



World Health
Organization

Somalia Emergency Weekly Health Update

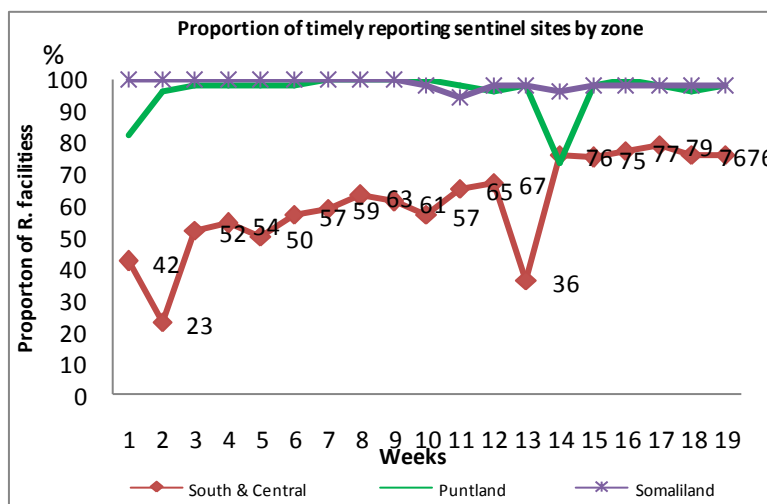
The Somalia emergency weekly health update aims to provide an overview of the health activities conducted by WHO and health partners in Somalia. It compiles health information including nine health events (epidemiological surveillance) reported in Somalia, information on ongoing conflicts in some regions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

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BULLETIN HIGHLIGHTS

Reporting dates 12-18 May 2012
(reflecting Epidemiological week 19)

- As a response to the current measles outbreak in Somaliland, particularly Burao district, the Ministry of Health has decided to organize a region-wide outbreak response campaign. Exact dates and target population figures are not known yet.



Of the 222 sentinel sites reporting weekly from the three zones of Somalia, for **week 19**, 98% (53) in Somaliland, 98% (44) in Puntland but only 76% (94) sentinel sites reported on time from South and Central Somalia. This means that for the whole country 86% (191) of all sentinel sites did report on time for this week.

EPIDEMIOLOGICAL SURVEILLANCE (EPI WEEK 19)

SITUATION OVERVIEW:

The leading causes of morbidity varied across the zones with **suspected cholera** and **confirmed malaria** accounting for most consultations in **South Central Somalia** (2.69% and 2.61% respectively) and suspected cholera in Puntland (4.5%). **Suspected measles** remains the leading cause of morbidity in **Somaliland** (1.88%). A steady increase in the number of consultations continues to be observed with almost all areas on Somalia experiencing rains. South Central Somalia reported over 7% increase, while Somaliland and Puntland remained stable compared to week 18.

SOUTH CENTRAL SOMALIA

Table 1. South and Central Somalia	Week 19 (7-13 May 2012) - Number of sentinel sites 123, reporting sites 94	
Health Event	Total cases (% < 5 yrs)	*Proportional Morbidity
Susp. Cholera	670 (77%)	2.69%
Susp. Shigellosis	216 (68%)	0.87%
Susp. Measles	196 (80%)	0.79%
Acute flaccid paralysis	0	0
Susp. Hemorrh. Fever	0	0
Susp. Diphtheria	0	0
Susp. Whooping cough	109 (86%)	0.44%
Confirmed Malaria	649 (47%)	2.61%
Neonatal Tetanus	6 (100%)	0.02%
All other consultations	22997 (52%)	

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

In South Central Somalia, a steady increase in the number of reported cases of **suspected shigellosis** has been reported. Contact with the field suggests a lack of adherence to the stipulated case definition “visible blood in stool”. To tackle this issue, a series of planned trainings is expected to correct this among health workers. Similar challenges are fuelling the sustained spread of **whooping cough** and the increasing number of neonatal tetanus that will greatly affect neonatal mortality. While the number of **suspected cholera cases** slightly decreased compared to week 18, the risk of an increase in the number of cases remains. Results of over 60 stool samples collected from suspected cholera cases in Banadir region are still pending. Cholera was confirmed earlier and partners have been advised to step up WASH activities.

SOMALILAND

Table 2. Somaliland	Week 19 (7-13 May 2012) - Number of sentinel sites 54, reporting sites 53	
Health Event	Total cases (% < 5 yrs)	*Proportional Morbidity
Susp. Cholera	41 (85%)	0.89%
Susp. Shigellosis	44 (55%)	0.96%
Susp. measles	86 (47%)	1.88%
Acute flaccid paralysis	0	0
Susp. Hemorrh. Fever	0	0
Susp. Diphtheria	0	0
Susp. Whooping cough	1 (0%)	0.02%
confirmed malaria	0	0
Neonatal tetanus	0	0
All other consultations	4404 (55%)	

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

Suspected measles was the leading cause in Somaliland (see table 2). For **week 19**, the proportional morbidity for suspected measles increased compared with last week, although the total number of consultations remained the same. 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

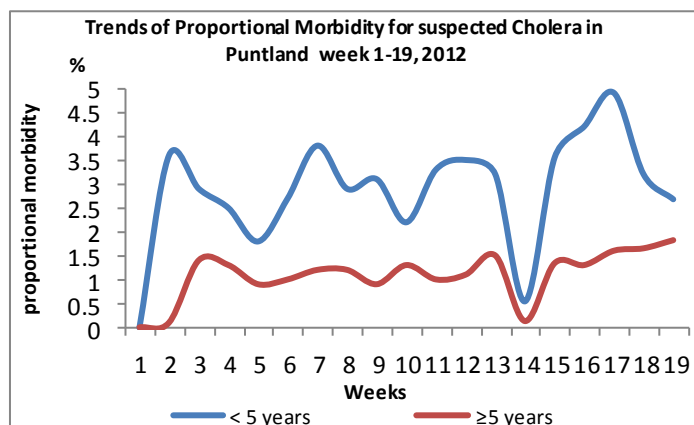
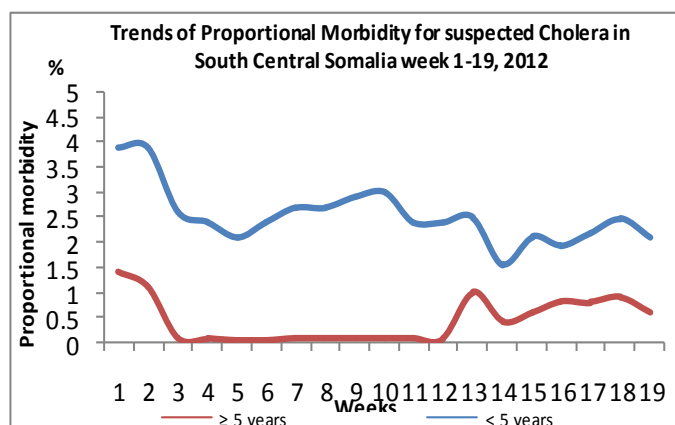
Table 3. Puntland	Week 19 (7-13 May 2012) - Number of sentinel sites 45, reporting sites 44	
Health Event	Total cases (% < 5 yrs)	*Proportional Morbidity
Susp. Cholera	174 (68%)	4.50%
Susp. Shigellosis	42 (48%)	0.95%
Susp. Measles	19 (68%)	0.43%
Acute flaccid paralysis	0	0
Susp. Hemorrh. Fever	0	0
Susp. Diphtheria	0	0
Susp. Whooping cough	3 (67%)	0.07%
Confirmed Malaria	0	0
Neonatal Tetanus	0	0
All other consultations	4162 (44%)	

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

During **week 19**, the leading cause of morbidity for Puntland is suspected cholera accounting for most of the consultations (proportional morbidity of 4.5%). However, since a few weeks the proportional morbidity for shigellosis is on the rise. A steady increase in the number of consultations for suspected cholera is being observed with almost all areas in Somalia experiencing rains.

MAIN CAUSES OF MORBIDITY:

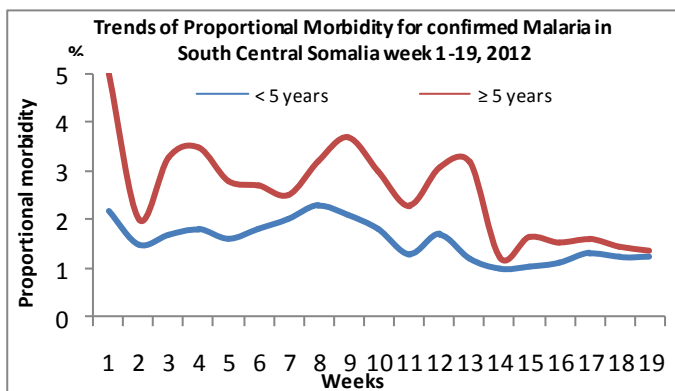
SUSPECTED CHOLERA (SOURCE: CSR SENTINEL SITES)



Results of over 60 stool samples collected from suspected cholera cases in Banadir region (**South Central Somalia**) are still pending. Cholera was confirmed earlier and partners have been advised to step up WASH activities.

The number of suspected cholera cases reported from **Puntland** is decreasing. Most cases were reported from Bossaso district in Bari region. Information on current response activities is still pending.

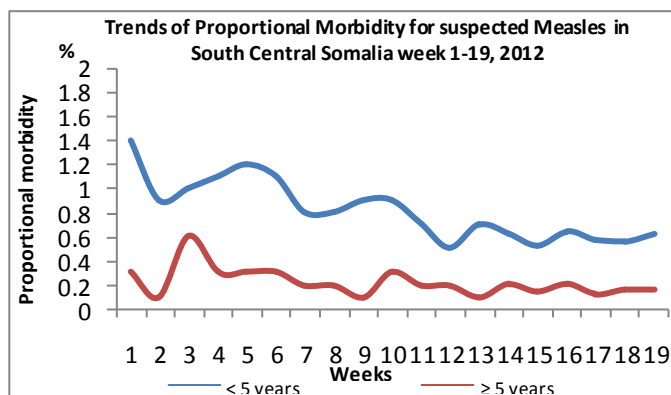
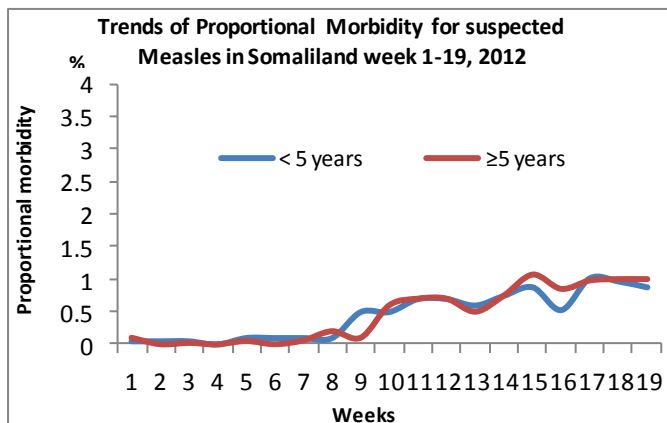
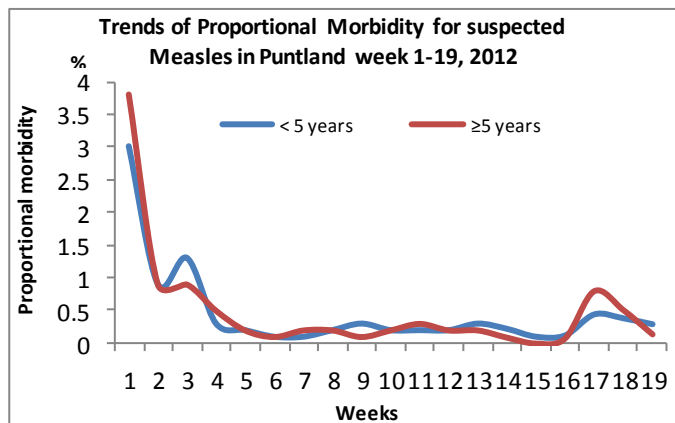
CONFIRMED MALARIA (SOURCE: CSR SENTINEL SITES)



In regards to malaria, the trends have remained stable.

SUSPECTED MEASLES (SOURCE: CSR SENTINEL SITES)

The increase in proportional morbidity for measles in **Somaliland** continues. The current measles outbreak was detected back in February of this year, and case investigation has been conducted with the support of WHO.



Historically low coverage rates of measles in Burao district (Toghdeer region)

Despite multiple rounds of measles follow-up campaigns, child health day and routine immunization activities, the coverage rates of measles in children under the age of five is very low (see table 4 and 5). The main reasons for this are the low utilization rates immunization services as well as a high level of refusal of vaccination services. As a result Burao has been the epicenter of the current measles outbreak in Somaliland.

Table 4: Measles coverage during the Child Health Days (CHDs) in children under the age of five, Burao district

Year of CHD Round	Coverage rate of measles in children under the age of five (%)
2010	72
2010	42
2011	65
2011	78
2012	66

Table 5: Coverage rates of routine immunization in children under the age of one, Burao district

Year	Coverage rate of DTP3 in children under the age of one
2008	30%
2009	29%
2010	29%
2011	33%
Q1 2012	22%

Response activities from health partners

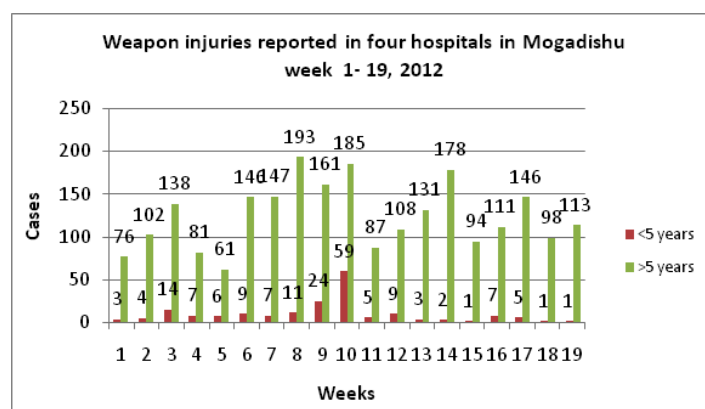
- The Ministry of Health in Somaliland has decided to conduct a region-wide outbreak response campaign to tackle the measles outbreak currently ongoing. Dates are still to be decided upon.
- Zonal and regional health authorities, in collaboration with partners, have organized on 2 May 2012 a special media session with interviews of RMO, hospital director, pediatrician HS department head of MOH, and mothers of measles patients. The BBC Somali service and local media did air these sessions.
- In addition, a team from the Somaliland Health authorities facilitated a television debate on the importance of vaccination among medical doctors, sheikhs and other prominent and influential persons from the region with the presence of the governor.
- Strengthened surveillance and case management

CONFLICT-RELATED INJURIES

From 1 January – 13 May 2012, 2534 casualties from weapon-related injuries were treated in four hospitals in Mogadishu, with 178 cases (7%) under the age of five. A total of 54 deaths above the age of five and 11 deaths below the age of five years were registered.

During the month of April 2012, 585 casualties from weapon-related injuries were treated in the four hospitals in Mogadishu. A total of 22 deaths of above the age of five and 10 deaths below the age of five years were registered.

There was a slight increase observed in week 19 (see graph).



HEALTH RESPONSE (COVERING THE PERIOD FROM 5-10 MAY 2012)

PRIMARY HEALTH CARE:

During the reporting week, nurses and midwives from Daryeel and Badbaado health centers in Lower Shabelle region attended an on-the-job training on the signs and symptoms of common diseases affecting residents in Lafoole areas. These facilities are being supported by partners HIJRA.

Training of nurses in Daryeel and Badbaado health centers



Partner/collaboration	Region(s) or location	Health intervention(s)	Target Population	Total consultations	< five years	Female
Direct Aid	Banadir, Gedo	Out-patient department (OPD), rehydration services	170 000	729	346	436
Mulrany International	Banadir, Middle Shabelle	Primary health care clinic, trauma clinic	130 000	1300	1779	496
Muslim Hands	Banadir	Health services	5679	120	100	91
FERO/Relief International	Lower Shabelle	Mother and child health (MCH) centers	12 500	89	50	67
WARD/ Organization of Islamic Cooperation, SOHDO	Banadir	Health centre, OPD	20 000 households, 31 000	500, 10 000	287, 4640	213, 5360
GEELO/CESVI, UNICEF, GEELO	Hiraan	MCH, OPD, ambulance services	2019	1885	1129	784
WARDI	Banadir, Hiraan	MCH/ OPD, health clinic	5320	1634	965	669
DMF/HHRD	Banadir	Mobile clinic, OPD	8000	255	113	142
WAHA International/UAE RC, UNFPA	Mogadishu IDP camps	MCH, OPD, non-complicated deliveries, referral services to Hanano hospital, emergency obstetric care, fistula surgeries	>100 000	378	230	93
SORRDO/WHO, UNICEF, MOH, WFP, DC	Banadir	MCH, OPD, mobile teams, reproductive health services	45 000	555	187	368
SOADO/ WHO, ZAMZAM, Muslim Aid	Banadir	MCH, OPD, non-complicated deliveries, referral services to Banadir hospital, mobile clinic	20 000 households	446	232	280
HIRDO/ UNICEF	Hiraan	MCH/ OPD, Primary health care (PHC)	5218	304	75	205
Horn Aid Trust/ Organization of Islamic Cooperation	Lower Shabelle, Banadir	MCH, mobile clinic	1700	425	150	285
SOHDO	Banadir	Health centre	2160 households	367	181	223
CESVI/Cariverona	Banadir	MCH/OPD, mobile teams	180 000	2011	557	734
ARC/WHO, OCHA	Banadir	3 mobile teams, CTC, ORP	10 000 internally displaced persons	1222	577	598
SCC/ Life International, WHO	Banadir, Galgaduud, Middle Shabelle	Free consultations and treatment including provision of medicines to internally displaced, AWD awareness	7881	5347	285	997
SWC/WHO	Lower Shabelle, Banadir	MCH/OPD, mobile teams	-	1520	736	784