



Highlights of the week

Surveillance Completeness Rate: Nationally, the proportion of health facilities that reported surveillance data was 92.4%, which is above the minimum requirement (80%).

Surveillance Timeliness Rate: Nationwide, the proportion of health facilities that reported the surveillance data timely was below the minimum requirement, i.e. 84.3%.

Malaria: A total of 104,459 febrile cases were suspected for malaria and tested either by microscopy or RDT in the week. Of these cases, 18.9% (19,752) were treated for malaria. As compared to last week, there was 4.7% (969 cases) decrement.

Severe Acute Malnutrition: A total of 4,803 cases with two deaths were reported with decrement of 6.4% (328 cases) as compared to last week.

Measles: A total of 76 cases with no death were reported and measles suspected outbreak threshold was surpassed in twenty woredas as of the week.

Meningitis: A total of 52 suspected meningitis cases with no death were reported.

Anthrax: A total of 10 suspected anthrax cases with no death was reported during the week.

Rabies Exposure: A total of 93 exposure cases with one deaths were reported which showed 17.7% increment compared with exposures reported in the last week.

Maternal Death: A total of 22 maternal deaths were reported from 20 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: EVD outbreak in DRC was largely contained and over 21 days (one maximum incubation period) have elapsed since the last laboratory-confirmed case.

EOC Training: was conducted in Bishoftu town from July 5-7,2018.

GIS Training: was given in EPHI training center from July 13-16,2018.

PHEOC 10th Technical meeting: Conducted in EPHI training center on July 17, 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 27 of 2018 and daily phone communication, line list reports of outbreaks for week 28 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 26 and 27, 2018, Ethiopia.

Indicators/diseases/conditions	2018		
	Week 26	Week 27	% Change
Percent of Health Facility reported	93.2%	92.4%	-0.9
Percent of Health Facility reported timely	85.6%	84.3%	-1.5
Total Malaria Confirmed and Clinical	20,721	19,752	-4.7
Typhoid fever	21,691	22,035	1.6
Epidemic Typhus	9,381	10,030	6.9
Dysentery	6,650	7,608	14.4
Severe Acute Malnutrition	5131	4803	-6.4
Suspected Measles	136	76	-44.1
Rabies exposure	79	93	17.7
Suspected Meningitis	67	52	-22.4
Relapsing Fever	95	37	-61.1
Suspected Anthrax	6	10	66.7
Maternal Death	17	22	29.4
Acute Flaccid Paralysis	15	17	13.3
Acute Watery Diarrhea	56	59	5.4
Neonatal Tetanus	0	0	0.0
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 92.4% in the week and all regions had achieved above the minimum requirement, 80% (Fig 1).

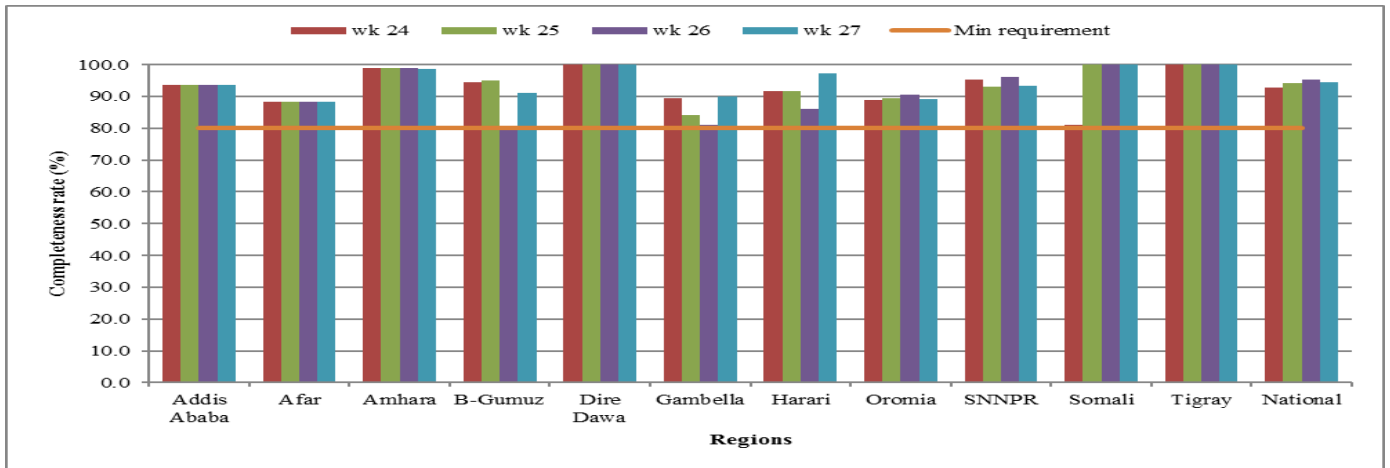


Figure 1: Surveillance data completeness rate by regions, week 24-27, 2018, Ethiopia.

B. Public Health Surveillance Reporting Timeliness Rate

During the week the national surveillance data reporting timeliness rate was 84.3% which is above the minimum requirement and all regions except Afar (0.0%), Dire Dawa (0.0%), Gambella (0.0%) and Somali (0.0%) had achieved above the minimum requirement, 80%.

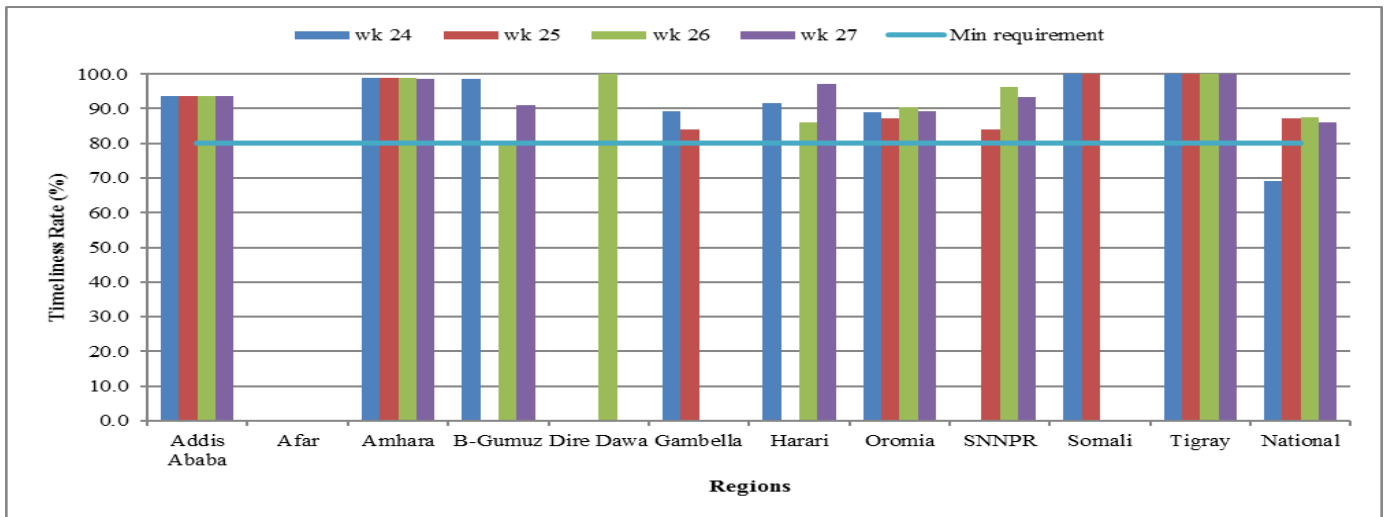


Figure 2: Surveillance data Timeliness rate by regions, week 24-27, 2018, Ethiopia.

IV. Diseases/Conditions under Surveillance Updates

1. Malaria

During the week a total of 104,459 health facilities visitors were suspected and examined for malaria of which 18.9% (19,752) cases were treated as malaria which was 4.7% (969 cases) lower than the last week. Plasmodium falciparum contributes the highest portion of the cases reported during the week, 76.8% (14,695 cases) of the cases nationally and 95.6%, 91.6% and 80.9% 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.

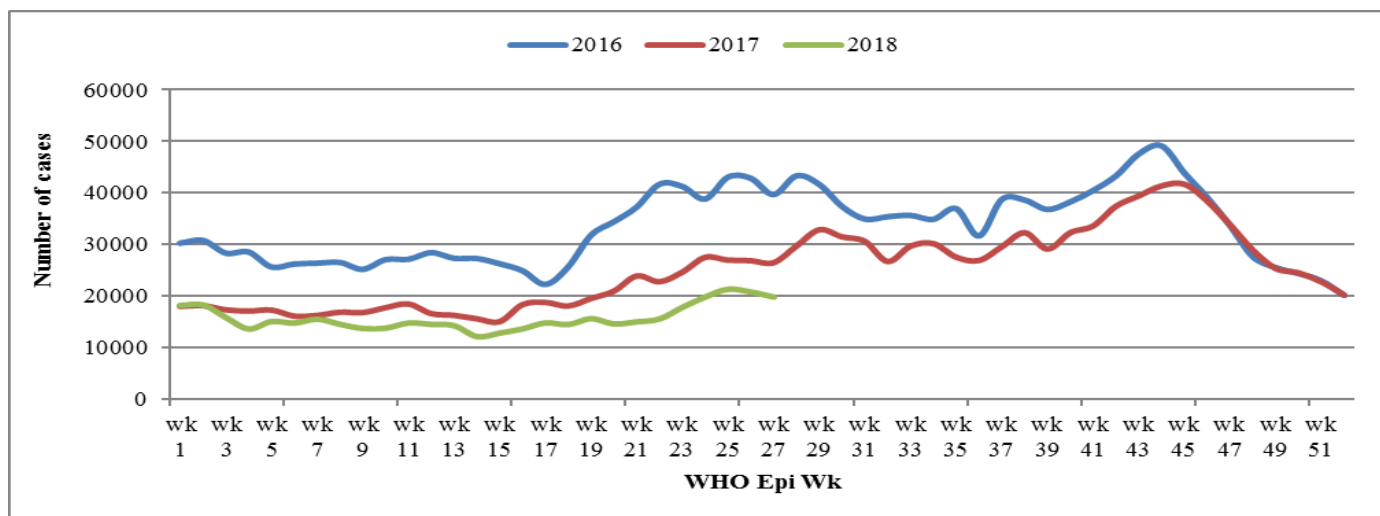


Figure 3: National malaria (clinical and laboratory confirmed) trend by week from 2016-2018, Ethiopia.

Cascading the malaria cases to regions, 24.0% (4,729 cases), 20.0% (3,952 cases) and 14.9% (2,945 cases) were reported from SNNP, Amhara and Benishangul-Gumuz regions respectively during the week.

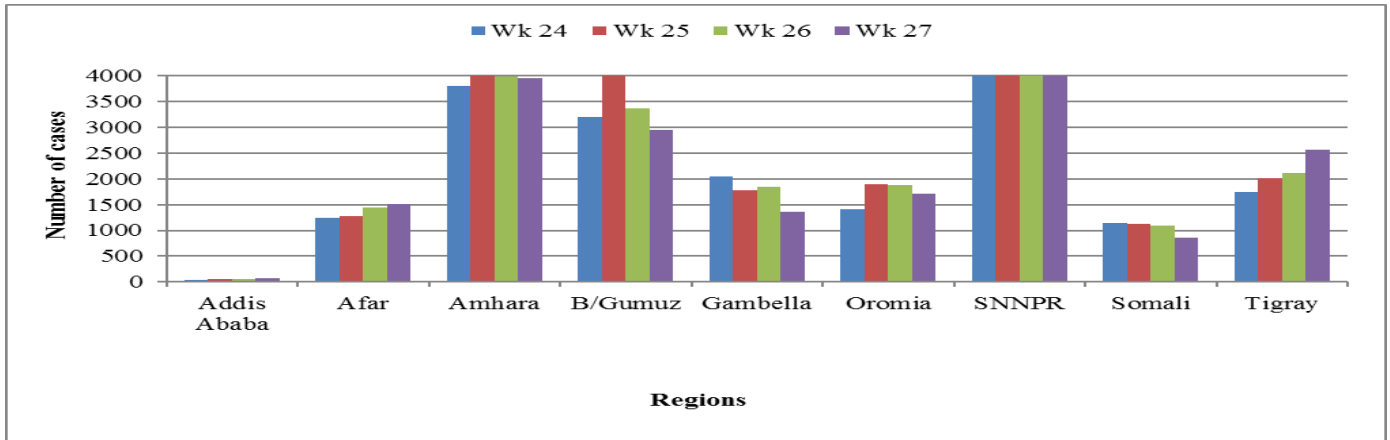


Figure 4: Regional malaria cases distribution, week 24-27, 2018, Ethiopia.

A total of 620 cases (3.1%) of malaria were treated clinically nationwide while 72.2% were treated clinically in Somali region. The national clinically treated malaria cases during the week is consistent with the national recommendation nationwide while clinically treated malaria cases in Somali is above the national recommendation.

2. Suspected Meningitis

During the week, a total of 52 suspected meningitis cases with no death were reported from Oromia (19 cases), SNNP (10 cases), Addis Ababa (10 cases), Benshangul Gumuz (5 cases), Gambella (1 case), Somali (3 cases), Tigray (2 cases), Afar (1 case) and Amhara (1 case). The suspected cases reported during the week were higher than the suspected cases during the same week of the last year cases.

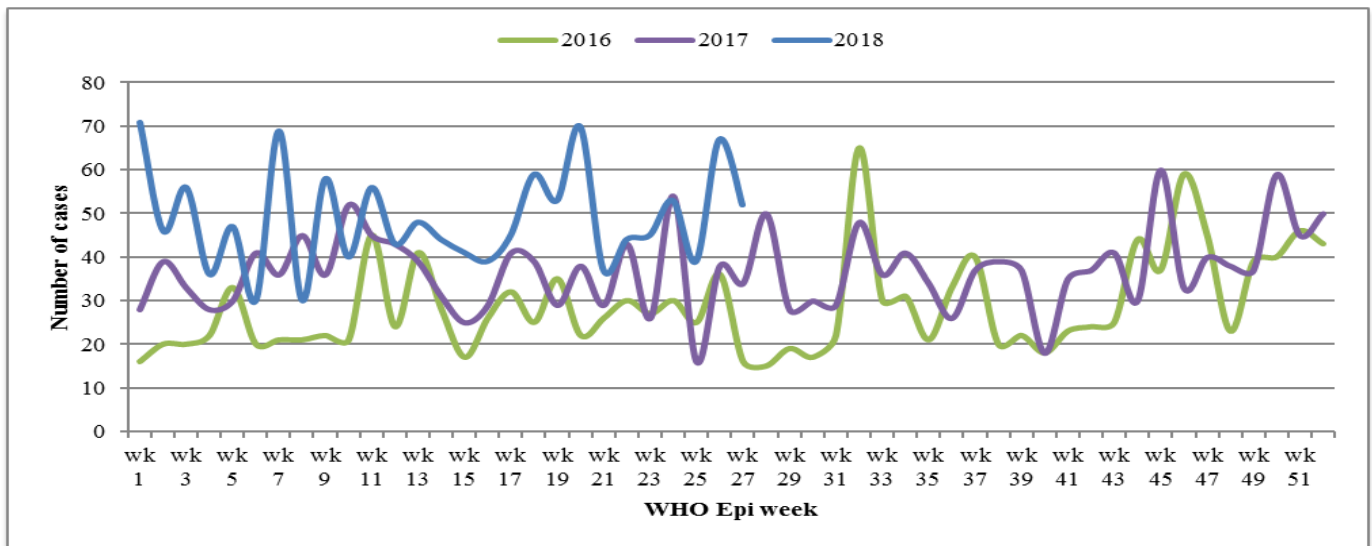


Figure 5: Trend of suspected meningitis cases over week, 2016-2018, Ethiopia.



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Table 2: Suspected meningitis cases and deaths distribution by reporting sites, week 27, 2018, Ethiopia.

Region	Zone	Reporting sites	Suspected Cases	Death
Benishangul-Gumuz	Metekel	Pawe Hospital	5	0
Addis Ababa	Gulele	St. Paulos Hospital	5	0
Addis Ababa	Kolfe Keraniyo	ALERT Hospital	3	0
SNNPR	Halaba	Halaba Hospital	3	0
Oromia	Guji	Adola Hospital	2	0
Oromia	Arsi	Bekoji Town	2	0
Oromia	Guji	Bore Hospital	2	0
SNNPR	Gedeo	Dila Hospital	2	0
Oromia	West Hararge	Gelemso Hospital	2	0
Oromia	West Shewa	Gindeberet Hospital	2	0
Oromia	Bale	Ginir Town	2	0
Oromia	Arsi	Merti	2	0
Tigray	Western Tigray	Tsegede	2	0
Amhara	North Gondar	Chilga	1	0
Oromia	Qeleme Wellega	Dambi Dolo Hospital	1	0
Somali	Liben	Dolo Odo	1	0
Afar	Zone 01	Dubti RHP	1	0
Oromia	West Wellega	Gimbi public Hospital	1	0
Somali	SHABEELE	Gode Hospital	1	0
Oromia	West Shewa	Gojo Hospital	1	0
SNNPR	South Omo	Hamer	1	0
SNNPR	Hawassa Town	Hawassa Referral Hospital	1	0
Somali	FAAFAN	Karamara Hospital	1	0
Addis Ababa	Lideta	Lideta Woreda09	1	0
SNNPR	Bench Maji	Mizan Aman Hospital	1	0
Oromia	Jimma	Omo Nada Hospital	1	0
Oromia	Jimma	Setema Hospital	1	0
SNNPR	Siliti	Silite	1	0
SNNPR	Wolayita	Sodo Hospital	1	0
Addis Ababa	Lideta	Tikur Anbesa	1	0
Grand Total			51	0

3. Dysentery

During the week, a total of 7,608 dysentery cases without death were reported showing 14.4% (958 cases) increment as compared to last week. The number of cases reported during the week is higher than the number of cases reported during the same week of the 2017.

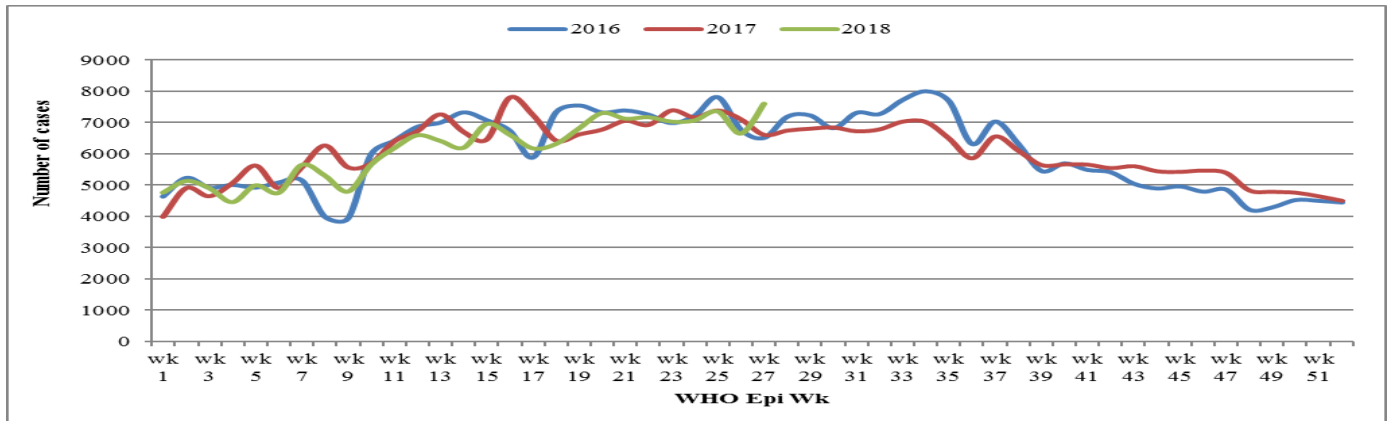


Figure 6: Dysentery cases trend by week, 2016-2018, Ethiopia.

Oromia region reported highest number of cases (2,766 cases) followed by Amhara (2,084 cases) and Tigray regions (801 cases) during the week.

4. Typhoid Fever

During the week, a total of 22,035 cases of typhoid fever without death were reported which was 1.6% (344 cases) higher than the last week. The typhoid fever cases reported during the week is higher than the number of cases reported during the same week of the last year.

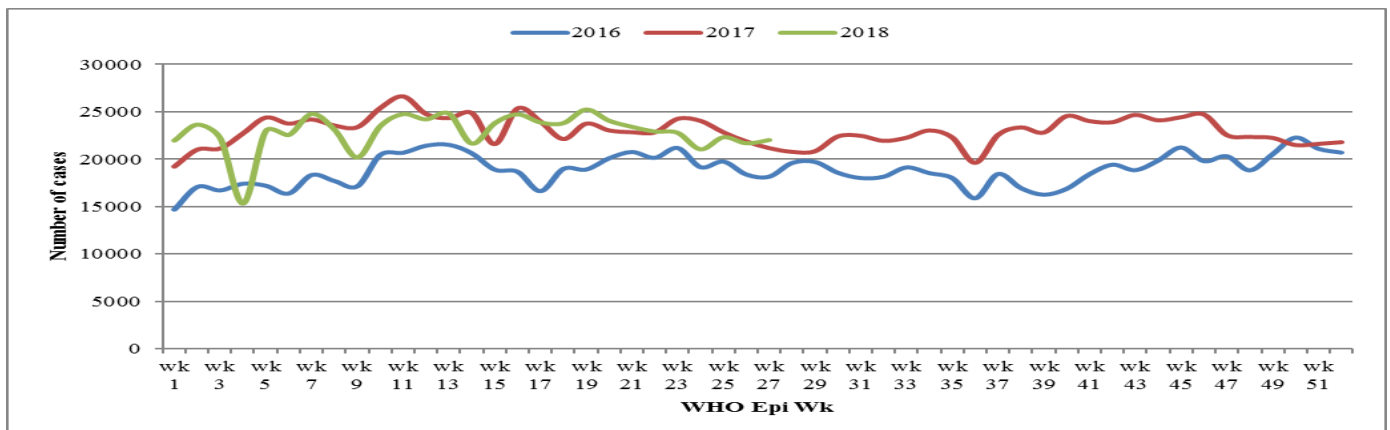


Figure 7: Typhoid fever cases trend by week, 2016-2018, Ethiopia.

SNNP region reported highest number of cases (7,421 cases) followed by Oromia (6,525 cases) and Addis Ababa city administration (3,407 cases) during the week.

5. Relapsing Fever

A total of 37 cases of relapsing fever without death were reported during the week which showed 61.1% (58 cases) decrement 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.

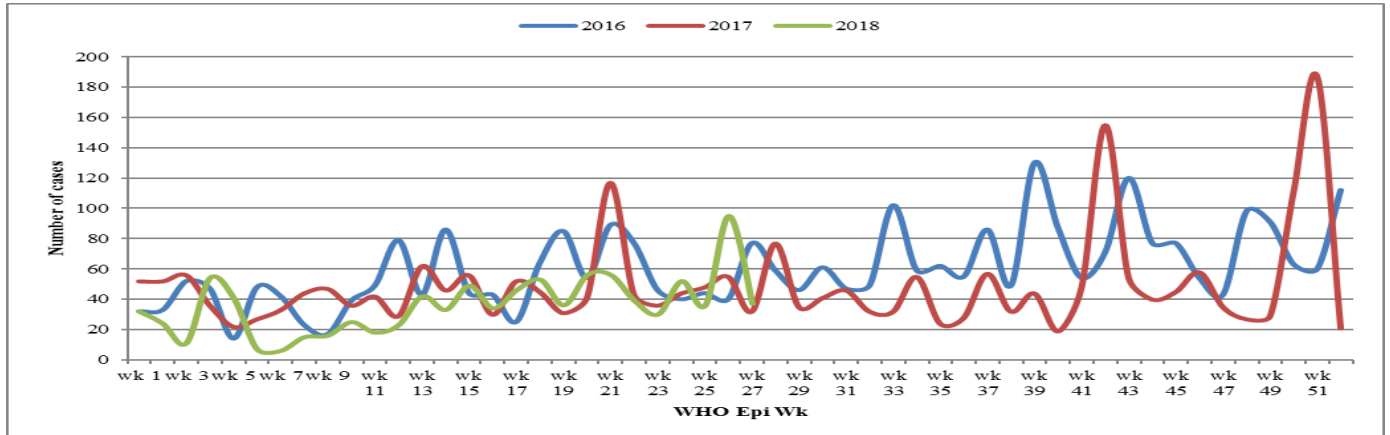


Figure 8: Relapsing fever cases trend by week, 2016-2018, Ethiopia.

Addis Ababa City Administration (20 cases) reported highest number of cases followed by Afar region (15 cases) during the week.

6. Epidemic Typhus

A total of 10,030 cases of epidemic typhus without death were reported during the week, which was 6.9% (649 cases) higher 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.

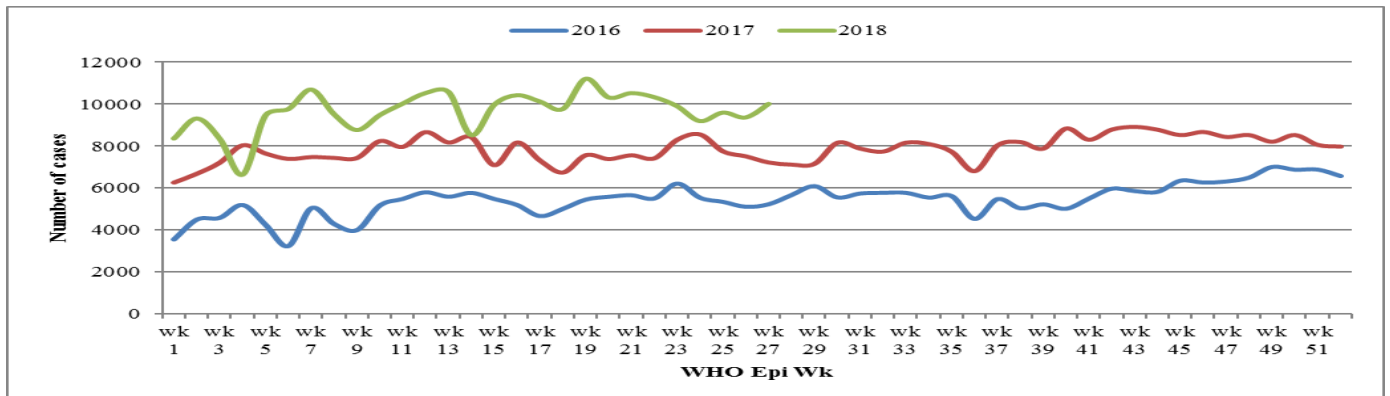


Figure 9: Epidemic typhus cases trend by week, 2016-2018, Ethiopia.

Addis Ababa City Administration reported highest number of cases (3,158 cases) followed by SNNP region (2,983 cases) and Amhara region (1,749 cases).

7. Severe Acute Malnutrition

During the week, a total of 4,803 cases with two deaths were reported which showed 6.4% (328 cases) decrement 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.

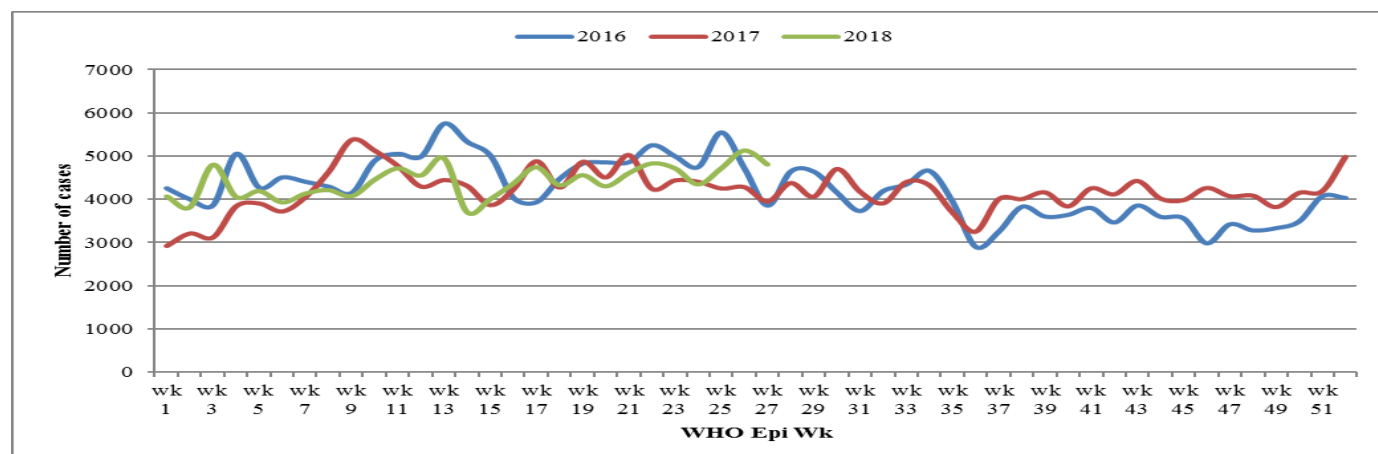


Figure 10: Severe acute malnutrition cases trend by week, 2016-2018, Ethiopia.

About 746 (15.5%) of the total reported SAM cases were treated in patient during the week nationally. Oromia region reported highest number of cases (2,121 cases) followed by SNNP (915 cases) and Somali regions (877 cases) during the week.

The top ten severe acute malnutrition leading woredas during the last one month (week 24-27) were from Oromia, Afar and SNNP.

Table 3: Top ten severe acute malnutrition cases reporting sites, week 24-27, 2018, Ethiopia.

Region	Zone	Reporting sites	Cases				Grand Total
			Wk 24	Wk 25	Wk 26	Wk 27	
Oromia	West Hararge	Habro	17	59	69	83	228
Oromia	East Hararge	Gursum	42	36	71	81	230
Oromia	West Hararge	Oda Bultum	36	47	71	68	222
Oromia	East Hararge	Girawa	70	100	53	64	287
SNNPR	Gedeo	Kochore	20	46	84	56	206
Oromia	East Hararge	Bedeno	73	50	50	53	226
Afar	Zone 02	Dalol	55	55	101	51	262
Oromia	West Arsi	Siraro	68	41	74	50	233
Oromia	East Hararge	Fedis	44	53	103	46	246
Oromia	East Hararge	Haromaya Rural	53	119	30	32	234
Somali	Fafan		4	10	9	24	47
Grand Total			478	606	706	584	2374

8. Scabies

During the week a total of 17,250 cases were reported which is 81.2 % (14,009 cases) higher than the last week. Amhara region (14,473 cases) reported highest number of cases followed by SNNP (1,278 cases) and Oromia (1008 cases) regions.

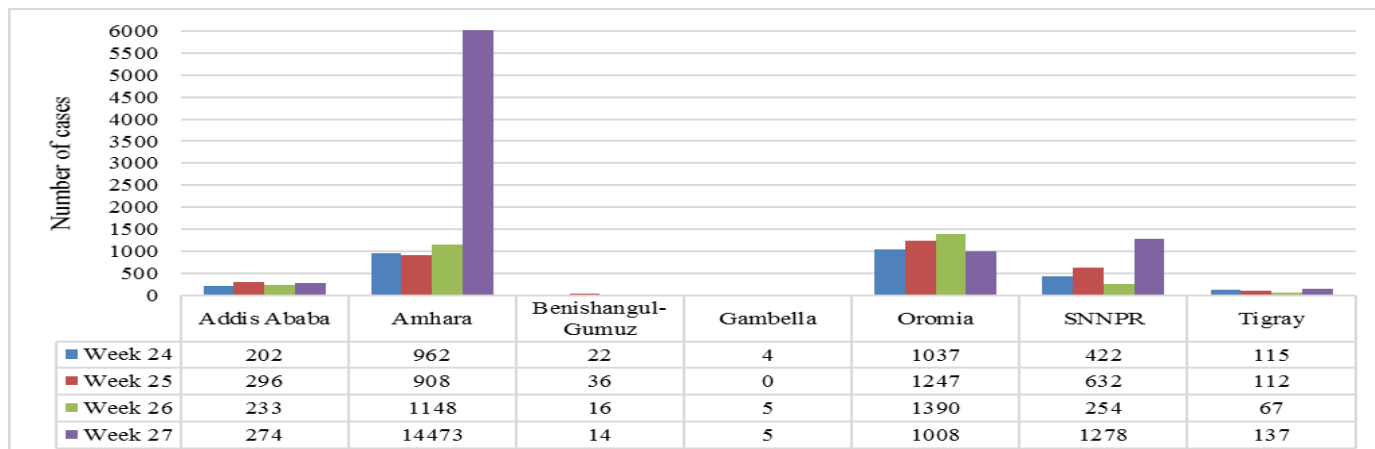


Figure 11: Scabies cases distribution and trend by Region, week 24-27, 2018, Ethiopia.

9. Acute Flaccid Paralysis (AFP)

During the week a total of 17 suspected AFP cases were reported which showed 13.3 % (2 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 27, 2018, Ethiopia.

Region	Zone	Reporting sites	Suspected Cases	Death
Somali	Korahe	Dobowayn	2	0
Tigray	Mekele Especial Zone	South & North Mekele	2	0
Oromia	Guji	Anna Sora	1	0
SNNPR	Gamo Gofa	Boreda	1	0
Amhara	South Wollo	Borena	1	0
Oromia	West Arsi	Gambo Hospital	1	0
Oromia	West Hararge	Gelemso Hospital	1	0
Oromia	Guji	Hambela Wamena	1	0
Oromia	Horo Gudru Wellega	Jima Geneti	1	0
Oromia	Bale	Legehida	1	0
Somali	Korahe	Shilabo	1	0
Amhara	North Wollo	Wadla	1	0
Somali	Doollo	Warder	1	0
Addis Ababa	Arada	Yekatit 12 Hospital	1	0
SNNPR	Gedeo	Yirgachefe	1	0
Grand Total			17	0

10. Suspected Anthrax

A total of 10 suspected anthrax cases with no death was reported from Amhara region during the week which was 66.7% (4 cases) greater than the number of cases reported during the last week.

Table 5: Distribution of suspected anthrax cases and deaths by woredas, week 27, 2018, Ethiopia.

Region	Zone	Reporting sites	Cases	Death
Amhara	Wag Himra	Sehale Seyemt	4	0
Amhara	South Wollo	Sayinit	2	0
Amhara	Wag Himra	Zikwala	2	0
Amhara	Wag Himra	Abergele	1	0
Amhara	East Gojjam	Motta Hospital	1	0
Grand Total			10	0

11. Suspected Measles

During the week, a total of 76 suspected measles cases with no death were reported and as compared to last week there was 44.1% (60 suspected cases) decrement. Measles suspected outbreak threshold was surpassed in twenty woredas based on the national outbreak threshold criteria (woreda that reported greater than five suspected cases over the last four weeks, 21-24 weeks).



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Table 6: Woredas in which suspected measles outbreak threshold is surpassed as of week 27, 2018, Ethiopia.

Region	Zone	Reporting sites	Suspected cases				Grand total
			wk 24	wk 25	wk 26	wk 27	
Somali	Jarar	Daror	1	2	12	6	21
Oromia	Woliso town	Woliso Town	10	5	3	4	22
Addis Ababa	Yeka	Yeka Woreda13	5	5	2	3	15
Addis Ababa	Bole	Bole Woreda03	1	4	4	2	11
Addis Ababa	Bole	Bole Woreda10	2	4	4	2	12
Oromia	Jimma Spe Town	Jimma Spe Town	1	0	2	2	5
Addis Ababa	Chirkos	Kirkos Woreda08	2	0	2	2	6
Oromia	Nekemte Town	Nekemte Town	0	1	2	2	5
Oromia	South West Shewa	St.Luke Hospital	1	0	4	2	7
Somali	Jarar	Gashamo	8	5	0	1	14
Addis Ababa	Gulele	Gulele Woreda03	3	0	3	1	7
Addis Ababa	Chirkos	Kirkos Woreda04	2	3	0	1	6
Amhara	South Wollo	Sayinit	13	12	6	1	32
Oromia	Burayu Town	Burayu Town	1	1	3	0	5
Oromia	West Hararge	Chiro Zuriya	0	0	17	0	17
Amhara	North Gondar	Debark Zuria	0	5	8	0	13
Amhara	East Gojjam	Dejen	1	2	3	0	6
Amhara	Gonder Town	Gonder Town	1	3	1	0	5
Addis Ababa	Nefas Silk Lafto	Nefas Silk Lafto Woreda03	4	2	2	0	8
Addis Ababa	Yeka	Yeka Woreda12	0	4	2	0	6
Grand Total			56	58	80	29	223

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

12. Rabies Exposure

A total of 93 exposure cases with one death were reported during the week which has 17.7 % (14 cases) increment compared with the last week exposure cases.

Table 7: Distribution of suspected rabies exposure cases and deaths by reporting sites, week 27 of 2018, Ethiopia.

Region	Zone	Reporting sites	Suspected Exposure Cases	Deaths
Tigray	Central Tigray	Ahiferom	21	0
Benishangul-Gumuz	Metekel	Dangur	10	1
Tigray	Eastern Tigray	Adi Girat Town	9	0
Tigray	Central Tigray	Akisum Town	7	0
Tigray	South East	Hintalo Wajirat	7	0
Addis Ababa	Chirkos	Kirkos Woreda11	7	0
Tigray	Western Tigray	Humera Town	4	0
Tigray	Mekele Especial Zone	South & North Mekele	4	0
Tigray	South Tigray	Alamata Town	3	0
Tigray	South Tigray	Korem Town	3	0
Benishangul-Gumuz	Assosa	Assosa Hospital	2	0
Oromia	East Wellega	Jimma Arjo	2	0
Addis Ababa	Kolfe Keraniyo	Kolfe Keraniyo Woreda04	2	0
Addis Ababa	Kolfe Keraniyo	Kolfe Keraniyo Woreda09	2	0
Amhara	Wag Himra	Abergele	1	0
Oromia	West Wellega	Ayira Hospital	1	0
Oromia	Bale	Ginir Town	1	0
Addis Ababa	Chirkos	Kirkos Woreda04	1	0
Addis Ababa	Lideta	Lideta Woreda09	1	0
Addis Ababa	Lideta	Lideta Woreda10	1	0
Tigray	South Tigray	Maychew Town	1	0
Tigray	Eastern Tigray	Wekero Town	1	0
SNNPR	Siliti	West Azernet Berbere	1	0
Oromia	Borena	Yabelo Rural	1	0
Grand Total			93	1



13. Maternal Death

During the week a total of 22 maternal deaths were reported from 20 reporting sites of Oromia (8 deaths), Amhara (6 Deaths), Addis Ababa (2 deaths), Benishangul-Gumuz (2 deaths), Tigray (3 deaths), and Direedawa (1 death) regions.

Table 8: Distribution of maternal deaths by reporting sites, week 27 of 2018, Ethiopia.

Region	Zone	Reporting site	Death
Oromia	Bishoftu Town	Bishoftu Town	3
Amhara	Wag Himra	Abergele	1
Amhara	North Shewa	Ataye Hospital	1
Amhara	East Gojjam	Bibugn	1
Oromia	West Hararge	Chiro Hospital	1
Benishangul-Gumuz	Metekel	Dangur	1
Oromia	North Shewa	Dera hospital	1
Oromia	west Guji	Dugda Dawa	1
Tigray	Eastern Tigray	Ganta Afeshum	1
Amhara	West Gojjam	Gonji Kolela	1
Tigray	Central Tigray	Kola Temben	1
Addis Ababa	Kolfe Keraniyo	Kolfe Keraniyo Woreda12	1
Benishangul-Gumuz	Metekel	Pawe Hospital	1
Diredawa	Diredawa	Dilchora Hospital	1
Oromia	Arsi	Robe	1
Amhara	South Gonder	Sedie Muja	1
Oromia	Finfine Zuria	Sululta Town	1
Oromia	Sululta Town	Sululta Town	1
Addis Ababa	Akaki Kaliti	Tirunesh Bejing Hospital	1
Tigray	North Western Tigray	Tselemt	1
Amhara	West Gojjam	Yilmana Densa	1
Grand Total			22

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 as well as Afambo, 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 15: can be accessed from <http://www.who.int/ebola/situation-reports/drc-2018/en/>

VI. Other Activities

1. Emergency Operation Center Training

Ethiopian Public Health Institute center for Public Health Emergency Management has provided Emergency Operation Center training for 26 participants from all regions in Bishoftu town from July 5-7, 2018.

2. GIS Training

Ethiopian Public Health Institute center for Public Health Emergency Management together with UNICEF provided GIS training for 51 PHEM staffs and Field Epidemiology Training Program residents in Addis Ababa, EPHI training center from July 13-16.

3. Public Health Emergency Operation Center 10th Technical meeting

Ethiopian Public Health Institute emergency operation center conducted PHEOC 10th Technical meeting in EPHI training center on July 17th, 2018. Stakeholders from CDC, WHO, MSF, FMOH, AARHB, PFSA, PHE UK, EFMHACA, UNICEF, IRC, INSA and Ministry of Defense had participated.

4. Weekly Epidemiological Feedback

Weekly epidemiological surveillance data feedback was 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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