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 MINISTRY OF HEALTH-ETHIOPIA
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 HEALTH FOR ETHIOPIA FOR PROSPERITY AND PEACE



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 ETHIOPIAN PUBLIC HEALTH INSTITUTE

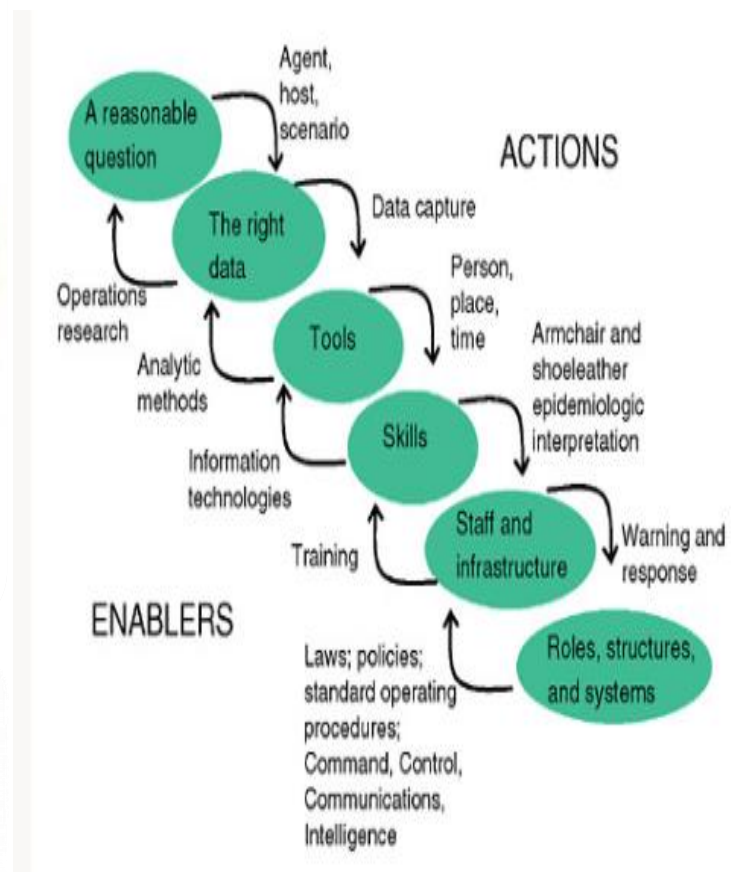
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PUBLIC HEALTH EMERGENCY UPDATE AND EARLY WARNING MESSAGE FOR ANTICIPATED PUBLIC HEALTH EMERGENCIES

MONTHLY PHE OVERVIEW
 February- Overview [EPI-week-5-8/2022]

Overview No: 01



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Monthly Public Health Emergencies Overview

- A total of five public health emergencies (COVID-19, Chikungunya, Measles & Suspected Meningitis & Drought/Food insecurity) were recorded. All except COVID-19 & Measles were newly detected public health emergencies in the month.
- A total of 159,655 COVID-19 samples were tested and 3744(2.3%) were resulted positive.
- Around 454,924 cases were suspected for malaria of which 18.4% were considered to be either confirmed or clinical malaria cases. The highest case loads were reported from Amhara 21,898(26.2%), SNNPR 18,446(22.1%), B/Gumuz(8.9%) and Oromia(8.8%). The cases was the highest of the period for the last seven years data except 2016. A total of 06 deaths were also reported in the month.
- Hundred ninty nine suspected meningitis cases with four deaths were reported and 45.4% of cases were from Oromia followed by Somali(14.4%) region. Nationally the case level recorded in the last 8 weeks was the highest of the last seven years trend.
- Severe acute malnutrition cases were reported to a level of 9,850 with 40 associated deaths. Of which Oromia, Somali & Amhara regions reported 32, 29 & 20 percentiles respectively. Half of the total deaths were reported from Oromia[32.5%] and Amhara[17.5%] region while Harari region experienced relatively higher CFR (20/1000). Malnutrition cases burden is extrimely higher than its occurrence of the last seven years of respective period.
- A total of 13,313 Scabies cases were reported. More than half (54.2%) were from Amhara region followed by Oromia region (22.6%) of the total cases. However, it is the lowest case load compared to the same period of the last 4 years.
- Human Anthrax cases were detected in Amhara & Oromia regions only. Amhara reported 31 while Oromia reported seven of the 38 cases with two deaths. Unlike the first week of 2022, the remaining weekly case trend was relatively lower than the case load of similar weeks of 2016-2022.
- About 1519 suspected measles cases with 16 deaths were reported in the month. Fifty five percent of cases & 94% of deaths were from Somali region. In recent weeks the occurrence of suspected measles cases was higher as compared to the previous seven years of similar period except for 2020's.
- Rabies exposure were extrimely higher in Amhara region[70.2% of total cases]. Unexpectedly seven[1.1% of 654 exposed individuals] ended in death till the time of report with greater case fatality rate [7%] in Oromia region. Rabies exposure cases were increasing year to year from 2016 to 2022.
- In the month around 98 maternal deaths were reported. Somali, Oromia and Amhara regions had reported 42, 29 & 14 percentiles, respectively. The average death level was relatively similar to the recent five years average death level of similar period.
- Almost 2/5th of the national perinatal death were notified from Amhara region followed by Oromia & Addis Ababa (1/5th each). It was found to be higher than week 5-8 of the year 2021.
- 73% of the total suspected AFP cases were reported from Oromia[33] & Amhara[13] regions. The suspected case status was nearly similar with the correlated weeks of 2020 & 2021.
- Harai & Oromia regions reported 24[96.0%] and 1[4.0%] SARS cases respectively in the month.
- About 23,000 Dysentery and 108,000 Typhoid fever cases were reported nationally. Oromia SNNP & Amhara regions were highest number of case reporting regions.
- Unexpectedly increased number of Relapsing fever cases were reported from Somali region 117[39.5%] followed by Addis Ababa 77[26.0%], Sidama 48[16.2%] & Oromia 33[11.1%] regions.
- Cholera, Dracunculiasis, Yellow fever, Small Pox, Avian Human Influenza, Pandemic influenza and Viral Heamorrhagic fever cases were reported zero in the month.

Outbreak/Emergency Situation in February

COVID-19 Pandemic

The number of new COVID-19 cases in the WHO African Region decreased by 24.0% during the week of 21 to 27 February 2022 as compared to the previous week while new COVID-19 deaths decreased by 62.0%. Ethiopia recorded nearly 6.0% of the COVID-19 cases in the WHO African Region following South Africa (46.0%).

A total of 159,655 COVID-19 samples were tested in the month, of which 3744(2.3%) were confirmed positive. Addis Ababa city health bureau has reported 1,913(51.1%) of total cases. A total of 129 deaths were reported in the month nationwide.

Cholera

During the month, 13 cholera cases were reported from Dolomana & Harena Buluk districts of Bale Zone of Oromia region with no death.

Measles

A total of **1519** suspected cases were reported in the month. Of total reported cases 829(54.6%) of cases were reported from Somali region followed by SNNP region 256(16.9%). A total of 16 measles deaths were also reported in the month. Liben zone of Somali was the highest case(675) & death (12) reporting zone nationally. The trend of the disease is increasing compared to the previous month almost by 3 fold.

Drought

The southern and south-eastern parts of Ethiopia are currently witnessing a dire and protracted drought crisis with more than 6.8 million people affected. These populations are in urgent need of food, water, healthcare, shelter, and livestock assistance. However, funding gaps are currently hampering the humanitarian response interventions in affected areas,

as the country is currently facing multiple recurrent and protracted emergencies competing for financial, human and material resources. This mostly includes conflict in the northern part of the country and ongoing outbreaks of COVID-19, cholera, measles, and circulating vaccine-derived poliovirus type 2 (cVDPV2).

Climatic Conditions [Rainfall, Temperature & Humidity]:

The Malaria outbreak occurrence mainly depends on three major climatic conditions.

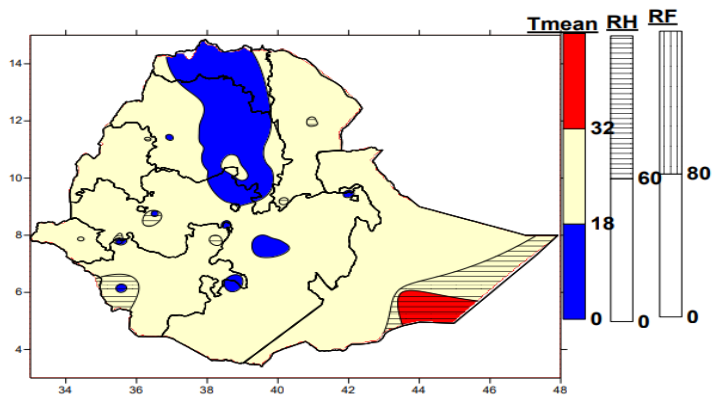
[A]. Rainfall (≥ 80 mm) favours breeding sites

[B]. Temperature ($18 \leq T_o \leq 32$ oC) regulate larvae development rate & adult survival rate & increase multiplication of plasmodium parasite.

[C]. Humidity ($\geq 60\%$) impacts the survival rate of the mosquito as well.

According to the National Metrological Agency data of February 2022 report; total amount of monthly rainfall 80 mm and above was not recorded while monthly mean relative humidity 60% and above were recorded over of Eastern border, Southwestern border and Western pocket parts of the country. Similarly the distribution of rainfall was recorded Above Average; Northern, Southern, Eastern and western parts of the country; accordingly average in the record rainfall distribution was registered over most parts of the country; On the other hand; below normal rainfall distribution was observed over the Central, pocket areas of Northeastern, pocket areas of Southwestern and western parts of the country.

In General all parts of the country were not favorable for the existence and distribution of malaria during the month of February 2022.



Source [NMA, climate information for Health sector]

Fig 1:- Combined temperature, rainfall and relative humidity analysis for February 2022.

NB. The place where the three climatic conditions (rainfall, humidity and temperature) limit overlap is at risk of malaria outbreak for which the effect might be visible after 1-2 months.

Predicted climatic condition

During March belg season moisture is starting in most parts of belg moisture benefiting catchments. According to this, moisture will have a better amount and covers wide areas of most catchments in the month of March. Eventhough the characteristic of belg moisture is erratic and less in amount, sometimes in some places the occurrence of heavy fall is observed in most belg benefiting catchments. In general in the month (March) upper awash, upper and middle BaroAkobo, OmoGibe, Rift Valley and GenaleDawa pocket places of upper Wabishebele catchments will be expected to receive sub-humid to humid moisture amount. Increasing of daily maximum temperature may cause high evaporation over most parts of river basins. We advise to keep on hand water resource and use properly, in addition to these catchments which face moisture stress will be prepared to harvest rainwater may chance to get rain during the coming month of March 2022. So that the probability of being affected with water related diseases is high.

Desert Locust

For nearly two consecutive months, no significant locust infestations have been detected in **Djibouti, Eritrea, Ethiopia, Somalia** and **Kenya** during February. Although rain has not fallen recently and ecological conditions are dry, small

groups of immature adults were seen moving southwards in eastern **Ethiopia**, which suggests that a few residual infestations may still be present. Therefore, surveys and vigilance should be maintained.

Small hopper and adult groups treated in southeast Egypt (1220 ha). Scattered adults on the Red Sea coast in Sudan where limited breeding was detected in only one area. Immature adult groups seen in eastern Ethiopia flying southwards and isolated adults on the Oman coast. No locusts reported elsewhere in the region.

These might fly to different regions of the country and cause crop damage that cause food scarcity, malnutrition and associated diseases/consequences.

Prediction. Reduced advancement of locust infestation. No significant developments expected till predisposed with unoccasional rain.

Public health risky situations happened /forecasted in Ethiopia or Around.

Outbreaks in East Africa: After more than five years without a confirmed case of wild poliovirus in the African region, the disease has once again been detected in the city of Lilongwe, Malawi; the third country in the world to be having wild poliovirus strains. The kenyan public health also declared occurrence of Yellow fever outbreak in the country again warning bordering countries including Ethiopia.

Outbreaks: The ongoing outbreaks may got opportunity to easily transmit following displacemnets and asociated congested living condition in IDP sites.

Drought: The drought situation existed in Somali and Borena zone of Oromia region causes scarcity of water and food plus associated displacment which may increases the risk of malnutrition and water shortage related public health emergencies.

Malnutrition: The occurrence and increment of malnutrition cases frollowing drought, locust damage, conflict and displacemnet reduces the public immunity to resist agent exposures reaching to emergency stage.

Conflict: Conflict may increases the number of population to be displaced which is followed by shortage of food, water, sanitation and congested living condition that favour outbreak occurrence

probability.

Belg rain: The belg rain is expected in belg rain benefitig areas of the country. Normal and above normal rainfall might be seen in those areas which might expose to flooding as well disesaes such as cholera and other water borne diseases.

Public health actions taken: different situation based public health actions were taken to control outbreaks happened in different regions of the country. Many stakeholders were participating to provide humanitarian response for the conflict, drought & outbreak affected population including team deployment, supply (food, non-food item including medical supply) and financial support.

Challenges:

Events and social gatherings: presence of spiritual and social events, holidays and demonstration cause high mobility and gathering of people which contributes a lot for disease transmission.

Negligence in implementing IPC recommendation: high gap/negligence in implementing infection prevention and control mechanisms advised by the health professionals.

Displacement: increase the incidence of malnutrition and favor disease transmission

Crop damage: the crop damage due to the different reasons contribute for malnutrition increment; in turn, for communicable disease occurrence and associated complication due reduced immunity

Livestock death: the death of livestock due to drought consequences affect the livelihood of population especially in pastoral community; it might also limit the capacity to get quality and timely health service

Poor data/information sharing: there is timely data/information sharing gap between different sectors as well as at different level of the same sector.

Recommendations

1. Stakeholders (Other than the community)

- Conduct risk assessment and supportive supervision to strengthen pulic health emergency early forecasting and preparedness
- Maintain and strengthen data/information sharing
- Mobilize and deploy resources to the intended area
- Provide timely public health emergency response and recovery
- Maintain IRS rate to acceptable range
- Provide ITN for malaria endemic areas
- Avoid stagnant water in malaria risky areas
- Conduct desert locust survey to risky areas
- Strengthen VPD surveillance
- Maintain high levels of vaccination rates
- Transmit awareness creation messages by available local medias in local language; leaflet, Boucher, banner, audio and video messages, etc

2. Community

COVID-19

- Fever, dry cough, Sorethroat & shortness of brith are the major manfestations
- Keep at least 2 feet or social distancing
- Respecting quarantining, ventilation of indoor spaces
- Covering mouth with soft or arm while coughing and sneezing
- Keep regular hand washing with soap, and keeping unwashed hands away from the face or use hand sanitizer
- Wear face masks or coverings in public settings

Measles

- Rash, Fever, Cough, coriza & conjuctivities are major manifestations
- Vaccinate Children
- Notify suspected cases early & take to health facility
- Isolate active measles cases

Cholera

- Rice-watery diarrhea is the main manifestation

- Keep proper hand washing with soap and water
- Avoid eating raw/cold foods
- Drink safe or boiled water or use water treatment chemical
- Supplemente ORS for symptomatic cases at home & immediately take to health facility

Chikungunya

- Fever, Joint pain some times headache, muscle pain, joint swelling, or rash are manifestations
- Protect yourself from mosquito bites by using insect repellent and wearing long-sleeved shirts and pants
- Take steps to control mosquitoes indoors and outdoors.

- Take rest and plenty of fluids

Meningococcal Meningitis

- Fever, chills, Stiff neck, Confusion, Fatigue, Vomiting, Cold hands and feet, Severe aches or pain in the muscles, joints, chest, or abdomen (belly), fast breathing, Diarrhea, In the later stages, a dark purple rash are manifestations
- Placed on droplet precautions (private room, mask for all entering the room) until they have completed 24 hours of appropriate antibiotic therapy

Table 1: New and ongoing outbreaks in Ethiopia neighboring countries and unusual Outbreaks in other WHO Afro Region.

Countries	New Event	Ongoing /unclosed events
Ethiopia	Chikungunya 17-Feb-2022 S/Meningitis 17-Feb-2022 Drought/food insecurity 17-Feb-2022	Humanitarian crises- 4-Nov-20 Poliomyelitis (cVDPV2)-24-Jun-2019 COVID-19- 13-Mar-20
Eritrea	No New Event	COVID-19 21-Mar-20
Kenya	No New Event	Leishmaniasis-31-Mar-19 COVID-19- 13-Mar-20 Poliomyelitis (cVDPV2) 5-Feb-2021
S/Sudan	No New Event	Acute Food Insecurity [18-Dec-2020] COVID-19 [5-Apr-2020] Measles [24-Nov-18] Poliomyelitis (cVDPV2) 2 22-Oct-20
Uganda	No New Event	Cholera 15-Nov-21 Anthrax 14-Feb-2022
Other Regions	Malawi -Poliomyelitis-31-Jan-22 Cameron -Monkeypox 24-Feb-22 Sierra Leone 12-Feb-21,	Lassa fever [Guinea 8-May-21, Nigeria 1-Jan-21 Zimbabwe Anthrax Ungraded 6-May-19
		Liberia 23-Jul-21, Plague DRC 12-Mar-19 Monkey Pox DRC 1-Jan-20

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**Please, adhere to recommendations released by
the health sector through different
communication channels.**

**Please call to 8335 (free
toll) to notify any
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emergency occurrence
and/or to get health
information at any time**