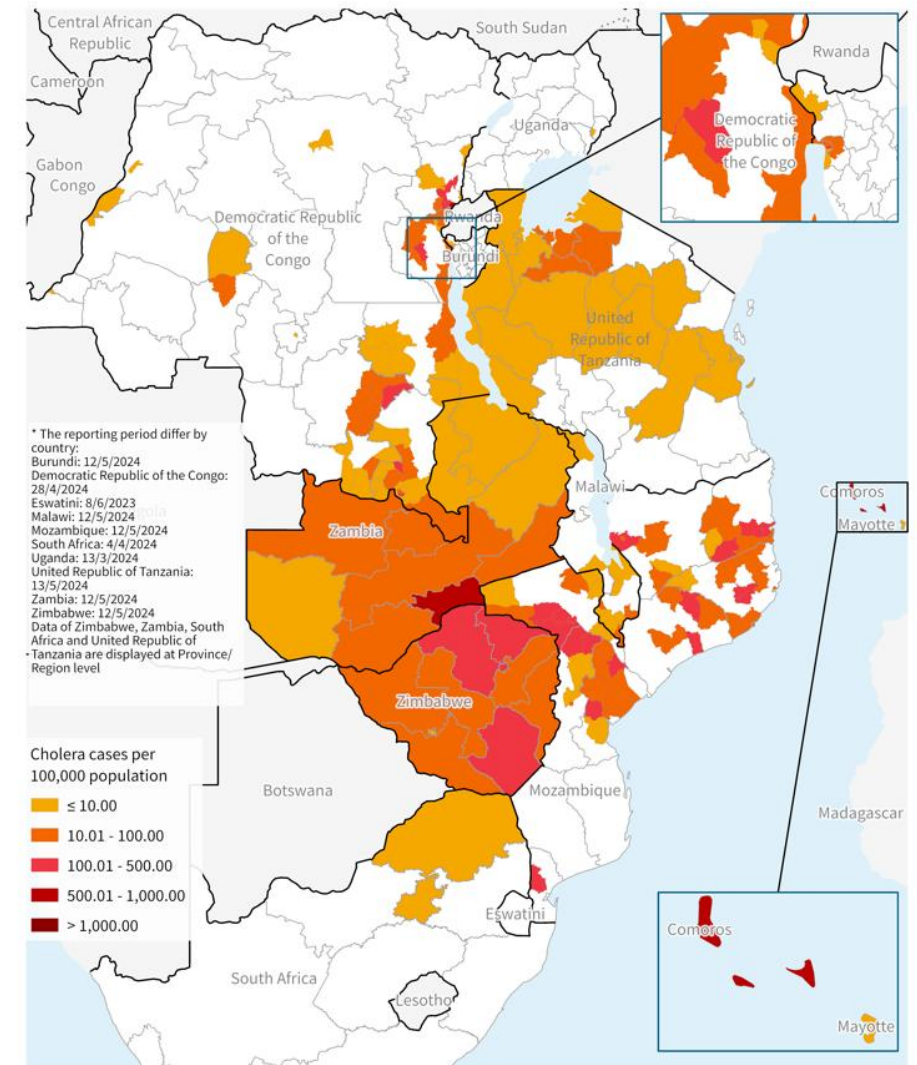
## Southern Africa

- **Zambia** and **Zimbabwe** accounted for >80% of cases in Q1 2024, with Zambia seeing its largest outbreak
- **South Africa** reported outbreaks, with some cases linked to international travel

## West Africa

- Relatively calm situation with no “large” outbreaks reported for three years
- However, this hiatus raises concerns of a potential resurgence in the next months, driven by multiple factors including decrease in population immunity

## South-East Africa attack rate per 100,000 cases, 1 Jan to 13 May 2024

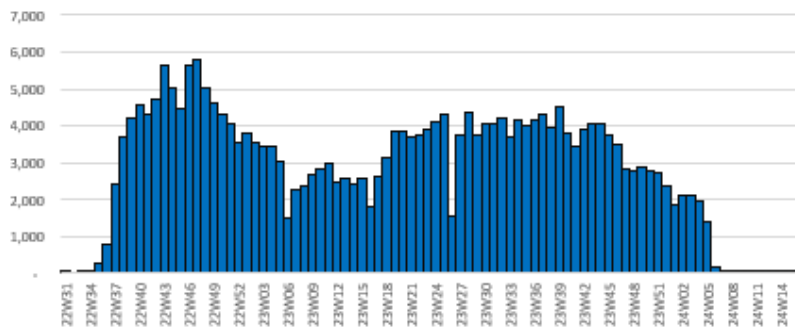


# EASTERN MEDITERRANEAN REGION

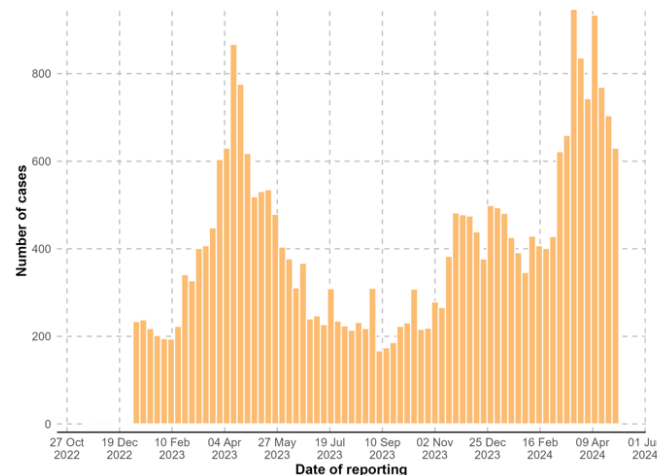
1 January 2023 to 16 May 2024

- **Afghanistan** and **Syria** have reported over 500,000 cases since 2023, partly due to a broad case definition that includes any individual with acute watery diarrhea (AWD). This approach is especially useful in conflict areas with limited diagnostic capacity
- **Somalia**, **Sudan**, and **Yemen** also reported large outbreaks (>10,000 cases), highlighting the widespread nature of the emergency in the region
- The situation in the Region highlights how humanitarian crises driven by conflict and political instability, combined with long-term inadequate infrastructure and climate factors, can exacerbate cholera transmission

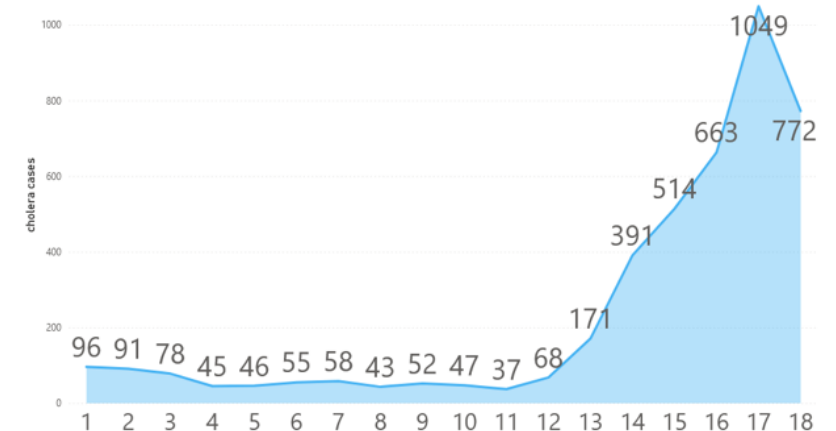
**Suspected AWD / cholera cases in Syria,  
Aug 2022 to 21 Apr 2024**



**Suspected cholera cases in Somalia,  
1 Jan to 5 May 2024**



**Suspected AWD / cholera cases in south Yemen,  
1 Jan to 5 May 2024**

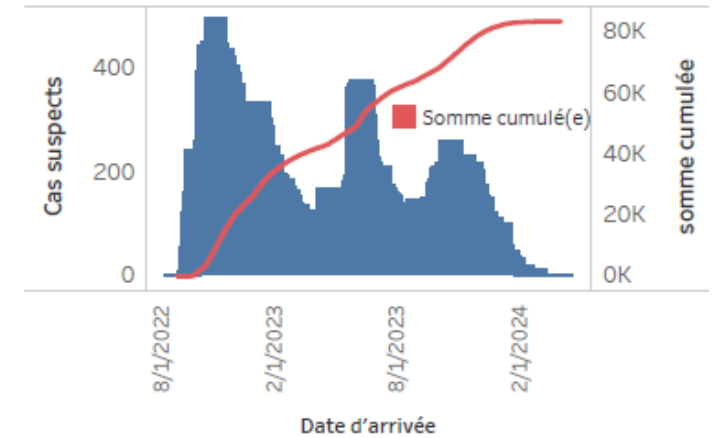


# REGION OF THE AMERICAS

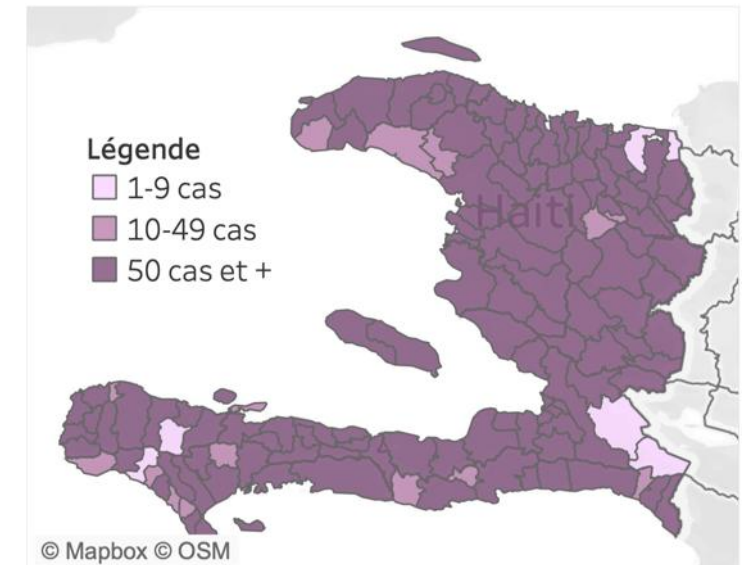
1 January 2023 to 9 May 2024

- **Haiti** has been reporting cholera outbreaks nationwide since January 2023
- The decline in suspected cases observed since late 2023 may indicate underreporting due to the ongoing humanitarian crisis, which affects healthcare access and infrastructure rather than reflecting an actual improvement in the cholera situation
- The upcoming rainy season and dense living conditions in displacement camps increase the potential for new outbreaks in Haiti
- These conditions, along with the occurrence of cholera cases near border areas, pose a significant risk of cross-border transmission to the **Dominican Republic**

Daily number of suspected cases in Haiti,  
1 Jan 2022 to 12 Apr 2024



Daily number of suspected cases in Haiti,  
1 Jan 2022 to 12 Apr 2024



# CONCLUSIONS

- 1. Escalating Outbreaks:** Significant rise in the frequency and duration of cholera outbreaks since 2020, with re-emergence in previously clear countries
- 2. Infrastructure and Climate Challenges:** Poor WASH infrastructure, extreme weather events, and sociopolitical instability are major drivers of cholera spread, especially in urban areas
- 3. Regional Emergencies:** Africa reports most of the global cases and deaths, with multiple countries in crisis. However, large outbreaks are also being reported in the Eastern Mediterranean Region and the Region of the Americas, with many instances of cross-border transmission
- 4. Resource Gaps:** Inadequate surveillance data, acute OCV shortage, insufficient investments in WASH infrastructure are critical issues
- 5. Future Directions:** There is a need to strengthen surveillance systems, increase investments in WASH and healthcare infrastructure, enhance vaccine availability, and promote cross-border collaboration to manage and mitigate cholera spread



# Thank you

Together we can  
**#endcholera**



GLOBAL TASK FORCE ON  
**CHOLERA CONTROL**