



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 14 - 20 July 2012
(reflecting Epidemiological week 28)

- From 16-18 July 2012, a total of 331 215 children under the age of five were targeted with the second round of National Immunization Days (polio vaccine) in Banadir region.

IN FOCUS STORY:

Bomb blast hits Somali's capital killing Member of Parliament

On 16th July 2012, a remotely detonated car bomb blast hit Somalia's capital Mogadishu, killing a member of parliament. The explosion occurred in Hamarweyne district, near the former Bacadlaha. The bomb was targeted to Mr Mohamoud Abdi Ibrahim, a former Minister for humanitarian affairs and trade.



Wounded patients of the car bomb blast in Hamarweyne district, Mogadishu are rushed to Banadir hospital

"The MP himself was driving the car while a bomb had been placed inside" said Mr. Yasin Mohamoud Ibar, working for Aamin Ambulance services (AVRO). Aamin Ambulance service was the first reaching the blast scene, to provide first aid to the wounded. A total of four male and one female casualties were rushed to Banadir Hospital. The paramedics of Aamin Ambulance services will further assist Banadir hospital in monitoring the patients.

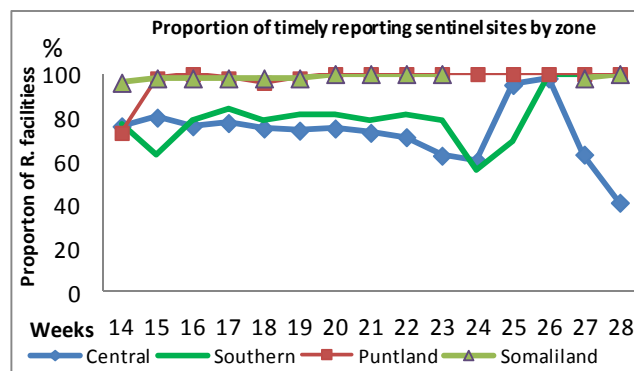
Breakdown of casualties treated in three major hospitals in Mogadishu on 16 July 2012

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
16	5	2	0	7	1	6	0	2

EPIDEMIOLOGICAL SURVEILLANCE (EPI WEEK 28, 9 – 15 July 2012)

TIMELY REPORTING:

A total of 222 sentinel sites report on a weekly basis from the four zones of Somalia to the Communicable diseases Surveillance and Response (CSR) network. However, 26 of them have been closed permanently (7 in Banadir, 1 in Bay, 9 in Lower Shabelle, 1 in Gedo, 1 in Lower Jubba, 4 in Middle Jubba, and 3 in Middle Shabelle region). Hence a total of 196 sentinel sites did report for **week 28**. Of the 196 facilities currently reporting to the CSR network on nine diseases and conditions, 160 did so in a timely manner. All reporting facilities in Somaliland, Puntland and Southern Somalia reported on time, while in Central Somalia 25 (41%) sentinel sites reported timely. Additional sites to be included in the surveillance network have been identified and are being assessed for consistency of reporting before inclusion. Investigation is ongoing to establish reasons for a declined timeliness in Central Somalia.



SITUATION OVERVIEW:

During week 28, the leading causes of morbidity across the zones were **suspected measles** for Central Somalia (1.5%), **confirmed malaria** for Southern Somalia (2.7%), **suspected shigellosis** for Somaliland (0.3%) and **suspected cholera** for Puntland (0.4%). General caseload has remained relatively stable across all the 4 with Central reporting a total of 8488 consultations from 25 sentinel sites; Southern 5981 from 36 sites; North West zone (Puntland) 5124 from 45 sites; and North East zone (Somaliland) 3953 from 54 sites. These compare to last week except for Central which only 41% of sentinel sites reported on time.

SOUTHERN SOMALIA

Table 1. Southern Somalia (43 sentinel sites)	Week 25 (18 - 24 June 2012) - number of reporting sites 36		Week 26 (25 June – 1 July 2012) - number of reporting sites 36		Week 27 (2 – 8 July 2012) - number of reporting sites 36		Week 28 (9 – 15 July 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	166 (83.1)	2.3	109 (76.1)	1.7	59 (78.0)	1.0	23 (91.3)	0.4
Susp. Shigellosis	102 (56.9)	1.4	67 (68.7)	1.1	62 (61.3)	1.0	51 (68.6)	0.8
Susp. Measles	69 (91.3)	1.0	42 (83.3)	0.7	61 (83.6)	1.0	45 (86.7)	0.7
Acute Flaccid Paralysis	0	0.0	0	0.0	0	0.0	0	0.0
Susp. Hemorrh. Fever	0	0.0	0	0.0	0	0.0	0	0.0
Susp. Diphtheria	0	0.0	0	0.0	0	0.0	0	0.0
Susp. Whooping Cough	21 (76.2)	0.3	58 (67.2)	0.9	52 (63.5)	0.8	38 (71.1)	0.6
Confirmed Malaria	248 (56.9)	3.5	261 (46.4)	4.1	175 (55.4)	2.8	168 (54.2)	2.7
Neonatal Tetanus	0	0.0	0	0.0	0	0.0	0	0.0
All other consultations	6521 (48.3)		5756 (44.8)		5760 (39.6)		5981 (43.0)	

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

Most of the **confirmed malaria** cases in Southern Somalia were reported from Lower Jubba and Bay regions, which accounted for 49% and 32% of all reported cases respectively in Southern Somalia. Afmadow and Kismayo districts accounted for 33% and 29% of cases reported from Lower Jubba. Mapping of the availability of rapid diagnostic tests and supplies for malaria treatment is ongoing.

Confirmed cholera cases were reported by partners in Lower Jubba; 6 of 10 cases tested positive for cholera using rapid diagnostic test. The situation was responded to immediately and controlled through case management. It has not been possible to implement water chlorination in the area pending clearance by local health authorities. Active case detection and referral is ongoing. The increased number of cases was localized and although under control, the risk for an outbreak remains. Adequate supplies have been made available for partners to access. Kismayo General Hospital reported only 3 cases under the age of 5 years of suspected cholera compared to 15 in week 27. WHO, UNICEF and partners remain on high alert for any unusual number of cases.

Breakdown of number of admissions in cholera treatment unit, Kismayo

Epidemiological week	Number of cases
Week 25	4
Week 26	35
Week 27	47
Week 28	38

CENTRAL SOMALIA

Table 2. Central Somalia 80 sentinel sites	Week 25 (18 - 24 June 2012) - number of reporting sites 59		Week 26 (25 June – 1 July 2012) - number of reporting sites 60		Week 27 (2 – 8 July 2012) - number of reporting sites 38		Week 28 (9 – 15 July 2012) - number of reporting sites 25	
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	290 (69.3)	1.8	257 (70.8)	1.6	217 (76.0)	1.2	15 (93.3)	0.2
Susp. Shigellosis	42 (59.5)	0.3	46 (58.7)	0.3	22 (72.7)	0.1	0 (0.0)	0.0
Susp. Measles	122 (86.9)	0.7	90 (86.7)	0.6	100 (87.0)	0.6	128 (78.9)	1.5
Acute Flaccid Paralysis	0	0.0	0	0.0	0	0.0	0	0.0
Susp. Hemorrh. Fever	0	0.0	0	0.0	0	0.0	0	0.0
Susp. Diphtheria	0	0.0	0	0.0	0	0.0	0	0.0
Susp. Whooping Cough	29 (93.1)	0.2	35 (85.7)	0.2	23 (82.6)	0.1	11 (90.9)	0.1
Confirmed Malaria	367 (34.1)	2.2	368 (35.6)	2.4	300 (41.7)	1.7	102 (24.5)	1.2
Neonatal Tetanus	2 (100)	0.01	5 (100)	0.03	5 (100)	0.03	1 (100)	0.01
All other consultations	15515 (40.2)		15565 (42.7)		17231 (41.8)		8488 (43.0)	

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

The observed reduction in the overall health facility caseload is because over 50% of the health facilities did not report on time. This may be attributed to the participation of some of the health workers and the CSR team in various training activities during the week. However the proportional morbidity for **suspected measles** cases increased almost threefold despite the fewer reporting facilities. The increase was observed in Mogadishu/Banadir region where there was a 40% increase in the number of reported cases compared to week 27 despite fewer reporting sites. Mogadishu is still receiving internally displaced people from areas that have not received any vaccination over the past two years such as from Lower and Middle Shabelle, Lower and Middle Jubba and Bay regions. Although vaccination activities have been done in Mogadishu, the continued population influx and overcrowding in informal settlements provides amble conditions for the continued existence of cases and the risk of outbreaks.

SOMALILAND

Table 3. Somaliland Number of sentinel sites 54	Week 25 (18 - 24 June 2012) - number of reporting sites 54		Week 26 (25 June – 1 July 2012) - number of reporting sites 54		Week 27 (2 – 8 July 2012) - number of reporting sites 53		Week 28 (9 – 15 July 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	6 (66.7)	0.1	0	0.0	9 (44.4)	0.2
Susp. Shigellosis	47 (61.7)	1.0	26 (65.4)	0.6	23 (43.5)	0.6	11 (36.4)	0.3
Susp. Measles	34 (67.6)	0.7	12 (75.0)	0.3	1 (100)	0.02	9 (44.4)	0.2
Acute Flaccid Paralysis	0	0.0	0	0	0	0	0	0
Susp. Hemorrh. Fever	0	0.0	0	0	0	0	0	0
Susp. Diphtheria	1 (100)	0.0	0	0	0	0	0	0
Susp. Whooping Cough	0	0.0	0	0	0	0	0	0
Confirmed Malaria	0	0.0	1 (0.0)	0	0	0	0	0
Neonatal Tetanus	0	0.0	0	0	0	0	0	0
All other consultations	4570 (46.7)		4623 (51.2)		4041 (48.4)		3953 (47.1)	

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

Suspected cholera cases were reported during week 28 from Lascanod district, Sool region. Details of these cases are still pending but the situation is reportedly stable. The Ministry of Health, WHO and partners in Somaliland have adequate capacity to launch response activities if needed.

The number of **suspected shigellosis** is reducing. The health workers' adherence to the recommended case definitions remains a challenge. Cases were reported from Baki (3), Borama (4) districts in Awdal region; and Sheikh district (2) in Togdheer region. Trainings on case definitions will be conducted after Ramadan.

PUNTLAND

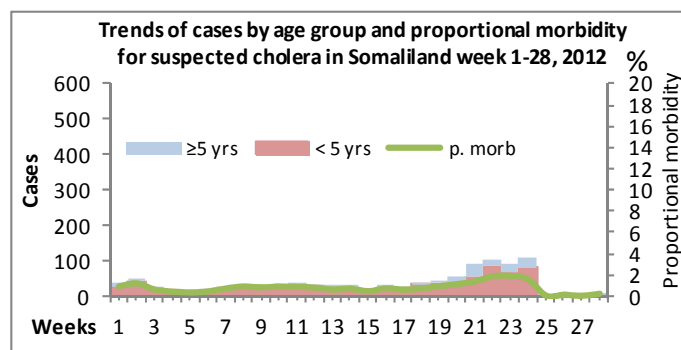
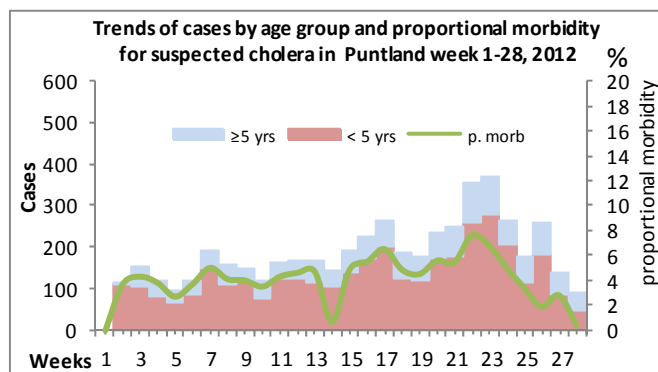
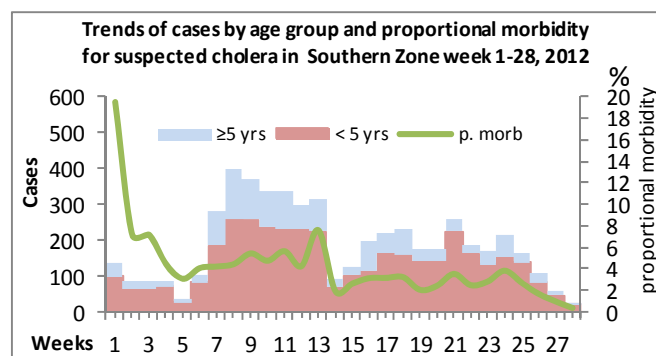
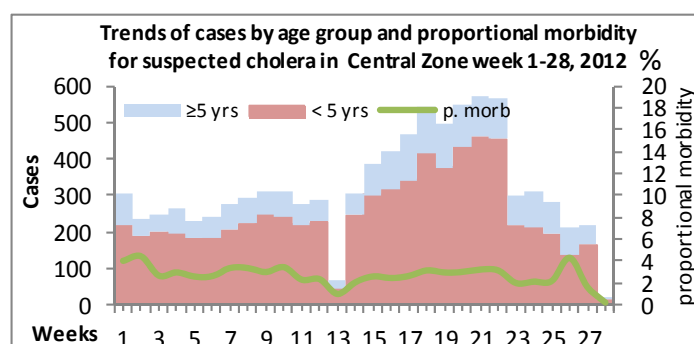
Table 4. Puntland Number of sentinel sites 45	Week 25 (18 - 24 June 2012) - number of reporting sites 45		Week 26 (25 June – 1 July 2012) - number of reporting sites 45		Week 27 (2 – 8 July 2012) - number of reporting sites 45		Week 28 (9 – 15 July 2012) - number of reporting sites 45	
Health Event	Total 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	177 (65.5)	3.4	213 (64.3)	4.3	136 (64.0)	2.8	90 (53.3)	0.4
Susp. Shigellosis	51 (45.1)	1.0	41 (56.1)	0.8	33 (66.7)	0.7	17 (58.8)	0.1
Susp. Measles	21 (76.2)	0.4	60 (63.3)	1.2	14 (57.1)	0.3	7 (28.6)	0.03
Acute Flaccid Paralysis	0	0	0	0.0	0	0.0	0	0.0
Susp. Hemorrh. Fever	0	0	0	0.0	0	0.0	0	0.0
Susp. Diphtheria	0	0	0	0.0	0	0.0	0	0.0
Susp. Whooping Cough	1 (100)	0.0	1 (100)	0.0	0	0.0	0	0.0
Confirmed Malaria	0	0.0	0	0.0	0	0.0	0	0.0
Neonatal Tetanus	0	0	0	0	0	0	0	0.0
All other consultations	4965 (45.9)		4677 (41.9)		4722 (44.5)		5124 (46.6)	

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

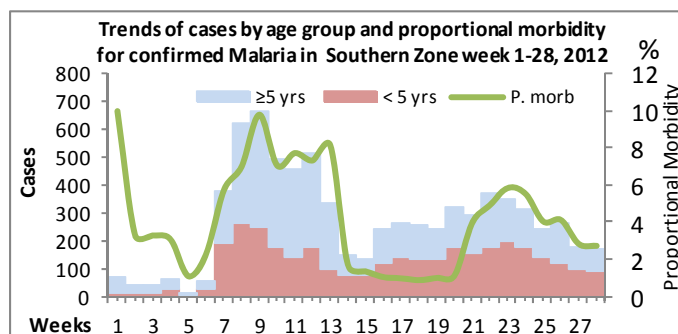
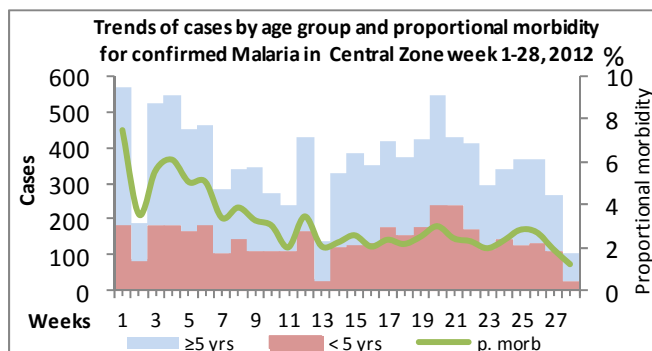
Bari and Nugaal regions accounted for 30% and 29% of all **suspected cholera** cases in Puntland. There has been a steady reduction in the number of reported cases. Preventive activities are ongoing with partners undertaking chlorination and health education activities. Adequate case management supplies are on ground.

MAIN CAUSES OF MORBIDITY:

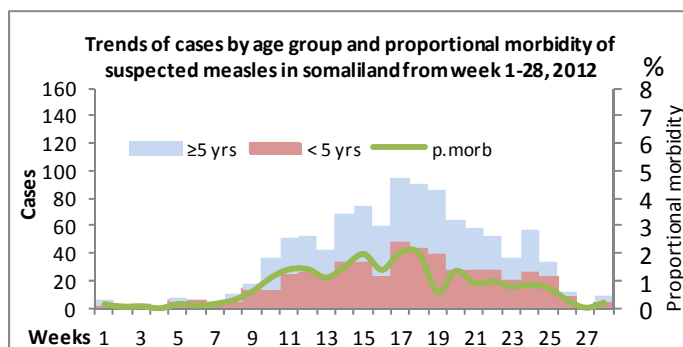
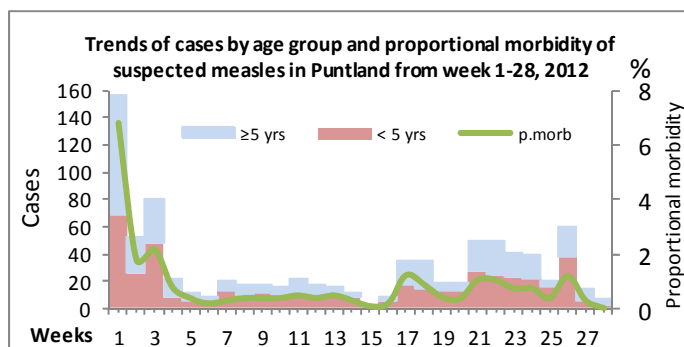
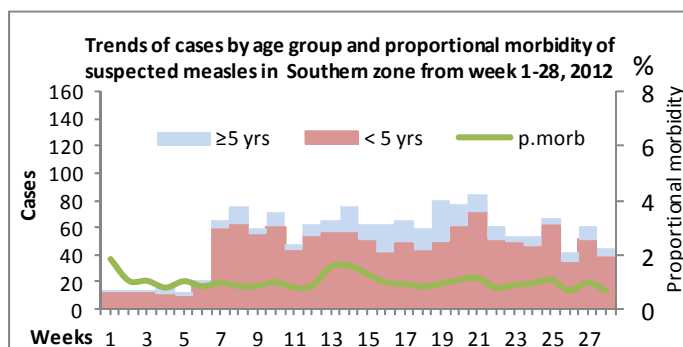
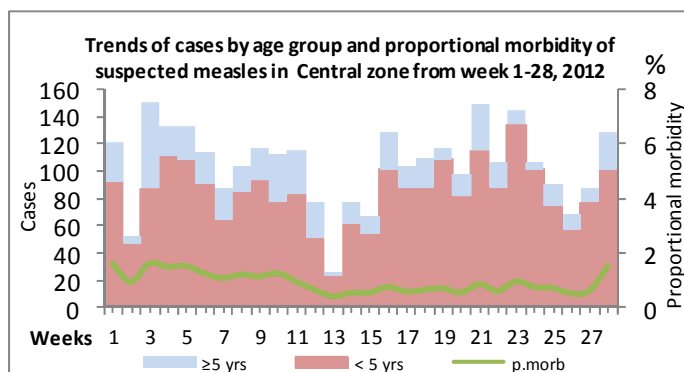
SUSPECTED CHOLERA (SOURCE: CSR SENTINEL SITES)



CONFIRMED MALARIA (SOURCE: CSR SENTINEL SITES)

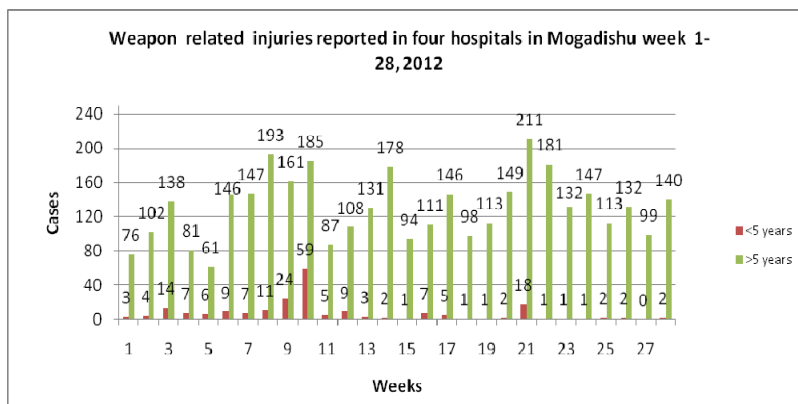


SUSPECTED MEASLES (SOURCE: CSR SENTINEL SITES)



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

From 1 January – 15 July 2012, 3867 casualties from weapon-related injuries were treated in four hospitals in Mogadishu, with 207 cases (5.4%) under the age of five. A total of 74 deaths above the age of five and 11 deaths below the age of five years were registered.



HEALTH RESPONSE

Activity data from 7 – 12 July 2012



A doctor examines a child's ear at a health facility run by SOYDA in Hodan district

Partner	Region(s) or location	Health intervention(s)	Target Population	Total consultations	<five years	Female
Salama Medical Agency (SAMA)	Bay, Bakool	MCH/OPD, emergency health post, health centre	159 000	1841	674	919
		Mobile clinic	21 00	695	241	268
		Fixed mobile clinic	25 000	428	171	213
Society Development Initiative Organization (SDIO)	Middle Jubba	MCH/OPD, mobile clinic including oral therapeutic and supplementary feeding programmes, screening of pregnant and lactating mothers	17 200	3413	1454	1763
SOADO	Banadir	MCH	8000 households	132	83	65
		Mobile clinic	12 000 households	130	74	56
Somali Young Doctors Association (SOYDA)	Lower Shabelle, Banadir	Health centers and mobile clinics offering free health an laboratory services	> 170 000	3190	1001	1619
		Integrated health and nutrition	57 390	865	245	407
Human Development Concern (HDC)	Gedo	MCH, OPD services	113 000	962	137	475
Mulrany International	Banadir, Middle Shabelle	PHC, MCH, Trauma services	> 129 000	1200	450	428
WAHA International	Banadir	MCH/OPD/non complicated deliveries, referral services to Hanano hospital	10783 families	684	390	293
		Maternal Hospital	> 100 000	95 in-patients, 172 OPD consultations		
		Forlanini Hospital- mother and child health	> 50 000		57	26
WARDI	Banadir	Cholera treatment centre	47 945	244	84	65
Warsan Youth Development Organization (WYDO)	Banadir, Lower Shabelle	MCH	IDPs, host community and vulnerable groups	621	405	218
Centre for Peace and Democracy/Save the Children UK	Banadir, Hodan and Holwadag districts	MCH including ORP and immunization services, health education	6500	1845	856	1064

**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.*