



Somalia Emergency Weekly Health Update

BULLETIN HIGHLIGHTS

Reporting dates 17 - 23 March 2012
(reflecting Epidemiological week 11)

- ✦ Following the investigation done by the teams of the Ministry of Health and WHO on the high number of reported suspected measles cases in **Burao, Somaliland**, confirmation was received that those above the age of five were indeed confirmed with measles. Every case was tested and ruled out for rubella.
- ✦ From 18-20 March 2012, the first round of two trainings on the revised CSR for 28 health workers of sentinel sites of Banadir and Middle Juba regions was conducted in Mogadishu .

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Epidemiological surveillance

- [Outbreak alerts](#)
- [Suspected cholera](#)
- [Suspected measles](#)
- [Confirmed malaria](#)
- [Conflict Related Injuries](#)

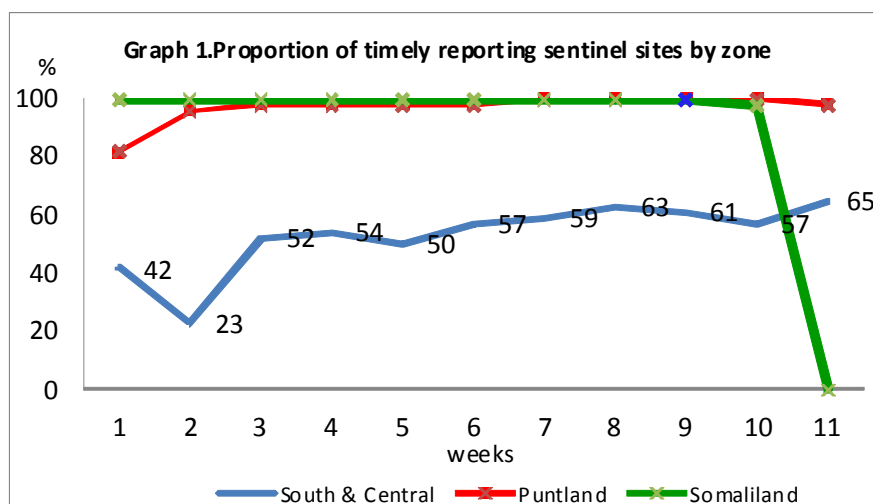
Health Response

- [Primary Health Care](#)

Communicable Disease Surveillance and Response (CSR)

Reporting completeness:

A total of 222 CSR sentinel sites report on weekly basis from the three zones of Somalia. During week 11, Somaliland did not submit data on time while 98% of all sentinel sites in Puntland reported. A total of 65% of the 123 sentinel sites of South and Central Somalia reported on time (see graph 1), giving the highest number for this year. Overall, only 54% of the 222 sentinel sites reported on time for week 11.



EPIDEMIOLOGICAL SURVEILLANCE (12 - 18 MARCH 2012, EPI WEEK 11)

OUTBREAK ALERTS

- In **Puntland**, suspected cholera was the leading cause of morbidity (see table 1). A total of 51% of the cases were reported by Bari and Karkaar regions alone. Although the increase has remained steady, it is expected that the number of suspected cholera cases will rise with the increase in rain episodes. Bari region, which reported most of these cases, is a coastal town and home to IDPs and populations with poor access to safe water and sanitation, seeking refuge in neighboring countries. Bossaso hospital maintains an unit that can be expanded within the shortest time possible as response to a potential outbreak of suspected cholera.

Table 1. Puntland Week 11 (12 - 18 March, 2012) No. of sentinel sites 45, reporting sites 44			
Health event	Total cases (%< 5 years)	Proportional Morbidity	Total Deaths
Susp. Cholera	162 (78%)	4.20%	0
Susp. Shigellosis	71 (46%)	1.90%	0
Susp. measles	22 (41%)	0.70%	0
Acute flaccid paralysis	0	0	0
Susp. Hemorrh. Fever	0	0	0
Susp. Diphtheria	0	0	0
Susp. Whooping cough	0	0	0
confirmed malaria	0	0	0
Neonatal tetanus	0	0	0
All other consultations	3575 (53%)		0

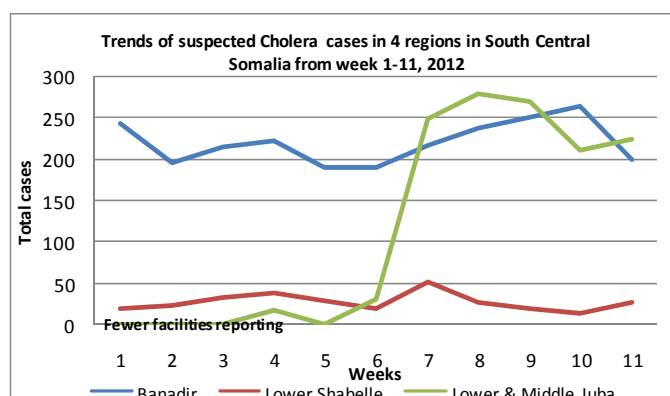
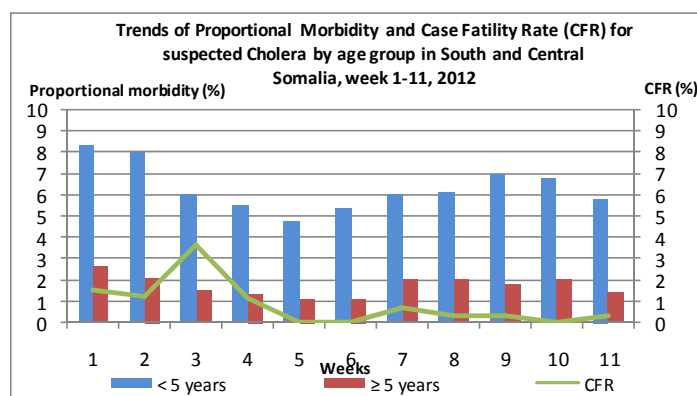
- In **South and Central Somalia**, confirmed malaria was the leading cause of morbidity (see table 2). There was a 10% decrease in the number of confirmed malaria cases compared with week 10, particularly from the Lower Jubba and Banadir regions. Suspected cholera cases also reported a slight decrease of 5.5% compared with week 10, particularly in Gedo and Banadir regions.

Table 2. South and Central Somalia Week 11 (12 -18 March, 2012) No. of sentinel sites 123, reporting sites 80			
Health event	Total cases (%< 5 years)	Proportional Morbidity	Total Deaths
Susp. Cholera	611 (73.8%)	3.20%	2
Susp. Shigellosis	185 (58%)	1%	0
Susp. measles	162 (78%)	0.90%	1
Acute flaccid paralysis	0	0	0
Susp. Hemorrh. Fever	0	0	0
Susp. Diphtheria	0	0	0
Susp. Whooping cough	61 (63.9%)	0.30%	0
confirmed malaria	693 (36%)	3.70%	0
Neonatal tetanus	12 (100%)	0.06%	0
All other consultations	17211 (39%)		0

Table 3. Somaliland Week 11 (12th -18th March, 2012) No. of sentinel sites 54, reporting sites 0			
Health event	Total cases (%< 5 years)	Proportional Mor- bidity	Total Deaths
Susp. Cholera	REPORT NOT RECEIVED ON TIME		
Susp. Shigellosis			
Susp. measles			
Acute flaccid paralysis			
Susp. Hemorrh. Fever			
Susp. Diphtheria			
Susp. Whooping cough			
confirmed malaria			
Neonatal tetanus			
All other consultations			

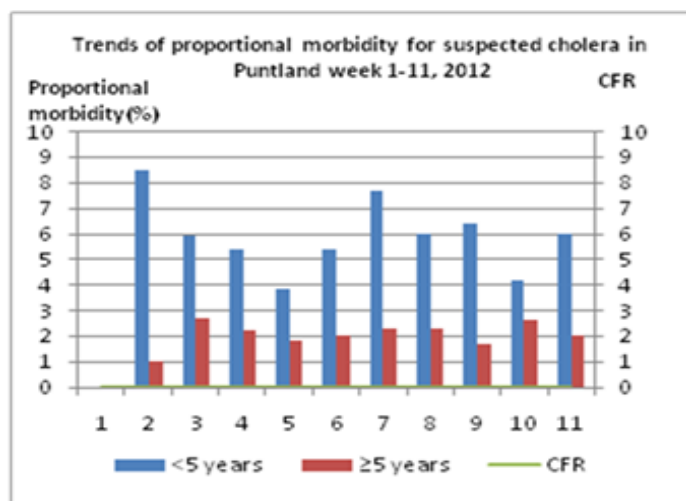
SUSPECTED CHOLERA (SOURCE: CSR SENTINEL SITES)

The number of suspected cholera cases across Somalia is expected to further increase. The threshold for case fatality rate is 2%. During week 3, in **South Central Somalia**, the case fatality rate (CFR) was 3.6% with 52% of all sentinel sites in South and Central Somalia reporting (see left graph). During that same week, a total of 389 suspected cholera cases, including 14 deaths were reported. Three deaths were reported from one sentinel site in Gedo region, while the 11 others were reported from Banadir hospital. Both sentinel sites are referral health facilities and do mainly handle severe suspected cholera cases, who are at higher risk of dying.



During 2012, the biggest disease burden for suspected cholera in South Central Somalia has been concentrated in 4 regions, namely Banadir, Lower Shabelle, Lower Juba and Middle Juba regions. Lower Shabelle, Lower Juba and Middle Juba are all located in riverine areas, meanwhile Banadir region has to cope with a huge number of IDPs and returnees living with lack of proper water and sanitation facilities.

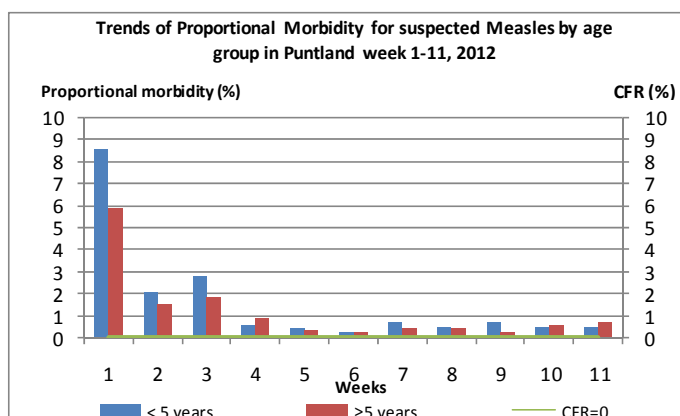
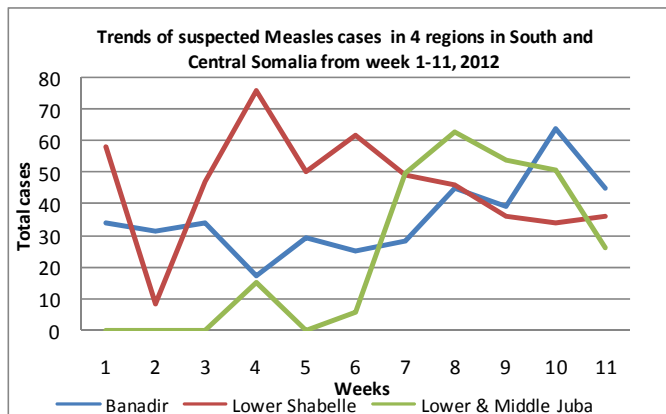
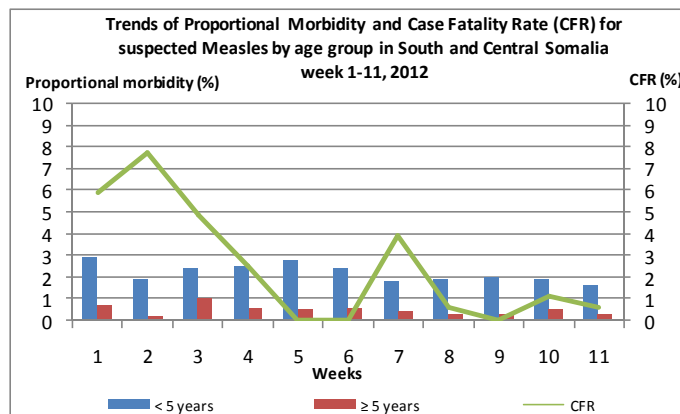
As preparedness for the upcoming cholera season (Gu rains April to June), UNICEF will pre-position medical supplies to 18 maternal and child health clinics (MCHs) in Banadir, Galgadud, Gedo, Hiraaan, Lower Juba and Mudug regions. The supplies include medical equipment, renewables, and drugs to treat approximately 10,000 cases in cholera treatment units during possible disease outbreaks.



In **Puntland**, during week 1, no single case of suspected cholera was reported. Since the beginning of the year, no single death was reported by all sentinel sites.

SUSPECTED MEASLES (SOURCE: CSR SENTINEL SITES)

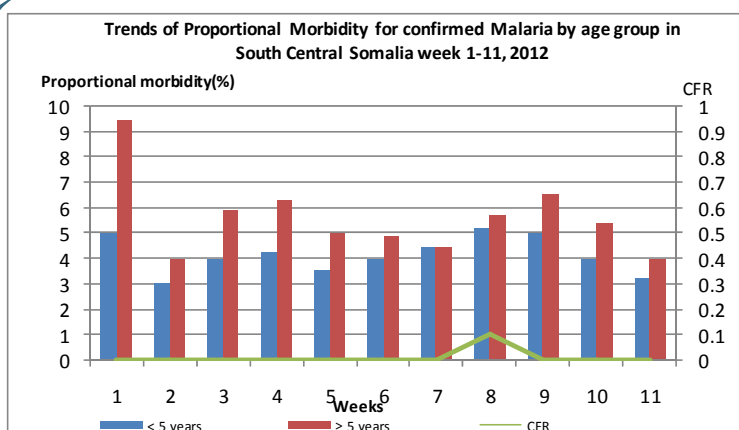
Suspected measles cases continue to be reported across Somalia. Proportionally, **South Central Somalia** continues to report the highest number of suspected measles cases. This is due to the low vaccination coverage for all antigens as some regions have never been vaccinated over the past two years. Since January 2012, a total of 33 677 children aged 6 months to 15 years have been vaccinated against measles across the accessible areas of South and Central Somalia. In addition, child health days were organized from 14-19 March 2012 in Galgadud region and Mathaban district (Hiraan region) targeting 78 999 children under 5 years in Galgadud and 8990 children under 5 years in Mathaban. Results are still being compiled.



During week 2 and 7, the case fatality rate (CFR) was 7.7% and 4% respectively. During week 2, 23% of all sentinel sites in **South and Central Somalia** reported a total of 65 suspected measles cases, including 5 deaths, giving a CFR of 7.7. Two deaths were reported from one sentinel site in Bay region, while the three others were reported from Banadir hospital. Both sentinel sites are referral health facilities and do mainly handle severe measles cases, who are at higher risk of dying.

Following the investigation done by the teams of the Ministry of Health and WHO on the high number of reported suspected measles cases in **Burao, Somaliland**, confirmation was received that those above the age of five were indeed confirmed with measles. Every case was tested and ruled out for rubella. Years of low immunization rates have increased the age-gap of children growing up without immunity to the disease. However, local health authorities, WHO, UNICEF and health partners are strengthening routine immunization services by starting outreach vaccination activities in the affected areas.

CONFIRMED MALARIA (SOURCE: CSR SENTINEL SITES)

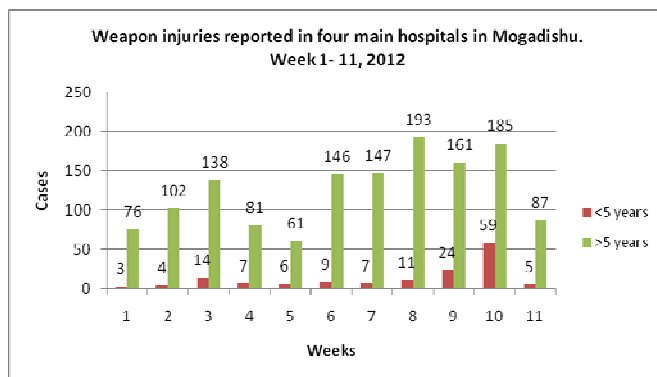


In **South and Central Somalia**, although more sentinel sites reported in week 11, a proportional decrease of confirmed malaria cases was reported during week 11.

Since the beginning of 2012, UNICEF, through its partners, distributed 6,048 Long Lasting Insecticide treated malaria bed nets, to 3,024 households in Doble, Lower Juba region.

CONFLICT RELATED INJURIES

- From **1 January – 18 March 2012**, 1526 casualties from weapon-related injuries were treated in 4 hospitals in Mogadishu, with 149 cases (9.76%) of under 5. A total of 20 deaths of above 5 years were reported.
- During the reporting week 11, a total of 5 cases of **under the age of five** was reported and 87 above five.



COMMUNICABLE DISEASE SURVEILLANCE AND RESPONSE (CSR)

- ✦ The first round of two trainings on the revised CSR for 28 health workers of sentinel sites of Banadir and Middle Juba regions was conducted in Mogadishu from 18-20 March 2012. The three - days session elaborated on the importance of surveillance, case definitions for health events under surveillance and the importance of adherence to the recommended case definitions. Also the data flow was enumerated with the individual roles at all levels including the health facility. This is expected to increase adherence to recommended cases definitions for reporting, to improve the quality of the data collected and improve the timeliness and completeness of all data. Similar trainings will be conducted across Somalia till all 222 sentinel sites are covered.

HEALTH RESPONSE

PRIMARY HEALTH CARE

- ✦ **Human Development Concern (HDC)** reported a total of 702 consultations (including 108 under the age of five and 317 female) from a number of districts in districts in **Gedo region**. The main activities include outpatient department services to treat various illnesses, HIV awareness including voluntary counseling and testing, and maternal and child health care. The beneficiaries are the internally displaced people and host communities.
- ✦ **Agency for Peace and Development (APD)** is running 14 MCHs in Puntland, and reported a total of 652 consultations including of major diseases like AWD (82), malaria (18), respiratory infections (154), malnutrition (119) and pregnancy related issues (68).
- ✦ Health cluster partner **Islamic Relief Services (IRS)** reported between 17 - 22 March 2012, from their mobile clinic in Galkaayo (Mudug region), a total of 196 consultations, including 117 female and 104 under the age of 5 years. IRS is providing basic primary and secondary health care services for IDPs and host communities in Halaboqad, Alle-amin 1 & 2 and Garsoor IDP camps. Ongoing is the rehabilitation of 2 mother and child health centre and one health post.