



Highlights of the week

Surveillance Completeness Rate: Nationally, the proportion of health facilities that reported surveillance data was 91.8 %, 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. 85.3%.

Malaria: A total of 107,883 febrile cases with one death were suspected for malaria and tested either by microscopy or RDT in the week. Of these cases 19.2% (20,686) were treated for malaria. As compared to last week, there was 20.1% (3,469 cases) increment.

Severe Acute Malnutrition: A total of 4,622 cases with three deaths were reported with decrement of 5.2% (256 cases) as compared to last week.

Measles: A total of 67 cases with no death were reported and measles suspected outbreak threshold was surpassed in twenty-two woredas as of the week.

Meningitis: A total of 25 suspected meningitis cases without death were reported.

Anthrax: A total of 3 suspected anthrax cases with no death were reported during the week.

Rabies Exposure: A total of 87 exposure cases with no death were reported which showed 1.1% decrement compared with exposures reported in the last week.

Maternal Death: A total of 23 maternal deaths were reported from 20 reporting sites.

Influenza Sentinel Surveillance: a total of 18 patients complaining of ILI or SARI were reported and three were reported positive for Influenza.

Neonatal Tetanus: A single case of NNT was reported from SNNP region.

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 Tigray and Afar regions.

Global Situation: New Ebola outbreak has occurred in DRC, North Kivu province, after the Ministry of Health declared the official end of an Ebola outbreak in Equateur Province.

PHEOC 12th Technical meeting: Conducted in EPHI training center on July 31, 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 29 of 2018 and daily phone communication, line list reports of outbreaks for week 30 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 28 and 29, 2018, Ethiopia.

Indicators/diseases/conditions	2018		
	Week 28	Week 29	% Change
Percent of Health Facility reported	88.6%	91.8%	3.7
Percent of Health Facility reported timely	82.8%	85.3%	3.0
Total Malaria Confirmed and Clinical	17,217	20,686	20.1
Typhoid fever	21,037	23,148	10.0
Epidemic Typhus	9,499	10,759	13.3
Dysentery	6,284	6,510	3.6
Severe Acute Malnutrition	4878	4622	-5.2
Suspected Measles	91	67	-26.4
Rabies exposure	88	87	-1.1
Suspected Meningitis	39	25	-35.9
Relapsing Fever	29	43	48.3
Suspected Anthrax	7	3	-57.1
Maternal Death	23	23	0.0
Acute Flaccid Paralysis	7	13	85.7
Acute Watery Diarrhea	55	53	-3.6
Neonatal Tetanus	0	1	0.0
Avian Human Influenza	0	0	0.0
Polio	0	0	0.0
Dracunculiasis/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 91.8% in the week which is above the minimum requirement and all regions except Somali region (72.5%) had achieved above the minimum requirement, 80%. (Fig 1).

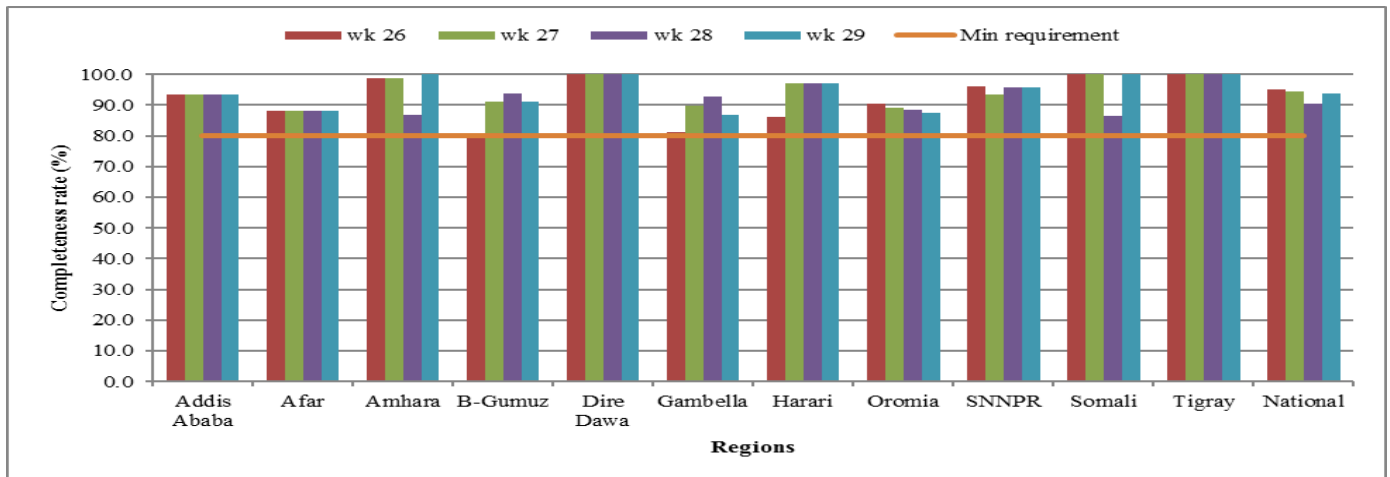


Figure 1: Surveillance data completeness rate by regions, week 26-29, 2018, Ethiopia.

B. Public Health Surveillance Reporting Timeliness Rate

During the week the national surveillance data reporting timeliness rate was 85.3% which is above the minimum requirement and all regions except Afar (0.0%), Dire Dawa (0.0%) and Somali (0.0%) had achieved above the minimum requirement, 80%.

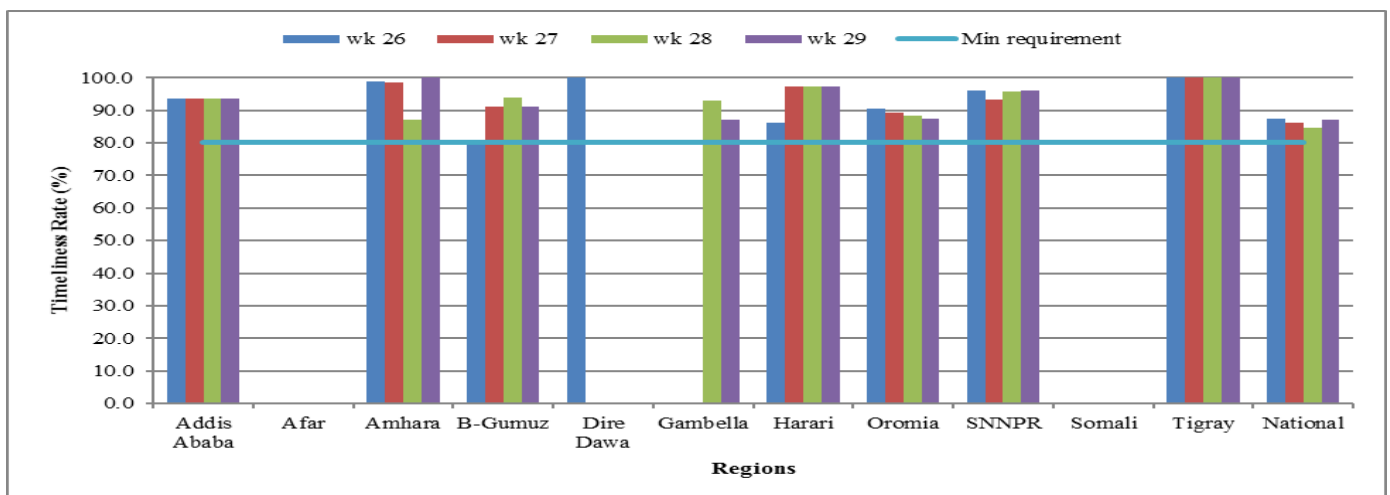


Figure 2: Surveillance data Timeliness rate by regions, week 26-29, 2018, Ethiopia.

IV. Diseases/Conditions under Surveillance Updates

1. Malaria

During the week a total of 107,883 health facilities visitors were suspected and examined for malaria of which 19.2% (20,686 cases) were treated as malaria which was 20.1% (3,469 cases) higher than the last week. Plasmodium falciparum contributes the highest portion of the cases reported during the week, 76.5% (14,829 cases) of the cases nationally and 94.5%, 90.5% and 86.4% in Gambella, Benishangul-Gumuz and Somali regions respectively. The number of cases reported in 2018 is still lower than the number of cases reported in the last two years. One death was reported from Benishangul Gumuz region.

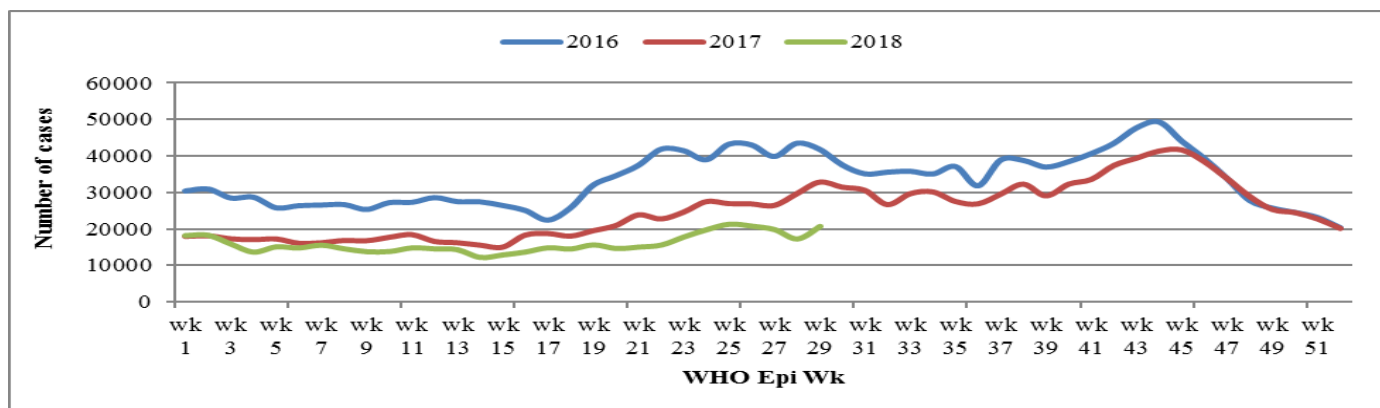


Figure 3: National malaria (clinical and laboratory confirmed) trend by week from 2016-2018, Ethiopia.

Cascading the malaria cases to regions, 25.9% (5,350 cases), 19.2% (3,966 cases) and 13.5% (2,794 cases) were reported from SNNPR, Amhara and Tigray regions respectively during the week.

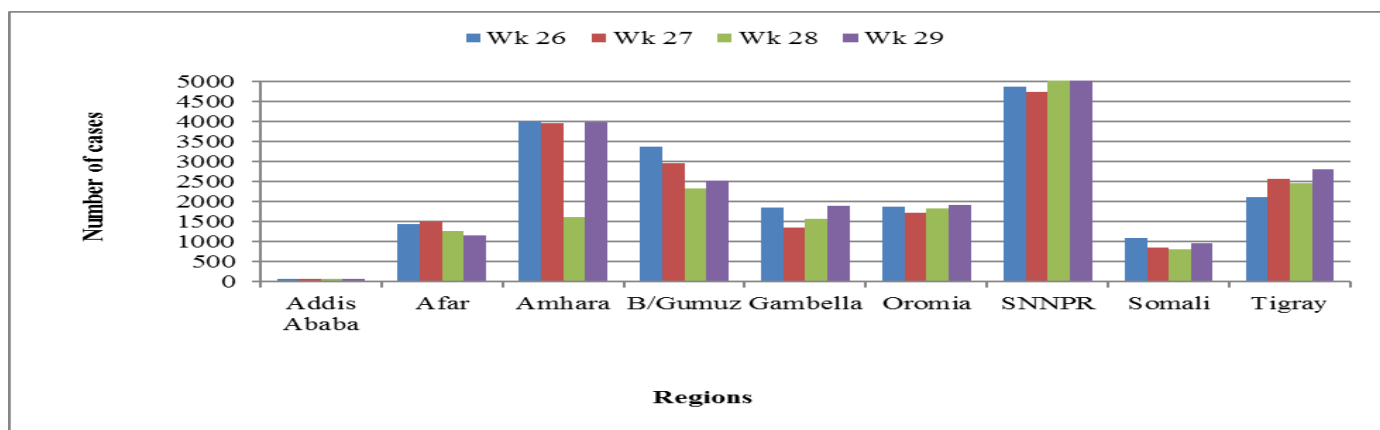


Figure 4: Regional malaria cases distribution, week 26-29, 2018, Ethiopia.

A total of 1,300 cases (6.3%) of malaria were treated clinically nationwide while 61.7% and 27.7% were treated clinically in Somali and Gambella regions respectively. The clinically treated malaria cases nationwide as well as in Somali and Gambella regions during the week were above the national recommendation. The nationwide malaria slide positivity rate during the week is 18% while 55.5%, 47.9% and 36% in Somali, Gambella and Afar regions respectively.

2. Suspected Meningitis

During the week, a total of 25 suspected meningitis cases without death were reported from Oromia (12 cases), SNNPR (7 cases), Somali (2 cases), Addis Ababa, Amhara, Benishangul Gumuz and Gambella regions (1 case each). The suspected cases reported during the week were lower than the suspected cases during the same week of the last year cases.

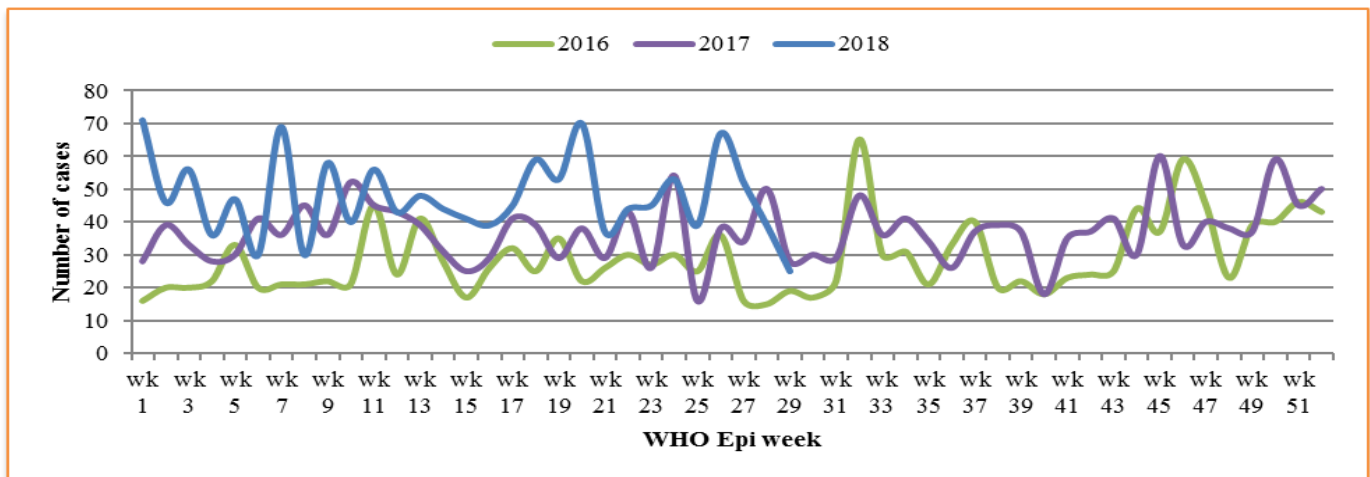


Figure 5: Trend of suspected meningitis cases by week, 2016-2018, Ethiopia.

Table 2: Suspected meningitis cases and deaths distribution by reporting sites, week 29, 2018, Ethiopia.

Region	Zone	Reporting sites	Suspected Cases	Death
SNNPR	Gedeo	Dila Hospital	4	0
Oromia	Arsi	Merti	3	0
Oromia	Guji	Adola Hospital	2	0
Oromia	Guji	Bore Hospital	2	0
Oromia	Bale	Ginir Town	2	0
Oromia	Jimma	Agaro Hospital	1	0
Amhara	Dese Town	Dese Town	1	0
Gambella	Agnuwak	Gambella Hospital	1	0
Somali	SHABEELE	Gode Hospital	1	0
SNNPR	Halaba	Halaba Hospital	1	0
Somali	Afder	Hargele Hospital	1	0
Oromia	Jimma	Limu Hospital	1	0
SNNPR	Bench Maji	Mizan Aman Hospital	1	0
Benishangul-Gumuz	Metekel	Pawe Hospital	1	0
Oromia	Horo Gudru Wellega	Shambu Hospital	1	0
SNNPR	Siliti	Silite	1	0
Addis Ababa	Lideta	Tikur Anbesa	1	0
Grand Total			25	0

3. Dysentery

During the week, a total of 6,510 dysentery cases without death were reported showing 3.6% (226 cases) increment 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.

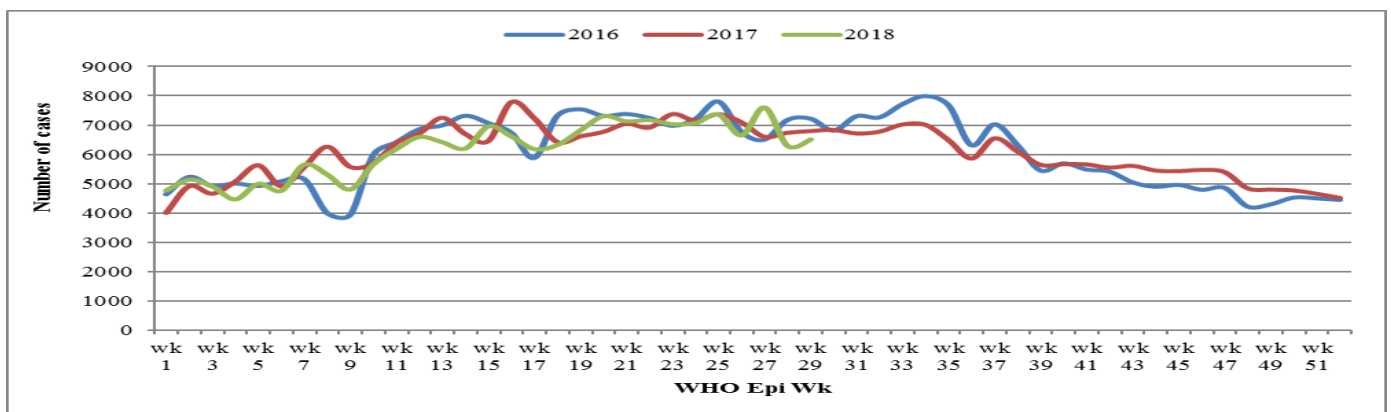


Figure 6: Dysentery cases trend by week, 2016-2018, Ethiopia.

Amhara Region reported highest number of cases (2,173 cases) followed by Oromia (1,374 cases) and Tigray regions (1,048 cases) during the week.

4. Typhoid Fever

During the week, a total of 23,148 cases of typhoid fever without death were reported which was 10% (2,111 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.

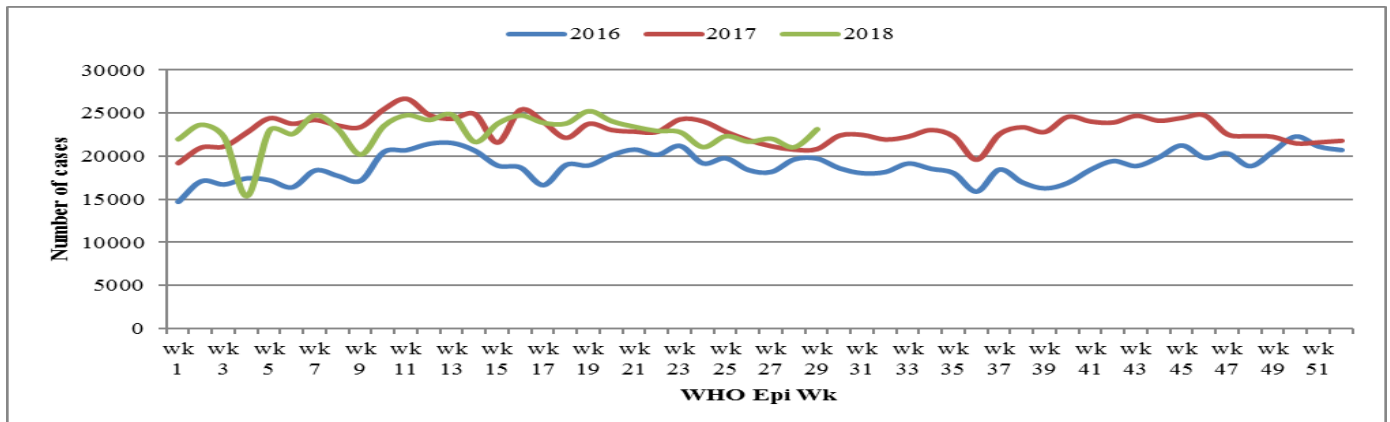


Figure 7: Typhoid fever cases trend by week, 2016-2018, Ethiopia.

SNNP Region reported highest number of cases (7,588 cases) followed by Oromia (6,826 cases) and Addis Ababa City Administration (3,834 cases) during the week.

5. Relapsing Fever

A total of 43 cases of relapsing fever without death were reported during the week which showed 48.3% (14 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.

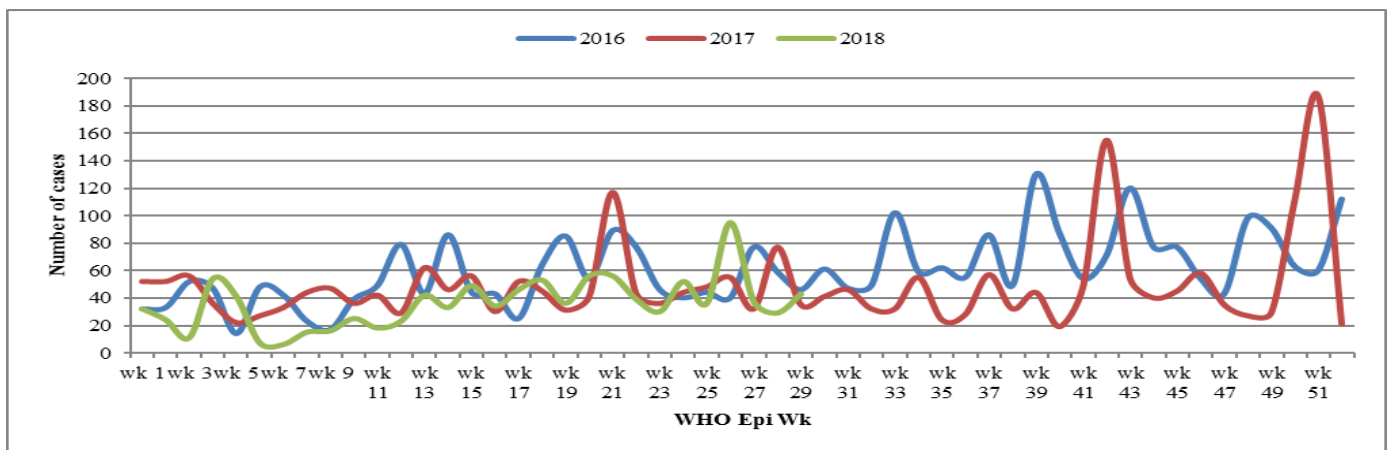


Figure 8: Relapsing fever cases trend by week, 2016-2018, Ethiopia.

Somali region reported highest number of cases (13 cases) followed by Afar (11 cases) and SNNP regions (8 case) during the week.

6. Epidemic Typhus

A total of 10,759 cases of epidemic typhus without death were reported during the week, which was 13.3% (1,260 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.

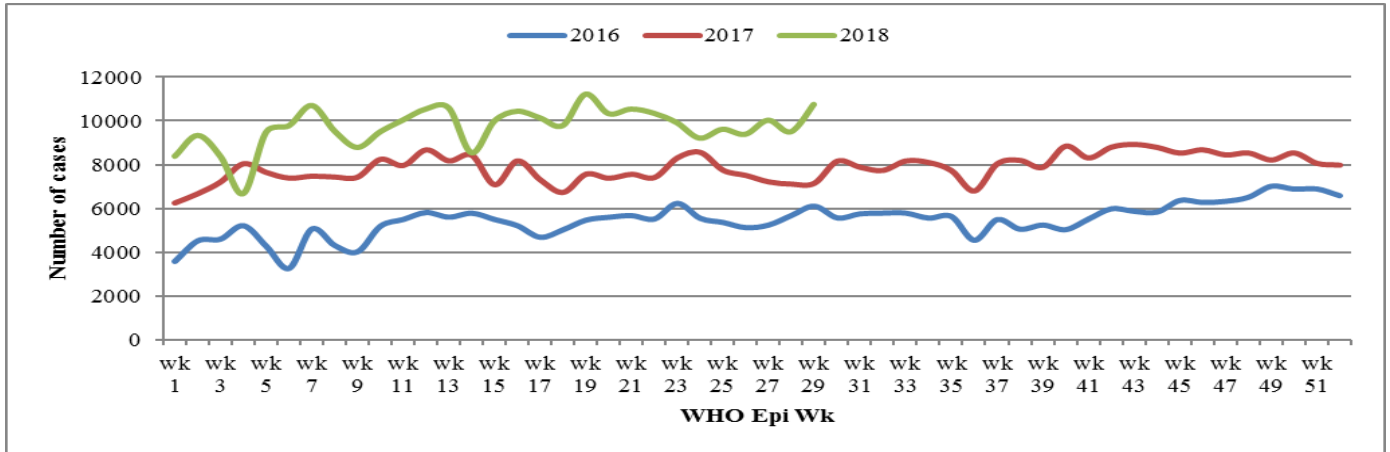


Figure 9: Epidemic typhus cases trend by week, 2016-2018, Ethiopia.

Addis Ababa City Administration reported highest number of cases (3,484 cases) followed by SNNP (3,110 cases) and Oromia regions (1,806 cases).

7. Severe Acute Malnutrition

During the week, a total of 4,622 cases with three deaths were reported which showed 5.2% (256 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.

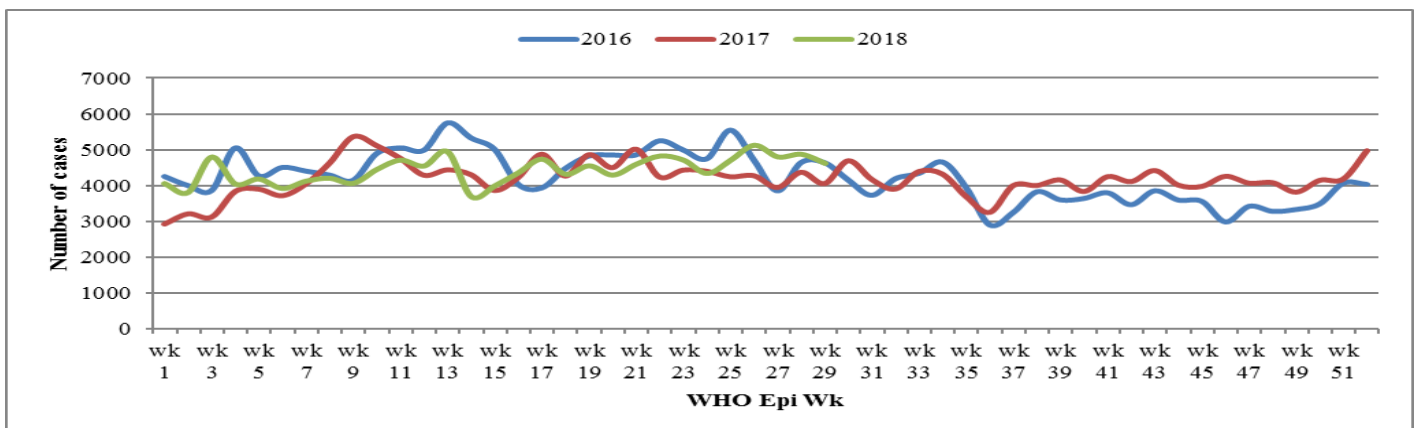


Figure 10: Severe acute malnutrition cases trend by week, 2016-2018, Ethiopia.

About 580 (12.5%) of the total reported SAM cases were treated in patient during the week nationally. Oromia region reported the highest number of cases (2,216 cases) followed Somali (791 cases) and SNNP (733 cases) regions during the week.

The top ten severe acute malnutrition leading woredas during the last one month (week 26-29) were from Oromia, Afar, SNNP and Somali regions.

Table 3: Top ten severe acute malnutrition cases reporting sites, week 26-29, 2018, Ethiopia.

Region	Zone	Reporting sites	Cases				Grand Total
			Wk 26	Wk 27	Wk 28	Wk 29	
Oromia	East Hararge	Fedis	103	46	102	112	363
Oromia	East Hararge	Haromaya Rural	30	32	81	104	247
Oromia	West Arsi	Siraro	74	50	95	90	309
Oromia	West Hararge	Oda Bultum	71	68	48	84	271
Oromia	East Hararge	Bedeno	50	53	102	74	279
SNNPR	Gedeo	Yirgachefe	42	76	121	68	307
Oromia	East Hararge	Gursum	71	81	61	67	280
Afar	Zone 02	Dalol	101	51	58	54	264
Oromia	West Hararge	Habro	69	83	94	34	280
SNNPR	Gedeo	Gedeb	29	31	200	5	265
Somali	Faafan		9	24	0	-	33
Grand Total			640	571	962	692	2865

8. Scabies

During the week a total of 4,599 cases were reported which is 76.3 % (3,509 cases) lower than the last week. Amhara (1,724 cases) reported highest number of cases followed by SNNP Region (1,348 cases) and Oromia (965 cases).

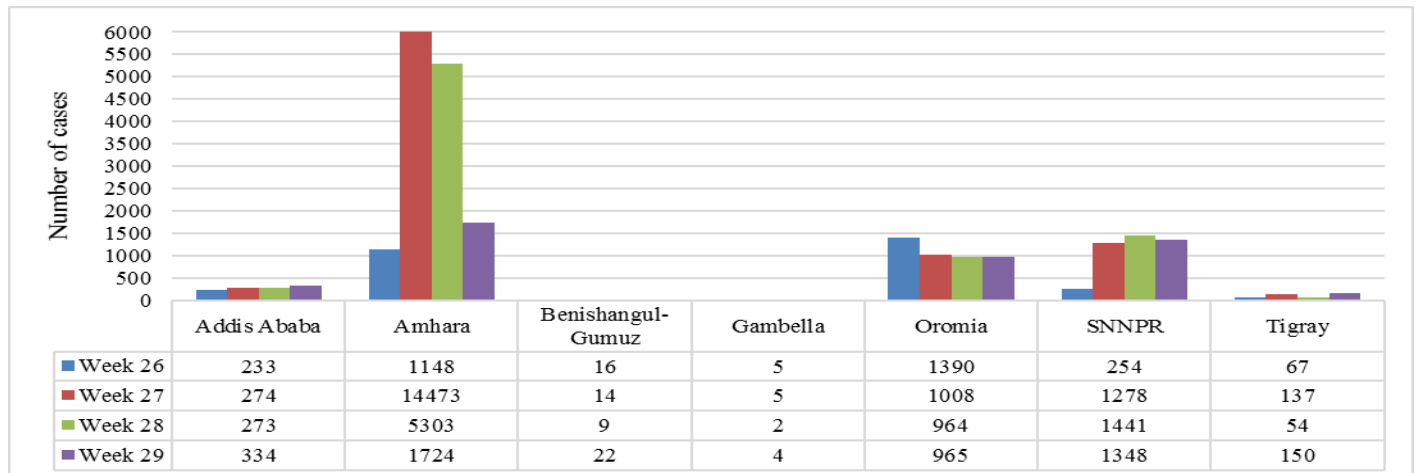


Figure 11: Scabies cases distribution and trend by Region, week 26-29, 2018, Ethiopia.

9. Acute Flaccid Paralysis (AFP)

During the week a total of 13 suspected AFP cases were reported which showed 85.7 % (6 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 29, 2018, Ethiopia.

Region	Zone	Reporting sites	Suspected Cases	Death
Oromia	Horo Gudru Wellega	Abay Chomen	1	0
Oromia	Adama Special Town	Adama Town	1	0
Oromia	Guji	Anna Sora	1	0
SNNPR	Gedeo	Bule	1	0
SNNPR	Sidama	Chuko	1	0
Amhara	East Gojjam	Debre Markos Hospital	1	0
SNNPR	Segen	Gedola Hospital	1	0
Oromia	Guji	Hambela Wamena	1	0
Somali	Afder	Jarati	1	0
Amhara	East Gojjam	Motta Hospital	1	0
Addis Ababa	Gulele	St. Paulos Hospital	1	0
Addis Ababa	Lideta	Tikur Anbesa	1	0
SNNPR	Sidama	Yirgalem Town	1	0
Grand Total			13	0

10. Suspected Anthrax

A total of 3 suspected anthrax cases with no death was reported from Amhara and Tigray regions during the week which was 57.1% (4 cases) lower than the number of cases reported during the last week.

Table 5: Distribution of suspected anthrax cases and deaths by woredas, week 29, 2018, Ethiopia.

Region	Zone	Reporting sites	Cases	Death
Amhara	Wag Himra	Abergele	1	0
Amhara	Wag Himra	Sehale Seyemt	1	0
Tigray	North Western Tigray	Tahitay Adiyabo	1	0
Grand Total			3	0

11.Suspected Measles

During the week, a total of 67 suspected measles cases with no death were reported and as compared to last week there was 26.4% (24 suspected cases) decrement. Measles suspected outbreak threshold was surpassed in twenty-two woredas based on the national outbreak threshold criteria (woreda that reported greater than five suspected cases over the last four weeks, 26-29 weeks).



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Table 6: Woredas in which suspected measles outbreak threshold is surpassed as of week 29, 2018, Ethiopia.

Region	Zone	Reporting sites	Suspected cases				Grand total
			wk 26	wk 27	wk 28	wk 29	
Tigray	North Western Tigray	Tselemt	0	0	10	9	19
Amhara	Oromiya	Artuma Fursi	0	0	0	5	5
Oromia	Woliso town	Woliso Town	3	4	4	5	16
Gambella	Agnuwak	Dima	20	0	12	4	36
Oromia	North Shewa	Fichetown	1	0	2	2	5
Amhara	South Wollo	Sayinit	6	1	0	2	9
Addis Ababa	Yeka	Yeka Woreda12	2	0	3	2	7
SNNPR	Gedeo	Yirgachefe	0	0	3	2	5
Oromia	Burayu Town	Burayu Town	3	0	1	1	5
Addis Ababa	Gulele	Gulele Woreda03	3	1	1	1	6
Addis Ababa	Kolfe Keraniyo	Kolfe Keraniyo Woreda08	0	3	2	1	6
Tigray	Mekele Especial Zone	South & North Mekele	0	2	2	1	5
Oromia	South West Shewa	St.Luke Hospital	4	2	1	1	8
Addis Ababa	Yeka	Yeka Woreda13	2	3	3	1	9
Tigray	Eastern Tigray	Adi Girat Town	0	0	11	0	11
Oromia	Bishoftu Town	Bishoftu Town	1	3	1	0	5
Addis Ababa	Bole	Bole Woreda03	4	2	0	0	6
Addis Ababa	Bole	Bole Woreda10	4	2	0	0	6
Oromia	West Hararge	Chiro Zuriya	17	0	0	0	17
Somali	Jarar	Daror	12	6	-	0	18
Amhara	North Gondar	Debark Zuria	8	0	0	0	8
Oromia	Guji		0	0	0	0	0
Oromia	Arsi	Guna	0	3	3	0	6
Grand Total			90	32	59	37	218

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

12.Rabies Exposure

A total of 87 exposure cases with no death were reported during the week which has 1.1 % (1 case) decrement compared with the last week exposure cases.

Table 7: Distribution of suspected rabies exposure cases and deaths by reporting sites, week 29 of 2018, Ethiopia.

Region	Zone	Reporting sites	Suspected Exposure Cases	Deaths
Tigray	North Western Tigray	Shire Enida Silase Town	17	0
Tigray	South Tigray	Alamata Town	16	0
Tigray	Central Tigray	Adwa Town	10	0
Benishangul-Gumuz	Assosa	Assosa Hospital	5	0
Tigray	North Western Tigray	Tahitay Qoraro	5	0
Tigray	Central Tigray	Ahiferom	4	0
Tigray	North Western Tigray	Tahitay Adiyabo	4	0
Amhara	Gonder Town	Gonder Town	3	0
Addis Ababa	Chirkos	Kirkos Woreda02	3	0
Addis Ababa	Chirkos	Kirkos Woreda11	3	0
Tigray	Mekele Especial Zone	South & North Mekele	3	0
Tigray	Eastern Tigray	Wekero Town	3	0
Tigray	Central Tigray	Abiyi Adi Town	2	0
Tigray	South East	Hintalo Wajirat	2	0
Tigray	Western Tigray	Humera Town	2	0
Oromia	East Wellega	Jimma Arjo	2	0
Tigray	Central Tigray	Akisum Town	1	0
Oromia	West Wellega	Gimbi Adventist hospital	1	0
Addis Ababa	Yeka	Yeka Woreda08	1	0
Grand Total			87	0



13. Maternal Death

During the week a total of 23 maternal deaths were reported from 20 reporting sites of Oromia (10 deaths), Amhara (9 Deaths), Harari (2 deaths), Addis Ababa City Administration (1 death) and SNNP (1 death) regions.

Table 8: Distribution of maternal deaths by reporting sites, week 29 of 2018, Ethiopia.

Region	Zone	Reporting site	Death
Amhara	North Wollo	Dawunt	2
Amhara	South Gonder	Libokemkem	2
Oromia	west Guji	Suro barguda	2
Oromia	west Guji	Abaya	1
Harari	Harari	Aboker	1
Oromia	Ilu Aba Bora	Algesachi	1
Oromia	East Shewa	Boset	1
Oromia	West Hararge	Chiro Hospital	1
Amhara	Dese Town	Dese Town	1
Amhara	East Gojjam	Enemay	1
Oromia	East Hararge	Fedis	1
Oromia	East Wellega	Gida Ayana	1
Amhara	East Gojjam	Gozamin	1
Oromia	East Wellega	Haro Limu	1
Harari	Harari	Jenella	1
Amhara	Oromiya	Jile Timuga	1
Oromia	Horo Gudru Wellega	Jima Geneti	1
Addis Ababa	Kolfe Keraniyo	Kolfe Keraniyo Woreda12	1
Amhara	South Wollo	Legamibo	1
SNNPR	Wolayita	Sodo Hospital	1
Grand Total			23

14. Influenza Sentinel Surveillance

During week 29, a total of 18 patients complaining of ILI or SARI were reported and throat swab samples were collected and tested in predesignated influenza sentinel sites. Among the collected samples three were tested positive for influenza during the week.

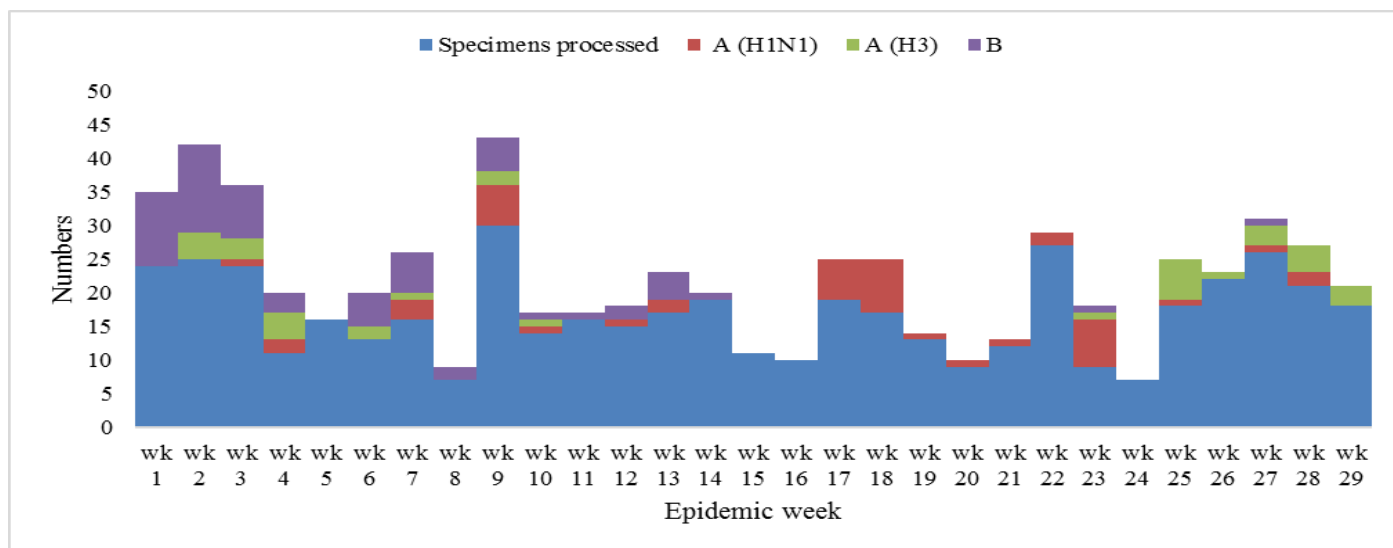


Figure 12: Influenza Sentinel Surveillance Laboratory Result by week, 2018, Ethiopia.

15. Neonatal Tetanus

During the week a single case of NNT was reported from SNNP region.



16. 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 Tigray region and Afambo, Dubti 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

On Saturday, July 28th, 2018, the Provincial Health Division of North Kivu notified the Ministry of Health of twenty-six cases (26) of fever with hemorrhagic signs, including twenty (20) deaths in the health area of North Kivu. Mangina located in the health zone of Mabalako, the territory of Beni, in North Kivu Province. Six (6) samples taken from hospitalized patients arrived in Kinshasa, July 31, 2018, and were analyzed by the National Institute of Biomedical Research (INRB). Of the six (6) samples analyzed, four (4) were positive for Ebola Virus Disease. Sequencing is in progress at INRB to identify the strain of the virus. Just a week after announcing the end of the ninth epidemic of Ebola Virus Disease in the Equator Province, the Democratic Republic of Congo is facing a new epidemic. At this stage, there is no indication that these two epidemics, separated by more than 2,500 km, are related.

Source: <https://news.un.org/en/story/2018/08/1016152>



VI. Other Activities

1. Public Health Emergency Operation Center 11st Technical meeting

Ethiopian Public Health Institute emergency operation center conducted PHEOC 12th technical meeting in EPHI training center on July 31st, 2018. Stakeholders from CDC, WHO, MSF, FMOH, AARHB, PFSA, PHE UK, EFMHACA, UNICEF, IRC, INSA 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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