



## 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-13

## 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

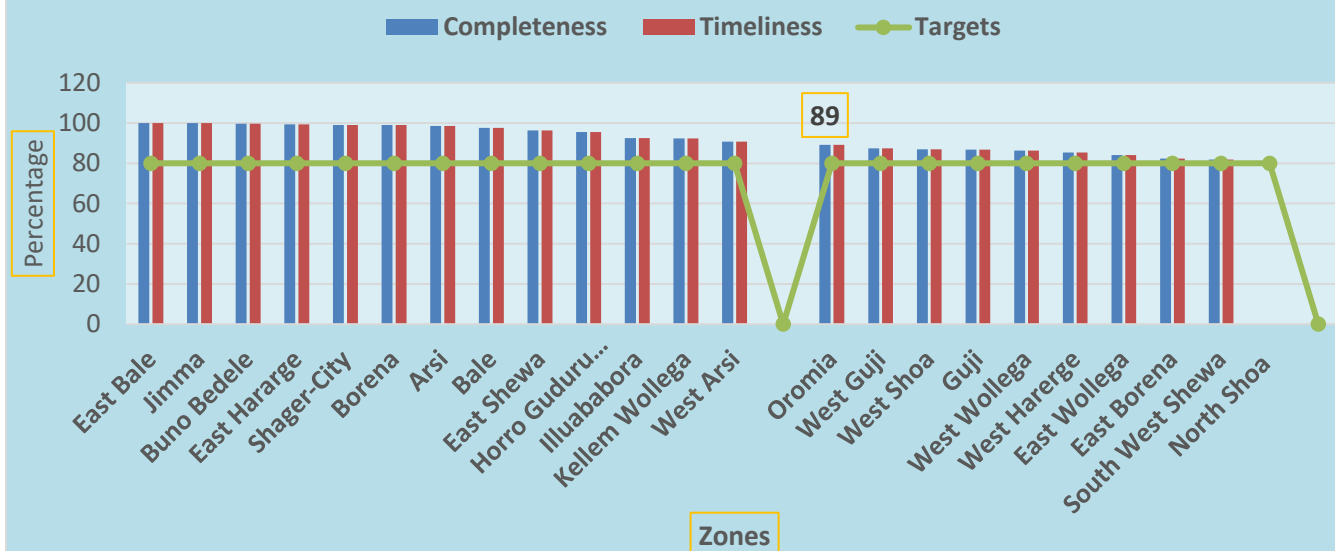
# Of Newly  
occurred  
outbreak  
=0

- ❖ The regional surveillance report completeness and timeliness were 89% **for both**.
- ❖ A total of **33,428** Confirmed & clinical Malaria cases with **One (1)** death in this week.34674
- ❖ Reported Malaria case **decreased by 4%, likewise; the testing also decreased by 1.6%**.
- ❖ A total of **311 measles** cases and no death were reported, cases decreased by **29%** from last week.
- ❖ A total of **9 (Nine)** maternal and **60** perinatal deaths were reported.
- ❖ A total of **10** AFP with Zero death reported from (West Harege-3, Nekemte T-1, South West Shoa-1, Jima-2, Metu T-1, Guji-1and West Wollega-1)
- ❖ A total of **3169 SAM** U5 cases and Two (2) death reported
- ❖ A total of **5514 MAM** U5 cases were reported.
- ❖ *Enhancing response activities and increasing community engagement are critical in controlling the ongoing outbreaks (Malaria and Measles)*

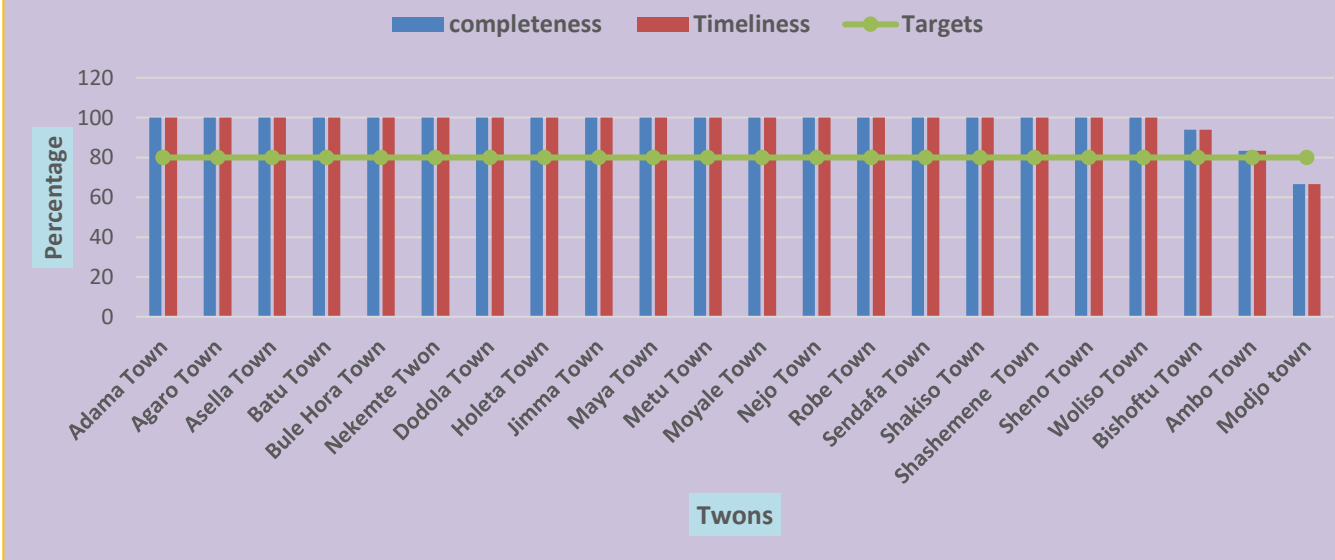
# Of New  
Event =0

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Ongoing  
Outbreak=2

**Figure 1: Oromia Region report completeness and timeliness by -Zones, as of WHO Week-13, 2025**



**Figure 2: Oromia Region report completeness and timeliness by - Towns, as of WHO Week-13, 2025**





**Table 1: Immediately Reportable Diseases**

S.No	Disease/condition	Week-12/2025		Week-13/2025		Difference (Wk13-Wk-12) of cases/deaths	
		Cases	Deaths	Cases	Deaths	#	(%)
1	Cholera	0	0	0	0	0	0
2	Measles	436	3	311	0	-125	↓29
3	Dengue Fever	0	0	0	0	0	0
4	AFP	12	0	10	0	+2	↑17
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	3	0	3	0	0	=0
9	Maternal Death		3		9	+6	↑200
10	Perinatal Death		58		60	+2	↑3.5
11	Pandemic Influenza	0	0		0	0	0
12	(Human) Rabies	0	0	7	1	+7	↑700
13	Suspected rabies exposure	60	0	67	0	+7	↑12
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	4	0	9	0	+5	↑125
20	Chikungunya	0	0	0	0	0	0
21	Mpox virus	0	0	0	0	0	0
22	Brucellosis	0	0	0	0	0	0
23	Obstetric Fistula	4	0	3	0	-1	↓25

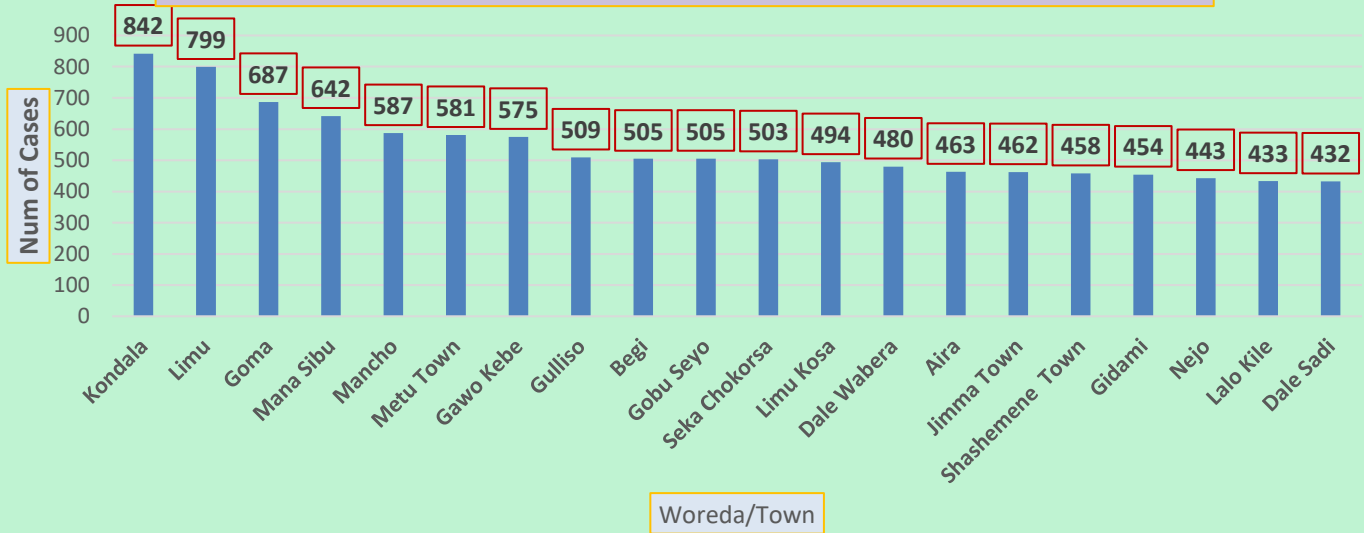


**Table 2: Weekly Reportable Diseases**

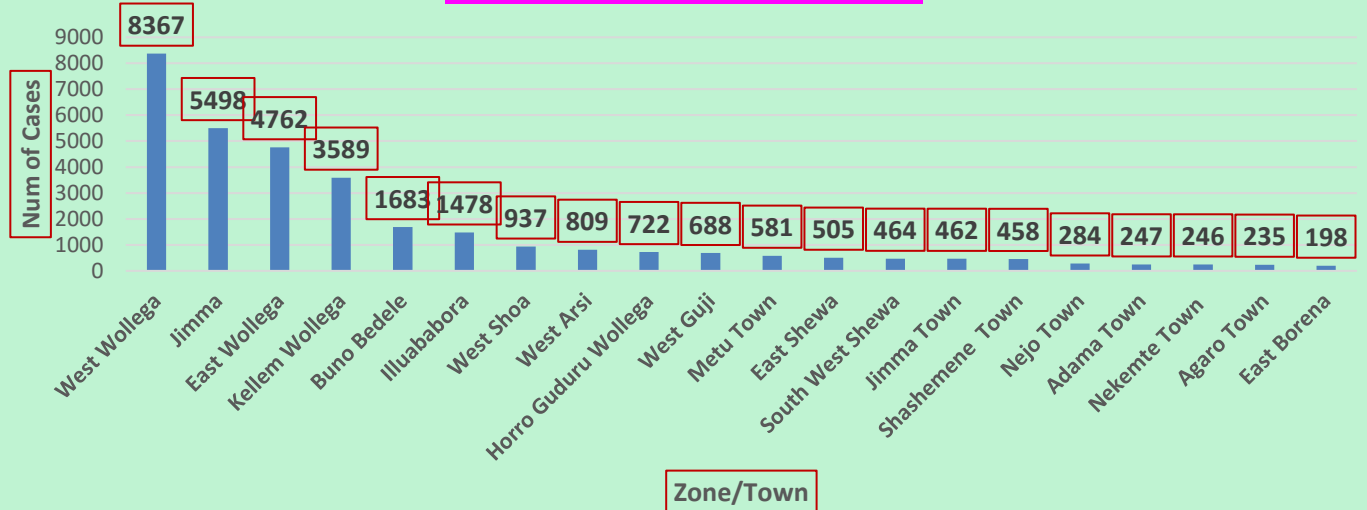
S. No	Disease/condition	Week-12/2025		Week-13/ 2025		Difference (Wk-13) -(Wk-12)	( <b>%</b> )
		Cases	Death	Cases	Death	cases/deaths	
						#	
1	<b>Malaria</b>	<b>34,674</b>	<b>2</b>	<b>33,428</b>	<b>1</b>	<b>-1,246</b>	<b>↓3.5</b>
2	Meningitis	<b>85</b>	<b>1</b>	<b>66</b>	<b>2</b>	<b>-19</b>	<b>↓22</b>
3	Dysentery	<b>2505</b>	<b>3</b>	<b>2601</b>	<b>0</b>	<b>+96</b>	<b>↑3.8</b>
4	Relapsing fever	<b>19</b>	<b>0</b>	<b>43</b>	<b>0</b>	<b>+24</b>	<b>↑126</b>
5	SAM	<b>3101</b>	<b>5</b>	<b>3169</b>	<b>2</b>	<b>+68</b>	<b>↑2.2</b>
6	Scabies	<b>911</b>	<b>0</b>	<b>849</b>	<b>0</b>	<b>-62</b>	<b>↓6.8</b>
7	New HIV cases	<b>166</b>	<b>1</b>	<b>157</b>	<b>0</b>	<b>-9</b>	<b>↓5.4</b>
8	Diarrhea with dehydration in children less than 5 years of age	<b>2611</b>	<b>1</b>	<b>2578</b>	<b>1</b>	<b>-33</b>	<b>↓1.3</b>
9	Acute Jaundice Syndrome within 14 days of illness	<b>44</b>	<b>0</b>	<b>38</b>	<b>0</b>	<b>-6</b>	<b>↓14</b>
10	Severe Pneumonia in children under 5 years age	<b>1710</b>	<b>5</b>	<b>1663</b>	<b>3</b>	<b>-47</b>	<b>↓2.7</b>
11	Hypertension new cases	<b>1165</b>	<b>0</b>	<b>1228</b>	<b>0</b>	<b>+63</b>	<b>↑5.4</b>
12	Diabetes new cases	<b>339</b>	<b>0</b>	<b>354</b>	<b>0</b>	<b>+15</b>	<b>↑4</b>
13	Tuberculosis	<b>584</b>	<b>0</b>	<b>623</b>	<b>0</b>	<b>+39</b>	<b>↑7</b>
14	Moderate Acute Malnutrition (MAM) in U5C	<b>6232</b>	<b>0</b>	<b>5514</b>	<b>0</b>	<b>-718</b>	<b>↓11.5</b>



**Figure3:Oromia Region top 20 Districts reporting Malaria Outbreak  
WHO week-13,2025 GC**

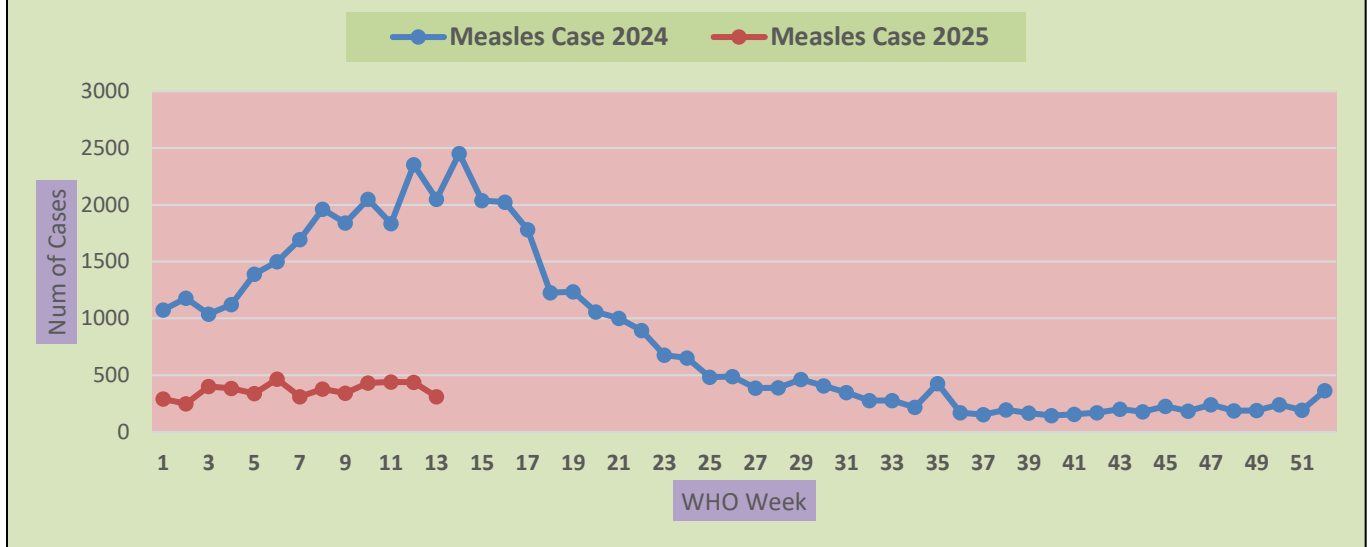


**Figure4:Oromia Region top 20 Zones/Town reporting Malaria  
Outbreak WHO week-13,2025**

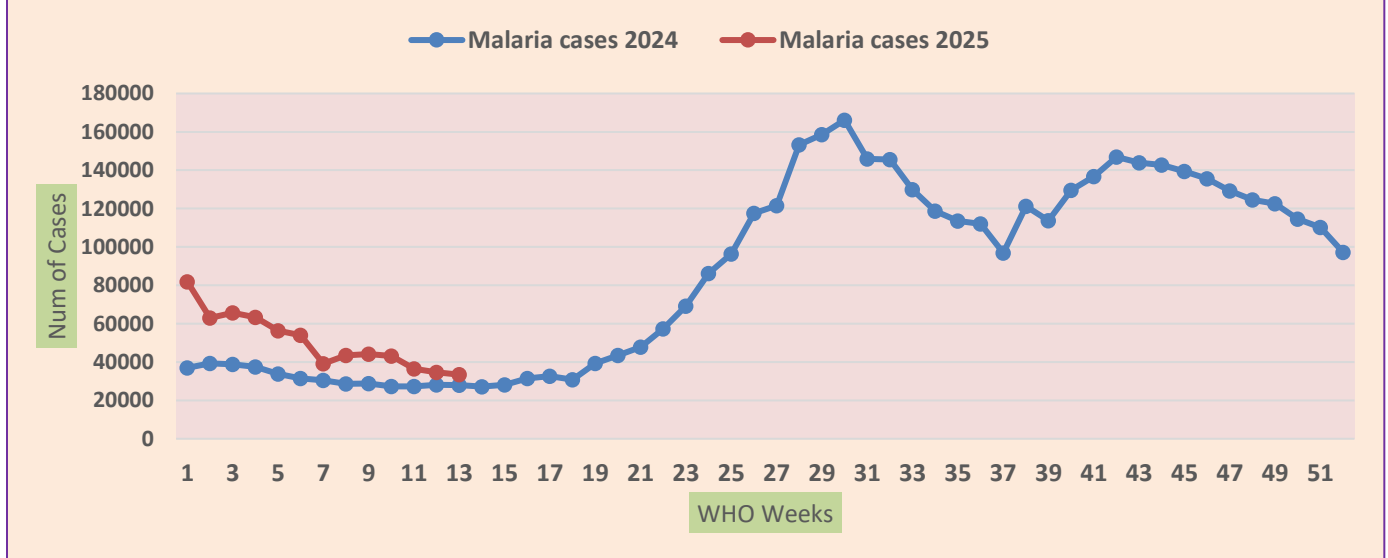




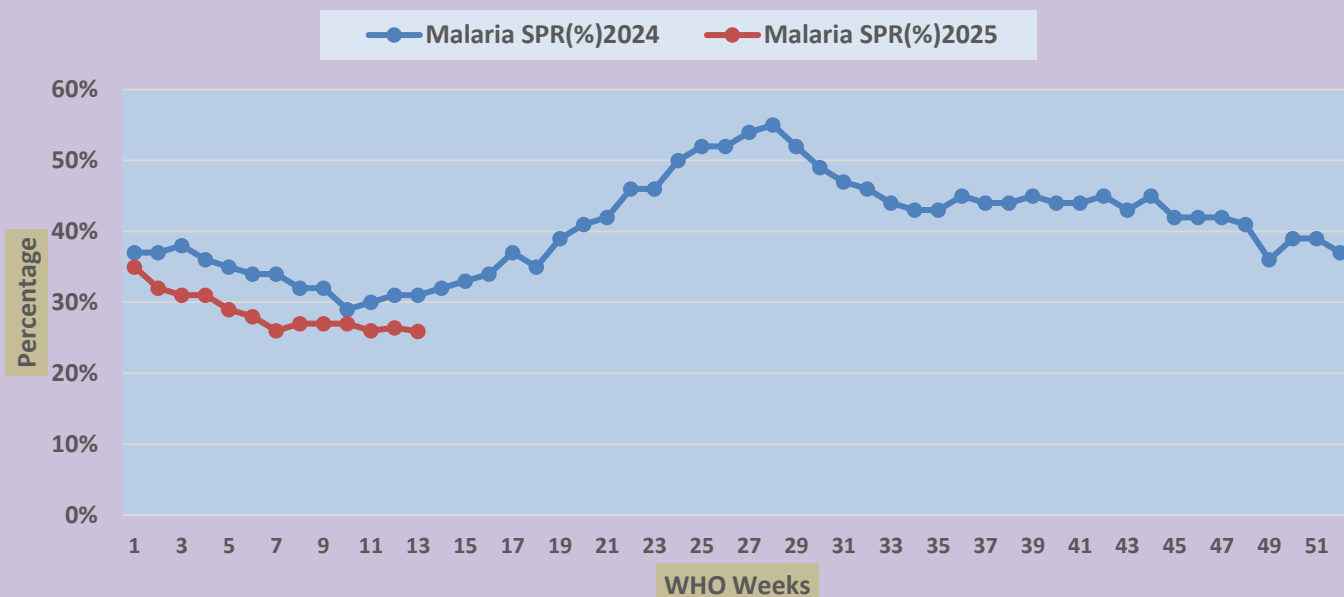
**Figure 5: Oromia region weekly trends of measles outbreak, WHO WK-13/2025 Compared to 2024 cases**



**Figure 6: Oromia region weekly trends of Malaria outbreak, WHO WK-13 /2025 Compared to 2024 cases**



**Figure 6: Oromia region weekly trends of Malaria SPR, WHO WK-13 /2025 Compared to 2024 cases**



### ➤ **Outbreak Response Activities**

- **Intensive Response: still continued intervention activities of trained community volunteers'(CV) in majority of high burden locality, HC 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 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), **outbreak Persist, even minor transmission season**
- ✓ 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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