



Overview

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

Epidemiological
Bulletin
Week-7

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

Of Newly
occurred
outbreak
=0

- ❖ The regional surveillance report completeness and timeliness were 82%.
- ❖ A total of **39,083** Confirmed & clinical Malaria cases with **four (4)** death in this week.
- ❖ Reported Malaria case **decreased by 28% likewise the testing decreased by 22%**.
- ❖ A total of **311 measles** cases and **No** deaths were reported, cases decreased by **33%** from last week.
- ❖ A total of **11** maternal and **51** perinatal deaths were reported.
- ❖ A total of **4** AFP with Zero death reported from (East Harege-1, Nekemte T-1, Ambo T-1, and South West Shoa-1)
- ❖ A total of **2889 SAM** U5 cases and **Five (5)** death reported (Shashemene Town-1, Holeta T-1, Guji-2, Bishoftu T-1).
- ❖ A total of **6061 MAM** U5 cases were reported.
- ❖ *Enhancing response activities and increasing community engagement are critical in controlling the ongoing outbreaks (**Malaria and Measles**)*
- ❖ ***Reactive measles campaign is conducting in response to measles outbreak in the region.***

Of New
Event =0

Of
Ongoing
Outbreak=2

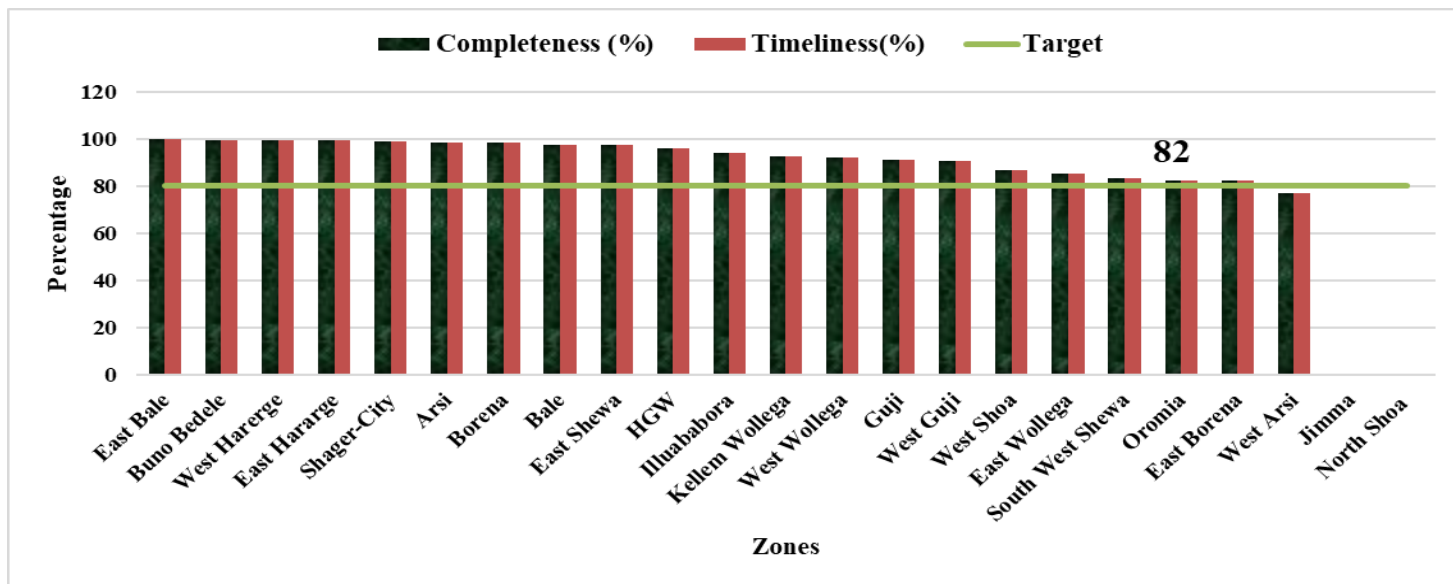


Figure 1: Oromia Region report completeness and timeliness by Zones, as of WHO Week 7, 2025

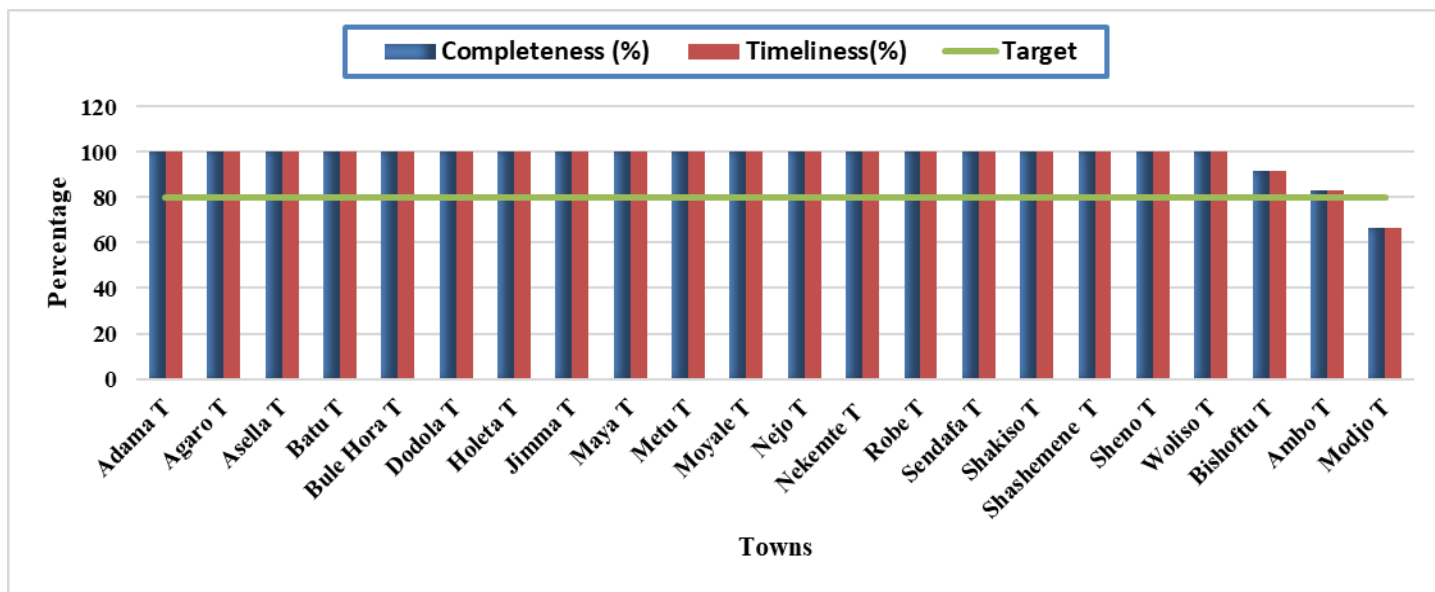


Figure 2: Oromia Region report completeness and timeliness by -Towns, as of WHO Week 7, 2025



Table 1: Immediately Reportable Diseases

S.No	Disease/condition	Week-6/2025		Week-7/2025		Difference (Wk7-Wk-6) of cases/deaths	
		Cases	Deaths	Cases	Deaths	#	(%)
1	Cholera	0	0	0	0	0	0
2	Measles	465	0	311	0	-154	↓33
3	Dengue Fever	0	0	0	0	0	0
4	AFP	8	0	4	0	-4	↓50
5	Anthrax	0	0	0	0	0	0
6	Human influenza caused by new subtype	0	0	0	0	0	0
7	Dracunculiasis/Guinea worm	0	0	0	0	0	0
8	Neonatal / Non-Neonatal Tetanus	0	0	4	3	+3	↑300
9	Maternal Death		11		11	0	0
10	Perinatal Death		52		51	-1	↓1.9
11	Pandemic Influenza	0	0	0	0	0	0
12	(Human) Rabies	1	0	1	0	0	0
13	Suspected rabies exposure	79	1	62	0	-17	↑22
14	SARS	0	0	0	0	0	0
15	Small pox	0	0	0	0	0	0
16	Viral hemorrhagic fever	0	0	0	0	0	0
17	Yellow fever	0	0	0	0	0	0
18	COVID-19	0	0	0	0	0	0
19	AEFI	6	0	8	0	+2	↑33
20	Chikungunya	0	0	0	0	0	0
21	Monkeypox virus	0	0	0	0	0	0
22	Brucellosis	0	0	0	0	0	0
23	Obstetric Fistula	2	0	1	0	-1	↓50



Table 2: Weekly Reportable Diseases

S. No	Disease/condition	Week-6 /2025		Week-7/ 2025		Difference(Wk-7)-(Wk-6)	(%)
		Cases	Death	Cases	Death	cases/deaths	
						#	
1	Malaria	53997	1	39083	4	-14914	↓28
2	Meningitis	77	0	58	0	-19	↓25
3	Dysentery	2214	0	1797	0	-417	↓19
4	Relapsing fever	8	8	24	0	16	↑200
5	SAM	3379	8	2887	5	-492	↓15
6	Scabies	789	0	680	0	-109	↓14
7	New HIV cases	158	0	103	0	-55	↓35
8	Diarrhea with dehydration in children less than 5 years of age	2416	1	2254	0	-162	↓7
9	Acute Jaundice Syndrome within 14 days of illness	28	0	36	0	8	↑29
10	Severe Pneumonia in children under 5 years age	1793	2	1554	1	-239	↓13
11	Hypertension new cases	1186	0	1057	1	-129	↓11
12	Diabetes new cases	416	0	346	0	-70	↓17
13	Tuberculosis	600	1	518	1	-82	↓14
14	Moderate Acute Malnutrition (MAM) in U5C	5583	0	6061	0	478	↑9



Figure3:Oromia Region top 20 Districts reporting Malaria Outbreak WHO week-7,2025

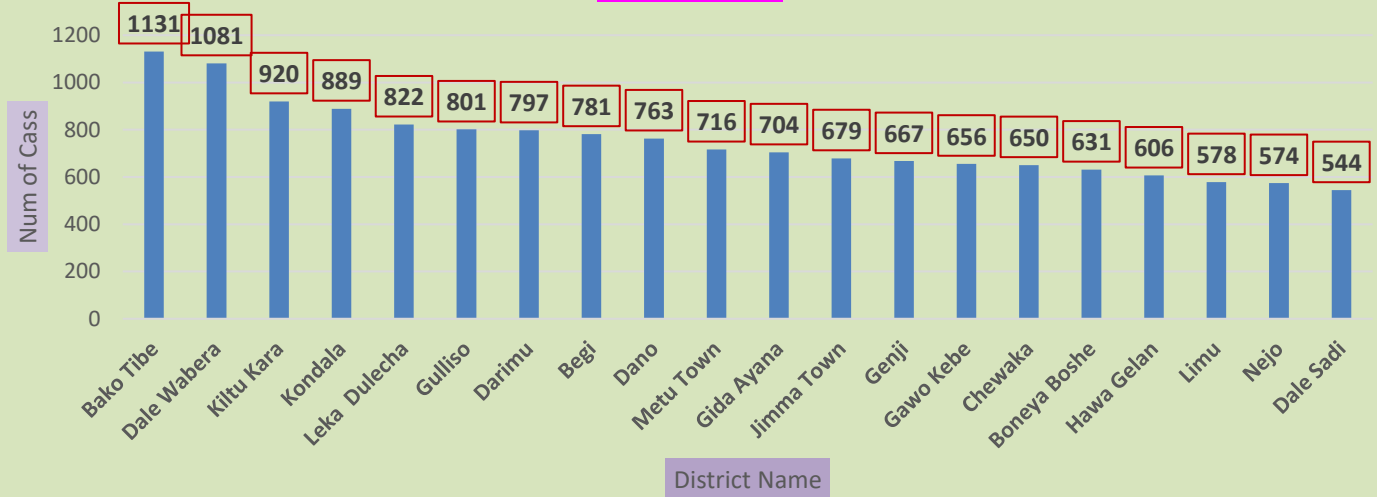
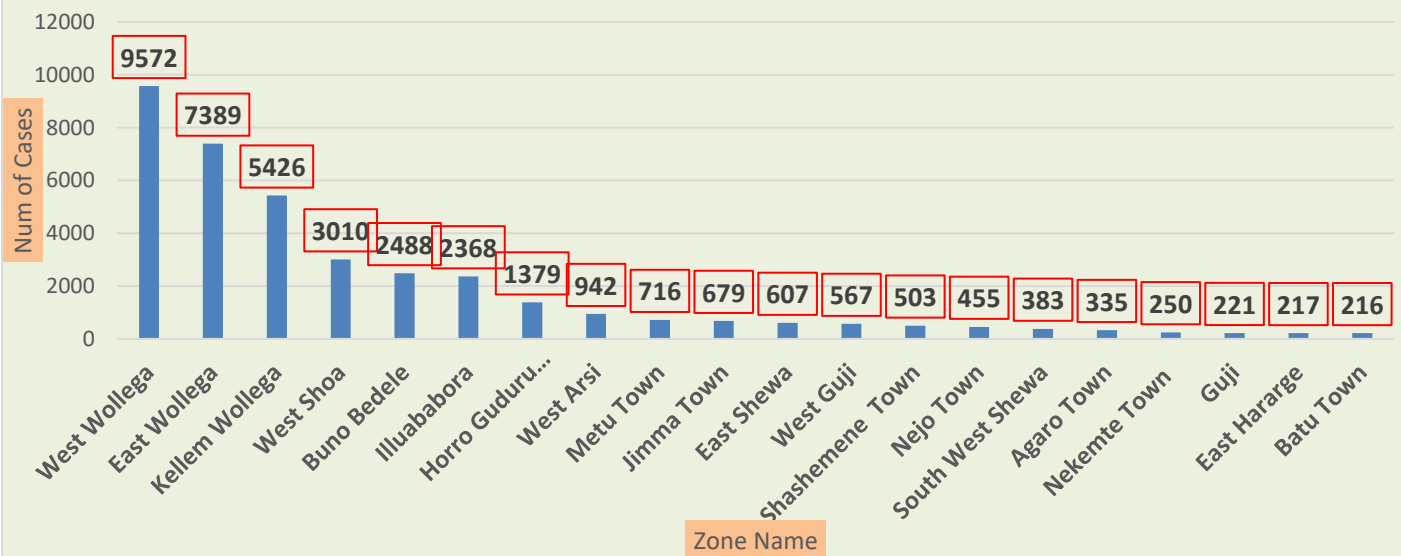


Figure4:Oromia Region top 20 Zones/Town reporting Malaria Outbreak WHO week-7,2025



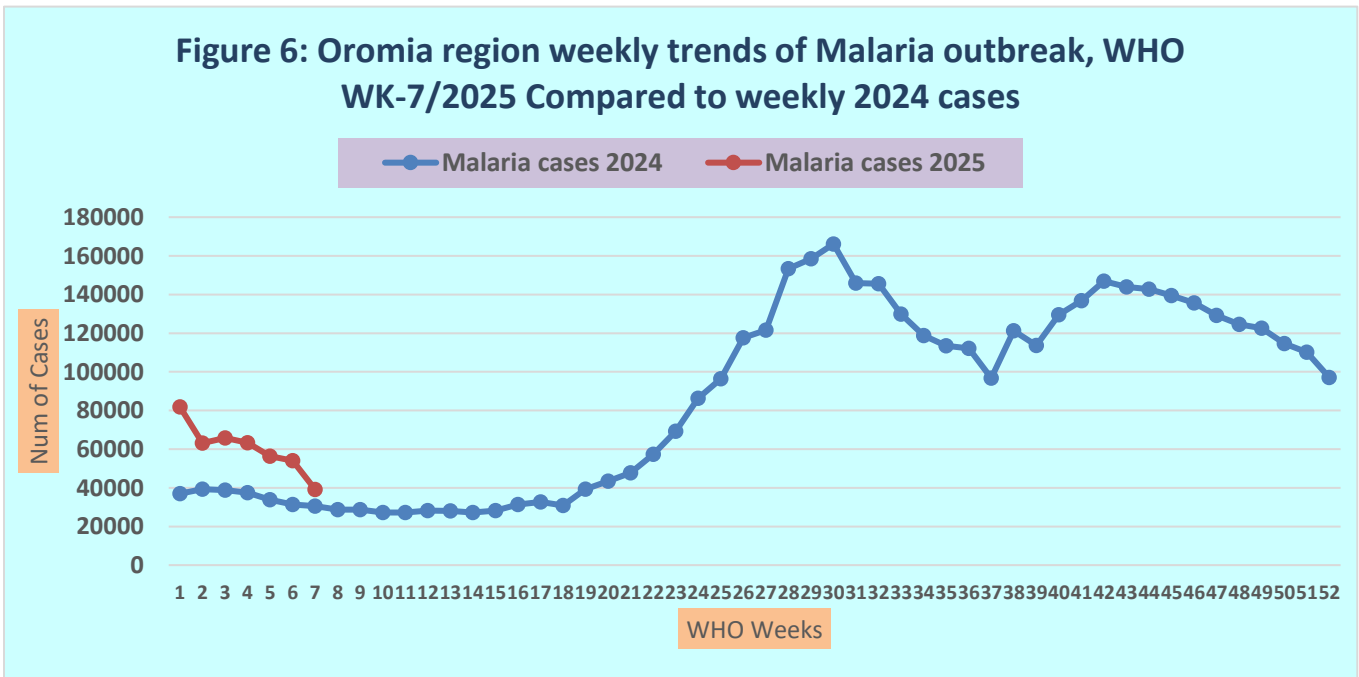
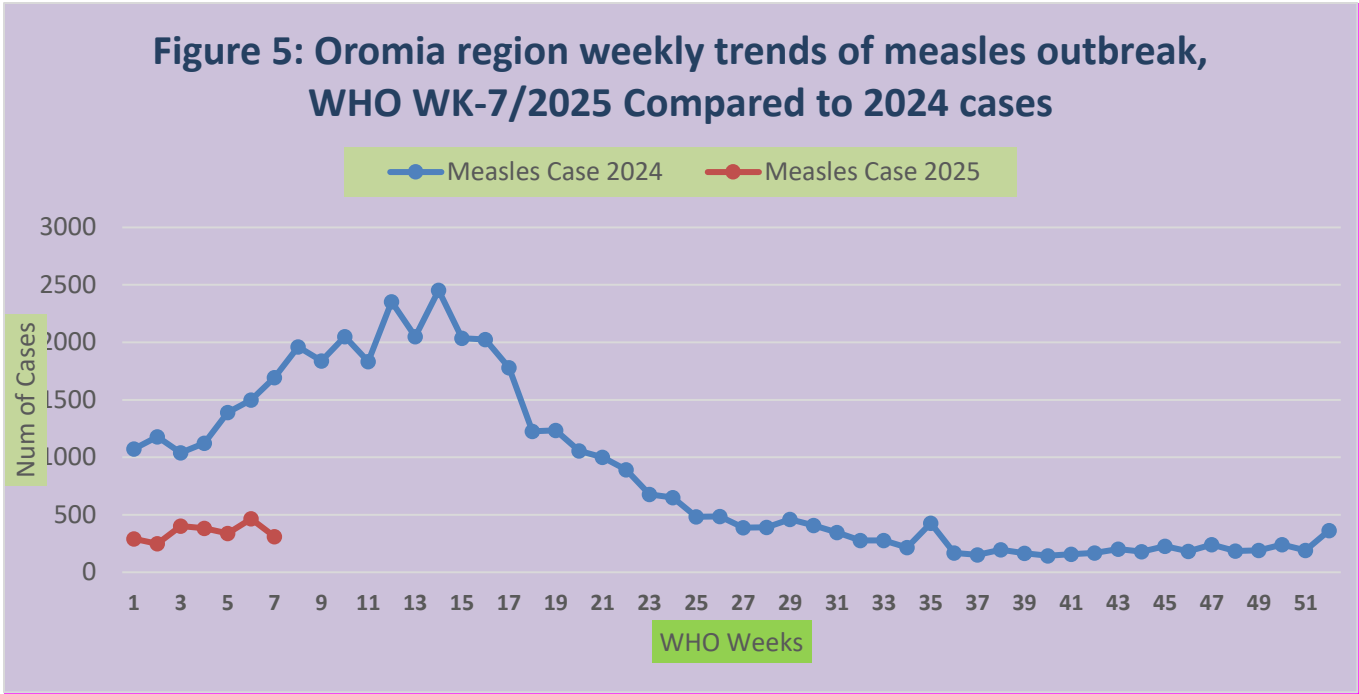
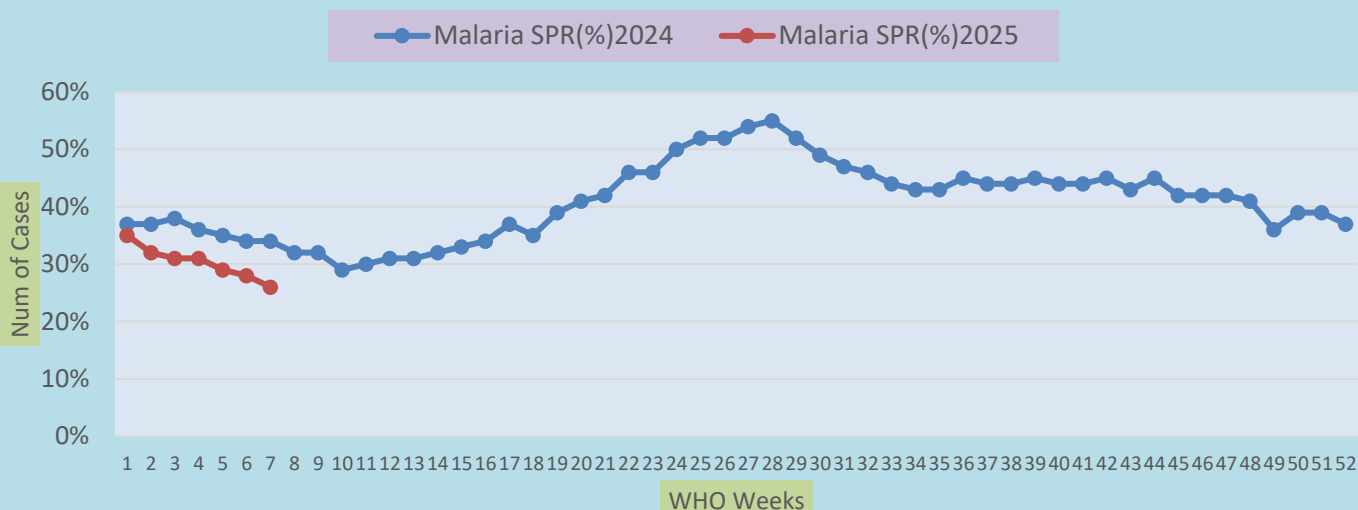




Figure 7: Oromia region weekly trends of Malaria SPR (%), WHO WK-7 /2025 Compared to 2024 weekly cases



➤ Outbreak Response Activities

- **Intensive Response: Trained community volunteers'(CV) activities, HC RRT (3 Month Plan and Implementation started among 1,434 Kebeles of 94 high burden Woredas in addition to cluster approach)**
- Trained health workers
- HH Visit and Febrile Case Search, enhanced Surveillance
- Assess for ITNS Availability and Utilization
- Febrile Cases Linking to HF
- Treating breeding sites by using larvicides and environmental activities.
- Reaching community by RCCE
- Community Engagement on intervention



➤ **Major gaps/Challenges**

- ✓ Shortage of Some Anti Malaria drugs and Supplies.
- ✓ Operational budget shortage (Surveillance and response)
- ✓ Multiple public health emergency in the region (Measles and Malaria)
- ✓ Volatile security problem (disrupted control efforts at western and south zones the region)
- ✓ Political leaders' attention for malaria response at bottom level (Woredas and Kebele).
- ✓ Infrastructure (Network and road inaccessible) among some affected woredas

➤ **Proposed action plan/way forward/**

- ✓ Strengthen coordination and collaboration among key stakeholders.
- ✓ Strengthen larva control (both by Environmental and Larvicidal).
- ✓ 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
- ✓ Sustain community Volunteers activities and strengthen Health Center RRT supervision to CV

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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