



# Somalia Emergency Weekly Health Update

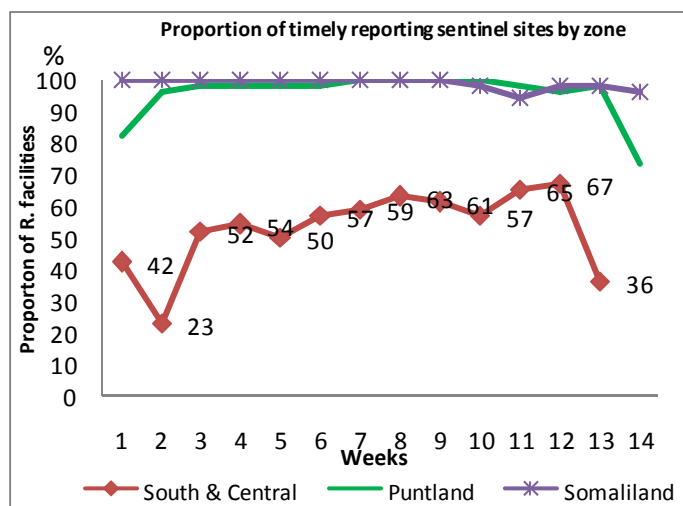
*The Somalia emergency weekly health update aims to provide an overview of the health activities conducted by WHO and health partners in Somalia. It compiles health information including nine health events (epidemiological surveillance) reported in Somalia, information on ongoing conflicts in some regions of Somalia and health responses from partners.*

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## BULLETIN HIGHLIGHTS

Reporting dates 1-14 April 2012  
(reflecting Epidemiological week 13 and 14)

- On 4 April, a female suicide bomber killed at least six people at National Theater in Mogadishu. According to three major hospitals in Mogadishu, the caseload accounted for 80 casualties, including eight death.
- On 9 April, more than 40 casualties were brought to Baidoa hospital after a bomb exploded at the market place of Baidoa.
- Child Health Days have kicked off, on 10 April in Gedo region as well as Banadir region. Two rounds will be organized in Banadir region, with round one from 14-18 April 2012 and round two from 21-25 April 2012.



Of the 222 sentinel sites reporting weekly from the three zones of Somalia, for **week 13**, 98% (53) in Puntland, 98% (44) in Somaliland, but only 36% (44) sentinel sites reported on time from South and Central Somalia or 64% (141) of all sentinel sites. Only 1 of 30 sentinel sites reported from Lower Shabelle region; reason being investigated.

## EPIDEMIOLOGICAL SURVEILLANCE (26 MARCH – 8 APRIL 2012, EPI WEEK 13 AND 14)

### SITUATION OVERVIEW:

#### SOUTH CENTRAL SOMALIA

Table 1. South and Central Somalia	Week 13 (26 March - 1 April) - Number of sentinel sites 123, reporting sites 44		Week 14 (2 - 8 April 2012) - Number of sentinel sites 123, reporting sites 0	
Health Event	Total cases (% < 5 yrs)	*Proportional Morbidity	Total cases (% < 5 yrs)	*Proportional Morbidity
Susp. Cholera	378 (71%)	3.50%	-	-
Susp. Shigellosis	69 (59%)	0.60%	-	-
Susp. measles	91 (89%)	0.80%	-	-
Acute flaccid paralysis	1 (0%)	0.01%	-	-
Susp. Hemorrh. Fever	0	0	-	-
Susp. Diphtheria	2 (50%)	0.02%	-	-
Susp. Whooping cough	20 (95%)	0.20%	-	-
confirmed malaria	473 (27%)	4.40%	-	-
Neonatal tetanus	2 (100%)	0.02%	-	-
All other consultations	9772 (42%)		-	-

*\*Proportional Morbidity is the number of cases for individual health event as a proportion of all consultations for the reporting week.*

During **week 13**, a case of acute flaccid paralysis was reported in South Central Somalia from Bondheere district, Mogadishu. This case is being investigated and it was found to be too late for collection of samples for further investigation at the laboratory. In addition, two cases of suspected diphtheria and whooping cough (pertussis) have been reported. It was not possible to trace the two diphtheria cases due to lack of information. It is suspected that both cases might have been IDPs. This all points out the need of greater routine Expanded Programme on Immunization for the zone. Finally, two cases of neonatal tetanus have been reported. This shows that antenatal care needs to be strengthened to ensure two doses of tetanus toxoid (TT or Td) are given during pregnancy.

During **week 14**, none of the sentinel sites for South Central Somalia reported due to technical problems faced at the zonal collection level.

#### SOMALILAND

Table 2. Somaliland	Week 13 (26 March - 1 April) - Number of sentinel sites 54, reporting sites 44		Week 14 (2 - 8 April 2012) - Number of sentinel sites 54, reporting sites 52	
Health Event	Total cases (% < 5 yrs)	*Proportional Morbidity	Total cases (% < 5 yrs)	*Proportional Morbidity
Susp. Cholera	26 (92%)	0.60%	31 (81%)	0.68%
Susp. Shigellosis	21 (38%)	1.00%	23 (43%)	0.50%
Susp. measles	43 (56%)	1.10%	68 (50%)	1.50%
Acute flaccid paralysis	0	0	0	0
Susp. Hemorrh. Fever	0	0	0	0
Susp. Diphtheria	0	0	0	0
Susp. Whooping cough	0	0.00%	1 (100%)	0.02%
confirmed malaria	0	0.00%	0	0
Neonatal tetanus	0	0.00%	0	0
All other consultations	4096 (47%)		4451 (54%)	

*\*Proportional Morbidity is the number of cases for individual health event as a proportion of all consultations for the reporting week.*

Given the disproportional number of suspected cholera cases during **week 13** (although the numbers are small); there is still concern of non-adherence to the case definition for sentinel sites in Somaliland.

For **week 14**, the proportional morbidity for suspected measles keeps on increasing. Burao district (Togdheer region), which also has the lowest vaccination coverage for the recently conducted Child Health Days, accounts for most of the cases.

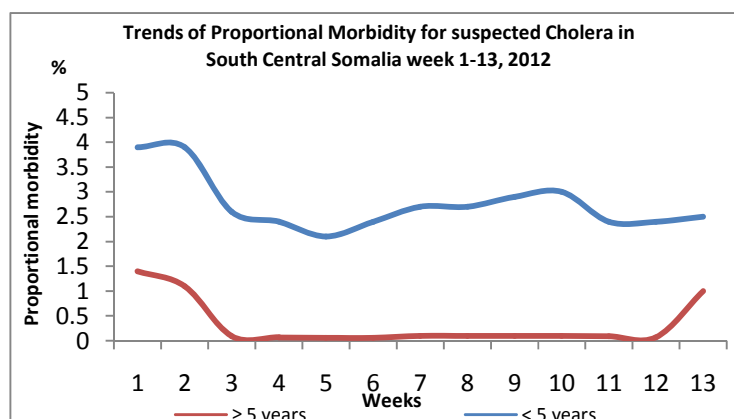
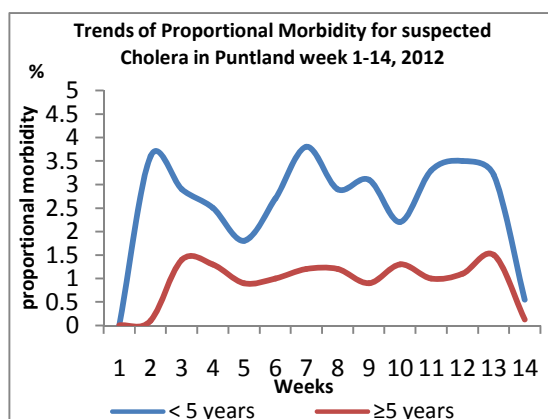
## PUNTLAND

Table 3. Puntland	Week 13 (26 March - 1 April) - Number of sentinel sites 45, reporting sites 44		Week 14 (2 - 8 April 2012) - Number of sentinel sites 45, reporting sites 33	
Health Event	Total cases (% < 5 yrs)	*Proportional Morbidity	Total cases (% < 5 yrs)	*Proportional Morbidity
Susp. Cholera	168 (68%)	4.70%	31 (81%)	0.68%
Susp. Shigellosis	32 (53%)	1.00%	23 (43%)	0.50%
Susp. measles	16 (56%)	0.50%	68 (50%)	1.50%
Acute flaccid paralysis	0	0.00%	0	0
Susp. Hemorrh. Fever	0	0	0	0
Susp. Diphtheria	0	0	0	0
Susp. Whooping cough	0	0	1 (100%)	0.02%
confirmed malaria	0	0.00%	0	0
Neonatal tetanus	0	0	0	0
All other consultations	3360 (49%)		4451 (54%)	

\*Proportional Morbidity is the number of cases for individual health event as a proportion of all consultations for the reporting week.

## MAIN CAUSES OF MORBIDITY:

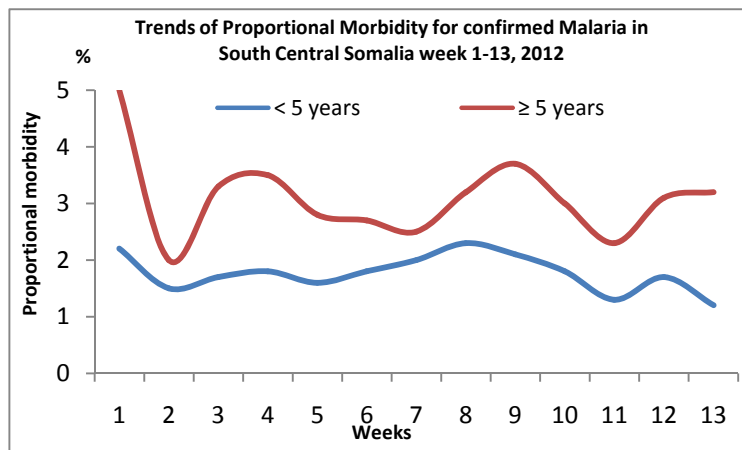
### SUSPECTED CHOLERA (SOURCE: CSR SENTINEL SITES)



The proportional morbidity for suspected cholera in **South Central Somalia** is increasing during **week 13**. The most affected region for that reporting week was Middle Shabelle. However, WHO and partners observed a general increase in number of cases in Balcad district, Middle Shabelle region. An outbreak investigation team collected four samples that were sent to Nairobi for further investigation in the laboratory. Results are still pending. Health partners have launched response activities in some of the affected areas. Middle Shabelle region is underserved with very few active health facilities.

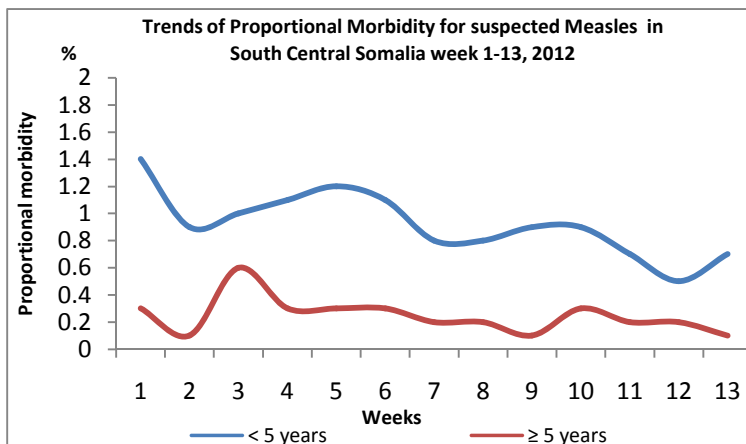
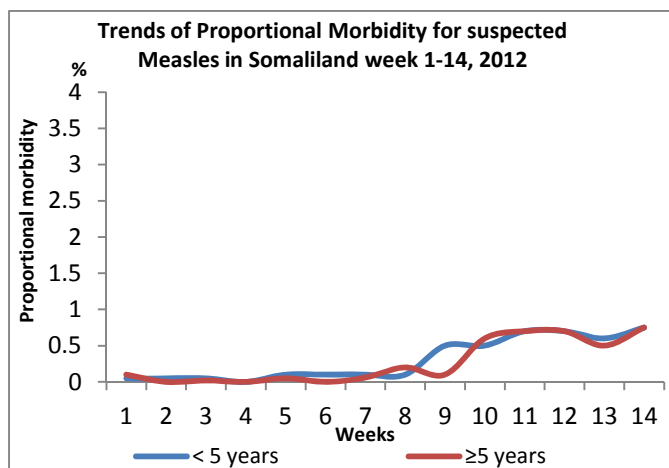
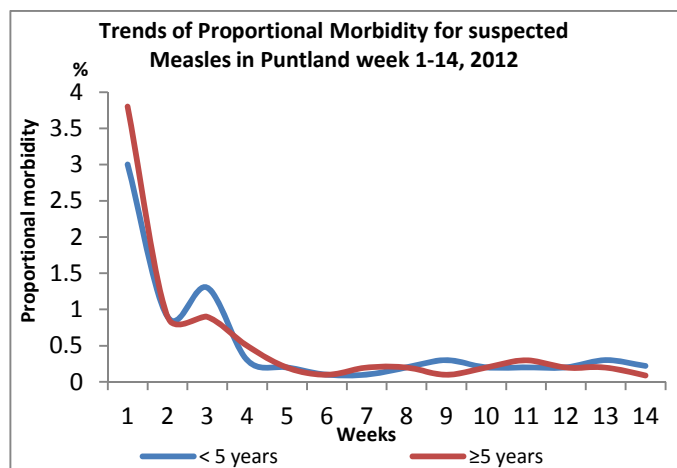
During **week 14**, in **South Central Somalia**, a total of 30 stool samples were collected from suspected cholera cases coming from Banadir region. Results are still pending. For **Puntland**, the proportional morbidity reduced due to the fact that less sentinel sites reported compared to the previous week.

## CONFIRMED MALARIA (SOURCE: CSR SENTINEL SITES)



In South Central Somalia, a WHO investigation team, including an entomologist and laboratory technicians, is looking into the sudden increase of suspected malaria cases in Lower and Middle Juba. The results are still pending.

## SUSPECTED MEASLES (SOURCE: CSR SENTINEL SITES)



Suspected measles cases continue to be reported from all the three zones of Somalia. During **week 13** for **South Central Somalia**, and week 13 and 14 for **Puntland**, the number of cases has decreased compared to previous weeks. Child Health Days have kicked off, on 10 April in Gedo region as well as Banadir region. Two rounds will be organized in Banadir region, with round one from 14-18 April 2012 and round two from 21-25 April 2012.

*Table 4: Target population for Child Health Days in Banadir region*

<b>Banadir region</b>	<b>District</b>	<b>Estimated population</b>	<b>Target population under five years</b>	<b>Target population for women of childbearing age</b>
	Karan	182,445	36,489	41,962
	Yaqshiid	226,450	45,290	52,084
	Madiina	125,120	25,024	28,778
	Dharkeynley	118,105	23,621	27,164
	Daynile	67,735	13,547	15,579
	Heliwaa	94,670	18,934	21,774
	Wardhiigley	92,380	18,476	21,247
	Shibis	124,590	24,918	28,656
	Shangani	31,550	6,310	7,257
	Bondhere	79,175	15,835	18,210
	AbdiZIZ	34,115	6,823	7,846
	Hodon	180,960	36,192	41,621
	Howlwadaag	85,475	17,095	19,659
	Hamarweyne	72,145	14,429	16,593
	Hamar Jajab	68,690	13,738	15,799
	Wabari	72,470	14,494	16,668
	<b>Total</b>	<b>1,656,075</b>	<b>331,215</b>	<b>380,897</b>

The number of reported cases has increased in **Somaliland**. Immunization outreach activities have been started and the number is expected to decrease. The numbers of reported cases, in all zones, need to be assessed against the background of limited or no training, for health workers, on case-definitions of measles.

**Table 5: OUTBREAK ALERTS IN SOMALIA**

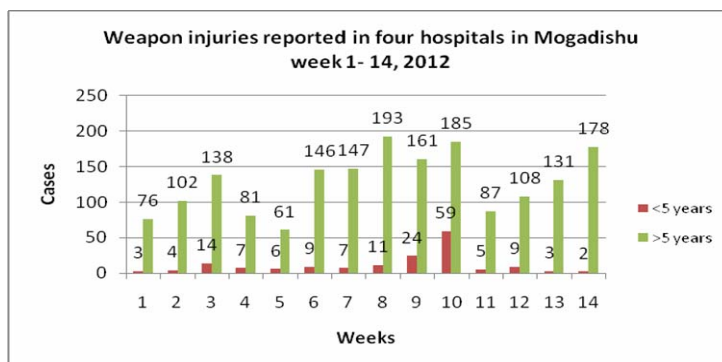
<b>Date of notification</b>	<b>Suspected disease</b>	<b>Date of onset</b>	<b>Actions taken</b>	<b>Continue if investigation required? Stop here if rumour</b>	<b>Date of investigation</b>	<b>Samples taken?</b>	<b>Further actions</b>	<b>Date/Outcome (results from lab/final diagnosis)</b>
3 April 2012	<b>Suspected cholera</b> , Balcad district of Middle Shabelle, Central Somalia	Not clarified	Rumor verified, partner confirmed cases	Reported hundreds of cases and deaths due to suspected cholera. Investigation conducted.	5 April 2012	Yes, 4 stool samples collected from new cases, sent to laboratory on 5 April 2012	Partners have launched response activities in some areas. Middle Shabelle region is underserved with very few active health facilities. No sentinel site in the affected villages of Mukidheer, Hawadley, Jameea Misri, Baqdaad among others. Retrospective data indicates approximately 70 cases in Mukidheer and another 30 in 6 other villages over the past 3 weeks. The total deaths associated with cases were 7 including 56 children under 5 years.	Awaiting results of culture for the referred samples.
3 April 2012	<b>Suspected Shigellosis</b> in Deg-Elma village on the outskirts of Doble town, Afmadow district of Lower Jubba, Sothern Somalia	Unknown	Joint rumor verification by WHO and partners teams on ground	Reported unspecified number of cases.	5 April 2012	No cases treated	Partners have launched response and samples will be collected from new cases. At the moment the situation is stable. The area is underserved, with no fixed health facility for the approximate 10000 people in Deg-Elma and the surrounding. Surveillance for cases of fever with visible blood in stool is ongoing and socio-mobilization by partners to ensure early case detection and case management is ongoing	No samples collected.

## CONFLICT-RELATED INJURIES

From **1 January – 8 April 2012**, 1957 casualties from weapon-related injuries were treated at four hospitals in Mogadishu, with 163 cases (8.3%) of under five years of age. Registered were 31 deaths above five years and 1 death below five years.

The increase observed in week 14 (see graph) follows the theatre bombing of which a total of 80 casualties were registered on 4 April at three of the four major hospitals in Mogadishu.

In the month of March, 672 casualties from weapon-related injuries were treated at four hospitals in Mogadishu, with 11 deaths above five years and one death of below five years reported.



*Table 6: Overview of reported casualty data from three main hospitals in **Mogadishu** on 4 April 2012 (suicide attack in National theatre, Mogadishu).*

Number of Casualties	Number of discharged	Number of casualties under the age of five	Number of burns	Number of fractures	Number of chest injuries	Number of operations carried out	Number of patients transferred to Nairobi or other place	Number of deaths in hospital
80	41	0	7	8	5	30	3	2

On 9 April 2012, more than 40 casualties were brought to Baidoa hospital after a bomb exploded at the market place of Baidoa.

*Table 7: Breakdown of type of casualty from major hospital in **Baidoa** for 9 April 2012 (Market bombing).*

Number of Casualties	Number of discharged	Number of casualties under the age of five	Number of burns	Number of fractures	Number of chest injuries	Number of operations carried out	Number of patients transferred to Nairobi or other place	Number of deaths in hospital
41	13	0	4	10	3	27	3	2



*Victims of the Baidoa market bombing, Baidoa hospital*



## HEALTH RESPONSE

### PRIMARY HEALTH CARE:

On 4 April 2012, **Aamin Voluntary and Relief Organization (AVRO)** reported about 46 consultations to internally displaced persons at Dayax camp including 25 children under the age of five and 25 women and girls in Hodan district (**Banadir region**) following mobile clinic and free ambulance service. From 5-11 April, about 69 consultations were reported during mobile outreach clinic at an internally displaced persons (IDP) camp in Xamar Jajab district (Banadir region). 19 (27%) of these consultations were children under the age of five. Women accounted for 37 (54%). Patients got treated for malnutrition and skin diseases, urinary tract infections, malaria, diarrhea, typhoid, bronchitis, pneumonia and blood pressure. Children were mainly measles and whooping cough cases. In addition, AVRO provided emergency medical services through mobile clinics including supplies in Mogadishu, Afgooye and Km50 in Banadir and Lower Shabelle regions in addition to providing free ambulance services for referral of patients. The target beneficiary is 18 000. This week Aamin Ambulance Service transported about 24 complicated cases to Banadir hospital including 12 (50%) children. From 5-11 April, 23 patients (11 children under the age of five) were referred to health facilities through free ambulance service for further consultations and assistance.



*AVRO ambulance services transporting referral of patients to major hospitals*



*Providing treatment at Xamar Jajab district IDP camps through mobile outreach clinics*

**Somali Health Development Organization (SOHDO)** is runs a health centre in Jama'adaha, Hodan district in Mogadishu area. Plans are to expand health services in underserved districts including Yaqshid, Huruwa. During this reporting week more than 100 consultations were reported at the facility including 55 children under the age of five and 93 female. The health facility is meant to benefit about 2000 households. From 5-11 April, more than 200 (157 female and 94 children under the age of five) consultations were registered.

**Centre for Peace and Development** is providing outpatient department and antenatal care services in districts of Banadir region namely Hodan, Sigaale, Howlwadaag Darwiiish benefiting about 14 000 households in the region. 1326 consultations were reported at their health facilities including 647 children under the age of five and 944 female. An assessment was conducted in the newly established Shirkole IDP camp in Hodan district relocated from Afgooye corridor to identify gaps and health needs. Ongoing is a six-days training for 12 health workers on expanded program for immunization. Plans are underway to start immunization services at four health facilities in Hodan and Howlwadaq districts. From 4-11 April, 830 and 427 consultations were reported from their facilities in Hodan and Howlwadaq districts respectively. About 6000 people hope to benefit from their health activities.

Between 31 March and 4 April 2012, the **American Refugee Committee (ARC)** reported a total of 831 consultations including 357 children under the age of five, and 446 female. During the reporting week, the teams diagnosed and treated 176 AWD cases with oral-rehydration salts. This is a slight increase in cases as compared to previous week (125 cases). About 40 of these cases were referred to major health centres. The NGO's three mobile teams provided primary health care services to IDPs in **Banadir region** in the districts of Hodan, Waberi, Shangani, Abdilaziz, Wardhigley and Xamarjajab. In addition, IDPs have been sensitized on basic hygiene, appropriate health seeking behaviors and prevention of diarrhea and/or cholera through health and hygiene messages.



**Somali Aid** working in Jilib district (Middle Jubba region) in collaboration with OCHA and UNICEF, runs some health facilities in a number of locations in the district targeting about 25 000 people. From 5-15 April, about 3000 consultations (including 1663 female and 1670 children under the age of five).

From 5-12 April 2012, **Muslim hands** reported 460 consultations including 292 female and 244 children under the age of five. The NGO is providing treatment to communities in Hodan district targeting about 5679.

**Agency for Peace and Development** (APD) runs 14 MCHs in Puntland, and reported a total of 690 consultations including of major diseases like AWD (121), malaria (21), respiratory infections (147), malnutrition (85) and pregnancy related issues (78). With a health facility in Jilib district (Middle Jubba region). The facility reported 524 consultations, including 290 under the age of five and 244 female patients. Diseases registered include AWD (20 cases) and severe and suspected malaria (109 cases).

**Human Development Concern** (HDC) reported a total of 802 consultations (including 126 under the age of five and 355 female) from some districts in **Gedo region**. The main activities include outpatient department services to treat various illnesses, HIV awareness including voluntary counseling and testing, and maternal and child health care. The beneficiaries are the internally displaced people and host communities.

During the reporting week, the **Somali Young Doctors Association** (SOYDA) and partners OCHA and Doctors Worldwide Turkey continued to extend their health services through health centers/health posts, sentinel sites and mobile clinics in the districts of **Lower Shabelle** and **Banadir region**. Between 31 March – 5 April 2012, 1760 consultations were reported in Lower Shabelle, including 705 under the age of five and 961 female. In Banadir, 4306 consultations were reported including 1740 under the age of five and 2420 female. These facilities are targeting a population of more than 250 000 for both regions. The mobile clinics that provide basic health services mainly target IDPs. Other health services provided include free medical treatment and nutritional screening of patients as part of the integrated health and nutrition.



*A SOYDA staff takes blood pressure for a patient who visited the Wadajir health centre in Mogadishu area*

**WARDI** health and nutrition mobile teams have carried out free diagnostic and treatment in Jalalaqsi and Hodan districts (**Banadir region**) and Beletweyne (**Hiraan region**), targeting over 50 000 people including children, pregnant and lactating mothers and the elderly. Until March 2012, about 21 000 people including 9252 children under the age of five and 2780 female were reached and treated from a number of diseases including anemia, upper respiratory diseases, pneumonia, malnutrition, measles, urinary tract infections, malaria, diarrhea, sexually transmitted infections, dysentery and skin diseases. WARDI also distributed long-lasting insecticide treated nets to the pregnant mothers at the camps. Compact food was provided for the malnourished children under the age of five.



*WARDI mobile teams provide treatment services at a village*



*WARDI mobile teams distribute treated bed nets to pregnant women*

**Somali Organic Agriculture Development Organization (SOADO)** in partnership with ZAMZAM runs a mobile clinic in A/AZIZ district (**Banadir region**). The team reported 41 consultations including 29 under the age of five and 16 female. Beneficiaries include the internally displaced persons, returnees from Afgooye corridor and other parts of Mogadishu and host communities. From 5-11 April 2012, their mobile teams reported 93 consultations including 43 women and 43 children under the age of five. Targeted are 8000 households.

**WAHA International** in collaboration with UNFPA, UAE Red Crescent are undertaking health activities including providing mother and child health services, out-patient department, non-complicated delivery services and referrals to Hanano hospital. These activities are to benefit more than 10 000 families. From 4-11 April 2012, a total of 119 consultations were reported from the Badbaado and Siliga IDP clinics in the districts of Dharkeynle and Wadajir respectively, including 96 female and 156 under the age of five. Other than those seeking antenatal care, one delivery was reported at the facilities.

**Horn International Relief and Development Organization (HIRDO)** in collaboration with UNICEF are currently undertaking primary health care in Mataban district in Hiran region for more than 200 beneficiaries. From 4-11 April 2012, a total of 95 consultations were reported including 60 female and 79 under the age of five. Plans are underway to provide similar services including out-patient health services in Wardhigley district in Banadir region.



**Islamic Relief** works in collaboration with partners International Blue Crescent in Banadir region and Disaster Emergency Committees in Lower Shabelle region. The activities in Banadir are targeting about 33 600 Somalis. About 3095 patients visited 8 health facilities and received free medical consultation and treatment, mostly children under the age of five and pregnant mothers. About 30 community health workers at 7 IDP settlements will be trained on conducting health education sessions and delivery of health massages to the community.

In Banadir and Gedo region **Africa Muslims Agency** in collaboration with Direct Aid is undertaking out-patient department services among other health services. Between 31 March - 5 April, about 700 consultations (214

female and 270 under the age of five) were registered at the health facilities in the districts of Hodan and Bardera. More than 170 000 will benefit from these health services.

During the reporting week, **INTERSOS** reported about 1659 including 860 women and 762 children under the age of five from their health facilities in Jowhar and a few villages in Middle Shabelle region. They are providing primary and secondary healthcare services including immunization, out-patient, a referral and mother and child health centre, targeting a population of 190 000. A needs assessment is ongoing to identify sites (villages) for the setup and rehabilitation of five health posts. Strengthening of the referral system mechanism through training of staff is ongoing. About 15 are being trained on the usage of the in-patient and out-patient clinical card.

## IN FOCUS

### World Health Day 2012 (7 April 2012)

World Health Day is celebrated globally on 7 April to mark the founding of the World Health Organization and to raise awareness every year of a key global health issue. This year the theme is "Ageing and Health". With the number of older people worldwide rapidly increasing, it is expected that older people will represent 22% of the global population (about 2 billion) by the year 2050. A large number of people will live to see their grandchildren grow up.

This phenomenon, positive as it is, poses many challenges on individuals, communities and policy-makers. The challenge is working together to create age-friendly environments for older people all over the world.



Health partners undertook a number of health initiatives to mark the day in Somalia. One such organization is Somali Young Doctors Association (SOYDA) who set up free medical camps to serve the internally displaced persons (IDP) in Wardhigley district in Mogadishu. Since January 2012, SOYDA have been responding to the current health and nutrition gaps in a number of districts in the Mogadishu area where IDPs have settled and underserved by basic health services.

During the campaign on 7 April a total of 249 people were screened with the majority being children under the age of five suffering from illness like acute respiratory infections, acute watery diarrhea, skin ailments and anemia. During this time, 83 children under the age of five were nutritionally screened. About 13 were found to be moderately malnourished and 8 severely malnourished. Elderly patients were reported to be cases of urinary tract infections, and chronic diseases particularly hypertension. A case of whooping cough and seven cases of confirmed malaria cases were diagnosed. In addition, most women of child-bearing age were found to be suffering from suspected pelvic inflammatory disease and sexually transmittable diseases.



The gaps identified at the camp by the mobile team include poor personal and environmental hygiene and shortage of food and water supplies. Other activities undertaken during the campaign include provision of free medical checkup, treatment and rapid diagnostic testing for malaria, referral of malnourished patients, treatment and follow-up of chronic cases, health education for safe water and sanitation to prevent water and vector-borne diseases and mass distribution of oral-rehydration salts to almost 90 household at the camp.