



## 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 18 - 24 August 2012  
(reflecting Epidemiological week 33)

- Banadir and Lower Shabelle regions reported a total of 25 suspected shigellosis cases, with 84% (21 out of the 25 reported cases) located in Banadir region alone. Since week 23, all suspected shigellosis cases reported in Banadir region are located in one health facility; however this is being investigated as concerns were expressed about the adherence to the recommended case definition.

#### IN FOCUS STORY:

##### *Rare skin disease diagnosed*

Seven-year old Sadia Yousuf travelled together with her grandmother to Mogadishu, while her mum left for Puntland to earn a living. Coming from Lower Shabelle, about 90 km away from the Somali capital, she sought help and treatment for her illness, a rare skin disease.

Her condition was very serious as the skin disease affected her head, nose and face. Initially diagnosed by a medical doctor, she was taken to the Adan Abde Community Hospital to undergo a scan and further medical investigation. The medical team found out that she has squamous-cell carcinoma, a rare skin cancer.

Squamous-cell carcinoma is most commonly found on sun-exposed areas of the body, such as the face, ears, neck, arms, scalp, and hands. However, it may occur anywhere — even inside of the mouth, on a lip, or on genitals. Left untreated, this skin cancer can destroy much of the tissue surrounding the tumor, resulting in loss of a lip, nose, or ear. Once it spreads, squamous-cell carcinoma can be deadly.

Having no dermatologists working in the country, Sadia needs to seek further treatment immediately before her condition deteriorates further. But this help is only available overseas due to lack of proper health facility to treat her condition in Somalia.



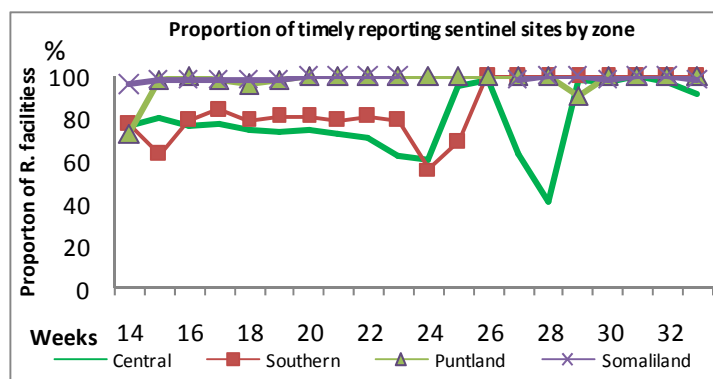
Sadia with her grandmother at Adan Abde Community Hospital, Mogadishu



## EPIDEMIOLOGICAL SURVEILLANCE (EPI WEEK 33, 13 – 19 August 2012)

### TIMELY REPORTING:

Of the 196 facilities currently reporting to the Communicable diseases Surveillance and Response (CSR) sentinel surveillance network, 190 reported timely during week 33. All reporting facilities in Southern Somalia and Puntland were timely. In Central Somalia 91.8% (56 of 61) sentinel sites reported timely in week. Four of the sites that did not report are located in Banadir region meanwhile another one in Middle Shabelle. In Somaliland, 98% (53 of 54) reported on time in week 33.



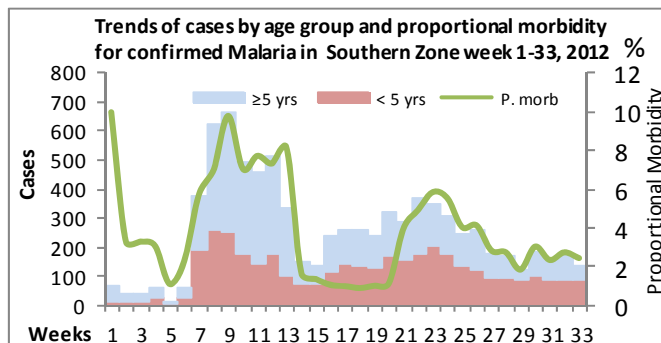
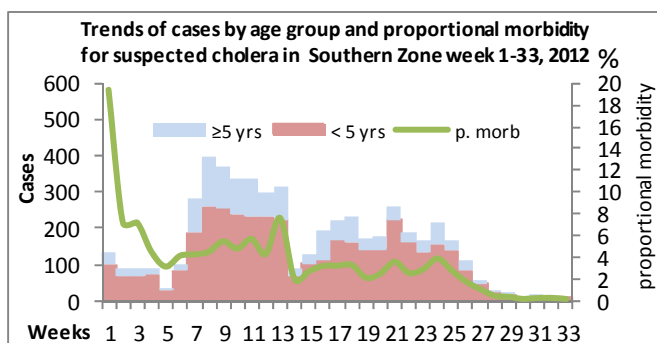
### SITUATION OVERVIEW:

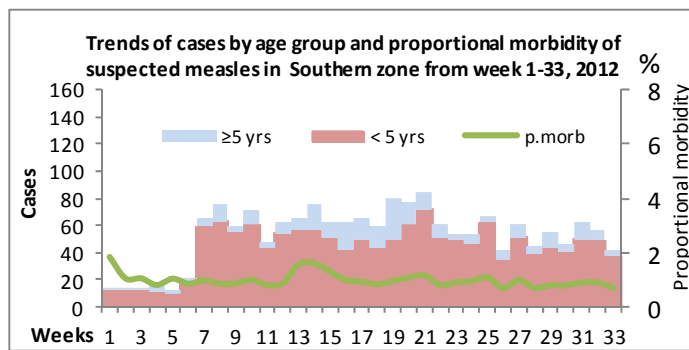
Suspected measles, confirmed malaria, suspected shigellosis and suspected cholera cases continue to be reported across Somalia. Adherence to the recommended case definitions for health events under surveillance remains a challenge, especially for suspected cholera and suspected shigellosis. In collaboration with the Ministries of Health and health partners, targeted trainings for health workers in sentinel sites are ongoing as part of the capacity building activities for the communicable diseases surveillance program. These aim to improve the adherence of the health workers to the recommended case definitions, which is expected to improve disease specific data from health facilities and case management. Current trends indicate a steady reduction in the number of health facility visits, which has been observed in past years during August and stability is expected through October, when the next seasonal changes will begin.

### SOUTHERN SOMALIA

Table 1. Southern Somalia (36 sentinel sites)	Week 30 (23-29 July 2012) - number of reporting sites 36		Week 31 (30 July-5 August 2012) - number of reporting sites 36		Week 32 (6-12 August 2012) - number of reporting sites 36		Week 33 (13-19 August 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	6 (66.4)	0.1	13 (84.6)	0.2	6 (66.4)	0.1	13 (84.6)	0.2
Susp. Shigellosis	39 (66.7)	0.6	51 (74.5)	0.7	39 (66.7)	0.6	51 (74.5)	0.7
Susp. Measles	47 (85)	0.8	63 (79.4)	0.9	47 (85)	0.8	63 (79.4)	0.9
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	62 (82.2)	1.0	59 (49.2)	0.9	62 (82.2)	1.0	59 (49.2)	0.9
Confirmed Malaria	182 (56)	3.0	154 (57.8)	2.3	182 (56)	3.0	154 (57.8)	2.3
Neonatal Tetanus	0	0	0	0	0	0	0	0
All other consultations	5725 (45.7)		6472 (45.7)		5725 (45.7)		6472 (45.7)	

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





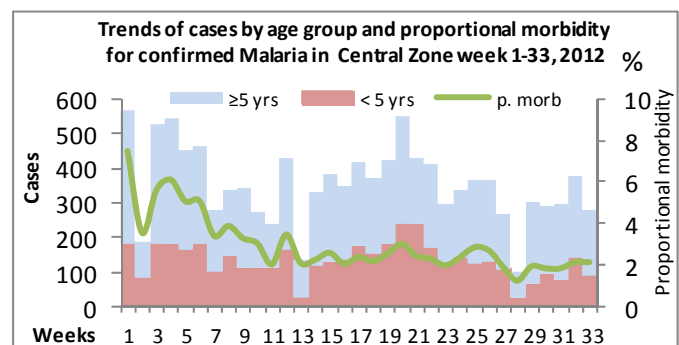
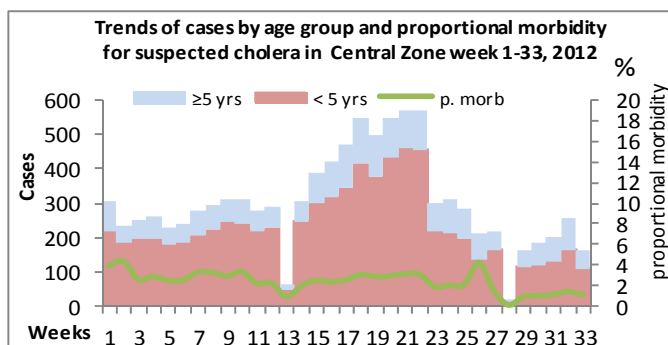
The trend in **suspected cholera, measles, shigellosis and whooping cough** in **Southern Somalia** continues to decline. While the proportional morbidity of suspected whooping cough cases declined from 1% to 0.7% between weeks 30 and 33, for the other conditions it remained stable. Total consultations have consistently declined in the past 3 weeks.

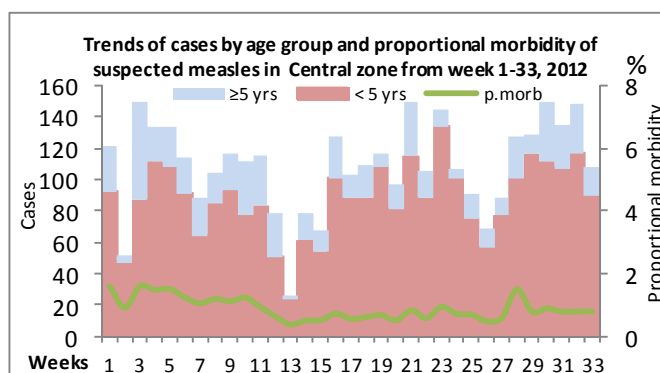
**Suspected cholera cases** continue to be reported in Afmadow, Jamaame and Kismayo districts of Lower Jubba region. **Confirmed malaria** cases have been reported from all regions in Southern Somalia although most of the cases are located in Lower Jubba and Bay regions. Lower Jubba region accounts for the highest number of reported cases for all health events. The region is currently the epicenter of armed conflict between government and their allies against the opposing forces. In addition, the region became also a transit area for refugees moving from the upper regions fleeing towards the border area with Kenya.

## CENTRAL SOMALIA

Table 2. Central Somalia 61 sentinel sites	Week 30 (23 -29 July 2012) - number of reporting sites 61		Week 31 (30 July-5 August 2012) - number of reporting sites 61		Week 32 (6-12 August 2012) - number of reporting sites 61		Week 33 (13-19 August 2012) - number of reporting sites 56	
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	187 (64.1)	1.1	204 (63.7)	1.2	187 (64.1)	1.1	204 (63.7)	1.2
Susp. Shigellosis	15 (73.3)	0.1	29 (75.0)	0.2	15 (73.3)	0.1	29 (75.0)	0.2
Susp. Measles	149 (74.5)	0.9	135 (79.2)	0.8	149 (74.5)	0.9	135 (79.2)	0.8
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	34 (67.6)	0.2	27 (81.4)	0.2	34 (67.6)	0.2	27 (81.4)	0.2
Confirmed Malaria	291 (32.3)	1.8	295 (26.1)	1.8	291 (32.3)	1.8	295 (26.1)	1.8
Neonatal Tetanus	3 (100)	0.02	1 (100)	0.01	3 (100)	0.02	1 (100)	0.01
All other consultations	15689 (41.9)		15693 (41.2)		15689 (41.9)		15693 (41.2)	

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





A retrospective update of the data of week 32 has been carried out since the report from Banadir region was missing. Looking at the updated data for **Central Somalia**, the trend in **suspected cholera cases** shows an increase from weeks 29 to 32. A decline was observed during week 33, with a total of 162 suspected cholera cases reported in three regions with Banadir region accounted for 95.7% of those cases. Compared to week 32, this means a 36.7% decrease; however it is not clear yet if this will be the start of a steady decline.

Banadir and Lower Shabelle regions reported a total of 25 **suspected shigellosis cases**, with 84% (21 out of the 25 reported cases) located in Banadir region alone. Since week 23, all suspected shigellosis cases reported in Banadir region are located in one health facility; however this is being investigated as concerns were expressed about the adherence to the recommended case definition.

During week 33, nine out of the twenty health facilities that reported in week 33, reported at least 1 case of **confirmed malaria** with 73.9% of cases reported in 3 facilities.

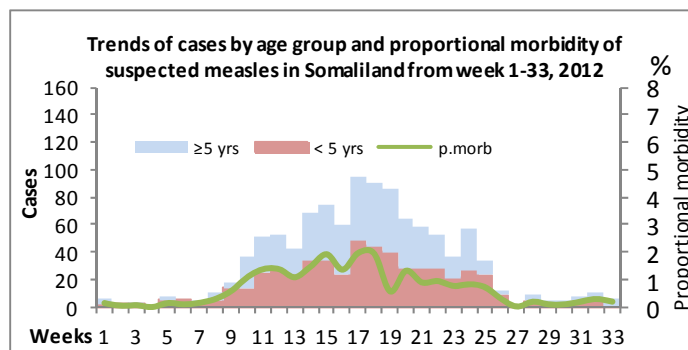
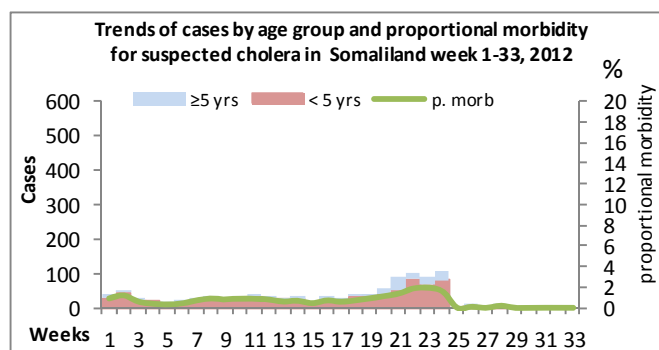
**Suspected measles** cases continue to be reported and are mainly concentrated in Banadir region (62% of all reported cases in week 33) and Lower Shabelle region (35% of all reported cases in week 33). Plans are underway to carry out Child Health Days activities in October 2012, providing essential vaccination and treatment to children and women of childbearing age.

Cases of **suspected tetanus** continue to be reported. This is due to the fact that the IDP population, mainly concentrated in Banadir region, comes from areas where limited or no immunization services are available, especially in Lower Shabelle region. A follow up investigation is underway to gather more information regarding these cases.

## SOMALILAND

Table 3. Somaliland 54 sentinel sites	Week 30 (23 -29 July 2012) - number of reporting sites 53		Week 31 (30 July-5 August 2012) - number of reporting sites 54		Week 32 (6-12 August 2012) - number of reporting sites 54		Week 33 (13-19 August 2012) - number of reporting sites 53	
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	0	0	0	0	0
Susp. Shigellosis	28 (60.1)	0.7	29 (27.6)	0.7	28 (60.1)	0.7	29 (27.6)	0.7
Susp. Measles	4 (75)	0.1	8 (50)	0.2	4 (75)	0.1	8 (50)	0.2
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	0	0	0	0
Confirmed Malaria	0	0	0	0	0	0	0	0
Neonatal Tetanus	0	0	1 (100)	0.03	0	0	1 (100)	0.03
All other consultations	3865 (48.1)		3954 (44.3)		3865 (48.1)		3954 (44.3)	

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

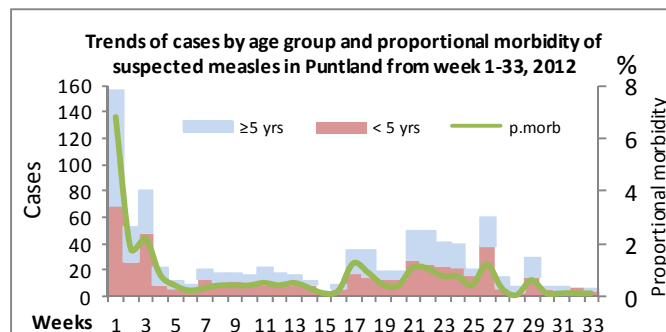
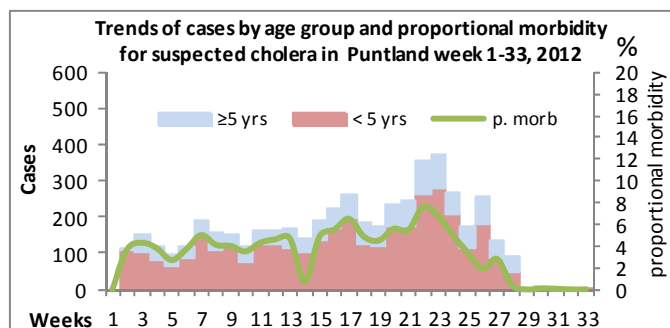


Of all reported suspected measles cases during week 33, half of them were located in Burao Hospital. Back in June 2012, a measles outbreak was reported in Burao. As response, measles vaccination activities were undertaken.

## PUNTLAND

Table 4. Puntland 45 sentinel sites	Week 30 (23-29 July 2012) - number of reporting sites 45		Week 31 (30 July- 5 August 2012) - number of reporting sites 45		Week 32 (6-12 August 2012) - number of reporting sites 45		Week 33 (13-19 August 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	5 (60)	0.1	2 (100)	0.04	5 (60)	0.1	2 (100)	0.04
Susp. Shigellosis	4 (50)	0.1	0	0	4 (50)	0.1	0	0
Susp. Measles	7 (71.4)	0.1	7 (42.9)	0.1	7 (71.4)	0.1	7 (42.9)	0.1
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	0	0	0	0
Confirmed Malaria	0	0	0	0	0	0	0	0
Neonatal Tetanus	0	0	0	0	0	0	0	0
<b>All other consultations</b>	<b>5360 (43.3)</b>		<b>5378 (41.6)</b>		<b>5360 (43.3)</b>		<b>5378 (41.6)</b>	

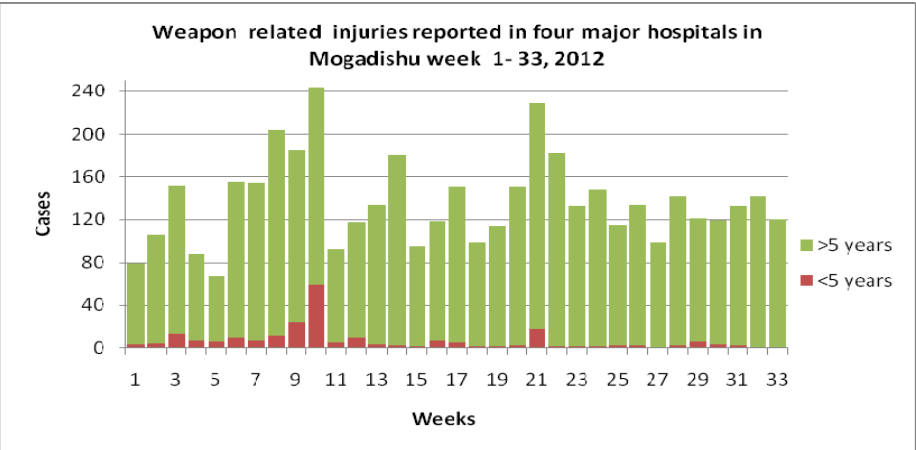
\*Proportional Morbidity is the number of cases for individual health event as a proportion of all consultations for the reporting week.



Morbidity trends in Puntland during week 33 compared to prior 3 weeks shows no change in trends. Less consultations were seen during week 33 compared with prior 3 weeks.

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

From 1 January – 19 August 2012, 4502 casualties from weapon-related injuries were treated in four hospitals in Mogadishu, with 218 cases (4.8%) under the age of five. A total of 87 deaths above the age of five and 13 deaths below the age of five years were registered.



Breakdown of casualties treated in four major hospitals in Mogadishu, from 13-19 August 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
120	77	0	16	9	14	10	0	0



## HEALTH RESPONSE

Activity data from 11 – 16 August 2012



*A diarrhea patient is treated at the WARDI cholera treatment centre (CTC) at the health centre in Hamar Jajab district, Mogadishu*



*A sick child being diagnosed at a health facility run by SORRDO*



*Internally displaced women and children attend the SCC health centre at the Majo settlement in Waberi district, Mogadishu. Other than free diagnostic consultations, the health team is also promoting hygiene practices to those that visit the facility*

<b>Partner</b>	<b>Region(s) or location</b>	<b>Health intervention(s)</b>	<b>Target Population</b>	<b>Total consultations</b>	<b>&lt;five years</b>	<b>Female</b>
SOADO	Banadir	MCH, OPD	8000 households	164	96	41
		Mobile clinic	12 000 households	160	90	74
Mulrany International	Banadir, Middle Shabelle	PHC, MCH, Trauma services	> 129 000	1210	486	406
Women and Health Alliance (WAHA) International	Banadir	MCH/OPD/non complicated deliveries, referral services to Hanano hospital	10783 families	644	265	179
		Maternal Hospital	> 100 000	84 in-patients, 128 OPD consultations		
		Forlanini Hospital- mother and child health	> 50 000	158	145	76
WARDI	Banadir, Hiraan	Primary health care, MCH, OPDs, health posts	73 386	1823	889	1019
		Mobile teams	34 773	1728	952	738
		Cholera treatment centre	47 945	48	32	27
Warsan Youth Development Organization (WYDO)	Banadir, Lower Shabelle	MCH, hospital	12 950	603	403	200
Centre for Peace and Democracy/Save the Children UK	Banadir, Hodan and Holwadag districts	PHC including MCH, ORP and immunization services	> 114 220	3470	1376	1766
American Refugee Committee (ARC)	Banadir	Fixed OPD/ORP	88 940	1659	803	871
		PHC	8000	131	72	62
		Cholera treatment centre	197 740	90	62	43
		Hygiene education and promotion	Mothers and children	1216		
SWISSO-KALMO	Bay, Lower Shabelle	MCH, health post	218 000	1729	832	702
Mercy Malaysia	Banadir	Primary health unit	100 000	490	145	285
VASCOM	Banadir	MCH	10 000	281	130	151
Society Development Initiative Organization (SDIO)	Middle Jubba	MCH, health post including outpatient therapeutic and supplementary feeding programmes	15792	1532	300	650
SCC	Banadir, Galgadud, Middle Shabelle	OPD	1497	612	219	748
Somali Aid	Middle Jubba	MCH, OPD	73 140	286	36	153
		Leprosy hospital	4035	71	0	37
IMC	Banadir	Mobile clinic	50 245	281	45	170
SORRDO	Banadir	CTC		5	1	3
		MCH, OPD including reproductive health services	30 500	650	175	329
INTERSOS	Middle Shabelle	Jowhar hospital, MCH	560 000	505	121	189
		Jowhar TB Centre	250 000	8	5	2
		Health centre	30 000	271	63	91
SAMA	Bay, Bakool	Mobile clinics	46 000	851	400	885
		MCH, OPD, health centre, emergency health post	159 000	2193	819	1805
Muslim Hands	Banadir, Middle and Lower Jubba, Galgaduud	MCH, OPD	22 490	1440	859	977

*\*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.*