

# 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.*

For further information please contact: Pieter Desloovere – WHO Communications Officer - [desloovere@nbo.emro.who.int](mailto:desloovere@nbo.emro.who.int) - T: +254 733 410 984

## BULLETIN HIGHLIGHTS

Reporting dates 10 – 23 November 2012  
(reflecting Epidemiological week 45 to 46)

- The ongoing Deyr rainfall (October to November) season in Somalia usually is the onset of an observed cholera transmission season. Cholera cases are being reported in the central and southern regions. Similarly, malaria cases are expected to increase in the coming weeks.

### IN FOCUS:

#### Health activities in picture



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A nurse attends to a dehydrated child at the Elgaab cholera treatment centre (CTC) in Waberi district, Mogadishu



© CPD

Six year old Sabrin gets treated from a skin ailment at the Darwish mother and child health center (MCH) in Mogadishu.



© WARDI

WARDI has recently trained about 30 community health workers in Hodan district, Mogadishu



© WAHA

WAHA runs a health center at Siliga IDP camp in Mogadishu that and assists pregnant women at the camp to deliver. In addition, WAHA assists in referral of complicated cases to Hanano hospital. As an incentive, to mothers who come to deliver at the health center, a blanket and a mosquito net is provided to them.



© SAMA

A woman has her blood pressure checked at the Bayhaaw MCH/outpatient department in Baidoa. SAMA is scaling up reproductive health services for the vulnerable communities in Bay and Bakool regions.



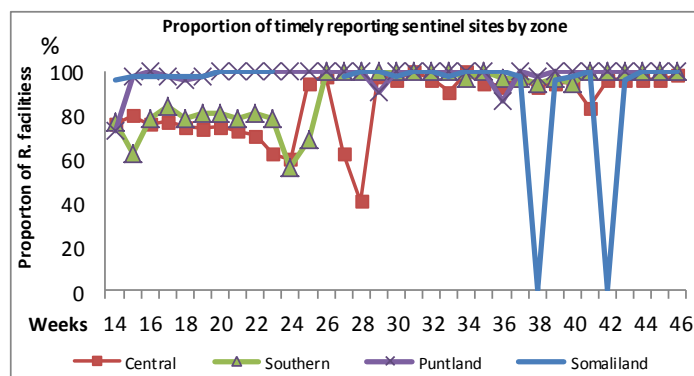
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Somali Community Concern (SCC) health teams provide free health services to those living at the IDP settlement in districts of Mogadishu. SCC also has health centers with maternal health services for pregnant women, providing treatment and consultation in addition poor mothers also get delivery assistance.



## TIMELY REPORTING:

Of the 196 facilities currently reporting to the Communicable diseases Surveillance and Response (CSR) sentinel surveillance network, 195 reported timely during week 46 as compared to 194 facilities during week 45. All reporting sites in Puntland, Somaliland and Southern Somalia were timely. In Central Somalia however, only 96.7 % (59 of 61) of the sentinel sites reported on time for week 45 and 98.4% (60 of 61) for week 46.



## SITUATION OVERVIEW:

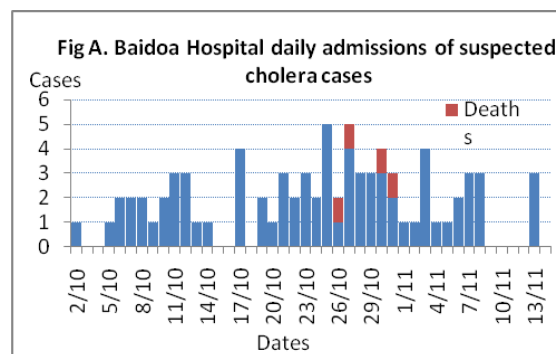


Flooded homesteads seen in Jameco Misra village in Jowhar district

The ongoing Deyr rainfall (October to November) season in Somalia usually is the onset of an observed cholera transmission season. Cholera cases are being reported in the central and southern regions. Similarly, malaria cases are expected to increase in the coming weeks.

In Middle Shabelle region, some villages have been flooded leaving families homeless. Although the number of reported AWD cases is still within the “normal” range, this situation possesses a major risk of a cholera outbreak spreading into other areas that may not be accessible. Currently, health partner InterSOS is closely monitoring the situation to respond to any reported outbreak.

In Hiraan region, the 10 stool samples collected from **suspected cholera** cases in week 45 tested negative for any pathogens. During week 46 in Baidoa district in Bay region, 12 stool samples were collected from suspected cholera cases and tested using Cholera 0139 SmartTM II rapid diagnostic test (RDT) for presumptive detection of *Vibrio cholerae*. Three cases tested positive for cholera and received treatment. One of the 3 cases was reported from Baidoa Regional Hospital (see figure A for trends) which is supported by NGO COOPI while the two other cases were reported from Bayhaw Hospital (non-sentinel site) which is supported by NGO SAMA.



A cholera task force has been initiated in Baidoa, and both water and sanitation (WASH) and health partners are working together to prevent further spread and increase in number of suspected cholera cases. Planned activities supported by WHO and UNICEF include provision of medical supplies including chlorination, and the dissemination of health messages to sensitize the communities in the area.

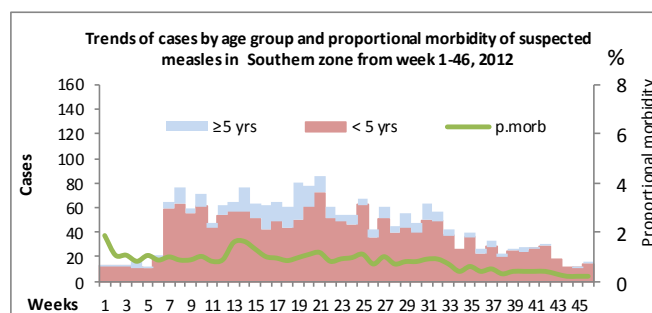
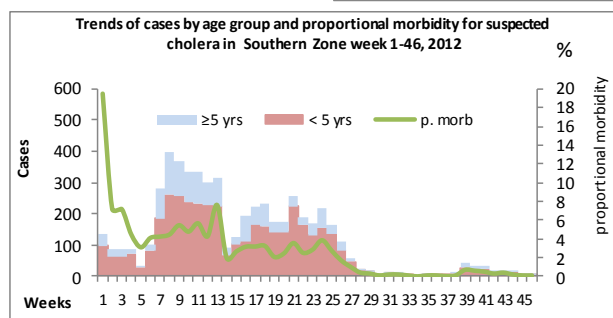
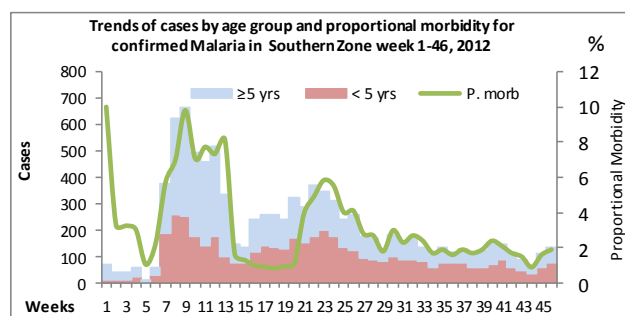


A cholera patient in Baidoa receives pre-referral treatment from SAMA health staff

## SOUTHERN SOMALIA

Table 1. Southern Somalia (36 sentinel sites)	Week 43 (22-28 Oct 2012)- Number of reporting sites 36		Week 44 (29 Oct-4 Nov 2012)- Number of reporting sites 36		Week 45 (5-11 Nov 2012)- Number of reporting sites 36		Week 46 (12-18 Nov 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	21 (66.7)	0.4	17 (76.5)	0.2	9 (77.8)	0.1	6 (66.7)	0.1
Susp. Shigellosis	37 (54.1)	0.6	43 (39.5)	0.6	30 (66.7)	0.4	26 (61.5)	0.4
Susp. Measles	18 (100)	0.3	11 (100)	0.2	12 (91.7)	0.2	15 (93.3)	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	9 (100)	0.2	10 (60)	0.2	13 (76.9)	0.2	16 (93.7)	0.2
Confirmed Malaria	88 (54.5)	1.5	62 (59.7)	0.9	114 (51.7)	1.6	135 (57.8)	1.9
Neonatal Tetanus	0	0	0	0	0	0	0	0
All other consultations	5701 (42.6)	97.0	6673 (47.6)	97.9	6782 (48.2)		6798 (47.2)	
Total consultations	5874 (43.2)		6816 (47.8)		6960 (48.5)		6996 (47.7)	

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



The number of reported **suspected cholera** cases during weeks 45 and 46 remained stable in Southern Somalia. However non-sentinel sites in Baidoa district have reported few cases of suspected cholera of which two cases tested positive using RDT. The current response by partners on ground is possible due to adequate supplies. Stool samples from new cases will be collected for confirmation.

**Malaria** remains the leading cause of morbidity with a 84% increase in reported cases observed during week 45 as compared to week 44, and a 18% increase in week 46 as compared to week 45. There is an expected further increase following the onset of the Deyr rainfall season and in areas that will experience floods, puddles will provide ample breeding grounds for mosquitoes. Bay region reported over 49% of all cases in the zone.

**Suspected measles** cases are still being reported from all regions of the Southern zone. The population here has been affected by insecurity and lack of access to vaccination interventions that has led to low immunization coverage for all antigens. The situation is bound to improve following recently liberated areas in Middle and Lower

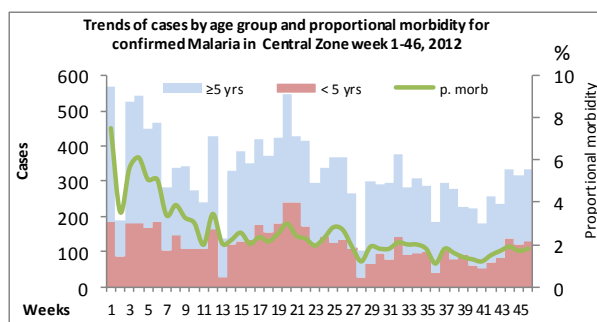
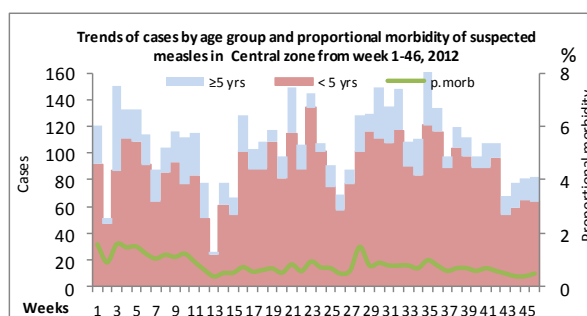
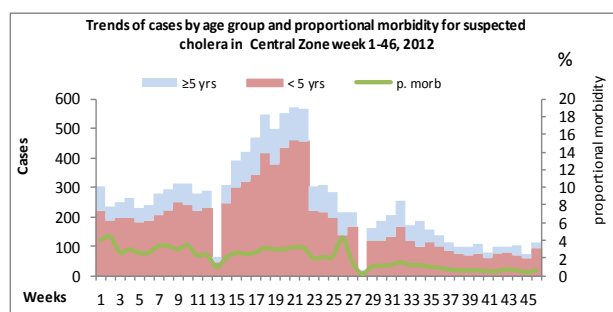


Jubba regions now becoming accessible. From 21-25 October 2012, for the first time in 3 years, over 102 000 children below the age of five were targeted with vaccination interventions during the recent immunization campaigns held in five districts in regions of South and Central zone. The districts of Afmadow (*Lower Juba region*), Badhaade (*Lower Juba region*), Balaad (*Middle Shabelle region*) and Afgooye (*Lower Shabelle region*) conducted Child Health Days (CHDs) reaching 84 936 (88%) with oral polio vaccine (OPV) and 72 163 (87%) with measles vaccine. The district of Elberde in Gedo region conducted national immunization days (NIDs) reaching 8195 (97%) with trivalent OPV.

## CENTRAL SOMALIA

Health event	Week 43 (22-28 Oct 2012)- Number of reporting sites 59		Week 44 (29 Oct-4 Nov 2012)- Number of reporting sites 59		Week 45 (5-11 Nov 2012)- Number of reporting sites 59		Week 46 (12-18 Nov 2012)- Number of reporting sites 60	
	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	96 (80.2)	0.7	101 (66.3)	0.6	73 (78.1)	0.4	114 (79.8)	0.6
Susp. Shigellosis	31 (83.9)	0.2	42 (85.7)	0.2	22 (95.4)	0.1	66 (91.0)	0.4
Susp. Measles	68 (79.4)	0.5	78 (75.6)	0.4	81 (80.2)	0.4	82 (78.0)	0.5
Acute Flaccid Paralysis	0	0	0	0	0	0	1 (100)	0.01
Susp. Hemorrh. Fever	0	0	0	0	0	0	0	0
Susp. Diphtheria	0	0	0	0	0	0	0	0
Susp. Whooping Cough	36 (94.4)	0.3	54 (75.9)	0.3	33 (93.9)	0.2	20 (95.0)	0.1
Confirmed Malaria	237 (33.8)	1.7	332 (40.9)	1.9	317 (37.8)	1.7	333 (39.0)	1.8
Neonatal Tetanus	4 (100)	0.03	2 (100)	0.01	4 (100)	0.02	5 (100)	0.03
All other consultations	13518 (40.7)	96.7	16419 (41.4)	96.6	17738 (41.7)		17515 (41.9)	
Total consultations	13990 (41.3)		17028 (41.9)		18268 (42.2)		18136 (42.5)	

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



The number of reported cases of **suspected cholera** increased by over 55% during week 46 compared to week 45. Lower Shabelle region which has reported no cases since week 38 reported 9 cases including six children under the age of five. All cases were reported from Merka Hospital. Follow-up is being done to identify new cases and

collect samples for laboratory investigation. Health partner COSVI is adequately responding to the current situation. Supplies are pre-positioned in Mogadishu for quick re-stocking.

The number of reported cases of **suspected shigellosis** increased threefold. Of the 66 reported cases, 55 (83%) were reported from Wadajir district in Banadir region while 9 cases (14%) were reported from Jowhar district in Middle Shabelle region. Follow-up is being done to establish the validity of the reports.

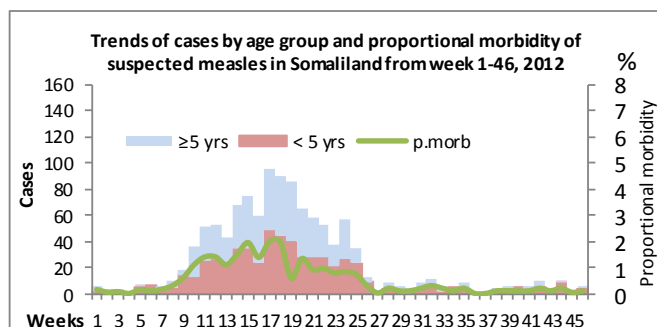
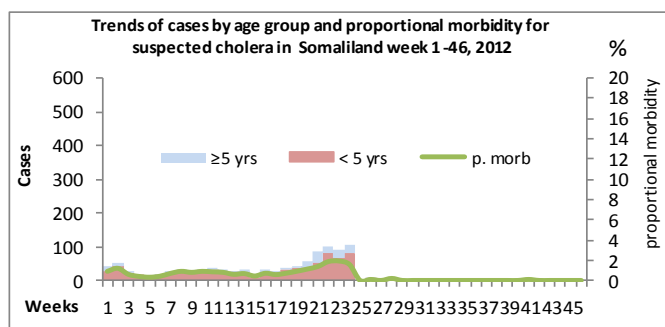
**Malaria** was also the leading cause of morbidity in the Central zone. The high caseload has remained stable over the past four weeks. Again, this is expected to increase due to the *Deyr* season. Banadir Hospital in Mogadishu (*Banadir region*) accounts for over 70% of all reported cases in these past weeks. Lower Shabelle region reported a 29% increase in week 46 compared to week 45 while Middle Shabelle reported a 38% increase in week 46 compared to week 45. Partners have not reported any shortages of RDTs or artemisinin-combined medicines.

**Suspected whooping cough** and **suspected measles** continue to be reported. WHO and partners are monitoring the situation on accessibility to areas in the regions. Following improved access, routine immunization will be strengthened. From 17-19 November 2012, Banadir region implemented a third round of NIDs targeting 331,215 children below the age of five with OPV. Date of children reached will be made available as soon as possible.

## SOMALILAND

	Week 43 (22-28 Oct 2012)- Number of reporting sites 52		Week 44 (29 Oct-4 Nov 2012)- Number of reporting sites 54		Week 45 (5-11 Nov 2012)- Number of reporting sites 54		Week 46 (12-18 Nov 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	3 (0)	0.1	6 (66.7)	0.2	1 (100)	0.02	2 (0)	0.05
Susp. Measles	4 (75.0)	0.1	10 (90.0)	0.2	2 (50)	0.04	5 (80.0)	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	0	0	0	0	2 (100)	0.05
Confirmed Malaria	0	0	5 (60.0)	0.1	1 (0)	0.02	1 (0)	0.02
Neonatal Tetanus	0	0	0	0	0	0	0	0
All other consultations	3200 (48.3)	99.7	3834 (47.5)	99.5	4438(50.3)		4209 (45.9)	
Total consultations	3207 (48.3)		3858 (47.7)		4442 (50.3)		4219 (45.9)	

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



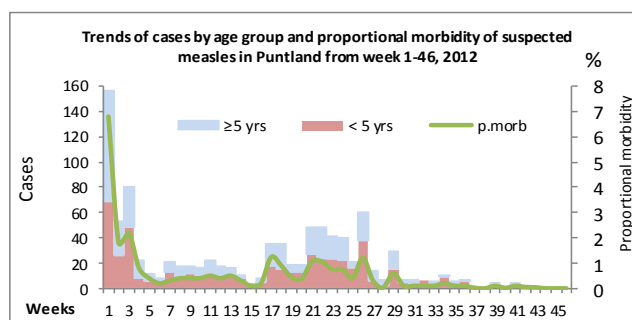
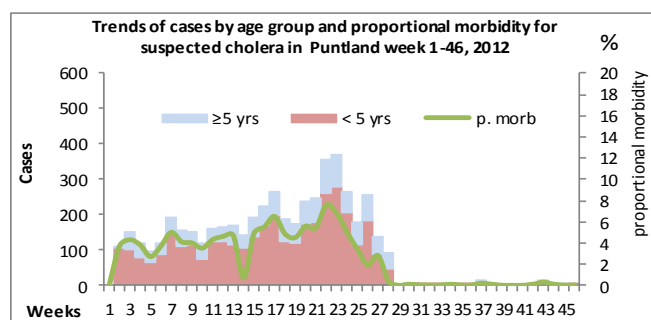
Two cases of **suspected shigellosis** were reported from Eilafwayn district (*Sanag region*) and verification of the cases is currently being undertaken. In Burao district (*Togdheer region*), there was a **malaria** case reported which is also being verified.

**Suspected measles** cases continue to be reported. Five cases have been reported, two from Erigavo (*Sanag region*) and Hargeisa (*W. Galbeed region*) districts respectively and a case from Lascanod in Sool region.

## PUNTLAND

Table 4. Puntland (45 sentinel sites)	Week 43 (22-28 Oct 2012)- Number of reporting sites 45		Week 44 (29 Oct-4 Nov 2012)- Number of reporting sites 45		Week 45 (5-11 Nov 2012)- Number of reporting sites 45		Week 46 (12-18 Nov 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	12 (66.7)	0.3	5 (60)	0.1	1 (0)	0.02	2 (100)	0.03
Susp. Shigellosis	2 (50.0)	0.04	0	0	0	0	3 (33.3)	0.04
Susp. Measles	2 (100)	0.04	0	0	0	0	0	0
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	4758 (44.2)	99.7	4630 (42.3)	99.9	5077 (49.9)		6388 (46.1)	
Total consultations	4774 (44.3)		4635 (42.4)		5078 (49.9)		6393 (46.2)	

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



Three cases of **suspected shigellosis** were reported from maternal health clinics in Burtinle (*Nugal region*), Goldogob (*Mudug region*) and Godabjiran village, Eyl district (*Nugal region*) districts. Follow up of cases is being done to establish the validity of the reports.

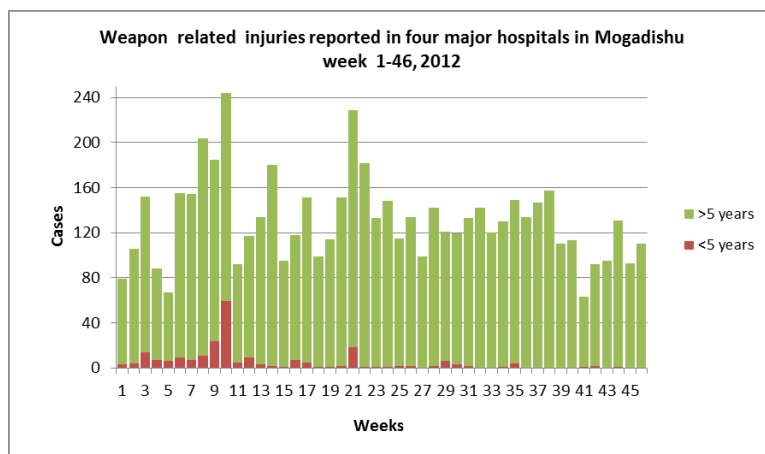
Two cases of **suspected cholera** were also reported and currently being verified.

Trends of the other health events in the regions of Puntland remained stable.

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

From **1 January – 18 November 2012**, 6026 casualties from weapon-related injuries were treated in four hospitals in Mogadishu, with 227 cases (3.8%) under the age of five. A total of 127 deaths above the age of five and 13 deaths below the age of five years were registered.

In week 45, a 29% decrease was observed in casualties reported in Banadir region as compared to previous week (see breakdown below). In week 46, a 15% (110 cases) increase was reported compared to week 45 (93 cases). One death was reported.



Breakdown of casualties treated in four major hospitals in **Banadir** region, from 5-18 November 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
203	110	0	21	26	19	50	0	5

Breakdown of casualties treated in **Kismayo** General hospital of Middle and Lower Jubba region, from 5 – 11 November 2012

Number of Casualties	Number of discharged	Number of head injuries	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
10	4	2	1	5	7	0	2	0	4

## HEALTH RESPONSE

### Activity data from 2 - 15 November 2012

<i>Partner</i>	<i>Region(s) or location</i>	<i>Health intervention(s)</i>	<i>Target Population</i>	<i>Total consultations</i>	<i>Female</i>	<i>&lt;five years</i>
WARDI	Banadir, Hiraan	Health centre	8049	366	211	194
		Primary Health Care (PHC)	57 945	1033	658	573
		Mobile clinics	34 773	3999	1772	1894
		Cholera treatment centre (CTC)	47 945	60	29	29
Merlin	Banadir, Galgadud	PHC	644 446	16637	9022	5989
AFREC	Lower Juba	Health centres	118 000	2671	1256	1420
Muslim Hands	Banadir, Lower Shabelle	Health centres	25 690	3701	2105	1521
SOYDA	Lower Shabelle, Banadir	Hospital	69 320	1264	704	490
		Health centres	196 050	2816	1515	1094
HIJRA	Banadir	Health centre	33 870	1001	652	434
		Mobile clinic	12 360	281	175	126
CPD/SCSOM	Banadir	Health centres	1 005 000	5885	2768	2341
Somali Women Concern (SWC)	Banadir, Lower Shabelle	Health centres	16 000	450	280	170
SCC	Banadir, Lower Shabelle, Galgadud	Primary Health Unit (PHU)	6604	2909	3142	578
TALO	Middle Shabelle	Health centres	8324	560	330	175
AVRO	Banadir	Ambulance services	N/A	120	67	21
Mulrany International	Banadir, Middle Shabelle	PHC	174 803	3128	1178	1313
		Mobile clinic	4500	702	341	247
International Medical Corps (IMC)	Banadir	Health centres	65 566	976	595	217
Intersos	Middle Shabelle	Hospital	500 000	1216	536	720
		Health centres	90 000	1559	764	942
		TB centre	250 000	7	2	3
Patients Helping Fund (PHF)	Banadir	Health centre	20 800	3197	1608	2330
		CTC	20 500	328	191	273
SORRDO	Banadir, Lower Shabelle	Health centres	119 500	1922	1080	497
		Mobile clinic	10 000	123	69	48
		CTC	10 000	0	0	0
VACSOM	Banadir	PHC	15 000	403	163	240
UAE	Banadir	Hospital	150 000	1111	754	408
Women and Health Alliance International (WAHA)	Banadir	Health centres	10 783	994	460	534
Mercy Malaysia	Banadir	Health centre	100 000	840	547	228
Health Development Concern (HDC)	Gedo	Health centres	113 000	1184	508	190
New Ways	Lower Shabelle	Hospital	35 000	273	217	208
		PHC	36 800	772	436	449
Somali Aid	Lower Juba	Hospital (Leprosy)	403 590	90	45	0
		Health centre	36 570	452	136	109



CESVI	Banadir	Health centres	340 000	2255	1190	860
		Mobile clinics	145 000	3801	2050	1535
American Refugee Council (ARC)		PHC	178 332	4329	2241	1741
		CTC	197 740	110	50	65
Salama Medical Agency (SAMA)	Bay, Bakool	Health centres	134 000	2541	1389	1001
		Health post	25 000	404	189	182
		Mobile clinics	21 000	812	353	336
SHARDO	Banadir, Middle Shabelle	Health centres	994 019	1491	720	438
		TB treatment centre	129 062	104	37	0
		Mobile clinics	298 504	1253	479	481
Swiss Kalmo	Bay, Lower Shabelle	Health centres	183 000	1379	484	688
		PHU	90 000	574	218	244
Save the Children	Bay, Bakool	PHC	300 000	2555	1502	1327
SORDA	Banadir, Mudug	Health centres	1238	1145	539	606
International Rescue Committee (IRC)	Banadir	Health posts	72 000	885	445	345
Direct AID	Banadir, Gedo	PHC	201 000	595	223	271
Daud Medical Foundation (DMF)	Banadir	Health centre	5000	165	89	60
		Mobile clinic	4800	201	115	64
Relief International (RI)	Lower Shabelle	Health centers	14 300	1242	758	425

*\*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.*



Trainees at a practical session

From 13 - 15 November 2012, health partners Amin Voluntary and Relief Organization (AVRO) conducted training for 38 community nurses and paramedics. The training course covered the areas on dealing with serious conditions in patients in order to save lives and how to call for an emergency ambulance so as to transfer seriously injured patients to the nearest hospital.

In the case of a health emergency or referral, each week, AVRO provides free ambulances services for internally displaced at the various IDP settlements in Banadir and Lower Shabelle regions and to host communities, to the various health facilities and hospitals. The majority of patients suffer from diseases such as measles, malaria, malnutrition, urinary tract infections, and skin ailments.



AVRO medical team transport a patient to Banadir Hospital in Mogadishu