



## 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-2

## Objective

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

## Regional Highlights of the reporting week

# Of Newly  
occurred  
outbreak

- ❖ The regional surveillance report completeness and timeliness were **91% and 89% respectively**.
- ❖ A total of **20,277** Confirmed Malaria cases with **Two (2)** death in this week.
- ❖ **Reported Malaria case decreased by 18%, likely the testing decreased by 17%.**
- ❖ A total of **55 measles** cases and **Zero death** were reported; cases decreased by **59%** from last week.
- ❖ A total of **6 (Six)** Maternal and **46** perinatal deaths were reported.
- ❖ A total of **2 (Two)** AFP with Zero death reported from (South West Shoa-1 and North Shoa Z-1)

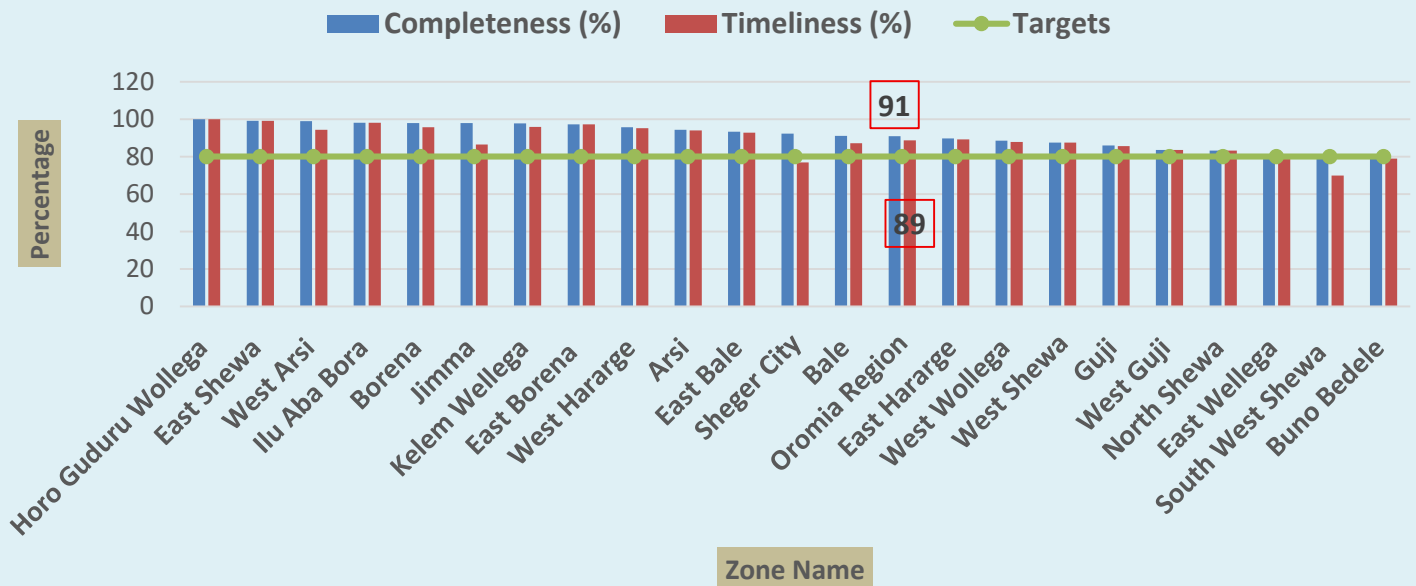
# Of New  
Event =0

- ❖ A total of **2,182 SAM** U5 cases and **Two (2) death** reported
- ❖ A total **4,952 MAM** U5 cases were reported.
- ❖ Enhancing response activities and increasing community engagement are critical in controlling the ongoing outbreaks, (*Malaria, and Measles*)

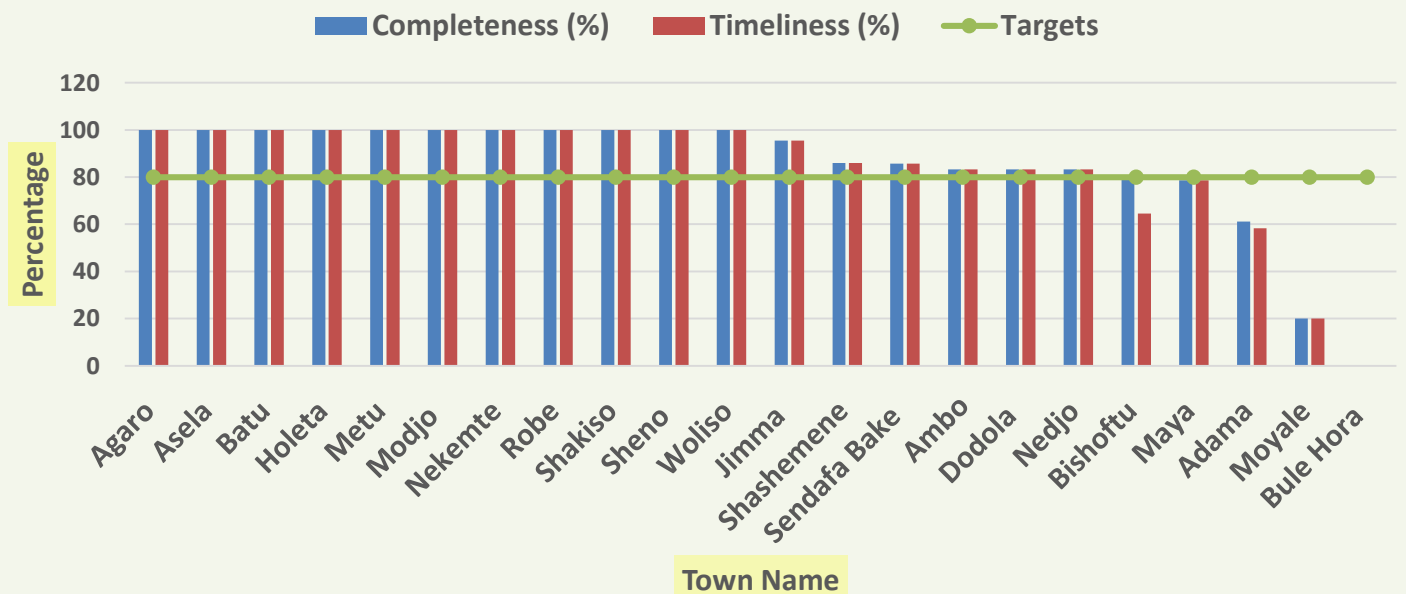
# Of  
Ongoing  
Outbreak=2

- ❖ **Preparedness and Enhanced Surveillance activities undertaking** in all Zones/Town to Recent **Marburg Virus Disease** in Ethiopia (Jinka Town, South Ethiopia) following MOH/EPH Announcements.

**Figure 1: Oromia Region report completeness and timeliness by -Zones, as of WHO Week-2/2026 GC**



**Figure 2: Oromia Region report completeness and timeliness by -Towns, as of WHO Week-2 /2026**



**Table 1: Immediately Reportable Diseases, Pattern**

S.No	Disease/condition	Week-1/2026		Week-2/2026		Difference (Wk2-Wk-1) of cases/deaths, %	
		Cases	Deaths	Cases	Deaths	#	(%)
1	Cholera	0	0	0	0	0	0
2	Measles	135	0	55	0	-80	↓59
3	Dengue Fever	0	0	0	0	0	0
4	AFP	6	0	2	0	-4	↓67
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	0	0	0	0
9	Maternal Death		6		6	0	0
10	Perinatal Death		59		46	-13	↓22
11	Pandemic Influenza	0	0	0	0	0	0
12	(Human) Rabies	2	1	6	1	+4	↑200
13	Suspected rabies exposure	67	2	57	0	-10	↓15
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	12	0	13	0	+1	↑8
20	Chikungunya	0	0	0	0	0	0
21	Mpox virus	0	0	0	0	00	0
22	<b>Brucellosis</b>	33	0	17	0	-16	↓48
23	Obstetric Fistula	6	0	3	0	-3	↓50

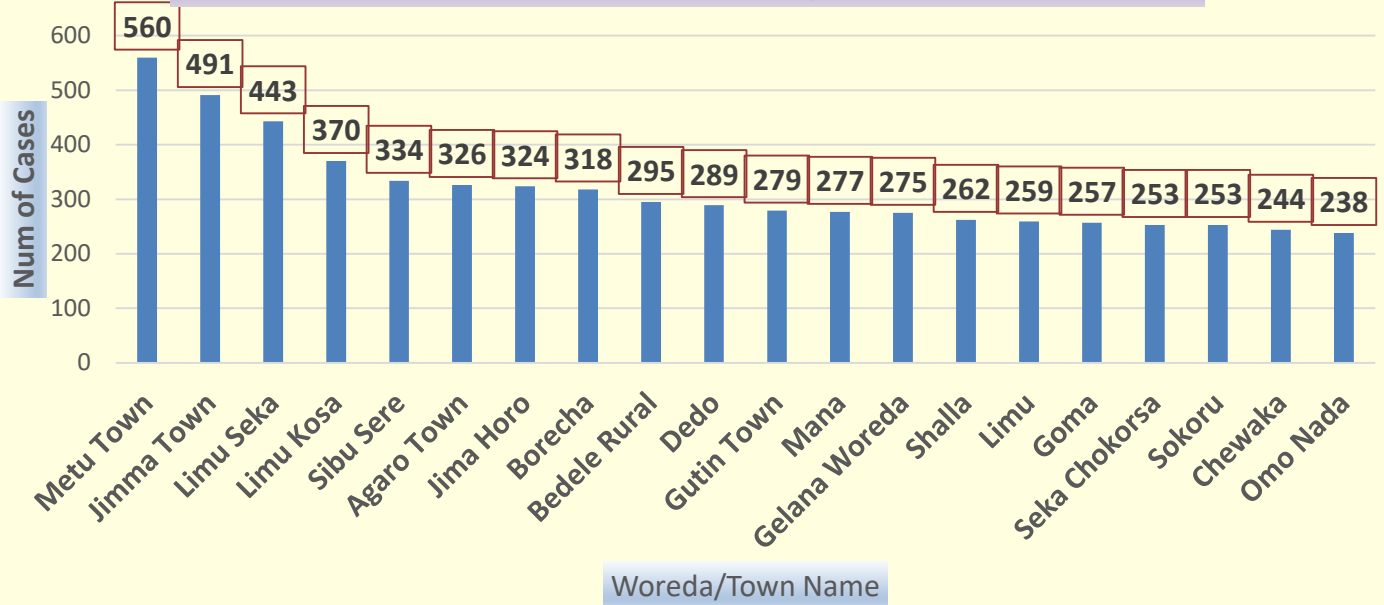


**Table 2: Weekly Reportable Diseases, Pattern**

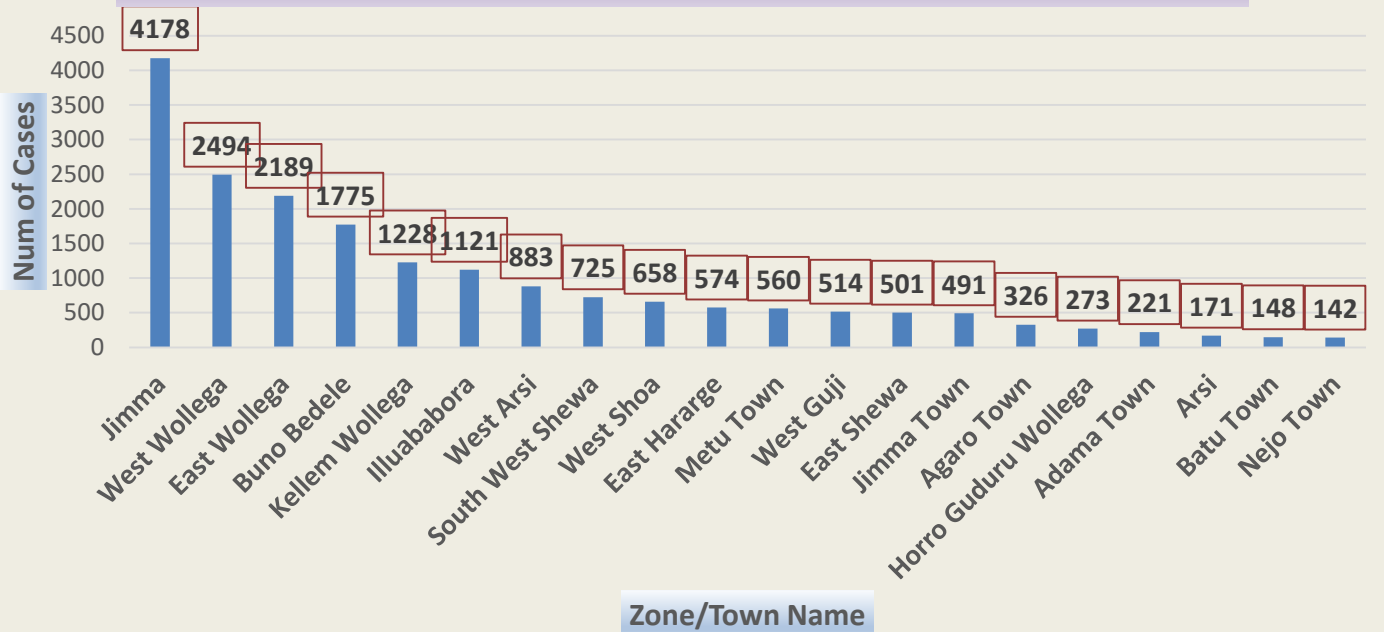
Sr. No	Disease/condition	Week-1/2026		Week-2/ 2026		Difference (Wk-2) -(Wk-1) cases/deaths, %	
		Cases	Death	Cases	Death	#	%
		1	Malaria	24671	2	20,277	2
2	Meningitis	68	0	46	0	-22	↓32
3	Dysentery	1813	0	1692	1	-121	↓7
4	Relapsing fever	7	0	9	0	+2	↑29
5	SAM	2937	1	2182	2	-755	↓26
6	Scabies	583	0	573	0	-10	↓2
7	New HIV cases	147	0	106	0	-41	↓28
8	Diarrhea with dehydration in children less than 5 years of age	2367	0	2057	0	-310	↓13
9	Acute Jaundice Syndrome within 14 days of illness	43	0	25	0	-18	↓42
10	Severe Pneumonia in children under 5 years age	2073	0	1879	2	-194	↓9
11	Hypertension new cases	1301	4	1184	1	-117	↓9
12	Diabetes new cases	423	0	357	0	-66	↓16
13	Tuberculosis	713	0	552	0	-161	↓23
14	Moderate Acute Malnutrition (MAM) in U5C	6224	0	4952	0	-1,272	↓20



**Figure3:Oromia Region top 20 Districts reporting Malaria  
Outbreak WHO week-2,2026 GC**

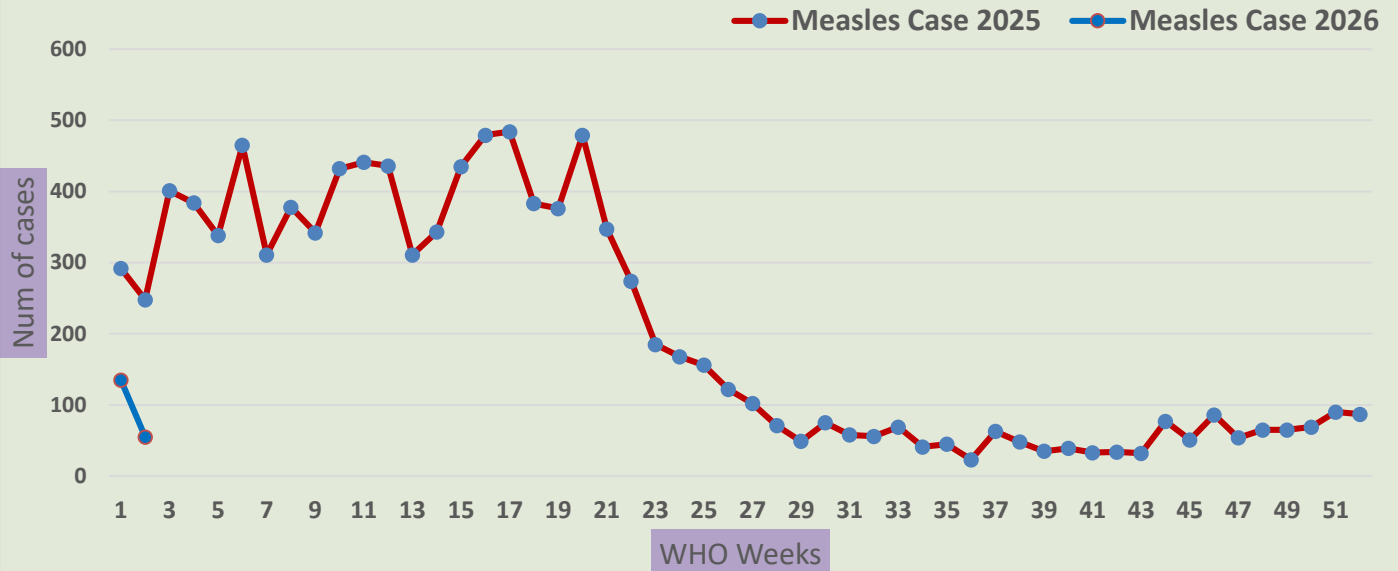


**Figure4:Oromia Region, top 20 Zones/Town reporting Malaria Outbreak  
as of WHO Week-2,2026**





**Figure 5: Oromia region weekly trends of measles outbreak, WHO WK-2/2026 Compared to 2025 cases**



**Figure 6: Oromia region weekly trends of Malaria outbreak, WHO WK-2/2026 Compared to 2025 cases**

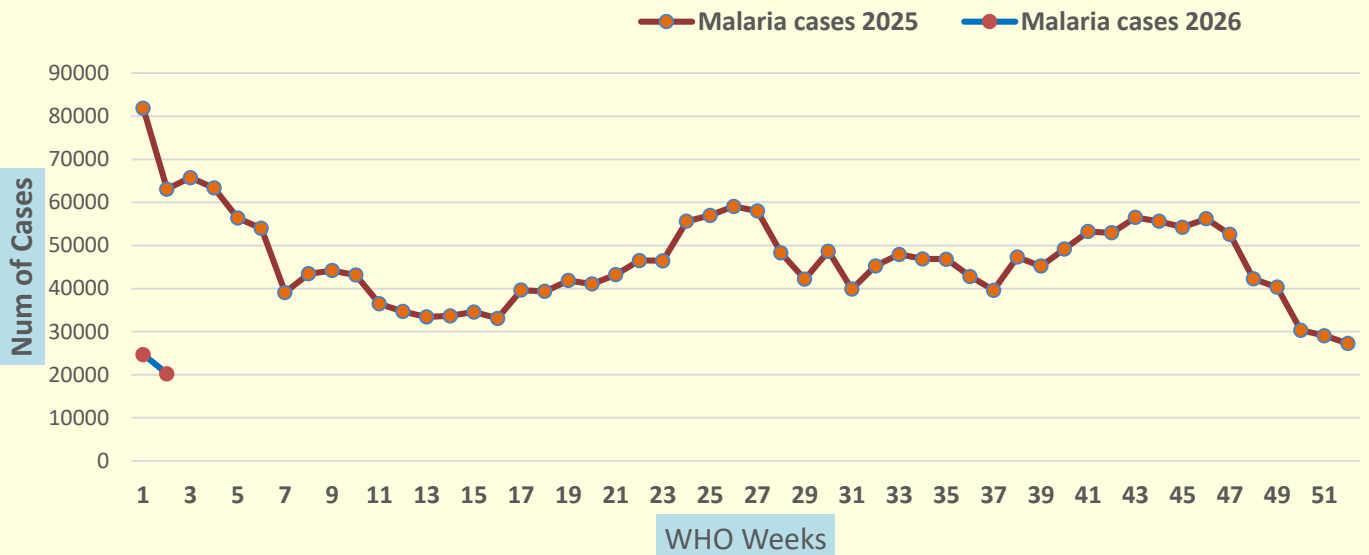
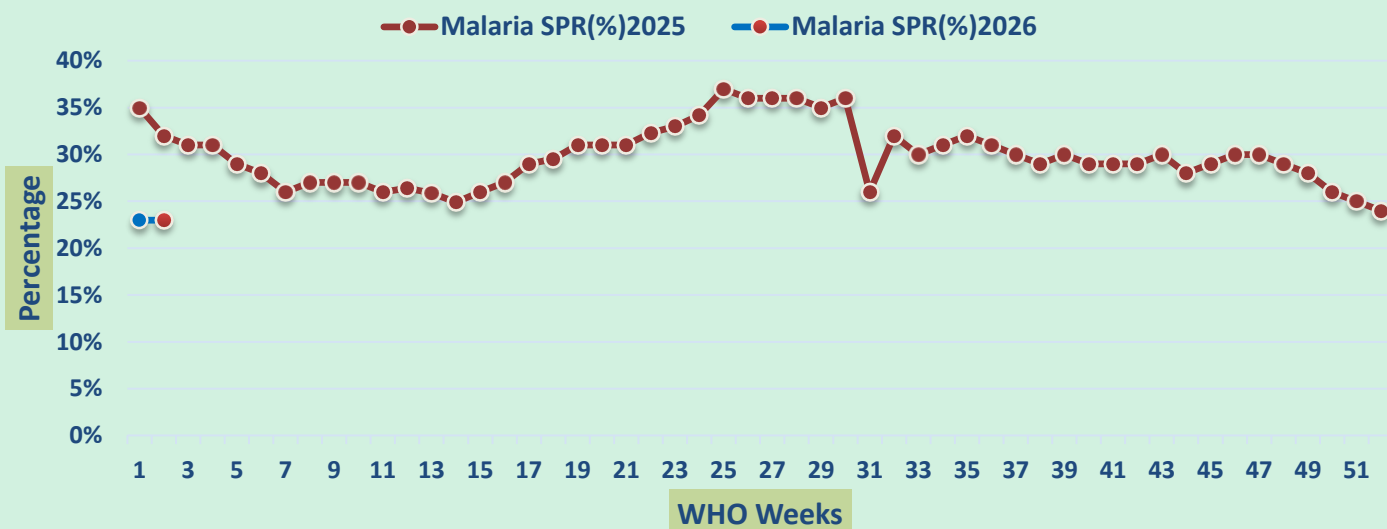




Figure 6: Oromia region weekly trends of Malaria SPR, WHO WK-2/2026 Compared to 2025 cases



### ➤ Outbreak Response Activities

- Still coordination efforts continue via EOC and other available platforms for emergencies in the region
- Intensive Response: continued intervention activities of trained community volunteers'(CV) in majority of high burden locality integrated with Health center RRT
- 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 in intervention
- Continuous feedback on DHIS2 data quality and reporting errors to zone and woreda were given
- Coordination, RCCE, Isolation, Testing and Enhanced Surveillance activities undertaking in all Zones/Town to Recent *Marburg Virus Disease* in Ethiopia (Jinka Town, South Ethiopia) following MOH/EPH Announcements.



➤ **Major gaps/Challenges**

- ✓ Multiple public health emergency in the region (**Measles and Malaria**)
- ✓ Operational budget shortage (Surveillance and response)
- ✓ Volatile security problem (disrupted control efforts at western and south zones of the region)
- ✓ Political leaders' attention for malaria response at bottom level (Woredas and Kebele).
- ✓ Data quality and entry level errors, hence on transition to digitalization reporting platform
- ✓ Infrastructure (Network and road inaccessible) among some affected woredas

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

- ✓ **Heightened surveillance, rapid laboratory testing**, and the implementation of strong **infection prevention and control (IPC)** to **Marburg Virus Disease** outbreak in Neighboring region
- ✓ Strengthen coordination and collaboration among key stakeholders
- ✓ Strengthen larva control (both by Environmental and Larvicidal)
- ✓ 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
- ✓ Leadership ownership and community involvement and mobilization
- ✓ **Sustain community Volunteers (CV)** activities and strengthen Health Center RRT supervision to CV
- ✓ **Improve and strengthens the PHEM-DHIS2 platform in its quality and Sustain Current completeness**

**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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