

Cholera Global and Southern Africa Update

April 2025

Global Cholera Landscape

Cholera, an acute diarrhoeal illness caused by ingestion of contaminated food or water, remains a serious global health concern, especially during humanitarian crises involving floods or infrastructure collapse. The disease is caused primarily by toxigenic Vibrio cholerae serogroups O1 and O139, with O1—comprising the El Tor biotype and its hybrid variants—being the predominant cause of current outbreaks. These hybrid El Tor strains, possessing traits from both classical and El Tor biotypes, may have increased virulence (CDC, 2025; WHO, 2024).

In 2024, the World Health Organization (WHO) reported 804,721 cholera cases and 5,805 deaths across 33 countries spanning five WHO regions, marking a disturbing increase over previous years (WHO, 2025). The Eastern Mediterranean and African regions bore the brunt of the burden. With growing spread, rising case numbers, and logistical constraints in global response systems, WHO has maintained a Grade 3 emergency designation since January 2023—its highest level of alert (WHO, 2023; WHO, 2024).

By the end of Q1 2025, 25 countries had reported cholera or acute watery diarrhoea (AWD), with 116,574 cases and 1,514 deaths—most notably in Africa, followed by the Eastern Mediterranean and South-East Asia (WHO, 2025). No outbreaks were observed in the Western Pacific region.

International Transmission and Travel-Related Cases

The globalized movement of people and goods has introduced new vectors for cross-border cholera transmission. In February 2025, Germany reported three cases linked to consumption of holy water brought from Bermel Giorgis, Ethiopia. Toxigenic O1 V. cholerae was found in both patients and the water itself (NaTHNaC, 2025).

In March 2025, the United Kingdom reported four cholera cases, three involving recent travel to Ethiopia and one domestic case caused by consuming imported holy water (NaTHNaC, 2025; Daily Mail, 2025). These cases underscore how contaminated items can facilitate international disease spread, highlighting the urgent need for global surveillance and health communication.

Situation in Southern Africa

Eighteen African countries are experiencing active cholera transmission as of April 2025, including Angola, DRC, Ghana, Kenya, and more (Africa CDC, 2025; WHO, 2025). The Southern African region is especially hard hit, with major outbreaks ongoing in Mozambique, Malawi, Zambia, and Zimbabwe.

Malawi

Since 8 September 2024, Malawi has recorded 306 cholera cases and 15 deaths—a case fatality rate (CFR) of 4.9%, which is nearly five times the WHO emergency threshold of 1% (Unicef, 2025). The outbreak spans 12 of 29 health districts and is compounded by a worsening hunger crisis that reduces community resilience (CARE, 2023). A recent decline in new cases suggests the outbreak may be stabilizing.

Mozambique

Mozambique's outbreak, ongoing since October 2024, has resulted in 2,818 cases and 12 deaths (CFR = 0.43%) by April 2025. Cyclone Jude has severely disrupted water and sanitation infrastructure in Nampula and Zambezia, exacerbating cholera risks (OCHA, 2025). Public trust issues have worsened the crisis: on 20 March 2025, a school was vandalized in Topuito over false accusations that textbooks were spreading cholera. Similar unrest erupted the next day in Moma, a district without confirmed cases—highlighting dangerous levels of misinformation (OCHA, 2025).

Zambia

Zambia's cholera outbreak, active since October 2023, continues to escalate in 2025. The country reported 428 new cases and 9 deaths in Q1 2025 (CFR = 2.1%) (Africa CDC, 2025; WHO, 2025). Copperbelt Province is a current hotspot, and new transmission zones are emerging, stretching response efforts.

Zimbabwe

Zimbabwe's outbreak began in November 2024 in Kariba District and appeared controlled by February 2025. However, new transmission has since spread to 23 districts in 8 of 10 provinces. The outbreak has been linked to funeral gatherings, a common vector in such settings. As of 29 April 2025, the country had reported 740 cases and 20 deaths (WHO, 2025; Zimbabwe Cholera SitRep, 2025).

Global and Regional Response

WHO and its partners—including the Global Outbreak Alert and Response Network (GOARN) and Standby Partners (SBP)—have deployed multidisciplinary teams to 10– 11 countries. These deployments focus on case management, WASH (Water, Sanitation and Hygiene), epidemiology, logistics, and community engagement (WHO, 2025). Countries receiving technical support include Malawi, Mozambique, Zambia, Ethiopia, South Sudan, and Haiti.

Efforts have included emergency vaccine campaigns, infrastructure repair, and misinformation countermeasures. Zimbabwe, for instance, has launched Oral Cholera Vaccine (OCV) campaigns in hotspot districts. Mozambique has focused on water trucking, chlorine distribution, and public health communication.

The global OCV stockpile was critically strained in early 2025. Though it averaged 5.2 million doses in March, demand exceeded supply. Of 18 emergency OCV requests submitted in Q1, 17 were approved. Due to shortages, all campaigns employed a single-dose strategy, reaching 13 million people in 13 countries (WHO, 2025). Despite ongoing efforts, vaccine scarcity continues to pose serious challenges to outbreak containment.

Meanwhile, the Southern African Development Community (SADC) Cholera Elimination Roadmap is helping to coordinate alert systems and health preparedness across borders.

Threat to South Africa

Although South Africa has not experienced a cholera outbreak during the current reporting period, the ongoing regional crisis places the country at high risk. Crossborder movement from affected neighboring countries like Zimbabwe, Mozambique, and Zambia elevates this threat. Additionally, flooding—a frequent issue in several South African provinces—could undermine sanitation systems and facilitate cholera transmission. Provinces at greatest risk include Limpopo, Mpumalanga, KwaZulu-Natal, and North West.

Conclusion

The resurgence of cholera presents a formidable global health threat. In Southern Africa, climate shocks, misinformation, infrastructure damage, and vaccine shortages have compounded the problem. Despite international assistance, countries like Mozambique, Zambia, Malawi, and Zimbabwe continue to struggle with controlling transmission. The situation underscores the urgent need for robust regional coordination, enhanced WASH systems, public trust-building, and equitable vaccine access to avoid further cross-border spread and mitigate future outbreaks.

More resources are available through the National Institute for Communicable Diseases: https://www.nicd.ac.za/diseases-a-%20z-index/cholera/

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