



Highlights of the week

Surveillance Completeness Rate: Nationally, the proportion of health facilities that reported surveillance data was 92.5% 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. 92.5%.

Malaria: A total of 94,838 febrile cases were suspected for malaria and tested either by microscopy or RDT in the week. Of these cases, 12.8% (12,137) were treated for malaria. As compared to last week, there was 14.8% (2,110 cases) decrement.

Severe Acute Malnutrition: A total of 3,694 cases with three deaths were reported with decrement of 25.3% (1254 cases) as compared to last week.

Measles: A total of 127 cases were reported and measles suspected outbreak threshold was surpassed in twenty three woredas as of the week.

Meningitis: A total of 44 suspected meningitis cases without death were reported.

Anthrax: A total of 17 suspected anthrax cases without death were reported during the week.

Rabies Exposure: A total of 109 exposure cases with two deaths were reported which was 22.5% (20 exposure cases) higher than the last week.

Maternal Death: A total of 26 maternal deaths were reported from 24 reporting sites.

Zero Reports: Zero suspected cases of 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 some woredas of Somali and Tigray Regions and no case was reported during the week.

Strengthening Public Health Emergency Management: As part of strengthening public health emergency management vaccine preventable diseases surveillance and response training was conducted in Dire Dawa City Administration.

EYE Strategy African Region Kick Off Meeting: Eliminating yellow fever epidemics strategy kick off meeting and country plan exercise for elimination was conducted in Abuja, Nigeria from April 10-12, 2018.

COP 18 Continuation Budget Application Document Preparation: Workshop on the budget application was conducted in Adama from April 16-18, 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 14 of 2018 and daily phone communication, line list reports of outbreaks for week 15 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 13 and 14, 2018, Ethiopia.

Indicators/diseases/conditions	2018		
	Week 13	Week 14	% Change
Percent of Health Facility reported	92.9%	92.5%	-0.5
Percent of Health Facility reported timely	87.1%	92.5%	6.2
Total Malaria Confirmed and Clinical	14,247	12,137	-14.8
Typhoid fever	24,838	21,658	-12.8
Epidemic Typhus	10,598	8,535	-19.5
Dysentery	6,414	6,198	-3.4
Severe Acute Malnutrition	4948	3694	-25.3
Suspected Measles	106	127	19.8
Rabies exposure	89	109	22.5
Suspected Meningitis	48	44	-8.3
Relapsing Fever	42	33	-21.4
Suspected Anthrax	22	17	-22.7
Maternal Death	30	26	-13.3
Acute Flaccid Paralysis	14	7	-50.0
Acute Watery Diarrhea	0	0	0.0
Neonatal Tetanus	2	3	50.0
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 92.5% in the week which is above the minimum requirement (80%) and all regions had achieved above the minimum requirement (Fig 1).

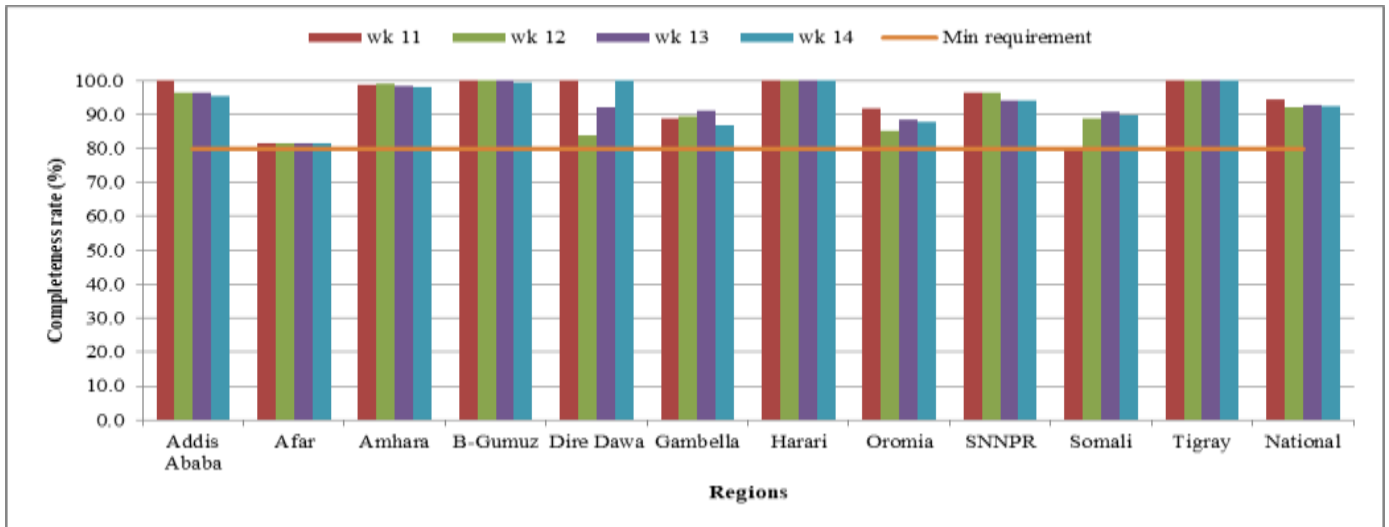


Figure 1: Surveillance data completeness rate by regions, week 11-14, 2018, Ethiopia.

B. Public Health Surveillance Reporting Timeliness Rate

During the week the national surveillance data reporting timeliness rate was 92.5% which is above the minimum requirement and all regions had achieved above the minimum requirement, 80%.

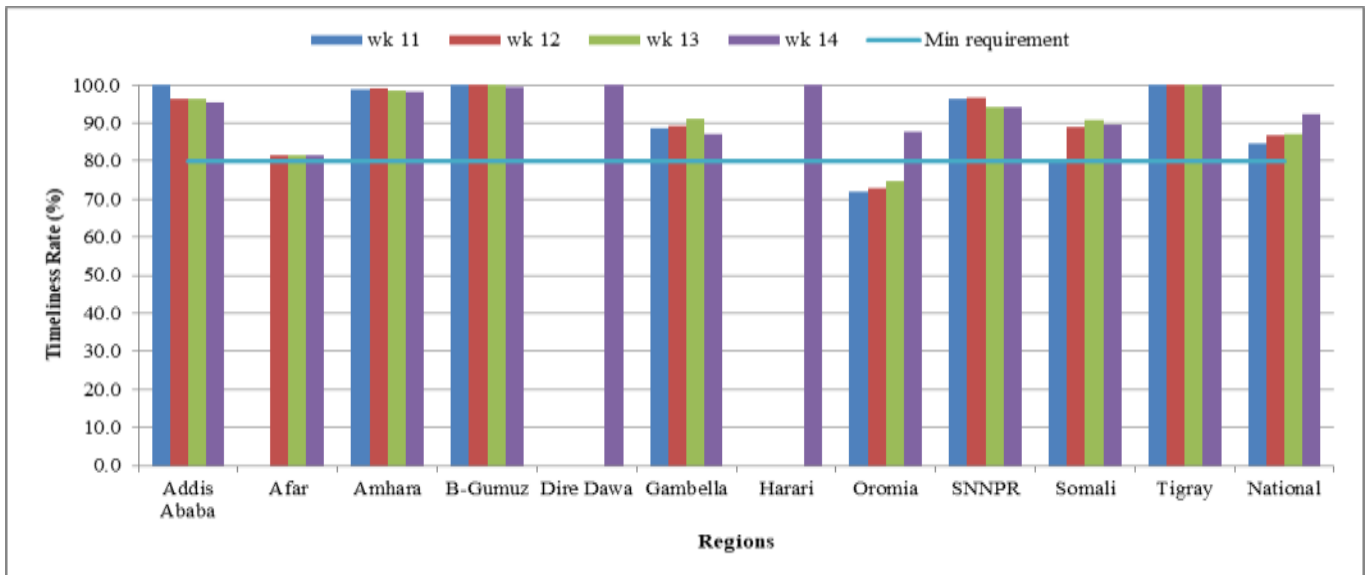


Figure 2: Surveillance data completeness rate by regions, week 11-14, 2018, Ethiopia.



IV. Diseases/Conditions under Surveillance Updates

1. Malaria

During the week a total of 94,838 health facilities visitors were suspected and examined for malaria of which 12.8% (12,137) cases were treated as malaria which was 14.8% (2,110 cases) lower than the last week. Plasmodium falciparum contributes the highest portion of the cases reported during the week, 70.8% (8,213 cases) of the cases nationally and 100.0%, 90.7% and 85.7% in Harari and Gambella Regions and Dire Dawa City Administration respectively. The number of cases reported in 2018 is still lower than the number of cases reported in the last two years.

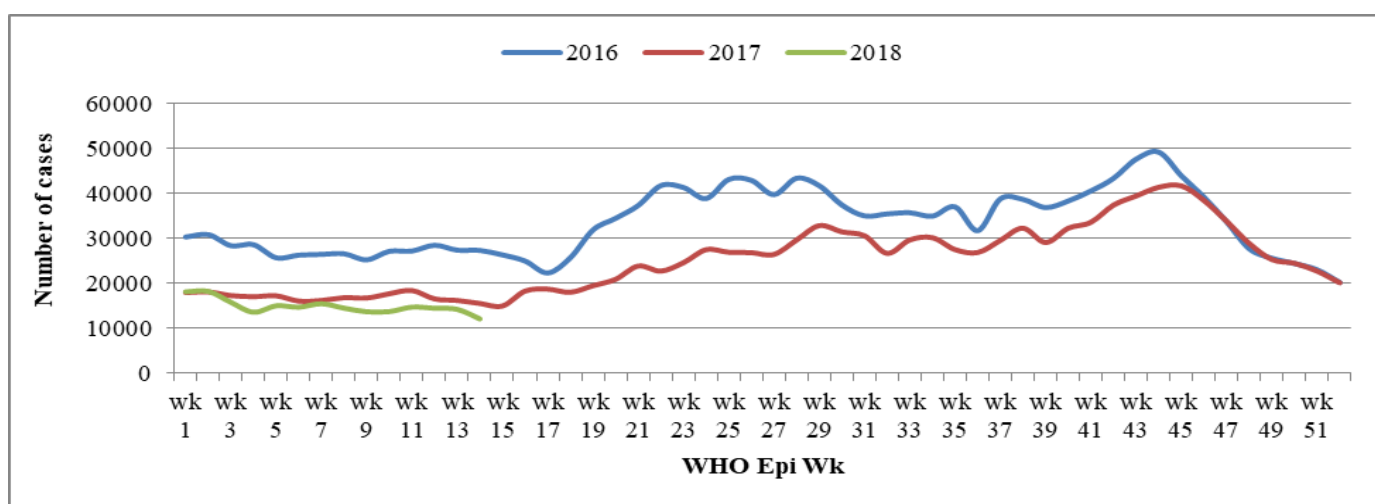


Figure 3: National malaria (clinical and laboratory confirmed) trend by week from 2016-2018, Ethiopia.

Cascading the malaria cases to regions, 23.8% (2,893 cases), 16.40% (1,985 cases) and 14.7% (1,785 cases) were reported from SNNP, Amhara and Tigray Regions respectively during the week.

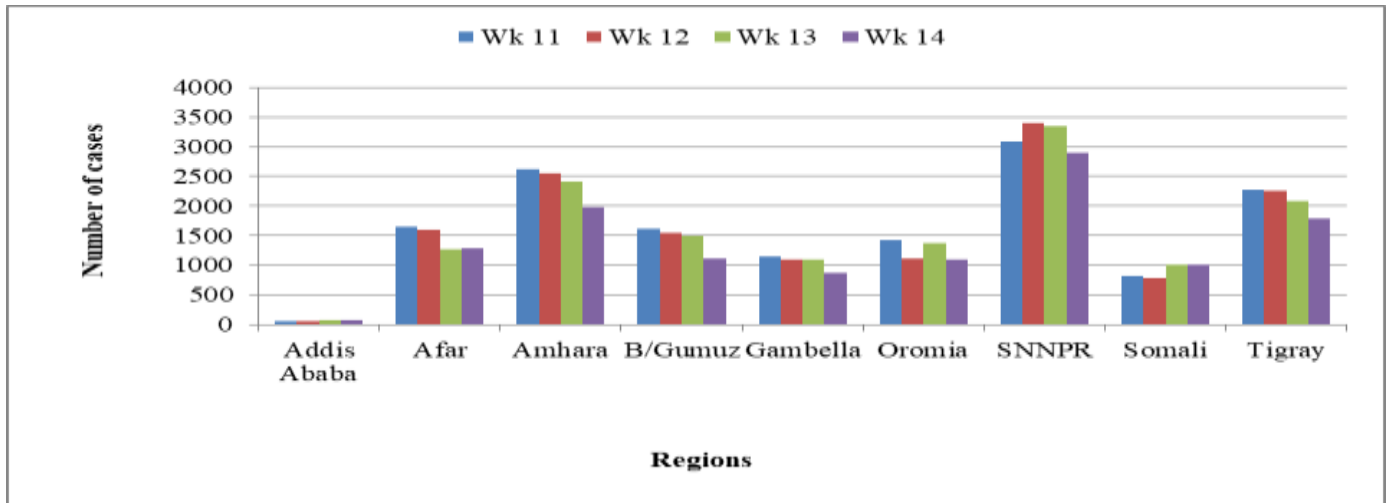


Figure 4: Regional malaria cases distribution, week 11-14, 2018, Ethiopia.

A total of 543 cases (4.5%) of malaria were treated clinically nationwide while 45.2%, 13.3% and 6.4% were treated clinically in Somali, Harari and Gambella Regions respectively. The clinically treated malaria cases during the week is slightly above the national recommendation in Somali, Harari and Gambella Regions. The nationwide malaria slide positivity rate during the week is 12.2% while 73.1%, 40.9% and 39.1% in Somali, Gambella and Afar Regions respectively.

2. Suspected Meningitis

During the week, a total of 44 suspected meningitis cases without death were reported from Oromia (21 cases), SNNP (9 cases), B-Gumuz (7 cases), Afar (3 cases), Addis Ababa (2 cases), Somali (1 case) and Tigray (1 case). The suspected cases reported during the week were higher than the suspected cases during the same week of the last two years cases.

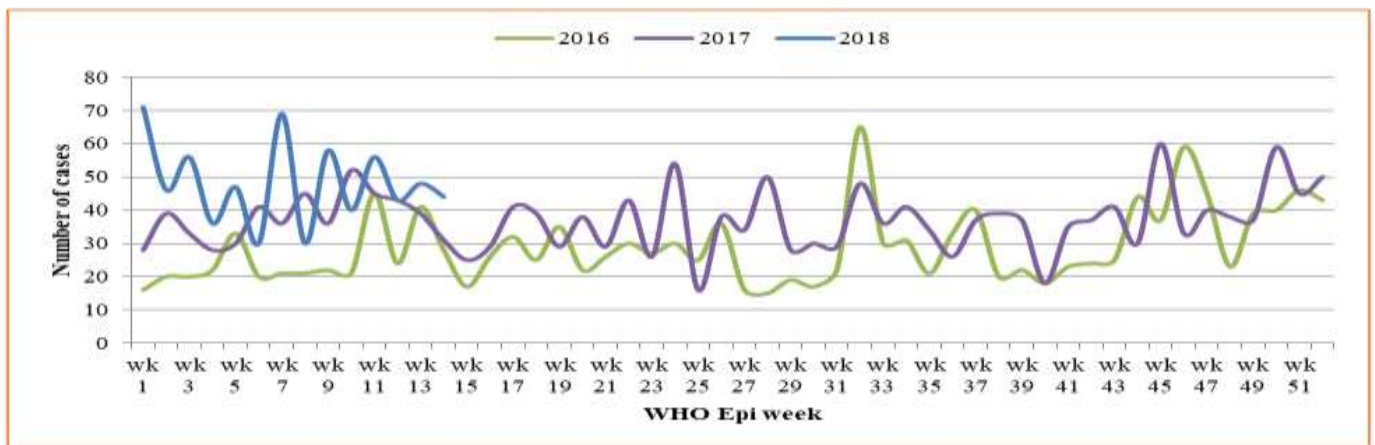


Figure 5: Trend of suspected meningitis cases over week, 2016-2018, Ethiopia.



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Table 2: Suspected meningitis cases and deaths distribution by reporting sites, week 14, 2018, Ethiopia.

Region	Zone	Reporting sites	Suspected cases	Death
Benishangul-Gumuz	Metekel	Pawe Hospital	7	0
Oromia	Guji	Adola Hospital	6	0
Oromia	west Guji	Bule Hora hospital	4	0
SNNPR	Gedeo	Dila Hospital	4	0
Oromia	Horo Gudru Wellega	Amuru	3	0
Oromia	West Hararge	Chiro Hospital	3	0
Afar	Zone 01	Dubti RHP	3	0
Oromia	East Hararge	Garemuleta Hospital	3	0
SNNPR	Bench Maji	Mizan Aman Hospital	3	0
Somali	Liben	Filtu Hospital	1	0
Oromia	West Shewa	Gojo Hospital	1	0
SNNPR	Hawassa Town	Hawassa Referral Hospital	1	0
Tigray	Western Tigray	Humera Town	1	0
Addis Ababa	Gulele	St. Paulos Hospital	1	0
Addis Ababa	Lideta	Tikur Anbesa	1	0
SNNPR	Siliti	Werabie Hospital	1	0
Oromia	Horo Gudru Wellega	Shambu Hospital	1	0
Grand Total			44	0

3. Dysentery

During the week, a total of 6,198 dysentery cases without death were reported showing 3.4% (216 cases) decrement as compared to last week. The number of cases reported during the week is lower than the same weeks of the last two years cases with a tendency to decrease.

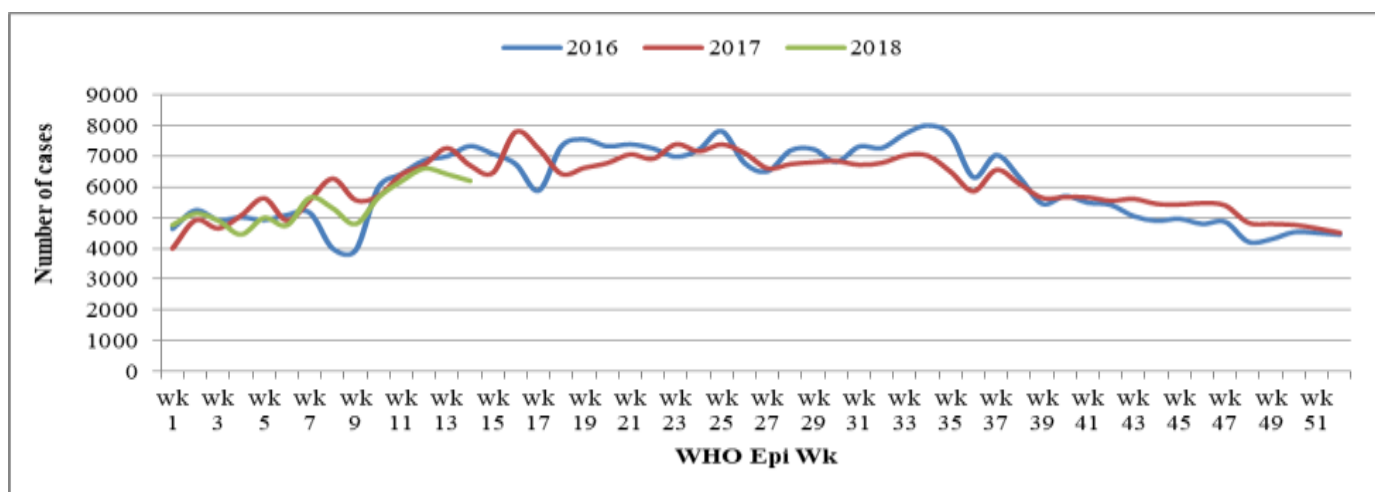


Figure 6: Dysentery cases trend by week, 2016-2018, Ethiopia.

Oromia Region reported highest number of cases (1,699 cases) followed by Amhara Region (1,429 cases) and SNNP Region (1,001 cases) during the week.

4. Typhoid Fever

During the week, a total of 21,658 cases of typhoid fever without death were reported which was 12.8% (3,180 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 2017 but higher than the 2016 cases.

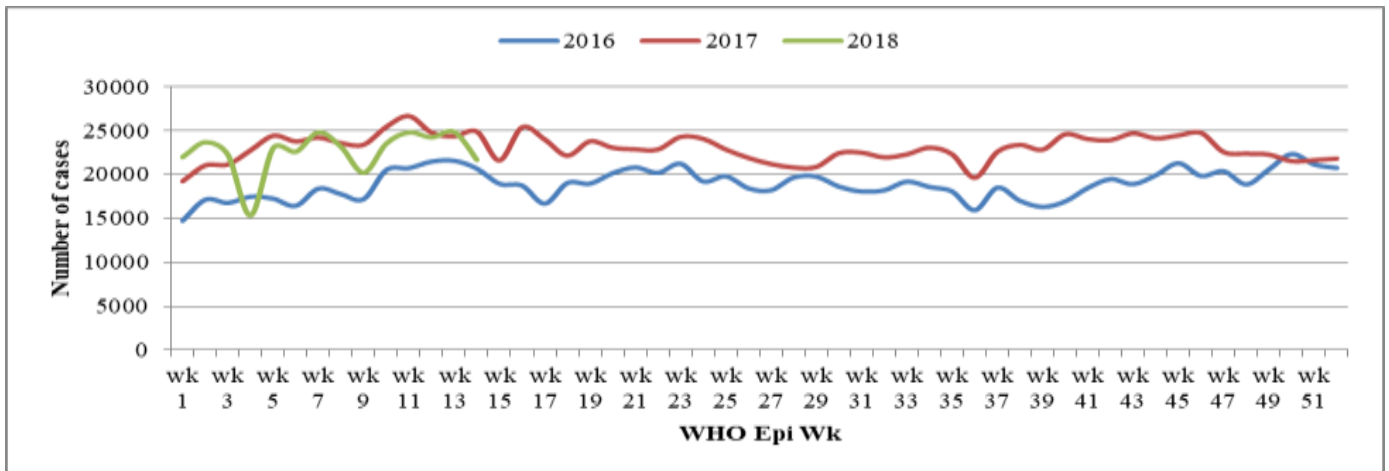


Figure 7: Typhoid fever cases trend by week, 2016-2018, Ethiopia.

SNNP Region reported highest number of cases (8,093 cases) followed by Oromia Region (5,762 cases) and Addis Ababa City Administration (3,303 cases) during the week.

5. Relapsing Fever

A total of 33 cases of relapsing fever without death were reported during the week which was 21.4% (9 cases) lower than the last week. The number of cases reported during the week is lower than the number of cases reported during the same week of the last two years.

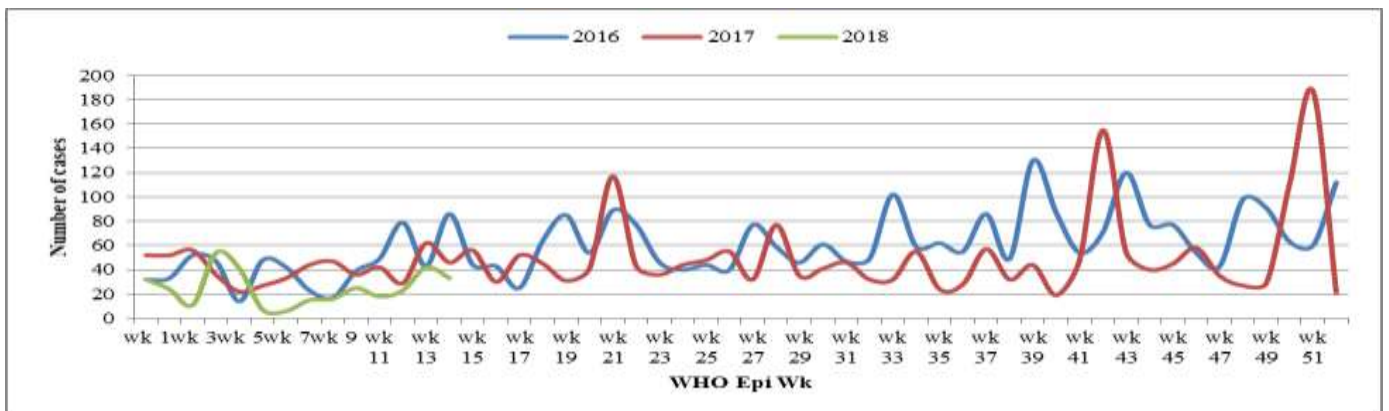


Figure 8: Relapsing fever cases trend by week, 2016-2018, Ethiopia.



Afar Region reported highest number of cases (15 cases) followed by Addis Ababa City Administration (12 cases) and Oromia Region (4 cases) during the week.

6. Epidemic Typhus

A total of 8,535 cases of epidemic typhus without death were reported during the week, which was 19.5% (2,063 cases) lower than the last week. The number of cases reported during 2018 are continued to be higher than the number of cases reported during the similar weeks of 2016 but similar to number of cases reported during the same week of 2017.

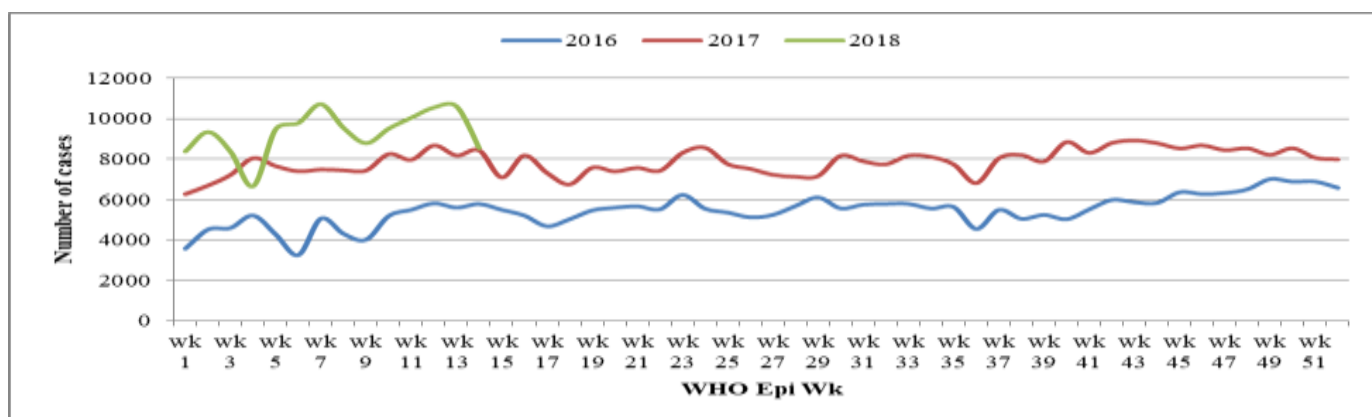


Figure 9: Epidemic typhus cases trend by week, 2016-2018, Ethiopia.

Addis Ababa City Administration reported highest number of cases (2,719 cases) followed by SNNP Region (2,491 cases) and Amhara Region (1,622 cases) during the week.

7. Severe Acute Malnutrition

During the week, a total of 3,694 cases with three deaths were reported which showed 25.3% (1,254 cases) decrement as compared to last week. The severe acute malnutrition cases reported during the week were lower than the number of cases reported during the same weeks of the last two years.

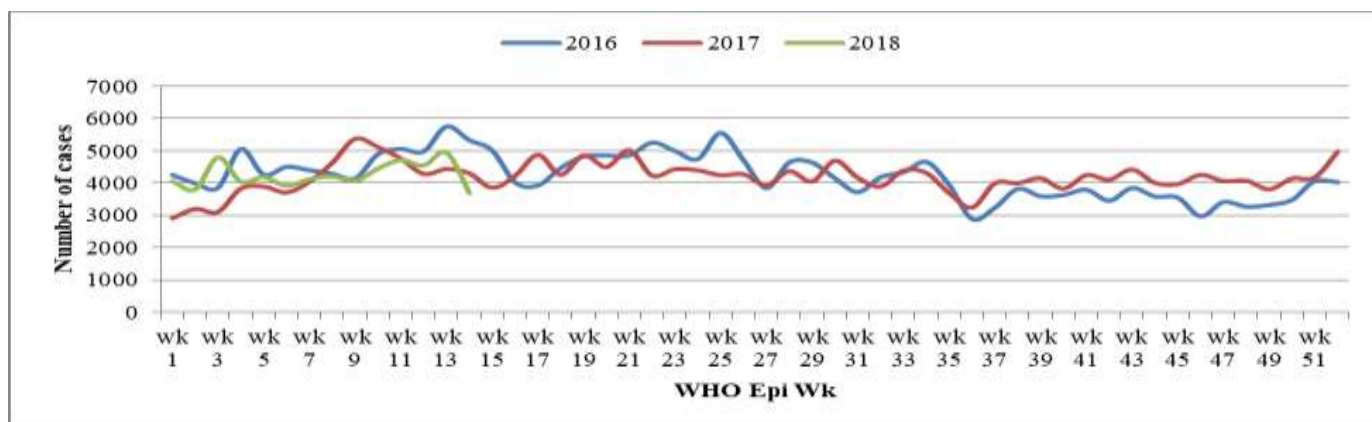


Figure 10: Severe acute malnutrition cases trend by week, 2016-2018, Ethiopia.

About 328 (8.9%) of the total reported SAM cases were treated in patient during the week nationally.

Oromia Region reported highest number of cases (1,540 cases) followed by Somali Region (935 cases) and SNNP Region (473 cases) during the week.

The top ten severe acute malnutrition leading woredas during the last one month (week 11-14) were from Oromia and Somali Regions.

Table 3: Top ten severe acute malnutrition cases reporting woredas, week 11-14, 2018, Ethiopia.

Region	Zone	Reporting sites	wk 11	wk 12	wk 13	wk 14	Grand Total
Oromia	East Hararge	Girawa	24	14	61	68	167
Somali	Shabeele	EastImey	51	56	0	62	169
Oromia	West Arsi	Siraro	78	75	89	59	301
Oromia	West Arsi	Shala	58	57	54	53	222
Oromia	East Hararge	Fedis	73	41	91	51	256
Oromia	East Hararge	Bedeno	54	34	111	50	249
Oromia	West Arsi	Shashemene Rural	74	79	87	45	285
Somali	Afder	ElKare	49	22	55	38	164
Oromia	West Hararge	Chiro Zuriya	39	14	79	31	163
Oromia	East Hararge	Midega Tole	54	41	37	29	161
Grand Total			554	433	664	486	2137

8. Scabies

During the week a total of 2,576 cases were reported which is 21.3% (563 cases) lower than the last week.

Amhara Region reported highest number of cases (890 cases) followed by Oromia Region (727 cases) and SNNP Region (667 cases) during the week.

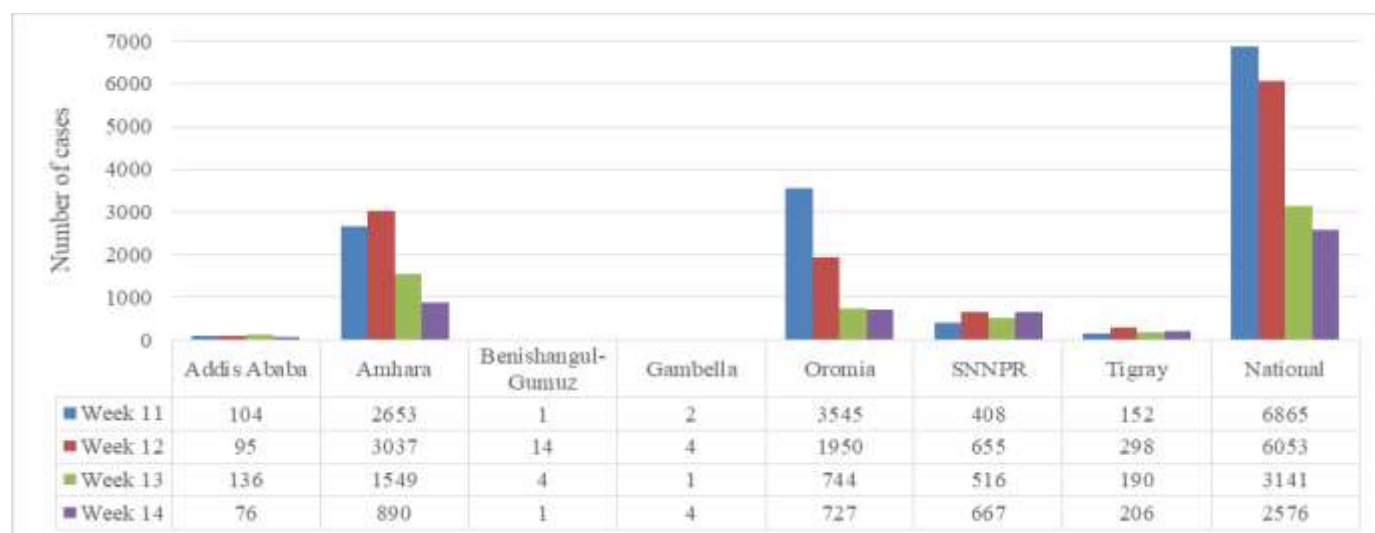


Figure 11: Scabies cases distribution and trend by Region, week 11-14, 2018, Ethiopia.



9. Acute Flaccid Paralysis (AFP)

During the week a total of seven suspected AFP cases were reported which was 50.0% (7 suspected cases) lower than the number of the suspected cases during the last week.

Table 4: Distribution of acute flaccid paralysis cases by reporting woredas, week 14, 2018, Ethiopia.

Region	Zone	Reporting sites	Suspected cases	Death
Amhara	North Shewa	Angolelana Tera	1	0
SNNPR	Kefa	Gesha	1	0
SNNPR	Kefa	Sayilem	1	0
Tigray	North Western Tigray	Shiraro Town	1	0
Oromia	Arsi	Sude	1	0
Amhara	South Wollo	Were Ilu	1	0
Somali	Sitti	Dembal	1	0
Grand Total			7	0

10. Suspected Anthrax

A total of 17 suspected anthrax cases without death were reported from Amhara and Tigray Regions during the week which is 22.7% (5 suspected cases) lower than the number of suspected cases during the last week.

Table 5: Distribution of suspected anthrax cases and deaths by woredas, week 14, 2018, Ethiopia.

Region	Zone	Reporting sites	Suspected cases	Death
Amhara	South Wollo	Sayinit	4	0
Amhara	Wag Himra	Zikwala	3	0
Tigray	Central Tigray	Abiyi Adi Town	2	0
Amhara	Wag Himra	Sehale Seyemt	2	0
Amhara	North Gondar	Tselemet	2	0
Amhara	South Gonder	Sedie Muja	2	0
Amhara	Wag Himra	Dehena	1	0
Tigray	Central Tigray	Kola Temben	1	0
Grand Total			17	0

11. Suspected Measles

During the week, a total of 127 suspected measles cases without death were reported and as compared to last week there was 19.8% (21 suspected cases) increment. Measles suspected outbreak threshold was surpassed in twenty three woredas based on the national outbreak threshold criteria (woreda that reported greater than five suspected cases over the last four weeks, 11-14 weeks).

Table 6: Woredas in which suspected measles outbreak threshold is surpassed as of week 14, 2018, Ethiopia.

Region	Zone	Reporting sites	Suspected cases				Grand total
			wk 11	wk 12	wk 13	wk 14	
Somali	Korahe	Shilabo	4	7	9	18	38
B-Gumuz	Assosa	Menge	4	4	3	11	22
Somali	Jarar	Gashamo	4	7	5	8	24
Somali	Doollo	Warder	0	5	2	7	14
Somali	Doollo	Danot	0	17	0	6	23
Somali	Doollo	Galadi	0	0	3	5	8
Somali	Korahe	Kudunbur	0	-	-	5	5
Addis Ababa	Yeka	Yeka Woreda13	12	6	2	5	25
Addis Ababa	Gulele	Gulele Woreda03	2	5	7	4	18
Addis Ababa	Bole	Bole Woreda12	0	1	1	3	5
Addis Ababa	Nefas Silk Lafto	Nefas Silk Lafto Woreda03	5	0	2	3	10
Addis Ababa	Chirkos	Kirkos Woreda06	0	2	2	2	6
Amhara	North Wollo	Bugna	7	0	4	1	12
Addis Ababa	Bole	Bole Woreda10	0	1	3	1	5
Addis Ababa	Bole	Bole Woreda14	1	3	4	1	9
Addis Ababa	Kolfe Keraniyo	Kolfe Keraniyo Woreda06	4	3	0	1	8
Somali	Faafan	Aw-Bare	0	0	5	0	5
Tigray	North Western Tigray	Laelay Adiabo	0	4	1	0	5
Oromia	Shashamane Town	Shashamane Town	0	0	5	0	5
Amhara	North Gondar	Tach Armacho	0	5	0	0	5
Somali	Shabeele	Gode Rural	0	10	0	0	10
Addis Ababa	Arada	Arada Woreda07	2	3	1	0	6
Addis Ababa	Yeka	Yeka Woreda06	3	1	2	0	6
Grand Total			48	84	61	81	274

Note: “-“ = the woreda has not reported during the week

12. Suspected Neonatal Tetanus

During the week a total of three suspected cases with deaths were reported from Teppi Woreda, Sheka Zone of SNNP Region (2 cases and deaths) and Dawa Chefa Woreda, Oromiya Zone of Amhara Region.

13. Rabies Exposure

A total of 109 exposure cases with two deaths were reported during the week which was 22.5% (20 exposure cases) higher than the last week exposure cases.



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Table 7: Distribution of suspected rabies exposure cases and deaths by reporting sites, week 14 of 2018, Ethiopia.

Region	Zone	Reporting sites	Suspected cases	Death
Benishangul-Gumuz	Assosa	Assosa Hospital	17	0
Tigray	North Western Tigray	Shire Enida Silase Town	14	0
Amhara	Gonder Town	Gonder Town	13	0
Tigray	Central Tigray	Ahiferom	12	0
Addis Ababa	Chirkos	Kirkos Woreda11	10	0
Tigray	Central Tigray	Akisum Town	5	0
Benishangul-Gumuz	Kamashi	Agalometi	4	0
Tigray	South East	Degua Tembien	4	0
Tigray	Mekele Especial Zone	South & North Mekele	4	0
Tigray	Central Tigray	Abiyi Adi Town	3	0
Tigray	Western Tigray	Humera Town	3	0
Tigray	Eastern Tigray	Wekero Town	3	0
SNNPR	Sidama	Chire HSP	2	0
Oromia	West Shewa	Gedo Hospital	2	0
Tigray	Western Tigray	Qafta Humera	2	0
SNNPR	Dawuro	Tercha Hospital	2	2
Addis Ababa	Yeka	Yeka Woreda06	2	0
Tigray	Eastern Tigray	Adi Girat Town	1	0
Oromia	Bale	Ginir Town	1	0
Tigray	Eastern Tigray	Hawzen	1	0
Addis Ababa	Chirkos	Kirkos Woreda02	1	0
Addis Ababa	Chirkos	Kirkos Woreda04	1	0
Addis Ababa	Kolfe Keraniyo	Kolfe Keraniyo Woreda04	1	0
Addis Ababa	Kolfe Keraniyo	Kolfe Keraniyo Woreda07	1	0
Grand Total			109	2

14. Maternal Death

During the week a total of 26 maternal deaths were reported from 24 reporting sites of Oromia Region (12 deaths), Amhara Region (8 deaths), SNNP Region (2 deaths), Tigray Region (2 deaths), Addis Ababa (1 death) and Gambella Region (1 death).

Table 8: Distribution of maternal deaths by reporting sites, week 14 of 2018, Ethiopia.

Region	Zone	Reporting sites	Death
Amhara	East Gojjam	Enemay	2
Oromia	Borena	Teltele	2
Amhara	East Gojjam	Bibugn	1
SNNPR	Wolayita	Bodity Town	1
Oromia	Buno Bedele	Boricha	1
Amhara	North Wollo	Bugna	1
Amhara	North Gondar	Chilga	1
Oromia	Qeleme Wellega	Dale Wabera	1
Tigray	South East	Degua Tembien	1
Amhara	East Gojjam	Dejen	1
Gambella	Agnuwak	Gambella Hospital	1
Oromia	West Shewa	Gedo Hospital	1
Oromia	West Hararge	Gelemso Hospital	1
Oromia	Bale	Ginir Town	1
Oromia	West Shewa	Guder Hosp	1
Oromia	West Hararge	Habro	1
SNNPR	Wolayita	Humbo	1
Oromia	East Hararge	Kersa	1
Oromia	West Arsi	Shala	1
Oromia	Shashamane Town	Shashamane Town	1
Addis Ababa	Lideta	Tikur Anbesa	1
Tigray	Western Tigray	Tsegede	1
Amhara	South Wollo	Were Ilu	1
Amhara	West Gojjam	North Mecha	1
Grand Total			26

15. Other Immediately Notifiable Diseases/Conditions

During the week zero suspected cases of avian human influenza, drancunculiasis, 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 some woredas of Tigray Region and Somali Region and no case was reported during the week.

Rumor collection through toll free phone, 8335 and new PHEOC E-mail, ephieoc@gmail.com in addition to daily case and death due to AWD report collection from the affected areas is maintained at the PHEOC.

V. Other Activities

1. Vaccine Preventable Diseases Surveillance and Response Training

As part of strengthening public health emergency management system vaccine preventable diseases surveillance and response training was conducted in Dire Dawa City Administration from 12-15 April 2018, training about 78 PHEM officers from Dire Dawa City Administration, Harari and East and West Hararghe Zones of Oromia Region.

2. Guinea Worm Diseases Surveillance and Response Orientation

During the vaccine preventable diseases surveillance and response training in Dire Dawa City Administration, guinea worm diseases surveillance and response half day orientation was provided to increase awareness among the PHEM officers and to achieve the eradication goal.

3. Eliminating Yellow Fever Epidemics Strategy Africa Region Kick Off Meeting

Global strategy to eliminate yellow fever known as EYE Strategy, Africa Region kick off meeting was held from April 10-12, 2018 in Abuja, Nigeria in which Ethiopia was also represented and has developed a draft country plan to eliminate yellow fever which includes three strategies: surveillance and laboratory, routine immunization and preventive mass vaccination campaign.

4. COP 18 Continuation Budget Application Document Preparation

A team from Ethiopian Public Health Institute Grant Management Unit, HIV/AIDS and TB Research Directorate and National Laboratory Capacity Building Directorate prepared continuation application in three thematic areas: Strategic information, Laboratory system and TB laboratory and project coordination. As new initiative center for Public Health Emergency Management was involved to prepare document on HIV case based surveillance in collaboration with HIV/AIDS and TB Research Directorate. A draft document has been developed by the team from April 16-18, 2018 in Adama.

5. High Level EDEP Quarterly Review Meeting

A high level EDEP quarterly review meeting based on annual review meeting recommendation was conducted in Gambella Town on April 17, 2018 in presence of Director and Deputy Director General of



Ethiopian Public Health Institute, Gambella Regional State President, Regional Health Bureau representatives from Oromia, B-Gumuz, SNNP, Gambella and Tigray, FMOH, Ministry of Water and Energy, Gambella Regional State Water Bureau, Bureau of Investment and Agnuwa Zonal Health Department and Administration discussing on the last annual review meeting recommendations status, and identifying challenges in eradicating guinea worm diseases to put way forward.

6. Joint Mission to Somali Region to Review Data on Measles Outbreak

Team from WHO, UNICEF, EPHI and RHB has conducted joint mission to Somali Region from 16-18 April of 2018 to review last years measles outbreak data in order to learn lessons and propose way forward for better emergency preparedness and response plan.

7. Mycotoxin Training

FAO and COMESA have started a collaboration on a capacity development programme that aims to facilitate risk-based harmonization of food safety regulations within in the African region. Within that context, one area that has been identified as important for COMESA is that of mycotoxin regulations and their harmonization (on the basis of science) among its member states. As such, FAO, in collaboration with COMESA, is organizing a series of trainings on assessment and management of mycotoxin risk. During the first workshop (which was held in November 2017), the participants were trained on the key principles of chemical risk assessment with an emphasis on exposure assessment. 2nd Workshop was conducted in Nairobi, Kenya from 11-12 April, 2018 in which Ethiopia was represented.

8. Weekly Epidemiological Feedback

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

Aknowledgements

Many thanks go to all regional states health bureau, zonal health departments, woreda health offices and governmental and nongovernmental health facilities for sharing to national PHEM 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 partners including US CDC, African CDC, WHO, UNICEF, PHE UK, Carter Center and MSF.



**Ethiopian Public Health Institute
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⁵ Ethiopian Public Health Institute, Grant Management Unit

⁶ Ethiopian Public Health Institute, Acting Director of National Laboratory Capacity Building Directorate