



Epidemiological  
Bulletin  
week 8

## 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%** (Zone **89%** and Town **95%**)
- A total of **1962** measles cases and **07** deaths were reported.
- A total of **106** cholera cases and **(1)** deaths were reported.
- A total **10** maternal and **50** perinatal death were reported.
- A total of **07** AFP with Zero death reported, West Shoa (3), East Hararge (1), East Shewa (1) Adama town (1), and Shashamane Town (1) cases.
- A total of **28640** Confirmed & clinical Malaria cases with **4** deaths reported in this week.
- A total of **3761** SAM cases and **9** deaths reported.
- *Enhancing response activities and increasing community engagement are critical in controlling the ongoing outbreaks.*

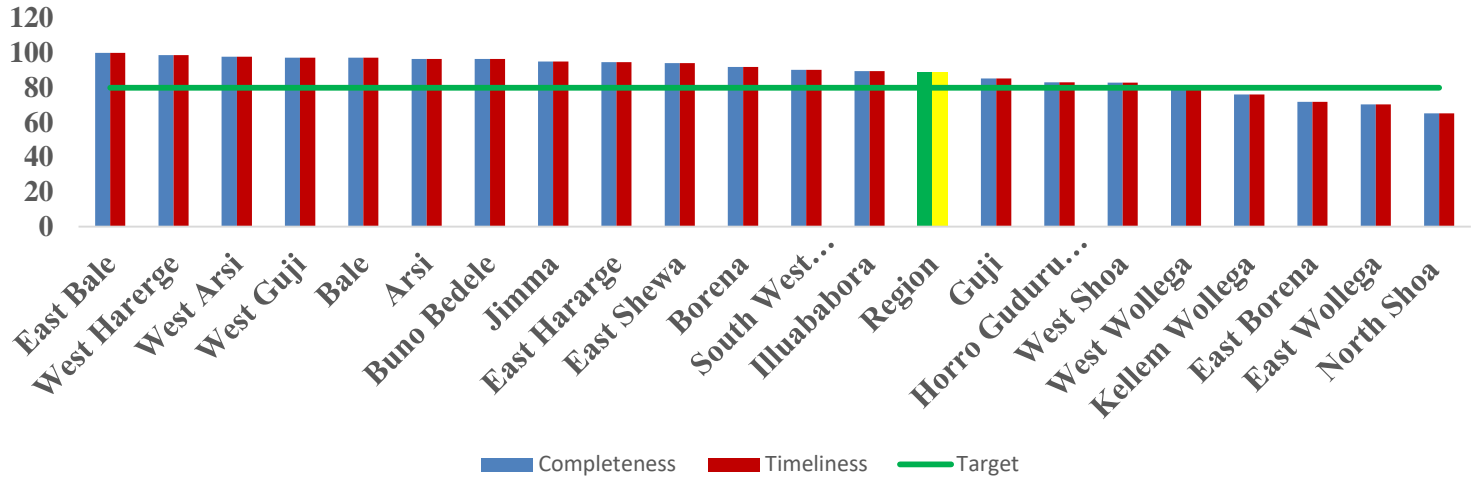
# Of Newly  
occurred  
outbreak =0

# Of New  
Event =0

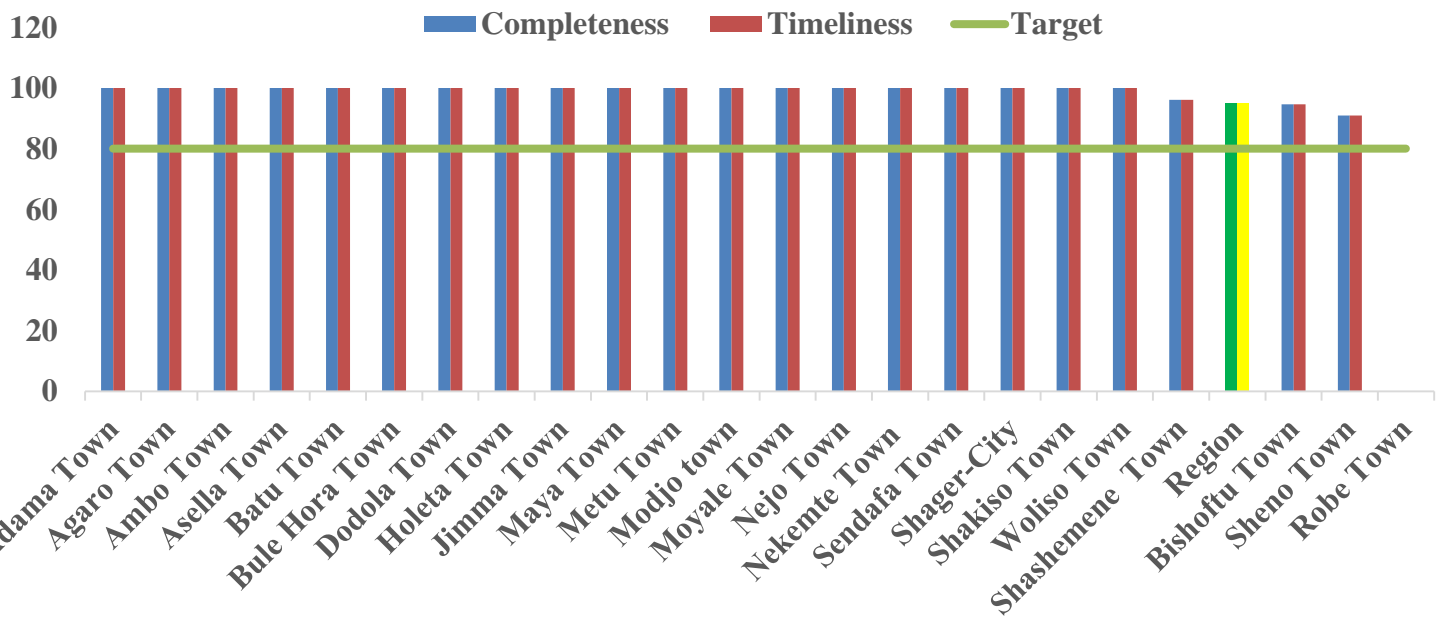
# Of  
Ongoing  
Outbreak=3



**Figure 1: Report completeness and timeliness by Zones, Oromia, WHO week 8, 2024**



**Figure 2: Report completeness and timeliness by Towns, Oromia, WHO week 8, 2024**



**Table1: Immediately Reportable Diseases**

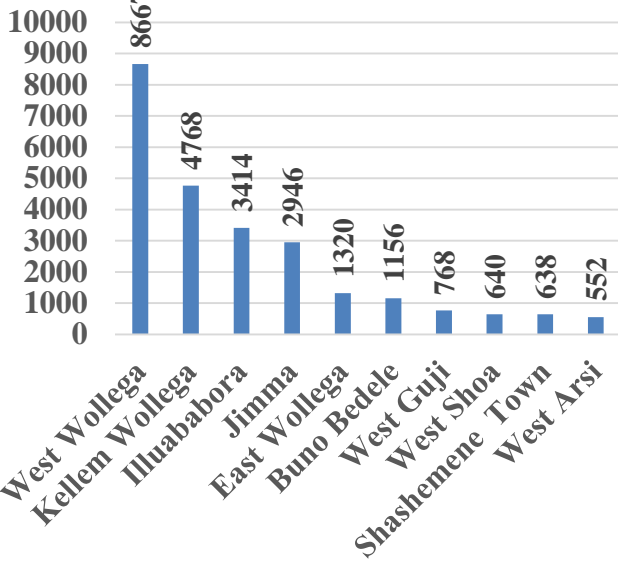
S. No	Disease/condition	Week-7		Week-8		Difference (W8- W7) of cases/deaths in # (%)
		Cases	Death	Cases	Death	
1	Cholera	92	1	106	1	14(15%)
2	Measles	1695	11	1962	7	267(15.7%)
3	Dengue Fever	0	0	0	0	0
4	AFP	10	0	7	0	0
5	Anthrax	0	0	0	0	0
6	Avian_Human_Influenza	0	0	0	0	0
7	Dracunculiasis/Guineaworm	0	0	0	0	0
8	Neonatal Tetanus		0		0	0
9	Maternal Death		9		10	1(11%)
10	Perinatal Death		53		50	-3(-6%)
11	Pandemic Influenza	0	0	0	0	0
12	Rabies	9	0	23	0	14(155.6%)
13	SARS:	1	0	3	0	2(200%)
14	Small pox	0	0	0	0	0
15	Viral hemorrhagic fever	0	0	0	0	0
16	Yellow fever	0	0	0	0	0
17	COVID-19	0	0	0	0	0

**Table 2: Weekly Reportable Diseases**

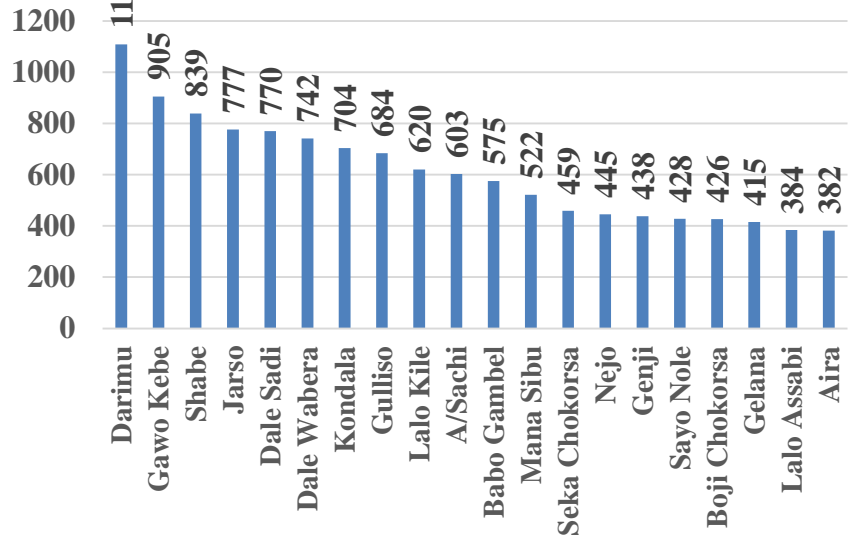
S.No	Disease/condition	Week-7		Week-8		Difference (W8-W7) Of cases in # (%)
		Cases	Death	Cases	Death	
1	Malaria	30542	4	28640	4	-1902(6%)
2	Meningitis	56	0	49	0	-7(12.5%)
3	Dysentery	2814	0	2827	0	13(0.46%)
4	Typhoid fever	15323	0	15383	0	60(0.39%)
5	Relapsing fever	9	0	13	0	4(44%)
6	Epidemic Typhus	5109	0	4939	0	-170(3.33%)
7	Malnutrition	3840	4	3761	9	-79(2.05%)
8	Scabies	761	0	779	0	18(2.36%)
9	Chemical poisoning	50	0	35	1	-15(30%)
10	HIV CBE(Recent infection)	24	0	27	0	3(12.5%)



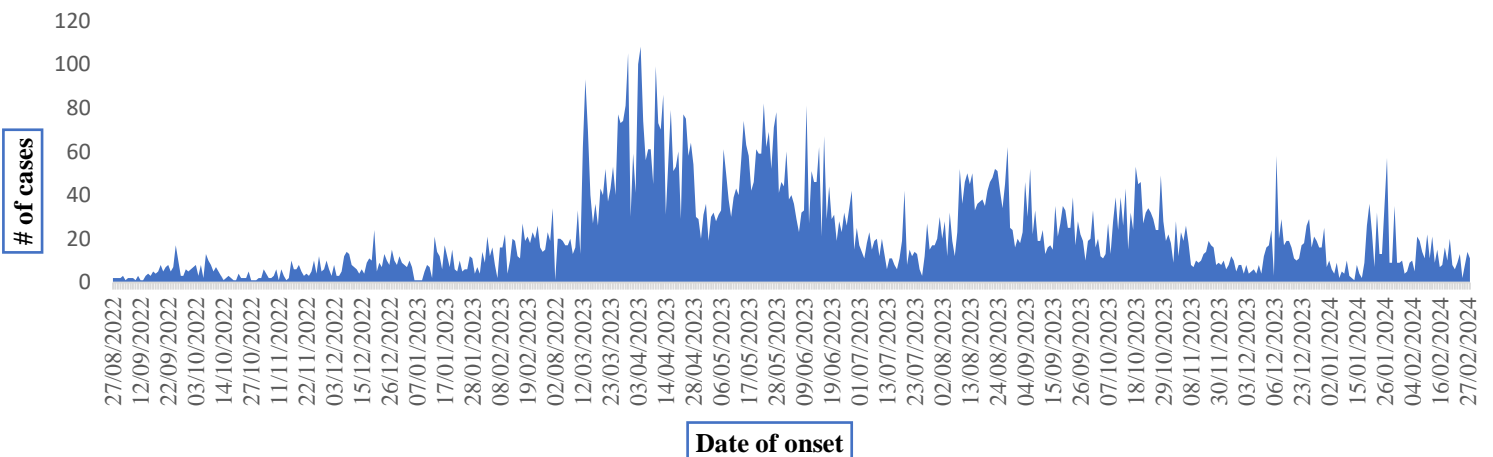
**Fig3: Oromia Region Top Ten Zones malaria outbreak, WHO Week 8 2024**



**Fig 4: Oromia Region 20 Top Woredas malaria outbreak, WHO Week 8 2024**



**Fig. 5: Oromia Region Cholera Outbreak By Date of Onset, 2022-2024**



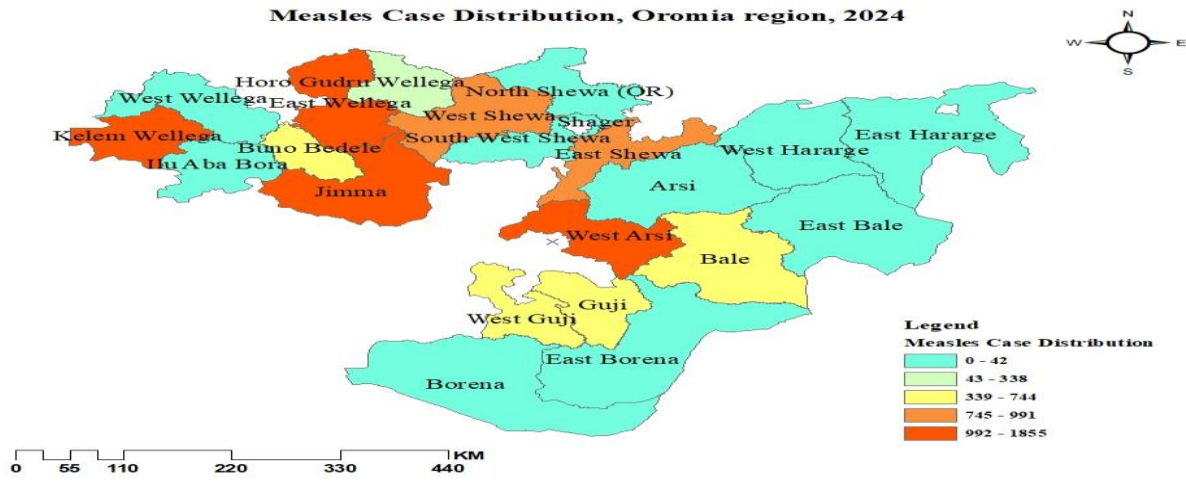
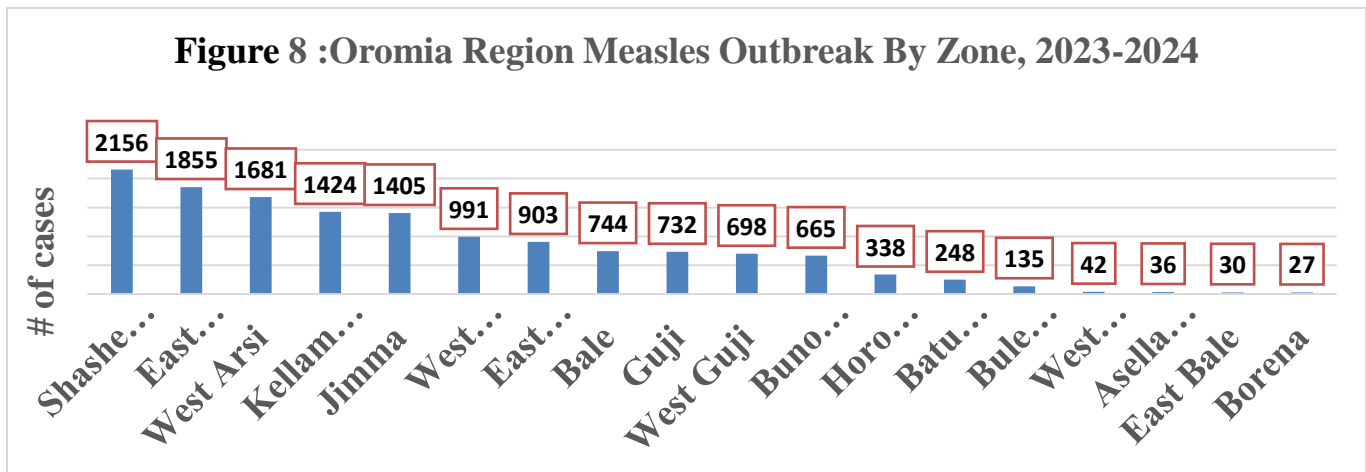
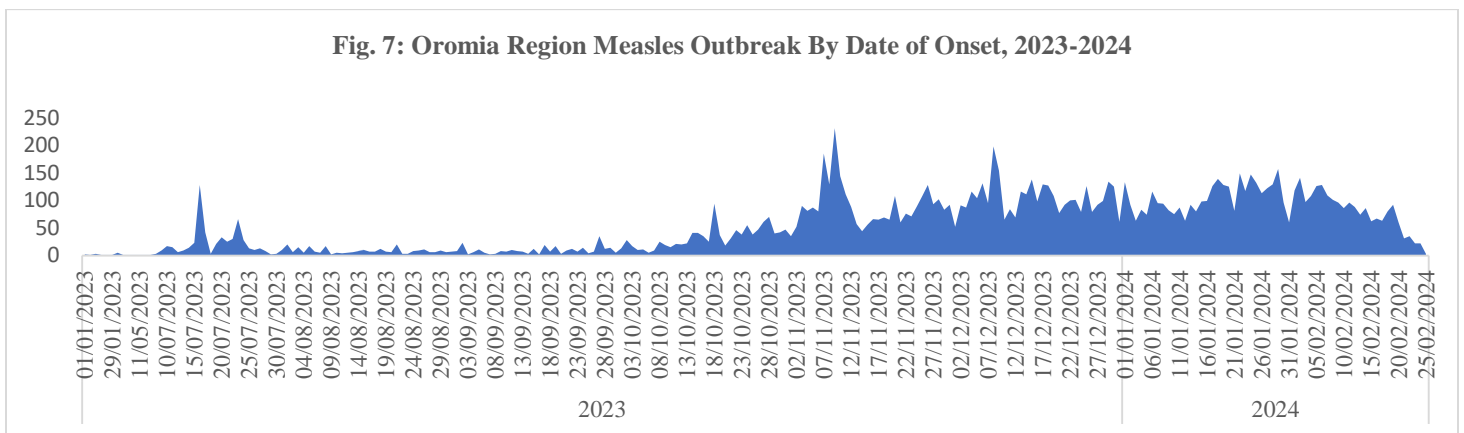


Fig 6: Measles spatial distribution, weekly bulletin, WHO week 8, Oromia, 2024





## **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

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