1.0 Acute Watery Diarrhea Update

The first AWD case was reported on 15th April 2006 in Gambella Region in Western Ethiopia sharing border with South Sudan. Then the outbreak spread to 5 more regions, namely; Oromiya, Southern Nations, Addis Ababa, Amhara and Tigray. Currently the outbreak is contained in Gambella Region but it still going on in the other regions. Information confirmed that the disease is spreading to more districts recently in Amhara Region and Addis Ababa municipality. As of 29th September 2006, 27,126 cases and 321 deaths have been reported in the entire affected districts representing a case fatality rate (CFR) of 1.2%. Rumours from Somali Region also mentioned AWD cases in districts. WHO consultant is deployed in Somali and he will conduct further investigations and report.

Table 1. Reported AWD cases per region

<table>
<thead>
<tr>
<th>Region</th>
<th>No. of cases</th>
<th>No. of deaths</th>
<th>CFR (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gambella</td>
<td>2300</td>
<td>18</td>
<td>0.7</td>
</tr>
<tr>
<td>2 Oromia</td>
<td>17,569</td>
<td>118</td>
<td>0.6</td>
</tr>
<tr>
<td>3 SNNP</td>
<td>2,492</td>
<td>35</td>
<td>1.4</td>
</tr>
<tr>
<td>4 Amhara</td>
<td>1,444</td>
<td>67</td>
<td>4.6</td>
</tr>
<tr>
<td>5 Tigray</td>
<td>1,482</td>
<td>11</td>
<td>0.7</td>
</tr>
<tr>
<td>6 Addis Ababa</td>
<td>83</td>
<td>4</td>
<td>4.8</td>
</tr>
<tr>
<td>Total</td>
<td>27,126</td>
<td>321</td>
<td>1.2</td>
</tr>
</tbody>
</table>

** No break down of data for the period.

Many activities are currently on going in efforts to control the AWD epidemic as mentioned below.

Surveillance and information exchange sub committee reported that timeliness of reporting should be improved. The meeting expressed concern about situation of the AWD epidemic in Amhara region as data showed that the disease is spreading with an alarming rate. From 10th August to 24th September 2006, 1,444 cases and 67 deaths have been reported in Amhara recording a CFR of 4.6%.

Case management and laboratory investigation sub-committee reported improvement in case management in Addis Ababa and Tigray regions, however urgent support is required in Amhara region. During the last week of September Addis Ababa Regional Health bureau has reported 11 cases and no deaths. We are beginning to see results of WHO technical support in Addis as recommendations on strategy are being implemented. WHO has provided SUS30, 000.00 to Amhara for support and 2 consultants are assigned in the region full time to support surveillance, case management and coordination.
UNICEF has requested some funds to provide training on case management. Currently health science students are deployed in remote areas to assist case management in health facilities and community treatment centres. The current urgent need is IV infusion and the FMOH has made a verbal request to partners. WHO urged the ministry to submit an official request soon for support. UNICEF is planning to provide financial assistance worth 400,000.00 birr to Amhara region. UNICEF has imported large quantities of ringer lactate which is still in customs awaiting results of quality tests from DACA. It is expected that the items will be available in 2 weeks time. Concern was expressed about the urgent need for tents to support improvement in case management at health post/ community treatment centres. UNICEF mentioned that they could be provided or loaned and be replaced later.

Environmental Health and Sanitation sub-committee produced and distributed 10,000 copies of health education materials on AWD prevention to Harari, Dire Dawa, Amhara, Tigray, Oromia, Beneshangul and Addis Ababa regions. The sub-committee has broadened its scope of operation by developing a guideline for response on hygiene and environmental sanitation. The subcommittee is working on developing a monitoring checklist. It has compiled a contact list of partners working on AWD epidemic.

Resource mobilization, distribution and utilization sub-committee is not too strong in conducting its activities. The chairman suggested that the membership of this subcommittee should be revisited to enhance effective response as it is one of the most important sub-committee. There is no clear picture of the gaps and needs for more resources because the regions do not provide adequate information on their gaps and stock levels.

In a National Coordination Committee meeting on Thursday 28th September 2006, the representatives of the Federal Ministry of Health and Ministry of Water Resources re-emphasized the need to issue a joint appeal for AWD. The FMOH had emphasized that the most urgent need as of now are ORS, operational cost and ringer lactate. They have sent the last 2,000 litres of ringer lactate to Amhara region. WHO re-emphasized that the role of the National coordination committee is to coordination, monitoring intervention strategies and identify gaps and resources need and mobilization the necessary resources. To fulfill their mandate timely and complete information is required; which is currently available on piece meal basis and can be acquired only through WHO national surveillance officer. WHO is currently supporting AWD surveillance but the information is not shared through the official channel. This is now being addressed with urgency.

For the overall response, WHO provided support in essential drugs, 6 national consultants on full time to affected regions, 6 international consultants provided technical assistant in food hygiene and safety, water and environmental sanitation, resource mobilization and epidemiological surveillance and epidemic management costing around $US 500,000.00. A sum of $US 250,000.00 has been secured from the Central Emergency Response Fund (CERF) to support WHO’s response in AWD and prevention of Malaria outbreak in flood affected areas.
An investigation team comprised of five staff of which four are Medical Officers from WHO were in Amhara Region to assess the status of Preparedness and Response activities on prevention and control of AWD outbreak; to provide technical support to affected districts and has submitted a report to address the gaps. Orientation on prevention and control of AWD was delivered to 150 participants (Zone, Woreda administrators and Woreda Health Officers) in Amhara Region.

WHO consultants are currently providing technical support in Oromia region (one consultant); SNNPR (one consultant); Amhara region (2 consultants); Somali region (one consultant) and Addis Ababa (one consultant). In addition, drugs and medical supplies of a total amount of US$10,400 were provided for Addis Ababa Regional Health Bureau.

2.0 Measles outbreak in Southwest Tigray
Measles outbreak that has affected Kafta Humera district in Southwest Tigray has been contained. The first case was reported in August 2006. The date of onset for the last reported case was 15th September 2006. By 16th September 2006 Kafta Humera district reported a total of 179 cases, 6 deaths and 98% of the cases are between 15-34 years. The case fatality rate was 3.3%.

In response to the measles outbreak, WHO provided technical support in case management, surveillance and immunization activities to the Regional Health Bureau.

WHO in collaboration with the district health bureau and UNICEF organized a mass measles immunization campaign from 16 – 24 September 2006. A total of 63,598 people in the age range of 6 months to15 years were vaccinated. Also vitamin A was given to all children between 6 months - 59 months old.

3.0 Reported suspected cases of Cerebro Spinal Meningitis (CSM) in S

WHO consultant assigned to SNNPR reported that 54 suspected cases and 6 deaths of meningitis have been reported from Dermowaidi Woreda in Walaita Zone on the 24th September 2006. Samples have been collected and submitted for laboratory investigations and results will be reported as soon as they are available.

He also observed that, there is less emphasis on AWD prevention and control in the areas of safe drinking water and environmental sanitation especially building and use of latrines. Technical support has been intensified on prevention methods through IEC at community level especially in affected waradas.

4.0 Cluster approach
In response to government position paper in the cluster approach, UN Senior Disaster Management Team met on the 26th September 2006 to discuss the approach. Government’s position is to take the leadership in the cluster approach and suggested technical and high level meeting to discuss the issue. It has been observed that the response is positive and the meeting consider the response as a policy document. The meeting agreed that UN agencies should come up with a position paper and discuss with government and include issues like protection, transparency and accountability which were excluded in government’s response.
It was agreed that OCHA should prepare a draft matrix and circulate to UN agencies to identify gaps within in the cluster approach. This will be followed by an internal retreat to discuss the cluster approach and respond to issues raised in the government paper.