



## Somalia Emergency Weekly Health Update

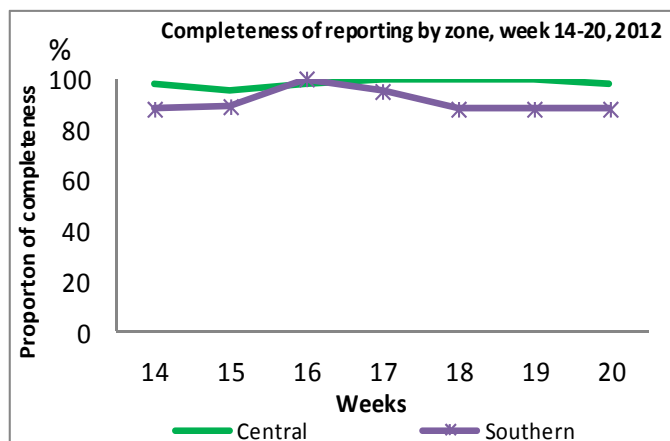
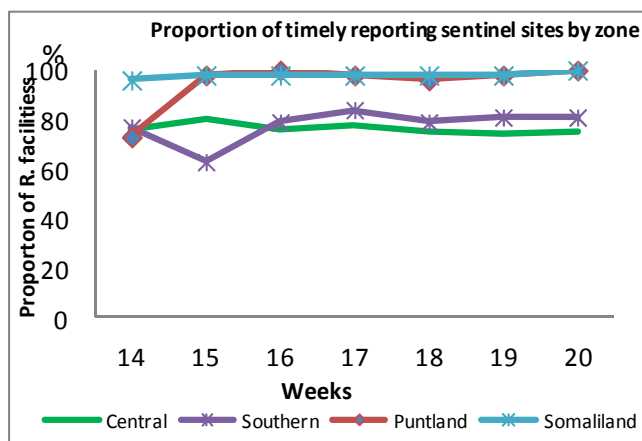
*The Somalia emergency weekly health update aims to provide an overview of the health activities conducted by WHO and health partners in Somalia. It compiles health information including nine health events (epidemiological surveillance) reported in Somalia, information on ongoing conflicts in some regions of Somalia and health responses from partners.*

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### BULLETIN HIGHLIGHTS

Reporting dates 19-25 May 2012  
(reflecting Epidemiological week 20)

- Of 37 stool samples collected from patients in Mogadishu during the reporting week, 19% tested positive for cholera on lab culture. Current armed conflict affecting the Afgooye corridor and parts of Mogadishu resulting in renewed population displacement could accelerate the spread of cholera in Mogadishu.



Of the 222 sentinel sites reporting weekly from the four zones of Somalia, for **week 20**, 100% (54) in Somaliland, 100% (45) in Puntland but only 75% (60 of 80) from Central Somalia and 81% of Southern Somalia reported on time. This means that for the whole country 86% (191) of all sentinel sites did report on time for this week. A total of 10 facilities in 4 regions of South and Central Somalia were temporarily closed by local authorities.

In spite of issues with timeliness, of sentinel sites submitting data for week 20, only 88% and 98% from Southern and Central zones submitted complete data respectively. Completeness of reporting for Puntland and Somaliland could not be determined due to technical issues.

## EPIDEMIOLOGICAL SURVEILLANCE (EPI WEEK 20)

### SITUATION OVERVIEW:

The received data for South and Central Somalia has been split up this week and will be so in future. The leading causes of morbidity varied across the zones with **suspected cholera** and **confirmed malaria** accounting for most consultations in **Southern Somalia** (3.00% and 2.99% respectively), **confirmed malaria** in **Central Somalia** with 4.29%, and **suspected cholera** in **Puntland** (5.58%). **Suspected measles** remains the leading cause of morbidity in **Somaliland** (1.34%).

### SOUTHERN SOMALIA

Table 1. Southern Somalia	Week 20 (14-20 May 2012) - Number of sentinel sites 80, number of reporting sites 60	
Health Event	Total cases (% < 5 yrs)	*Proportional Morbidity
Susp. Cholera	550 (79%)	3.00%
Susp. Shigellosis	45 (58%)	0.25%
Susp. Measles	97 (84%)	0.53%
Acute flaccid paralysis	0	0
Susp. Hemorrh. Fever	0	0
Susp. Diphtheria	0	0
Susp. Whooping cough	35 (86%)	0.19%
Confirmed Malaria	549 (44%)	2.99%
Neonatal Tetanus	2 (100%)	0.01%
All other consultations	17067 (53%)	

*\*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 is the leading cause of morbidity accounting for 4.29% consultations.

### CENTRAL SOMALIA

Table 2. Southern Somalia	Week 20 (14-20 May 2012) - Number of sentinel sites 43, number of reporting sites 35	
Health Event	Total cases (% < 5 yrs)	*Proportional Morbidity
Susp. Cholera	176 (80%)	2.45%
Susp. Shigellosis	166 (58%)	2.31%
Susp. Measles	78 (78%)	1.09%
Acute flaccid paralysis	0	0
Susp. Hemorrh. Fever	0	0
Susp. Diphtheria	0	0
Susp. Whooping cough	76 (78%)	1.06%
Confirmed Malaria	308 (53%)	4.29%
Neonatal Tetanus	0	0
All other consultations	6376 (51%)	

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

Epidemic numbers of cases of suspected whooping cough, continue in South and Central Somalia stressing the need to ensure vaccination, 111 for week 20.

## SOMALILAND

Table 3. Somaliland	Week 20 (14-20 May 2012) - Number of sentinel sites 54, number of reporting sites 54	
Health Event	Total cases (% < 5 yrs)	*Proportional Morbidity
Susp. Cholera	55 (71%)	1.13%
Susp. Shigellosis	46 (61%)	0.94%
Susp. measles	65 (43%)	1.34%
Acute flaccid paralysis	0	0
Susp. Hemorrh. Fever	0	0
Susp. Diphtheria	0	0
Susp. Whooping cough	2 (100%)	0.04%
confirmed malaria	0	0
Neonatal tetanus	0	0
<b>All other consultations</b>	<b>4700 (51%)</b>	

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

Suspected measles was the leading cause in Somaliland (see table 2). For **week 20**, the proportional morbidity for suspected measles slightly decreased compared with last week, however the total number of consultations went down too. Burao district (Togdheer region), which also has the lowest vaccination coverage for the recently conducted Child Health Days, accounts for most of the cases. Suspected cholera is on the rise in Somaliland. Sporadic cases of suspected whooping cough are detected in Somaliland.

## PUNTLAND

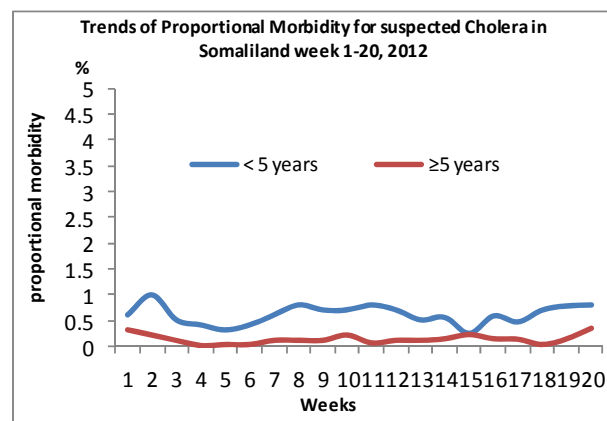
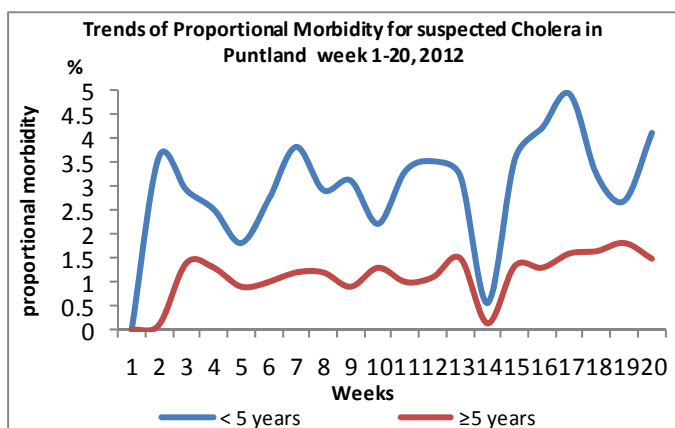
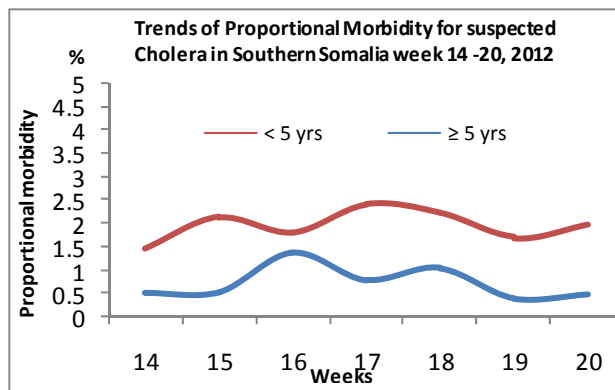
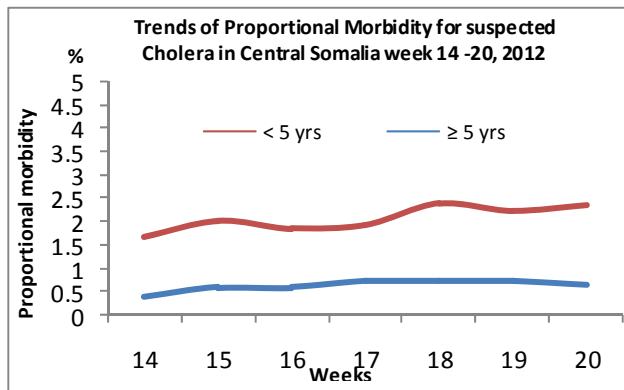
Table 4. Puntland	Week 20 (14-20 May 2012) - Number of sentinel sites 45, number of reporting sites 45	
Health Event	Total cases (% < 5 yrs)	*Proportional Morbidity
Susp. Cholera	236 (73.3%)	5.58%
Susp. Shigellosis	61 (52%)	1.44%
Susp. Measles	16 (81%)	0.38%
Acute flaccid paralysis	0	0
Susp. Hemorrh. Fever	0	0
Susp. Diphtheria	0	0
Susp. Whooping cough	0	0
Confirmed Malaria	0	0
Neonatal Tetanus	0	0
<b>All other consultations</b>	<b>3916 (51%)</b>	

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

During **week 20**, the leading cause of morbidity for Puntland is suspected cholera accounting for most of the consultations (proportional morbidity of 5.58%), however, given the proportion of cases below the age of five, the surveillance case definition is probably not being followed. Although last week the total number of consultations was less, this is a sudden increase by almost 20% of proportional morbidity. A similar trend is being observed for suspected shigellosis, here an increase of more than 50% compared with last week.

## MAIN CAUSES OF MORBIDITY:

### SUSPECTED CHOLERA (SOURCE: CSR SENTINEL SITES)



During week 20, a total of 37 **stool samples** were collected from **Banadir hospital**, and 19% (7) **tested positive** for *Vibrio cholera* serotype 'Inaba' sensitive to tetracycline and chloramphenicol and resistant to ampicillin and cotrimoxazole. These seven positive cases include five residents of Hodan district, one from Dharkeynley and one from Yaqshiid district. Partners in these districts are requested to step up all preventive activities for cholera and other diarrheal diseases.

**Banadir, Lower Shabelle and Bay regions** recorded an increase in the number of suspected cholera cases compared to week 19. However, in Central Somalia, which also accounts for the greatest burden of communicable diseases in the whole country, the total number of cases decreased from over 650 in week 19 to 550 in week 20. However, the proportion of cases among children under the age of five continues to raise concerns of not meeting the surveillance case definition.

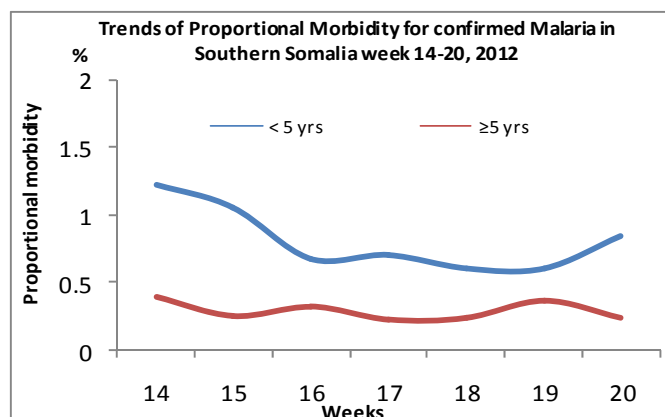
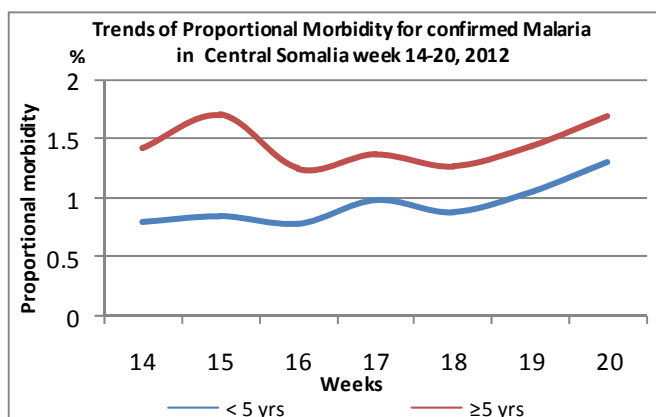
The number of admissions for suspected cholera to **Banadir hospital** continues to increase. Twice as many cases were seen in 2012 compared to 2011 for the same reporting period (week 20 2012: 333 cases, 2011: 140 cases). The CFR is also higher raising concern of the disease severity or the case management (CFR 2012: 5.7%, CFR 2011: 0.6%). Of the 333 admissions reported in week 20, 66% (220) were children under 5 years and 39% (130) of all were women and girls.

**Hodan CTC** supported by ARC reported 58 admissions including 57% (33) children under 5 years. Of all admissions 50% were women and girls. In the past four weeks, Hodan CTC, a referral centre, has treated 210 cases with no associated deaths. **Merka hospital CTC** reported 32 admissions including 66% (21) children under 5 years with no associated death. Women and girls accounted for 56% of admissions.



A young girl receiving treatment at the Hodan CTC

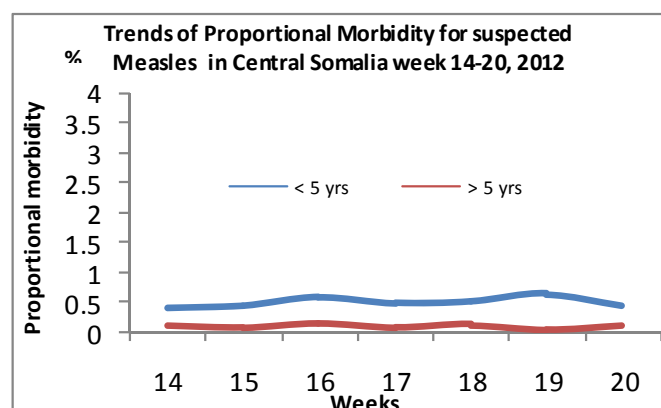
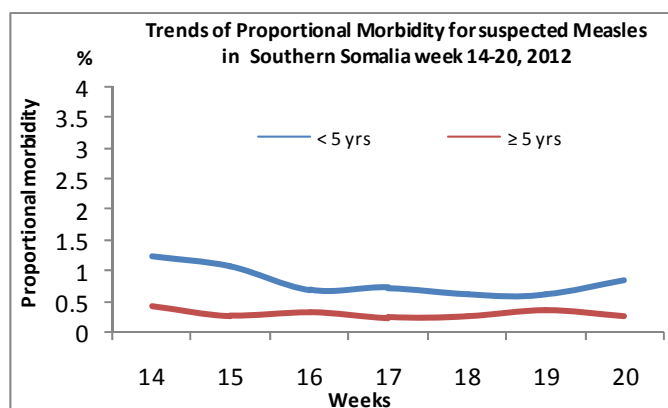
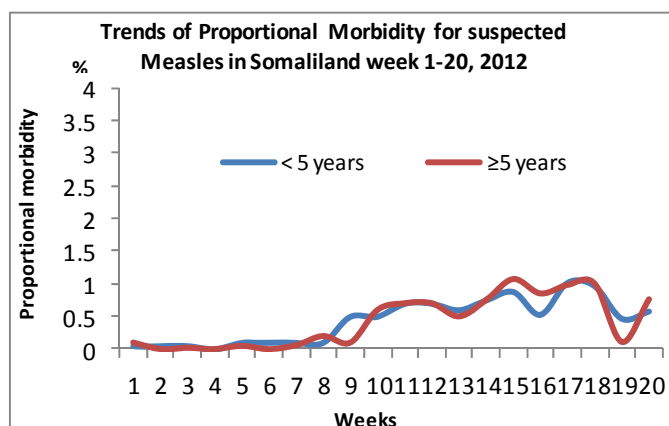
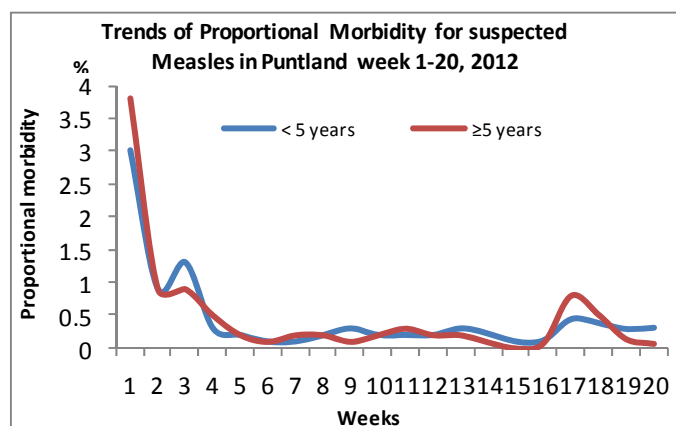
## CONFIRMED MALARIA (SOURCE: CSR SENTINEL SITES)



Six regions (Banadir, Lower Shabelle, Bay, Bakool and Lower Jubba) recorded an increase in the number of confirmed malaria cases compared to week 19. WHO is investigating the increased number of confirmed malaria cases reported over the past weeks. Cross-checking will be carried out and a detailed report will be forthcoming, which will include week 1-21.

## SUSPECTED MEASLES (SOURCE: CSR SENTINEL SITES)

The increase in proportional morbidity for measles in **Somaliland** continues. The current measles outbreak was detected back in February of this year, and case investigation has been conducted with the support of WHO. National Immunization Days are being organized in Somaliland (28-30 May) and Puntland (21-23 May), targeting 412 800 and 178 000 children under the age of five respectively.



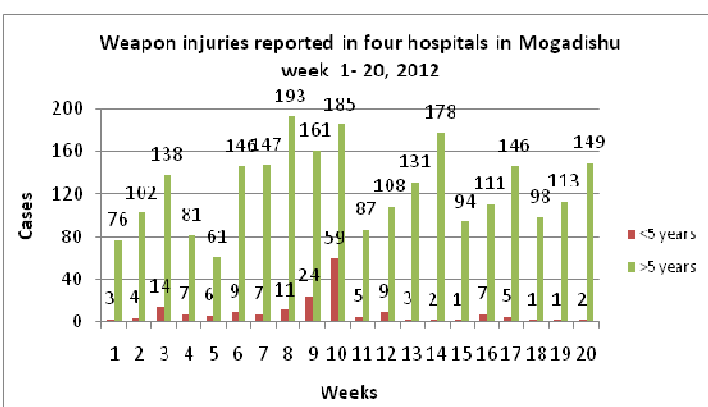


## CONFLICT-RELATED INJURIES *(Source: four major hospitals in Mogadishu)*

From **1 January – 20 May 2012**, 2685 casualties from weapon-related injuries were treated in four hospitals in Mogadishu, with 180 cases (7%) under the age of five. A total of 57 deaths above the age of five and 11 deaths below the age of five years were registered.

During the **month of April 2012**, 585 casualties from weapon-related injuries were treated in the four hospitals in Mogadishu. A total of 22 deaths of above the age of five and 10 deaths below the age of five years were registered.

The number of casualties of the past two weeks continued to increase, since additional fighting was observed (see graph).



Since 22 May to date, the UNHCR Somalia Population Movement Tracking system has recorded approximately 6 200 displacements following the commencement of military activity in Afgooeye. Over 4 000 people were displaced, the majority coming from Ceelesha, on 23 May when the main road was reported to have been opened. Of the 6 200 displaced so far, approx 5 600 went to Mogadishu while the remainder have gone to other districts in Lower Shabelle. The cost of transportation has increased rapidly, making it difficult for people to pay for vehicles to move. Therefore, hospitals in Mogadishu do not receive a huge caseload of casualties (see table 5). The exact figure of casualties is unknown.

Table 5: Breakdown of casualties treated in four major hospitals in Mogadishu, from 14-23 May 2012

Dates	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
14-20 May	147	166	2	8	21	13	140	0	3
22-23 May	72	32	3	0	6	0	20	0	2



Patients coming from Afgooeye with weapon-related injuries were brought for treatment to Banadir Hospital, Mogadishu

## HEALTH RESPONSE (COVERING THE PERIOD FROM 12-17 MAY 2012)

### PRIMARY HEALTH CARE:



During the reporting period, a total of 12 health staff from Center for Peace and Democracy (CPD) have participated in a three days emergency care and triage training at Banadir University.

CPD training on emergency care and triage



Mobile clinic activities organized by Geelo in Hiraan

Partner	Region(s) or location	Health intervention(s)	Target Population	Total consultations	< five years	Female
WAHA International	Banadir	MCH/OPD/non complicated deliveries	10783 families	422	257	165
		Hospital	> 100 000	119	5	
CAP ANAMUR	Mogadishu, Hodan	OPD/OTP/ICU/stabilization centre/pediatric ward	-	982	772	471
Muslim Hands	Banadir, Hodan	(not specified)	5679	119	99	90
ARC	Banadir	Mobile teams	100 737 IDPs	1218	592	612
		CTC	-	54	37	33
GEELO	Hiran	MCH/OPD	2362	2222	1310	951
CPD	Banadir	Primary health care services, ORP sites	6500 households	420	266	230
AVRO	Banadir, Lower Shabelle	Ambulance services	-	23	8	12
SOADO	Banadir	Training of paramedics	-	35	-	18
		MCH, OPD, non-complicated deliveries, referral services to Banadir hospital, mobile clinic	20 000 households	306	151	109
PASOS	Banadir	OPD	12 000	486	137	256
		Health Centre	22 000	376	133	194
CESVI	Banadir	MCH	120 000	657	199	301
		Mobile team	60 000	1222	311	468
Mercy Malaysia	Banadir	OPD	600	584	117	290
SORRDO	Banadir	MCH	20 500	198	43	155
		OPD/Mobile teams	20 000	240	130	110
DMF	Banadir	Mobile team	4800	150	72	50
		OPD	5000	200	84	108