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HIGHLIGHTS

- The Cholera outbreak is active in 23 kebeles of 3 *woredas* of Bale Zone of Oromia and 9 kebeles of 1 *woreda* of Liban zone, Somali region. As of 25 October 2022, 273 cholera cases have been reported including 9 deaths. Suspected cases in East Bale are under investigation. Reportedly, 114 additional *woredas* are at risk of an outbreak.
- The Ethiopian Public Health Institute (EPHI), the Oromia and Somali Regional Health Bureaus (RHB), the World Health Organization (WHO), UNICEF and partners have been supporting the scale-up of health and WASH sectorial priorities.
- The caseload has increased by 30 per cent since October 10 with new daily cases reported in Berbere and Kersadula *woredas*. According to EPHI, close to 459,000 people are at high risk in the four *woredas*, especially IDPs living in sites.
- The response is hindered by insufficient funding and partners' presence. Shortage of WASH treatment chemicals, limited amount of water storage items (reservoir tanks, jerry cans, etc.), insufficient water trucking capacity and large number of non-functional water schemes represent the major gaps.

ETHIOPIA



Recent cholera outbreak areas.

Map Sources: Central Statistical Agency of Ethiopia, Regional BOFED, UNCS,

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SITUATION OVERVIEW

On 27 August 2022, the first cholera case was reported in Harana Buluk *woreda* of Bale zone, Southern Oromia region of Ethiopia. On 18 September 2022, Berbere *woreda* became the second *woreda* reporting cholera cases, soon after followed by Delo Mena *woreda* where suspected cases were reported in Burka IDPs site on October 3. On 29 September a second cholera outbreak has been reported in the bordering areas with Somali regions, in Karsadula *woreda* of Liban zone. Suspected cases in Ginir and Guradamole *woredas* of East Bale and Liban zones respectively are being investigated.

To contain the outbreak, the Ethiopia Public Health Institute (EPHI) and Oromia Region Health Bureau (ORHB), with the support of the World Health Organization (WHO) and UNICEF, deployed a multidisciplinary rapid response team (RRT) to the affected *woredas*.

As of 25 October, 273 cholera cases (of whom 20 IDPs) were reported in 3 *woredas* of Bale zone (Harana Buluk, Berbere and

Table 1. Number of cholera cases in Bale and Liban zones (EPHI; as of 25 October)

Zone	Woreda	Cholera cases (#)	Deaths (#)
Bale	Berbere	145	4
Bale	Harana Buluk	71	1
Bale	Delo Mena	22	2
Liban	Karsadula	35	2
Total		273	9

Delo Mena) and 1 *woreda* of Liban zone (Karsadula) with 9 associated deaths (Cumulative Case Fatality Rate – CFR - of 3.30 per cent¹).

Out of the total caseload, almost 55 per cent of patients experienced severe dehydration symptoms while another 27 per cent low-to medium symptoms. The reported cases mostly fall within the age range of 0 to 14 years (with 20 per cent amongst children under five), with 52 per cent being female. 181 patients had received one (115) or two (66) doses of Oral Cholera Vaccination (OCV).

The use of unsafe water from contaminated water points is the most likely cause of this outbreak (76 per cent of patients have reported collecting water from rivers). Limited access to water and sanitation (WASH) services, poor hygiene practices, including open defecation and lack of water treatment options are among the factors that have contributed to the rapid spread of the disease across the zones.

The total cholera caseload increased by 30 per cent since October 10 with new daily cases reported in Berbere and Karsadula *woredas*. As of the reporting date, there are 5 admitted cases in the existing Cholera Treatment Center (CTC). According to EPHI, close to 459,000 people are at risk in the four *woredas*.

Partners are closely monitoring new outbreaks across the bordering areas of Oromia and Somali regions and across Oromia zones. A cholera outbreak has been confirmed in Karsadula *woreda* of Liban zone with 35 confirmed cases, including two deaths as of October 25. Humanitarian partners, such as MSF-Holland, UNICEF and Pastoralist Concern are responding with WASH services provisions. Moreover, 9 CTC kits were prepositioned by UNICEF and WHO in Somali region.

Since October 19, rumors have been received from Guradamole *woreda* of Liban zone. Samples collected have been initially classified under dysentery cases. Insecurity is hindering closer assessment and investigation of suspected cases.

A Zonal Rapid Response Team (RRT) has been deployed in Ginir *woreda* of East Bale zone of Oromia region following the identification of three suspected cholera cases. Samples have been collected and are currently being analyzed. One CTC has been established in Ginir *woreda*.

HUMANITARIAN RESPONSE

Since 18 September, the team from EPHI, RHB, WHO and UNICEF has been providing technical assistance including coordination, surveillance activities, case management, WASH interventions, risk communication activities, logistic and operational support, and capacity building interventions in collaboration with zonal and *woreda* health offices and partners on the ground such as FIDO, GOAL, World Vision, Save the Children, IRC and Water Aid.

Health response

The health team is actively conducting searches of suspected cases and contact tracing among community members. Capacity building sessions have been provided to strengthen the recognition of suspected cases, testing, case management and referral. Cholera treatment and community oral rehydration points (ORP) have been prepositioned in the affected areas.

Specifically, UNICEF distributed three CTC kits to Bale zone. Moreover, two technical assistances (health, nutrition) have been deployed to cholera affected *woredas* of Bale zones to provide full time technical assistance for the response. WHO prepositioned 11 CTC kits composed of cholera investigation kits (includes laboratory equipment such as a rapid diagnostic test (RDT) for cholera and other lab supplies that enables laboratory technicians to collect samples), cholera warehouse kits (patient's beds, jerrican/buckets, washbasins, and other items to equip the CTC) and cholera treatment kits (medications supplies, fluids for rehydration of patients, intravenous fluid and Oral Rehydration Solution, Personal Protective Equipment for health care workers, biohazard bags for waste management for CTC and affected-communities).

In addition, 5 Severe Acute Malnutrition (SAM) kits were prepositioned at Bale zone to support the case management of SAM children admitted at CTC. FIDO deployed 12 RRT to support searching for active cases in hard-to-reach areas of Delo Mena *woreda*. To safely perform operations, one Mobile Health and Nutrition Team (MHNT) has been deployed by GOAL to provide technical support to the 6 CTCs established in Harana Buluk (2), Berbere (3) Delo Mena (1) *woredas*. EPHI and WHO have provided emergency cholera medicine and medical supplies.

¹ According to the Global Task Force on Cholera Control when treatment is straightforward (rehydration) and, if provided rapidly and appropriately, the case fatality rate should remain below 1 per cent.

WASH response

Partners are providing safe access to safe water. Through the zonal health and water bureaus, UNICEF has installed 4 water collapsible water bladders (10,000 L. capacity) and connected with existing water distribution points for the safe collection of water. In addition, two water trucks are providing water rationing for over 5,000 cholera at-risk persons in Berbere and Harana Buluk *woredas*. World Vision is delivering water trucking assistance to 4,000 needy individuals across Delo Mena and Harana Buluk *woredas*. GOAL Ethiopia, with the support of UNICEF Rapid Response Mechanism (RRM), has installed 8 water tankers in Dalo Mena and Harana Buluk *woreda* for IDP sites and CTC centers.

To contain the outbreak, humanitarian partners have been mapping potential contaminated water sources and conducting house-to-house water chemicals and surveys on latrine availability. As part of the WASH response package, GOAL and UNICEF have provided water treatment chemicals (over 100,000 sachets of water treatment chemical PUR and 1.9M aqua tabs were distributed) supporting over 10,000 people. In addition, two emergency water treatment kits (EMWAT) have been installed in Berbere (Hambala site) and Harana Buluk (Anole kebele) to improve access to safe water in affected areas for an estimated 6,000 at-risk individuals.

To improve sanitation GOAL Ethiopia has built 9 semi-permanent latrines while an additional 5 are under-construction. UNICEF, GOAL, IRC provided essential hygiene items such as about 200,000 soaps (laundry and personal use), over 5,000 plastic buckets, 5,000 jerry cans and 2,500 washing basins. UNICEF provided financial support of around 300,000 USD to the zonal water office to support water trucking operations and water facilities maintenance and rehabilitation costs.

Risk Communication and Community Engagement (RCCE)

Since the start of the outbreak, partners have been raising awareness by conveying messages in local languages about prevention and hygiene using descriptive banners and through loudspeakers at marketplaces, religious gatherings, and schools. Community members, such as merchants, received orientation sessions in Harena Buluk *woreda*. UNICEF has provided technical and financial assistance to Oromia and Somali RHBs to scale up of RCCE activities. The Ethiopian Red Cross with IFRC support is providing risk communication and community engagement in Berbere *woreda*: so far 116 community volunteers have been recruited and are sensitizing community members on cholera prevention, transmission, and symptoms. IOM has supported the Bale zone with two vehicles to be used by surveillance and health promotion units.

Challenges and Gaps

The scaling-up of the response is hindered by insufficient funding and limited partners' presence, shortage of vehicles for active case searching, as well as limited water quality tests kit, reservoir tanks, ambulances, medical supplies, inadequate cholera case management technical expertise, coupled with lack of WASH services and limited distribution of WASH items with challenges around community outreach. The mentioned challenges are equally hindering the implementation of timely cholera preparedness plans in 114 additional *woredas* deemed at risk of an outbreak.

Coping mechanisms of the affected communities have been deteriorating due to multiple consecutive shocks, notably the current drought, conflict leading inter alia to a high prevalence of malnutrition, especially among the IDPs community. Insecurity around Bale and Liban zones is affecting the current response. In Dalo Mena and Harena Buluk *woreda*, CTCs and villages deemed at high risk of a cholera outbreak are not accessible for water trucking due to security reasons.

Existing Coordination Mechanisms

In the reporting week, partners have established coordination mechanisms at all levels to better respond to the outbreaks. Under the leadership of the Oromia RHB, the Cholera Technical Working Group (CTWG) has been reactivated at regional level. ORHB PHEOC, WHO, UNICEF, WVI, GOAL, ERC, IFRC, IOM are actively participating to the coordination structure.

The Zonal Public Health Operation Center has activated the Cholera Task Force (CTF), while at the *woreda* level, humanitarian partners have been delegated to co-lead the CTF. GOAL Ethiopia and ETC are co-leading the CTF in Harena Buluk and Delo Mena and in Berbere *woredas* respectively. In Somali Region, a zonal level multisectoral taskforce is overseeing the coordination of the ongoing preparedness and response operation.

The first Cholera Flash Update was published on October 13 ([Ethiopia: Bale Zone, Oromia Region Cholera Outbreak - Flash Update #1 As of 10 October 2022 - Ethiopia | ReliefWeb](#)). OCHA will continue to release regular updates, in coordination with relevant clusters, until the outbreak is declared over. The next publication is due on 15 November 2022.