



Somalia Emergency Weekly Health Update

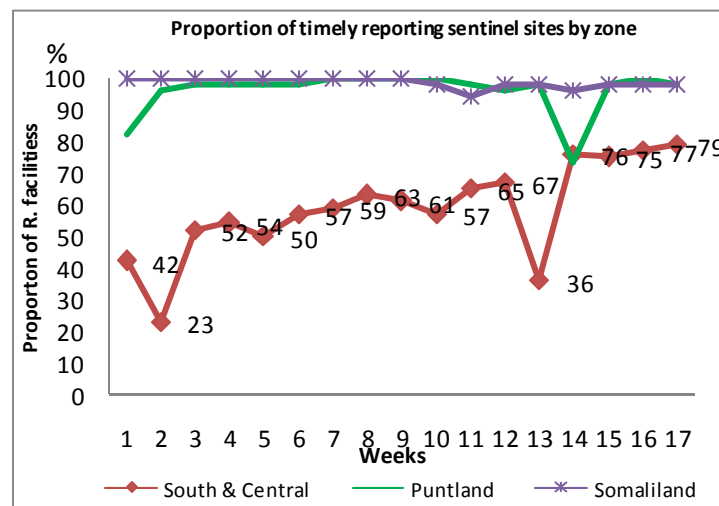
The Somalia emergency weekly health update aims to provide an overview of the health activities conducted by WHO and health partners in Somalia. It compiles health information including nine health events (epidemiological surveillance) reported in Somalia, information on ongoing conflicts in some regions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

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BULLETIN HIGHLIGHTS

Reporting dates 15 April – 4 May 2012
(reflecting Epidemiological week 15-17)

- The number of suspected cholera cases in Somalia is increasing. During epidemiological week 15, 9 out of 34 samples (or 23%) collected from Banadir and Middle Shabelle regions have tested positive for *Vibrio cholera* serotype 'inaba'. During week 16, an additional 6 samples from Middle Shabelle region were collected by health partners and tested all positive for *Vibrio cholera* serotype 'inaba'.
- A malaria survey, conducted in Jilib and Jamaame districts (Lower and Middle Juba) showed that both adult mosquitoes and larvae tested had a minimum impact on malaria transmission. Both districts experienced unprecedented rains in October and November 2011, leading to an increase in suspected malaria cases.



Of the 222 sentinel sites reporting weekly from the three zones of Somalia, for **week 17**, 98% (53) in Puntland, 98% (44) in Somaliland, but only 79% (97) sentinel sites reported on time from South and Central Somalia or 87% (194) of all sentinel sites. For South and Central Somalia had during week 17 the highest number of reporting sentinel sites since the beginning of the year.

EPIDEMIOLOGICAL SURVEILLANCE (EPI WEEK 15 - 17)

SITUATION OVERVIEW:

SOUTH CENTRAL SOMALIA

Table 1. South and Central Somalia	Week 15 (9 - 15 April 2012) - Number of sentinel sites 123, reporting sites 92		Week 16 (16 - 22 April 2012) - Number of sentinel sites 123, reporting sites 95		Week 17 (23 - 29 April 2012) - Number of sentinel sites 123, reporting sites 97	
	Total cases (% < 5 yrs)	*Proportional Morbidity	Total cases (% < 5 yrs)	*Proportional Morbidity	Total cases (% < 5 yrs)	*Proportional Morbidity
Health Event						
Susp. Cholera	516 (78%)	2.70%	615 (70%)	2.75%	689 (74%)	3.00%
Susp. Shigellosis	135 (65%)	0.70%	176 (55%)	0.78%	237 (58%)	1.02%
Susp. measles	125 (79%)	0.66%	189 (76%)	0.85%	163 (82%)	0.70%
Acute flaccid paralysis	0	0	5 (60%)	0.02%	0	0
Susp. Hemorrh. Fever	0	0	0	0	0	0
Susp. Diphtheria	9 (33%)	0.05%	3 (100%)	0.01%	0	0
Susp. Whooping cough	77 (87%)	0.40%	88 (91%)	0.40%	136 (72%)	0.59%
confirmed malaria	512 (38%)	2.67%	586 (42%)	2.62%	665 (46%)	2.90%
Neonatal tetanus	3 (100%)	0.02%	8 (100%)	0.04%	3 (100%)	0.01%
All other consultations	17810 (47%)		20664 (46%)		21233 (46%)	

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

During **week 16**, a total of five cases of acute flaccid paralysis were reported from South and Central Somalia. The cases were reported from sentinel sites located in Baidoa and Galgaduud region. The results of follow up investigation of those cases are still pending.

Over the past three weeks, the leading cause of morbidity for South and Central Somalia is suspected cholera. During **week 17**, the proportional morbidity reached 3%, a steady increase compared to the two previous weeks. Between week 16 and 17, an increase of 12% in the number of reported suspected cholera cases was observed (see table 1). This increase is expected as part of the morbidity changes following the onset of the Gu rains and the subsequent transmission of cholera in Somalia. Although not alarming, hospitals and cholera treatment centers are reporting a steady increase in admissions. The only confirmed cholera cases in 2012 have been in Mogadishu (Banadir region) and Balcad (Middle Shabelle region). Currently the cases in Balcad are under control. Response activities for Banadir are ongoing.

SOMALILAND

Table 2. Somaliland	Week 15 (9 - 15 April 2012) - Number of sentinel sites 54, reporting sites 53		Week 16 (16 - 22 April 2012) - Number of sentinel sites 54, reporting sites 53		Week 17 (23 - 29 April 2012) - Number of sentinel sites 54, reporting sites 53	
Health Event	Total cases (% < 5 yrs)	*Proportional Morbidity	Total cases (% < 5 yrs)	*Proportional Morbidity	Total cases (% < 5 yrs)	*Proportional Morbidity
Susp. Cholera	17 (53%)	0.44%	31 (81%)	0.71%	28 (79%)	0.58%
Susp. Shigellosis	30 (33%)	0.78%	21 (71%)	0%	29 (41%)	0.60%
Susp. measles	75 (45%)	1.95%	60 (38%)	1.38%	95 (52%)	2.00%
Acute flaccid paralysis	0	0	0	0	0	0
Susp. Hemorrh. Fever	0	0	0	0	0	0
Susp. Diphtheria	0	0	0	0	1 (100%)	0.02%
Susp. Whooping cough	2 (100%)	0.05%	0	0	2 (100%)	0.04%
confirmed malaria	0	0	0	0	0	0
Neonatal tetanus	0	0	0	0	0	0
All other consultations	3728 (53%)		4227 (51%)		4646 (52%)	

**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 17**, the proportional morbidity for suspected measles keeps on increasing compared with the previous weeks. 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

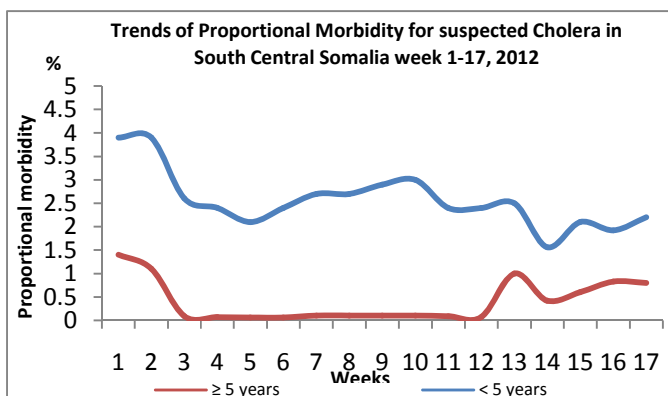
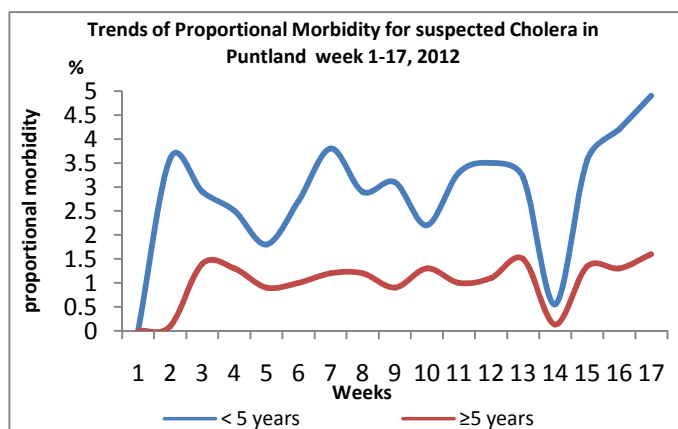
Table 3. Puntland	Week 15 (9 - 15 April 2012) - Number of sentinel sites 45, reporting sites 44		Week 16 (16 - 22 April 2012) - Number of sentinel sites 45, reporting sites 45		Week 17 (23 - 29 April 2012) - Number of sentinel sites 45, reporting sites 44	
Health Event	Total cases (% < 5 yrs)	*Proportional Morbidity	Total cases (% < 5 yrs)	*Proportional Morbidity	Total cases (% < 5 yrs)	*Proportional Morbidity
Susp. Cholera	190 (73%)	4.89%	223 (77%)	5.50%	264 (75%)	6.50%
Susp. Shigellosis	43 (51%)	1.10%	39 (51%)	0.95%	50 (52%)	1.24%
Susp. measles	4 (100%)	0.10%	8 (63%)	0.20%	35 (51%)	0.87%
Acute flaccid paralysis	0	0	0	0	0	0
Susp. Hemorrh. Fever	0	0	0	0	0	0
Susp. Diphtheria	0	0	0	0	0	0
Susp. Whooping cough	0	0	0	0	0	0
confirmed malaria	0	0	0	0	0	0
Neonatal tetanus	0	0	0	0	0	0
All other consultations	3655 (49.55%)		3813 (47%)		3685 (49%)	

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

During **week 17**, the leading cause of morbidity for Puntland is suspected cholera accounting for most of the consultations (proportional morbidity of 6.5%). 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)



Many areas in Somalia have received rains in the past weeks. The number of suspected cholera cases is on the increase, particularly in South and Central Somalia and Puntland. This is expected to increase further.

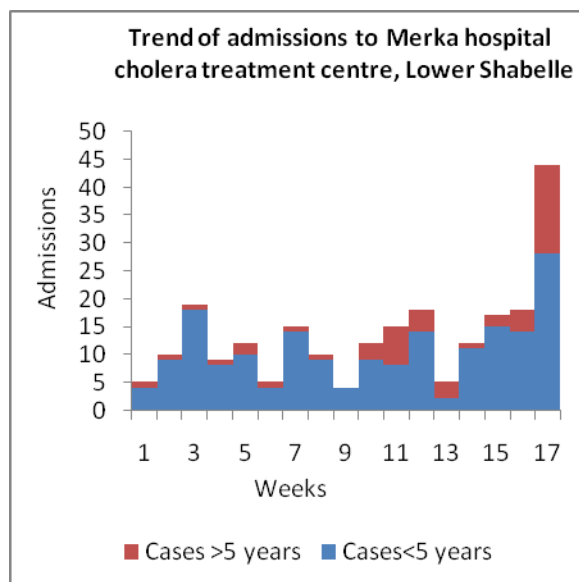
During **week 15**, 9 out of 34 samples (or 23%) collected from Banadir and Middle Shabelle regions have tested positive for *Vibrio cholera* serotype '*inaba*'. Partners working in Hodan, Shibis, Karaan and Tawfiq settlement of Banadir region and those working in Balcad district (Balcad town and Mukidheer village) are urged to step up both WASH interventions especially hand washing and point-of-use chlorination of water for domestic use. Adequate case management supplies are available for partners who are urged to report all suspected cases. Rapid diagnostic tests are also available for partners facing challenges in collection and transportation of stool samples.

During **week 16**, an additional 6 samples from Middle Shabelle region were collected by health partners and tested all positive for *Vibrio cholera* serotype '*inaba*'.

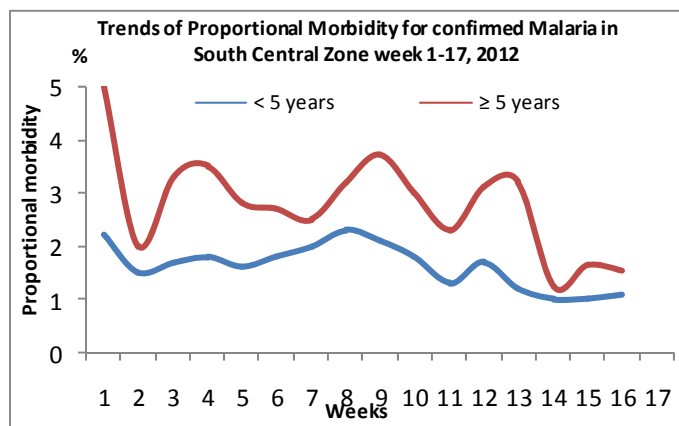
From 22 to 29 April, the newly opened cholera treatment centre (CTC) in Hodan district, Mogadishu, reported 33 admissions including 84% (28) children under the age of five. Of all patients using the health services of this CTC, 33% were women and girls. No deaths were reported.

The CTC of **Merka hospital**, in Lower Shabelle region, reported 44 admissions during **week 17** including 28 (64%) children under the age of five. Of all patients using the health services of this CTC, 45% were women and girls and no deaths were reported. Compared with week 16, where only 18 cases were admitted, an increase of over 100% was reported in the number of admissions (see graph on the right). As of today, no confirmed cholera case has been reported from Merka.

During **week 17**, **Banadir hospital** also reported a 15% increase in admissions for suspected cholera. A total of 236 patients including 172 (73%) children under the age of five, with four associated deaths of which 3 were under 5 years of age were treated at the hospital. Of all cases, 52% were women and girls. Of all case under 5 years, 70% were children under 2 years of age.



CONFIRMED MALARIA (SOURCE: CSR SENTINEL SITES)



In South Central Somalia, a WHO investigation team, including an entomologist and laboratory technicians, looked into the sudden increase of suspected malaria cases in Lower and Middle Juba. This focal investigation survey was conducted in Jilib and Jamaame districts, Lower and Middle Juba. Both districts experienced unprecedented rains in October and November 2011, leading to an increase in suspected malaria cases. In January 2012, rapid diagnostic tests were not available for these health facilities, therefore the suspected malaria cases had to be diagnosed clinically (as reflected in the January weekly health updates).

In March 2012, epidemiological and entomological investigations were carried out at eight sites in both districts. The results showed that small foci of stable malaria were present. These foci were discovered mainly in ponds and streams. Two types of malaria-vector mosquitoes “anophlesarabiensis and anophlesfunestus” were found in the Jilib and Jamaame districts.

Main Results

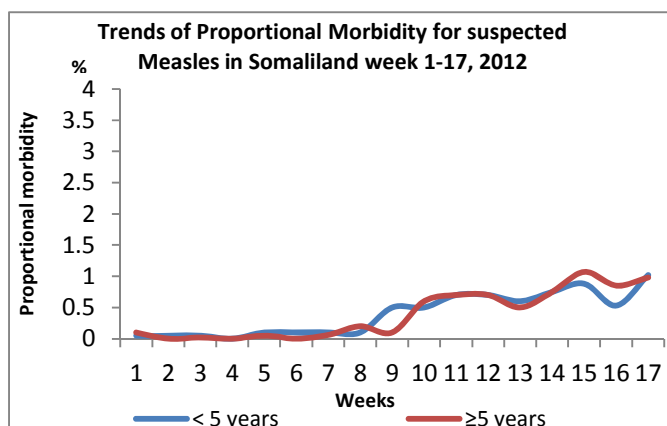
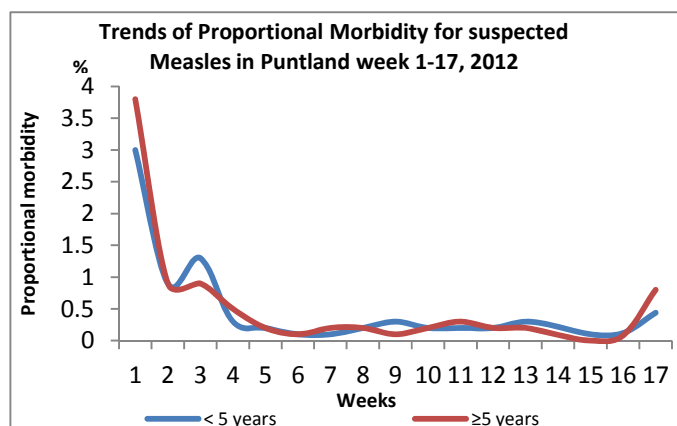
Out of 205 blood samples, 127 were positive using laboratory examinations. Both adult mosquitoes and larvae tested showed a minimum impact on malaria transmission.

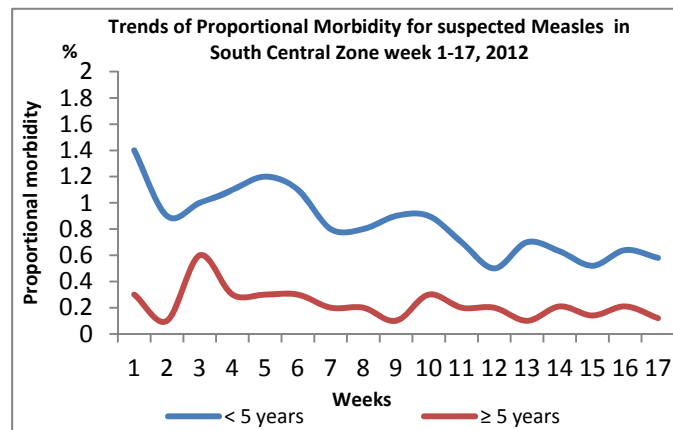
Conclusion

Increased malaria cases reported during that particular investigation period were due to weaknesses in malaria control, such as insecurity and stock-out of rapid diagnostic tests. In addition, a combination of heavy rainfall following a long and persistent drought and low usage of personal protection measures increased the number of malaria cases. Personal protection measures can include long-lasting insecticide treated mosquito nets, no-fly sheeting for IDP camps, and residual spraying. The study concluded that this particular increase was due to seasonal variations but cannot be considered as a malaria outbreak (no deaths were reported).

WHO takes this opportunity to encourage all partners to use rapid diagnostic tests, which are available in large quantities in all health facilities. This will facilitate screening of all fever cases and lead to prompt treatment of all positive malaria cases as per the national treatment guidelines.

SUSPECTED MEASLES (SOURCE: CSR SENTINEL SITES)





Suspected measles cases continue to be reported from all the three zones of Somalia. The number of reported cases keeps on increasing in **Somaliland**. Burao district (Togdheer region) alone accounted for 79 of the 95 reported cases (or 83%) during **week 17**. Limited outbreak response was carried in Aynebo district and Burao town, in which 11 488 and 14 240 children respectively were vaccinated. Outreach immunization activities are strengthened and ongoing in Burao town. In addition to immunization activities, surveillance is strengthened and local health authorities are monitoring measles data on a daily basis. Because of the continuation of the outbreak despite the response, local health authorities in Somaliland have organized and deployed an outbreak investigation team with the support of WHO Somalia. The investigation team met with all political leaders, important religious leaders, and partners. The team conducted a rapid measles immunization coverage assessment and a house-to-house detection of measles cases. In addition, BBC Somali service made media coverage of the outbreak that was aired on BBC and other local media outlets. A television debate was also organized on the importance of vaccination among medical doctors, sheiks and other prominent figures in the region that had not been actively supporting immunization activities. These media events and inclusion of prominent figures is expected to enhance acceptance of vaccination and improve measles immunization coverage rate that currently stands at about 50 percent.

OUTBREAK ALERTS IN SOMALIA

No new alerts were reported over the past three weeks.

Regarding **suspected cholera**, the outbreak in Balcad district is under control. Mogadishu (Banadir region) continues to observe an increase in the number of suspected cholera cases. The situation of the reported suspected cholera cases in Hawadley (Jowhar, Middle Shabelleregion) is under control but further information anticipated.

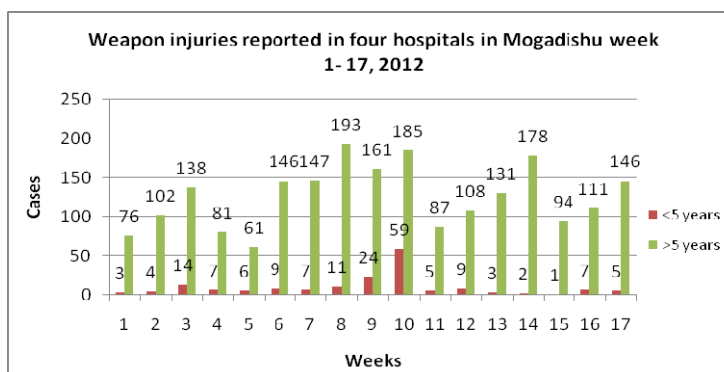
WASH and health partners in Banadir, Middle Shabelle, Lower Juba, Mudug and Gedo regions are requested to step up their activities with more attention to providing access to safe drinking water. Partners are also requested to report any cases of suspected cholera and other waterborne infections immediately. Adequate medical supplies are available for partners at field level. Rapid diagnostic tests are also available for initial field diagnosis to guide response.

Measles is on the increase in Somaliland, mainly affecting Burao district in Togdheer. Suspected measles cases are also being reported from all regions in South and Central Somalia.

CONFLICT-RELATED INJURIES

From 1 January – 29 April 2012, 2321 casualties from weapon-related injuries were treated in four hospitals in Mogadishu, with 176 cases (7.6 %) of under the age of five. A total of 46 deaths above five years of age and 11 deaths below the age of five years were registered.

There was a significant increase observed in week 17 (see graph).



HEALTH RESPONSE

(Due to technical problems with the server of WHO, not all contributions of partners were received to be included in this bulletin)

PRIMARY HEALTH CARE:

From 15-18 April 2012, **Somali Young Doctors Association (SOYDA)** held a training on outbreak response and diarrhea management for its health and nutrition teams in Mogadishu. About 17 health workers from 13 health facilities including 5 mobile teams from Banadir and Lower Shabelle regions benefited from this initiative.



SOYDA staff undergoing training



WARDI distributed long-lasting insecticide treated nets to the pregnant mothers at the camps.

WARDI reports that IDPs in the Mogadishu area are facing a number of challenges following the onset of the Gu rains. The current needs for the affected communities include emergency kits, utensils and non-food item kits. The health mobile teams provided free diagnostic and treatment services at community health centers located in different parts including IDP camps in Banadir region. About 1388 patients benefitted from the services, including 639 children under the age of five. There were cases of severe malnutrition in children under five. Among the diseases treated were anemia, upper respiratory diseases, urinary tract infections, malaria, ear-throat-nose infections, and sexually transmitted diseases. WARDI is undertaking immunization activities through the support of UNICEF.

In the month of April, the mobile clinic in Jalalaqsi district provided services to 520 patients, including 320 children under the age of five. Four suspected measles, all above five years of age were reported. In the main villages in Beletweyn (Hiraan region) WARDI Mother and Child Health centre and 8 health posts continue to provide routine health interventions. Health education is ongoing to prevent water-borne and vaccine-preventable diseases.

From 14-19 April, **Islamic Relief Somalia** (IRS) reported 221 consultations including 115 children under the age of five and 118 female. IRS provides primary and secondary health care services for IDPs and host communities in Halaboqad, Alle-amin 1&2 and Garsoor IDP camps in Mudug region, through regular mobile teams. Planned is the rehabilitation of 3 health facilities – 2 MCHs and one health post and distribution of medical supplies. Community health workers and sentinel site workers will be trained.

In the reporting week, **Mulrany International** reported from their 5 primary health care (PHC) facilities in Middle Shabelle region a total number of 959 consultations, including 363 female patients and 351 children under the age of five. For the health facilities (one PHC and one trauma clinic) in Wardhiigley district of Mogadishu (Banadir region), 305 patients received treatment, including 108 female and 132 children under the age of five. Among the reported cases were 10 cases of suspected malaria, 65 cases of urinary tract infections, 24 malnourished cases and more than 84 had respiratory tract infections. These health services are targeted to benefit more than 120 000 people. A health assessment was undertaken in Hamarweine with plans to set up a cholera treatment centre in the district. In addition, there are plans to open oral rehydration points in Wardhiigley district. Hygiene promotional initiatives including distribution of information, education and communication materials are ongoing.

COSV is increasing health outreach initiatives in partnership with World Vision, UNICEF and WHO in remote or underserved areas including the scale up the immunization activities in the regions of Lower Shabelle, Gedo and Banadir (see table). From 9-15 April, over 8000 patients, including 3676 children under the age of five and 4673 women were reached with immunization services, screening for malnutrition and antenatal and postnatal care, diagnosis and treatment of TB and malaria cases. Training of a number of health workers on various health issues is ongoing.

Region	District
Lower Shabelle	Merka
	Awdhegley
	Brava
	Sablale
	Qoryoley
	Kurtunwarey
	Afgoye
Gedo	Elwak
Banadir	Mogadishu



WHO facilitator shows participants some of the tools

From 28 April - 3 May 2012, **WHO** in collaboration with the ministry of health (MoH) and Puntland AIDS Commission (PAC) undertook a training on antiretroviral therapy (ART) patient monitoring tools. The training of 20 health workers from the integrated prevention treatment care and support (IPTCS) facilities in the regions of Puntland took place in Garowe. The objectives of the training were to familiarize the targeted health workers with tools such as patient cards, Pre-ART and ART registers, and monthly reporting forms, for monitoring of patients HIV care and treatment. Similar roll-out trainings and tools introduction have been carried out in Somaliland and South Central Somalia.



Participants on a practical session at the laboratory in Garowe hospital

From 14-27 April 2012, **WHO** conducted a refresher training on malaria microscopy for about 11 laboratory technicians from hospitals, MCHs and a few private clinics in Puntland. The main objectives of the training were to strengthen laboratory services in the malaria sentinel sites in the regions and train those in peripheral laboratory in malaria microscope techniques. The training also included strengthening diagnosis namely rapid diagnostic testing, improving reporting system and safety measures in laboratories.

World Malaria Day 2012 was commemorated on 25 April in all of Somalia. The theme of this year is 'Sustain Gains, Save Lives: Invest in Malaria'

IN FOCUS

Vaccination Week 2012 (24-30 April 2012)

Somalia as one of the 23 countries in the WHO Eastern Mediterranean Region participated in the Third Vaccination Week that was celebrated from 24 – 30 April. This event coincided with the first World Immunization Week. The ministries of health from the three zones of Somalia launched ceremonies in Mogadishu, Hargeisa and Garowe, to mark the beginning of this advocacy initiative in collaboration with immunization partners. The event was celebrated under the theme of “reaching every community”, demonstrating the Region’s vision and strategy in addressing the immunization priorities. Coinciding with the week, the second phase of child health day (CHDs) was implemented in Mogadishu from 21-26 April.

Vaccination Week is an annual initiative celebrating and promoting immunization through innovative and combined solutions, in which advocacy, education and communication activities are central. Vaccination Week intends to increase awareness and vaccine utilization, mobilize political commitment and resources, and expand immunization services to the most marginalized and difficult-to-reach populations.

Vaccination Week 2012 in pictures



Vaccination outreach in Mogadishu



Immunization orientation of medical students in Mogadishu



Immunization promotional messages through song and dance during the Mogadishu launch



Distribution of advocacy materials at the various MCHs in Garowe



Social mobilization services van reaching every community in Garowe



At an MCH in Garowe, a woman gets vaccinated against tetanus



Media campaigns: key vaccination messages disseminated through radio Daljir in Garowe