

CFR - of 2.65 per cent¹). The total cholera caseload increased by 30 per cent since the beginning of January 2023 with new daily cases reported and new patients admitted in Goro, Nenesebo and Girja *woredas*. The reported deaths mostly fall within the age range of 0 to 14 years (of which 25 per cent are children under five). Out the total caseload, more than 77 per cent have not received any doses of Oral Cholera Vaccination (OCV). **According to EPHI, more than 1 million people are at high-risk in the ten affected *woredas*.**

Partners are closely monitoring new outbreaks across South West Ethiopia Region. A Zonal Rapid Response Team (RRT) has been deployed in Sheko *woreda* of Bench Sheko zone and Konta town of Konta special *woreda* following reported rumors of cases. Samples test are under investigation. Similarly, there are high concerns on a possible cholera outbreak escalation in Dawa zone of Somali Region due to the increasing number of confirmed cases reported in neighboring Marsabit County, Kenya.

HUMANITARIAN RESPONSE

Since 18 September, EPHI, RHB and humanitarian partners have jointly 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.

Health response

The health team is actively supporting the OCV campaign officially launched on January 13th, 2023 in Oromia and Somali Regions. As of the reporting date, 76,266 at-risk persons have accessed one-dose of OCV², which represents the 99,77 per cent of the total targeted population. The vaccination campaign has given priority to persons living in high at-risk *kebeles* of Berbere and Goro *woredas* of Bale zone and to displaced persons currently hosted in surrounding IDPs site. In Somali Region, the health cluster is supporting the Government pre-campaign activities. The vaccination campaign will target over 31,910 at-risk persons living in Karsadula and Guradamole *woredas* of Liban zone. In total, more than 108,000 persons are targeted in the first round of vaccination campaign.

Cholera outbreak control activities have continued in all affected *woredas*. Capacity building sessions have been provided by deploying zonal Rapid Response Team (RRT) and partners to strengthen the recognition of suspected cases, testing, case management and referral. Community Oral Rehydration Points (ORP) have been prepositioned and set-up in the centers of the affected *kebeles*. To perform operations across Bale and Liban zones, 14 Cholera Treatment Centers (CTCs) have been established in Nenesebo (1), Goro (1), Girja (1), Harana Buluk (2), Berbere (3) Delo Mena (1), Gura Damole (2) Karsadula (2), Guradamole (1) *woredas*.

WASH response

UNICEF and partners have been scaling-up their interventions in Oromia, particularly in Girja, Nenesebo and Meda Welabu *woredas* where cholera cases have been recently reported. The Government and UNICEF have distributed 77,000 tabs and 144,660 sachets of water treatment chemicals to over 18,000 persons at-risk, while three emergency water treatment (EMWAT) kits have been installed (10,000 liters capacity). In Meda Welabu, 1,800 people have benefited from the distribution of 140 M3 of clean water.

Interventions have continued in others affected *woredas* of Bale zone. World Vision International (WVI) and UNICEF are delivering water trucking assistance to 11,000 needy individuals across Berbere, Gura Damole, Delo Mena and Harana Buluk *woredas*. Moreover, partners have contributed to the rehabilitation of 98 water schemes across Bale zone as well as the construction of 10 blocks of separated semi-permanent latrines in Berbere (4), Delo Mena (4) and Harena Buluk (2) *woredas*. Over 3,000 cholera-affected persons will benefit from improved hygiene conditions. Pastoralist Concern (PC), through support from UNICEF, has implemented WASH emergency interventions in Guradamole and Karsadula *woredas* of Liban zone. In this regard more than 34,000 people have been assisted with water trucking. In addition, 66,000 persons from Adeley IDPs site and hosting community accessed water treatment chemicals and WASH NFIs items (laundry soaps, aqua tabs, sachet of water treatment chemicals). WASH partners have also finalized the construction of 10 blocks of latrines (4 stances each) in Karsadula and Guradamole addressing the needs of more than 2,000 persons.

Risk Communication and Community Engagement (RCCE)

The use of unsafe water from contaminated water points is the most likely cause of this outbreak (more than 80 per cent of patients have reported collecting water from unsafe water). Limited access to clean water and sanitation (WASH) services, poor hygiene practices, including open defecation are among the factors that have contributed to the rapid spread of the

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.

² A strained global supply of cholera vaccines has obliged the International Coordinating Group (ICG) — the body which manages emergency supplies of vaccines — to temporarily suspend the standard two-dose vaccination regimen in cholera outbreak response campaigns, using instead a single-dose approach. For more information: [Shortage of cholera vaccines leads to temporary suspension of two-dose strategy, as cases rise worldwide \(who.int\)](https://www.who.int/news-room/fact-sheets/detail/cholera)

disease across the zones and regions. Since the start of the outbreak, partners have been raising awareness of communities by conveying messages in local languages about prevention and hygiene using descriptive banners, through loudspeakers and mobile vans. Through support from UNICEF, Pastoralist Concern (PC) scaled-up the RCCE and social and behavior change (SBC) campaigns across IDP communities of Adeley site of Guradamole *woreda*, Liban zone. In this regard, 2,100 people have been reached with house-to-house mobilization campaigns on cholera prevention. Additionally, over 1,400 individuals have been reached during several religious gatherings. Similar activities have been carried out in cholera-affected areas of Southern Oromia by UNICEF and others WASH partners, as COOPI (Cooperazione Internazionale), PIN (People in Need) and IMC (International Medical Corps). Over 13,800 persons have been mobilized on hygiene promotion in Girja and Goro *woredas* through health extension workers and volunteers. Partners provided house to house visit disseminating health information on cholera prevention, reaching more than 3,000 households across newly affected kebeles of West Arsi. Community mobilization campaigns on latrine preparation, correct usage, and safe water handling were carried out, reaching more than 18,000 persons living across Gura Damole and Berbere *woredas*. Community volunteers are supporting community water source mapping in Girja *woreda*.

Challenges and Gaps

The scaling-up of the response remains hindered by insufficient funding and limited partners' presence (especially in Berbere, Nenesebo and Girja *woredas*) shortage OCV doses, as well as limited water quality tests kits, reservoir tanks, ambulances, medical supplies, inadequate cholera case management technical expertise. The security situation in Guji zone remains uncertain, affecting the delivery of humanitarian supplies. In most of the affected *woredas*, latest forecast and observed rainfall have confirmed that the current October-December 2022 rainy season in southern and eastern parts of the country has failed, thus conducting to the fifth consecutive poor rainy season. Most of the cholera-affected kebeles fall into P1 (severe impact) and P2 (high impact) *woredas* according to the latest Drought Operational Prioritization model³. During a drought period, water scarcity can force people to consume water from unsafe sources and practice poor hygiene behaviors such as reduced handwashing, thereby increasing the risk of cholera transmission during an outbreak.

Existing Coordination Mechanisms

The RHB and WHO, as Health Cluster leading agency, continues to coordinate the cholera response in Oromia and Somali Region. In Somali and Oromia Region, zonal and *woreda* level multisectoral task force has been instituted for the overall coordination of the ongoing preparedness and response operation in several cholera at-risk *woredas*. On 26 December 2022, the Ethiopian Ministry of Health led a consultative and advocacy meeting on the implementation of the National Cholera Elimination Plan (NCP). The consultative meeting brought together governmental and non-governmental actors including EPHI, WHO and UNICEF to discuss the roadmap toward the implementation of the NCP objectives.

The fourth Cholera Flash Update was published on December 14 ([Ethiopia: Cholera Outbreak - Flash Update #4 \(As of 14 December 2022\) | ReliefWeb Mobile](#)). OCHA will continue to release regular updates, in coordination with relevant clusters, until the outbreak is declared over. The next publication is planned for February 2023.

³ For more information regarding the Drought Operational Prioritization: [Ethiopia - Drought Operational Prioritization \(As of 30 November 2022\) - Ethiopia | ReliefWeb](#)