



# ETHIOPIA:

## Cholera Outbreak - Flash Update #8

As of 20 June 2023

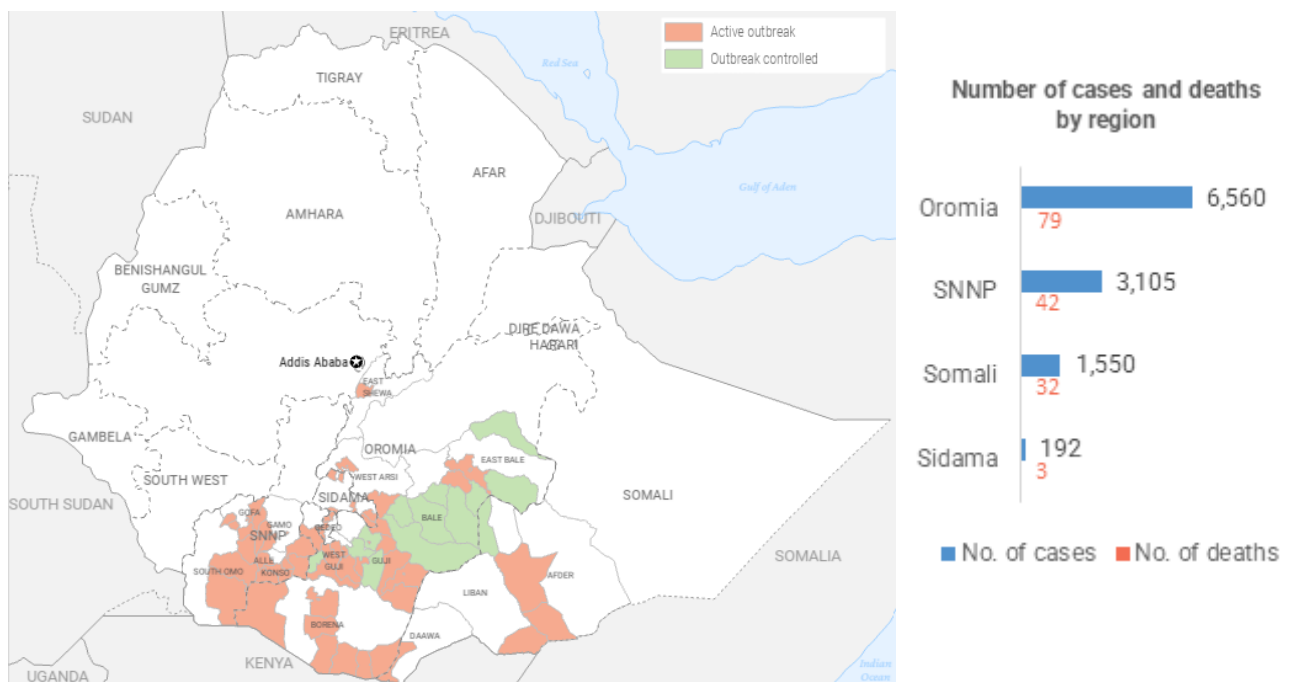
Ethiopia WASH Cluster



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## HIGHLIGHTS

- Since 7 May, the cholera outbreak keeps spreading with an increase of confirmed cases by 85 per cent from 6,157 to 11,407 cases as of 20 June with 156 associated deaths.
- The current outbreak is among the longest ever in Ethiopia, with the first case recorded in August 2022. According to the latest forecast, the upcoming *Kiremt* rainy season is likely to trigger new floods incidents across the country, calling for urgent and immediate preparedness actions.
- Since the onset of the outbreak, cholera has only been contained in 15 per cent of the affected areas due to inadequate responses, compounded by contamination of water sources, and limited access due to insecurity and floods.
- With limited availability of Oral Cholera Vaccine (OCV) and inadequate access to water, sanitation and hygiene services, more than 7,7 million people remain at high-risk in affected areas and at displacement sites.
- A vaccination campaign was conducted in Oromia, SNNP and Somali Regions, vaccinating over 1.9 million people with one dose only, due to global supply shortage.
- Urgent additional funds are required to scale up cholera response and preparedness efforts.



Source: EPHI 20 June 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

As of 20 June 2023, 11,407 cholera cases - of whom 22 per cent are children under five - were reported across 79 *woredas* of Oromia, Somali, Southern Nations, Nationalities, and Peoples' (SNNP) and Sidama regions with 156 associated deaths. The Cumulative Case Fatality Rate - CFR - of 1.36 per cent, higher than the globally agreed CFR threshold of 1 per cent<sup>1</sup>. Since 7 of May<sup>2</sup>, the number of confirmed cases has increased by 85 per cent. The cholera outbreak has spread to 79 *woredas* (increase by 25 *woredas* since the last update) in the four-affected Regions: Oromia (40; increase of 10 *woredas*), Somali (6; increase of 1 *woredas*), SNNP (26; increase of 8 *woredas*) and Sidama (7; increase of 6 *woredas*). Some 241 cases have been reported at sites for internally displaced persons (IDPs).

The reported deaths are mostly between the age of 0 to 14 years (of which 26 per cent are children under five). Out of the total caseload, more than 95 per cent have not received any doses of Oral Cholera Vaccination (OCV). The largest fatality rate is reported in Guji Zone (21 per cent), followed by Liban (16 per cent), East Bale Zones (9,6 per cent) and Bale (9 per cent). **With limited OCV doses and inadequate water, sanitation, and hygiene (WASH) services, more than 7,7 million people remain at high-risk in the 79 affected *woredas*.**

**This is the longest cholera outbreak that is spreading unabated.** Compared to previous outbreaks in 2015 (over 26,000 cases including 217 deaths) and 2017 (over 48,000 cases including 878 deaths)<sup>3</sup>, 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 an effective response. The latest reported cholera cases originate from more densely populated areas in Somali, SNNP and Sidama, facilitating the rapid spread of cholera.

In Oromia Region, since the onset of the outbreak in Harena Buluk *woreda* of Bale Zone on 27 August 2022, 40 *woredas* across Guji, West Guji, West Arsi, Borena, Bale and East Bale have been affected. In June 2023, East Shewa Zone reported its first-ever cholera cases in Liben Chukala *woreda*. The largest number of cases are reported from Moyale Town (13 per cent) and Wadera (11 per cent) of Borena and Guji respectively, followed by Goro *woreda* of Bale Zone (8 per cent). **On June 9, two new cases were reported at the congested Dubluk IDP site of Borena Zone.**

In Somali Region, since the first case reported on 5 October 2022 in Quarsadula and later in Guradamole *woredas* in Liban Zone, the disease has been controlled in these two *woredas*. Cases have been confirmed in Moyale town of Dawa Zone and Dolo Ado, Dolo Bay and Charati *woredas* of Liban and Afder Zone respectively, which are among the most drought affected areas. In Somali, 47 per cent of cases are reported at overcrowded IDP and refugee sites in Dolo Ado *woreda*, and 34 per cent in Moyale *woreda*, bordering Oromia Region and Kenya. **The fatality rate in Somali stands at 2.10 per cent which is significantly higher than the National rate of 1.36 per cent.** Delayed response and access to the nearest health facility are the main aggravating causes.

In SNNP Region, the first case of cholera was reported on 10 April 2023 in Wenago *woreda* of Gedeo Zone. **Over a two-month period, more than 3,000 cases were reported in the Region across 26 *woredas* of five Zones (Gamo, Gedeo, Gofa, South Omo and Konso) and across Special *woredas* of Alle, Amaro, Burji and Basketo.** More concerningly, cholera has been confirmed in Weito and Sagan rivers. Many new confirmed cholera cases in SNNP are from *kebeles* adjacent to the rivers, where people rely on access to drinking water from unprotected sources.

Table 1. Number of cholera cases (EPHI; as of 20 June 2023)

Zone	Affected <i>woredas</i> (#)	Cholera cases (#)	Death (#)
Bale	6	928	14
Borena	8	1,313	4
East Bale	5	489	15
East Shewa	1	139	4
Guji	11	2,520	34
West Guji	7	940	8
West Arsi	2	231	0
Alle Special	1	564	8
Amaro	1	213	4
Basketo	1	10	0
Burji	1	87	4
Gamo	5	673	10
Gedeo	5	228	6
Gofa	5	332	1
Konso	3	699	8
South Omo	4	299	1
Sidama	7	192	3
Liban	3	921	25
Afder	2	89	2
Dawa	1	540	5
	<b>79</b>	<b>11,407</b>	<b>156</b>

<sup>1</sup> 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.

<sup>2</sup> Ethiopia: Cholera Outbreak - Flash Update #7 (as of 11 May 2023) - Ethiopia | ReliefWeb

<sup>3</sup> Multi-Sectorial Cholera Elimination Plan 2021-2028, p. 1.

For example, in Lultu *kebele* of Konso Zone, 60 new cholera cases were reported within 24 hours due to Sagan river water consumption. Konso Zone remains the worst affected, followed by Gamo Zone, with 699 (22.5 per cent) and 673 (21.5 per cent) cases respectively.

**In Sidama Region, 192 cases are reported in 7 *woredas*, with the peak of cases reported on 23 May, showing a decrease in newly reported cases since then.** Cases were reported from all Zones except Central Zone. A cholera outbreak in the Hawassa prison was quickly tackled, with 58 cases successfully treated in cholera treatment center set up on the prison.

In Tigray Region, the health cluster conducted a rapid assessment on cholera preparedness in six health centers of North Western Zone. Although no cholera case has been reported in the Region, the assessment findings indicate that there is low preparedness at the *woredas* and facility levels. Suspected cholera cases were reported at Metema Point of Entry (PoE) of Amhara Region. Although the case was confirmed negative following laboratory results, congestion at the PoE and the upcoming rainy season might trigger new water-borne outbreak diseases. Implementation of preparedness actions remains key.

## HUMANITARIAN RESPONSE

Since 18 September, the Ethiopian Public Health Institute (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.

At the onset of the outbreak, the Central Emergency Response Fund (CERF) allocation of US\$4 in 2022, has supported the scale-up of WASH and health interventions in Bale and Liban zones, helping to contain the outbreak in operational priorities areas, indicating the effectiveness of the response. **The allocation provided humanitarian assistance to over 400,000 vulnerable people in both zones.** Due to the spike of cases in 2023, efforts are being made to ensure more funding through the CERF 2023 allocation.

**In May, over 1.9 million persons benefited from the second round of the OCV campaign in Oromia, Somali and SNNP regions. The strained global supply of cholera vaccines has required the adoption of the single-dose approach, instead standard two-dose vaccination<sup>4</sup>.**

### Health response

**The second round of OCV campaign launched on 15 May 2023**, specifically, in Oromia 1,466,700 million population living in 293 kebeles in Guji, Bale, East Bale, Borena and West Arsi Zones were vaccinated (99,4 per cent overall achievement); and 442,707 persons living in 21 kebeles of Somali Region, across Moyale *woreda* of Dawa Zone, Dolo Ado *woreda* of Liban Zone and Dolo Bay *woreda* of Afder Zone (99,5 per cent overall achievement). Similarly, SNNP Region has fully concluded the vaccination campaign in 47 kebeles of Gamo, South Omo and Gafo Zones, vaccinating over 174,000 persons. This round of OCV campaign completed the first round conducted in January 2023 reaching over 100,00 people in Oromia and Somali Regions. Health partners have supported the roll-out of the vaccination campaign, with logistics support (vehicles and fuel), as well as social mobilization for the vaccination.

**The OCV campaign has been integrated with ongoing cholera outbreak control activities.** Partners have been conducting integrated responses including health, WASH and Risk Communication and Community Engagement (RCCE) interventions. 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 81 functional CTCs. Partners are running the CTCs jointly with government health workers. Moreover, partners are scaling-up the establishment of new CTCs in SNNP following the spike of cases since April. Partners have provided training to healthcare workers operating in the CTCs located in SNNP Region and 40 cholera treatment kits, as well as cholera investigations kits for Hawassa health bureau. Partners are also responding to health, WASH, mental health and psychosocial support (MHPSS) cholera integrated responses, both response and preparedness, in overcrowded IDP sites at high risk of cholera spread.

<sup>4</sup> 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 \(who.int\)](#)

## WASH response

Partners have been scaling-up their response in cholera-affected areas. Between January and April 2023, they have distributed aqua tabs, sachets of water treatment chemicals and WASH non-food items to over 36,000 persons living in Oromia, Somali and SNNP regions. Partners have also contributed to the rehabilitation of water points, expansion of water schemes, construction of communal and households' latrines. Over 9,600 people have benefited from these interventions. In addition, water trucking services provided clean drinking water to over 123,000 people.

## Risk Communication and Community Engagement (RCCE)

The use of unsafe and contaminated water sources is the most likely cause of the cholera outbreak with more than 60 per cent of patients have reported collecting water from unsafe water sources. Limited access to clean water and sanitation services, poor hygiene practices, including open defecation ( 65 per cent of patients reportedly do not have access to latrine) are among the factors that have contributed to the rapid spread of the disease . Since the start of the outbreak, partners have been engaging with communities on awareness on hygiene and sanitation.



May 2023: MSF Holland Team deployed at the CTC of Moyale town, Borena Zone of Oromia Region. Photo credit: OCHA Ethiopia Manuel Morini

## Challenges and Gaps

Reportedly most of the population living in cholera affected *woredas* have less than 20 per cent access to safe drinking water, relying on river water and other unsafe sources. Lack of access and low utilization of latrines are other main causes of the continuous spread of cholera, with high rates of malaria and malnutrition contributing to the ease of infection.

**Lack of funding is a major challenge to partners to respond the Cholera emergency.** The 2023 [Ethiopia Humanitarian Response Plan \(HRP\)](#) is only about 25 per cent funded out of the \$3.99billion total requirements, as of 20 June. Difficult decisions therefore are being made to **dynamically prioritize the most critical areas requiring the most urgent response in an integrated manner**. Additional funding is urgently required to support the response to this emergency, as well as to pre-existing humanitarian needs identified in the HRP in drought and floods affected areas.

Another key gap is cholera preparedness in cholera prone *woredas* to prevent, such as training for health workers and the prepositioning of both health and WASH supplies. **As to be underlined that according to the latest forecast, the upcoming Kiremt rainy season is likely to trigger new flash rains and floods incidents across Ethiopia thus requesting urgent and immediate preparedness actions.**

Cholera remains a highly infectious and potentially lethal disease, that can be prevented and treated, if appropriate interventions are in place.

## Existing Coordination Mechanisms

The Regional Health Bureaus (RHBs), regional and zonal authorities, and partners continue to coordinate the cholera response in Oromia and Somali regions. Enhanced inter-Regional coordination on control and prevention of cholera between Oromia, Somali, SNNP and Sidama is required.

The sixth Cholera Flash Update was published on 18 May 2023 ([Ethiopia: Cholera Outbreak - Flash Update #7 \(as of 11 May 2023\) - Ethiopia | ReliefWeb](#)). OCHA will continue to release regular updates, in coordination with relevant Health and WASH clusters, until the outbreak is declared over.