



Highlights of the week

Surveillance Completeness Rate: Nationally, the proportion of health facilities that reported surveillance data was 93.2%, which is above the minimum requirement (80%).

Surveillance Timeliness Rate: Nationwide, the proportion of health facilities that reported the surveillance data timely was above the minimum requirement, i.e. 85.6%.

Malaria: A total of 109,187 febrile cases were suspected for malaria and tested either by microscopy or RDT in the week. Of these cases, 16.1% (20,721) were treated for malaria. As compared to last week, there was 2.5% (529 cases) decrement.

Severe Acute Malnutrition: A total of 5,131 cases with nine deaths were reported with increment of 8.8% (417 cases) as compared to last week.

Measles: A total of 136 cases were reported and measles suspected outbreak threshold was surpassed in twenty-one woredas as of the week.

Meningitis: A total of 67 suspected meningitis cases with no death were reported.

Anthrax: A total of 6 suspected anthrax cases with no death was reported during the week.

Rabies Exposure: A total of 95 exposure cases without deaths were reported which showed 1.3% increment compared with exposures reported in the last week.

Maternal Death: A total of 16 maternal deaths were reported from 16 reporting sites.

Zero Reports: Zero suspected cases of Neonatal tetanus, avian human influenza, drancunculiasis, pandemic influenza, small pox, hemorrhagic fever, SARS and yellow fever were reported during the week.

Acute Watery Diarrhea Outbreak: Acute watery diarrhea outbreak is ongoing in Afar and Tigray regions.

Global Situation: There is ongoing EVD outbreak in Democratic Republic of Congo.

PHEOC 9th Technical meeting: Conducted in EPHI training center on July 10, 2018.



I. Introduction

This Epidemiological Bulletin serves to provide key information on public health emergency management activities and summarizes surveillance data and performance on epidemic prone diseases and other public health emergencies. The bulletin mainly includes surveillance data of week 26 of 2018 and daily phone communication, line list reports of outbreaks for week 27 of 2018. It highlights the surveillance completeness and timeliness across the regions, trends of diseases under surveillance, cluster of cases and events, ongoing outbreaks and responses undertaken at all levels in Ethiopia and different activities. The numbers of disease specific cases indicated in this issue of bulletin are subject to change due to on-going receiving late weekly surveillance data and retrospective verification of data from outbreak areas.

II. National Public Health Surveillance Data Summary

Table 1: Comparison of surveillance data by week, week 25 and 26, 2018, Ethiopia.

Indicators/diseases/conditions	2018		
	Week 25	Week 26	% Change
Percent of Health Facility reported	92.2%	93.2%	1.0
Percent of Health Facility reported timely	85.4%	85.6%	0.1
Total Malaria Confirmed and Clinical	21,250	20,721	-2.5
Typhoid fever	22,329	21,691	-2.9
Epidemic Typhus	9,614	9,381	-2.4
Dysentery	7,363	6,650	-9.7
Severe Acute Malnutrition	4714	5131	8.8
Suspected Measles	86	136	58.1
Rabies exposure	78	79	1.3
Suspected Meningitis	39	67	71.8
Relapsing Fever	36	95	163.9
Suspected Anthrax	5	6	20.0
Maternal Death	19	17	-10.5
Acute Flaccid Paralysis	7	15	114.3
Acute Watery Diarrhea	73	56	-23.3
Neonatal Tetanus	2	0	-100.0
Avian Human Influenza	0	0	0.0
Polio	0	0	0.0
Drancunculiasis/Guinea worm	0	0	0.0
Pandemic Influenza	0	0	0.0
SARS	0	0	0.0
Small pox	0	0	0.0
Yellow Fever	0	0	0.0
Viral hemorrhagic fever	0	0	0.0

III. Public Health Surveillance Reporting Completeness and Timeliness Rates

A. Public Health Surveillance Reporting Completeness Rate

The national surveillance completeness rate was 93.2% in the week which is above the minimum requirement and all regions had achieved above the minimum requirement, 80% except Benishangul Gumuz (77.4%) (Fig 1).

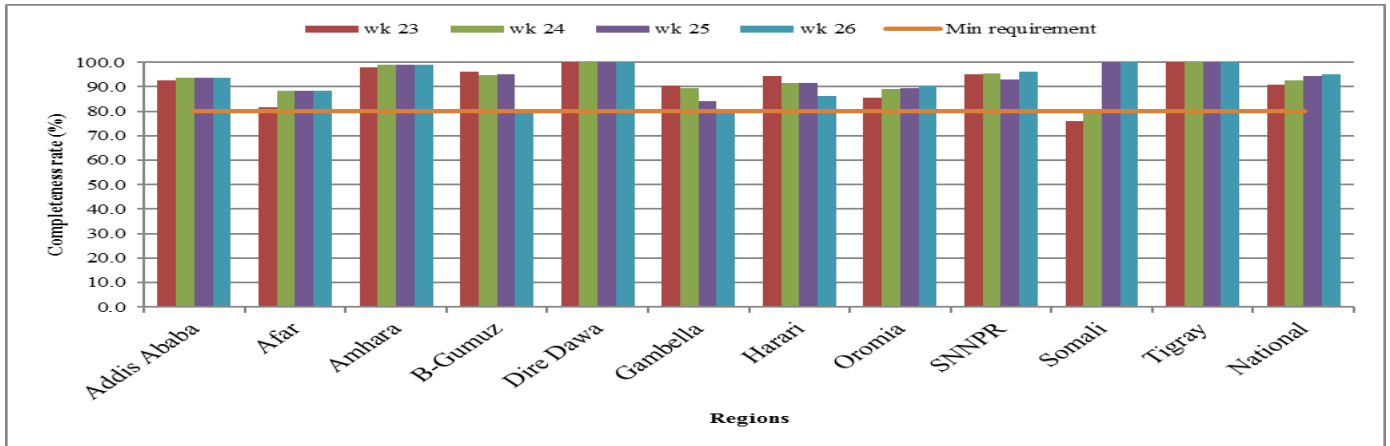


Figure 1: Surveillance data completeness rate by regions, week 23-26, 2018, Ethiopia.

B. Public Health Surveillance Reporting Timeliness Rate

During the week the national surveillance data reporting timeliness rate was 85.6% which is above the minimum requirement and all regions except Afar (0.0%), Gambela (0.0%), and Somali (0.0%) had achieved above the minimum requirement, 80%.

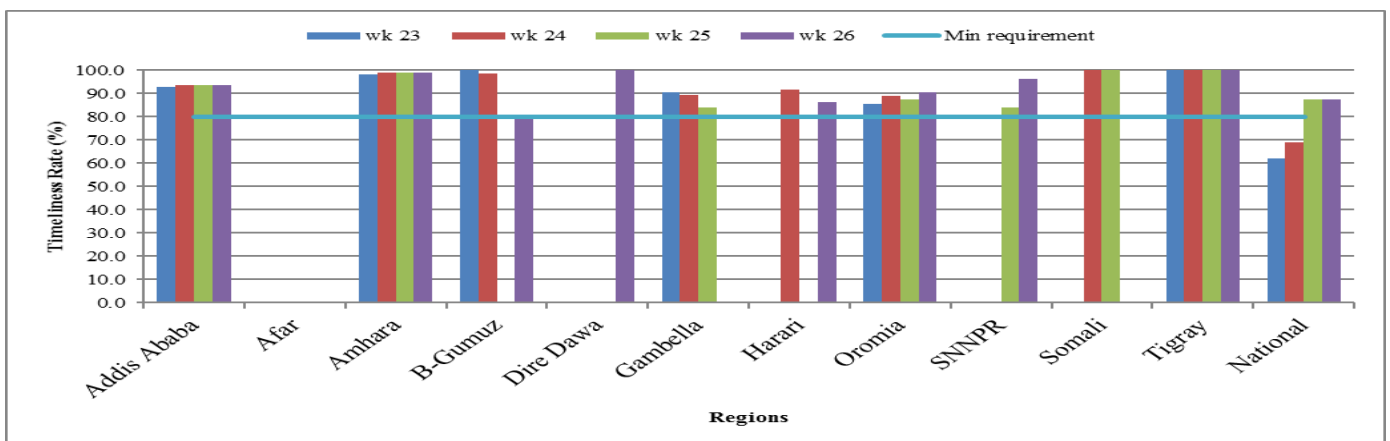


Figure 2: Surveillance data Timeliness rate by regions, week 23-26, 2018, Ethiopia.

IV. Diseases/Conditions under Surveillance Updates

1. Malaria

During the week a total of 109,187 health facilities visitors were suspected and examined for malaria of which 16.1% (20,721) cases were treated as malaria which was 2.5% (529 cases) lower than the last week. Plasmodium falciparum contributes the highest portion of the cases reported during the week, 77.3% (15,810 cases) of the cases nationally and 95.4%, 92.7% and 75% in Gambella, Benishangul-Gumuz and Afar regions respectively. The number of cases reported in 2018 is still lower than the number of cases reported in the last two years.

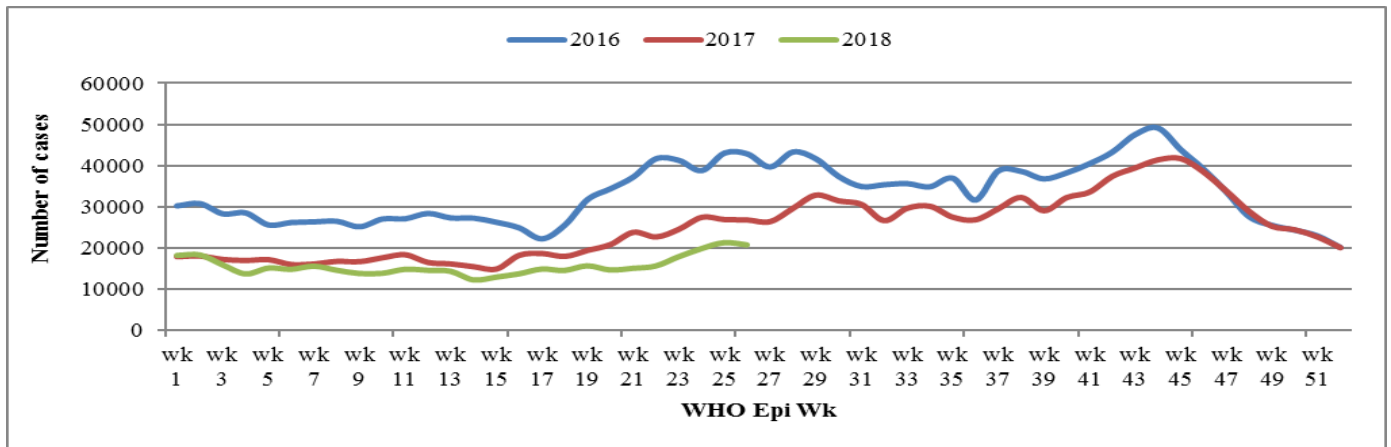


Figure 3: National malaria (clinical and laboratory confirmed) trend by week from 2016-2018, Ethiopia.

Cascading the malaria cases to regions, 23.5% (4,865 cases), 19.3% (3,992 cases) and 16.3% (3,370 cases) were reported from SNNPR, Amhara and Benishangul Gumuz regions respectively during the week.

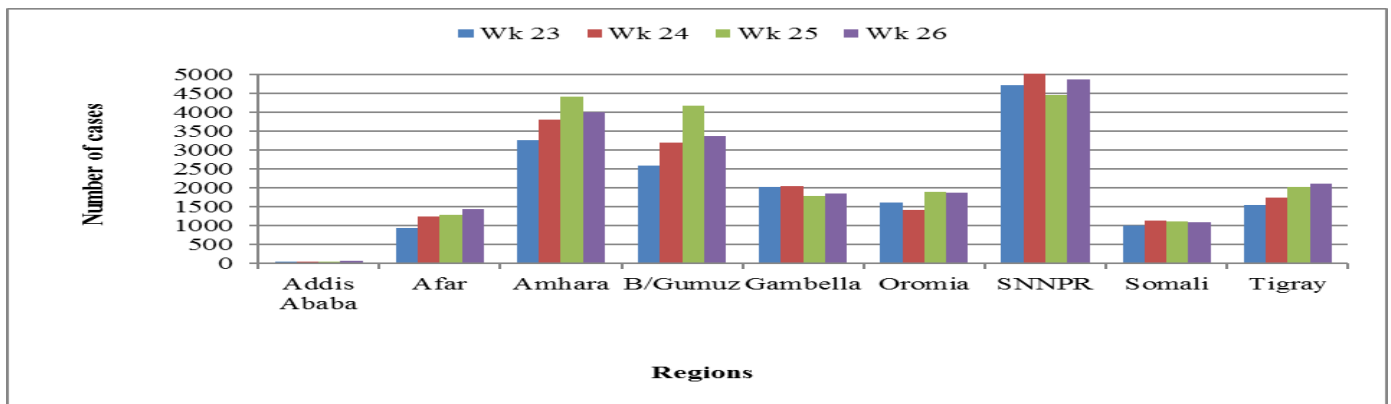


Figure 4: Regional malaria cases distribution, week 23-26, 2018, Ethiopia.

A total of 277 cases (1.3%) of malaria were treated clinically nationwide while 41.9% and 26.6% were treated clinically in Somali and Gambella Regions respectively. The clinically treated malaria cases during the week aligns with the national recommendation nationwide. However, in Somali and Gambella regions, the clinically treated malaria cases were above the national recommendation. The nationwide malaria slide positivity rate during the week is 18.7% while 66.1%, 43.2% and 34.5% in Somali, Gambella and Afar regions respectively.

2. Suspected Meningitis

During the week, a total of 67 suspected meningitis cases with no death were reported from Oromia (32 cases), Somali (13 cases), SNNP (11 cases), Addis Ababa (7 cases), Benshangul Gumuz (2 cases), and Amhara and Gambella (1 case). The suspected cases reported during the week were higher than the suspected cases during the same week of the last year cases.

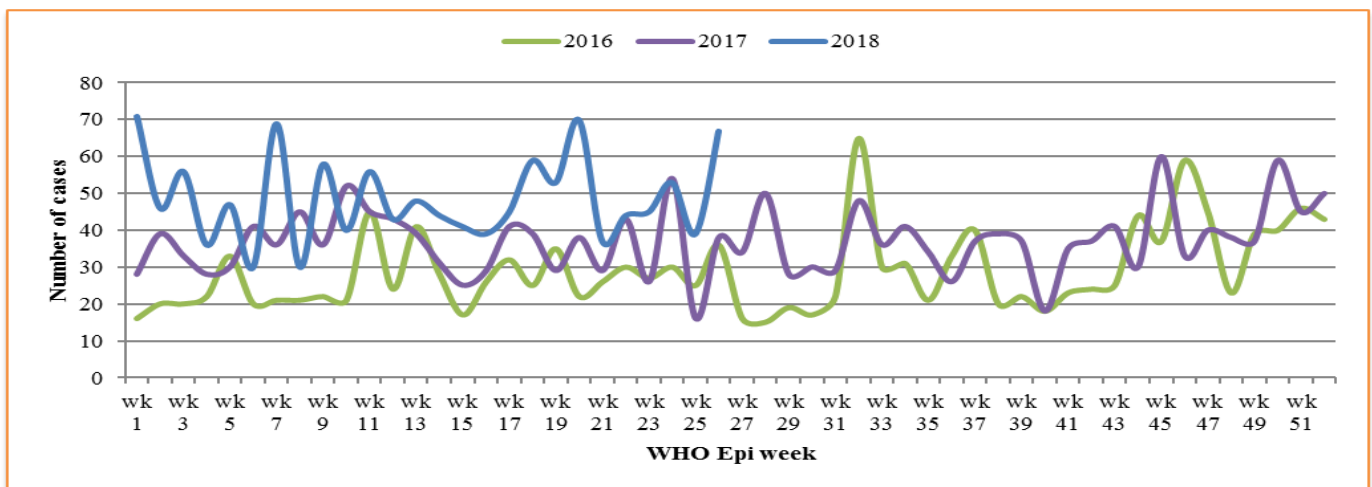


Figure 5: Trend of suspected meningitis cases over week, 2016-2018, Ethiopia.



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Table 2: Suspected meningitis cases and deaths distribution by reporting sites, week 26, 2018, Ethiopia.

Region	Zone	Reporting sites	Suspected Cases	Death
Somali	Fafan	Meles Referral Hospital	7	0
Addis Ababa	Gulele	St. Paulos Hospital	6	0
SNNPR	Gedeo	Dila Hospital	5	0
Oromia	West Shewa	Ambo University Hosp	4	0
Oromia	Bale	Ginir Town	4	0
Oromia	Guji	Adola Hospital	3	0
Oromia	Jimma	Agaro Hospital	3	0
Oromia	Bale	Goba Town	3	0
Somali	Liben	Filtu Hospital	3	0
Oromia	Guji	Bore Hospital	2	0
Oromia	West Hararge	Chiro Hospital	2	0
Oromia	Qeleme Wellega	Dambi Dolo Hospital	2	0
Oromia	West Hararge	Gelemso Hospital	2	0
Oromia	Arsi	Merti	2	0
Oromia	Ilu Aba Bora	Metu Town	2	0
SNNPR	Bench Maji	Mizan Aman Hospital	2	0
Benishangul-Gumuz	Metekel	Pawe Hospital	2	0
SNNPR	Siliti	Silite	2	0
Amhara	North Wollo	Bugna	1	0
SNNPR	Segen	Gedola Hospital	1	0
SNNPR	Halaba	Halaba Hospital	1	0
Oromia	Jimma Spe Town	Jimma Spe Town	1	0
Somali	Erar	Fik Hospital	1	0
Somali	Jarar	Dagahabur Hospital	1	0
Somali	Shaballe	Gode Rural	1	0
Gambela	Agnuwak	Gambela Hospital	1	0
Oromia	Jimma	Omo Nada Hospital	1	0
Oromia	Jimma	Setema Hospital	1	0
Addis Ababa	Lideta	Tikur Anbesa	1	0
Grand Total			67	0

3. Dysentery

During the week, a total of 6,650 dysentery cases without death were reported showing 9.7% (713 cases) decrement as compared to last week. The number of cases reported during the week is lower than the number of cases reported during the same week of the 2017.

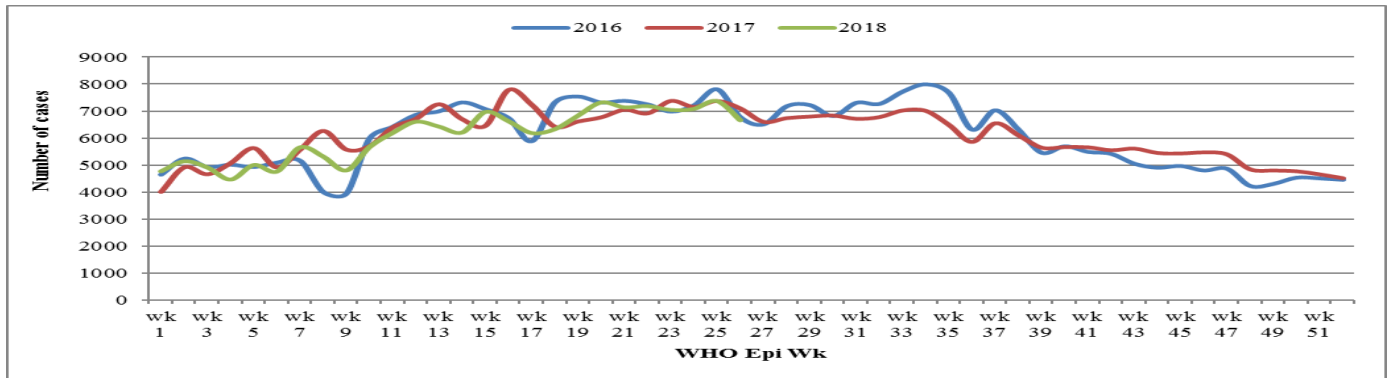


Figure 6: Dysentery cases trend by week, 2016-2018, Ethiopia.

Amhara Region reported highest number of cases (2,265 cases) followed by Oromia (1,589 cases) and SNNP (793 cases) regions during the week.

4. Typhoid Fever

During the week, a total of 21,691 cases of typhoid fever without death were reported which was 2.9% (638 cases) lower than the last week. The typhoid fever cases reported during the week is lower than the number of cases reported during the same week of the last year.

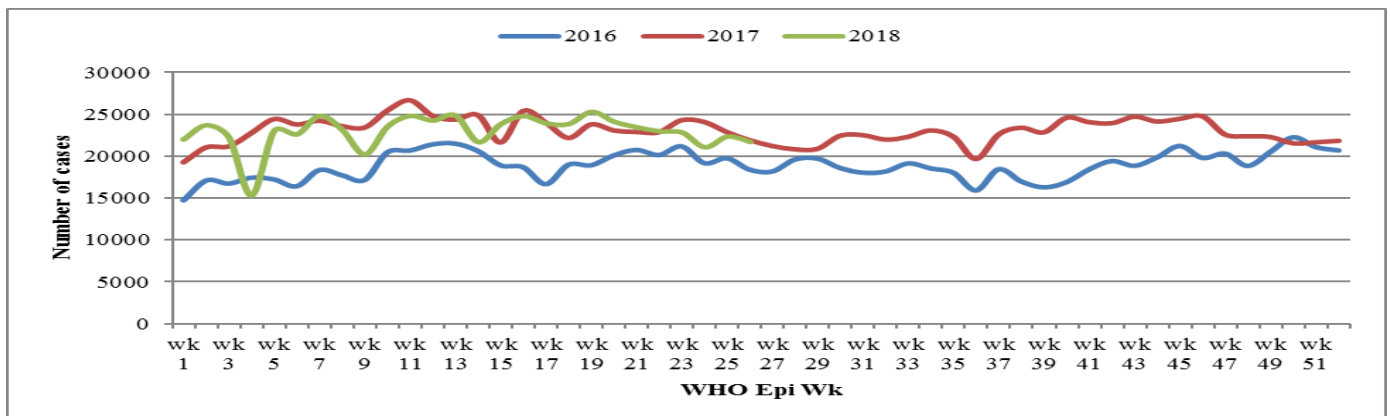


Figure 7: Typhoid fever cases trend by week, 2016-2018, Ethiopia.

SNNP region reported highest number of cases (7,075 cases) followed by Oromia region (6,286 cases) and Addis Ababa City Administration (3,549 cases).

5. Relapsing Fever

A total of 95 cases of relapsing fever without death were reported during the week which showed 163.9% (59 cases) increment from the last week. The number of cases reported during the week is higher than the number of cases reported during the same week of 2017.

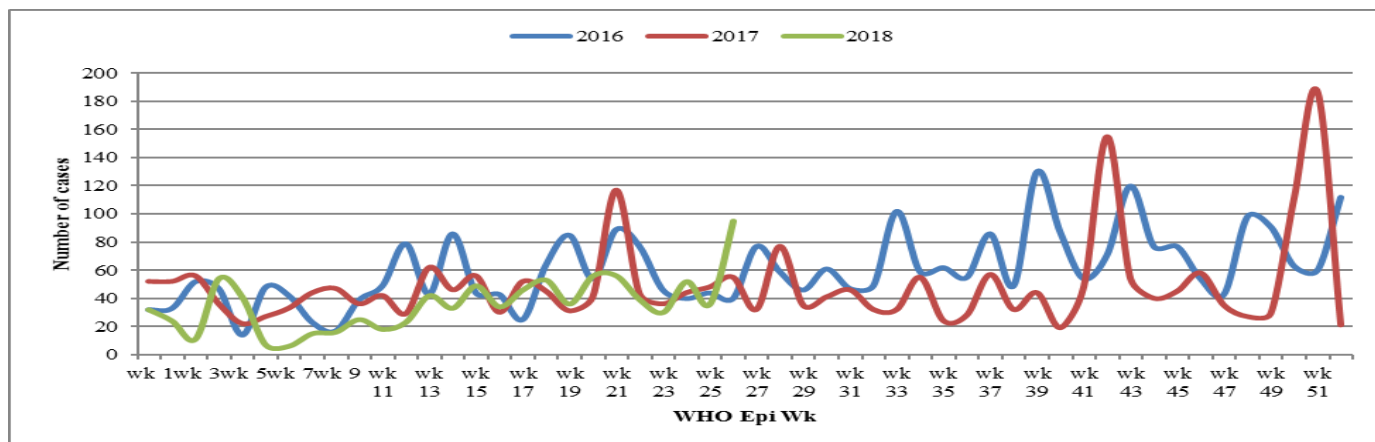


Figure 8: Relapsing fever cases trend by week, 2016-2018, Ethiopia.

SNNP region reported highest number of cases (54 cases) followed by Addis Ababa City Administration (22 cases) and Afar region (18 cases).

6. Epidemic Typhus

A total of 9,381 cases of epidemic typhus without death were reported during the week, which was 2.4% (233 cases) lower than the last week. The number of cases reported during 2018 were higher than the number of cases reported during the same weeks of the last two years.

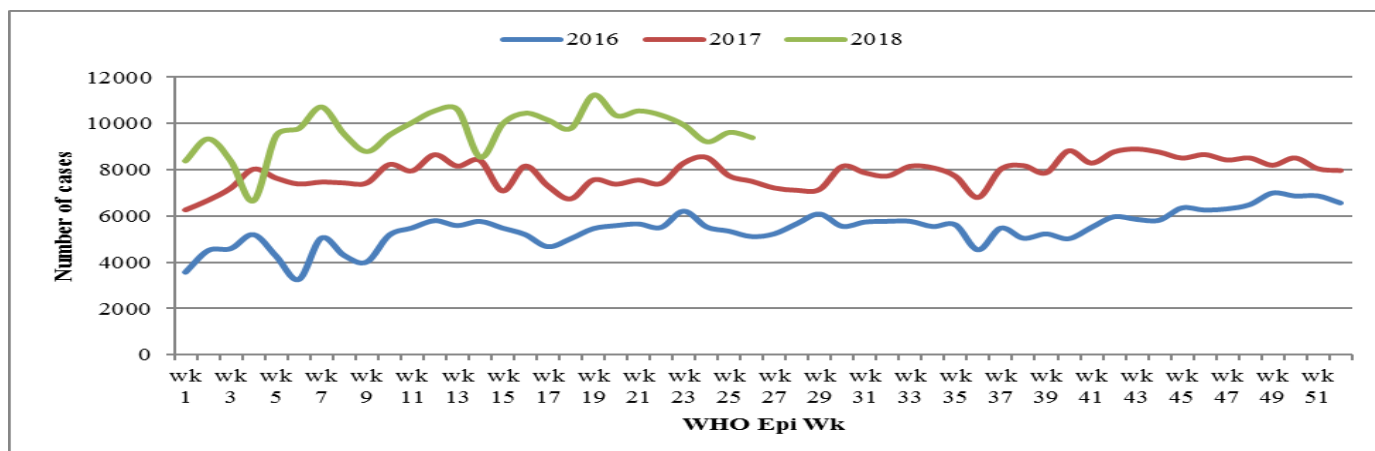


Figure 9: Epidemic typhus cases trend by week, 2016-2018, Ethiopia.

Addis Ababa City Administration reported highest number of cases (3,000 cases) followed by SNNP (2,545 cases) and Oromia (1,731 cases) regions.

7. Severe Acute Malnutrition

During the week, a total of 5,131 cases with 9 deaths were reported which showed 8.8% (417 cases) increment as compared to last week. The severe acute malnutrition cases reported during the week were higher than the number of cases reported during the same week of the last year.

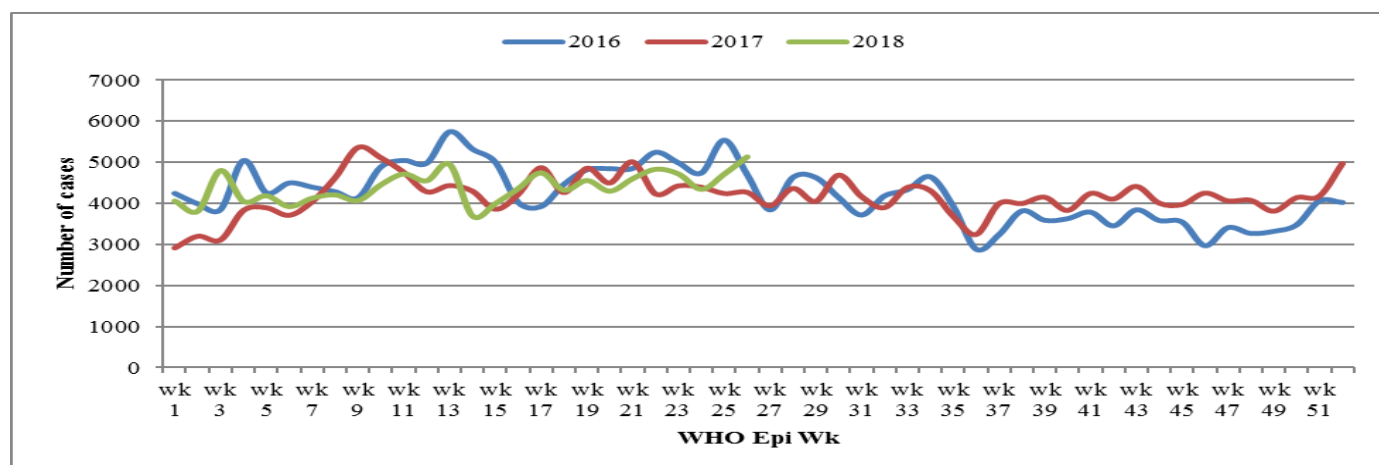


Figure 10: Severe acute malnutrition cases trend by week, 2016-2018, Ethiopia.

About 720 (14%) of the total reported SAM cases were treated in patient during the week nationally. Oromia region reported highest number of cases (2,320 cases) followed by Somali (990 cases) and SNNP (884 cases) regions during the week.

The top ten severe acute manutrition leading woredas during the last one month (week 23-26) were from Oromia,SNNP and Somali.

Table 3: Top ten severe acute malnutrition cases reporting sites, week 23-26, 2018, Ethiopia.

Region	Zone	Reporting sites	Cases				Grand Total
			Wk 23	Wk 24	Wk 25	Wk 26	
Oromia	East Hararge	Fedis	100	44	53	103	300
Oromia	West Arsi	Shashemene Rural	65	36	0	90	191
SNNPR	Gedeo	Kochore	33	20	46	84	183
Oromia	West Arsi	Siraro	84	68	41	74	267
Oromia	West Hararge	Oda Bultum	33	36	47	71	187
Oromia	West Hararge	Chiro Zuriya	29	19	82	67	197
Oromia	East Hararge	Gursum	46	42	36	62	186
Oromia	East Hararge	Girawa	60	70	100	53	283
Oromia	East Hararge	Bedeno	105	73	50	50	278
Oromia	East Hararge	Haromaya Rural	66	53	119	30	268
Somali	Fafan		6	4	10	-	20
Grand Total			621	461	574	684	2340

8. Scabies

During the week a total of 3,241 cases were reported which is 2.7 % (88 cases) lower than the last week. Oromia (1,390 cases) reported highest number of cases followed by Amhara Region (1,148 cases) and SNNP (254 cases).

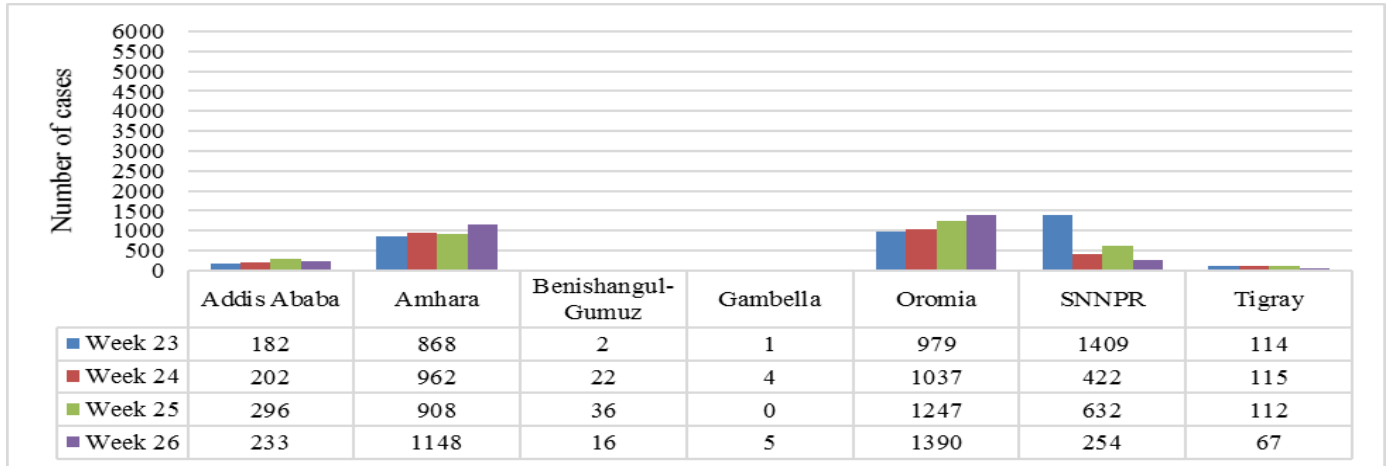


Figure 11: Scabies cases distribution and trend by Region, week 23-26, 2018, Ethiopia.

9. Acute Flaccid Paralysis (AFP)

During the week a total of 15 suspected AFP cases were reported which showed 114.3 % (8 cases) increment as compared to the number of the suspected cases reported during the last week.

Table 4: Distribution of acute flaccid paralysis cases by reporting woredas, week 26, 2018, Ethiopia.

Region	Zone	Reporting sites	Suspected Cases	Death
Dire Dawa	Dredewa	Addis Ketema	2	0
Amhara	West Gojjam	Finote Selam Hospital	2	0
SNNPR	Siliti	Sankura	2	0
Oromia	West Wellega	Ayira Hospital	1	0
Benishangul-Gumuz	Metekel	Dangur	1	0
Amhara	West Gojjam	Dembecha	1	0
Oromia	West Hararge	Gelemso Hospital	1	0
Tigray	Central Tigray	Kola Temben	1	0
SNNPR	Segen	Konso	1	0
Amhara	West Gojjam	North Mecha	1	0
Oromia	Shashamane Town	Shashamane Town	1	0
Addis Ababa	Gulele	St. Paulos Hospital	1	0
Grand Total			15	0

10. Suspected Anthrax

A total of 6 suspected anthrax cases with no death was reported from Amhara region during the week which was 20% (1 case) higher than the number of cases reported during the last week.

Table 5: Distribution of suspected anthrax cases and deaths by woredas, week 26, 2018, Ethiopia.

Region	Zone	Reporting sites	Cases	Death
Amhara	South Wollo	Sayinit	3	0
Amhara	Wag Himra	Zikwala	2	0
Amhara	Wag Himra	Abergele	1	0
Grand Total			6	0

11. Suspected Measles

During the week, a total of 136 suspected measles cases with no death were reported and as compared to last week there was 58.1% (50 suspected cases) increment. Measles suspected outbreak threshold was surpassed in twenty-one woredas based on the national outbreak threshold criteria (woreda that reported greater than five suspected cases over the last four weeks, 23-26 weeks).



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Table 6: Woredas in which suspected measles outbreak threshold is surpassed as of week 26, 2018, Ethiopia.

Region	Zone	Reporting sites	Suspected cases				Grand total
			wk 23	wk 24	wk 25	wk 26	
Oromia	West Hararge	Chiro Zuriya	0	0	0	17	17
Amhara	North Gondar	Debark Zuria	0	0	5	8	13
Amhara	South Wollo	Sayinit	0	13	12	6	31
Addis Ababa	Bole	Bole Woreda03	1	1	4	4	10
Addis Ababa	Bole	Bole Woreda10	2	2	4	4	12
Oromia	South West Shewa	St.Luke Hospital	1	1	0	4	6
Oromia	Burayu Town	Burayu Town	0	1	1	3	5
Amhara	East Gojjam	Dejen	1	1	2	3	7
Addis Ababa	Gulele	Gulele Woreda03	1	3	0	3	7
Oromia	Woliso town	Woliso Town	13	10	5	3	31
Addis Ababa	Nefas Silk Lafto	Nefas Silk Lafto Woreda03	4	4	2	2	12
Oromia	Nekemte Town	Nekemte Town	2	0	1	2	5
Addis Ababa	Yeka	Yeka Woreda12	0	0	4	2	6
Addis Ababa	Yeka	Yeka Woreda13	3	5	5	2	15
Amhara	Gonder Town	Gonder Town	2	1	3	1	7
Oromia	Sebeta Town	Sebeta Town	1	2	1	1	5
SNNPR	Segen	Amaro	5	0	0	0	5
Addis Ababa	Chirkos	Kirkos Woreda04	2	2	3	0	7
Addis Ababa	Yeka	Yeka Woreda03	5	1	0	0	6
Somali	Doollo	Danot	9	0	0	-	9
Somali	Jarar	Gashamo	0	8	5	-	13
Grand Total			52	55	57	65	229

Note: “-” = the woreda has not reported during the week
*report includes cases reported from hospital

12.Rabies Exposure

A total of 95 exposure cases without death were reported during the week which has 1.3 % (1 case) increment compared with the last week exposure cases.

Table 7: Distribution of suspected rabies exposure cases and deaths by reporting sites, week 26 of 2018, Ethiopia.

Region	Zone	Reporting sites	Suspected Exposure Cases	Deaths
Tigray	South Tigray	Alamata Town	20	0
Addis Ababa	Chirkos	Kirkos Woreda05	16	0
Tigray	Eastern Tigray	Wekero Town	11	0
Tigray	Central Tigray	Akisum Town	7	0
Tigray	Mekele Especial Zone	South & North Mekele	5	0
Tigray	Eastern Tigray	Adi Girat Town	4	0
Tigray	Central Tigray	Abiyi Adi Town	3	0
Benishangul-Gumuz	Assosa	Assosa Hospital	3	0
Addis Ababa	Kolfe Keraniyo	Kolfe Keraniyo Woreda09	3	0
Addis Ababa	Kolfe Keraniyo	Kolfe Keraniyo Woreda04	2	0
Amhara	Gonder Town	Gonder Town	1	0
Benishangul-Gumuz	Assosa	Menge	1	0
Amhara	Wag Himra	Tefera Hailu Hospital	1	0
SNNPR	Siliti	West Azernet Berbere	1	0
Benishangul-Gumuz	Kamashi	Yaso	1	0
Grand Total			79	0



13. Maternal Death

During the week a total of 16 maternal deaths were reported from 16 reporting sites of Oromia (6 deaths), Amhara (7 Deaths), Addis Ababa, Gambela, SNNP and Harari (1 death).

Table 8: Distribution of maternal deaths by reporting sites, week 26 of 2018, Ethiopia.

Region	Zone	Reporting site	Death
Amhara	Wag Himra	Abergele	1
Harari	Harari	Aminur	1
Oromia	West Arsi	Arsi Negele Rural	1
SNNPR	Basketo Town	Basketo Town	1
Amhara	North Wollo	Bugna	1
Addis Ababa	Yeka	Dagmawi Menelik Hospital	1
Amhara	North Shewa	Debrebrehan Hospital	1
Amhara	East Gojjam	Enemay	1
Oromia	West Wellega	Gimbi public Hospital	1
Amhara	North Wollo	Lalibela	1
Amhara	South Wollo	Legamibo	1
Oromia	East Shewa	Liben	1
Oromia	Guji	Saba Boru	1
Oromia	Jimma	Setema	1
Oromia	west Guji	Suro barguda	1
Amhara	West Gojjam	Yilmana Densa	1
Oromia	Guji		0
Grand Total			16

14. Other Immediately Notifiable Diseases/Conditions

During the week zero suspected Neonatal Tetanus, suspected cases of avian human influenza, drancunculiasis, and pandemic influenza, small pox, hemorrhagic fever, SARS and yellow fever were reported.



IV. Diseases/Conditions Outbreaks

1. Acute Watery Diarrhea Outbreak

Acute watery diarrhea outbreak is ongoing in Tigray region and Dubti, Mille and Asayita woredas of Afar Region. A team comprising of field epidemiologists are investigating and responding to the outbreak with all stakeholders and partners.

V. Global Situation

1. Ebola Viral Disease Outbreak in Democratic Republic of Congo

Since the beginning of the outbreak (on 4 April 2018), a total of 38 laboratory confirmed and 15 probable cases (deaths for which it was not possible to collect laboratory specimens for testing) have been reported. Of these 53 cases, 29 died, giving a case fatality ratio of 54.7%. Twenty-eight (53%) cases were from Iboko, 21 (40%) from Bikoro and four (8%) from Wangata health zones. Five healthcare workers were affected, of which two died. The last surviving confirmed EVD case was discharged from an Ebola treatment center (ETC), following two negative tests on serial laboratory specimens, on 12 June 2018. Contact tracing activities ended on 27 June 2018. Before the outbreak can be declared over, a period of 42 days (two incubation periods) following the last possible exposure to a confirmed case must elapse without any new confirmed cases being detected. WHO has assessed the public health risk to be low at the regional and global levels.

Source: Ebola Viral Diseases Democratic Republic of Congo External Situation Report 11: can be accessed from <http://www.who.int/ebola/situation-reports/drc-2018/en/>

VI. Other Activities

1. Public Health Emergency Operation Center 9th Technical meeting

Ethiopian Public Health Institute emergency operation center conducted PHEOC 9th Technical meeting in EPHI training center on July 10th, 2018. Stakeholders from CDC, WHO, MSF, FMOH, AARHB, PFSA, PHE UK, EFMHACA, UNICEF, IRC and Ministry of Defense had participated.

2. Weekly Epidemiological Feedback

Weekly epidemiological surveillance data feedbacks were prepared by regional focals and communicated to the respective regions.



Aknowledgements

Many thanks to all regional states health bureau, zonal health departments, woreda health offices and governmental and nongovernmental health facilities for sharing to cPHEM their respective regional weekly surveillance data, data managers of EPHI/cPHEM for compiling all regional surveillance data and all national PHEM officers for their close follow-up and sharing updates. Additionally, the center would like to extend its gratitude to FMOH, PFSA, EFMHACA, Ministry of Livestock and Fishery, Ministry of Defense, Federal Police, different directorates of EPHI, US CDC, African CDC, WHO, UNICEF, PHE UK, MSF, NDRMC, UNFPA, ARRA, UNHCR, WFP, INSA, MSF, MOD and IRC.

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