



Highlights of the week

Surveillance Completeness Rate: Nationally, the proportion of health facilities that reported surveillance data was 87.9% 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. 87.9%.

Malaria: A total of 103,737 febrile cases were suspected for malaria and tested either by microscopy or RDT in the week. Of these cases, 13.1% (13,619) were treated for malaria. As compared to last week, there was 0.3% (47 cases) decrement.

Severe Acute Malnutrition: A total of 3,774 cases with two deaths were reported with decrement of 6.1% (245 cases) as compared to last week.

Measles: Measles suspected outbreak threshold was surpassed in twenty three woredas as of the week.

Meningitis: A total of 40 suspected meningitis cases with two deaths were reported

Anthrax: A total of 15 suspected anthrax cases without death were reported during the week.

Rabies Exposure: A total of 57 exposure cases with two deaths were reported which was 33.3% (29 exposure cases) lower than the last week.

Maternal Death: A total of 11 maternal deaths were reported from 11 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 one case was reported during the week from Tigray Region.

National Public Health Emergency Operation Center incident management system is coordinating the response to the outbreak.

PHEM Consultative Meeting: PHEM consultative meeting was conducted in Bishoftu Town on March 17 and 18, 2018.

Strengthening Public Health Surveillance of Climate Sensitive Diseases: As part of strengthening health surveillance of climate sensitive diseases advocacy was conducted and supportive supervision is ongoing.



I. Introduction

This Epidemiological Weekly 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 10 of 2018 and daily phone communication, line list reports of outbreaks for week 11 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. 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 Surveillance Data Summary

Table 1: Comparison of surveillance data by week, week 9 and 10, 2018, Ethiopia.

Indicators	2018		
	Week 9	Week 10	% Change
Percent of Health Facility reported	82.9%	87.9%	6.1
Percent of Health Facility reported timely	70.0%	87.9%	25.6
Total Malaria Confirmed and Clinical	13,666	13,619	-0.3
Typhoid fever	20,116	23,069	14.7
Epidemic Typhus	8,780	9,395	7.0
Dysentery	4,731	5,345	13.0
Severe Acute Malnutrition	4019	3774	-6.1
Suspected Measles	77	71	-7.8
Rabies exposure	86	57	-33.3
Suspected Meningitis	56	40	-30.4
Relapsing Fever	16	25	56.3
Suspected Anthrax	7	15	114.3
Maternal Death	26	11	-57.7
Acute Flaccid Paralysis	5	5	0.0
Acute Watery Diarrhea	11	1	-90.9
Neonatal Tetanus	1	2	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 87.9% in the week which is above the minimum requirement (80%) and all regions had achieved above the minimum requirement except Harari (0.0%), Diredawa (0.0%) and Oromia (77.1%) Regions (Fig 1).

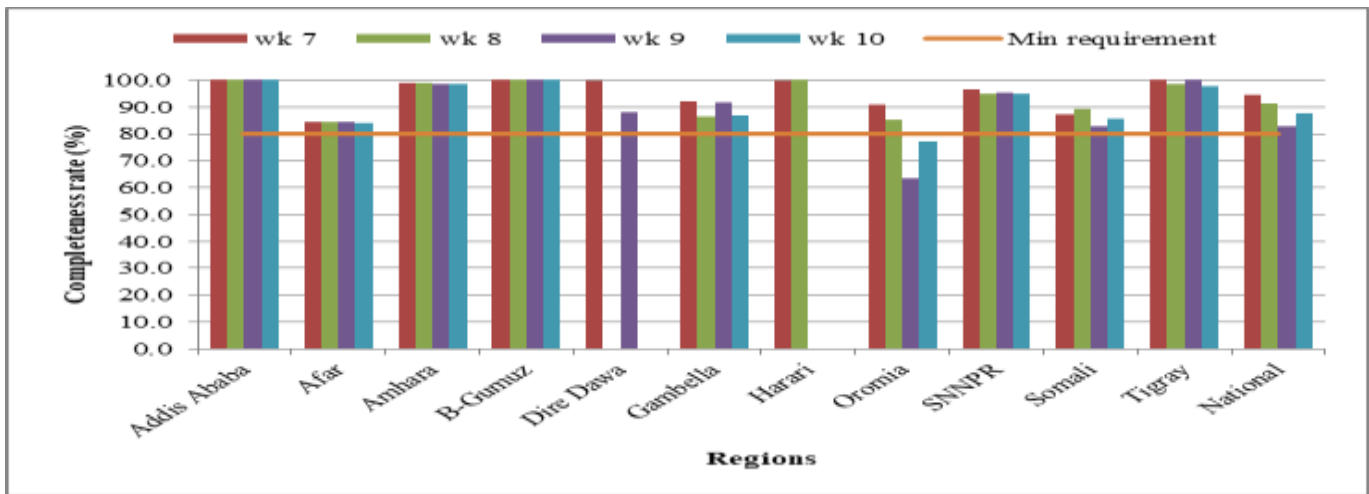


Figure 1: Surveillance data completeness rate by regions, week 7-10, 2018, Ethiopia.

B. Public Health Surveillance Reporting Timeliness Rate

During the week the national surveillance data reporting timeliness rate was 87.9% which is above the minimum requirement and all regions except Harari (0.0%), Diredawa (0.0%) and Oromia (77.1%) had achieved above the minimum requirement, 80%.

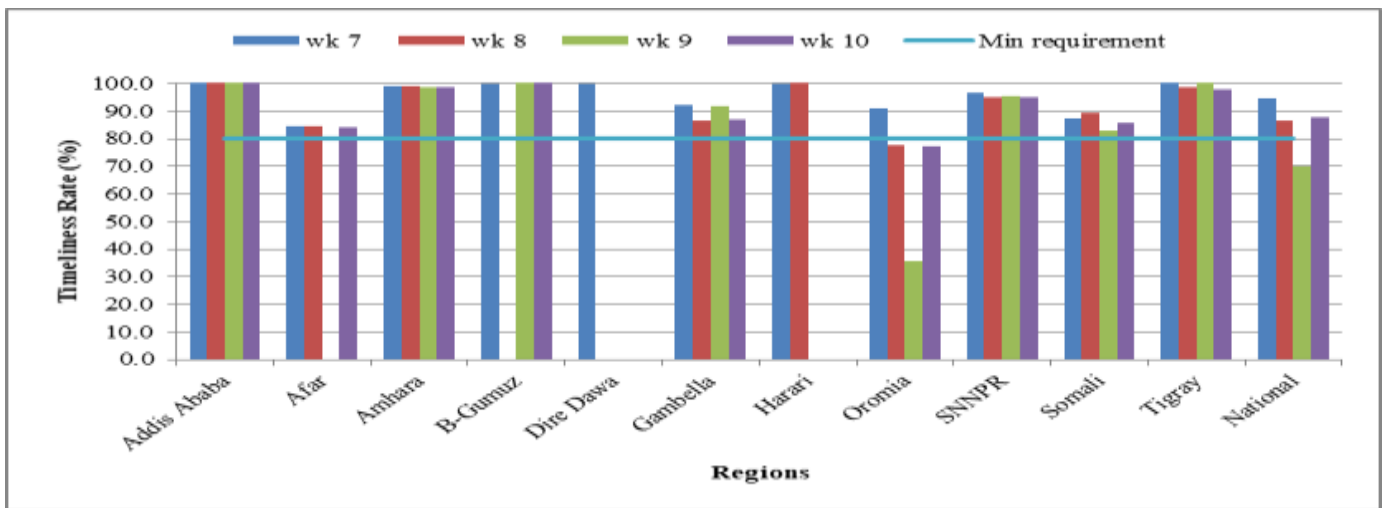


Figure 2: Surveillance data completeness rate by regions, week 7-10, 2018, Ethiopia.



IV. Diseases/Conditions under Surveillance Updates

1. Malaria

During the week a total of 103,737 health facilities visitors were suspected and examined for malaria of which 13.1% (13,619) cases were treated as malaria which was 0.3% (47 cases) lower than the last week. Plasmodium falciparum contributes the highest portion of the cases reported during the week, 69.9% (8,931 cases) of the cases nationally and 100%, 90.8% and 86.0% in Somali, Gambella 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.

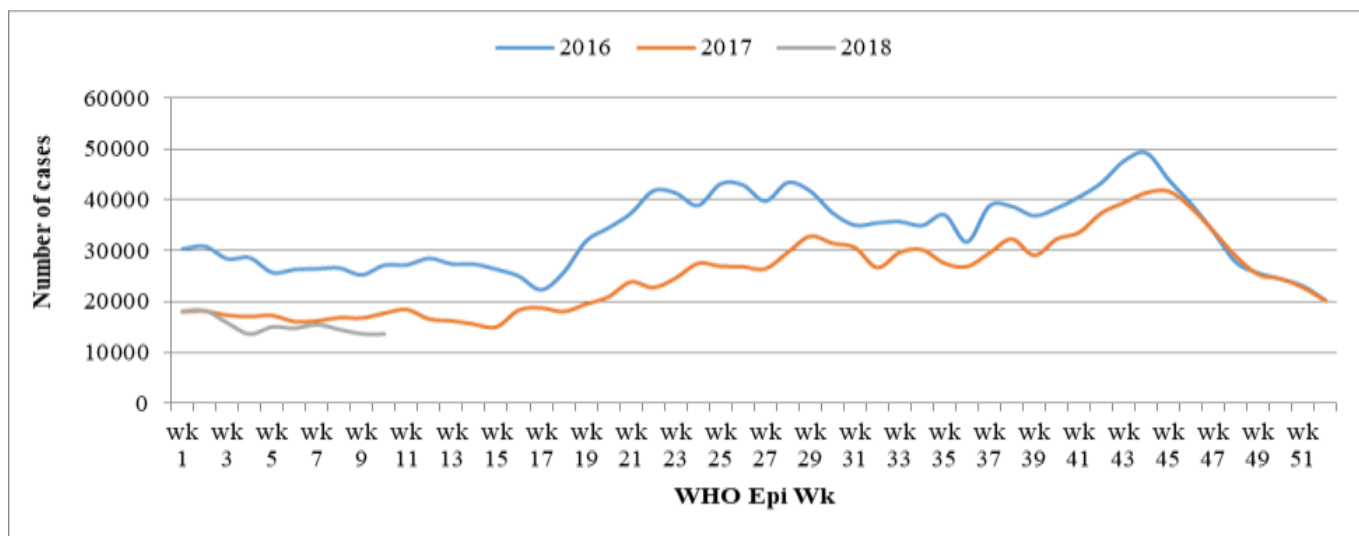


Figure 3: National malaria (clinical and laboratory confirmed) trend by week from 2016-2018, Ethiopia.

Cascading the malaria cases to regions, 22.7% (3,093 cases), 18.3% (2,490 cases) and 14.9% (2039 cases) were reported from SNNP, Amhara and Tigray Regions respectively during the week.

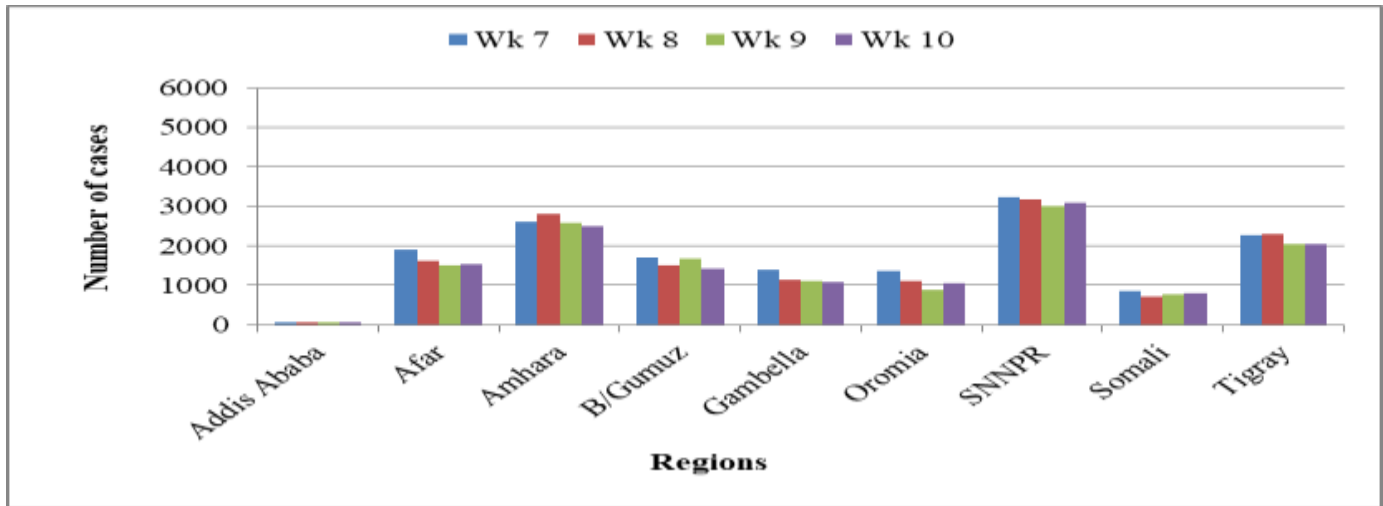


Figure 4: Regional malaria cases distribution, week 7-10, 2018, Ethiopia.

A total of 845 cases (6.2%) of malaria were treated clinically nationwide while 74.0%, 8.4% and 4.1% were treated clinically in Somali, Gambella and SNNP Regions respectively. The clinically treated malaria cases during the week is slightly above the national recommendation nationally and higher than in Somali and Gambella Regions. The nationwide malaria slide positivity rate during the week is 12.3% while 47.2%, 39.8% and 27.5% in Afar, Gambella and Somali Regions respectively.

2. Suspected Meningitis

During the week, a total of 40 suspected meningitis cases with two deaths were reported from Amhara (3 cases), SNNP (15 cases), Addis Ababa (8 cases), Oromia (12 cases), Somali (1 case) and Afar (1 case). The suspected cases reported during the week were lower than the suspected cases during the same week of the last year.

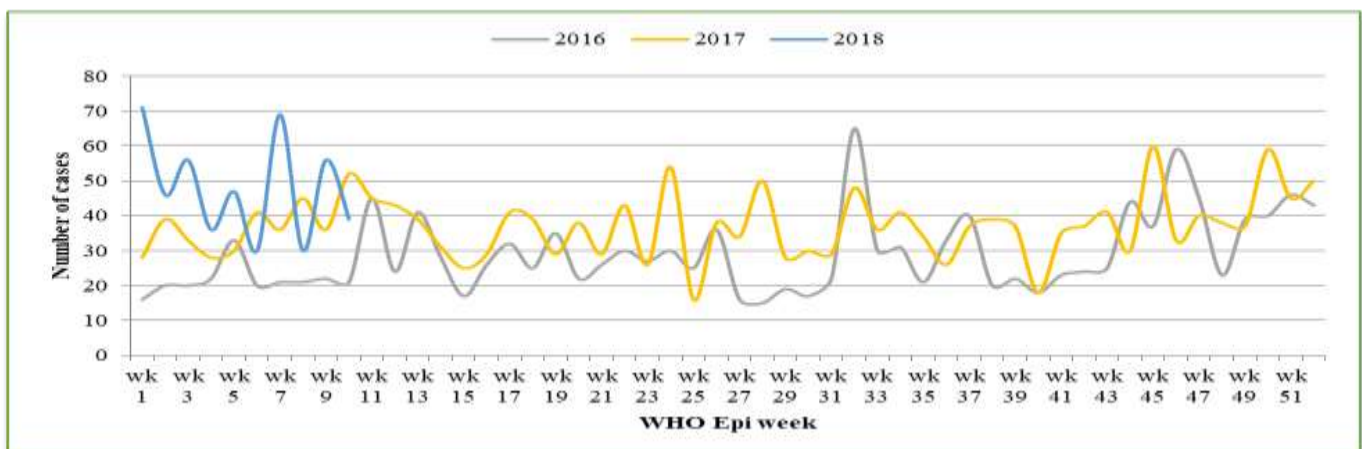


Figure 5: Trend of suspected meningitis cases over week, 2016-2018, Ethiopia.



Ethiopian Public Health Institute
Center for Public Health Emergency Management

Table 2: Suspected meningitis cases and deaths distribution by reporting sites, week 10, 2018, Ethiopia.

Region	Zone	Reporting sites	Suspected cases	Death
SNNPR	Gedeo	Dila Hospital	6	0
SNNPR	Sidama	Bona Hospital	4	0
Oromia	Bale	Goba Town	3	0
Addis Ababa	Kolfe Keraniyo	ALERT Hospital	2	0
Amhara	Bahir Dar Liyu Town	Bahir Dar Town	2	0
Addis Ababa	Yeka	Dagmawi Menelik Hospital	2	0
SNNPR	Bench Maji	Mizan Aman Hospital	2	0
Addis Ababa	Lideta	Tikur Anbesa	2	0
Addis Ababa	Lideta	Lideta Woreda09	2	0
Oromia	Jimma	Agaro	1	0
Oromia	Arsi	Bekoji Town	1	0
Oromia	East Wellega	Jimma Arjo	1	1
SNNPR	Kefa	Bonga HSP	1	0
Afar	Zone 01	Dubti RHP	1	0
SNNPR	Kembata Tembaro	Durame Hospital	1	0
Oromia	East Wellega	Gida Ayana	1	0
Oromia	Bale	Ginir Town	1	0
SNNPR	Konta Town	Konta Special Town	1	1
Amhara	South Wollo	Legamibo	1	0
Oromia	Arsi	Merti	1	0
Oromia	Ilu Aba Bora	Metu Town	1	0
Oromia	Jimma	Seka Chekorsa	1	0
Oromia	Horo Gudru Wellega	Shambu Hospital	1	0
Somali	Shabelle	Gode Hospital	1	0
Grand Total			40	2

3. Dysentery

During the week, a total of 5,345 dysentery cases without death were reported showing 13.0% (614 cases) increment 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.

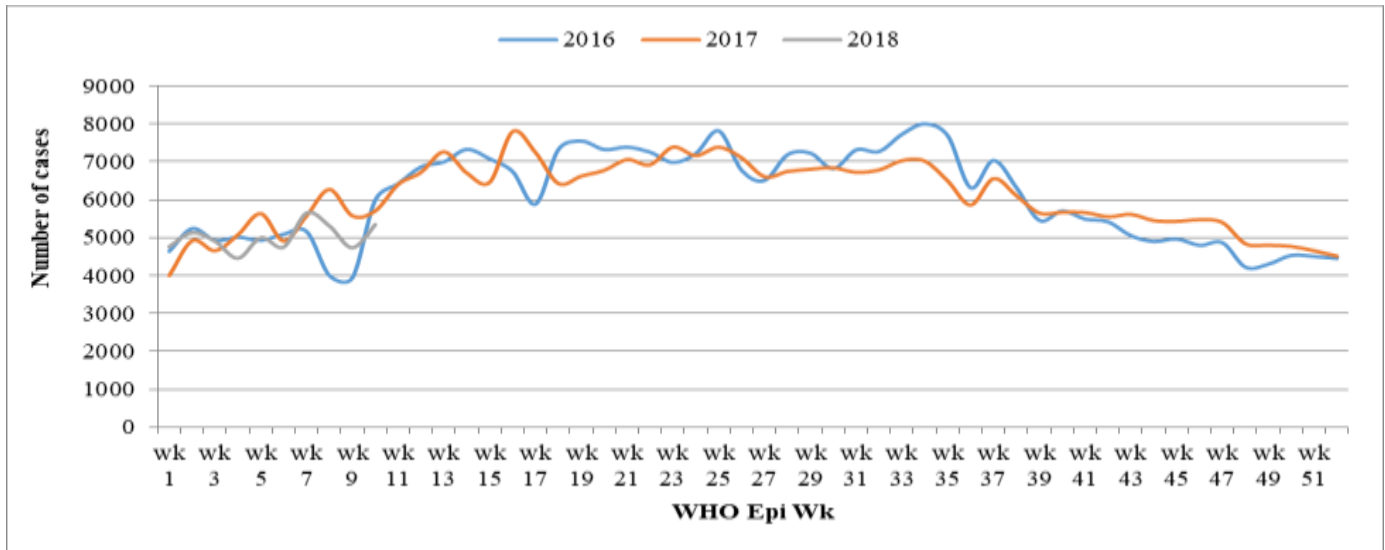


Figure 6: Dysentery cases trend by week, 2016-2018, Ethiopia.

4. Typhoid Fever

During the week, a total of 23,069 cases of typhoid fever without death were reported which was 14.7% (2,953 cases) higher than the last week. The typhoid fever cases reported during the week is lower than the same week of 2017 but higher than the 2016 cases.

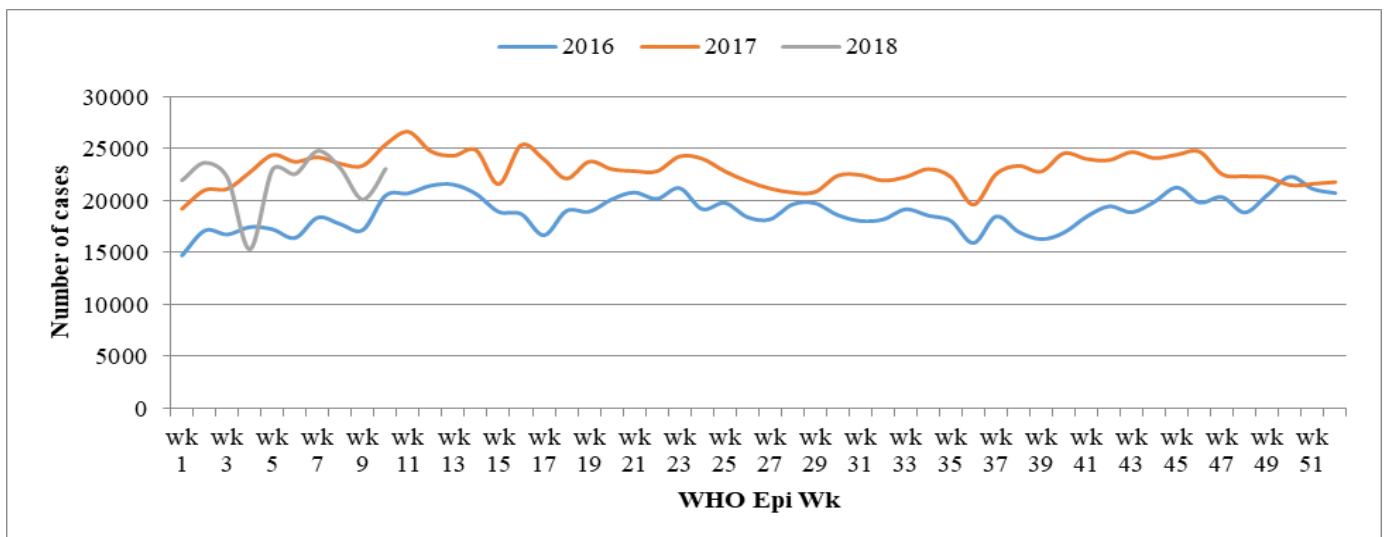


Figure 7: Typhoid fever cases trend by week, 2016-2018, Ethiopia.

5. Relapsing Fever

A total of 25 cases of relapsing fever without death were reported during the week which was 56.3% (9 cases) higher 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 year.

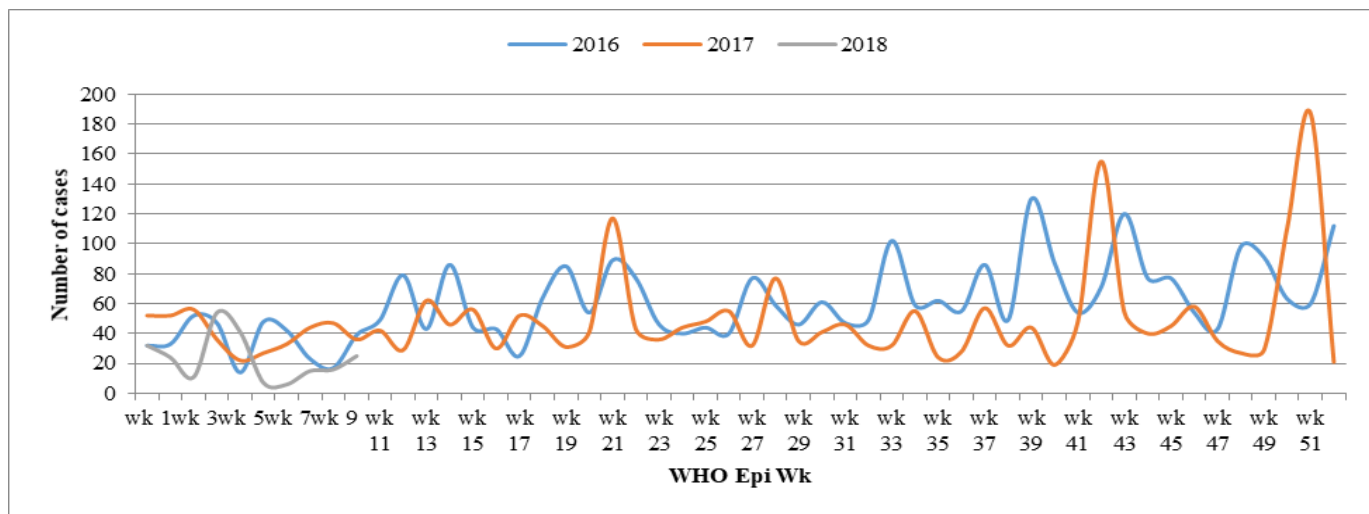


Figure 8: Relapsing fever cases trend by week, 2016-2018, Ethiopia.

6. Epidemic Typhus

A total of 9,395 cases of epidemic typhus without death were reported during the week, which was 7.0% (615 cases) higher 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 2017 and 2016.

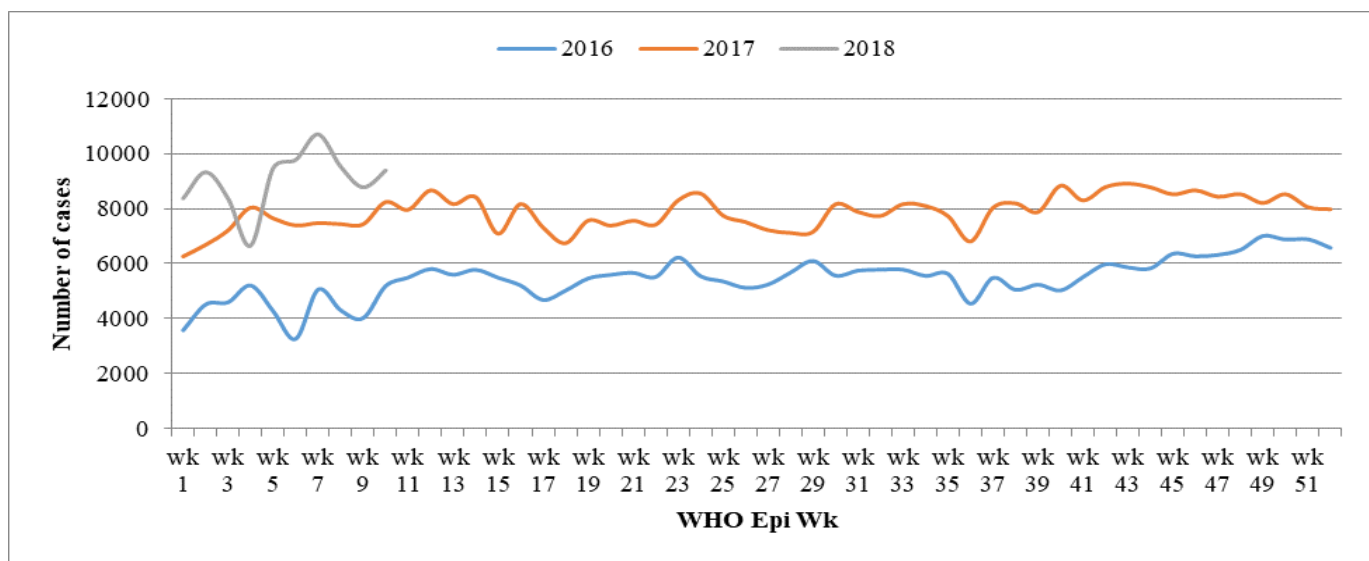


Figure 9: Epidemic typhus cases trend by week, 2016-2018, Ethiopia.

7. Severe Acute Malnutrition

During the week, a total of 3,774 cases with two deaths were reported which showed 6.1% (245 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 week of the last two years.

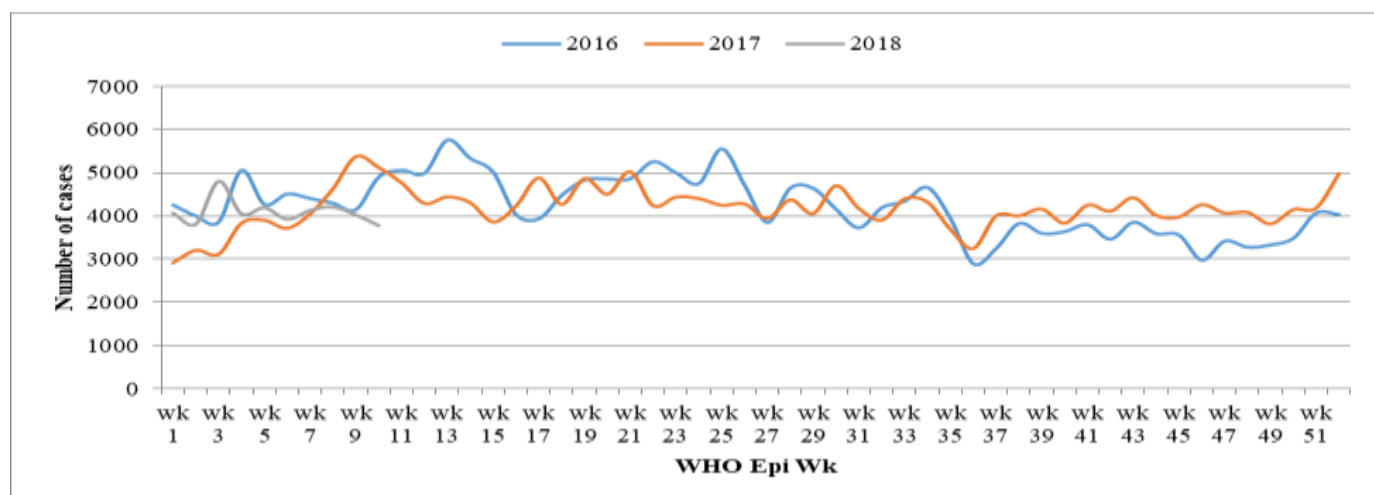


Figure 10: Severe acute malnutrition cases trend by week, 2016-2018, Ethiopia.

About 295 (7.8%) of the total reported SAM cases were treated in patient during the week nationally.

The top ten severe acute malnutrition leading woredas during the last one month (week 7-10) were from Oromia, Somali and Afar Regions.

Table 3: Top ten severe acute malnutrition cases reporting woredas, week 7-10, 2018, Ethiopia.

Region	Zone	Reporting sites	Cases				Grand Total
			wk 7	wk 8	wk 9	wk 10	
Somali	Jarar	Bilcilbur	17	19	9	116	161
Somali	Shabele	East Imey	58	0	53	54	165
Somali	Shabele	Kalafo	52	63	61	53	229
Somali	Afder	ElKare	36	41	49	44	170
Afar	Zone 02	Dalol	35	22	39	33	129
Somali	Faafan	Kabribayah	83	31	47	28	189
Oromia	East Hararge	Gursum	50	38	39	20	147
Oromia	East Hararge	Fedis	32	48	67	0	147
Oromia	West Arsi	Shashemene Rural	36	52	66	0	154
Oromia	West Arsi	Siraro	45	127	108	0	280
Grand Total			444	441	538	348	1771

8. Scabies

During the week a total of 13,295 cases were reported which is 152.9% (8,039 cases) higher than the last week. Oromia Region reported highest number of cases (8,614 cases) followed by Amhara Region (3,116 cases) and SNNP Region (1,193 cases) during the week.

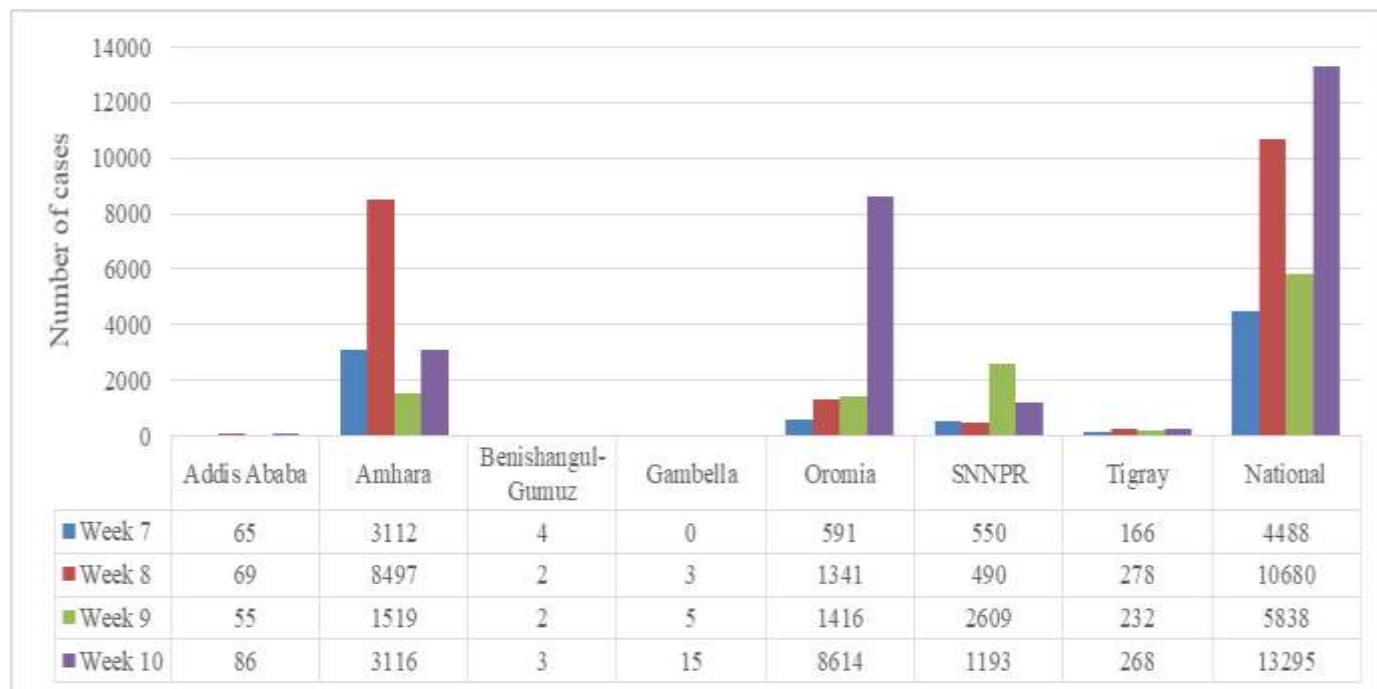


Figure 11: Scabies cases distribution and trend by Region, week 7-10, 2018, Ethiopia.

9. Acute Flaccid Paralysis

During the week a total of five suspected AFP cases were reported which similar to the number of the cases during the last week.

Table 4: Distribution of acute flaccid paralysis cases by reporting woredas, week 10, 2018, Ethiopia.

Region	Zone	Reporting sites	Suspected cases	Death
Amhara	South Wollo	Ambasel	1	0
Oromia	Arsi	Digeluna Tijo	1	0
Amhara	South Wollo	Kalu	1	0
Benishangul-Gumuz	Assosa	Menge	1	0
Tigray	North Western Tigray	Shire Enida Silase Town	1	0
Grand Total			5	0

10. Suspected Anthrax

A total of 15 suspected anthrax cases without death were reported from Amhara and Tigray Regions during the week which is 114.7% (8 suspected cases) higher than the last week.

Table 5: Distribution of suspected anthrax cases and deaths by woredas, week 10, 2018, Ethiopia.

Region	Zone	Reporting sites	Suspected cases	Death
Amhara	North Gondar	Tselemet	4	0
Tigray	Central Tigray	Kola Temben	3	0
Amhara	Wag Himra	Sehale Seyemt	3	0
Amhara	Wag Himra	Zikwala	2	0
Tigray	Central Tigray	Abiyi Adi Town	1	0
Amhara	North Wollo	Delanta	1	0
Tigray	Central Tigray	Tanqua Abergele	1	0
Grand Total			15	0

11. Suspected Measles

During the week, a total of 71 suspected measles cases without death were reported and as compared to last week there was 7.8% (6 cases) decrement. 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, 7-10 weeks).



Ethiopian Public Health Institute
Center for Public Health Emergency Management

Table 6: Woredas in which suspected measles outbreak threshold is surpassed as of week 10, 2018, Ethiopia.

Region	Zone	Reporting sites	Suspected cases				
			wk 7	wk 8	wk 9	wk 10	Grand total
Somali	Korahe	Shilabo	9	8	0	6	23
Amhara	East Gojjam	Gozamin	0	0	0	5	5
Addis Ababa	Gulele	Gulele Woreda03	1	0	7	4	12
Addis Ababa	Nefas Silk Lafto	Nefas Silk Lafto Woreda06	2	1	0	3	6
Addis Ababa	Arada	Arada Woreda02	3	0	3	2	8
SNNPR	Gamo Gofa	Arba Minch Town	27	20	2	2	51
Addis Ababa	Akaki Kaliti	Akaki Kaliti Woreda09	2	0	2	1	5
Oromia	East Hararge	Babile	1	3	1	0	5
Somali	Doollo	Bokh	8	0	-	0	8
Afar	Zone 03	Bure Modayitu	8	0	0	0	8
Somali	Doollo	Danot	20	0	0	0	20
SNNPR	Segen	Derashe	0	0	5	0	5
Somali	Liben	Filtu	5	0	0	0	5
Somali	Jarar	Gashamo	1	10	0	0	11
Oromia	Borena	Gomole	5	0	0	0	5
Somali	Faafan	Kabribayah	7	0	0	0	7
Oromia	North Shewa	Kuyu	13	0	0	0	13
Somali	Doollo	Warder	24	15	7	0	46
Somali	Doollo	Galhamur	-	5	0	-	5
Oromia	Borena	Guchi	9	0	0	-	9
Somali	Liben	Guradhamole	0	0	12	-	12
Somali	Faafan	N.Jigjiga	-	7	0	-	7
Somali	Afder	Raso	12	4	3	-	19
Grand Total			157	73	42	23	295

Remark: *Includes cases reported from hospitals

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

12. Neonatal Tetanus

Two suspected cases of NNT with deaths were reported from Oromia and Amhara Regions during the week.

Table 7: Distribution of suspected NNT cases and deaths by reporting sites, week 10 of 2018, Ethiopia.

Region	Zone	Reporting sites	Suspected cases	Death
Oromia	Jimma Spe Town	Jimma Spe Town	1	1
Amhara	West Gojjam	North Mecha	1	1
Grand Total			2	2

13. Rabies Exposure

A total of 57 exposure cases with one death were reported during the week which was 33.3% (29 exposure cases) lower than the last week exposure cases.

Table 8: Distribution of suspected rabies exposure cases and deaths by reporting sites, week 10 of 2018, Ethiopia.

Region	Zone	Reporting sites	Suspected cases	Death
Tigray	Central Tigray	Akisum Town	11	0
Tigray	Central Tigray	Abiyi Adi Town	6	0
Tigray	Mekele Especial Zone	South & North Mekele	6	0
Tigray	Central Tigray	Tanqua Abergele	6	0
Tigray	South Tigray	Maychew Town	5	0
Benishangul-Gumuz	Assosa	Assosa Hospital	3	0
Benishangul-Gumuz	Assosa	Menge	3	0
Amhara	West Gojjam	Bahir Dar Zuriya	2	0
Benishangul-Gumuz	Assosa	Bambasi	2	0
Oromia	Qeleme Wellega	Seyo	2	0
Addis Ababa	Chirkos	Kirkos Woreda08	2	0
Amhara	East Gojjam	Debre Markos Hospital	1	0
Amhara	West Gojjam	Finote Selam Hospital	1	1
Tigray	Eastern Tigray	Hawzen	1	0
Tigray	South Tigray	Korem Town	1	0
Tigray	Central Tigray	Tahitay Maychew	1	0
Benishangul-Gumuz	Kamashi	Yaso	1	0
Addis Ababa	Chirkos	Kirkos Woreda02	1	0
Addis Ababa	Chirkos	Kirkos Woreda11	1	0
Amhara	West Gojjam	North Mecha	1	0
Grand Total			57	1

14. Maternal Death

During the week a total of 11 maternal deaths were reported from 11 reporting sites of Oromia Region (6 death), Amhara Region (4 deaths) and Addis Ababa (1 death).



Ethiopian Public Health Institute
Center for Public Health Emergency Management

Table 9: Distribution of maternal deaths by reporting sites, week 10 of 2018, Ethiopia.

Region	Zone	Reporting sites	Death
Amhara	South Wollo	Ambasel	1
Oromia	West Wellega	Begi	1
Amhara	South Gonder	Debretabor Hospital	1
Oromia	West Shewa	Gedo Hospital	1
Oromia	East Wellega	Haro Limu	1
Oromia	Arsi	Merti	1
Amhara	North Gondar	Qaura	1
Oromia	Qeleme Wellega	Seyo	1
Oromia	South West Shewa	Woliso Rural	1
Addis Ababa	Arada	Yekatit 12 Hospital	1
Amhara	West Gojjam	Yilmana Densa	1
Grand Total			11

V. Diseases/Conditions Outbreaks

1. Acute Watery Diarrhea Outbreak

Acute watery diarrhea outbreak is ongoing in some woredas of K/Awlalo, Enderta and Mekele city Tigray Region and Kalafo woreda of Somali Region and a total of one case (from Tigray Region) was reported during the week.

Team composing of epidemiologists from regional health bureaus, partners including WHO, UNICEF and MSF are enhancing the response to the AWD outbreak. Case management, surveillance, WASH and social mobilization are maintained and strengthened.

The Ethiopian Public Health Institute Emergency Operation Center has continued to coordinate the response to the outbreak by revitalizing the technical committees under incident management system. 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.



VI. Other Activities

1. PHEM Consultative Meeting

The center for Public Health Emergency Management has conducted consultative meeting with the aim to strengthen partnerships among key players (stakeholders), to discuss on the last six month performance at national and regional level and current situation and prepare for next annual review meeting on March 17 and 18 in Bishoftu Town deciding the next annual review meeting to be conducted in Diredawa City Administration in August 2018. The participants of the meetings were national PHEM staffs and leaders, different directorates of EPHI, Regional PHEM Core Process Owners/staffs and Laboratory heads, Federal Ministry of Health, PFSA, US CDC and UNICEF.

2. Climate Sensitive Diseases Surveillance Strengthening Activities

With the financial and technical support of WHO, Ethiopia is strengthening health surveillance of the climate sensitive diseases to reduce the health impact of climate change by developing strong early warning, proper preparedness and prompt response capacity. Accordingly, advocacy and updating of the activities was conducted during PHEM consultative meeting in addition to training provided and ongoing supportive supervision.

3. Weekly Epidemiological Feedback

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

Aknowledgement

Many thanks go to all regional states health bureau 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
Center for Public Health Emergency Management**

For Further Information:

Please Contact Us: Ethiopian Public Health Institute (EPHI), Center for Public Health Emergency
Management (PHEM),

Early Warning and Response Unit (EWaR),

Web site: www.ephi.gov.et,

P.O Box 1242, Telephone: +251-11-27-65-340/58-896

For any rumor or information please call: Toll free telephone: 8335

Send to: ephieoc@gmail.com / pheodatacenter@gmail.com

Author and Editor in Chief:

Zewdu Assefa (MPH, Field Epidemiologist)

Lead, Public Health Emergency Early Warning and Response Unit

E-mail: zedhiwot05@gmail.com

Mobile: +251-919-59-97-09

Contributors:

Misgana Banacha: *Acute Watery Diarrhea*

Endalkew Sisay, Diriba Sufa, Medhanye H/Tsion, Getaneh Abrha, Mikias Alayu, Yosef

H/Mariam, Desalegn Belay, Abdulhafiz Hassen: *PHEM Consultative Meeting*

Reviewer:

Dr. Feyessa Regassa (MSc, Acting Director of Public Health Emergency Management

Directorate)
