



Somalia Emergency Weekly Health Update

BULLETIN HIGHLIGHTS

Reporting dates 10 - 16 March 2012
(reflecting Epidemiological week 10)

- ✦ This week, more than 50 children under the age of five were killed or injured after a number of landmines exploded on a playground in Huruwaa area, Heliwa district (Mogadishu).
- ✦ Suspected measles cases continue to be reported from Somaliland with notably a 100% increase in the number of reported cases compared to the previous week. Out of the 38 reported cases, 25 cases are located in Burao. 84% of the Burao cases are above the age of five.

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Epidemiological surveillance

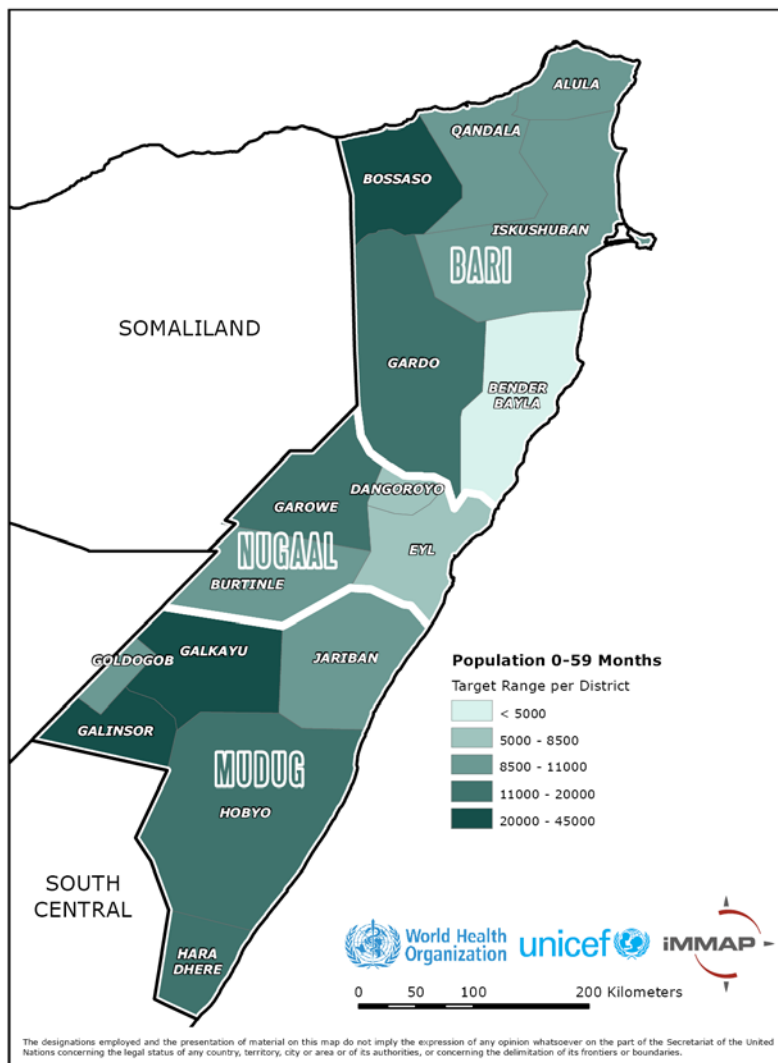
- [Outbreak alerts](#)
- [Suspected cholera](#)
- [Suspected measles](#)
- [Confirmed malaria](#)
- [Conflict Related Injuries](#)

Health Response

- [Primary Health Care](#)

Targeted population (children from 0-59 months) for Child Health Days 2012 in Puntland (11-15 March 2011)

The first 2012 round of **Child Health Days** for **Puntland** kicked off on 11 March 2012. Until 15 March, a total targeted population of more than 160 000 children aged 0-59 months will get vaccinated against polio, measles, diphtheria, pertussis and tetanus. They will also receive vitamin A supplements and de-worming tablets. Actual results of the coverage rates are still pending.

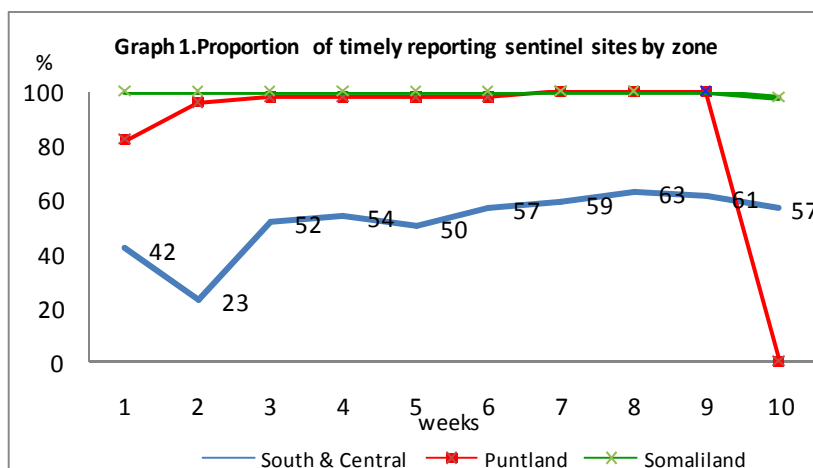


EPIDEMIOLOGICAL SURVEILLANCE (5 - 11 MARCH 2012, EPI WEEK 10)

Communicable Disease Surveillance and Response (CSR)

Reporting completeness:

During week 10, Puntland did not submit data on time while 98% of all sentinel sites in Somaliland continue to report regularly. Only an average of 52% of the 123 sentinel sites of South and Central Somalia reported on time (see graph 1). Overall, only 56% (123) of the 222 sentinel sites reported on time for week 10.



OUTBREAK ALERTS

- **Suspected measles cases** continue to be reported from **Somaliland** with notably a 100% increase in the number of reported cases compared to week 9 (See table 1). Out of the 38 reported cases, 25 cases are located in Burao. 84% of the Burao cases are above the age of five. This is in complete contrast with the regular proportion of suspected measles cases which has a ratio of 30 % cases above the age of five and 70% cases under the age of five. Results of the child health days, held in February 2012, are still pending. Ministry of Health and WHO teams are gathering conclusive information on this atypical proportion of cases with suspected measles older than five years.

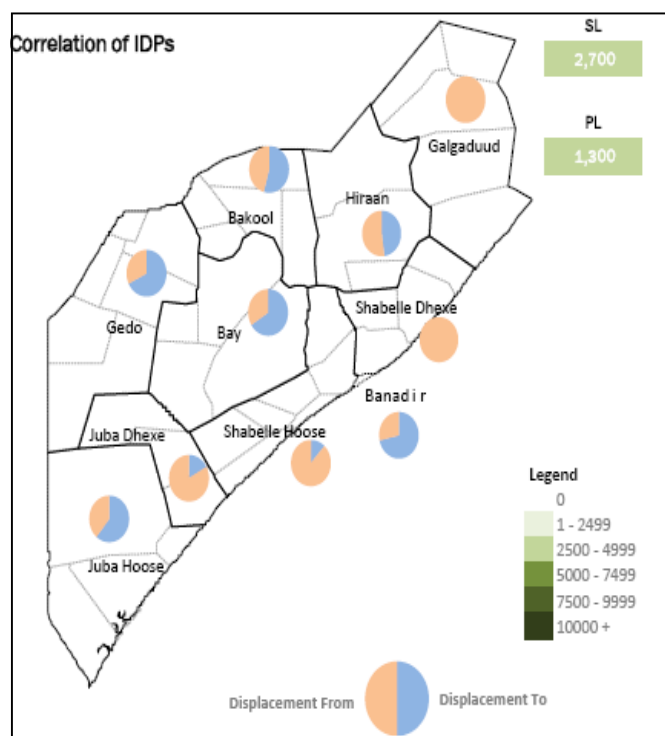
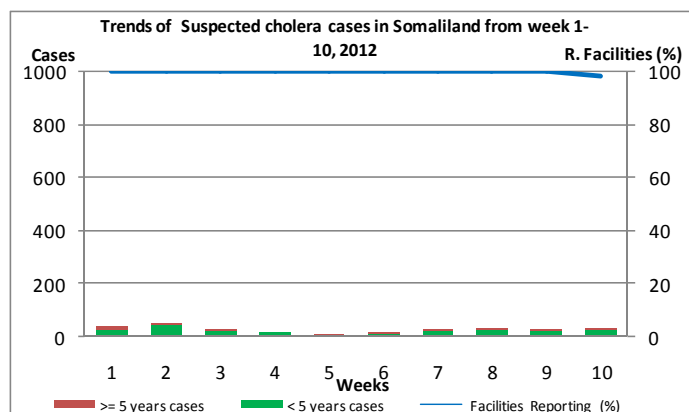
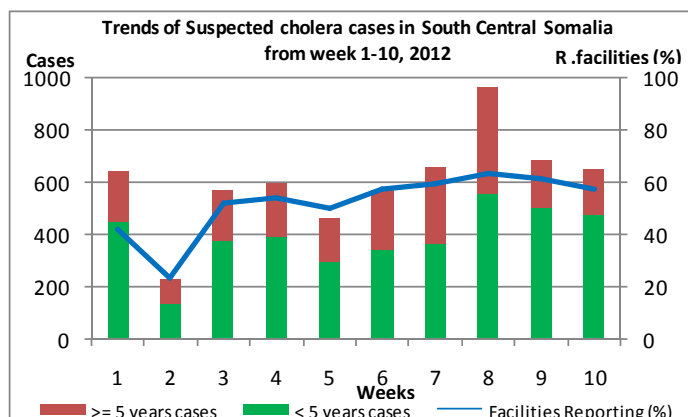
Table 1. Somaliland, week 10 (5th - 11th March, 2012) No. of sentinel sites 54, No. of reporting sites 53		
Health event	Total cases (%≤ 5 years)	Proportional Morbidity
Susp. Cholera	33 (76%)	0.90%
Susp. Shigellosis	37 (51%)	1%
Susp. measles	36 (36%)	1%
Acute flaccid paralysis	0	0
Susp. Hemorrh. Fever	0	0
Susp. Diphtheria	0	0
Susp. Whooping cough	0	0
confirmed malaria	0	0
Neonatal tetanus	0	0

- In **South and Central Somalia**, **confirmed malaria** was the leading cause of morbidity (see table 2). There was a 45% decrease in the number of confirmed malaria cases, particularly from the Lower Jubba and Bay regions. Some of the sentinel sites who did not report include four major hospitals in Banadir and Lower Jubba regions that usually have a high caseload for all cause morbidity. Although trends are appearing from the proportional presentation of the data, the pattern of diseases needs a closer comparison of the data as reported by each facility.

Table 2. South and Central Somalia Week 10 (5th - 11th March, 2012) No. of sentinel sites 123, No. of reporting sites 70		
Health event	Total cases (%≤ 5 years)	Proportional Morbidity
Susp. Cholera	646 (74%)	4.02%
Susp. Shigellosis	201 (56%)	1%
Susp. measles	181 (76%)	1%
Acute flaccid paralysis	0	0
Susp. Hemorrh. Fever	5 (20%)	0.03%
Susp. Diphtheria	0	0
Susp. Whooping cough	50 (78%)	0.30%
confirmed malaria	767 (37%)	4.80%
Neonatal tetanus	4 (100%)	0.02%

SUSPECTED CHOLERA (SOURCE: CSR SENTINEL SITES)

The number of suspected cholera cases across Somalia is expected to further increase. During week 10, sentinel sites in **South Central Somalia** continued to indicate a slight decrease in the number of suspected cholera cases. The number of reporting sentinel sites also decreased by 4% compared to week 9. However, Bay region reported an increase of 52% of suspected cholera cases while Banadir region with less reporting sentinel sites has an increase of 5% of suspected cholera cases.



WHO is concerned about the increasing potential for cholera outbreak since with factors such as high number of internally displaced people, living at high-risk of communicable disease transmission, and poor access to safe drinking water and sanitation. The situation can be aggravated if the armed conflict intensifies, resulting in an increase of population displacement (see map left). This could influence the known pattern for seasonal cholera transmission and hamper access to essential health services as a result of disruption of the already overstretched health facilities. In addition, should an outbreak occur, outbreak investigation can be hampered or disrupted, including response and reporting.

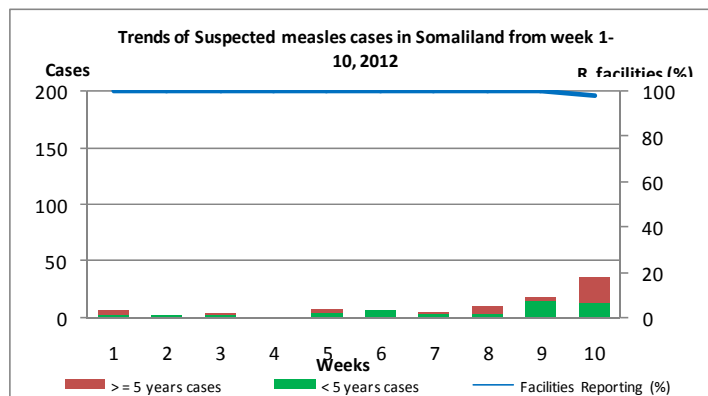
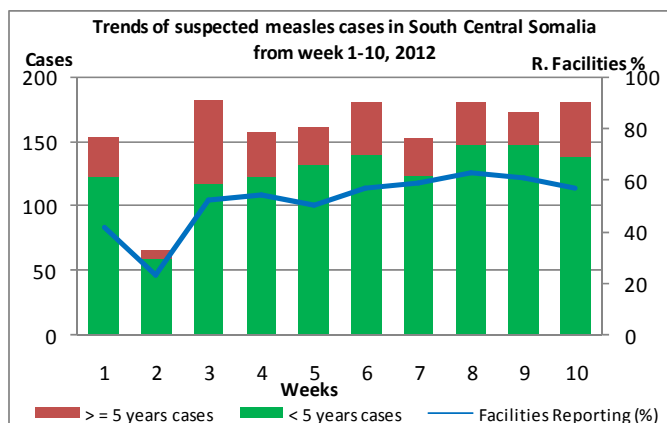
WHO is integrating a component of diarrhoeal disease case management especially for cholera in all planned trainings for surveillance and has scheduled trainings on management of suspected cholera to be conducted in collaboration with the Banadir University Faculty of Medicine teaching team. Case management supplies are readily available for partners on ground.

Source: UNHCR South Central Dashboard,
Period: 01-Dec-11 to 24-Feb-12

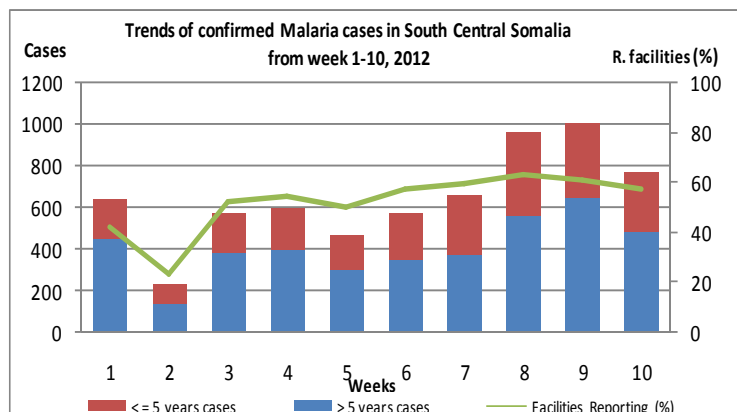
SUSPECTED MEASLES (SOURCE: CSR SENTINEL SITES)

Suspected measles cases continue to be reported across Somalia. Proportionally, **South Central Somalia** continues to report the highest number of suspected measles cases. This is due to the low vaccination coverage for all antigens as some regions have never been vaccinated over the past two years. Bay region reported significant increase with 19 cases reported in week 10 compared to 5 cases in week 9.

Compared with week 9, a 100% increase of suspected measles cases was reported in **Somaliland**. Out of the 38 reported cases, 25 cases are located in Burao. 84% of the Burao cases are above the age of five. This is in complete contrast with the regular proportion of suspected measles cases which has a ratio of 30 % cases above the age of five and 70% cases under the age of five. Results of the child health days, held in February 2012, are still pending. Ministry of Health and WHO teams are investigating the situation case by case.



CONFIRMED MALARIA (SOURCE: CSR SENTINEL SITES)

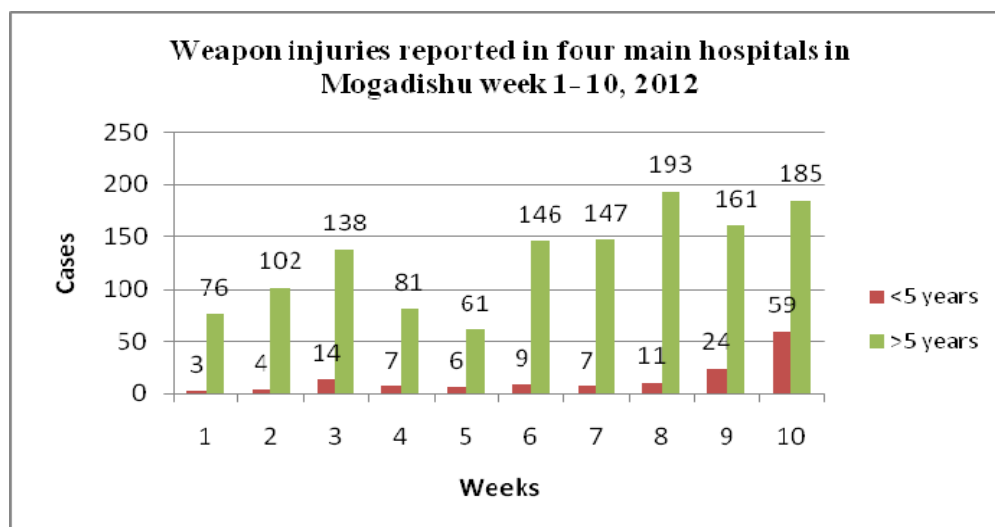


In **South and Central Somalia**, although less sentinel sites reported in week 10, a proportional increase of confirmed malaria cases was reported during week 10.

Confirmed malaria cases are expected to increase with the onset of the Gu rains. The areas most affected will be the riverine areas of the Shabelles, the Jubbas, Gedo, Hiraan and Banadir regions. Rapid diagnostic tests and artemisin combined therapy are reportedly on the ground. WHO has also Inter Agency Health Kits with a malaria module that can be deployed in the event of an suspected outbreak

CONFLICT RELATED INJURIES

- From **1 January – 11 March 2012**, 1434 casualties from weapon-related injuries were treated in 4 hospitals in Mogadishu, with 144 cases (10%) of under 5. A total of 17 deaths of above 5 years were reported.
- During the reporting week 10, a tremendous 246% increase of casualties of **under the age of five** was reported. A huge number of these casualties came from the Huruwaa area, Heliwa district in Mogadishu. Many children were playing in the area when a number of landmines exploded. Surviving casualties were rushed to the two main hospitals nearby the accident area.



HEALTH RESPONSE

PRIMARY HEALTH CARE

- ✦ **Human Development Concern (HDC)** reported a total of 145 consultations (including 36 under the age of five and 70 female) from Bulohawo and Dolow 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.
- ✦ **Agency for Peace and Development (APD)** is running a health facility in Jilib district (Middle Jubba region). The facility reported 468 consultations, including 216 under the age of five and 217 female patients. Some of the diseases registered include suspected cholera (23 cases), confirmed malaria (83 cases), acute respiratory infections (48 cases) and trauma cases (66 cases).
- ✦ Between 10-15 March 2012, the **American Refugee Committee (ARC)** reported a total of 961 consultations including 407 children under the age of five, and 404 women. During the reporting week, the teams diagnosed (a slight decrease in reported cases) and treated 125 suspected cholera cases with oral-rehydration salts. 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. ARC is exploring the possibility of selecting a health center in Hamarweyne, Mogadishu to scale up health activities and fill existing gaps such as immunization, provisions of drugs and medical supplies, and antenatal care. The health center will complement the mobile and outreach activities and act as an immediate referral center for cases referred but the mobile teams and require further follow up and treatment. In addition, ARC plans to re-establish Hodan CTC in Banadir region with the support of WHO. The training was delayed further due to difficulties in finding facilitators from WHO. And lastly, ARC is planning to apply for a project corporate agreement (PCA) with UNICEF to be able to provide a more comprehensive primary health care service.