# WEEKLY EPIDEMIOLOGICAL REPORT

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## Global Surge of Cholera Outbreaks: Current Situation and Response Priorities - Part I

### Global Surge of Cholera Outbreaks: Current Situation and Response Priorities

The global cholera situation is worsening, driven by conflict, displacement, climate change, and poverty. Large-scale outbreaks in the Democratic Republic of the Congo (DRC), South Sudan, and Sudan continue to expand, while Chad and the Republic of the Congo have seen a resurgence after years of low transmission. Floods, poor access to safe water, and fragile health systems are increasing the spread, heightening the risk of cross-border transmission. Individuals residing in communities with limited access to safe drinking water, proper sanitation, and good hygiene practices face the greatest risk of cholera.

### Global situation

Between 1 January and 25 May 2025, a total of 211,678 cholera cases and 2,754 deaths were reported from 26 countries across three WHO regions. The African Region recorded the highest case load, followed by the Eastern Mediterranean and South-East Asia Regions, while no cases were reported from the remaining WHO regions during this period.

In May 2025, case numbers were 24% lower compared to May 2024, but deaths were 122% higher, with 69,520 cases and 249 deaths reported from 22 countries in May 2024. This indicates major gaps in access to timely and effective treatment.

During May 2025 (epidemiological weeks 18–21), 52,589 new cholera and/or acute watery diarrhoea (AWD) cases were reported from 17 countries across three WHO regions; a 35% rise from April. The Eastern Mediterranean Region reported the highest number of cases, followed by the African and South-East Asia Regions. In the same period, 552 deaths were recorded globally, showing a slight (4%) decline from the previous month.

The African Region remains the epicentre of mortality, with persistently high CFRs and frequent cross-border transmission, particularly in central and eastern Africa. Fragile health systems, insecurity, flooding, and weak infrastructure continue to hinder surveillance, case management, and outbreak response. These challenges highlight the urgent need for strengthened regional coordination, expanded access to safe water and sanitation, and wider deployment of oral cholera vaccination (OCV) in high-risk settings. Figure 1 shows the Geographical distribution of cholera cases reported worldwide from February 2025 to April 2025, while Figure 2 highlights Global cholera and Acute Watery Diarrhoea cases by week, 1 January 2024 to 25 May 2025, based on WHO data.

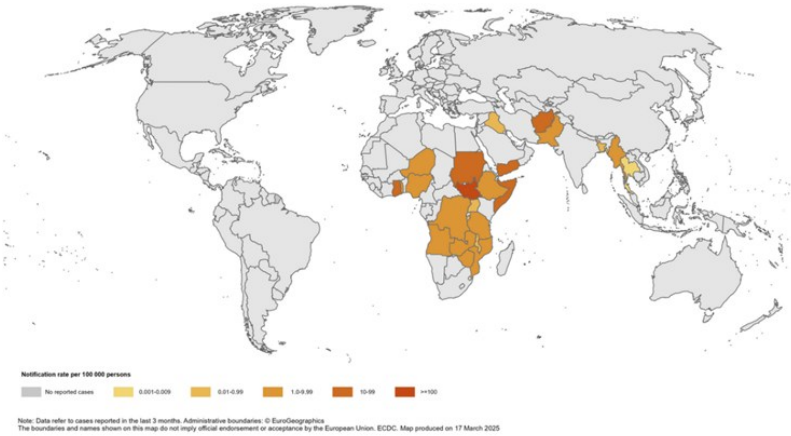


Figure 1. Geographical distribution of cholera cases reported worldwide from February 2025 to April 2025 https://www.ecdc.europa.eu/en/all-topics-z/cholera/surveillance-and-disease-data/cholera-monthly

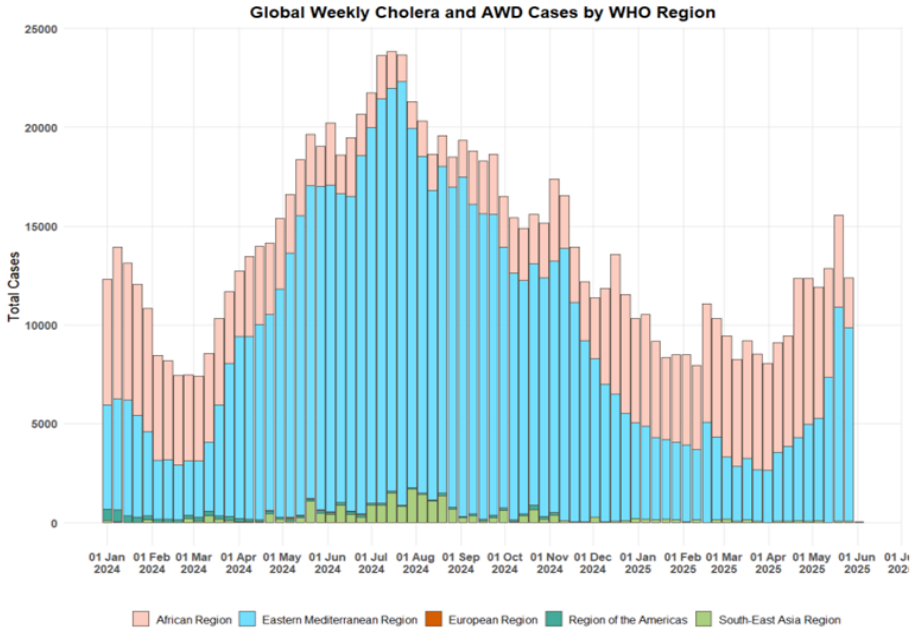


Figure 2. Global cholera and Acute Watery Diarrhoea cases by week, 1 January 2024 to 25 May 2025. Data source: WHO

**Epidemiology and key facts**

Cholera is an **acute diarrhoeal disease** caused by ingestion of food or water contaminated with *Vibrio cholerae*. It remains a **global public health threat**, strongly linked to inequity, poverty, and lack of access to safe water and sanitation. Researchers estimate between **1.3–4.0 million cases** and **21,000 –143,000 deaths** from cholera worldwide each year, though under-reporting remains common due to weak surveillance and concerns over trade and tourism impacts.

Most people infected with *V. cholerae* have no or mild symptoms, but they can shed bacteria in their faeces for up to 10 days, silently fueling transmission. Among symptomatic cases, most experience mild to moderate diarrhoea manageable with oral rehydration solution (ORS). A minority, however, develop profuse watery diarrhoea and vomiting, leading to life-threatening dehydration. Without treatment, cholera can kill within hours, but with timely ORS and intravenous fluids, the case fatality rate can be kept below 1%.

The **incubation period** ranges from 12 hours to 5 days. Both children and adults can be affected, with risk amplified during humanitarian crises, floods, and population displacement, where water and sanitation systems are disrupted.

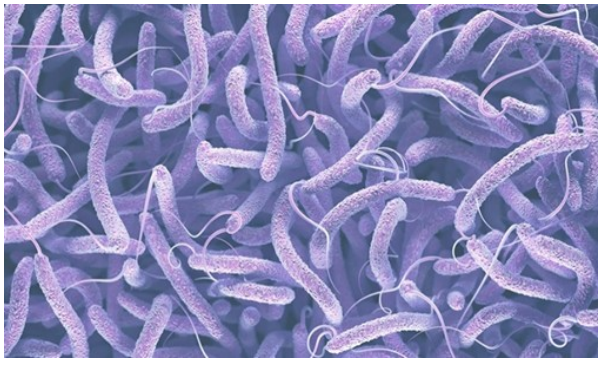

Figure 3. 3D illustration of cholera bacteria. Image: ktsimage/Getty Images
https://hms.harvard.edu/news/halting-cholera

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3. World Health Organization. (2024, December 5). Cholera. Who.int; World Health Organization: WHO. https://www.who.int/news-room/fact-sheets/detail/cholera

4. World Health Organization (29 August 2025). Disease Outbreak News; Cholera – Multi-country with a focus on countries experiencing current surges.

 To be Continued...

**Table 1: Selected notifiable diseases reported by Medical Officers of Health 21st–27th June 2025 (26th Week)**

| RDHS | Dengue Fever | | Dysentery | | Encephalitis | | En. Fever | | F. Poisoning | | Leptospirosis | | Typhus F. | | Viral Hep. | | H. Rabiies | | Chickenpox | | Meningitis | | Leishmania- | | Tuberculosis | | WRCD | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | A | B | A | B | A | B | A | B | A | B | A | B | A | B | A | B | A | B | A | B | A | B | A | B | A | B | T* | C** |
| Colombo | 276 | 6804 | 0 | 18 | 0 | 4 | 0 | 6 | 0 | 5 | 21 | 262 | 0 | 5 | 1 | 12 | 0 | 0 | 10 | 291 | 2 | 35 | 1 | 2 | 44 | 1013 | 64 | 100 |
| Gampaha | 167 | 4364 | 0 | 26 | 0 | 24 | 0 | 1 | 47 | 114 | 11 | 453 | 0 | 8 | 0 | 10 | 0 | 0 | 19 | 481 | 5 | 88 | 1 | 23 | 33 | 581 | 70 | 100 |
| Kalutara | 92 | 1366 | 3 | 28 | 0 | 6 | 0 | 10 | 13 | 41 | 18 | 381 | 0 | 1 | 0 | 4 | 0 | 0 | 21 | 503 | 0 | 24 | 0 | 1 | 5 | 313 | 40 | 100 |
| Kandy | 161 | 2135 | 1 | 37 | 0 | 3 | 0 | 5 | 0 | 19 | 12 | 165 | 2 | 34 | 1 | 7 | 0 | 0 | 15 | 263 | 0 | 15 | 0 | 38 | 7 | 361 | 100 | 100 |
| Matale | 23 | 775 | 0 | 15 | 0 | 1 | 0 | 0 | 0 | 50 | 4 | 142 | 1 | 4 | 0 | 6 | 0 | 0 | 2 | 71 | 0 | 6 | 3 | 151 | 1 | 82 | 100 | 100 |
| Nuwara Eliya | 6 | 158 | 2 | 44 | 0 | 4 | 0 | 4 | 1 | 46 | 3 | 68 | 4 | 37 | 0 | 0 | 0 | 0 | 12 | 146 | 3 | 18 | 0 | 0 | 8 | 146 | 100 | 100 |
| Galle | 79 | 1151 | 1 | 25 | 0 | 3 | 0 | 1 | 2 | 41 | 26 | 470 | 2 | 48 | 1 | 8 | 0 | 1 | 17 | 429 | 2 | 98 | 0 | 3 | 8 | 251 | 95 | 100 |
| Hambantota | 21 | 488 | 0 | 16 | 0 | 4 | 0 | 0 | 0 | 4 | 8 | 242 | 1 | 20 | 0 | 4 | 0 | 0 | 1 | 191 | 0 | 13 | 5 | 161 | 5 | 78 | 100 | 100 |
| Matara | 58 | 949 | 1 | 9 | 0 | 2 | 0 | 1 | 2 | 7 | 13 | 287 | 1 | 12 | 0 | 9 | 0 | 0 | 3 | 231 | 1 | 25 | 0 | 57 | 3 | 86 | 100 | 100 |
| Jaffna | 12 | 761 | 3 | 51 | 0 | 2 | 1 | 11 | 2 | 32 | 1 | 121 | 8 | 366 | 0 | 2 | 0 | 1 | 2 | 234 | 0 | 16 | 0 | 0 | 3 | 113 | 100 | 93 |
| Kilinochchi | 1 | 64 | 0 | 10 | 0 | 0 | 0 | 4 | 0 | 5 | 0 | 59 | 0 | 11 | 0 | 1 | 0 | 0 | 0 | 4 | 0 | 0 | 0 | 1 | 1 | 31 | 100 | 100 |
| Mannar | 0 | 112 | 0 | 5 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 20 | 1 | 14 | 0 | 0 | 0 | 0 | 1 | 17 | 0 | 12 | 0 | 1 | 1 | 25 | 100 | 100 |
| Vavuniya | 3 | 56 | 0 | 9 | 0 | 0 | 0 | 1 | 0 | 36 | 0 | 61 | 0 | 7 | 0 | 0 | 0 | 0 | 0 | 31 | 0 | 14 | 1 | 14 | 0 | 28 | 100 | 100 |
| Mullaitivu | 3 | 46 | 0 | 5 | 0 | 0 | 0 | 1 | 0 | 23 | 1 | 50 | 0 | 7 | 0 | 0 | 0 | 0 | 1 | 20 | 0 | 5 | 0 | 2 | 0 | 18 | 100 | 100 |
| Batticaloa | 16 | 1444 | 0 | 90 | 1 | 12 | 0 | 0 | 0 | 121 | 2 | 73 | 0 | 1 | 0 | 17 | 0 | 0 | 2 | 123 | 0 | 24 | 0 | 1 | 3 | 79 | 86 | 100 |
| Ampara | 8 | 148 | 0 | 28 | 0 | 9 | 0 | 0 | 3 | 11 | 3 | 134 | 0 | 2 | 0 | 3 | 0 | 1 | 2 | 105 | 1 | 26 | 0 | 16 | 2 | 33 | 86 | 100 |
| Trincomalee | 12 | 839 | 0 | 30 | 0 | 2 | 0 | 1 | 1 | 28 | 0 | 103 | 0 | 9 | 0 | 5 | 0 | 0 | 2 | 78 | 0 | 10 | 1 | 4 | 4 | 68 | 100 | 100 |
| Kurunegala | 70 | 911 | 2 | 30 | 0 | 12 | 0 | 1 | 0 | 25 | 14 | 468 | 0 | 22 | 0 | 6 | 0 | 1 | 17 | 433 | 7 | 94 | 9 | 307 | 6 | 177 | 100 | 100 |
| Puttalam | 7 | 406 | 2 | 20 | 0 | 3 | 0 | 0 | 0 | 5 | 9 | 186 | 2 | 30 | 0 | 1 | 0 | 1 | 5 | 97 | 3 | 56 | 2 | 20 | 9 | 101 | 100 | 100 |
| Anuradhapura | 17 | 377 | 1 | 24 | 0 | 6 | 0 | 3 | 0 | 17 | 7 | 280 | 1 | 16 | 0 | 10 | 0 | 0 | 7 | 192 | 2 | 44 | 21 | 405 | 4 | 146 | 70 | 100 |
| Polonnaruwa | 10 | 199 | 0 | 12 | 0 | 4 | 0 | 1 | 2 | 8 | 4 | 193 | 0 | 1 | 0 | 17 | 0 | 0 | 2 | 105 | 0 | 11 | 11 | 217 | 0 | 45 | 100 | 90 |
| Badulla | 17 | 460 | 1 | 21 | 0 | 8 | 0 | 3 | 0 | 2 | 8 | 187 | 0 | 17 | 6 | 31 | 0 | 0 | 12 | 246 | 0 | 44 | 4 | 28 | 3 | 159 | 88 | 100 |
| Monaragala | 27 | 537 | 1 | 13 | 0 | 3 | 0 | 0 | 0 | 4 | 4 | 389 | 0 | 23 | 2 | 18 | 0 | 0 | 4 | 88 | 4 | 34 | 7 | 111 | 5 | 67 | 64 | 100 |
| Ratnapura | 120 | 3055 | 1 | 78 | 1 | 6 | 0 | 3 | 11 | 37 | 32 | 903 | 1 | 19 | 0 | 8 | 0 | 1 | 9 | 251 | 3 | 69 | 5 | 113 | 9 | 219 | 85 | 100 |
| Kegalle | 35 | 882 | 0 | 43 | 0 | 11 | 0 | 9 | 2 | 31 | 13 | 438 | 0 | 8 | 2 | 11 | 0 | 0 | 25 | 495 | 3 | 68 | 1 | 19 | 4 | 155 | 100 | 100 |
| Kalmunai | 4 | 269 | 0 | 21 | 0 | 4 | 0 | 0 | 0 | 18 | 3 | 73 | 0 | 1 | 0 | 2 | 0 | 1 | 2 | 95 | 2 | 29 | 0 | 0 | 1 | 72 | 100 | 100 |
| **SRILANKA** | **1245** | **28756** | **19** | **708** | **2** | **133** | **1** | **66** | **86** | **732** | **217** | **6208** | **24** | **723** | **13** | **192** | **0** | **7** | **193** | **5220** | **38** | **878** | **72** | **1695** | **169** | **4447** | **90** | **99** |

Source: Weekly Returns of Communicable Diseases (esurvillance.epid.gov.lk). T=Timeliness refers to returns received on or before 04th July, 2025 Total number of reporting units 361 Number of reporting units data provided for the current week: 360 C**-Completeness *
A = Cases reported during the current week. B = Cumulative cases for the year.

## Table 2: Vaccine-Preventable Diseases & AFP 21st June– 27th July 2025 (26th Week)

| Disease | No. of Cases by Province | | | | | | | | | Number of cases during current week in 2025 | Number of cases during same week in 2024 | Total number of cases to date in 2025 | Total number of cases to date in 2024 | Difference between the number of cases to date in 2025 & 2024 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | W | C | S | N | E | NW | NC | U | Sab | | | | | |
| AFP* | 01 | 01 | 00 | 00 | 01 | 0 | 00 | 00 | 00 | 03 | 02 | 31 | 39 | -20.5% |
| Diphtheria | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 0 % |
| Mumps | 00 | 01 | 00 | 00 | 00 | 00 | 01 | 00 | 01 | 03 | 06 | 126 | 150 | -16 % |
| Measles | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 02 | 01 | 216 | -99.5% |
| Rubella | 00 | 01 | 01 | 00 | 00 | 00 | 00 | 00 | 00 | 02 | 00 | 03 | 02 | -50% |
| CRS** | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 01 | 00 | 0 % |
| Tetanus | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 04 | 04 | 0 % |
| Neonatal Tetanus | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 0 % |
| Japanese Enceph-alitis | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 04 | 01 | 300 % |
| Whooping Cough | 01 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 13 | 25 | -48 % |

### Key to Table 1 & 2

**Provinces:** **W**: Western, **C**: Central, **S**: Southern, **N**: North, **E**: East, **NC**: North Central, **NW**: North Western, **U**: Uva, **Sab**: Sabaragamuwa.

**RDHS Divisions:** **CB**: Colombo, **GM**: Gampaha, **KL**: Kalutara, **KD**: Kandy, **ML**: Matale, **NE**: Nuwara Eliya, **GL**: Galle, **HB**: Hambantota, **MT**: Matara, **JF**: Jaffna, **KN**: Killinochchi, **MN**: Mannar, **VA**: Vavuniya, **MU**: Mullaitivu, **BT**: Batticaloa, **AM**: Ampara, **TR**: Trincomalee, **KM**: Kalmunai, **KR**: Kurunegala, **PU**: Puttalam, **AP**: Anuradhapura, **PO**: Polonnaruwa, **BD**: Badulla, **MO**: Moneragala, **RP**: Ratnapura, **KG**: Kegalle.

**Data Sources:**

**Weekly Return of Communicable Diseases:** Diphtheria, Measles, Tetanus, Neonatal Tetanus, Whooping Cough, Chickenpox, Meningitis, Mumps., Rubella, CRS,

**Special Surveillance: AFP*** (Acute Flaccid Paralysis ), Japanese Encephalitis

**CRS** =**Congenital Rubella Syndrome

**NA** = Not Available

**Take prophylaxis medications for leptospirosis during the paddy cultivation and harvesting seasons.**

**It is provided free by the MOH office / Public Health Inspectors.**

Comments and contributions for publication in the WER Sri Lanka are welcome. However, the editor reserves the right to accept or reject items for publication. All correspondence should be mailed to The Editor, WER Sri Lanka, Epidemiological Unit, P.O. Box 1567, Colombo or sent by E-mail to **chepid@sltnet.lk. Prior approval should be obtained from the Epidemiology Unit before publishing data in this publication**

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