



Highlights of the week

Surveillance Completeness Rate: Nationally, the proportion of health facilities that reported surveillance data was 87.5 %, which is above the minimum requirement (80%).

Surveillance Timeliness Rate: Nationwide, the proportion of health facilities that reported the surveillance data timely was above the minimum requirement, i.e. 86%.

Malaria: A total of 109,738 febrile cases without death were suspected for malaria and tested either by microscopy or RDT in the week. Of these cases 18.2% (20,018) were treated for malaria. As compared to last week, there was 2.3% (445 cases) increment.

Severe Acute Malnutrition: A total of 3,724 cases with nine deaths were reported with increment of 14.4% (469 cases) as compared to last week.

Measles: A total of 59 cases were reported and measles suspected outbreak threshold was surpassed in ten woredas as of the week.

Meningitis: A total of 43 suspected meningitis cases without death were reported.

Anthrax: A total of 5 suspected anthrax cases with no death were reported during the week.

Rabies Exposure: A total of 78 exposure cases without death were reported which showed 52.4% (86 cases) decrement compared with exposures reported in the last week.

Neonatal Tetanus: A total of one NNT case without death were reported in the last week.

Maternal Death: A total of 18 maternal deaths were reported from 15 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 Afar, Dire Dawa and Tigray Region.

Global Situation: There is ongoing EVD outbreak in Democratic Republic of Congo.

PHEM Structure Consultative Workshop: Conducted in EPHI training center 23-24 August, 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 32 of 2018 and daily phone communication, line list reports of outbreaks for week 33 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 31 and 32, 2018, Ethiopia.

Indicators/diseases/conditions	2018		
	Week 31	Week 32	% Change
Percent of Health Facility reported	84.4%	87.5%	3.7
Percent of Health Facility reported timely	81.4%	86.0%	5.6
Total Malaria Confirmed and Clinical	19,573	20,018	2.3
Typhoid fever	22,343	22,984	2.9
Epidemic Typhus	10,372	10,501	1.2
Dysentery	5,894	6,347	7.7
Severe Acute Malnutrition	3255	3724	14.4
Suspected Measles	69	59	-14.5
Rabies exposure	164	78	-52.4
Suspected Meningitis	51	43	-15.7
Relapsing Fever	60	38	-36.7
Suspected Anthrax	2	5	150.0
Maternal Death	10	18	80.0
Acute Flaccid Paralysis	10	7	-30.0
Acute Watery Diarrhea	125	186	48.8
Neonatal Tetanus	0	1	0
Avian Human Influenza	0	0	0
Polio	0	0	0
Drancunculiasis/Guinea worm	0	0	0
Pandemic Influenza	0	0	0
SARS	0	0	0
Small pox	0	0	0
Yellow Fever	0	0	0
Viral hemorrhagic fever	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 87.5% in the week which is above the minimum requirement and all regions except Somali region (0.0%) had achieved above the minimum requirement, 80%. (Fig 1).

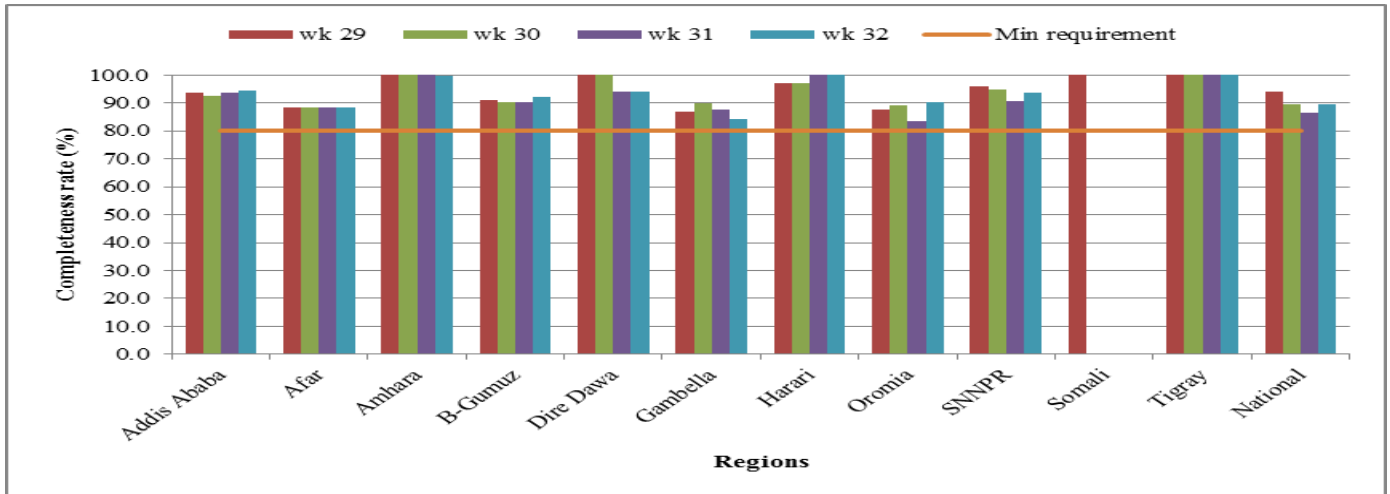


Figure 1: Surveillance data completeness rate by regions, week 29-32, 2018, Ethiopia.

B. Public Health Surveillance Reporting Timeliness Rate

During the week the national surveillance data reporting timeliness rate was 86% which is above the minimum requirement and all regions except Afar Region (0.0%) and Somali (0.0%) had achieved above the minimum requirement, 80%.

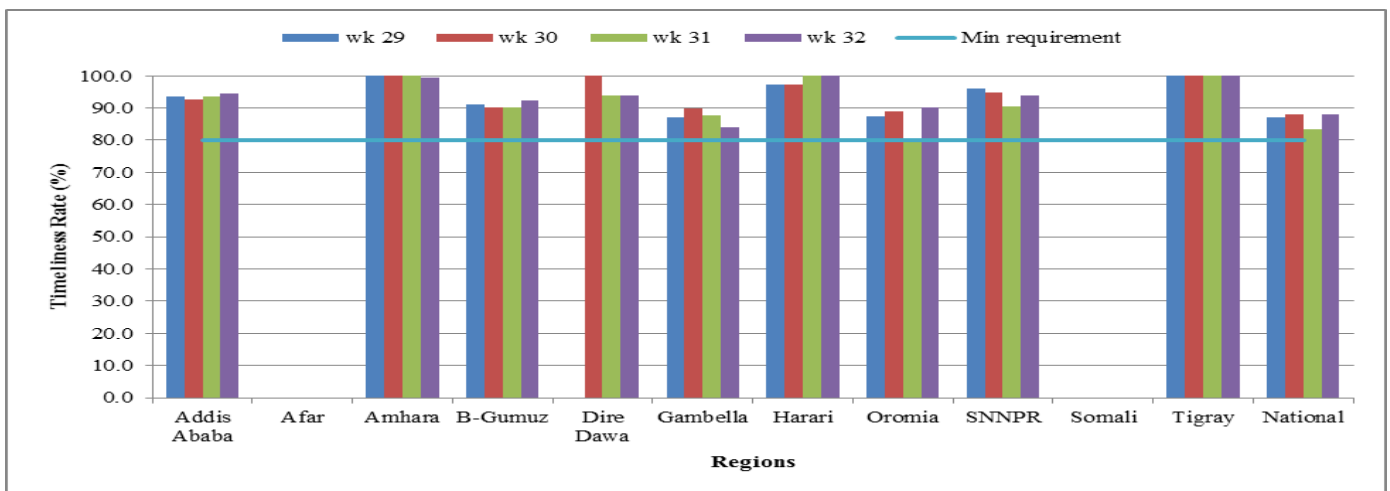


Figure 2: Surveillance data Timeliness rate by regions, week 29-32, 2018, Ethiopia.

IV. Diseases/Conditions under Surveillance Updates

1. Malaria

During the week a total of 109,738 health facilities visitors were suspected and examined for malaria of which 18.2% (20,018) cases were treated as malaria which was 2.3% (445 cases) higher than the last week. Plasmodium falciparum contributes the highest portion of the cases reported during the week, 76.9% (15,139 cases) of the cases nationally and 94.9%, 93.4% and 89.5% in Harari, Gambella and Benishangul-Gumuz regions respectively. The number of cases reported in 2018 is still lower than the number of cases reported in the last two years.

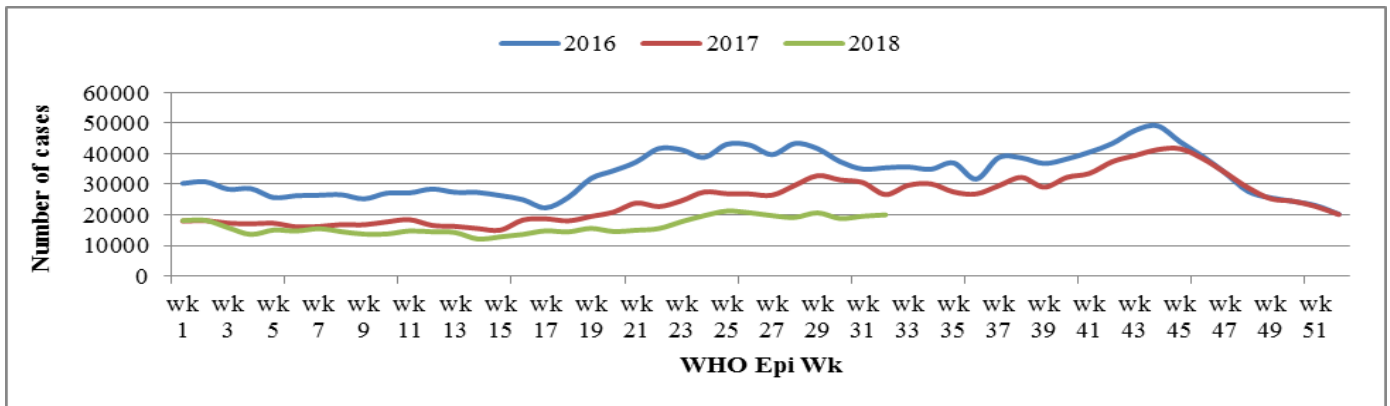


Figure 3: National malaria (clinical and laboratory confirmed) trend by week from 2016-2018, Ethiopia.

Cascading the malaria cases to regions, 24.4% (4,894cases), 24.1% (4,827cases) and 15.7% (3,153 cases) were reported from Amhara, SNNP and Tigray Regions respectively during the week.

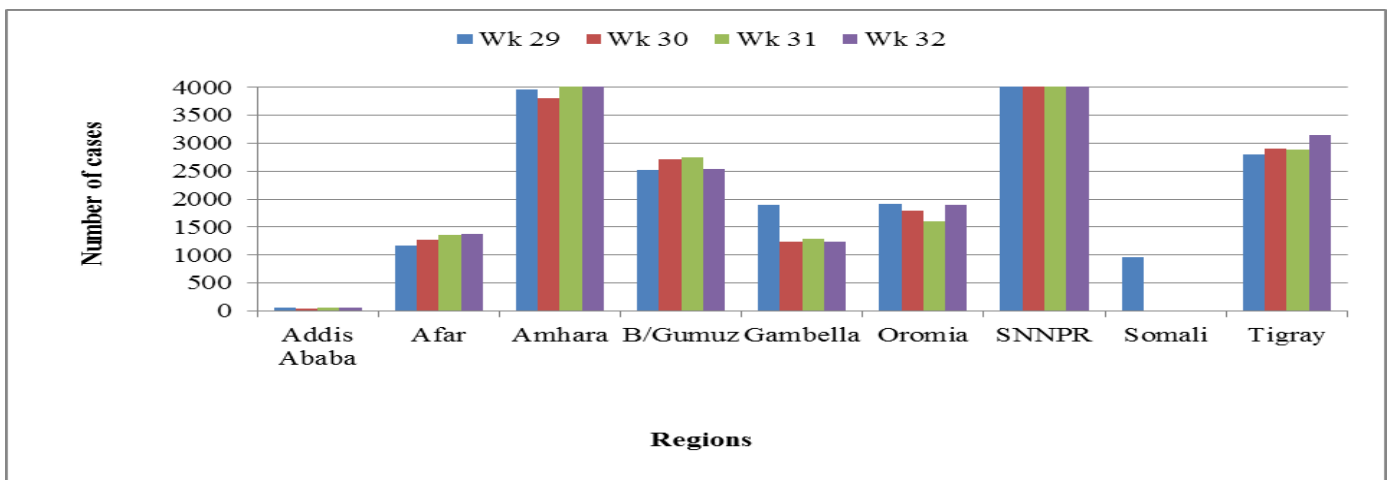


Figure 4: Regional malaria cases distribution, week 29-32, 2018, Ethiopia.

A total of 320 cases (1.6%) of malaria were treated clinically nationwide while 6.7% and 2.3% were treated clinically in Gambella and Tigray Regions respectively. The clinically treated malaria cases during the week is above the national recommendation in Gambella Regions. The nationwide malaria slide positivity rate during the week is 18.0% while 42.1%, 33.7% and 23.7% in Somali, Gambella and Afar Regions respectively.

2. Suspected Meningitis

During the week, a total of 43 suspected meningitis cases without death were reported from Oromia (28 cases), SNNP (8 cases), Amhara (3 cases), Addis Ababa (2 cases), Benishangul Gumuz (1 case) and Gambella (1 case) Regions. The suspected cases reported during the week were lower than the suspected cases during the same week of the last year cases.

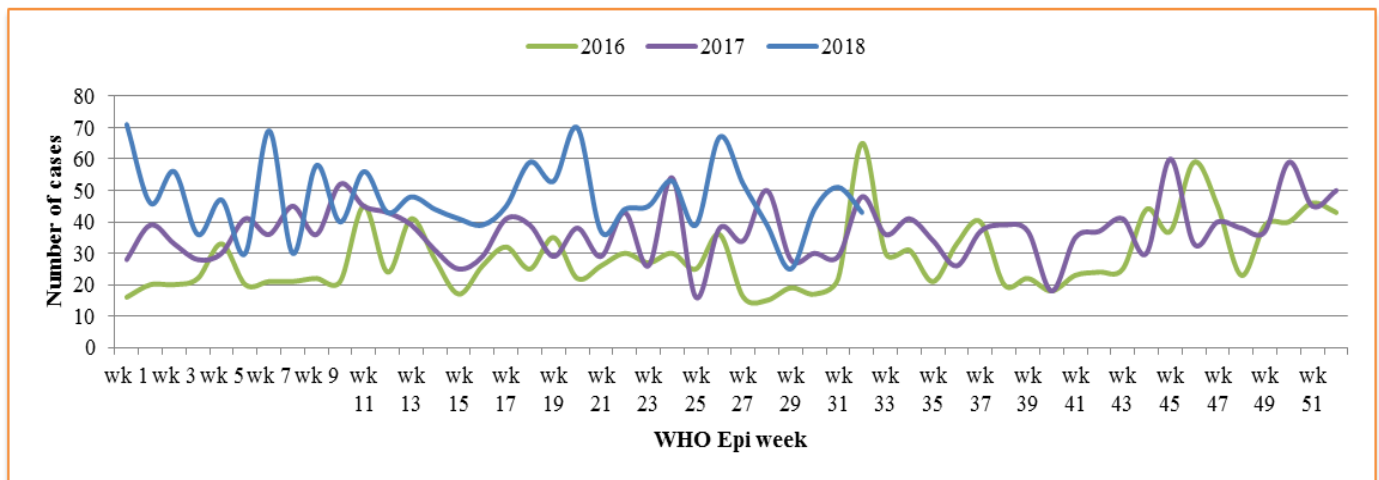


Figure 5: Trend of suspected meningitis cases over week, 2016-2018, Ethiopia.



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Table 2: Suspected meningitis cases and deaths distribution by reporting sites, week 32, 2018, Ethiopia.

Region	Zone	Reporting sites	Suspected Cases	Death
Oromia	Borena	Yabelo Hospital	6	0
SNNPR	Gedeo	Dila Hospital	3	0
Oromia	Bale	Ginir Town	3	0
Oromia	Guji	Adola Hospital	2	0
Oromia	Arsi	Bekoji Town	2	0
Oromia	East Hararge	Bisidimo Hospital	2	0
Amhara	West Gojjam	North Achefer	2	0
Addis Ababa	Kolfe Keraniyo	ALERT Hospital	1	0
Oromia	West Shewa	Ambo Hospital	1	0
Oromia	West Shewa	Ambo University Hosp	1	0
Benishangul-Gumuz	Assosa	Assosa Hospital	1	0
Amhara	Bahir Dar Liyu Town	Bahir Dar Town	1	0
Oromia	Arsi	Bale Gesgara	1	0
SNNPR	Sidama	Bensa	1	0
SNNPR	Sidama	Bona Hospital	1	0
Oromia	Qeleme Wellega	Dambi Dolo Hospital	1	0
Gambella	Agnuwak	Gambella Hospital	1	0
Oromia	West Hararge	Gelemso Hospital	1	0
Oromia	West Shewa	Gindeberet Hospital	1	0
Oromia	Bale	Goba Town	1	0
SNNPR	Halaba	Halaba Hospital	1	0
SNNPR	Halaba	Halaba Town	1	0
Oromia	East Wellega	Jimma Arjo	1	0
Oromia	Arsi	Merti	1	0
Oromia	West Shewa	Meta Waliqite	1	0
Oromia	Jimma	Omo Nada Hospital	1	0
Oromia	Horo Gudru Wellega	Shambu Hospital	1	0
Oromia	South West Shewa	Sodo Dac'Ha	1	0
SNNPR	Wolayita	Sodo Hospital	1	0
Addis Ababa	Lideta	Tikur Anbesa	1	0
Grand Total			43	0

3. Dysentery

During the week, a total of 6,347 dysentery cases without death were reported showing 7.7% (453 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.

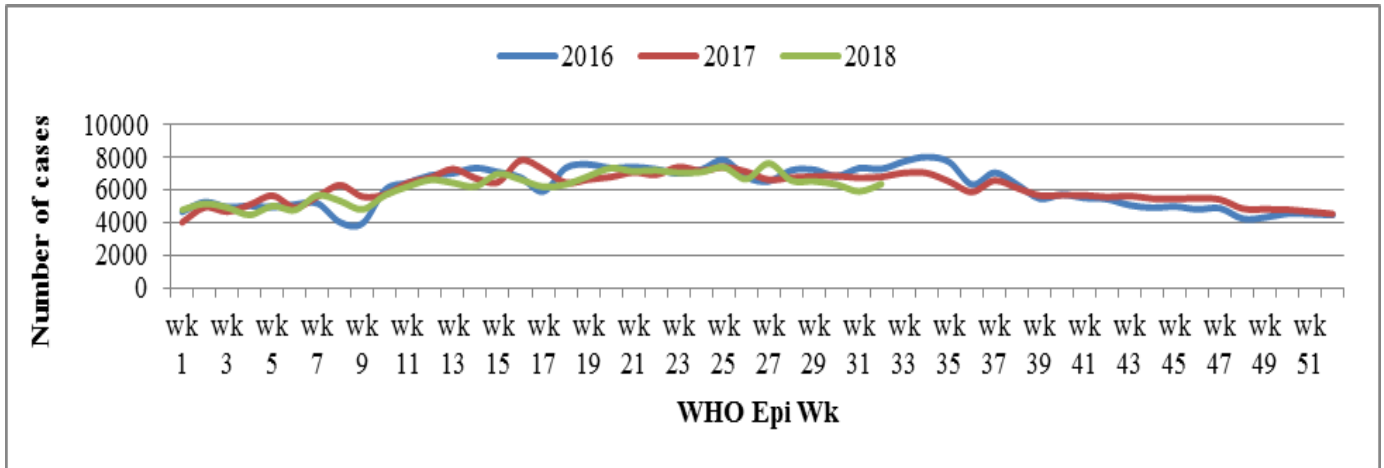


Figure 6: Dysentery cases trend by week, 2016-2018, Ethiopia.

Amhara Region reported highest number of cases (2,472 cases) followed by Oromia Region (1,440 cases) and Tigray Region (996 cases) during the week.

4. Typhoid Fever

During the week, a total of 22,984 cases of typhoid fever without death were reported which was 2.9% (641 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.

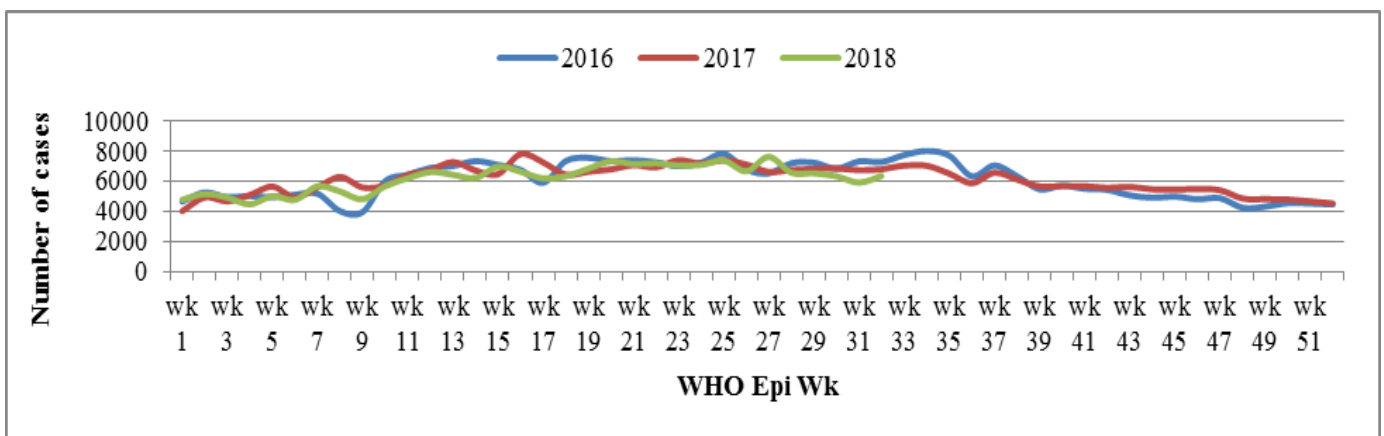


Figure 7: Typhoid fever cases trend by week, 2016-2018, Ethiopia.

SNNP Region reported highest number of cases (7,865 cases) followed by Oromia (6,764 cases) and Addis Ababa City Administration (3,743 cases) during the week.

5. Relapsing Fever

A total of 38 cases of relapsing fever without death were reported during the week which showed 36.7% (22 cases) decrement from the last week. The number of cases reported during the week is lower than the number of cases reported during the same week of 2017.

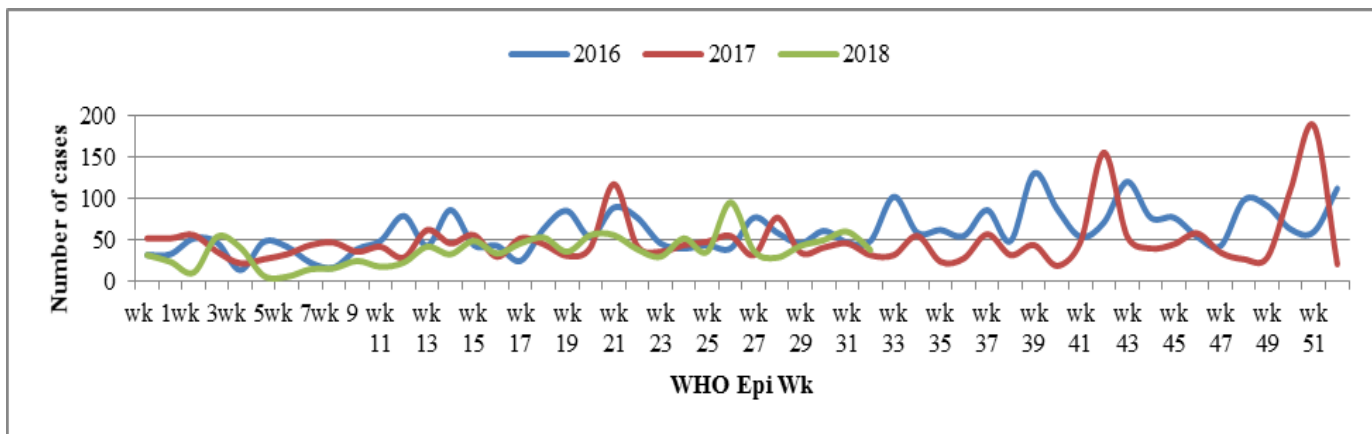


Figure 8: Relapsing fever cases trend by week, 2016-2018, Ethiopia.

Addis Ababa City Administration reported highest number of cases (21 cases) followed by Afar, Gambella and Tigray Regions (4 cases) and Oromia region (3 cases) during the week.

6. Epidemic Typhus

A total of 10,501 cases of epidemic typhus without death were reported during the week, which was 1.2% (129 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.

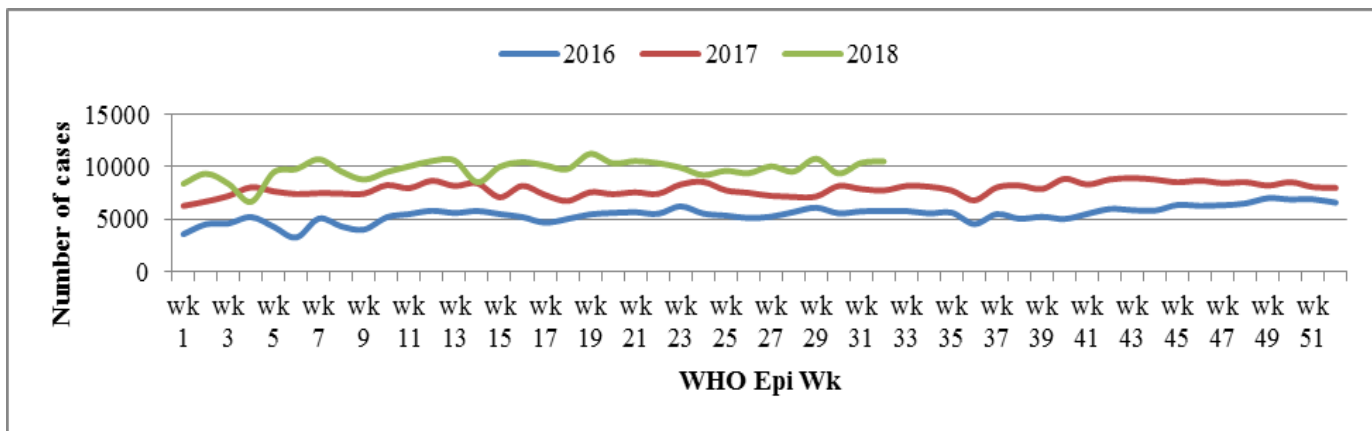


Figure 9: Epidemic typhus cases trend by week, 2016-2018, Ethiopia.

Addis Ababa City Administration reported highest number of cases (3,264 cases) followed by SNNP region (3,086 cases) and Oromia Region (1,958 cases).

7. Severe Acute Malnutrition

During the week, a total of 3,724 cases with nine deaths were reported which showed 14.4% (469 cases) increment 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 year.

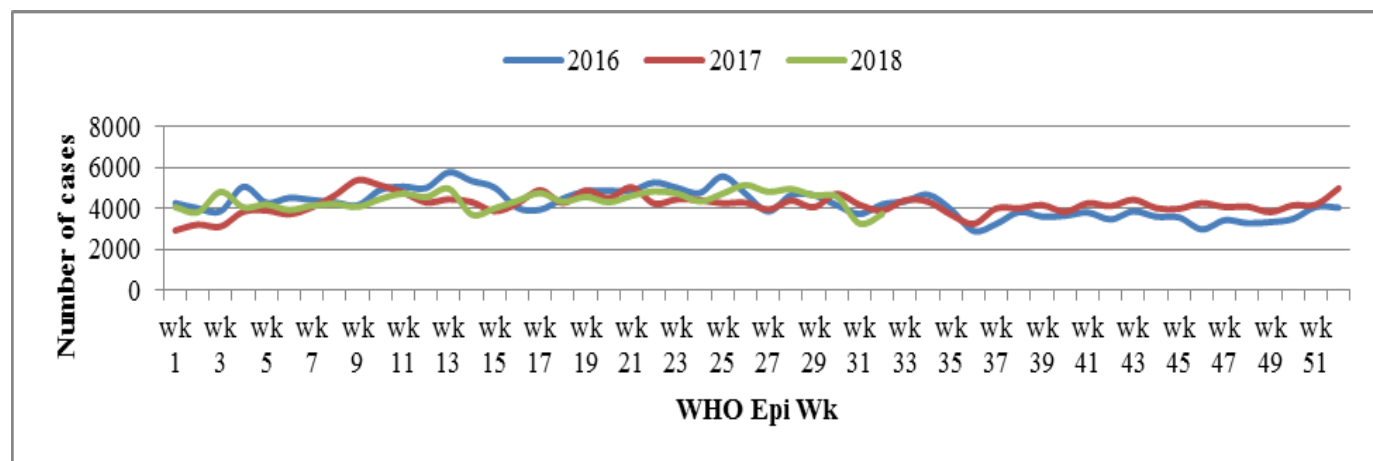


Figure 10: Severe acute malnutrition cases trend by week, 2016-2018, Ethiopia.

About 544 (14.6%) of the total reported SAM cases were treated in patient during the week nationally. Oromia Region reported highest number of cases (2,085 cases) followed by SNNP (733 cases) and Amhara (395 cases) during the week.

The top ten severe acute malnutrition leading woredas during the last one month (week 29-32) were from Oromia, Afar and SNNP.

Table 3: Top ten severe acute malnutrition cases reporting sites, week 29-32, 2018, Ethiopia.

Region	Zone	Reporting sites	Cases				Grand Total
			Wk 29	Wk 30	Wk 31	Wk 32	
Oromia	East Hararge	Bedeno	74	69	-	53	196
Afar	Zone 02	Dalol	54	61	102	0	217
Oromia	East Hararge	Fedis	112	85		81	278
Oromia	West Hararge	Habro	34	42	77	47	200
Oromia	East Hararge	Haromaya Rural	104	79	-	114	297
Oromia	West Hararge	Mesela	78	57	43	35	213
Oromia	West Hararge	Oda Bultum	84	117	83	50	334
Oromia	West Arsi	Shala	58	76	58	43	235
Oromia	West Arsi	Siraro	90	101	54	61	306
SNNPR	Gedeo	Yirgachefe	68	131	0	24	223
		Grand Total	756	818	417	508	2499

8. Scabies

During the week a total of 4,307 cases were reported which is 13.2 % (570 cases) higher than the last week. Oromia (1,558 cases) reported highest number of cases followed by Amhara Region (1,060 cases) and SNNPR (1,039 cases).

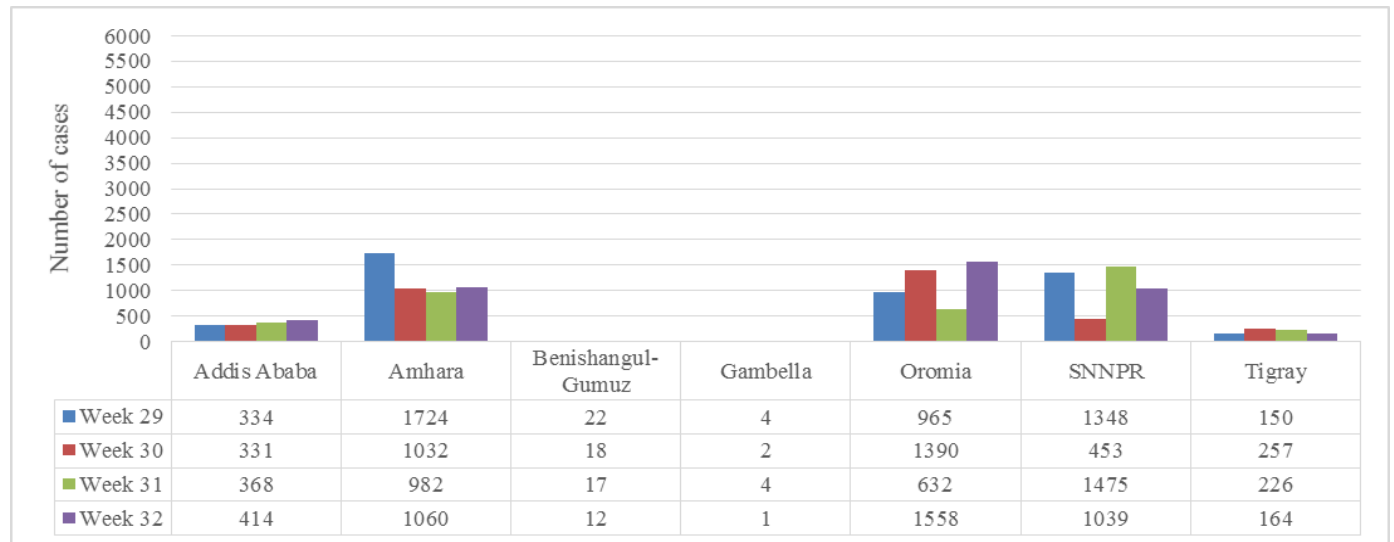


Figure 11: Scabies cases distribution and trend by Region, week 29-32, 2018, Ethiopia.

9. Acute Flaccid Paralysis (AFP)

During the week a total of 7 suspected AFP cases were reported which showed 30 % (3 cases) decrement 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 32, 2018, Ethiopia.

Region	Zone	Reporting sites	Suspected Cases	Death
Amhara	Oromiya	Bati Town	1	0
SNNPR	Gedeo	Dila Hospital	1	0
Amhara	North Wollo	Guba Lafto	1	0
Oromia	Jimma	Limu Kosa	1	0
Oromia	Modjo town	Modjo town	1	0
Benishangul-Gumuz	Metekel	Pawe	1	0
Tigray	Mekele Especial Zone	South & North Mekele	1	0
Grand Total			7	0

10. Suspected Anthrax

A total of five suspected anthrax cases with no death was reported from Amhara and Tigray Regions during the week which was 30% (3 cases) lower than the number of cases reported during the last week.

Table 5: Distribution of suspected anthrax cases and deaths by woredas, week 32, 2018, Ethiopia.

Region	Zone	Reporting sites	Cases	Death
Amhara	Wag Himra	Abergele	1	0
Tigray	Central Tigray	Abiyi Adi Town	1	0
Tigray	Central Tigray	Kola Temben	1	0
Amhara	Wag Himra	Sehale Seyemt	1	0
Tigray	North Western Tigray	Shiraro Town	1	0
Grand Total			5	0

11.Suspected Measles

During the week, a total of 59 suspected measles cases with no death were reported and as compared to last week there was 19.7% (15 suspected cases) decrement. Measles suspected outbreak threshold was surpassed in nine woredas based on the national outbreak threshold criteria (woreda that reported greater than five suspected cases over the last four weeks, 29-32 weeks).

Table 6: Woredas in which suspected measles outbreak threshold is surpassed as of week 32, 2018, Ethiopia.

Region	Zone	Reporting sites	wk 29	wk 30	wk 31	wk 32	Grand total
Tigray	North Western Tigray	Tselemt	9	6	35	16	66
Amhara	Oromiya	Artuma Fursi	5	30	2	0	37
Oromia	Woliso town	Woliso Town	5	3	2	4	14
Gambella	Agnuwak	Dima	4	0	0	5	9
Amhara	Gonder Town	Gonder Town	2	0	2	3	7
Amhara	West Gojjam	South Achefer	0	3	0	3	6
Oromia	west Guji	Abaya	0	0	3	2	5
SNNPR	Sidama	Chire HSP	0	0	0	5	5
Oromia	West Hararge	Hawi gudina	0	5	0	0	5
Grand Total			25	47	44	38	154

12.Rabies Exposure

A total of 78 exposure cases with one death were reported during the week which has 5.4 % (5 cases) decrement compared with the last week exposure cases.



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Table 7: Distribution of suspected rabies exposure cases and deaths by reporting sites, week 32 of 2018, Ethiopia.

Region	Zone	Reporting sites	Suspected Exposure Cases	Deaths
Tigray	Central Tigray	Akisum Town	9	0
Benishangul-Gumuz	Assosa	Assosa Hospital	8	0
Tigray	South Tigray	Maychew Town	8	0
Oromia	West Shewa	Gojo Hospital	7	0
Amhara	Gonder Town	Gonder Town	7	0
Tigray	Eastern Tigray	Adi Girat Town	6	0
Tigray	Central Tigray	Ahiferom	6	0
Addis Ababa	Chirkos	Kirkos Woreda11	5	0
Tigray	Western Tigray	Humera Town	3	0
Addis Ababa	Kolfe Keraniyo	Kolfe Keraniyo Woreda04	3	0
Tigray	South East	Hintalo Wajirat	2	0
Oromia	East Wellega	Jimma Arjo	2	0
Addis Ababa	Lideta	Lideta Woreda04	2	0
Amhara	East Gojjam	Machakel	2	0
Tigray	Central Tigray	Abiyi Adi Town	1	0
Tigray	Eastern Tigray	Hawzen	1	0
Addis Ababa	Chirkos	Kirkos Woreda02	1	0
Addis Ababa	Chirkos	Kirkos Woreda04	1	0
Addis Ababa	Kolfe Keraniyo	Kolfe Keraniyo Woreda09	1	0
Benishangul-Gumuz	Assosa	Kurmuk	1	0
Tigray	Mekele Especial Zone	South & North Mekele	1	0
Amhara	Central Gondar	Tach Armachiho	1	0
Grand Total			78	0

13. Maternal Death

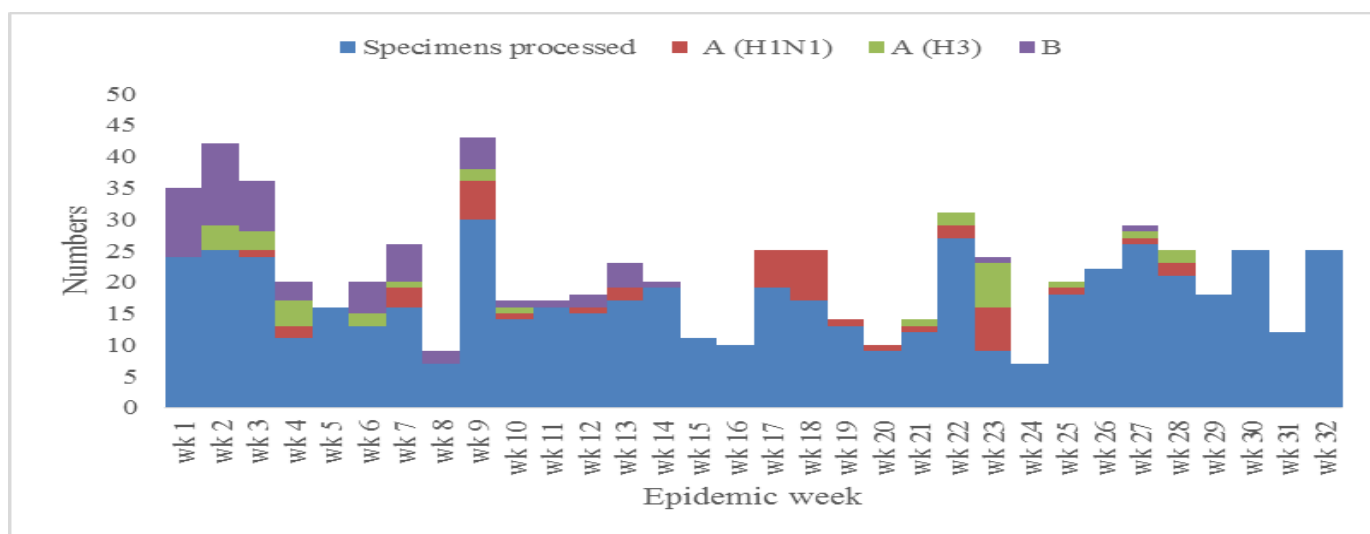
During the week a total of 18 maternal deaths were reported from 15 reporting sites of Oromia (7 deaths), Amhara (5 Deaths), SNNP (4 cases), Gambella (1 death) and Afar (1 death) Regions.

Table 8: Distribution of maternal deaths by reporting sites, week 32 of 2018, Ethiopia.

Region	Zone	Reporting site	Death
SNNPR	Hawassa Town	Hawassa Referral Hospital	3
Oromia	Shashamane Town	Shashamane Town	2
Oromia	Adama Special Town	Adama Town	1
Oromia	Assela Town	Assela Town	1
Oromia	East Shewa	Batu	1
Amhara	East Gojjam	Enarj Enawuga	1
Gambella	Agnuwak	Gambella Hospital	1
Amhara	North Wollo	Gidan	1
Oromia	West Wellega	Gimbi public Hospital	1
Oromia	West Wellega	Gimbi Rural	1
Amhara	West Gojjam	Gonji Kolela	1
SNNPR	South Omo	Jinka Zonal Hospital	1
Amhara	Central Gondar	Kinfaz	1
Afar	Zone 03	MD Akile DHP	1
Amhara	South Wollo	Mehal Sayit	1
Grand Total			18

14. Influenza Sentinel Surveillance

During week 32, a total of 25 patients complaining of ILI or SARI were reported and throat swab samples were collected and tested in pre designated influenza sentinel sites. Among the collected samples there was no positive cases tested for influenza during the week.

**Figure 12: Influenza Sentinel Surveillance Laboratory Result by week 32, 2018, Ethiopia**



15. Neonatal Tetanus

During the week a single case of NNT was reported from Amhara 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 and Afar Regions. 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

As of 20 August 2018, a total of 102 confirmed and probable EVD cases, including 59 deaths, have been reported. Of the 102 cases, 75 are confirmed and 27 are probable. Of the 59 deaths, 32 occurred in confirmed cases and 27 remain probable. A total of 13 cases have been reported among health workers, of which, 12 are confirmed and one has died.

Source: *Ebola Viral Diseases Democratic Republic of Congo External Situation Report 03: can be accessed from <http://www.who.int/ebola/situation-reports/drc-2018/en/>*



VI. Other Activities

1. PHEM Structure Consultative Workshop

Ethiopian Public Health Institute center for Public Health Emergency Management has organized a workshop on August 23 and 24, 2018. Participants from RHB, African CDC, FMOH, SPHMMC, NAHDIC, EPHI and MOWIE attended the work shop and discussed on the new PHEM structure.

2. Weekly Epidemiological Feedback

Weekly epidemiological surveillance data feedback 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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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

Editor:

Bethel Teshome¹

Contributors:

Diriba Sufa¹: *PHEM Structure Consultative Workshop*

Misgana Bancha¹, Tesfahun Abiye¹ and Shambel Habebe¹: *AWD outbreak*

Reviewers:

Dr. Beyene Moges (MD, PhD, Deputy Director General of Ethiopian Public Health Institute)

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

Directorate)

Affiliations:

¹ Ethiopian Public Health Institute center for Public Health Emergency Management PHE EWaR Team