



# Somalia Emergency Health Update

## HIGHLIGHTS

**Reporting 18 - 31 March 2013 - Epidemiological weeks 12 to 13**

|            |   |
|------------|---|
| INJURIES   | Three children are victims of landmine                    |
| CHOLERA    | Outbreak in Mogadishu Central Prison under control        |
| MALARIA    | Ongoing response to Bossaso outbreak - declining of cases |
| MENINGITIS | Suspected bacterial meningitis in Burao                   |

## In this issue:

|                                     |      |
|-------------------------------------|------|
| Disease alerts                      | p. 1 |
| <b>Epidemiological surveillance</b> |      |
| Timely reporting                    | p. 2 |
| Suspected Cholera                   | p. 3 |
| Suspected Measles                   | p. 3 |
| Confirmed Malaria                   | p. 3 |
| Other Health Events                 | p. 3 |
| Conflict-related injuries           | p. 4 |

### Victims of landmine

On 22nd March 2013 –three children who were victims of landmine were brought to Mudug Regional Hospital from a village situated at Ethiopia Somalia border by the name Qaloan which is roughly eighty kilometers to West of Galkayo town. One of them was severe with the right hand being amputated and two other got minor injuries. Anfa Abdulle of 8 years old whose right hand amputated got the landmine being hidden in one of the holes of anthill at the outskirts of Qaloan village, he went ahead and opened some parts of the mine and hit each other until the mine exploded. The two other children, who were not so far from him survived with minor injuries.

### Cholera outbreak in Mogadishu Central prison under control

The cholera outbreak confirmed in week 11, where 3 stool samples tested positive for cholera is under control. No new cases have been reported.

### Ongoing response to malaria outbreak in Bossaso

The malaria outbreak in Bossaso is on decline, with a total of 5803 cases confirmed by Rapid Diagnostic Testing (RDT) or microscopy as of 30 March 2013. The outbreak began in December 2012. Response activities have led to a 56% decrease in the number of confirmed cases reported between weeks 11 and 13 (see graph on page 3). Public and private health facilities are currently engaging in effective case management. The Indoor Residual Spraying (IRS) has reached 10 328 households in Biyo Kulule, the most affected area.

A Polymerase Chain Reaction (PCR) done by KEMRI for 59 cases previously diagnosed as mixed infection (Pf + Pv) using RDT, confirmed the cases to be a single Pf infection. Additional 95 samples of Dried Blood Samples (DBS) have been sent to KEMRI and NAMRU3 for further investigation. A total of 55 samples of DBS showed infection with *P. Falciparum*.

### Suspected bacterial meningitis in Burao

The suspected outbreak is under control and Health Authorities and partners continue to monitor the situation closely. Meningitis is transmitted mainly through inhalation of droplets from coughing or sneezing, and rarely through contact with infected surfaces (*H. Influenzae*). The incubation period varies from 4 to 10 days, and the main signs and symptoms include fever, stiff neck, headache, confusion, irritability, photophobia, and bulging fontanelle (soft spot) in young children. *N. Meningitidis* has been known to cause large outbreaks, thus Health Authorities and WHO are urging all health workers to report suspected cases immediately.

**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/ Middle Shabelle/ Jowhar                 | 14-Mar               | Measles           | ?             | 14-Mar                                    | 14-mar           | Communicable disease Surveillance and Response (CSR) data showed an increase in reported suspected measles' cases. The area is difficult to access, WHO measles lab team is following up. Vaccination is ongoing in accessible areas but hindered by inadequate security   |
| Central/ Hiraan/ Beletweyne                      | 16-Mar               | Cholera           | ?8-Mar        | 17-Mar                                    | 17-Mar           | Health partners and security agencies have both responded by setting up Cholera Treatment Units (CTU). More CTUs will be set up. Adequate supplies of treatment, water and sanitation are on ground. A total of 232 cases (68% children <5 years) have been treated between 22-31 Mar, with 7 deaths (CFR: 3.3%). Response is ongoing, but the situation remains on high alert |
| Southern/ Middle Jubba/Buaale/ Manane-Wamo       | 19-Mar               | Cholera           | ?             | 20 Mar                                    | 20 Mar           | WHO and health partners verified retrospective 56 cases, 80% children under the age of 5. The area is difficult to access. Teams will collect samples and gather more information.   |
| Southern/ Lower Jubba/ Afmadow, Badaade/ Kismayo | 22 Mar               | Cholera           | ?             | 22 Mar                                    |                  | Local Authorities reported a number of suspected cholera cases in three districts of Lower Jubba. WHO and health partners are verifying the information.   |

## EPIDEMIOLOGICAL SURVEILLANCE (EPI weeks 12 and 13, 18 – 31 March 2013)

During both weeks 12 and 13, more than 29,000 health facility visits were reported by sentinel sites from three zones (Southern, Central and Puntland), 40% being children under the age of five. In week 13, Central Somalia accounted for 57% of the reported visits, Puntland 21%, and Southern Somalia accounted for 22%. Somaliland did not report for weeks 12 and 13.

**Table 2- Weekly aggregated data from sentinel sites in 3 zones of Somalia**

|                         | Week 10<br>4-10 Mar 2013 |                         | Week 11<br>11-17 Mar 2013 |                         | Week 12<br>18-24 Mar 2013 |                         | Week 13<br>25-31 Mar 2013 |                         |
|-------------------------|--------------------------|-------------------------|---------------------------|-------------------------|---------------------------|-------------------------|---------------------------|-------------------------|
| Health event            | Total cases              | *Proportional morbidity | Total cases               | *Proportional morbidity | Total cases               | *Proportional morbidity | Total cases               | *Proportional morbidity |
| Susp. Cholera           | 137                      | 0.4                     | 183                       | 0.5                     | 198                       | 0.7                     | 176                       | 0.6                     |
| Susp. Shigellosis       | 6                        | 0.02                    | 13                        | 0.04                    | 12                        | 0.04                    | 15                        | 0.05                    |
| Susp. Measles           | 47                       | 0.13                    | 41                        | 0.1                     | 20                        | 0.1                     | 26                        | 0.1                     |
| Acute Flaccid Paralysis | 0                        | 0                       | 0                         | 0                       | 0                         | 0                       | 0                         | 0                       |
| Susp. Diphtheria        | 0                        | 0                       | 0                         | 0                       | 0                         | 0                       | 0                         | 0                       |
| Susp. Whooping Cough    | 29                       | 0.1                     | 24                        | 0.07                    | 24                        | 0.1                     | 33                        | 0.1                     |
| Confirmed Malaria       | 657                      | 1.8                     | 736                       | 2.1                     | 618                       | 2.1                     | 529                       | 1.8                     |
| Susp. Neonatal Tetanus  | 6                        | 0.02                    | 1                         | 0.003                   | 5                         | 0.02                    | 7                         | 0.02                    |
| All other consultations | 34730                    |                         | 34562                     |                         | 28916                     |                         | 28839                     |                         |
| Total consultations     | 35612                    |                         | 35560                     |                         | 29793                     |                         | 29625                     |                         |

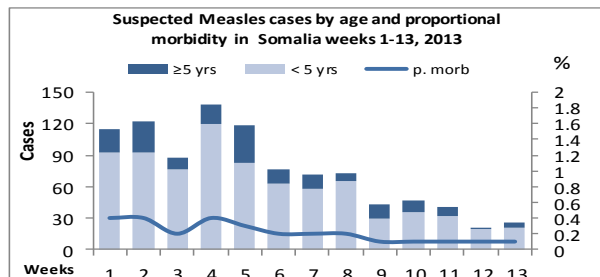
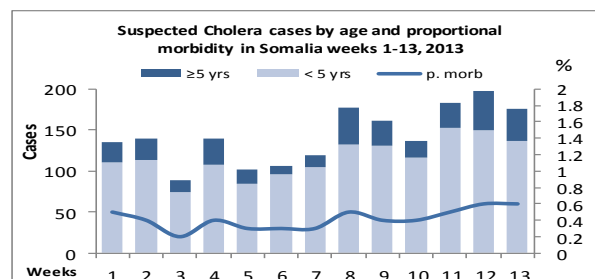
*\*Proportional Morbidity is the number of cases for individual health event as a proportion of all consultations for the reporting week*

### TIMELY REPORTING

In week 12 and 13, the 45 health sentinel sites in Puntland, currently reporting to the Communicable disease Surveillance and Response (CSR) network, reported on time. In Central Somalia, 98% (60 out of the 61) of the sites reported on time, while in Southern Somalia, 88.9% (32 out of 36) of the sites reported on time. Heavy rains with occasional flush floods continue to be reported in parts of Somalia.

## SUSPECTED CHOLERA

Central Somalia accounted for 99% (373) of the 374 suspected cholera cases reported in both weeks 12 and 13. Banadir region accounted for 91% (341) of all the cases reported. In week 13, one suspected cholera case was reported from Puntland at the Galckayo Hospital. This patient, an adult woman, who had traveled from Mogadishu was treated and has recovered.

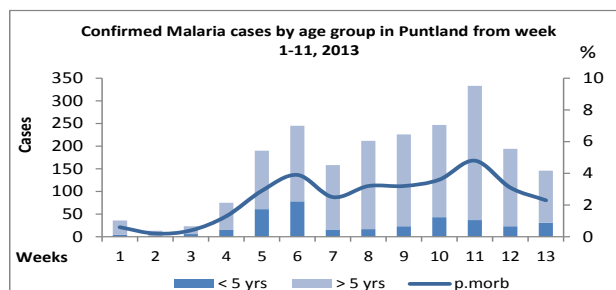
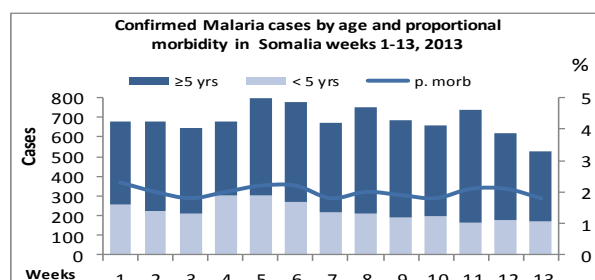


## SUSPECTED MEASLES

During week 12 and 13, Southern and Central zones which have vast populations without access to vaccination activities accounted for all 26 suspected measles cases reported. The number of reported cases has continued to reduce from week 8, although proportional morbidity has not changed.

## CONFIRMED MALARIA

Confirmed malaria remained the leading cause of morbidity during weeks 12 and 13, with sustained proportional morbidity over the past three weeks. During week 13 the three zones reported a total of 529 cases, 32% (170) being children below the age of 5 years. The Central zone reported 45% (240) of these cases, while the Southern zone accounted for 27% (167) of the cases.



Puntland zone accounted for 28% (146) of the cases reported in week 13, 21% (31) being children under 5 years. 96% (140) of the cases in Puntland were reported from Bari region. There was a 56% decrease in the number of confirmed malaria cases in Puntland from week 11 to week 13 (see graph). In week 11, 333 cases were reported, while 146 cases were reported in week 13.

## OTHER HEALTH EVENTS

Following continued follow up to verify accurate application of CSR case definition of **suspected shigellosis** the number of reported suspected cases continue to decline. In weeks 12 and 13, none of the 27 reported cases that were triangulated met the recommended case definitions. All these 19 cases were reported from Southern Somalia.

Validation of surveillance data as part of the **monitoring and evaluation** process that uses a set of standardized evaluation tools, filled in at various levels including the primary data source which is the health facility is ongoing. This will be done in all zones. During the visit to Puntland, major gaps were identified especially in the management of health facility based patient data in the registers. Most of the patient data in register was incomplete, making it difficult to ascertain and classify patients appropriately. This was taken over by the health authorities and together with partners measure have been initiated to improve management of patient registers so that the data will be appropriately indicated on the weekly forms and can be extrapolated without discrepancies using other predefined monitoring and evaluation tools. It is anticipated that this problem is not specific to Puntland but to all zones.

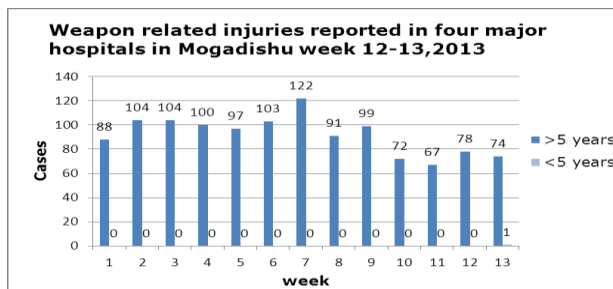
## CONFLICT-RELATED INJURIES

### MOGADISHU

In March 2013, the number of civilian casualties treated in the four main referral hospitals in Mogadishu has decreased by 22 per cent, compared with the month of February 2013. Since week 10 the casualties have reduced to below 80 per week which has not been seen since January 2012. This shows a relative calm and slow return of peace in Mogadishu.

Despite this improvement, from 18 to 31 March 2013, 152 weapon-related injuries (including one child under the age of five) were treated in the four hospitals. Three deaths were also registered, although the number of deaths on site is unknown.

From **31 December 2012 to 31 March 2013**, 1200 casualties from weapon-related injuries were treated in 4 hospitals in Mogadishu, with 1 case of below 5 years being reported. 9 death cases of above 5 years were reported.

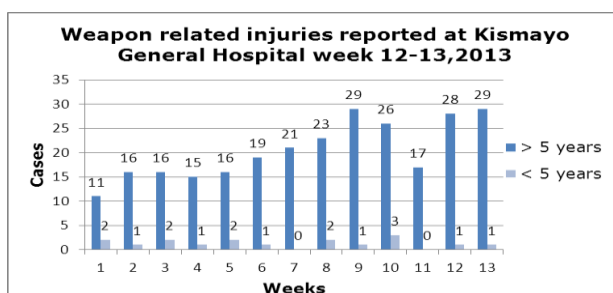


### KISMAYO

In Kismayo, the figures are mostly the same, no major increase or decrease.

From **18 to 31 March 2013**, 112 casualties from weapon-related injuries were treated in Kismayo, with 5 cases of below 5 years being reported. 2 death cases of above 5 years were reported.

From **31<sup>st</sup> December 2012 to 31<sup>st</sup> March 2013**, 283 casualties from weapon-related injuries were treated at Kismayo General Hospital, 17 cases of under age of 5 were reported. 17 deaths of above 5 years were also reported.



### MUDUG

From **31<sup>st</sup> December 2012 to 31<sup>st</sup> March 2013**, 82 casualties from weapon-related injuries were treated at Mudug regional hospital; no cases of under age of 5 years were reported. 7 death cases of above 5 years were reported.

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Previous issues can be found on the following link:

<http://www.emro.who.int/som/somalia-infocus/somalia-health-update.html>

Health partners' activity data can be found on the Health Cluster website on:

<http://healthsomalia.org/documents.php>