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Cholera cases reported in the United Kingdom and Germany linked to Ethiopia

Information for travellers and health professionals

[Cholera](#) is a potentially fatal infection which causes severe diarrhoea. Infection is usually a result of eating or drinking food or water contaminated with cholera bacteria; *Vibrio cholerae* (*V. cholerae*). Cholera is no longer a risk in the United Kingdom (UK), but it is sometimes reported in returning UK travellers. Cholera vaccines are available in the UK, but are only recommended for certain travellers [1].

An ongoing outbreak of cholera was first reported in [Ethiopia](#) on 27 August 2022. As of 3 March 2025, a total of 223 cholera cases and four deaths have been reported for 2025. A total of 58,381 cholera cases and 726 deaths have been reported in Ethiopia since the start of this outbreak in 2022 [2].

On 7 March 2025, the United Kingdom (UK) reported four cases of cholera (toxigenic *Vibrio cholerae* serogroup O1) diagnosed in mid-February 2025, linked to travel to Ethiopia. Three UK travellers recently visited Ethiopia, two reporting travel to Amhara, western Ethiopia, with one of these travellers visiting the holy well at Bermel Giorgis. A fourth UK cholera case did not travel, but reported consuming holy water (brought back from Ethiopia by one of the returned travellers) before experiencing symptoms. This returned traveller also became ill after consuming the holy water in the UK [3].

Three cases of cholera (toxigenic *V. cholerae* serogroup O1, biovar El Tor) were also reported in Germany on 27 February 2025, linked to travel to Ethiopia. Two German travellers visited Ethiopia in January 2025 and also brought back a bottle of holy water collected from the Bermel Giorgis holy well in Amhara. On return to Germany, they consumed this water, along with a third person (who had not travelled) on 30 January 2025. All three people then developed cholera symptoms within days and were treated in hospital. Cholera was confirmed in February 2025 [3, 4].

For most travellers, risk of cholera is very low, with estimates of two to three cases reported per million travellers [1].

For travellers at higher risk, cholera vaccine can be considered (following a full risk assessment) and these travellers include:

- humanitarian aid workers
- people going to areas of cholera outbreaks who have limited access to safe water and medical care
- other travellers to cholera risk areas, for whom cholera vaccination is considered potentially beneficial; due to their occupation, activities or underlying health problems [1].

Advice for travellers

Before you travel

Check our TravelHealthPro website [Country Information pages](#) and [Outbreak Surveillance section](#)

for advice about the risk of cholera at your destination.

If you think you are at increased risk, make an appointment with your GP, practice nurse, pharmacist or travel clinic, or a pharmacy to discuss if a cholera vaccine is appropriate for you. You should also make sure all your other recommended travel and routine UK vaccines are in date and check if you need malaria prevention tablets.

While you are away

Follow good [food and water hygiene advice](#) at all times and take care with your personal hygiene. Avoid drinking or rinsing your mouth with any water from freshwater sources such as springs and wells, including holy water.

Make sure you know where your nearest hospital or clinic is, especially if you have specific health issues and get urgent medical help locally for any symptoms.

When you return

Get urgent medical advice if you have returned from a country with cholera and you have:

- severe watery diarrhoea and/or vomiting
- signs of dehydration like feeling very thirsty and/or dark yellow, strong-smelling urine (pee)

Remember - tell the health professional treating you that you recently visited a country with cholera.

Advice for health professionals

Health professionals should advise travellers about their destination specific risk of cholera according to TravelHealthPro [Country Information pages](#).

Travellers at higher risk include those who will be living or working in unsanitary conditions and drinking untreated water or eating raw or undercooked seafood, particularly shellfish, in endemic areas.

Cholera vaccine should be offered to those at increased risk of exposure; further information is available in our [cholera factsheet](#).

Health professionals should be alert to the possibility of cholera in a returned traveller presenting with a severe watery diarrhoeal illness. Stool samples (or rectal swabs if stool not available) with full clinical and travel histories should be sent to their local microbiology laboratory for testing. Isolates of *V. cholerae* can be referred for typing by the microbiology laboratory to the [UK Health Security Agency Gastrointestinal Bacterial Reference Unit](#).

Resources

- [Cholera](#)
- [NHS - Cholera](#)
- [UK Health Security Agency - Cholera: guidance, data and analysis](#)
- [Visiting friends and relatives abroad](#)
- [World Health Organization - Cholera](#)

References

1. [UK Health Security Agency. Immunisation against infectious disease. Cholera; Chapter 14. Last updated 1 August 2024. \[Accessed 7 March 2025\]](#)
2. [World Health Organization Regional Office for Africa. Weekly Bulletin on Outbreak and other Emergencies: Week 9, 24 February - 2 March 2025. \[Accessed 7 March 2025\]](#)
3. [European Centre for Disease Prevention and Control. Communicable disease threats report. Week 10, 1- 7 March 2025. \[Accessed 7 March 2025\]](#)
4. [Robert Koch Institute. Epidemiologisches Bulletin 9/2025. 27 February 2025. \[Accessed 7 March 2025\]](#)