Highlights of the week

**Surveillance Completeness Rate:** Nationally, the proportion of health facilities that reported surveillance data was 93.1% 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 128,385 febrile cases were suspected for malaria and tested either by microscopy or RDT in the week. Of these cases, 23.9% (29,110) were treated for malaria. As compared to week 33, there was 1.9% (556 cases) decrement.

**Severe Acute Malnutrition:** A total of 4,115 cases with seven deaths were reported with decrement of 6.4% (280 cases) as compared to last week.

**Measles:** Measles suspected outbreak threshold was surpassed in seven woredas during the week and the national non measles febrile rash rate was 2.7.

**Meningitis:** A total of 41 suspected meningococcal meningitis cases were reported with two deaths. As compared to last week there was 13.9% (5 cases) increment. Alert threshold was reached at Gambella Town (cases were reported from Gambella Hospital).

**Anthrax:** A total of 13 suspected anthrax cases with three deaths were reported during the week.

**Rabies Exposure:** A total of 92 exposure cases with two deaths were reported which was 95.7% (45 exposure cases) higher than the last week.

**Maternal Death:** A total of 20 maternal deaths were reported from 19 reporting sites.

**Zero Reports:** Zero suspected cases of avian human influenza, dracunculiasis, 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, Amhara, Tigray, Afar, Oromia B/Gumuz, SNNP and Dire Dawa Regions and a total of 463 suspected AWD cases with six deaths were reported during the week. National Public Health Emergency Operation Center incident management system is coordinating the response to the outbreak.

**Influenza Sentinel Surveillance:** A total of two samples were tested of which none tested positive for Influenza.

**EDEP Activities:** Rumor collection and verification is maintained.

**Epidemiologic Approach for Malaria Control Training:** In order to strengthen malaria surveillance system training was conducted in SNNPR.
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 34 of 2017 and daily phone communication, line list reports of outbreaks for week 35 of 2017. 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 and investigation of data from outbreak areas.

II. National Surveillance Data Summary

Table 1: Comparison of surveillance data by week, week 33 and 34, 2017, Ethiopia.

<table>
<thead>
<tr>
<th>Indicators</th>
<th>2017</th>
<th>Week 33</th>
<th>Week 34</th>
<th>% Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent of Health Facility reported</td>
<td></td>
<td>94.19%</td>
<td>93.10%</td>
<td>-1.2</td>
</tr>
<tr>
<td>Percent of Health Facility reported timely</td>
<td></td>
<td>93.87%</td>
<td>87.85%</td>
<td>-6.4</td>
</tr>
<tr>
<td>Total Malaria Confirmed and Clinical</td>
<td></td>
<td>29,666</td>
<td>29,110</td>
<td>-1.9</td>
</tr>
<tr>
<td>Typhoid fever</td>
<td></td>
<td>22,280</td>
<td>22,160</td>
<td>-0.5</td>
</tr>
<tr>
<td>Epidemic Typhus</td>
<td></td>
<td>8,167</td>
<td>7,940</td>
<td>-2.8</td>
</tr>
<tr>
<td>Dysentery</td>
<td></td>
<td>7,028</td>
<td>6,812</td>
<td>-3.1</td>
</tr>
<tr>
<td>Severe Acute Malnutrition</td>
<td></td>
<td>4395</td>
<td>4115</td>
<td>-6.4</td>
</tr>
<tr>
<td>Acute Watery Diarrhea</td>
<td></td>
<td>571</td>
<td>463</td>
<td>-18.9</td>
</tr>
<tr>
<td>Rabies exposure</td>
<td></td>
<td>47</td>
<td>97</td>
<td>95.7</td>
</tr>
<tr>
<td>Measles</td>
<td></td>
<td>34</td>
<td>35</td>
<td>2.9</td>
</tr>
<tr>
<td>Suspected Meningitis</td>
<td></td>
<td>36</td>
<td>41</td>
<td>13.9</td>
</tr>
<tr>
<td>Relapsing fever</td>
<td></td>
<td>32</td>
<td>55</td>
<td>71.9</td>
</tr>
<tr>
<td>Maternal Death</td>
<td></td>
<td>28</td>
<td>20</td>
<td>-28.6</td>
</tr>
<tr>
<td>Acute Flaccid Paralysis</td>
<td></td>
<td>20</td>
<td>12</td>
<td>-40.0</td>
</tr>
<tr>
<td>Anthrax</td>
<td></td>
<td>23</td>
<td>13</td>
<td>-43.5</td>
</tr>
<tr>
<td>Neonatal Tetanus</td>
<td></td>
<td>3</td>
<td>2</td>
<td>-33.3</td>
</tr>
<tr>
<td>Avian Human Influenza</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Polio</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Drancunculiasis/Guinea worm</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Pandemic Influenza</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>SARS</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Small pox</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Yellow Fever</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Viral hemorrhagic fever</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0.0</td>
</tr>
</tbody>
</table>
III. Public Health Surveillance Reporting Completeness and Timeliness Rates

A. Public Health Surveillance Reporting Completeness Rate

The national surveillance completeness rate was 93.1% in the week which is above the minimum requirement (80%) and all regions had achieved above the minimum requirement except Afar (0.0%) and Somali (66.3%) Regions (Fig 1).

Figure 1: Surveillance data completeness rate by regions, week 31-34, 2017, Ethiopia.

B. Public Health Surveillance Reporting Timeliness Rate

During the week the national surveillance data reporting timeliness rate was 87.9% and all regions except Afar (0.0%), B/Gumuz (0.0%), Harari (0.0%) and Somali (0.0%) had achieved above the minimum requirement, 80%.

Figure 2: Surveillance data completeness rate by regions, week 31-34, 2017, Ethiopia.
IV. Diseases/Conditions under Surveillance Updates

1. Malaria

During the week a total of 128,385 health facilities visitors were suspected and examined for malaria of which 22.7% (29,110) cases were treated as malaria which was 1.9% (556 cases) lower than the last week. Plasmodium falciparum contributes the highest portion of the cases reported during the week, 74.1% (20,809 cases) of the cases nationally and 95.3%, 89.2% and 78.5% in Gambella, B/Gumuz, and Somali Regions respectively. The number of cases reported in 2017 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 2015-2017, Ethiopia.](image)

The malaria attack rate per 100,000 populations is highest in Gambella (384.1) followed by B/Gumuz Region (274.7) during the week and it was 22.6 nationwide.

Cascading the malaria cases to regions, 22.6% (6,832 cases), 19% (5,764 cases) and 11.9% (3,622 cases) were reported from Amhara, SNNP and Oromia Regions respectively during the week.
Figure 4: Regional malaria cases distribution by week, week 30-34, 2017, Ethiopia.

Note: AR - Malaria attack rate per 100,000 populations

Map 1: Malaria attack rate per 100,000 populations by woredas, week 34, 2017, Ethiopia.
A total of 1194 cases (4.1%) of malaria were treated clinically nationwide while 58.7%, 23.1% and 9.4% were treated clinically in Somali Region, Harari and Gambella Regions respectively. The clinically treated malaria cases during the week were below the national recommendation nationally but higher than in Somali, Harari, Gambella Oromia and B/Gumuz Regions. The malaria slide positivity rate nationwide during the week was 21.7%. The national positivity rate for plasmodium falciparum was 16.2% while 46.6% and 39.1% in Gambella and Somali Regions respectively during the week.

Table 2: Regional Malaria cases by type and indicators, week 34, 2017, Ethiopia

<table>
<thead>
<tr>
<th>Region</th>
<th>Cases</th>
<th>Inp</th>
<th>Deaths</th>
<th>IpR</th>
<th>CFR</th>
<th>Tested</th>
<th>PF</th>
<th>PV</th>
<th>Conf</th>
<th>Clin</th>
<th>MPR (%)</th>
<th>PF-PR (%)</th>
<th>Clin (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>A/Ababa</td>
<td>104</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>515</td>
<td>31</td>
<td>73</td>
<td>104</td>
<td>0</td>
<td>20.2</td>
<td>6</td>
<td>0</td>
</tr>
<tr>
<td>Amhara</td>
<td>8395</td>
<td>14</td>
<td>0</td>
<td>0.2</td>
<td>0</td>
<td>35910</td>
<td>6287</td>
<td>2102</td>
<td>8389</td>
<td>6</td>
<td>23.4</td>
<td>17.5</td>
<td>0.1</td>
</tr>
<tr>
<td>B/Gumuz</td>
<td>3520</td>
<td>52</td>
<td>0</td>
<td>1.5</td>
<td>0</td>
<td>11516</td>
<td>2970</td>
<td>360</td>
<td>3330</td>
<td>190</td>
<td>28.9</td>
<td>25.8</td>
<td>5.4</td>
</tr>
<tr>
<td>D/Dawa</td>
<td>19</td>
<td>1</td>
<td>0</td>
<td>5.3</td>
<td>0</td>
<td>861</td>
<td>12</td>
<td>7</td>
<td>19</td>
<td>0</td>
<td>2.2</td>
<td>1.4</td>
<td>0</td>
</tr>
<tr>
<td>Gambella</td>
<td>2233</td>
<td>80</td>
<td>0</td>
<td>3.6</td>
<td>0</td>
<td>4132</td>
<td>1927</td>
<td>95</td>
<td>2022</td>
<td>211</td>
<td>48.9</td>
<td>46.6</td>
<td>9.4</td>
</tr>
<tr>
<td>Harari</td>
<td>359</td>
<td>2</td>
<td>1</td>
<td>3.6</td>
<td>0</td>
<td>153</td>
<td>143</td>
<td>133</td>
<td>276</td>
<td>83</td>
<td>47.3</td>
<td>24.5</td>
<td>23.1</td>
</tr>
<tr>
<td>Oromia</td>
<td>3499</td>
<td>5</td>
<td>0</td>
<td>0.1</td>
<td>0</td>
<td>24064</td>
<td>2226</td>
<td>1029</td>
<td>3255</td>
<td>244</td>
<td>13.5</td>
<td>9.3</td>
<td>7</td>
</tr>
<tr>
<td>SNNPR</td>
<td>5418</td>
<td>24</td>
<td>0</td>
<td>0.4</td>
<td>0</td>
<td>31775</td>
<td>3525</td>
<td>1773</td>
<td>5298</td>
<td>120</td>
<td>16.7</td>
<td>11.1</td>
<td>2.2</td>
</tr>
<tr>
<td>Somali</td>
<td>595</td>
<td>0</td>
<td>0</td>
<td>0.4</td>
<td>0</td>
<td>493</td>
<td>193</td>
<td>53</td>
<td>246</td>
<td>349</td>
<td>49.9</td>
<td>39.1</td>
<td>58.7</td>
</tr>
<tr>
<td>Tigray</td>
<td>4968</td>
<td>15</td>
<td>0</td>
<td>0.3</td>
<td>0</td>
<td>18536</td>
<td>3495</td>
<td>1482</td>
<td>4977</td>
<td>-9</td>
<td>26.9</td>
<td>18.9</td>
<td>-0.2</td>
</tr>
<tr>
<td>Grand Total</td>
<td>29110</td>
<td>194</td>
<td>0</td>
<td>0.7</td>
<td>0</td>
<td>128385</td>
<td>20809</td>
<td>7107</td>
<td>27916</td>
<td>1194</td>
<td>21.7</td>
<td>16.2</td>
<td>4.1</td>
</tr>
</tbody>
</table>

Note: Tested-Suspected malaria fever cases examined by microscopy or RDT, PF-Plasmodium falciparum, PV-Plasmodium vivax, Cli-Clinical Malaria, Conf-confirmed malaria, MPR, Malaria positivity rate, IpC-In patient cases, IpR- In patient rate, CFR- case fatality rate

2. Suspected Meningitis

During week 34 of 2017 a total of 41 suspected meningococcal meningitis cases were reported from SNNP (11 cases), Oromia (10 cases), Gambella (6 cases) Amhara (5 cases), Somali (3 cases), Addis Ababa (4 cases) and B/Gumuz (2 cases). There were two deaths reported during the week from Limu Hospital of Oromia Region. The alert threshold was reached at Gambella Town (AR=8.1/100000 population) during the week though difficult to declare as it is hospital report. The suspected cases reported during the week were higher than the suspected cases during the same week of the 2015 and 2016.
Figure 5: Trend of suspected meningococcal meningitis cases over week, 2015-2017, Ethiopia.

Map 2: Suspected meningococcal meningitis thresholds status by woreda, week 34, 2017, Ethiopia.
3. Dysentery

During week 34, a total of 6,812 dysentery cases without death were reported showing 3.1% (216 cases) decrement as compared to week 33 of 2017. The number of cases reported during the week was lower than the same week of the last year cases.

![Dysentery cases trend by week, 2016-2017, Ethiopia.](image)

The national attack rate per 100,000 populations during the week was 7.07 and Tigray Region was with highest attack rate (20.4/100,000) followed by B/Gumuz Region (AR=16.6/100,000) and Amhara Region (AR=11.5/100,000).

4. Typhoid Fever

During week 34, a total of 22,160 cases of typhoid fever without death were reported which was 0.5% (120 cases) lower than the last week of the same year. The typhoid fever cases reported in 2017 is continued to be higher than the cases of the same weeks in 2016.

![Typhoid fever cases trend by week, 2016-2017, Ethiopia.](image)
Addis Ababa has highest affected population (AR= 101.7/100,000) followed by B/Gumuz Region (AR= 80.9/100,000) and SNNPR (AR=41.9/100,000) during the week while nationwide 229 persons per a million populations were affected by typhoid fever.

5. Relapsing Fever
A total of 55 cases of relapsing fever without death were reported during week 34. Nationally, about six persons per ten million populations were affected while 46 and 9 persons per ten million populations were affected in Addis Ababa and Oromia Region respectively during the week.

6. Epidemic Typhus
A total of 7,940 cases of epidemic typhus with two deaths were reported during week 34, which was 2.8% (227 cases) lower than the week 33 of 2017 cases. The number of cases reported during 2017 are continued to be higher than the number of cases reported during the similar weeks of 2016.

![Figure 8: Epidemic typhus cases trend by week, 2016-2017, Ethiopia.](image)

Nationwide about eight persons per 100,000 populations were affected by epidemic typhus while in Addis Ababa and B/Gumuz Region about 74 and 27 persons per 100,000 populations were affected respectively during the week.

7. Severe Acute Malnutrition
During week 34 of 2017, a total of 4,115 cases were reported which showed 6.4% (280 cases) decrement as compared to last week. There were a total of seven deaths from SNNPR (3 deaths), Oromia (3 deaths) and Tigray (1 death) reported during the week. The severe acute malnutrition cases reported during the week 34 of 2017 were slightly lower than the number of cases reported during the same week of the last year.
Figure 9: Severe acute malnutrition cases trend by week, 2016-2017, Ethiopia.

About 412 (10.0%) of the total reported SAM cases were treated in patient during the week nationally.

The top ten severe acute manutrition leading woredas during the last one month (week 31-34) were from Oromia and Somali Regions.

Table 3: Top ten severe acute malnutrition cases reporting woredas, week 31-34, 2017, Ethiopia.

<table>
<thead>
<tr>
<th>Region</th>
<th>Zone</th>
<th>Woreda</th>
<th>wk 31</th>
<th>wk 32</th>
<th>wk 33</th>
<th>wk 34</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oromia</td>
<td>West Hararge</td>
<td>Chiro Zuriya</td>
<td>42</td>
<td>19</td>
<td>42</td>
<td>88</td>
</tr>
<tr>
<td>Somali</td>
<td>Jarar</td>
<td>Dagahbur Hospital</td>
<td>35</td>
<td>74</td>
<td>83</td>
<td>48</td>
</tr>
<tr>
<td>Oromia</td>
<td>East Hararge</td>
<td>Fedis</td>
<td>37</td>
<td>56</td>
<td>40</td>
<td>33</td>
</tr>
<tr>
<td>Oromia</td>
<td>West Hararge</td>
<td>Gemechis</td>
<td>49</td>
<td>50</td>
<td>20</td>
<td>62</td>
</tr>
<tr>
<td>Oromia</td>
<td>East Hararge</td>
<td>Girawa</td>
<td>22</td>
<td>23</td>
<td>46</td>
<td>56</td>
</tr>
<tr>
<td>Oromia</td>
<td>East Hararge</td>
<td>Haromaya Rural</td>
<td>50</td>
<td>42</td>
<td>61</td>
<td>38</td>
</tr>
<tr>
<td>Oromia</td>
<td>West Hararge</td>
<td>Oda Bultum</td>
<td>53</td>
<td>43</td>
<td>45</td>
<td>47</td>
</tr>
<tr>
<td>Oromia</td>
<td>West Arsi</td>
<td>Shala</td>
<td>34</td>
<td>33</td>
<td>48</td>
<td>54</td>
</tr>
<tr>
<td>Oromia</td>
<td>West Arsi</td>
<td>Shashemene Rural</td>
<td>20</td>
<td>61</td>
<td>49</td>
<td>50</td>
</tr>
<tr>
<td>Oromia</td>
<td>West Arsi</td>
<td>Siraro</td>
<td>42</td>
<td>31</td>
<td>49</td>
<td>31</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td><strong>Grand Total</strong></td>
<td><strong>384</strong></td>
<td><strong>432</strong></td>
<td><strong>483</strong></td>
</tr>
</tbody>
</table>
8. Acute Flaccid Paralysis

During the week a total of 12 suspected AFP cases were reported which was 40% (8 cases) lower than the last week.

9. Anthrax

A total of 13 suspected anthrax cases with three deaths were reported from Amhara Regions during the week.

Table 4: Distribution of suspected anthrax cases and deaths by woredas, week 34, 2017, Ethiopia.

<table>
<thead>
<tr>
<th>Region</th>
<th>Zone</th>
<th>Reporting site</th>
<th>Case</th>
<th>Death</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amhara</td>
<td>Wag Himra</td>
<td>Zikwala</td>
<td>7</td>
<td>0</td>
</tr>
<tr>
<td>Amhara</td>
<td>South Wollo</td>
<td>Tehuledere</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>Amhara</td>
<td>Waghimra</td>
<td>Abergele</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Amhara</td>
<td>Waghimra</td>
<td>Sehale Seyemt</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Grand Total</td>
<td>13</td>
<td>3</td>
</tr>
</tbody>
</table>

10. Measles suspected cases

During the week 34, a total of 35 suspected measles cases without death were reported and as compared to last week there was 2.9% (1 case) increment. Measles suspected outbreak threshold was surpassed in about seven woredas based on the national outbreak threshold criteria (woreda that reported greater than five suspected cases over the last four weeks, 31-34 weeks).

Table 5: Woredas/sub city in which suspected measles outbreak threshold is surpassed as of week 34, 2017, Ethiopia.

<table>
<thead>
<tr>
<th>Region</th>
<th>Zone</th>
<th>Reporting site</th>
<th>wk 30</th>
<th>wk 31</th>
<th>wk 32</th>
<th>wk 33</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Somali</td>
<td>Dollo</td>
<td>Warder</td>
<td>1</td>
<td>6</td>
<td>13</td>
<td>20</td>
<td>40</td>
</tr>
<tr>
<td>Oromia</td>
<td>S/W Shewa</td>
<td>Woliso Town</td>
<td>7</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>7</td>
</tr>
<tr>
<td>Amhara</td>
<td>Waghimra</td>
<td>Gazgibila</td>
<td>2</td>
<td>0</td>
<td>2</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td>SNNP</td>
<td>South Omo</td>
<td>Bena Tsemay</td>
<td>5</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td>Oromia</td>
<td>Jimma</td>
<td>Jimma Spe Town</td>
<td>0</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Addis Ababa</td>
<td>Nefas Sil</td>
<td>Nefas Silk Lafto</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td>Somali</td>
<td>Afder</td>
<td>West Ime</td>
<td>0</td>
<td>-</td>
<td>5</td>
<td>-</td>
<td>5</td>
</tr>
</tbody>
</table>

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

The annualized proportion of woredas that reported at least one suspected measles case as of week 34, were 60% (528 woredas) nationwide. The national non measles febrile rash rate as of week 34 was 2.7.
Table 6: Annualized non measles febrile rash rate and proportion of woredas reported at least one suspected measles case by region as of week 34, 2017, Ethiopia.

<table>
<thead>
<tr>
<th>Region Name</th>
<th>Non Measles Febrile Rash Rate</th>
<th>Number of Woredas Expected to Report at least 1 Suspected Measles Case</th>
<th>Number of Woredas Reported at least 1 Suspected Measles Case</th>
<th>Proportion of Woredas Reported at least 1 Suspected Measles Case</th>
</tr>
</thead>
<tbody>
<tr>
<td>Addis Ababa</td>
<td>16.5</td>
<td>85</td>
<td>85</td>
<td>100%</td>
</tr>
<tr>
<td>Afar</td>
<td>1.4</td>
<td>30</td>
<td>8</td>
<td>27%</td>
</tr>
<tr>
<td>Amhara</td>
<td>1.6</td>
<td>143</td>
<td>91</td>
<td>64%</td>
</tr>
<tr>
<td>Benishangul Gumuz</td>
<td>9.9</td>
<td>16</td>
<td>16</td>
<td>100%</td>
</tr>
<tr>
<td>Dire Dawa</td>
<td>2.3</td>
<td>1</td>
<td>1</td>
<td>100%</td>
</tr>
<tr>
<td>Gambella</td>
<td>3.7</td>
<td>8</td>
<td>2</td>
<td>25%</td>
</tr>
<tr>
<td>Hareri</td>
<td>0.6</td>
<td>1</td>
<td>1</td>
<td>100%</td>
</tr>
<tr>
<td>Oromia</td>
<td>2.3</td>
<td>332</td>
<td>175</td>
<td>53%</td>
</tr>
<tr>
<td>SNNPR</td>
<td>1.9</td>
<td>152</td>
<td>98</td>
<td>64%</td>
</tr>
<tr>
<td>Somali</td>
<td>1.4</td>
<td>69</td>
<td>17</td>
<td>25%</td>
</tr>
<tr>
<td>Tigray</td>
<td>1.6</td>
<td>49</td>
<td>34</td>
<td>69%</td>
</tr>
<tr>
<td>National</td>
<td>2.7</td>
<td>886</td>
<td>528</td>
<td>60%</td>
</tr>
</tbody>
</table>
Note: NMFR = Non Measles Febrile Rash Rate

Map 3: Woreda level non measles febrile rash rate as of week 34 of 2017, Ethiopia

11. Neonatal Tetanus

Three suspected cases of NNT one death were reported Bule Hora Hospital, Dila Town and Shiraro Town during the week.

Table 7: Distribution of suspected NNT cases and death by reporting site, week 34, 2017, Ethiopia.

<table>
<thead>
<tr>
<th>Region</th>
<th>Zone</th>
<th>Reporting site</th>
<th>Case</th>
<th>Death</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oromia</td>
<td>West Guji</td>
<td>Bule Hora Hospital</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>SNNPR</td>
<td>Gedeo</td>
<td>Dila Town</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Tigray</td>
<td>North Western Tigray</td>
<td>Shiraro Town</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Grand Total</td>
<td>3</td>
<td>1</td>
</tr>
</tbody>
</table>
12. Rabies Exposure

A total of 92 exposure cases without death were reported during the week which was 95.7% (45 exposure cases) higher than the last week exposure cases.

Table 8: Distribution of suspected rabies exposure cases and deaths by reporting sites, week 34 of 2017, Ethiopia.

<table>
<thead>
<tr>
<th>Region</th>
<th>Zone/Subcity</th>
<th>Reporting sites</th>
<th>Case</th>
<th>Death</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tigray</td>
<td>North Western Tigray</td>
<td>Shire Enida Silase Town</td>
<td>22</td>
<td>0</td>
</tr>
<tr>
<td>Tigray</td>
<td>South Tigray</td>
<td>Maychew Town</td>
<td>10</td>
<td>0</td>
</tr>
<tr>
<td>Tigray</td>
<td>Mekele Especial Zone</td>
<td>South &amp; North Mekele</td>
<td>7</td>
<td>0</td>
</tr>
<tr>
<td>Tigray</td>
<td>Central Tigray</td>
<td>Abiyi Adi Town</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>Addis Ababa</td>
<td>Chirkos</td>
<td>Chirkos</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>Tigray</td>
<td>Eastern Tigray</td>
<td>Adi Girat Town</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>Benishangul-Gumuz</td>
<td>Assosa</td>
<td>Bambasi</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>Addis Ababa</td>
<td>Chirkos</td>
<td>Chirkos</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>SNNPR</td>
<td>Hadiya</td>
<td>Soro</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>Amhara</td>
<td>East Gojjam</td>
<td>Debre Markos Hospital</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>Tigray</td>
<td>South East</td>
<td>Degua Tembien</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Amhara</td>
<td>Gonder Town</td>
<td>Gonder Town</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Amhara</td>
<td>North Wollo</td>
<td>Guba Lafto</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Tigray</td>
<td>South Tigray</td>
<td>Korem Town</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Addis Ababa</td>
<td>Addis Ketema</td>
<td>Addis Ketema</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Oromia</td>
<td>East Wellega</td>
<td>Jimma Arjo</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Oromia</td>
<td>Lege Dadi Lege Tafo Town</td>
<td>Lege Dadi Lege Tafo Town</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Amhara</td>
<td>North Gondar</td>
<td>Dembia</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Oromia</td>
<td>Horo Gudru Wellega</td>
<td>Jimma Geneti</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Amhara</td>
<td>North Wollo</td>
<td>Kobo</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Amhara</td>
<td>North Wollo</td>
<td>Lalibela</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Oromia</td>
<td>Sebeta Town</td>
<td>Sebeta Town</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Tigray</td>
<td>Central Tigray</td>
<td>Tanqua Abergelle</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td><strong>Grand Total</strong></td>
<td></td>
<td><strong>92</strong></td>
<td><strong>0</strong></td>
</tr>
</tbody>
</table>

13. Maternal Death

During the week a total of 20 maternal deaths were reported from 19 reporting sites of Oromia Region (11 deaths), Amhara Region (4 deaths), SNNP Region (1 death), Addis Ababa (1 death), Tigray Region (2 death) and B/Gumuz Region (1 death).

14. Influenza Sentinel Surveillance

In week 34 of 2017, a total of 3 patients complaining of ILI or SARI were reported and throat swab samples were collected to be tested in predesignated influenza sentinel sites. Two of the collected samples were processed. Among the two samples processed none of the samples tested positive for Influenza during the week.
V. Diseases/Conditions Outbreaks

1. Acute Watery Diarrhea Outbreak

Acute watery diarrhea outbreak is ongoing in some woredas of Amhara, Tigray, Somali, Oromia, B/Gumuz, SNNP, Dire Dawa and Afar Regions. During the week a total of 463 suspected cases of AWD with six deaths were reported which was 18.9% (108 cases) lower than the last week cases.

Team composing of epidemiologists both from national and regional health bureaus, partners including WHO, UNICEF, MSF and Save the Children 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. EDEP Activities
Rumor collection through toll free phone is maintained and all rumors in level II and other parts of the country were investigated within 24 hours of reporting. In Gambella Region, a total of seven potential suspects in Level I (Gog woreda) are under direct observation in Case Containment Centre (CCC).

2. Epidemiologic Approach for Malaria Control Training
The extension of the training on epidemiological approach for malaria control to PHEM officers at zonal and a woreda level was provided to 108 PHEM officers in SNNP Region from August 28-31 in Hawassa Town.

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 and National Virology Research Team for compiling and sharing the case based data of measles and influenza.
For Further Information:

Please Contact Us: Ethiopian Public Health Institute (EPHI), Public Health Emergency Management (PHEM),
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Yohannes Dugasa: Epidemiological Approach for Malaria Control Training

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