



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 13 - 19 October 2012
(reflecting Epidemiological week 41)

- Following the floods in Beletweyne, the number of reported suspected cholera cases remained stable, with a cumulative daily reporting range of 17-22 cases from 4 MCHs in the district.
- WHO and partners investigated the rumors of suspected shigellosis cases in Qooqani, about 65 km from Afmadow town. A total of 10 samples were collected, referred for culture and all tested negative for any enteric pathogen.

IN FOCUS STORY:

Providing health services in newly liberated areas remain a challenge

Bay and Bakool, situated in the southwest of the country, are among the densely-populated regions in Somalia (see map below). Most of the districts in these regions are controlled by the insurgents, however lately a limited number of cities have been liberated. The current on-going conflict has restricted movement for various aid agencies, and a bad sorghum harvest has made it difficult for the population in these areas. In addition, the arrival of a significant number of IDPs to the region, voluntarily returning from Mogadishu and Kenya refugee camps, have increased the number of vulnerable populations in need of humanitarian assistance.

The deteriorating humanitarian health situations in Bay and Bakool regions calls for strengthened, joint and coordinated humanitarian response. Health partner SAMA (Salama medical agency) is one of the few agencies operating in both regions. They provide life-saving health care, nutrition and WASH services in order to reduce morbidity and prevent avoidable mortality related to diseases and malnutrition.



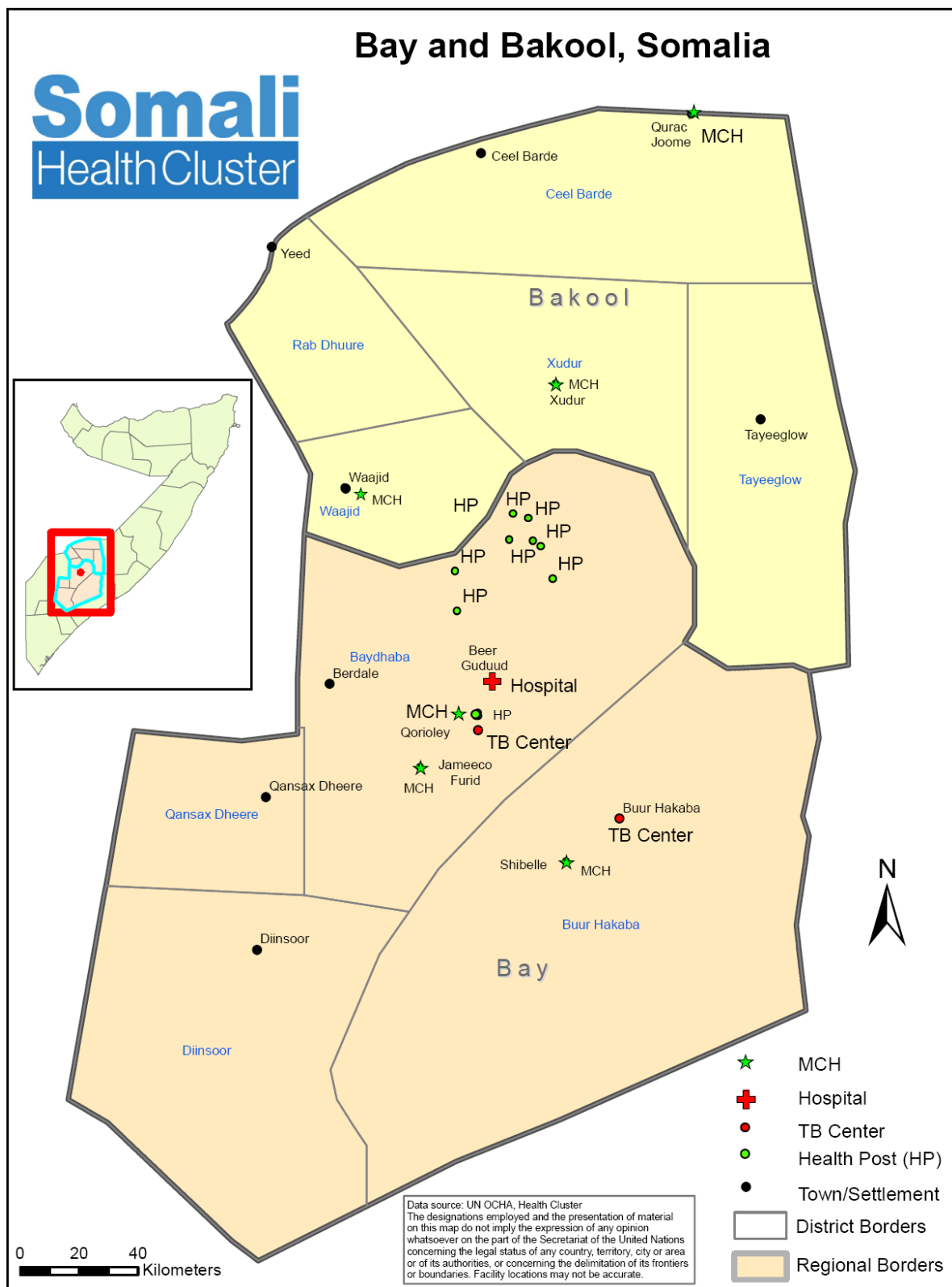
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UNFPA and SAMA reached an agreement to scale up and further strengthen reproductive health services in Bay and Bakool region.



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With support of WHO Somalia and CERF, SAMA runs 4 fixed mobile health centers in Hudur, Dinsor, Qasahdere and Tieglow, supporting the communities with accessible emergency medical services. During September, a total of 3216 patients (including 1731 female and 1172 children under the age of five) were attended to. In addition, UNFPA and SAMA reached an agreement to further strengthen the reproductive health services for the communities of Bay and Bakool regions. The outpatient services are already ongoing in the Bayhaaw MCH/OPD and will be strengthened with inpatient services, to be initiated in Bayhaaw hospital in October 2012. The health facility is fully functioning, and provides essential primary health care services to the drought and conflict affected population of Baidoa town. In September 2012, 1022 patients visited the hospital, including 391 patients under the age of five and 538 females.

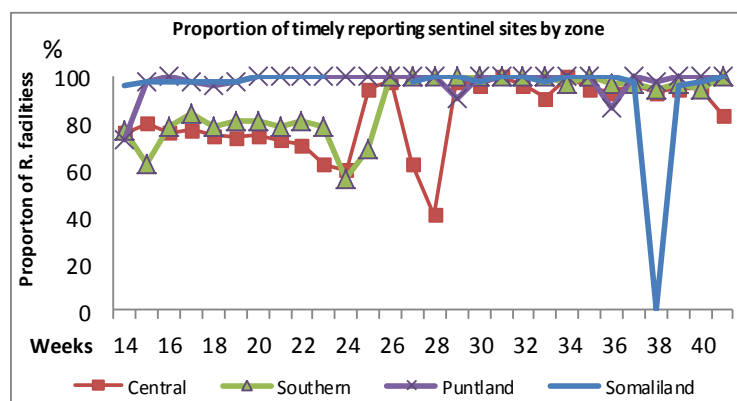


According to UNDP, Bay and Bakool regions have a population of 620,562 and 310,627 persons respectively. According to a recent health partner facility mapping, the following districts in Bakool are underserved: Tayeeglow and Rab Dhuure. The most recent 4W mapping also confirms the fact that there are no health facilities in these areas—as shown on the map above. As for Bakool region, Qansax Dhere and Diinsor districts are the least served with health facilities, as shown on the map. The map is based on 4W data that was sent to the Health Cluster in September 2012.

EPIDEMIOLOGICAL SURVEILLANCE (EPI WEEK 41, 8 – 14 October 2012)

TIMELY REPORTING:

Of the 196 facilities currently reporting to the Communicable diseases Surveillance and Response (CSR) sentinel surveillance network, 186 reported timely during week 41. All reporting sites in Puntland, Southern Somalia and Somaliland were timely. In Central Somalia however, only 83.6 % (51 of 61) of the sentinel sites reported on time for week 41.



SITUATION OVERVIEW:

The number of suspected cholera cases being reported across Somalia remained stable except for Bay region. In this region, a total of 7 health facilities reported 12 cases, unlike week 40 when no case was reported. Case management supplies are being prepositioned in Baidoa for easy disbursement.

Following rumors of suspected cases of shigellosis in Qooqani, located about 65 km from Afmadow town, WHO and partners investigated the rumor and documented 12 suspected cases. Samples were collected from ten cases and referred for culture. All tested negative for any enteric pathogen. Information on the current situation is still pending.

As part of the pre-season bio-surveillance for cholera, 22 samples were collected from 2 cholera treatment centers in Mogadishu. The samples have been referred for culture and the results are still pending.

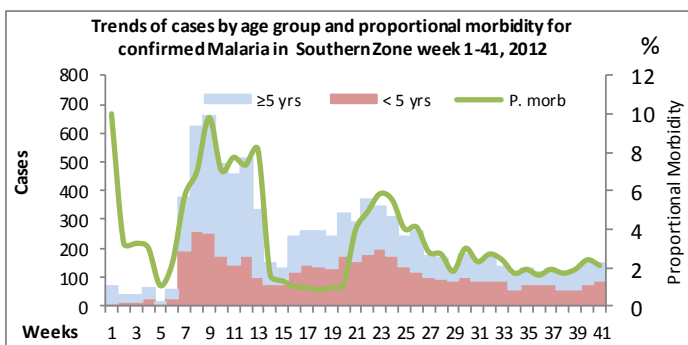
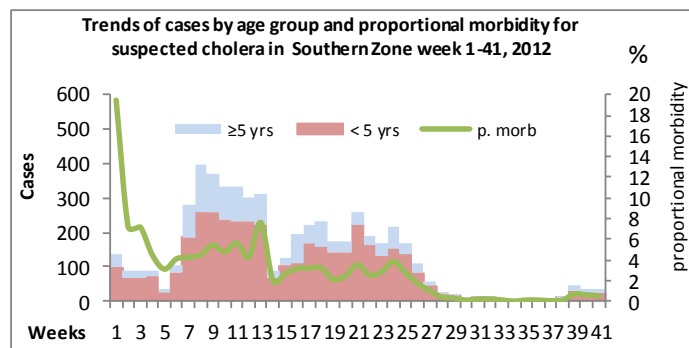
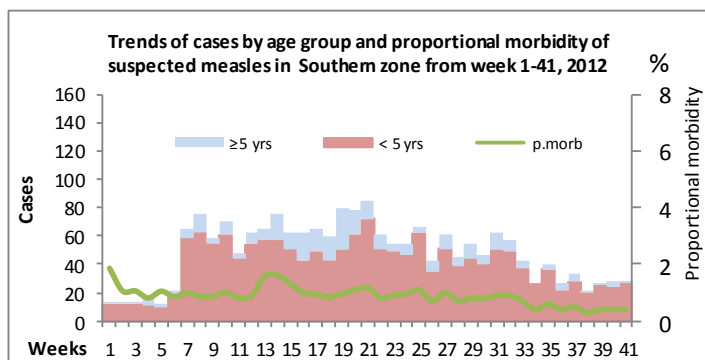
The number of reported suspected cholera cases remained stable in Beletweyne, with a cumulative daily reporting range of 17-22 cases from 4 MCHs in the district. Between 6 - 18 October, a total of 225 cases, including 186 (83%) children under the age of five, were reported by these facilities. Beletweyne remains an area of concern after the recent floods and WHO, UNICEF and health partners are closely monitoring trends.

Health partners are yet to submit inventories for their current stocks of case management supplies for acute watery diarrhea/suspected cholera. Inventories can be submitted to: who.surveillance.wajid@gmail.com or eha@nbo.emro.who.int (WHO) or jnikulin@unicef.org (UNICEF); cluster@nbo.emro.who.int (Health cluster). This will help evaluate current capacity by location and facilitate pre-season prepositioning of necessary supplies.

SOUTHERN SOMALIA

Table 1. Southern Somalia (36 sentinel sites)	Week 37 (10 -16 Sept 2012) - Number of reporting sites 35		Week 38 (17-23 Sept 2012) - Number of reporting sites 34		Week 39 (24-30 Sept 2012) - Number of reporting sites 35		Week 40 (1-7 Oct 2012) - Number of reporting sites 34	
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	10 (90)	0.1	44 (63.6)	0.7	35 (74.3)	0.6	34 (67.6)	0.5
Susp. Shigellosis	35 (74.3)	0.5	33 (60.6)	0.5	32 (75)	0.5	32 (50)	0.5
Susp. Measles	22 (90.9)	0.3	27 (92.6)	0.4	28 (85.7)	0.4	28 (96.4)	0.4
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 (94.1)	0.2	26 (84.6)	0.4	33 (78.8)	0.5	32 (87.5)	0.5
Confirmed Malaria	115 (51.3)	1.7	126 (46)	1.9	147 (49.6)	2.4	146 (61.6)	2.1
Neonatal Tetanus	0	0	0	0	0	0	0	0
All other consultations	6751 (46.7)		6284 (44.8)		5746 (49.8)		6695 (48.5)	
Total consultations	6950 (47.3)		6540 (45.4)		6021 (50.5)		6967 (49.3)	

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



Malaria remains the leading cause of morbidity although the trends have remained stable over the past few weeks. As the current rains are early in some areas and if water levels in breeding sites are sustained, this could trigger an early increased transmission in South and Central Somalia compared to last year,

The number reported **suspected cholera** cases have remained stable. However, with changes in the rain patterns the next cholera season will be early.

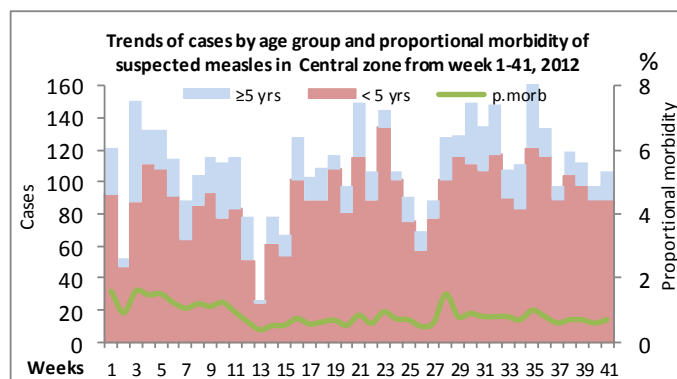
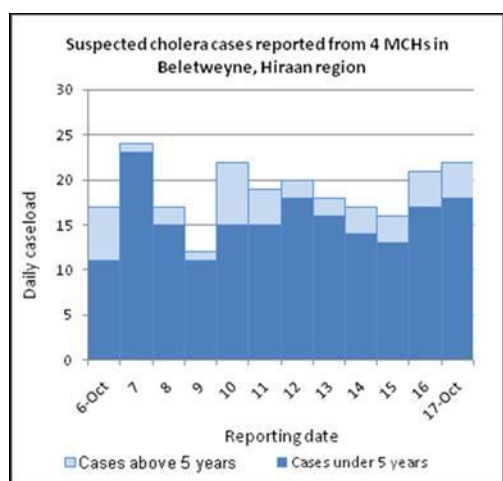
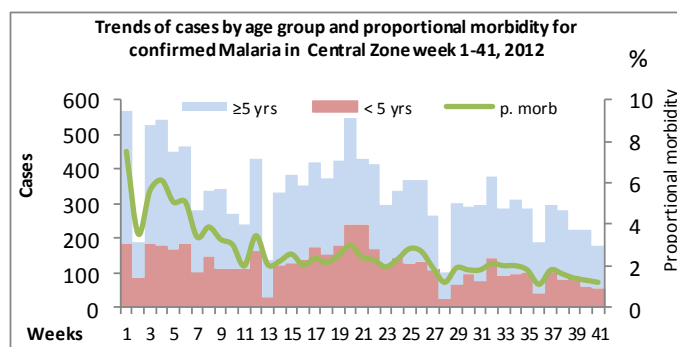
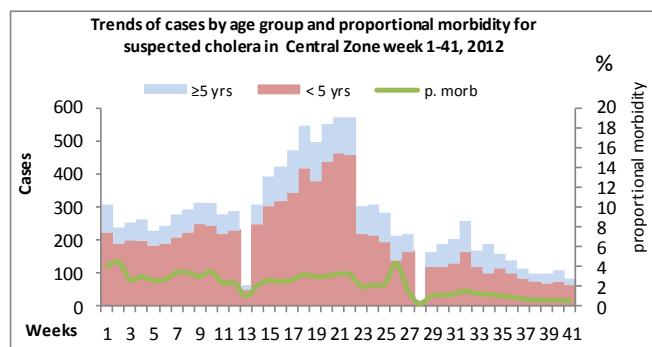
Suspected shigellosis cases continue to be reported in South Somalia. A total of 10 stool samples were collected and referred for culture from Qooqani town, which is about 65 km from Afmadow town. All tested negative for any enteric pathogen. Although the situation is reportedly under control, updated physical data is still pending. Low vaccination coverage has continued to enable propagated cases of vaccine preventable diseases especially measles and whooping cough.

CENTRAL SOMALIA

Table 2. Central Somalia 61 sentinel sites	Week 37 (10 -16 Sept 2012) - Number of reporting sites 59		Week 38 (17-23 Sept 2012) - Number of reporting sites 60		Week 39 (24-30 Sept 2012) - Number of reporting sites 58		Week 40 (1-7 Oct 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	98 (74.5)	0.6	97 (69.1)	0.6	108 (66.7)	0.6	81 (75.3)	0.5
Susp. Shigellosis	45 (88.9)	0.3	45 (91.1)	0.3	38 (81.6)	0.2	23 (95.6)	0.2
Susp. Measles	119 (87.4)	0.7	112 (86.6)	0.7	98 (90.8)	0.6	107 (83.2)	0.7

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 (69.5)	0.3	46 (97.8)	0.3	65 (86.1)	0.4	72 (86.1)	0.5
Confirmed Malaria	279 (28.3)	1.6	225 (40)	1.4	223 (26.5)	1.3	178 (29.8)	1.2
Neonatal Tetanus	5 (100)	0.03	3 (100)	0.02	6 (100)	0.04	6 (100)	0.04
All other consultations	17067 (42.4)		15923 (40.2)		16370 (41.3)		14513 (42.2)	
Total consultations	17672 (42.3)		16455 (40.9)		16908 (41.9)		14980 (42.8)	

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



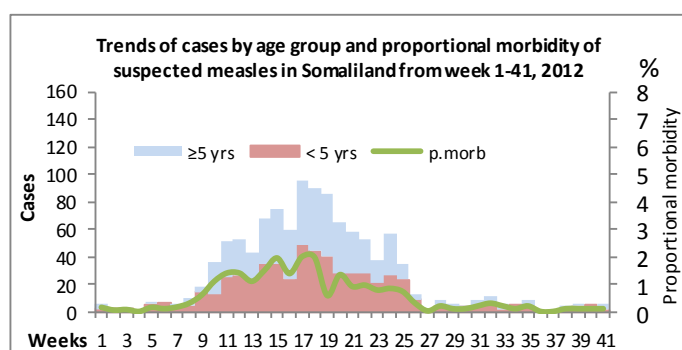
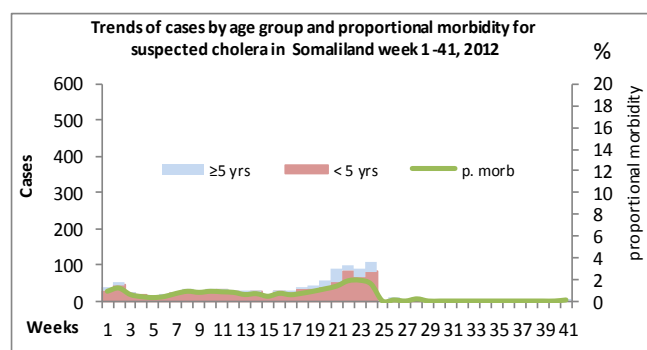
Morbidity trends for events under surveillance have remained stable over the past few weeks. Pre-season bio-surveillance is ongoing and results of the first 22 stool samples collected and referred for culture from **suspected cholera** cases in Mogadishu are still pending. Following flash floods in Beletweyne, WHO and health partners monitored the trends of suspected cholera cases from 4 MCHs (see blue graph above). The trends remained stable and no deaths were reported. For the past 12 days, 83% of the 225 reported cases were children under the age of five.

The number of reported cases of **suspected measles** remains high, with Banadir region reporting most of the cases.

SOMALILAND

Table 3. Somaliland 54 sentinel sites	Week 37 (10 -16 Sept 2012) - Number of reporting sites		Week 38 (17-23 Sept 2012) - Number of reporting sites 53		Week 39 (24-30 Sept 2012) - Number of reporting sites 52		Week 40 (1-7 Oct 2012) - Number of reporting sites 53	
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	5 (0)	0.1
Susp. Shigellosis	17 (58.8)	0.4	13 (30.8)	0.3	12 (50)	0.2	14 (37.5)	0.3
Susp. Measles	4 (25)	0.1	6 (66.7)	0.1	5 (100)	0.1	5 (20)	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 (0)	0.02	0	0
Confirmed Malaria	0	0	1 (0)	0.02	2 (0)	0.04	0	0
Neonatal Tetanus	0	0	0	0	0	0	0	0
All other consultations	4283 (42.6)		4430 (46)		4990 (49.3)		4734 (47.2)	
Total consultations	4304 (42.6)		4451 (46)		5010 (49.3)		4758 (47.1)	

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

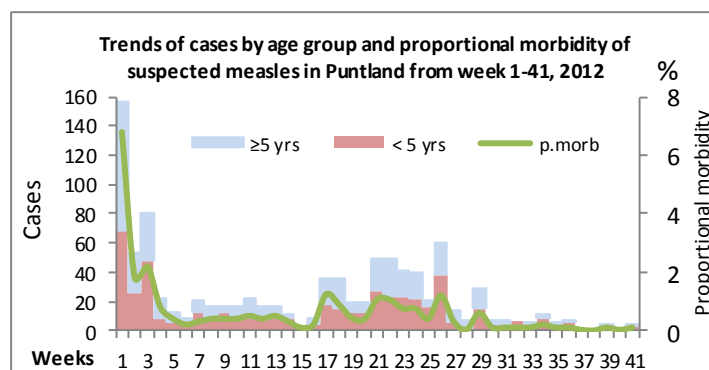
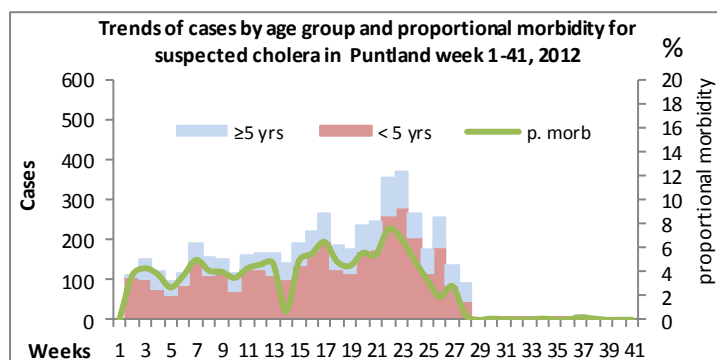


Trends for events under surveillance remained stable compared to the previous two weeks.

PUNTLAND

Table 4. Puntland 45 sentinel sites	Week 37 (10 -16 Sept 2012) - Number of reporting sites 45		Week 38 (17-23 Sept 2012) - Number of reporting sites 44		Week 39 (24-30 Sept 2012) - Number of reporting sites 45		Week 40 (1-7 Oct 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	4 (50)	0.1	0	0	0	0	0	0
Susp. Shigellosis	1 (0)	0.02	1 (0)	0.02	0	0	0	0
Susp. Measles	0	0	5 (60)	0.1	1 (0)	0.02	4 (75)	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	0	0
Confirmed Malaria	1 (100)	0.02	0	0	0	0	0	0
Neonatal Tetanus	0	0	0	0	0	0	0	0
All other consultations	5029 (46.4)		5219 (44.5)		5368 (43.8)		5543 (41.5)	
Total consultations	5035 (46.4)		5225 (44.5)		5369 (43.8)		5547 (41.5)	

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

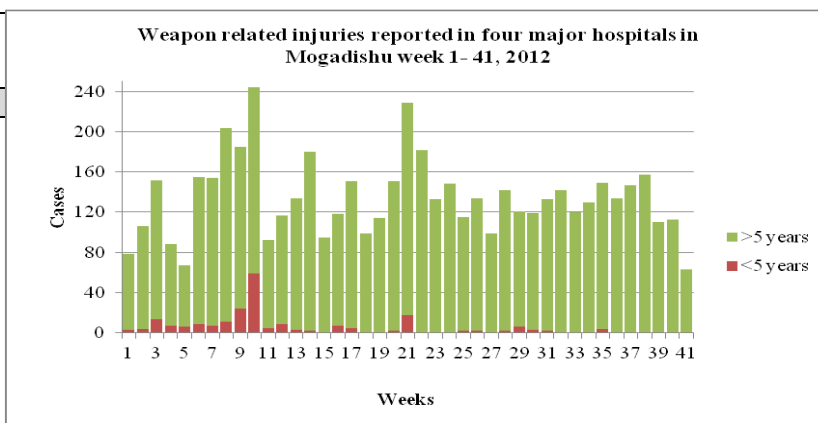


Trends for events under surveillance remained stable compared to the previous two weeks.

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

Number of Casualties	Number of discharged	Number of casualties under the age of five	Number of burns
13	4	0	0

From 1 January – 14 October 2012, 5505 casualties from weapon-related injuries were treated in four hospitals in Mogadishu, with 224 cases (4.1%) under the age of five. A total of 115 deaths above the age of five and 13 deaths below the age of five years were registered.



Breakdown of casualties treated in Kismayo General hospital of Middle and Lower Jubba region, from 8 - 14 October 2012

Breakdown of casualties treated in four major hospitals in Banadir region, from 8 -14 October 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
63	43	1	7	4	2	9	0	1

HEALTH RESPONSE

Activity data from 6 - 11 October 2012

Partner	Region(s) or location	Health intervention(s)	Target Population	Total consultations	Female	<five years
WARDI	Banadir, Hiraan	Health centers	8719	124	59	55
		Primary health units	64 667	2052	1128	833
		Mobile clinics	34 773	2139	951	1004
		Cholera treatment center services	47 945	52	29	38
Merlin	Banadir, Galgadud	Primary Health Care	605 116	6752	3761	2339
Muslim Hands	Banadir, Lower Juba, Middle Juba, Galgadud, Lower Shabelle	Health Centers	17 690	831	377	460
SOYDA	Lower Shabelle, Banadir	Hospital	225 761	3018	1333	1155
		Health Center	57390	622	312	290
HIJRA	Banadir	Health Center	33 870	446	296	236
		Mobile Clinic	12 360	199	115	97
CAP ANAMUR	Banadir	Health Center (Banadir Hospital)	N/A	219	105	181
SAMA	Bay, Bakol	Health Centers	104 000	1229	758	576
		Primary Health Unit	55 000	312	236	98
		Mobile Clinic	46 000	937	417	334
ARC	Banadir	Health Centers	375632	2199	1145	1014
WYDO	Banadir, Lower Shabelle	Health Centers	13 450	378	100	307
InterSOS	Middle Shabelle	Hospital	500 000	412	193	165
		TB Center	250 000	1	1	0
		Health Centers	90 000	629	343	289
AFREC	Lower Juba	Heath Centres	118000	1120	542	578
Mulrany International	Middle Shabelle	Health centres	119855	1289	466	604
		Mobile clinics	7900	686	310	275
CISP	Banadir	Health Centres	145500	981	624	443
HDC	Gedo	Health centres	113000	905	372	140
VACSOM	Banadir	Health Centre	12000	308	128	180
UAE	Banadir	Health centres	150000	534	494	154
CPD/SCSOM	Banadir	Health Centres	1007220	3865	2060	1537
CESVI	Banadir	Health centres	145500	1893	790	520
		Mobile clinics	7900	686	310	275
PHF	Banadir	Health centres	20800	1194	742	706
		Cholera Treatment centre	20500	178	107	145
AVRO	Banadir	Ambulance Services	N/A	69	34	14
FERO/R.I	Lower Shabelle	Health Centre	2500	153	152	60
SORRDO	Banadir, L. Shabelle	Health centres	69950	666	320	126
		Mobile clinics	10000	115	67	44

**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.*