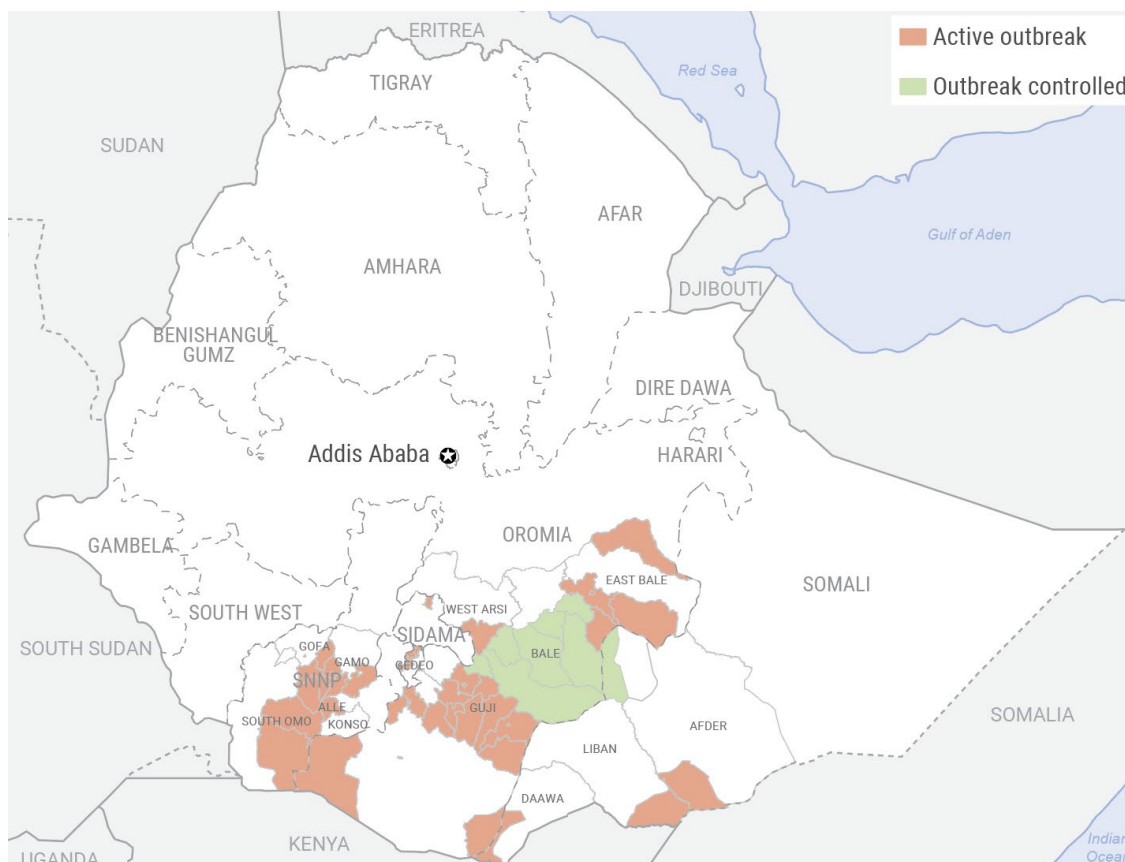


This report is prepared with the support and collaboration of cluster coordinators and humanitarian partners. This is an information product that might be followed by further updates. Boundaries, names and designations of districts/zones indicated in the narration in the report do not imply official endorsement or acceptance by the United Nations. Please contact ocha-eth-communication@un.org for any comment or question you may have on this publication.

HIGHLIGHTS

- Since the last update the cholera outbreak has further spread to SNNP and Sidama Regions. As of 7 May 2023, 6,157 cholera cases were reported in 348 *kebeles* across 54 *woredas* with 94 associated deaths. Close to 7 million people are at high-risk in the affected *woredas*.
- The current outbreak is among the longest outbreaks ever recorded in Ethiopia, with the first case recorded in August 2022. Meanwhile, localized excessive rains have brought with them flood emergencies in all affected regions. The floods have displaced more than 196,000 people across Somali and Oromia Regions, posing further risk of spreading cholera.
- Since the onset of the outbreak, cholera has been contained only in Bale zone, Girja *woreda* of Guji zone and Guradamole and Karsadula *woredas* of Liban zone. Inadequate responses across health and WASH interventions, compounded by contamination of water sources following the onset of rainy season and access challenges due to security and floods, are the main triggers for the alarming increase in cholera cases.
- In April 2023, over 1.9 million OCV doses have been procured and dispatched in Ethiopia. The strained global supply of cholera vaccines has required the adoption of the single-dose approach, instead standard two-dose vaccination.
- Urgent scale-up of the ongoing response is required, both funding and capacity, to respond and control this outbreak. As well as increased investment of development partners is needed to enhance community resilience and address the root causes of outbreaks.



Areas of active outbreaks and outbreaks controlled, and number of confirmed cases

Source: EPHI, as of 07 May 2023

The boundaries and names shown, and the designations used on this map do not imply official endorsement or acceptance by the United Nations.

SITUATION OVERVIEW

Since the first cholera case was reported in Harana Buluk *Woreda* of Bale Zone of Oromia on 27 August 2022, the outbreak has spread into bordering zones of West Guji, Borena, Guji, West Arsi and East Bale of Oromia Region and Liban and Dawa and Afder Zone of Somali Region. More recently, cases have been confirmed in SNNP and Sidama regions, including in urban settlements such as Dila, Arba Minch, Hawassa.

As of 7 May 2023, 6,157 cholera cases - of whom 24 per cent children under five - were reported in 348 *kebeles* across 54 *woredas* (of whom 30 in Oromia) with 94 associated deaths (Cumulative Case Fatality Rate CFR - of 1.52 per cent¹). The total cholera caseload has doubled in the last 30 days (3,145 cases as of April 6, 2023) with new daily cases reported and new patients admitted in several areas in Borena, Guji, East Bale, and several zones of SNNP. The outbreak has so far been controlled in 9 *woredas* only. **Meanwhile, localized excessive rains have brought with them flood emergencies in all the affected Regions.** The floods have displaced more than 196,000 people across Somali (85,000 in Shebelle zone out of the total regional caseload of 176,000) and Oromia (more than 20,000) Regions, **posing further risk of spreading cholera.**

In Oromia, since the onset of the outbreak in Harana Buluk *Woreda* of Bale Zone of Oromia on 27 August 2022, 30 *woredas* across Guji, West Guji, West Arsi, Borena, Bale and East Bale were affected. The outbreak has been contained in Bale zone and Girja *woreda* of Guji zone. As of the reporting date, total number of cholera cases reported in Oromia represents 71 per cent of the national cholera caseload and 62 per cent of the overall death toll. Over 90 per cent of the cholera affected areas were also affected by the drought representing a double burden to the community.

In Somali Region, since the first case reported on 5 October 2022 in Quarsadula and later spread to Guradamole *woredas* Liban zone, has so far been controlled in these two *woredas*. More recently, cases have been confirmed in Moyale town of Dawa zone and Dolo Ado and Dolo Bay *woredas* of Liban and Afder zone respectively, which are the most drought affected zones. Somali Regions cholera CFR reached 2.49 per cent (25 death vis-à-vis to 1,003 cholera cases).

In SNNP, the first index case of cholera was reported on 10 April 2023 in Wenago *woreda* of Gedeo Zone. In less than a month, the outbreak has spread to 13 *woredas* of five zones (Gamo, Gedeo, Gofa, South Omo and Konso) and four town administrations (Dila town of Gedeo zone, Kemba and Arbaminch towns of Gamo zone and Beto town of Gofa zone) and to Alle Special *woreda*. Out of the total cholera regional caseload of 729 cases, more than 50 per cent (382) have been reported in Garda Marta *woreda*.

The reported deaths mostly fall within the age range of 0 to 14 years (of which 26 per cent are children under five years old). Out the total caseload, more than 94 per cent have not received any doses of Oral Cholera Vaccination (OCV). **With limited OCV doses and inadequate coverage of WASH services, more than 7 million people remain at high-risk in the 54 affected *woredas*.**

This is the longest cholera outbreak that is spreading unabated with a high risk of cross-border spread of the disease. As compared with previous outbreaks in 2015 (over 26,000 cases including 217 deaths) and 2017 (over 48,000 cases including 878 deaths)² the current outbreak has comparatively lower number of cases, attributed to the first cases reported in *woredas* with low-population density in Oromia, as well as effective response actions. The latest reported cholera cases originate from more densely populated areas in Somali, SNNP and Sidama, facilitating the rapid spread of cholera.

Table 1. Number of cholera cases (EPHI; as of 7 May 2023)

Zone	Affected <i>woredas</i> (#)	Cholera cases (#)	Deaths (#)
Bale	6	800	12
Borena	3	653	2
East Bale	5	453	14
Guji	11	2,270	31
West Guji	4	60	0
West Arsi	1	185	0
Alle Special	1	65	3
Gamo	6	423	4
Gedeo	4	54	1
Gofa	3	114	0
Konso	1	5	2
South Omo	3	68	0
Sidama	1	4	0
Liban	3	616	22
Afder	1	30	0
Daawa	1	357	3
	54	6,157	94

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 Multi-Sectorial Cholera Elimination Plan 2021-2028, p. 1.

HUMANITARIAN RESPONSE

Since 18 September, EPHI, Regional Health Bureaus (RHBs) 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. A US\$4 million CERF (Central Emergency Response Fund) allocation was approved end of 2022 to support WHO and UNICEF, as Health and WASH cluster lead agencies, to respond to the crisis in Bale and Liban zones. EPHI has declared to have contained the outbreak in CERF operational priorities areas, indicating the effectiveness of the response.

The request for additional OCV doses has been approved in March 2023 by the International Coordination Group on Vaccine Provision (ICG). **In April 2023, over 1,9 million OCV doses have been procured and dispatched in Ethiopia. The strained global supply of cholera vaccines has required the adoption of the single-dose approach, instead standard two-dose vaccination³.**

Health response

The health team has actively supported the 1st Round of OCV campaign officially launched on 13 January 2023 in Oromia and Somali regions. Using the 87,000 OCV doses received in December 2022 and the limited stock at hand, the country cascaded the campaign on prioritized IDP sites and *woredas* having the highest caseload and with limited WASH services, providing one-dose OCV to 100,713 cholera-affected persons in Goro and Berbere *woredas* of Bale Zone and Dolo Ado and Bokolmayo zones in Liban Zone. Health partners, including International Medical Corps (IMC), are supporting with the roll-out of the 2nd Round of OCV campaign, which will start on May 15 in 17 *woredas* of Oromia, 2 in Somali and 2 of SNNP Regions.

Cholera outbreak control activities have continued in all affected *woredas*. Community Oral Rehydration Points (ORPs) have been prepositioned and set-up in the centers of the affected *kebeles*. To perform operations across affected zones, new Cholera Treatment Centers (CTCs) have been established in all affected *woredas* bringing the total to 49 functional CTCs. Moreover, 5 Cholera Treatment Units (CTUs) are supporting the cholera response in SNNP Region. WHO and partners have provided training to healthcare workers operating in the CTCs and 83 cholera treatment kits, while UNICEF equipped the treatment centers with tents and handwashing facilities. Meanwhile, UNHCR is currently stepping up preparedness interventions in Melkadida, Kule and Hilaweyn refugee camps of Somali Region to prevent the spreading of cholera within the refugee community. Moreover, the Ethiopian Red Cross (ERC), in collaboration with WHO and local government has provided capacity building and on-the-job training to over 120 healthcare workers on cholera case management and surveillance. Similarly, UNICEF capacitated 100 health extension workers and 427 community volunteers across the affected regions.

In addition, WHO and have has deployed a Rapid Response Team (RRT) composed of surveillance, case management, Risk Communication and Community Engagement (RCCE), Infection Prevention and Control (IPC) and WASH officers. The RRT is currently supporting the *woreda* health officers to set up CTCs and ORPs, identify contaminated water sources through water quality assessment and recognize suspected cases, testing and case management. In addition, surge teams deployed by partners including Médecins Sans Frontières- Holland (MSF-H), GOAL, International Rescue Committee (IRC), Islamic Relief and Pastoralist Concern (PC) are supporting with house-to-house active searching for verification and investigation of (suspected) cholera cases, and contact tracing.

WASH response

UNICEF and partners, such as Save The Children and IRC, have been scaling-up their interventions in Oromia and Somali regions. Partners have distributed 4 million aqua tabs and 720,000 sachets of water treatment chemicals to several cholera-affected areas of Borena, prioritizing Moyale. In Moyale, UNICEF has distributed WASH NFI items, including 50,000 laundry soaps. UNICEF has started the response in Dolo Ado of Liban zone, delivering chlorine solutions for water disinfection. Moreover, partners have contributed to the disinfection of 246 water schemes in Bale and Borena zone of Oromia, alongside with the rehabilitation of 15 water schemes, the construction of 29 blocks of separated emergency latrines and 46 semi-permanent latrines.

³ 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 \(who.int\)](#)

Risk Communication and Community Engagement (RCCE)

The use of unsafe water from contaminated water sources is the most likely cause of the cholera outbreak (more than 50 per cent of patients have reported collecting water from unsafe water sources). Limited access to clean water and sanitation (WASH) services, poor hygiene practices, including open defecation (the 56 per cent of patients do not have access to latrine) are among the factors that have contributed to the rapid spread of the disease across the zones and regions. Since the start of the outbreak, partners have been raising community awareness on hygiene and sanitation by conveying messages in local languages using descriptive banners and through loudspeakers at marketplaces, religious gatherings, and in schools.

Community volunteers and Health Extension Workers (HEWs) disseminated key messages on cholera prevention to over 650,000 people through house-to-house visits, megaphones, and other means. Partners, as the Ethiopian Islamic Affairs Supreme Council (EIASC), are supporting RCCE actions by promoting appropriate hygiene practices through religious platforms during Friday prayers and through school-based awareness-raising activities. Cholera messages have been adopted and disseminated in local languages through marketplaces, schools, community gatherings, etc.

Challenges and Gaps

The response scale-up remains hindered by **insufficient funding, limited partners' presence** (especially WASH partners in Somali, SNNP and Sidama Regions), **shortage of OCV doses and cholera treatment kits, as well as limited water quality test kits and training** on water quality testing to zonal water staff, reservoir tanks, ambulances, medical supplies, inadequate cholera case management technical expertise, lack of WASH services and limited distribution of WASH items and challenges around community outreach. Engagement of development partners is needed to enhance community resilience and address the root causes of outbreaks.

All the regions indicate the need for more **technical support**, mainly building the capacity of the health workers to be able to manage, conduct active surveillance, reporting and cholera case management to be integrated in all response locations. Moreover, **logistics support** remains weak in most of cholera affected areas, mainly to transport supplies and personnel to the affected areas to monitor and conduct surveillance activities and case searching..

The sense of urgency is missing. Cholera remains a highly infectious and potentially lethal disease, that can be easily prevented and treated, if appropriate interventions are in place. Additional fundings are required to scale-up the response to the current outbreak, as well as to address the root causes of recurrent cholera outbreaks by building-up linkages with NEXUS partners, as well as of other water-borne diseases, through the construction and maintenance of appropriate drink water supply schemes, including systemic quality control. In addition, the low utilization rate of latrines and continued open defecation need to be urgently addressed.

There is currently no funding available for remuneration of health workers at woreda and facility level for their efforts in cholera control. This could potentially cause a problem if the outbreak is not contained soon. Similarly, the lack of funds is hindering the possibility of activating cholera preparedness actions in not-yet-affected *woredas*, such as training for health workers and the prepositioning of both health and WASH supplies. Engaging with the local leadership for short-term and longer-term cholera outbreak interventions remains essential.

Existing Coordination Mechanisms

The Regional Health Bureau (RHB), WHO and UNICEF, as Health and WASH Cluster leading agencies, continue to coordinate the cholera response in Oromia and Somali regions. Zonal and woreda level multisectoral task forces have been established in both regions for the overall coordination of the ongoing preparedness and response operation in several woredas at risk of cholera.

The collaboration between health and WASH responses at zone and woreda levels requires further requiring strengthening to scale-up the response. Similarly, the regions call for **enhanced inter-regional coordination** on control and prevention of cholera between Oromia, Somali, SNNP and Sidama.

The sixth Cholera Flash Update was published on 23 March 2023 ([Ethiopia: Cholera Outbreak - Flash Update #6 \(as of 23 March 2023\) - Ethiopia | ReliefWeb](#)). OCHA in collaboration with the Health and WASH clusters will continue to release regular updates, until the outbreak is declared over.