



# Somalia Emergency Health Update

## HIGHLIGHTS

Reporting 1-28 April 2013 - Epidemiological weeks 14 to 17

CHOLERA	SEASONAL RAINS BRING RISE IN SUSPECTED CHOLERA CASES
CASUALTIES	MOGADISHU CAR BOMB ATTACKS KILLS 4 AND INJURES 32
PENTAVALENT	LAUNCH OF NEW FIVE-IN-ONE VACCINE IN SOMALIA
WORLD HEALTH DAY	CONTROL YOUR BLOOD PRESSURE

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### SEASONAL RAINS BRING RISE IN SUSPECTED CHOLERA CASES

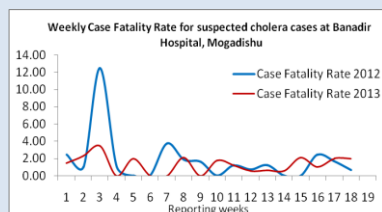


Figure 1- Case Fatality rate for suspected cholera in Banadir Hospital

The Deyr rainy season continued in Somalia in the month of April, increasing the number of suspected cholera cases reported, particularly from Banadir region. The current trend is similar to that observed in 2012 (see Figure 1). Riverine areas in Lower and Middle Shabelle regions experienced sporadic flush floods, resulting in temporary population displacement. Adequate medical supplies have been prepositioned in key locations by UNICEF and WHO, to ensure adequate capacity for rapid response in the event of an outbreak. [Read more on page 3](#)

### MOGADISHU CAR BOMB ATTACKS KILLS 4 AND INJURES 32



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On 14 April 2013, two car bomb attacks occurred at the High Court in Mogadishu and along the main road to the airport. The explosions left four people dead and 32 others injured (one under the age of five). Aamin Voluntary and Relief Organization (AVRO), that runs ambulance services in Mogadishu, transferred 26 injured people to Medina hospital, where they were provided with emergency health care. [Read more on page 4](#)

### LAUNCH OF NEW FIVE-IN-ONE VACCINE (PENTAVALENT) IN SOMALIA



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On Wednesday 24 April, the Somali authorities launched the pentavalent vaccine, a combination of five vaccines in one against diphtheria, tetanus, pertussis (whooping cough), hepatitis B and Haemophilus influenzae type B (Hib) - the bacteria that cause meningitis, pneumonia and other illnesses, all of which are highly prevalent in Somalia. The vaccine will be part of Somalia's routine immunisation programme. [Read more on page 5](#)

### WORLD HEALTH DAY - "CONTROL YOUR BLOOD PRESSURE"



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World Health Day (WHD) 2013 was celebrated in Nairobi on 11 April 2013, under the slogan "Control Your Blood Pressure". The event was part of a global campaign to raise awareness about the issues related to high blood pressure, and activities to promote a healthy lifestyle in order to control blood pressure. [Read more on page 5](#)

**Figure 2 – Disease alerts**

Zone/ Region/ District	Date of notificat ion	Suspected disease	Date of onset	Date of rumor verification /investigation	Date of response	Actions taken
South/ Lower Jubba/ Afmadow/ Hagar	21-Apr	Shigellosis	?	22-Apr	23-Apr	Cases of bloody diarrhea were reported by the community. Joint investigation and initial response teams visited the area and treated case of mild illness collecting samples for referral. The process was slowed down by torrential rains and insecurity in some locations. Cases were found not adhering to the recommended case definition.
South/ Lower Jubba/ Afmadow/ Taabta	20-Apr	Shigellosis	?	22-Apr	22-Apr	Cases of bloody diarrhea were reported and investigated. Health partners provided treatment, and samples were collected by joint investigation teams. Movement remains a major challenge due to ongoing rains and occasional insecurity
South/ Afmadow/ Xabaalo-culimo, Qabaa, Jiro	28-Apr	Measles	?	29-Apr	29-Apr	Between 29 April and 1 May, 18 cases of suspected measles were reported. No additional cases have been identified thereafter.

### EPIDEMIOLOGICAL SURVEILLANCE (EPI weeks 14 to 17, 1 – 28 April 2013)

Between 1 and 28 April, a total of 126 041 health facility visits were reported by sentinel sites from three zones (Southern, Central and Puntland); Somaliland did not submit their reports. Central Somalia accounted for 55.3% of the reported visits, Puntland 22.7%, and Southern Somalia accounted for 22.0%. Of all consultations, 43.3% (54, 636) were children under the age of five.

During the same reporting period, surveillance teams reviewed several health facility-based patient records to evaluate various aspects of surveillance programme activities. Identified weaknesses include: non-adherence to case definitions, incomplete documentation of patient presentation, and lack of or incorrect provisional diagnoses of patients. Evaluation activities will continue with the aim of improving the quality of data collected from the field.

**Figure 3- Weekly aggregated data from sentinel sites in 3 zones of Somalia**

	Week 14 1 - 7 Apr 2013		Week 15 8 - 14 Apr 2013		Week 16 15 - 21 Apr 2013		Week 17 22 - 28 Apr 2013	
Health event	Total cases	*Proportional morbidity	Total cases	*Proportio nal morbidity	Total cases	*Proportional morbidity	Total cases	*Proportional morbidity
Suspected Cholera	185	0.6	197	0.6	206	0.6	218	0.7
Suspected Shigellosis	10	0.03	11	0.03	9	0.03	6	0.02
Suspected Measles	27	0.1	23	0.1	35	0.1	37	0.1
Acute Flaccid Paralysis	0	0	1	0.003	1	0.003	0	0
Suspected Diphtheria	0	0	0	0	0	0	0	0
Suspected Whooping Cough	22	0.1	20	0.1	25	0.1	28	0.1
Confirmed Malaria	505	1.7	506	1.6	694	2.1	727	2
Suspected Neonatal Tetanus	3	0.01	1	0.003	2	0.006	6	0.02
All other consultations	29532		31138		31201		30665	
Total consultations	30284		31897		32173		31687	

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

### TIMELY REPORTING

On average, 69.6% of the 195 sentinel sites in Somalia currently reporting weekly to the Communicable Disease Surveillance and Response (CSR) network reported on time. Breakdown per zone is as follows: 100% Puntland, Central 99% and Southern Somalia 87.5%. Somaliland did not submit reports during this reporting period.

## SUSPECTED CHOLERA

Central Somalia accounted for 99% (805) of the 806 suspected cholera cases reported from week 14 to 17, with Banadir region accounting for 95.3% (768/805) of the cases. The increased number of suspected cholera cases is expected, as transmission increases during the raining season. Over-reporting of cases, due to lack of adherence to recommended cholera case definition, remains a major challenge.

### Beletweyne - Hiraan region

The three (CTC) Cholera Treatment Centers established in Beletweyne as a response to the cholera outbreak reported in week 11, were closed following the successful control and management of the same.

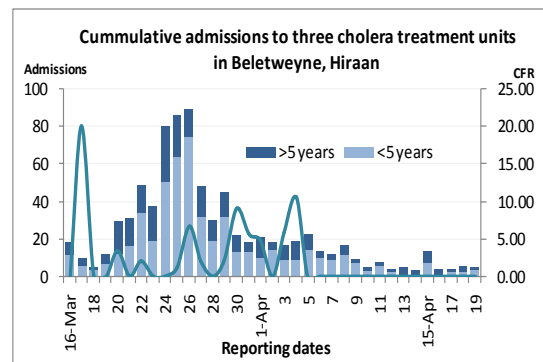
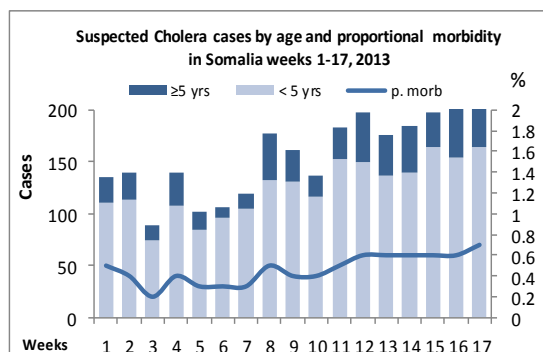
812 suspected cholera cases were treated at these CTCs between 16 March and 19 April 2013; 65% (529) of whom were children under the age of five years. 48.4% of all patients were women and girls. Four out of 11 collected samples had tested positive for *Vibrio cholera*. Approximately 20 cholera-related deaths were registered among the admitted cases. The overall Case Fatality Rate (CFR) was 2.46% (range 0 – 20%). The health partner WARDI and Beletweyne hospital are prepared to set up a CTC if need arises.

### Mogadishu Central prison

The Cholera Treatment Unit (CTU) in Mogadishu Central prison was closed following a successful control of the outbreak reported in week 11. Overall only 3 stool samples tested positive for cholera during the outbreak. Preventive measures will be sustained, as the risk of acute watery diarrhea among inmates remains high. The Directorate of Health (DoH) and partners continue to monitor the facility.

### Rumors of suspected cholera in Lower Jubba region

Following media reports of suspected cholera cases in several districts in Lower Jubba region, WHO and health partners have conducted joint rumor verification and outbreak investigations. 10 stool samples were collected from suspected cases and referred to Nairobi for culture. All samples tested negative for cholera and other infections.



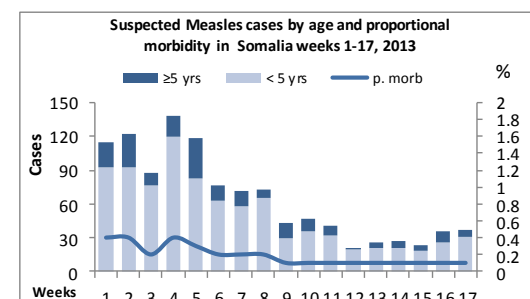
CTC set up as a response to the cholera outbreak in Beletweyne

## SUSPECTED MEASLES

In week 17, Puntland reported 7 suspected measles cases, 6 of which occurred in children under the age of five. All the cases were reported from Nugaal region (5 from Garowe MCH and 2 from Nugaal Regional hospital).

Suspected measles cases continue to be reported particularly from Southern and Central zones, where a large number of children did not have the opportunity to access vaccination services.

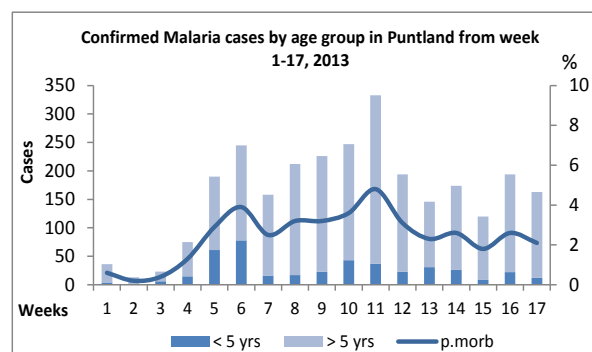
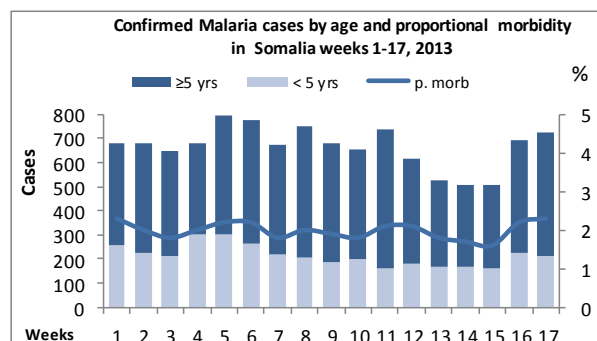
Puntland has conducted Child Health Days (CHDs) that includes measles vaccination. Follow-up of vaccination activities is ongoing. Banadir and Lower Jubba regions accounted for almost 60% of all reported cases.



## CONFIRMED MALARIA

Confirmed malaria remained the leading cause of morbidity during the reporting period, with sustained proportional morbidity over the past two weeks. 2432 cases, including 31.4% (763) children under the age of five were reported from the three zones - Central and Southern zones accounted for 38.4% (933) and 34.9% (848) of the cases respectively. There was a 54% increase in the number of confirmed malaria cases in Southern zone during week 17, (298 cases from 117 in week 14). A further increase is expected during the raining season, and monitoring of the situation is ongoing.

Health-facility records reviewed by the surveillance teams revealed there is over-reporting of malaria cases in Southern and Central zones. Most health records did not have entries of Rapid Diagnostic Tests (RDTs), microscopy results, temperature readings, nor classification for patients that presented with fever. Malaria diagnosis is mostly based on clinical signs rather than testing. It was also observed that some health facilities have stock-outs of RDTs, but restocking is underway. Health workers have been trained on the use of RDT for malaria, and were urged to use available diagnostic tests and only report confirmed malaria cases.



## OTHER HEALTH EVENTS

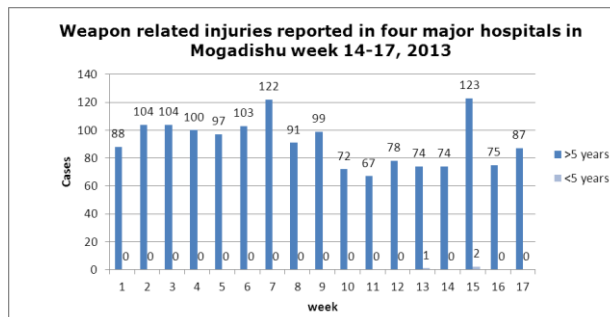
The number of reported cases of **suspected shigellosis** is decreasing. This follows verification exercises to investigate the cause of reported bloody diarrhea cases. 36 suspected shigella cases (34 from Southern zone) were reported between 1 and 28 April 2013. All the cases tested negative for shigella.

## CONFLICT-RELATED INJURIES

### MOGADISHU

From **1 to 28 April 2013**, 361 casualties from weapon-related injuries were treated in 4 hospitals in Mogadishu, including three children under the age of five. 14 deaths were reported, including one child below the age of five.

In the **first four months of 2013**, the number of civilian casualties treated in the four main referral hospitals in Mogadishu has decreased by 33 per cent, compared with the same period in 2012. Despite this improvement, more than 1500 weapon-related injuries (including 3 children under the age of five) were treated in these hospitals from the beginning of 2013. 22 deaths were also registered, although the number of deaths on site is unknown.

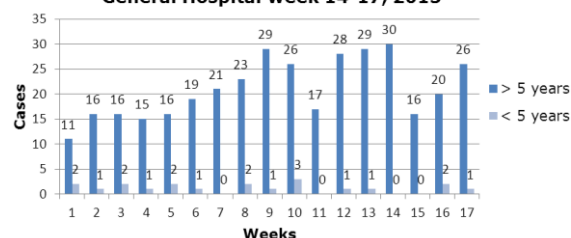


## KISMAYO

From **1-28 April 2013**, 95 casualties from weapon-related injuries were treated at the Kismayo General Hospital, with three cases of under age of five reported. In addition, 15 death cases of above 5 years were reported.

From **31 December 2012 to 28 April 2013**, 378 casualties from weapon-related injuries were treated at Kismayo General Hospital, including 20 cases of under age of 5. 32 deaths were also reported.

**Weapon related injuries reported at Kismayo General Hospital week 14-17, 2013**



## MUDUG

From **1-28 April 2013**, 16 casualties from weapon-related injuries were treated at Mudug regional hospital.

From **31 December 2012 to 28 April 2013**, 98 casualties from weapon-related injuries were treated at Mudug regional hospital. In addition, 7 death cases were reported.

## IN FOCUS

### LAUNCH OF NEW FIVE-IN-ONE VACCINE (PENTAVALENT) IN SOMALIA

More than 1.3 million doses of pentavalent vaccine have been provided to Somalia for 2013 and will be used to immunize children under one year of age. Pentavalent vaccines will be delivered to the 425,000 child born each year in Somalia through existing health structures as well as community health workers at district level. Each child will require three doses of the vaccine. The launch of the new vaccine took place in Mogadishu, Garowe (Puntland) and Hargeisa (Somaliland) and was attended by government leaders and representatives from the GAVI Alliance, UNICEF and WHO. [Read More](#)

### WORLD HEALTH DAY - "CONTROL YOUR BLOOD PRESSURE"

The programme included videos and speeches on issues related to blood pressure, WHO doctors measuring blood pressure to guests, and a photo exhibition on the on-going health activities in Somalia.

High blood pressure is a formidable global health problem. It affects more than 1-in-3 adults worldwide but it remains largely hidden. Many people do not know they have high blood pressure because it does not always cause symptoms.

[Read More](#)



HE Ghorm Said Malhan, Ambassador of the Kingdom of Saudi Arabia, having his blood pressure measured during World Health Day 2013

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Previous issues can be found on the following link:  
<http://www.emro.who.int/som/somalia-infocus/somalia-health-update.html>

Health partners' activity data can be found on the Health Cluster website on:  
<http://healthsomalia.org/documents.php>