



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 16 - 29 June 2012
(reflecting Epidemiological week 24 and 25)

- During the National Immunization Days (polio vaccine) in Puntland, held from 21-23 May 2012, a total of 178 598 children under the age of five have been reached. During June, Banadir region (16 districts), Galgadud region (8 out of 13 districts) and Hiran region (1 out of 5 districts) successfully implemented National Immunization Days too, however data on the actual reached beneficiaries is not available yet.

IN FOCUS STORY:

Network of Communicable Disease Surveillance and Response (CSR) officers get trained in Nairobi

From 15-20 June 2012, fourteen CSR regional officers, zonal focal points, and data entry clerks from different areas of Somalia came to Nairobi to get trained on how to implement CSR in their area. They learned the structure and purpose of public health surveillance, how surveillance is carried out in Somalia, their own roles in the system, and the way that data is transmitted from the local health facility to the regional, zonal, and central levels. Staff solidified their knowledge of CSR case definitions for weekly reporting and for alerts, and they learned the process to report and verify health alerts. Additionally, CSR staff learned how to check the quality of the data that they receive from health facilities and the importance of responding to problems both with the data quality as well as increased numbers of cases. Role-play activities and fictional scenarios to practice were part of the training curriculum.



CSR focal points attending the training.



Dr Anthony Angalukia, CSR team leader, teaching participants on how to use CSR data.

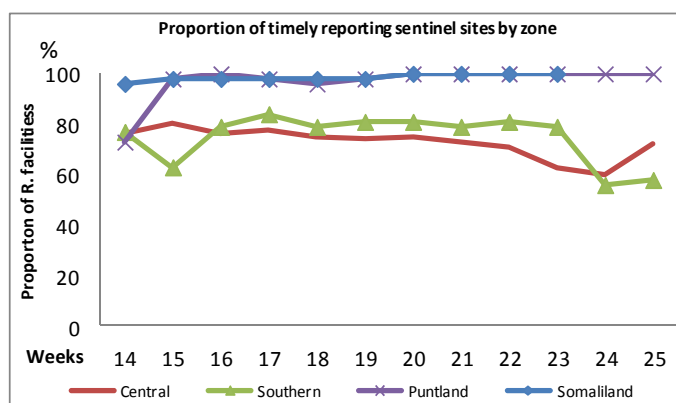
Participants had a positive reaction to the training. "I liked checking the correct date and registration from the health facilities," one participant reported, and another said, "I liked most the exercise, because it was about different sectors of issues related to CSR, such as consultations, brainstorming (decisions), and case definitions." "Effective communicable disease control relies on effective communicable disease surveillance," another participant summarized.

Plans were set to initiate trainings held in-country with the leadership of the Nairobi training participants as soon as possible.

EPIDEMIOLOGICAL SURVEILLANCE (EPI WEEK 24 and 25)

TIMELY REPORTING:

A total of 222 sentinel sites report on a weekly basis from the four zones of Somalia. During **week 25**, Somaliland did not report on time. All 45 sites in Puntland reported on time. Only 58 of 80 (72.5%) sites reported on time from Central Somalia while 25 of 43 (58%) sites reported on time from Southern Somalia. A total of 27 health facilities were reported to have been closed permanently. They are located in the following regions: 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.



SITUATION OVERVIEW:

During week 25, the leading causes of morbidity across the zones were **suspected cholera** and **confirmed malaria**. Suspected cholera accounted for most consultations in **Puntland** (3.39%), while confirmed malaria accounted for most consultations in Southern Somalia (4.02%), Central Somalia (2.82%). Most areas are still receiving rains. Areas most affected by conflict are Lower and Middle Jubba, and areas surrounding Mogadishu, including the Afgooye corridor resulting in continuous population displacement.

The general caseload is steadily decreasing and rains have generally reduced in some areas. There has also been a return to calm after weeks of armed conflict. Reported suspected shigellosis and cholera cases are reducing; however non-adherence to the case definition of both health events persists. Starting on 30 June, a series of trainings is planned in Mogadishu, and will cover all regions and zones. During this training health workers will be trained on recommended case definitions and monitoring tools to be able to evaluate the quality of reporting.

SOUTHERN SOMALIA

Table 1. Southern Somalia (43 sentinel sites)	Week 22 (28 May – 3 June 2012) - number of reporting sites 35		Week 23 (4 – 10 June 2012) - number of reporting sites 34		Week 24 (11 – 17 June 2012) - number of reporting sites		Week 25 (18 - 24 June 2012) - number of reporting sites	
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	188 (86.7%)	2.51%	169 (78%)	2.85%	216 (71%)	3.85%	166 (83%)	2.74%
Susp. Shigellosis	170 (63.53%)	2.27%	137 (67%)	2.31%	114 (54%)	2.03%	96 (54.17%)	1.58%
Susp. Measles	61 (83.61%)	0.81%	54 (91%)	0.91%	54 (85.19%)	0.96%	67 (92.54%)	1.10%
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	71 (73.24%)	0.95%	68 (75%)	1.15%	22 (90.9%)	0.39%	21 (76.2%)	0.35%
Confirmed Malaria	368 (48.64%)	4.91%	346 (58%)	5.84%	310 (57%)	5.52%	244 (57%)	4.02%
Neonatal Tetanus	0	0	1 (100%)	0.02%	0	0	0	0
All other consultations	6638 (47%)		5149 (57%)		4898 (53%)		5471 (55%)	

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

In **Southern Somalia**, confirmed malaria continues to be the leading cause of morbidity accounting for a proportional morbidity of 4.02% during week 25. The most densely populated areas of Lower Jubba and Bay region (134 and 63 cases respectively) reported the highest number among all regions of Southern Somalia. Lower Jubba reported eve a 15% increase in the number cases compared to week 24. Mapping of both, RDTs and ACT availability is ongoing. Bay and Lower Jubba regions will be the first targeted regions for the health workers training on the health events under surveillance and their management.

The number of **suspected whooping cough** cases continues to be reported across Somalia, however none of the suspected cases has been confirmed by laboratory. This has been associated with the low vaccination coverage rates. A series of accelerated vaccination activities are planned to address this.

CENTRAL SOMALIA

Table 2. Central Somalia 80 sentinel sites	Week 22 (28 May – 3 June 2012) - number of reporting sites 57		Week 23 (4 – 10 June 2012) - number of reporting sites 50		Week 24 (11 – 17 June 2012) - number of reporting sites		Week 25 (18 - 24 June 2012) - number of reporting sites	
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	568 (80.28%)	3.14%	302 (72%)	1.98%	309 (69.3%)	2.11%	283 (68.6%)	2.17%
Susp. Shigellosis	59 (67.8%)	0.33%	37 (51.35%)	0.24%	58 (86%)	0.40%	42 (59.52%)	0.32%
Susp. Measles	106 (83.02%)	0.59%	145 (92.41%)	0.95%	107 (94.39%)	0.73%	91 (82.42%)	0.70%
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	39 (82.05%)	0.22%	20 (95%)	0.13%	24 (87.5%)	0.16%	29 (93.1%)	0.22%
Confirmed Malaria	413 (41.46%)	2.28%	297 (39%)	1.95%	337 (42%)	2.31%	367 (34.06%)	2.82%
Neonatal Tetanus	5 (100%)	0.03%	3 (100%)	0.02%	2 (100%)	0.01%	2 (100%)	0.02%
All other consultations	16906 (44%)		14443 (41%)		13776 (51%)		12222 (45%)	

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

The reduction in number of **suspected cholera** cases for week 24 and 25 may be associated with a reduced caseload and/or better application of the case definition as the proportion of cases below the age of five years is decreasing. Health worker adherence to recommended case definitions will be addressed through the trainings. In addition, looking at the seasonal patterns, we approach the end of the rainy season which can explain the reduction in the number of cases. Lastly, the return to calm after weeks of armed conflict, particularly in densely populated areas of the Afgooye corridor and outskirts of Mogadishu, which resulted into population settlement, could contribute to the less number of reported cases.

The proportional morbidity for **confirmed malaria** cases increased by 22% compared to week 24. The most densely populated areas reported the highest number of cases: Banadir region (292 cases), Lower Shabelle (60 cases). Although non-adherence to the recommended case definitions, and the lack of RDTs in some health facilities has been identified as a possible cause, both WHO and UNICEF teams are in the process of gathering more information to determine the cause of sustained high morbidity.

SOMALILAND

Table 3. Somaliland Number of sentinel sites 54	Week 22 (28 May – 3 June 2012) - number of reporting sites 54		Week 23 (4 – 10 June 2012) - number of reporting sites 54		Week 24 (11 – 17 June 2012) - number of reporting sites		Week 25 (18 - 24 June 2012) - number of reporting sites	
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	101 (82%)	1.87%	91 (73%)	1.92%	-	-	-	-
Susp. Shigellosis	65 (74%)	1.20%	92 (41%)	1.93%	-	-	-	-
Susp. Measles	52 (54%)	0.96%	37 (57%)	0.78%	-	-	-	-
Acute Flaccid Paralysis	0	0	0	0	-	-	-	-
Susp. Hemorrh. Fever	0	0	0	0	-	-	-	-
Susp. Diphtheria	0	0	0	0	-	-	-	-
Susp. Whooping Cough	0	0	2 (100%)	0.04	-	-	-	-
Confirmed Malaria	0	0	0	0	-	-	-	-
Neonatal Tetanus	0	0	0	0	-	-	-	-
All other consultations	5180 (51%)		4522 (48%)		-	-	-	-

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

Somaliland did not report on time, hence no results are available for week 24 and 25.

PUNTLAND

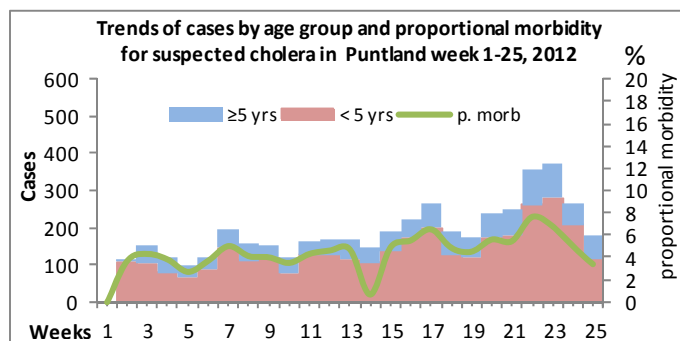
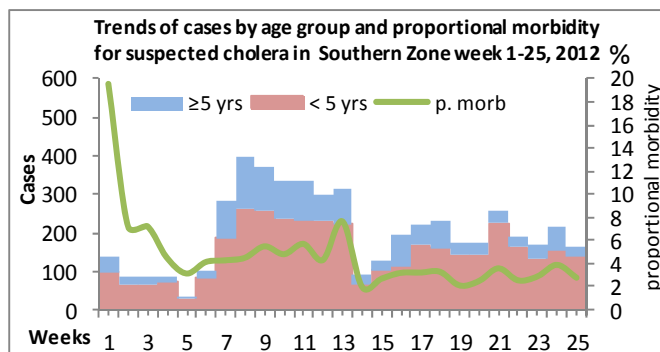
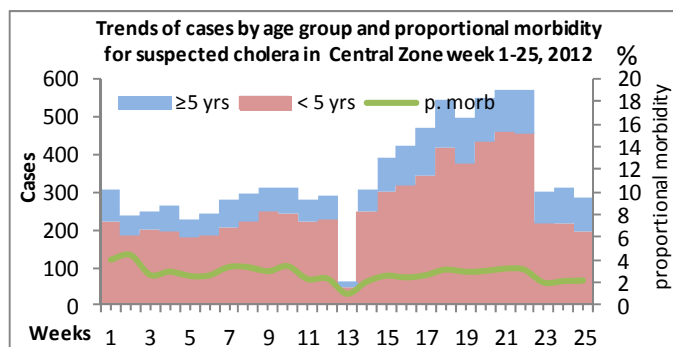
Table 4. Puntland Number of sentinel sites 45	Week 22 (28 May – 3 June 2012) - number of reporting sites 45		Week 23 (4 – 10 June 2012) - number of reporting sites 45		Week 24 (11 – 17 June 2012) - number of reporting sites		Week 25 (18 - 24 June 2012) - number of reporting sites	
Health Event	Total 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	356 (73%)	7.60%	371 (75%)	6.78%	266 (77%)	5.00%	177 (66%)	3.39%
Susp. Shigellosis	52 (58%)	1.12%	55 (62%)	1.00%	58 (43%)	1.10%	51 (45%)	0.98%
Susp. Measles	49 (49%)	1.05%	41 (56%)	0.75%	40 (55%)	0.75%	21 (76.19%)	0.40%
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	3 (67%)	0.05%	1 (100%)	0.02%
Confirmed Malaria	0	0	9 (44%)	0.16%	5 (40%)	0.94%	0	0
Neonatal Tetanus	0		0	0	0	0	0	0
All other consultations	4200 (50.19%)		4992 (47%)		4936 (44%)		4965 (45%)	

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

The joint diarrhea prevention activities conducted by the AWD task force in Puntland, under the leadership of the Ministry of Health, are ongoing. Bari, Nugaal and Mudug region reported 88% of the total number of **suspected cholera** cases. Therefore in these regions, hygiene promotion activities and water chlorination are ongoing. Ministry of Health and health partners have adequate supplies on the ground.

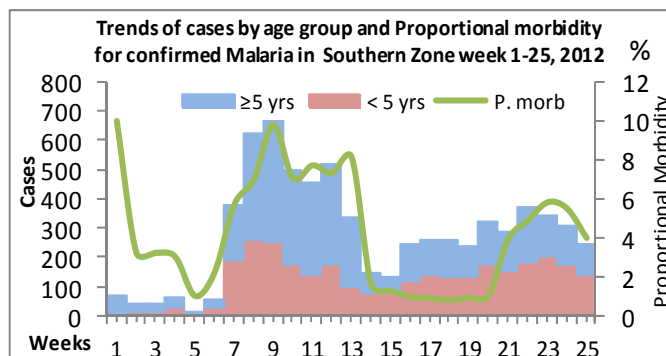
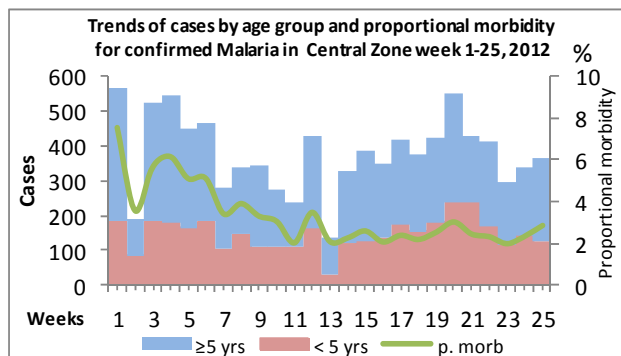
MAIN CAUSES OF MORBIDITY:

SUSPECTED CHOLERA (SOURCE: CSR SENTINEL SITES)



A child is re-hydrated at a cholera treatment center in Banadir region

CONFIRMED MALARIA (SOURCE: CSR SENTINEL SITES)



In terms of prevention of malaria, UNICEF has distributed since the beginning of the year a total of 109 400 long lasting insecticide treated bed nets to 54 700 families in accessible areas of Central and Southern Somalia.

SUSPECTED MEASLES (SOURCE: CSR SENTINEL SITES)

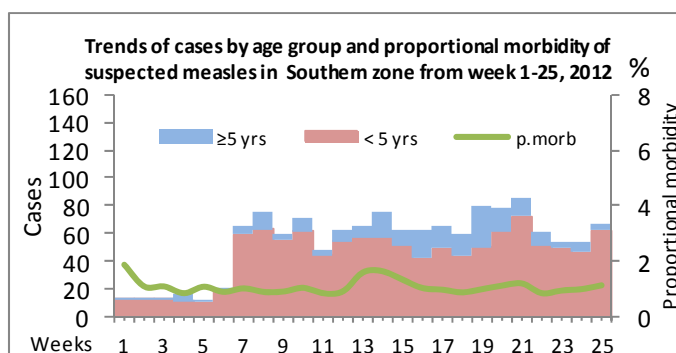
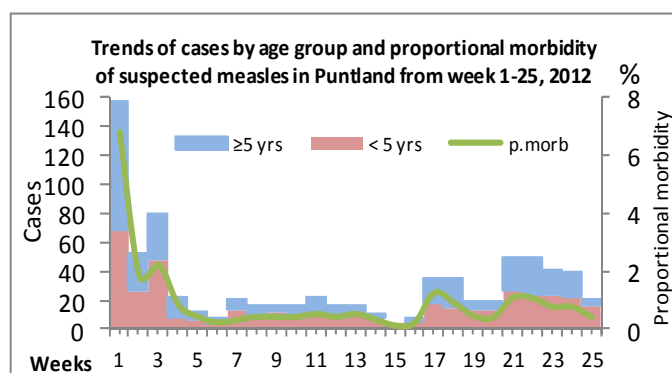
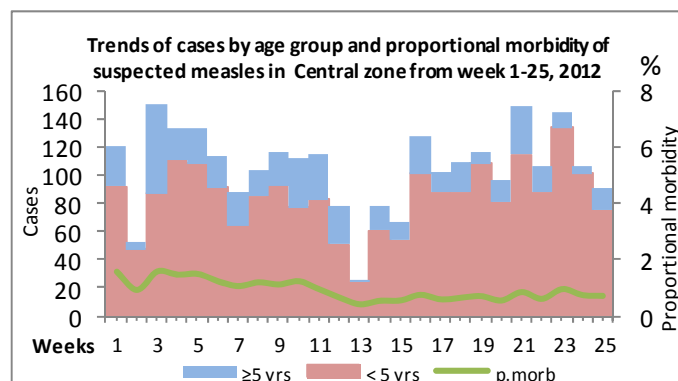


Table 5: Breakdown of beneficiaries during the National Immunization Days in Puntland, 21-23 May 2012

REGION	Administrative Coverage < 5 years children				Total recorded unvaccinated children	Still unvaccinated Children		
	Vaccinated Before	First Dose	Total	Coverage %		Not Available	Refusals	Total
KARKAR	16153	571	16724	98%	333	15	41	56
BARI	47176	1582	48758	90%	1117	39	336	375
MUDUG	78052	2757	80809	107%	3417	284	622	906
NUGAL	31067	1240	32307	103%	1497	112	259	371
TOTAL	172448	6150	178598	100%	6364	450	1258	1708

Some of the regions reported a coverage of over 100%. This means that the target population of under the age of five might have been underestimated and also due to IDPs influx. Lack of stable and reliable population figures continues to be the main challenge for the implementation of supplementary immunization activities.

During June, Banadir region successfully implemented National Immunization Days (11-13 June) in all 16 districts; meanwhile Galgadud region implemented in 8 out of 13 districts. The remaining 5 districts were as a result of insecurity and negotiation with the local authorities is in process. Mataban was the only accessible district of Hirir region (with a total of five districts), were a total of 9000 children under the age of five were targeted. Coverage data for the June campaign is not available yet.

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

From 1 January – 24 June 2012, 3492 casualties from weapon-related injuries were treated in four hospitals in Mogadishu, with 203 cases (5.8%) under the age of five. A total of 70 deaths above the age of five and 11 deaths below the age of five years were registered.

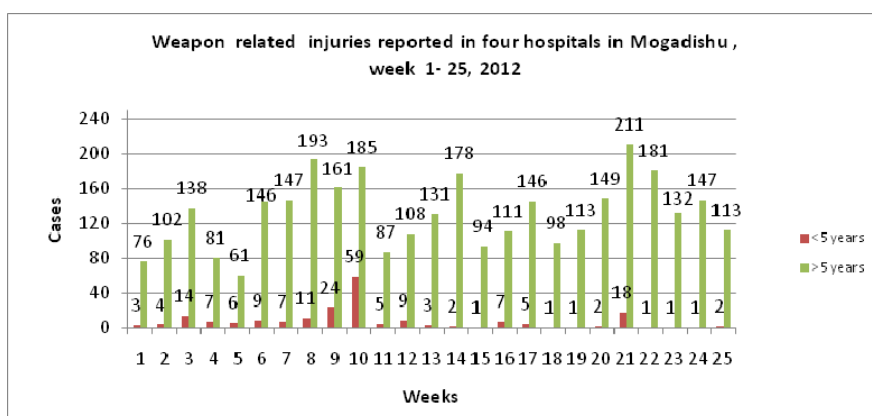


Table 6: Breakdown of casualties treated in Afmadow, Doble and Kismayo hospitals and Hagar MCH, from 10 - 24 June 2012

Name of Hospital	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
Afmadow hospital	5	2	0	0	0	0	2	0	0
Doble hospital	15	3	0	0	0	0	1	1	0
Kismayo hospital	15	3	0	0	0	1	0	0	0
Hagar MCH	8	0	0	0	0	0	0	0	0

HEALTH RESPONSE (COVERING THE PERIOD FROM 9-21 JUNE 2012)



On 15 June 2012, **Onkod Relief and Development Organization (ORDO)** carried out a need assessment along the Afgooye corridor following the exodus of people at IDP camps in that area. Afgooye is home to over 400,000 internally displaced persons (IDPs). An estimated 80% is seen to have left for Mogadishu with Huriwaa, Yaqshid, Hodan, Abdiiaziz, Karaan Howlwadag districts hosting the majority of them. In Afgooye, IDPs are mainly concentrated at four camps, namely Lif iyo Aqaaro, Dugsiga Sare, main stadium and Dhirta iyo Daaqa.

Hawa Mohamed Abdi (see picture), a 32 year old, pregnant woman and mother of four, left her village Buslow which is about 8 km from Afgooye for fear of eruption of the ongoing fighting in the region. Hawa and her family traveled on foot, with nothing to eat and drink. Today she finds herself in a carton covered make-shift home. "I am 8-months pregnant and my husband fled to the bush with a few cows, I have no relatives in town. I need food, shelter, medicine and utensils. If next month I am still in this camp, I don't know what I will do" she laments. Like other IDPs, Hawa finds it difficult to adjust to the current situation.

From 5-17 June 2012, **Warsan Youth Development Organization (WYDO)** carried out a needs assessment of IDPs following a recent influx in the district of Heliwaa and Yaqshid area. Identified was the need for basic needs like food and shelter, health services, sanitation facilities to cater for the growing population of displaced people.

From 5-19 June 2012, **INTERSOS** conducted an intensive training for 29 nursing staff of Jowhar Regional Hospital. The training, conducted in Mogadishu, covered the following topics: epidemiology, diagnosis, clinical management and prevention of malaria (including complicated malaria), malaria in pregnancy, diarrheal diseases (AWD, dysentery, persistent diarrhea), acute febrile statuses, with particular regard to meningitis and typhoid fever; respiratory diseases (particularly pneumonia) and ear infections, infectious diseases and prevention of epidemic outbreaks in the community and in hospital settings (nosocomial infections). These topics were chosen on the basis of the preliminary analyses of the inpatients/ outpatients databases at the hospital; malaria, diarrheal diseases, pneumonia and vaccine preventable diseases are in fact the most prevalent diseases in the area being reported by the hospital.



Training session organized by INTERSOS

Two-years-old Khalid Mohamed Oyaye lives with his mother at the Darwish IDP camp in Howlwadag district (Mogadishu) and suffered from acute watery diarrhea (AWD) for two days without getting any treatment. Khalid had symptoms of severe dehydration and visited on 18 June Before the primary health facility run by **Centre for Peace and Democracy** in collaboration with **Save the Children UK**. At the facility he received ringer lactate to rehydrate and stop the vomiting. Few days later, Khalid's health improved significantly. "I have two other children" says Khalid's mum. "Their father died a year ago and I cannot afford any treatment. I am grateful for the free medical care that CPD/SCUK has provided to my family." she says.



The first visit of Khalid at the Darwish clinic, Hawlwadag district

Few days later Khalid is smiling again after having received treatment at the clinic.



Activity data from 9-14 June 2012

Partner	Region(s) or location	Health intervention(s)	Target Population	Total consultations	< five years	Female
WAHA International	Banadir	MCH/OPD/non complicated deliveries, referral services to Hanano hospital	10783 families	4678	399	279
		Hospital	> 100 000	126		
CAP ANAMUR	Mogadishu, Hodan	Health related activities at Banadir hospital including OPD/OTP/ICU/stabilization centre/pediatric ward	-	1359	1184	662
American Refugee Committee (ARC)	Banadir	Mobile teams	19 797	448	211	220
		OPD/ORP site	80 940 IDPs	1590	899	628
		cholera treatment centre (CTC)	197 740	39	25	11
Centre for Peace and Democracy/Save the Children UK	Banadir, Hodan and Holwadag districts	Primary health care services	>14 000 households	1878	1269	1118
		Mobile clinic	5397	821	448	522
SOADO	Banadir	MCH, OPD, non-complicated deliveries, referral services to Banadir hospital, mobile clinic	8000 households	145	83	85
		Mobile clinic	12 000 households	243	139	167
CESVI	Banadir	Health center	215 000	949	358	291
		Mobile clinic	84 000	1477	500	395
Mercy Malaysia	Banadir	Primary health unit/OPD	100 000	463	161	250
SWISSO-KALMO	Bay, Lower Shabelle	MCH, health posts, mobile clinic	>200 000	1874	730	886
Muslim Hands	Banadir	OPD, MCH	10 024	1013	577	591
PHF	Banadir	Clinic, MCH, OPD, CTC	62 200	1599	836	774
		Ongoing training of doctors and auxiliary nurses at Banadir hospital	70			
Somali Aid	Middle Jubba	MCH	36 570	354	121	229
		OPD	36 570	402	161	253
		hospital	4035	101	1	63
SORRDO	Banadir	MCH, therapeutic supplementary feeding programme, in-patient department, reproductive health services, OPD, fixed mobile clinic	54 500	980	150	420
		Mobile team, MCH	10 000	350	65	145
SDIO	Middle Jubba	MCH/OPD, health post, OTP and supplementary feeding programme	15 803	15 214	8150	8432
Mulrany International	Banadir, Middle Shabelle	PHC, trauma clinic	129 803	1180	446	413
SORDA	Banadir	MCH and OPD	IDPs	463	220	174
Islamic Relief	Banadir	OPD/ANC		707	445	438
		Mobile clinic		211	124	102
VASCOM	Banadir, Dayniile	MCH	10 000	220	82	138
Direct Aid	Banadir, Gedo	OPD, Rehydration services	171 000	894	504	516
SAMA	Bay, Bakool	MCH/OPD, fixed mobile clinic, health centre, mobile health post	184 000	2600	1100	1363
		Mobile clinic	11 000	281	131	163
Warsan Youth Development Organization (WYDO)	Banadir	Free treatment to the internally displaced persons (IDP), hygiene promotion	IDPs	927	553	297
OSPAD	Banadir	Mobile clinic, OPD	69 638	2586	1346	1240
SWC	Banadir	Mobile team, health centre (OPD/MCH)		856	232	430
DMF	Banadir	Mobile medical clinic, health centre (OPD/MCH)	9800	336	153	96

**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.*

Activity data from 16-21 June 2012

Partner	Region(s) or location	Health intervention(s)	Target Population	Total consultations	< five years	Female
WAHA International	Banadir	MCH/OPD/non complicated deliveries, referral services to Hanano hospital	10783 families	694	150	126
		Hospital	> 100 000	90		
INTERSOS	Middle Shabelle, Jowhar, Balad	Hospital	500 000	399	284	184
		TB centre	250 000	2	1	1
		MCH	60 000	272	140	106
		Health centre	30 000	231	73	90
CAP ANAMUR	Mogadishu, Hodan	Health related activities at Banadir hospital including OPD/OTP/ICU/stabilization centre/pediatric ward	-	1216	1010	587
American Refugee Committee (ARC)	Banadir	Mobile teams	19 797	494	233	253
		OPD/ORP site	80 940 IDPs	1643	629	923
		cholera treatment centre (CTC)	197 740	50	38	31
Centre for Peace and Democracy/Save the Children UK	Banadir, Hodan and Holwadag districts	Primary health care services	>14 000 households	1789	1100	1143
		Mobile clinic	5397	574	447	557
SOADO	Banadir	MCH, OPD, non-complicated deliveries, referral services to Banadir hospital, mobile clinic	8000 households	164	98	97
		Mobile clinic	12 000 households	198	123	103
Peace Action Society Organization for Somalia (PASOS)	Banadir	Health centers, OPD	34 000	538	162	168
Mercy Malaysia	Banadir	Primary health unit/OPD	100 000	450	110	261
Muslim Hands	Banadir	OPD, MCH	10 024	870	678	448
PHF	Banadir	Clinic, MCH, OPD, CTC	62 200	1069	694	671
		Ongoing training of doctors and auxiliary nurses at Banadir hospital	70			
Qatar Red Crescent Society	Banadir	Mobile clinics, primary health center (PHC)	11 000	1151	312	580
		Distribution of 3000 insecticide-treated nets at IDP camps in 3 districts of Mogadishu				
SORRDO	Banadir	MCH, therapeutic supplementary feeding programme, in-patient department, reproductive health services	20 500	441	230	280
		OPD	34 000	160	40	70
		CTC	10 000	190		50
		Mobile team, MCH	10 000	75	50	75
		Training of vaccinators	40 vaccinators			
SORDA	Banadir	MCH and OPD	IDPs	293	121	172
Islamic Relief	Banadir	OPD/ANC		705	489	405
		Mobile clinic		432	256	197
VASCOM	Banadir	MCH	10 000	240	132	108
AVRO	Banadir	Free ambulance services for referral cases		50	18	25
Direct Aid	Banadir, Gedo	OPD, Rehydration services	171 000	873	477	486

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