



Somalia Emergency Health Update

HIGHLIGHTS

Reporting 18 February to 3 March 2013 - Epidemiological weeks 8-9

- SUSPECTED CHOLERA Cases in Lower Shabelle region
- DENGUE FEVER 18 new cases reported in Mogadishu
- ACUTE FLACCID PARALYSIS A case under the age of 5

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Cholera cases confirmed in Lower Shabelle region

In week 9, of the six samples collected for testing, three cholera cases were confirmed in Mushani village in Merka district (Lower Shabelle region). Effective response was undertaken by partners including effective case detection and treatment. Only one case was reported between the period of 22 February and 6 March. Active surveillance is ongoing in the surrounding villages of Bulo Mareer, Golweyn, Kibili and Wagade and the situation is stable. WHO has urged partners working in the region to remain vigilant and report any alerts for suspected cholera as the cholera transmission season has started. Lower Shabelle region is a high risk area for cholera outbreaks.

New cases of Dengue fever reported in Mogadishu

Between 14 to 19 February, 21 serum samples were collected from patients seeking treatment for fever and had tested negative for malaria using Rapid Diagnostic Testing (RDT). A total of 18 tested positive for dengue fever and one tested positive for both dengue and Chikungunya. An ongoing control activity by WHO and partners is residual spraying in the Mogadishu area.

Acute flaccid paralysis (AFP)

An AFP case under the age of 5 was reported from Hawdle MCH in Hargeisa (W.Galbeed region). Samples were collected and referred for further investigation. A case of vaccine-derived polio virus (VDPV) was reported from Afgooye in Lower Shabelle region. Currently WHO, UNICEF and partners are undertaking vaccination activities in Mogadishu and in newly accessible areas include: Afgooye, Afmadow, Badade, Balad, Kismayo, Baidoa, Beletweyn, Berdale, Elberde, Huddur, Jowhar, Qansahdera, Rabdurr and Warsheik.

Ongoing response to malaria outbreak in Bossaso

To date, a total of 4258 cases of confirmed malaria were detected at private and public health facilities with the ongoing active case finding activities in Bossaso. Of all cases, 13% were among children under the age of 5 including nine deaths (Case Fatality Rate 0.2%) of which one was under the age of 5. The malaria quality control team confirmed through Microscopic examination of 2460 samples that Plasmodium falciparum (Pf) accounted for 40% (1014) of the total infections while the remaining 60% were mixed infections of Pf and Plasmodium vivax. Other than cases management at the health facilities ongoing interventions include active case detection by 12 mobile teams, social mobilization and; Indoor Residual Spray (IRS).

Disease alerts

No new alerts were reported.

Table 1 – Disease alerts

ZONE Region District	Date of notification	Suspected disease	Date of onset	Date of rumor verification/ investigation	Date of response	Actions taken
CENTRAL Lower Shabelle Merka Mushani	18-Feb-13	Suspected cholera	Not reported	19-Feb-13	18-Feb-13	Partners are responding to the cholera outbreak. A total of 52 cases were reported, including: 25 children <5 years and 12 deaths (6 of which children). Of the 6 samples collected four tested positive of cholera. Response ongoing.

EPIDEMIOLOGICAL SURVEILLANCE (EPI WEEK 8 and 9)

During the week 9, more than 36 000 consultations were reported by sentinel sites from three zones (Central, Southern and Puntland), including over 45% (16379) children under the age of 5. Central Somalia accounted for 48% of the total consultations, Puntland and Southern Somalia accounted for 20% and 18% respectively, and Somaliland 14%.

Malaria remains the main cause of morbidity. Malaria is still the leading cause of disease with a slight decrease observed in the number of malaria cases reported in week 9 compared to week 8, the proportional morbidity for confirmed malaria remained stable (see table below).

Table 2- Weekly aggregated data from sentinel sites in 4 zones of Somalia

	Week 6 4 – 10 Feb 2013		Week 7 11 – 17 Feb 2013		Week 8 18 – 24 Feb 2013		Week 9 25 Feb – 3 Mar 2013	
Health event	Total cases	*Proportional morbidity	Total cases	*Proportional morbidity	Total cases	*Proportional morbidity	Total cases	*Proportional morbidity
Susp. Cholera	106	0.3	120	0.4	177	0.5	162	0.4
Susp. Shigellosis	25	0.07	11	0.04	11	0.03	12	0.03
Susp. Measles	76	0.2	65	0.2	73	0.2	43	0.1
Acute Flaccid Paralysis	0	0	0	0	0	0	1	0.003
Susp. Diphtheria	1	0.003	0	0	0	0	0	0
Susp. Whooping Cough	44	0.1	29	0.1	32	0.1	28	0.1
Confirmed Malaria	776	2.2	674	2.2	754	2	683	1.9
Susp. Neonatal Tetanus	6	0.02	3	0.01	5	0.01	4	0.01
All other consultations	34276		30395		37626		35426	
Total consultations	35310		31297		38678		36359	

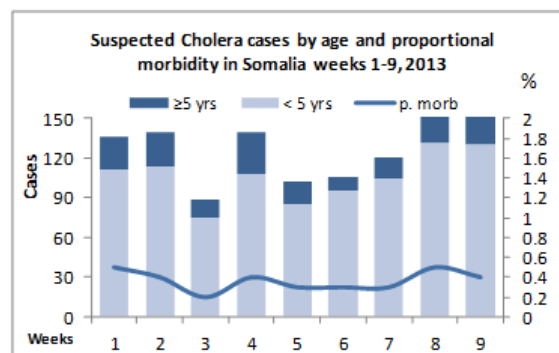
**Proportional Morbidity is the number of cases for individual health event as a proportion of all consultations for the reporting week*

TIMELY REPORTING

In weeks 8 and 9, all the 45 health sentinel sites in Puntland and the 54 sentinel sites in Somaliland reported timely to the Communicable disease Surveillance and Response (CSR) network. In Central Somalia, 98% (60 of 61) of the sentinel sites and in Southern Somalia, 88.9% (32 of 36) reported on time.

SUSPECTED CHOLERA

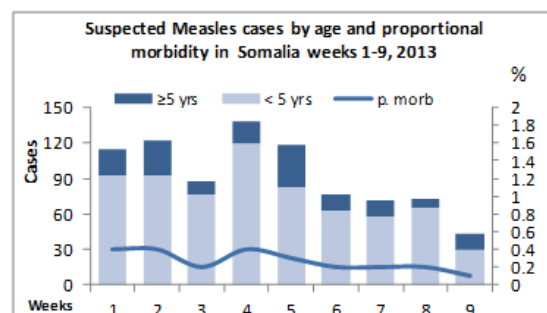
In weeks 8 and 9, Central Somalia accounted for a total 100% (339) of all the suspected cholera cases reported. Banadir region accounted for 80% (142) and 83% (135) of the reported cases respectively. As part of pre-cholera season preparedness activities, WHO will start training health workers on surveillance case definitions aimed to improve health worker's knowledge and adherence to recommended surveillance classifications of cholera cases. Ongoing is the prepositioning of diarrheal disease kits (DDK) within selected health facilities or to partners.



A steady increase in the number of reported cholera cases was observed in Banadir region until week 8 when the situation began to stabilize. The proportional morbidity for suspected cholera is expected to remain high during the rainy season though a significant proportion of the current reported cases do not meet the recommended case definition.

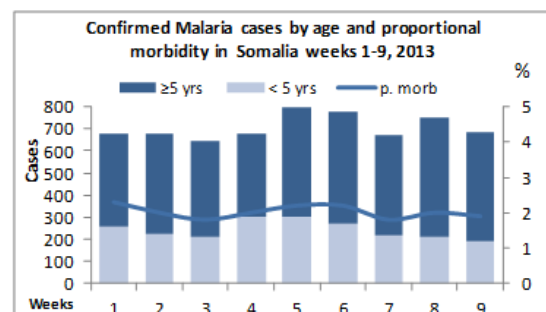
SUSPECTED MEASLES

A 41% decrease in the number of reported cases of suspected measles was observed in week 9 as compared to week 8. Southern and Central zones, where a majority of the children did not have access to vaccinations, still account for over 98% (64) of all cases. Health Authorities in collaboration with WHO, UNICEF and partners are undertaking vaccination activities in accessible areas.



CONFIRMED MALARIA

Confirmed malaria was the leading cause of morbidity during weeks 8 and 9 with sustained proportional morbidity observed over the previous three weeks. In week 9, Central zone reported 47% (320) of all the cases, of which 33% (105) were children under the age of 5 of these 72% (230), were reported from Banadir region. Southern zone reported 20% (136) of which 43% (59) were children under the age of 5. Puntland accounted for 36% (249) of the cases including 10% (26) children under the age of 5. 98% were reported from Bari region.



OTHER HEALTH EVENTS

Following continued verification of the existence of cases of **suspected shigellosis**, the number reported cases have reduced steadily. In weeks 8 and 9, the reported cases were treated as wrong classification as they did not met the recommended case definitions. A total of 11 and 12 cases respectively of suspected shigellosis were reported, with similar in proportional morbidity. These cases are reported from Central Somalia. Although resource and time intensive, and also hazardous in some areas, patient tracing to confirm signs and symptoms will continue whenever possible and is expected to improve practices with time. Adherence to the recommended case definition for shigellosis will remain a challenge in Southern and Central Somalia where health facility visits may not be accessible in some areas, completely hindering the supervision process.

These measures were taken due to observed laxity in health worker's adherence to the recommended cases definitions for various health events. Adherence to the recommended case definition for shigellosis will remain a challenge in Southern and Central Somalia, as health facility visits are not possible in some locations.

Like other vaccine preventable illnesses, **suspected whooping cough** control continues to remain a challenge. In the reporting weeks, the number of cases reported remained stable.

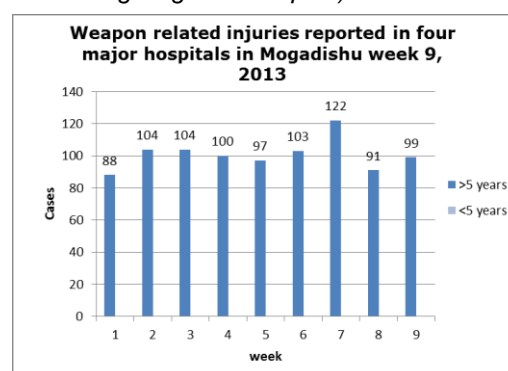
One case of **suspected neonatal tetanus** has been reported in Central Somalia. Verification mechanisms are being put in place to confirm tetanus cases. Tracking these patients has remained a major challenge. Prevention needs to be strengthened through vaccination activities among pregnant women and improved access to skilled birth attendants.

CONFLICT-RELATED INJURIES

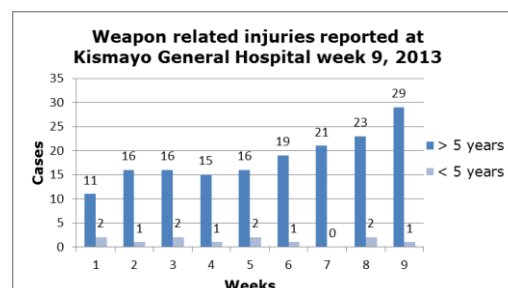
(Source: Four hospitals in Mogadishu, Kismayo General Hospital and Mudug Regional Hospital)

In weeks 8 and 9, 190 weapon related casualties were treated in four hospitals in Mogadishu.

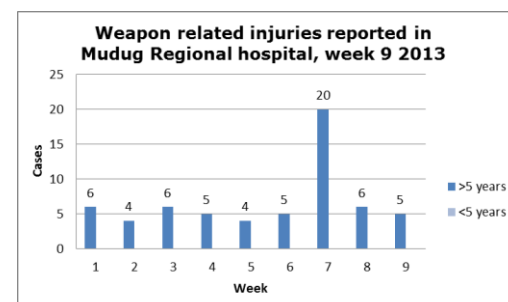
Between 31 December 2012 and 3 March 2013, a total of 908 casualties from weapon-related injuries were treated in the four hospitals. Three related death above five years were registered. In the month of February alone, a total of 422 casualties from weapon-related injuries were treated in the four hospitals. One related death above five years was reported.



In weeks 8 and 9 alone, 52 casualties from weapon-related injuries were reported at Kismayo General Hospital, including three cases under the age of five. From 31 December 2012 to 3 March 2013, 178 casualties from weapon-related injuries were treated at the hospital, including 12 cases under the age of 5 (see graph below). 14 related-deaths above the age of 5 were registered. A 17% increase was observed from week 8 to 9, although no major incidence was reported. In the month of February, 96 weapon-related injuries were reported at the hospital including four cases under the age of five.



In weeks 8 and 9 alone, 11 casualties from weapon-related injuries were reported at Mudug Regional Hospital. From 31 December 2012 to 3 March 2013, 61 casualties from weapon-related injuries were treated at the hospital. Seven related death above the age of 5 were reported. In the month of February, 34 casualties from weapon-related injuries were treated at the hospital, Two related deaths above the age of 5 were registered.



HEALTH ACTIVITIES

Immunization campaigns

In February 2013, Polio immunization campaigns were conducted in seven districts, mostly newly accessible ones in the regions of Central and South Somalia. These include Jowhar, Balad (Middle Shabelle region), Warsheikh, Afgoye, Wanleweyn, Merka (Lower Shabelle region) and Beletweyn (Hiran region). The campaigns targeted over 191 000 children under the age of 5 with oral polio vaccine. More than 170 000 or 97% were vaccinated. Of these, about 84 000 or 44% were immunized for the first time against wild polio virus. This is the first time in three years that immunization activities were carried out in the districts of Wanleweyn, Merka and Beletweyn.

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Previous issues can be found on the following link:
<http://www.emro.who.int/som/weekly-updates/>

Health partners' activity data can be found on the Health Cluster website on:
<http://healthsomalia.org/documents.php>



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