



## Overview

This bulletin serves to summarize weekly surveillance data & performance of ORHB/PHEM diseases and other public health emergencies. It comprises report timeliness, completeness, trends of priority diseases, and response activities.

## Objective

To provide weekly update on the status of reportable diseases/conditions to the relevant authorities for better preparedness and response activities.

## Regional Highlights of the reporting week

- The regional surveillance completeness and timeliness was 89% (Town=83% and Zones=89%) .
- A total of **1,123** measles cases and **5** deaths were reported.
- A total of 86 cholera cases and 2 deaths were reported.
- A **7** maternal and **50** perinatal death were reported.
- A total of **13** AFP with Zero death reported, West Shewa (3), Guji (3), East Hararge (2), and Adama Town, Maya Town, Nekemte Town, West Guji, & West Arsi 1 case each.
- A total of **37,492** Confirmed & clinical Malaria cases with **11** deaths reported in this week.
- A total of **3,635** SAM cases and **7** deaths reported.
- *Enhancing response activities and increasing community engagement are critical in controlling the ongoing outbreaks.*

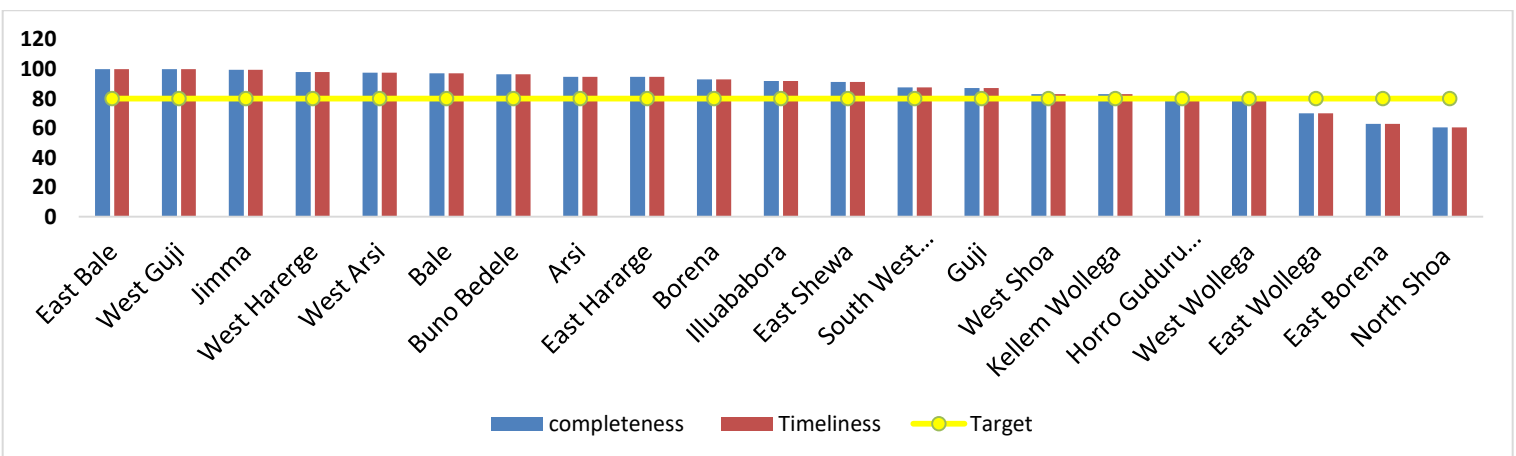
Epidemiological Bulletin week 4

# Of Newly occurred outbreak =0

# Of New Event =0

# Of Ongoing Outbreak=3

Figure 1: Report completeness and timeliness by zones, Oromia, WHO week 4, 2024



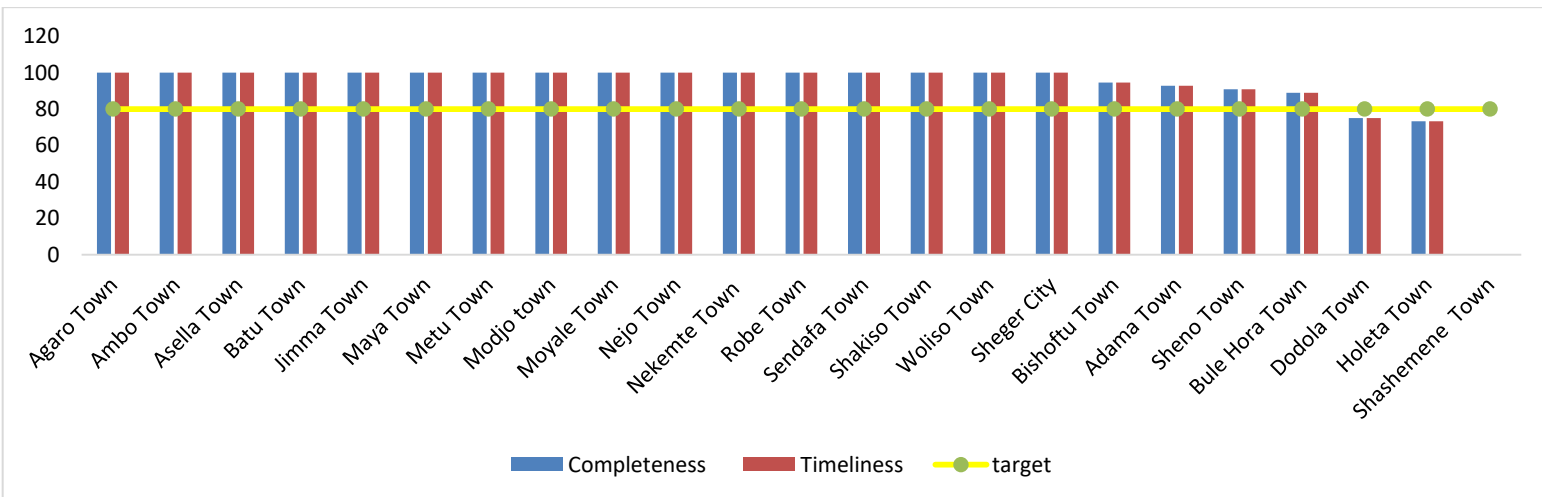


Figure 2: Report completeness and timeliness by Towns, Oromia, WHO week 4, 2024

**Table1: Immediately Reportable Diseases**

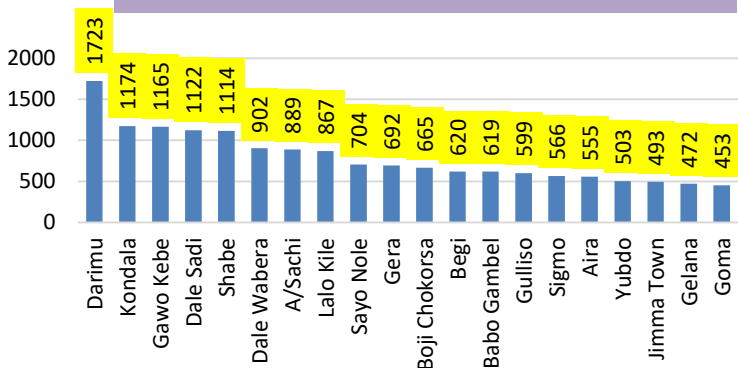
S. No	Disease/condition	Week-3		Week-4		Difference (W4-W3) of cases in # (%)
		Cases	Death	Cases	Death	
1	Cholera	111	3	86	2	-25 (-23%)
2	Measles	1,039	8	1,123	5	+84 (+8%)
3	Dengue Fever	0	0	0	0	0 (0%)
4	AFP	8	0	11	0	+3 (+38%)
5	Anthrax	0	0	0	0	0 (0%)
6	Avian_Human_Influenza	0	0	0	0	0 (0%)
7	Dracunculiasis/Guinea worm	0	0	0	0	0 (0%)
8	Neonatal Tetanus		0		2	+2 (+∞%)
9	Maternal Death		6		7	+1 (+17%)
10	Perinatal Death		53		50	-3 (-6%)
11	Pandemic Influenza	0	0	0	0	0 (0%)
12	Rabies	24	0	19	0	-5 (-21%)
13	SARS:	0	0	0	0	0(0%)
14	Small pox	0	0	0	0	0 (0%)
15	Viral hemorrhagic fever	0	0	0	0	0 (0%)
16	Yellow fever	0	0	0	0	0 (0%)
17	COVID-19	0	0	0	0	0 (0%)



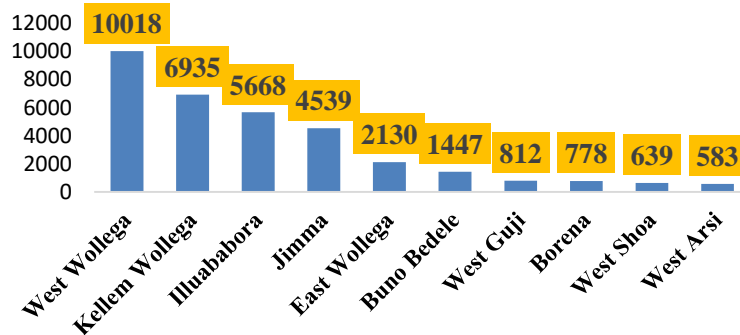
**Table 2: Weekly Reportable Diseases**

S.No	Disease/condition	Week-3		Week-4		Difference (W4-W3) Of cases in # (%)
		Cases	Death	Cases	Death	
1	Malaria	38,767	16	37,492	11	-1,275 (-3%)
2	Meningitis	50	0	77	1	+27 (+54%)
3	Dysentery	2,856	0	2,850	0	-6 (-0.2%)
4	Typhoid fever	16,246	0	16,739	0	+493 (+3%)
5	Relapsing fever	21	0	23	0	+2 (+10%)
6	Epidemic Typhus	4,939	0	5,234	0	+295 (+6%)
7	Malnutrition	3,507	5	3,635	7	+128 (+4%)
8	Scabies	771	0	722	0	-49 (-6%)
9	Chemical poisoning	38	1	45	0	+7 (+18%)
10	HIV CBE(Recent infection)	11		16		+5 (+45%)

**Oromia region top twenty woredas with malaria outbreak as of WHO Week 4, 2024**

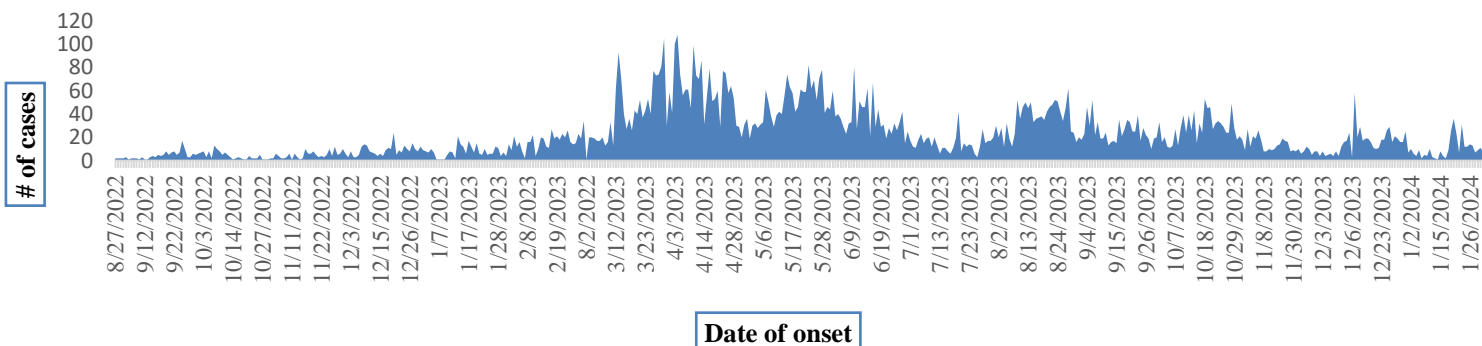


**Oromia region top ten zones with malaria outbreak as of WHO Week 4, 2024**



**Fig 5: Oromia Region Top 20 Woredas' with malaria outbreak, as of WHO Week 4, 2024**

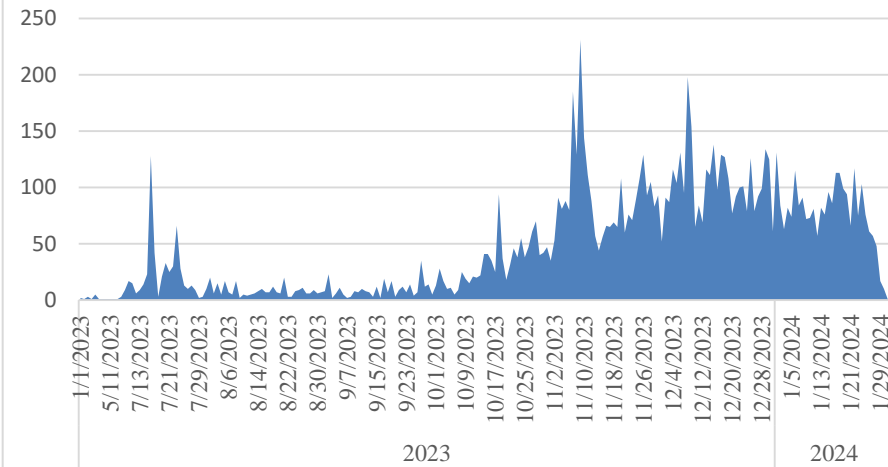
**Oromia Region Cholera Outbreak By Date of Onset, 2022-2024**



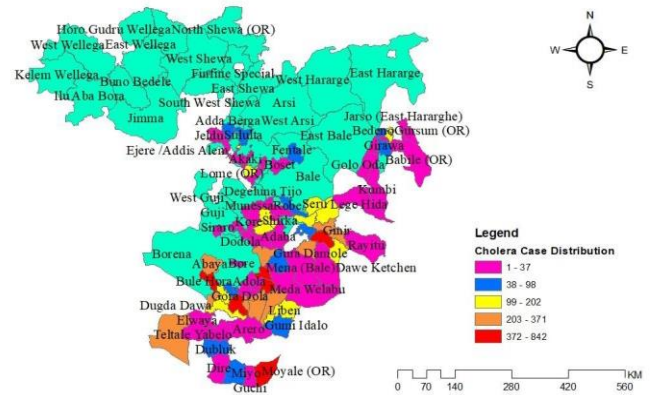


# OROMIA HEALTH BUREAU, PUBLIC HEALTH EMERGENCY MANAGEMENT EPIDEMIOLOGICAL Weekly BULLETIN: WEEK 4, 2024

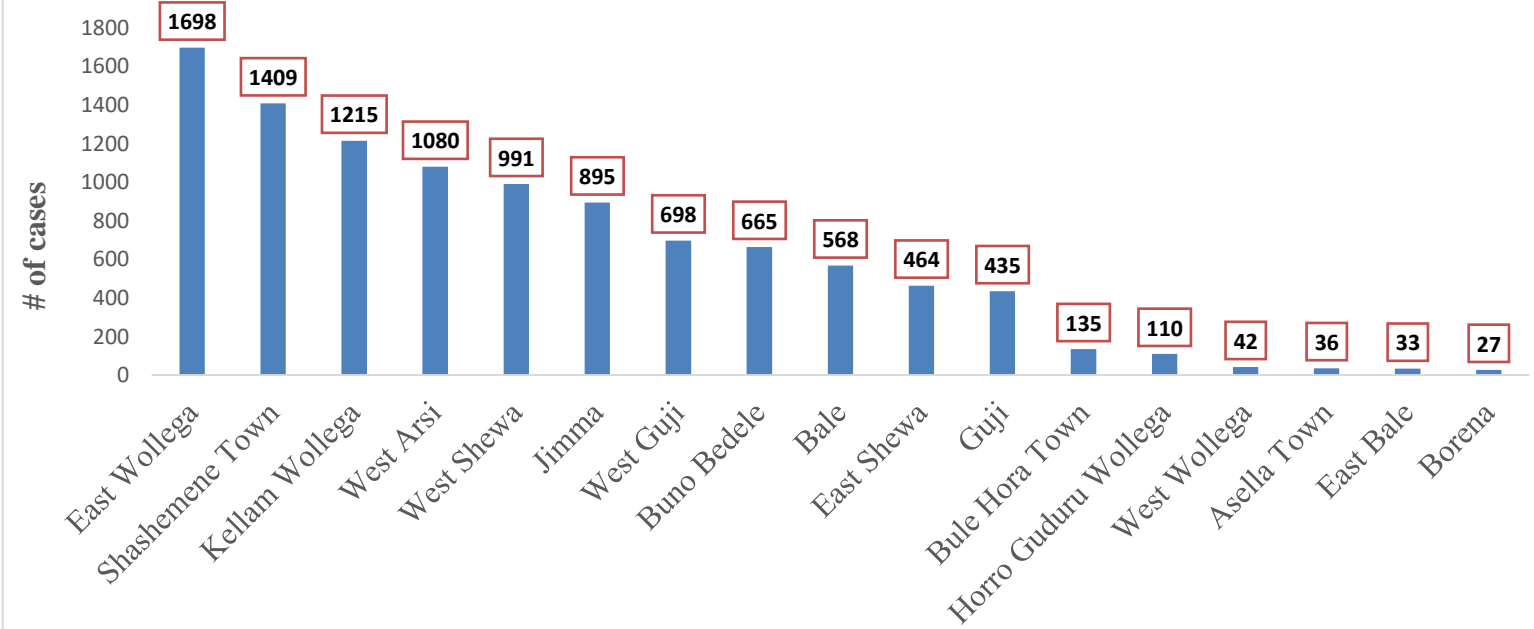
Oromia Region Measles Outbreak By Date of Onset, 2023-2024



Cholera Case Distribution, Oromia, Ethiopia 2022-2023



Oromia Region Measles Outbreak By Zone, 2023-2024





## Response Activities

- ✓ OHB and partners working to improve access to clean water and sanitation. establish treatment centers.
- ✓ Provided Cholera vaccine.
- ✓ Delivered medical supplies.
- ✓ Trained health workers
- ✓ Working with communities on prevention.

## Major gaps/Challenges

- ✓ Coordination and collaboration among key stakeholders
- ✓ Operational budget shortage (Surveillance and response)
- ✓ Multiple public health emergency in the region (Cholera, Measles, IDP, malnutrition, Flood, and Malaria)
- ✓ Volatile security problem (disrupted control efforts at western and south zones the region)
- ✓ Under and not reporting malaria affected facilities (western Oromia)
- ✓ Political leaders' attention for malaria response at woreda level
- ✓ Infrastructure (Network and road inaccessible) among some affected woredas

## Proposed action plan/way forward

- ✓ Strengthen coordination and collaboration among key stakeholders.
- ✓ Strengthen larva control (Ent management)
- ✓ Community sensitization (at Kebele level, Woreda Level)
- ✓ Strengthen Malaria technical working group and PHEOC IMS to improve collective efforts of different actors
- ✓ Resource mobilization and budget allocation for epidemic response
- ✓ Strengthen Malaria technical working group and PHEOC IMS to improve collective efforts of different actors
- ✓ Strengthening surveillance system, Environmental management and Community engagement
- ✓ Leadership ownership and community involvement and mobilization
- ✓ Conduct malaria response advocacy at regional, zonal and woreda level
- ✓ Response guidance for high malaria burden woredas

## DISCLAIMER

The Oromia Health Bureau Public Health Emergency Management compiles reports from various zones and towns' public health surveillance reports to produce a weekly bulletin. The purpose of this bulletin is to inform decision makers from OHB/PHEM, EPHI, UN agencies and NGOs about any outbreaks and other public health emergencies in Oromia. It is published by Oromia Health Bureau Public Health Emergency Management

**Production Team**  
**1. Lalisa Kebebe**

**Editorial Team**  
**1. Afewerk Tamiru**

**Approved and published by**  
**1. Melese Lemi**