



## 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 - 7 September 2012  
(reflecting Epidemiological week 35)

- A rumor of suspected cholera was reported from Hobyo district where an estimated 90 cases, including 65 children under the age of five and 19 deaths have been reported. The outbreak investigation is ongoing with expected samples for confirmatory diagnosis.
- An 158% increase in measles cases was reported in Huriwaa district. This is attributed to an observed population influx into Mogadishu from Merka and other districts of Lower Shabelle following the intensified fighting in the area.

### IN FOCUS STORY:

#### *Traveling hundreds of kilometers to find proper treatment*

Three weeks ago, baby Adan Mayow (Abdihakim) was born in Afmadow, about 200km from Dhobley. Although she was assisted by an unskilled birth attendant, Abdihakim's mum had a normal delivery and gave birth to a healthy boy. After two weeks, Abdihakim developed an umbilical cord infection. Without getting any medical attention it turned into a serious wound affecting the intestines and urinary bladder.

"I am very much worried about my son", says Abdihakim's mother. "We took him to the health facility in Afmadow, but without any improvement. We are worried about his condition, as he started passing urine and stool through the wound", continues the mother. This forced the family to travel with their boy all the way to Dhobley, near the Kenyan border, for help.

Abdihakim is not the only one in his family experiencing these kind of problems. Three years ago, his elder brother died of the same condition. "Our third born developed a similar problem and died of it", says Abdihakim's father. "There is no health facility nearby our place to seek medical attention", he added. "I received the baby in a bad condition, passing urine and stool from the wound, anemic and dehydrated. I noticed immediately that he needed a more specialized treatment", says Nur, a nurse of the Dhobley Health Center.

In addition to medical supplies and equipment, health partner *American Refugee Committee (ARC)* also provided transport to the family to refer the baby to the health center in Dhobley. The same day, baby Abdihakim was later referred to a hospital in Dadaab, Kenya, to provide him with the much needed specialized health care. "Since our health facility is not fully equipped to take care of patients who need special care, we have referred already a number of them to Dadaab hospital," tells nurse Nur.



*Adan's mother holding her baby in Dhobley Health center*



*Baby Adan and mother in a taxi heading to Dadaab Hospital*

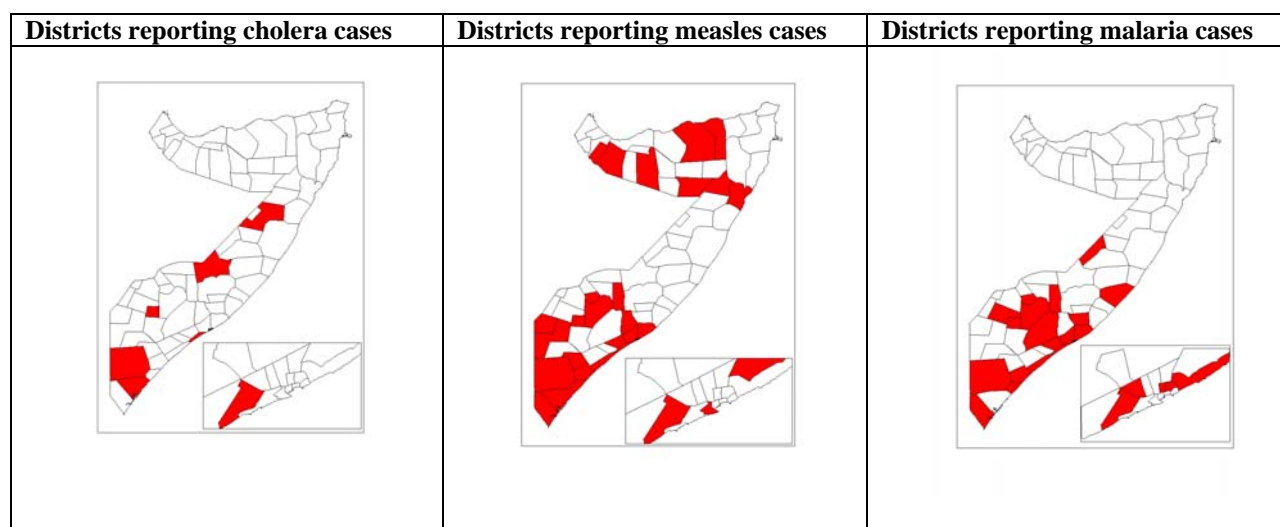
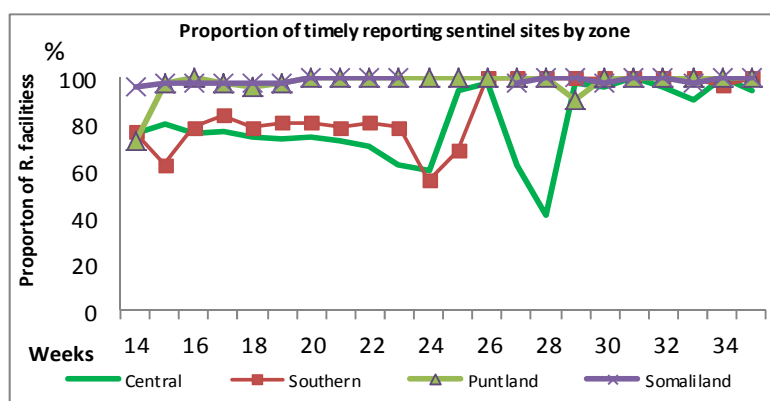
## EPIDEMIOLOGICAL SURVEILLANCE (EPI WEEK 35, 27 August – 2 September 2012)

### TIMELY REPORTING:

Of the 196 facilities currently reporting to the Communicable diseases Surveillance and Response (CSR) sentinel surveillance network, 193 reported timely during week 35. All reporting facilities in Southern Somalia, Puntland and Somaliland were timely. In Central Somalia 95.1% (58 of 61) sentinel sites reported timely in week 35.

### SITUATION OVERVIEW:

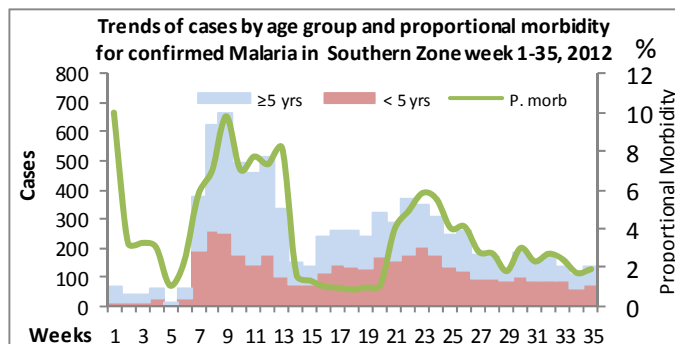
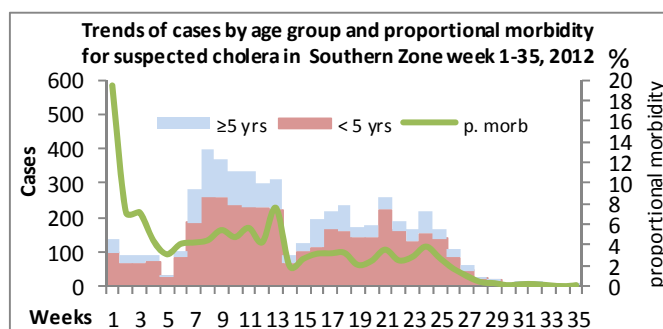
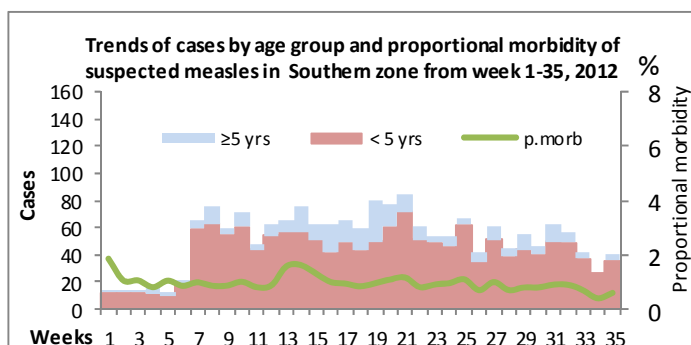
The maps below indicate the districts that reported cases of suspected cholera, suspected measles and confirmed malaria cases during week 35.



### SOUTHERN SOMALIA

Table 1. Southern Somalia (36 sentinel sites)	Week 32 (6-12 August 2012) - number of reporting sites 36		Week 33 (13-19 August 2012) - Number of reporting sites 36		Week 34 (20-26 August 2012) - number of reporting sites 35		Week 35 (27 August -2 September 2012) - Number of reporting sites 36	
Health Event	Total cases (% < 5 yrs)	*Proportional morbidity	Total cases (% < 5 yrs)	*Proportional morbidity	Total cases (% < 5 yrs)	*Proportional morbidity	Total cases (% < 5 yrs)	*Proportional morbidity
Susp. Cholera	11 (81.8)	0.2	8 (100)	0.1	0	0	6 (83.3)	0.1
Susp. Shigellosis	44 (65.9)	0.7	39 (66.7)	0.7	29 (65.5)	0.5	27 (81.5)	0.4
Susp. Measles	57 (86.0)	0.9	42 (88.1)	0.7	26 (100)	0.4	40 (90)	0.6
Acute Flaccid Paralysis	0	0	0	0	0	0	0	0
Susp. Hemorrh. Fever	0	0	0	0	0	0	0	0
Susp. Diphtheria	0	0	0	0	0	0	0	0
Susp. Whooping Cough	59 (78.0)	0.9	40 (67.5)	0.7	34 (70.6)	0.6	27 (88.9)	0.4
Confirmed Malaria	172 (52.3)	2.7	138 (61.6)	2.4	108 (54.6)	1.7	133 (57.9)	1.9
Neonatal Tetanus	0	0	0	0	0	0	0	0
All other consultations	6045 (45.7)		5450 (49.0)		5979 (48.5)		6739 (47.0)	
Total consultations	6388 (46.7)		5717 (49.9)		6176 (48.8)		7053 (47.3)	

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



Six **suspected cholera** cases were reported in two regions of Southern Somalia, one case in Bay region, another five cases in Lower Jubba region. In Lower Jubba region, cases were reported in Hagar/Afmadow and Kismayo districts.

An alert for a **suspected cholera outbreak** with 28 cases including 4 deaths reported in Hoosingo village, Badade district (Lower Jubba region). The suspected cases include 19 children under the age of five. Further investigation on this alert is being carried out. WHO, UNICEF and health partners are launching response activities.

Reported **suspected shigellosis** cases continue to decline. However Bakool and Lower Jubba regions reported four and five cases respectively after reporting no cases in week 34. Current evidence indicates that there are no cases of suspected shigellosis as WHO teams were unable to find any cases for sample collection and referral for confirmatory diagnosis. Elsewhere suspected cases declined or remained stable.

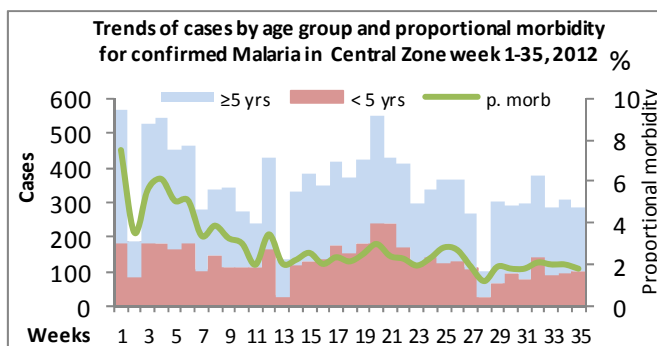
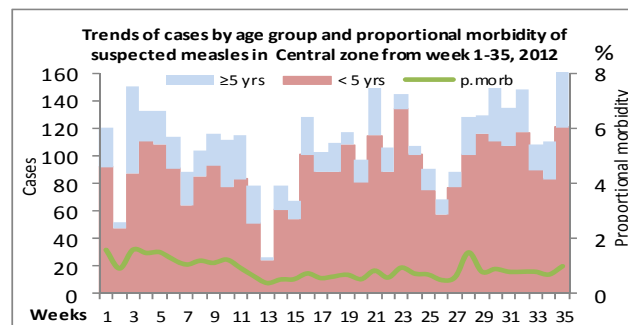
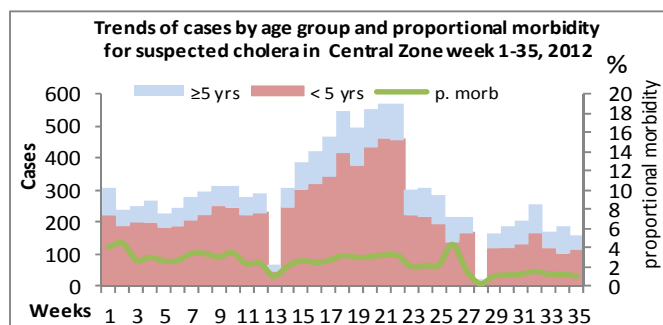
All regions reported **suspected measles** cases with trends in Bakool, Bay and Lower Jubba regions increasing in week 35 after consistent declines in recent weeks. Vaccination coverage in these regions remains low due to lack of access to routine vaccination activities.

**Confirmed malaria** cases were also reported in all regions with four of five regions reporting an increase. A total of 82% of all cases occurred in Bay and Lower Jubba region. In Baidoa and Kismayo, the number of cases doubled between week 34 and 35.

## CENTRAL SOMALIA

Table 2. Central Somalia 61 sentinel sites	Week 32 (6-12 August 2012) - number of reporting sites 61		Week 33 (13-19 August 2012) - Number of reporting sites 60		Week 34 (20-26 August 2012) - number of reporting sites 61		Week 35 (27 August -2 September 2012) - Number of reporting sites 58	
Health Event	Total cases (% < 5 yrs)	*Proportional morbidity	Total cases (% < 5 yrs)	*Proportional morbidity	Total cases (% < 5 yrs)	*Proportional morbidity	Total cases (% < 5 yrs)	*Proportional morbidity
Susp. Cholera	256 (64.1)	1.5	169 (69.2)	1.2	186 (52.7)	1.2	156 (72)	1
Susp. Shigellosis	53 (90.6)	0.3	25 (84)	0.2	53 (79.2)	0.3	31 (80.6)	0.2
Susp. Measles	148 (79.1)	0.8	108 (83.3)	0.7	111 (74.8)	0.7	164 (73.8)	1
Acute Flaccid Paralysis	0	0	0	0	0	0	0	0
Susp. Hemorrh. Fever	0	0	0	0	0	0	0	0
Susp. Diphtheria	0	0	0	0	0	0	0	0
Susp. Whooping Cough	17 (76.5)	0.1	18 (77.8)	0.1	23 (86.9)	0.1	11 (100)	0.1
Confirmed Malaria	376 (37.5)	2.1	284 (31.7)	2	309 (30.7)	2	287 (34.5)	1.8
Neonatal Tetanus	5 (100)	0.03	8 (100)	0.1	2 (100)	0.01	2 (100)	0.01
All other consultations	16674 (42.4)		13790 (44.3)		14565 (43)		15049 (44.2)	
Total consultations	17529 (40.1)		14402 (44.8)		15249 (43.4)		15700 (44.7)	

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



Banadir region continues to report the highest proportion of **suspected cholera** cases accounting for 96.8% of all cases in week 35 and all cases were reported in one single health facility. This is due to the fact that Banadir hosts the highest number of IDPs who have access to many health facilities. In Hiraan and Lower Shabelle regions, trends have stabilized since week 31 and 27 respectively. A rumor of suspected cholera was reported from **Hoby** district where an estimated 90 cases, including 65 children under the age of five and 19 deaths (including 1 above the age of five) have been reported. The outbreak investigation is ongoing with expected samples for confirmatory diagnosis.

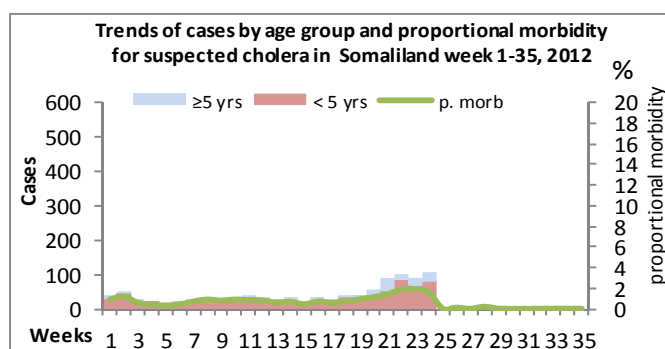
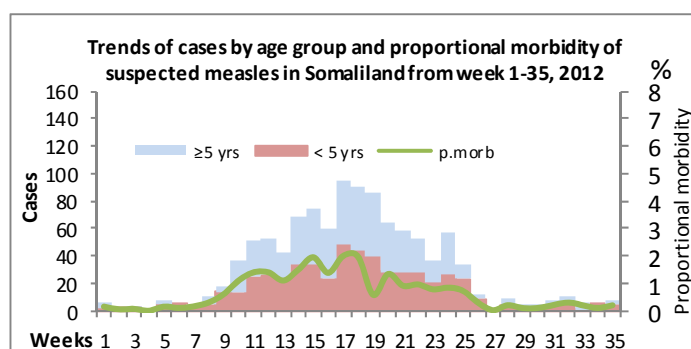
Banadir, Hiraan and Lower Shabelle regions reported the **suspected shigellosis** cases in week 35 with seventy-one percent of the cases reported in Banadir region alone. Adherence to the recommended case definitions remains a challenge as no cases with visible blood in stool have been detected to provide samples for bacteriology.

There was an increase in **suspected measles** cases for the second consecutive week and the proportional morbidity between weeks 34 and 35 also increased from 0.7% to 1%. Ninety percent of cases were reported from two districts in Banadir region, namely Wadajir and Huriwaa district. There was a 158% increase in cases in Huriwaa district that is attributed to an observed population influx into Mogadishu from Merka and other districts of Lower Shabelle following the intensified fighting in the area. For the past two years, the population living in Merka has not been vaccinated. Eleven districts in three regions (Banadir, Lower Shabelle and Middle Shabelle) reported **confirmed malaria** cases with five districts registering an increase from the previous week.

## SOMALILAND

Table 3. Somaliland 54 sentinel sites	Week 32 (6-12 August 2012) - number of reporting sites 54		Week 33 (13-19 August 2012) - Number of reporting sites 53		Week 34 (20-26 August 2012) - number of reporting sites 54		Week 35 (27 August -2 September 2012) - Number of reporting sites 54	
Health Event	Total cases (% < 5 yrs)	*Proportional morbidity	Total cases (% < 5 yrs)	*Proportional morbidity	Total cases (% < 5 yrs)	*Proportional morbidity	Total cases (% < 5 yrs)	*Proportional morbidity
Susp. Cholera	0	0	0	0	0	0	0	0
Susp. Shigellosis	11 (18.1)	0.3	19 (42.1)	0.5	29 (58.6)	0.8	16 (50)	0.4
Susp. Measles	11 (54.5)	0.3	6 (16.6)	0.2	5 (100)	0.1	8 (50)	0.2
Acute Flaccid Paralysis	0	0	0	0	0	0	0	0
Susp. Hemorrh. Fever	0	0	0	0	0	0	0	0
Susp. Diphtheria	0	0	0	0	0	0	0	0
Susp. Whooping Cough	0	0	0	0	0	0	0	0
Confirmed Malaria	0	0	0	0	0	0	0	0
Neonatal Tetanus	0	0	0	0	0	0	0	0
All other consultations	3420 (47.0)		3446 (43.6)		3686 (50.9)		4526 (43.7)	
Total consultations	3442 (46.9)		3471 (43.5)		3720 (51)		4550 (43.6)	

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

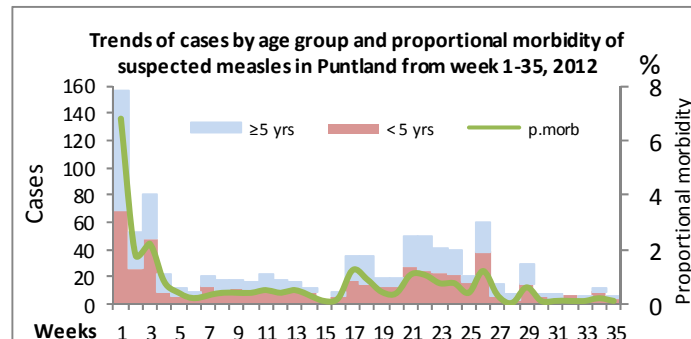
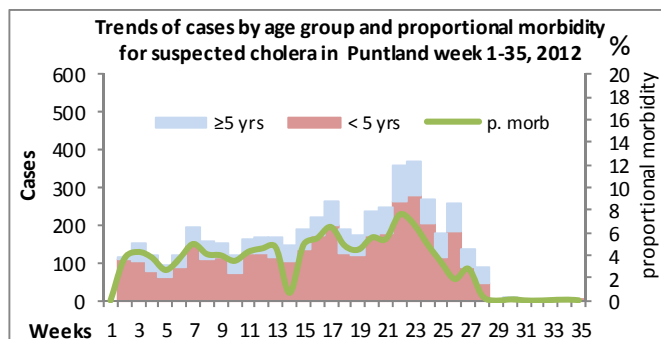


No **suspected cholera** cases have been reported since week 28. **Suspected measles** cases continue to be reported with 5 districts reporting cases in week 35. These 5 districts did not report a case in week 34 while 3 of these had not reported a suspected measles case for at least 6 weeks.

## PUNTLAND

Table 4. Puntland 45 sentinel sites	Week 32 (6-12 August 2012) - number of reporting sites 45		Week 33 (13-19 August 2012) - Number of reporting sites 45		Week 34 (20-26 August 2012) - number of reporting sites 45		Week 35 (27 August -2 September 2012) - Number of reporting sites 45	
Health Event	Total cases (% < 5 yrs)	*Proportional morbidity	Total cases (% < 5 yrs)	*Proportional morbidity	Total cases (% < 5 yrs)	*Proportional morbidity	Total cases (% < 5 yrs)	*Proportional morbidity
Susp. Cholera	1 (100)	0.02	1 (100)	0.02	3 (100)	0.1	1 (100)	0.02
Susp. Shigellosis	1 (100)	0.02	4 (75)	0.08	3 (33.3)	0.1	5 (60)	0.1
Susp. Measles	6 (100)	0.1	5 (80)	0.1	11 (81.8)	0.2	5 (80)	0.1
Acute Flaccid Paralysis	0	0	0	0	0	0	0	0
Susp. Hemorrh. Fever	0	0	0	0	0	0	0	0
Susp. Diphtheria	0	0	0	0	0	0	0	0
Susp. Whooping Cough	0	0	1 (100)	0.02	1 (100)	0.02	0	0
Confirmed Malaria	0	0	0	0	0	0	0	0
Neonatal Tetanus	0	0	0	0	0	0	0	0
All other consultations	5314 (41.8)		4637 (44.0)		5316 (44.4)		5713 (45.6)	
Total consultations	5322 (41.9)		4648 (44.1)		5334 (44.5)		5724 (45.7)	

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

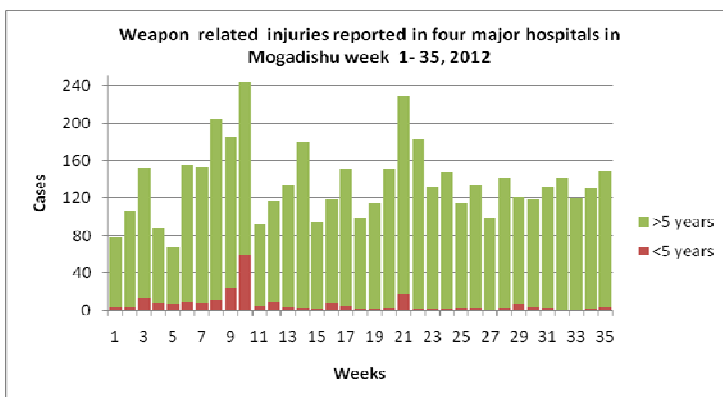


Trends for all health events have remained stable despite a slight increase in the overall caseload.

### CONFLICT-RELATED INJURIES (Source: four major hospitals in Mogadishu)

From **1 January – 2 September 2012**, 4781 casualties from weapon-related injuries were treated in four hospitals in Mogadishu, with 218 cases (4%) under the age of five. A total of 90 deaths above the age of five and 13 deaths below the age of five years were registered.

During the month of **August 2012**, 600 casualties from weapon-related injuries were treated in four hospitals in Mogadishu, with 7 cases (1.17%) under the age of five. A total of 9 deaths, all above the age of five years were registered.



*Breakdown of casualties treated in four major hospitals in Mogadishu, from 27 August - 2 September 2012*

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
149	80	4	7	10	9	29	0	0

*Breakdown of casualties treated in major hospitals of Middle and Lower Jubba region, from 27 August - 2 September 2012*

	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
Afmadow hospital	15	3	0	1	2	2	0	4	1
Dobley field hospital	1	0	0	0	0	0	0	0	0
Kismayo General hospital	3	0	1	2	2	0	4	1	0
<b>TOTAL</b>	<b>19</b>	<b>3</b>	<b>1</b>	<b>3</b>	<b>4</b>	<b>2</b>	<b>4</b>	<b>5</b>	<b>1</b>



## HEALTH RESPONSE

### Activity data from 25-30 August 2012



From 28-29 August 2012, ARC conducted a cholera training course in detection, treatment and referral of cholera/acute watery diarrhea (AWD) for about 28 health care providers and community health workers (CHWs)

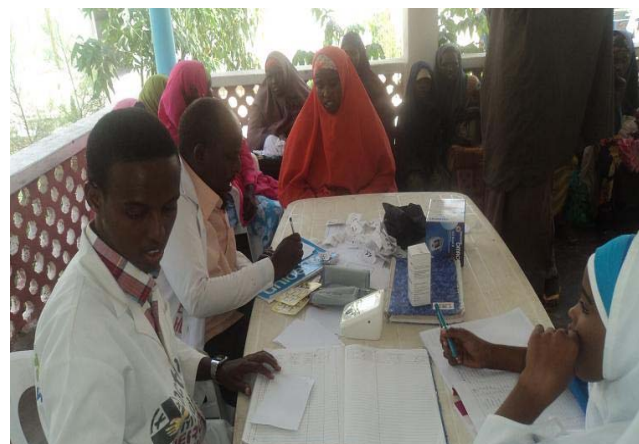


AVRO medical staff during a training session

From 25-28 August 2012, AVRO had held training for 20 paramedic and community nurses at the Banadir hospital in Mogadishu. The objective of the training course is to enhance the activities of AVRO paramedic staff and community nurses in providing emergency medical services. Staffs will be able to use the necessary equipments available to treat patients on-site in the case of an emergency situation including treating basic injuries and illnesses.



A nurse at the Berdale clinic examining a child patient



WARDI mobile clinic teams in Mogadishu treat patients

<b>Partner</b>	<b>Region(s) or location</b>	<b>Health intervention(s)</b>	<b>Target Population</b>	<b>Total consultations</b>	<b>&lt;five years</b>	<b>Female</b>
WAHA International	Banadir, Hiraan	Maternity Service (maternal hospital Cemoc, Fistula surgery, mother and child hospital)	150 000	361	84	277
		Health centre MCH/OPD/ non-complicated deliveries and referral service to Hanano hospital)	10 783 households	589	322	267
WARDI	Banadir, Hiraan	Health centre	8719	296	112	164
		Primary health units	64 667	1067	423	497
		Mobile clinic	34 773	1712	819	773
		Cholera treatment centre services	47 945	45	30	18
Warsan Youth Development Organization	Banadir, Lower Shabelle	Health centre	950	229	161	68
		Mobile clinic	1300	405	258	117
		Hospital	12 000	250	172	78
Center for Peace and Democracy/Save the Children	Banadir, Hodan and Hawi Wadaag districts	Primary health unit (Primary health care services, 2 ORP sites, EPI services, ANC)	114 220	3869	1500	2119
American Refugee Committee	Banadir, Lower Jubba	Fixed OPD/ORP	88 940	1473	706	748
		Primary Health Unit (A fixed OPD/ORP site provides PHC, ORP services and hygiene education sessions to IDP populations; PHC - MCH/ANC/PNC)	88 940	1723	803	911
		Cholera treatment centre services (classification and treatment of AWD cases)	197 740	66	42	34
Aamin Voluntary and Relief Organisation	Banadir	Training of Paramedics and Community Nurses		20		
		Ambulance services		50		
Cooperazione e Sviluppo (Cooperation and Development)	Banadir	Mobile clinic (OPD)	145 500	1334	490	615
		Health Centre (MCH/OPD)	340 000	1266	444	635
Family Empowerment and Relief Organization	Lower Shabelle	Health Centre (MCH)	2500	173	82	117
Geelo	Hiraan	Health Centre (MCH/OPD)	88 360	1335	718	617
		Ambulance	92 890	28	12	16
GREDO/Save the Children	Bay, Baidoa district	Primary health unit (PHC)	280 000	1801	815	1137
Mercy Malaysia	Banadir	Primary health unit	100 000	475	150	270
Society Development Initiative Organization)	Middle Jubba, Sakow district	Health Centre (consultation and treating in MCH/OPD in the district)	7896	253	65	144
		Primary health unit	7896	900	221	276
Somali Women Concern	Banadir	Mobile clinic (OPD)	400	120	44	76
		Health Centre (MCH/OPD)	760	200	65	135
Somali Aid	Middle Jubba, Jilib district	Health centre (MCH/OPD)	73 140	179	37	88
		Leprosy hospital	4035	60	0	34
International Medical Corps	Banadir	Primary Health Unit (static mobile clinic)	50 245	201	56	127
Intersos	Middle Shabelle	Health centre	90 000	516	205	194
		Hospital	250 000	445	149	255
		TB Centre	250 000	6	2	3
Merlin	Banadir	Maternity services (MCH that provides ANC, deliveries, immunization, some nutritional supplement to malnourished children under five years, treatment of minor illness and hygiene education sessions to IDPs and host community)	73 422	672	266	425
Mulrany International	Banadir, Middle Shabelle	Health centre (PHC/MCH, trauma services)	129 803	1224	485	425
Shabelle Relief and Development Organization	Banadir, Middle Shabelle	Primary health unit (health post)	987 850	123	17	97
		TB service	129 062	38	0	16
		Health centre (MCH/OPD)	1375	385	198	103



		Mobile clinic	251 784	368	207	177
Human Development Concern	Gedo	Health Centre (MCH/OPD)	113 000	931	145	422
Direct Aid	Banadir, Gedo	OPD including rehydration services	201 000	448	197	231
Qatar Red Crescent Society	Lower Shabelle	Communicable disease services (Communicable and tropical disease center)	30 000	420	275	310
Swisso-kalmo	Bay, Lower Shabelle	Health centre (MCH/OPD, Maternity waiting homes, malaria project)	238 000	1647	635	649
		Primary health unit (health post)	35 000	219	102	88
Voluntary Action Committee in Somalia	Banadir	Health centre (PHC, MCH)	10 000	236	94	142

*\*Whilst the information contained in this bulletin has been presented with all due care, it does not warrant or represent that the information is free from errors or omission.*

