

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.

For further information please contact: Pieter Desloovere - Communications Officer - desloovere@nbo.emro.who.int - T: +254 733 410 984

BULLETIN HIGHLIGHTS

Reporting dates 2 - 8 June 2012
(reflecting Epidemiological week 22)

- As a response to the increased number of suspected cholera cases in **Puntland**, a cholera task force meeting led by the Ministry of Health was held in Bari region. An extensive prevention and response plan has been developed, and various response activities are in the pipeline (see page 4).

Access to essential health services through mobile clinics

Health partner SAMA, with support of WHO, runs a total of seven mobile clinics in **Bay and Bakool regions** (parts of Wajid, Huddur and Tiye glow districts of Bakool region; and Baidoa, Burhakaba and Qansahdheere districts of Bay region – see map on page 2). These health interventions are very much needed as they operate in underserved and highly inaccessible areas. They are one of the only few sources of basic essential health services in those areas. Since the beginning of the year, vaccine preventable diseases (such as suspected measles and whooping cough) cumulatively account for 5% of all causes of morbidity. The two regions exhibit low vaccination coverage for all antigens due to access constraints as a result of insecurity and sparse population distribution.

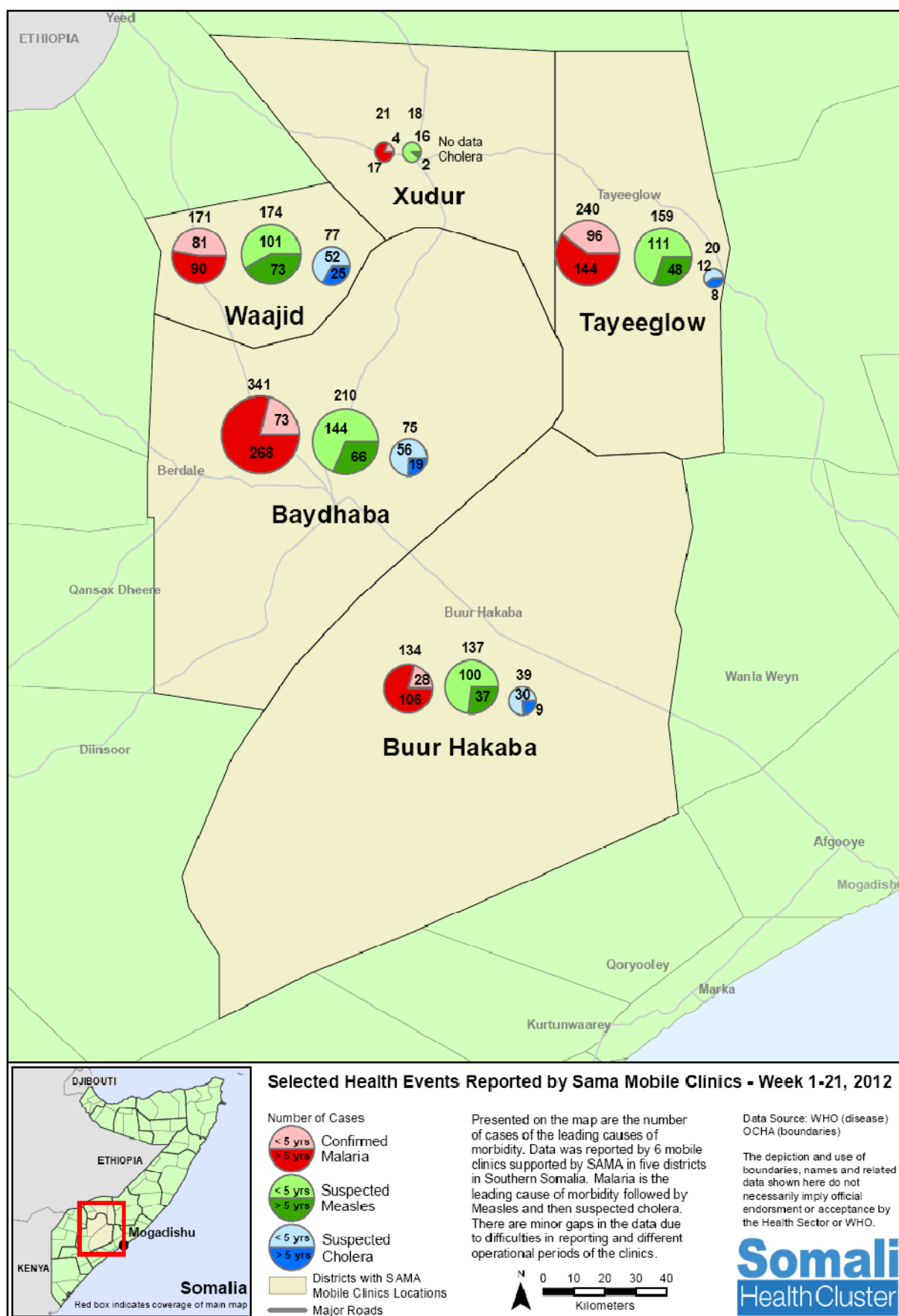
Table 1: Breakdown of consultations per major disease from 7 mobile clinics in South and Central Somalia (SAMA)

Month	SUSPECTED CHOLERA			SUSPECTED MEASLES			CONFIRMED MALARIA		
	< 5 yrs cases	> 5 yrs cases	total cases	< 5 yrs cases	> 5 yrs cases	total cases	< 5 yrs cases	> 5 yrs cases	total cases
Jan	53	31	84	73	34	107	9	35	44
Feb	50	18	68	80	43	123	36	73	109
March	47	12	59	150	75	225	97	198	295
April	0	0	0	109	47	156	68	185	253
May	0	0	0	60	27	87	72	134	206

SAMA mobile clinics (Week 1-21, 2012). 7 health facilities from 5 districts of South and Central zones		
Health event	Total cases (%< 5 years)	Proportional Morbidity
Susp. Cholera	211 (71%)	0.95%
Susp. Shigellosis	592 (40%)	2.67%
Susp. Measles	698 (67.6%)	3.15%
Acute flaccid paralysis	0	0
Susp. Hemorrh. Fever	0	0
Susp. Diphtheria	0	0
Susp. Whooping cough	404 (55%)	1.82%
confirmed malaria	907 (31%)	4.10%
Neonatal tetanus	0	0
All other consultations	19360 (33%)	



Map 1: Overview of selected health events reported by seven mobile clinics of SAMA in Bay and Bakool region (week 1-21, 2012)



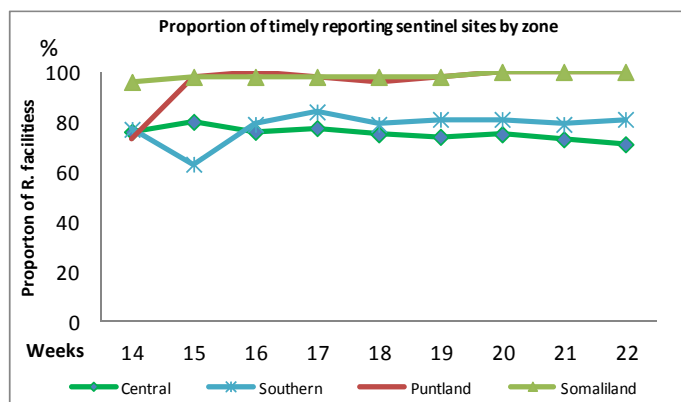
EPIDEMIOLOGICAL SURVEILLANCE (EPI WEEK 22)

TIMELY REPORTING:

A total of 222 sentinel sites report on a weekly basis from the four zones of Somalia. During **week 22**, all 54 sites in Somaliland and 45 sites in Puntland reported on time. Only 57 of 80 sites reported on time from Central Somalia while 35 of 43 sites reported on time from Southern Somalia.

SITUATION OVERVIEW:

During week 22, the leading causes of morbidity across the zones were **suspected cholera** and **confirmed malaria**. Suspected cholera accounted for most consultations in **Central Somalia** (3.14%), **Southern Somalia** (2.51%), **Somaliland** (1.87%), and **Puntland** (7.60%) while **confirmed malaria** was the leading cause of morbidity in **Southern Somalia** (4.91%). A steady increase in the number of **suspected cholera** consultations continues to be observed in almost all areas of Somalia experiencing rains. Again, the proportion of cases among children under the age of five leads adherence to case definition of suspected cholera of major question given it is to be in children of two years and older. Whether **suspected malaria** cases were tested with rapid diagnostic tests in Puntland and Somaliland could not be confirmed at the time of this report. All four zones continue to report cases of **suspected measles**, being 0.6% to 1.1% of the proportional morbidity. With malnutrition, measles can have a high rate of preventable mortality among children under the age of five.



CENTRAL SOMALIA

Table 2. Central Somalia	Week 22 (28 May - 3 June 2012) - Number of sentinel sites 80, number of reporting sites 57	
Health Event	Total cases (% < 5 yrs)	*Proportional Morbidity
Susp. Cholera	568 (80.28%)	3.14%
Susp. Shigellosis	59 (67.8%)	0.33%
Susp. Measles	106 (83.02%)	0.59%
Acute flaccid paralysis	0	0
Susp. Hemorrh. Fever	0	0
Susp. Diphtheria	0	0
Susp. Whooping cough	39 (82.05%)	0.22%
Confirmed Malaria	413 (41.46%)	2.28%
Neonatal Tetanus	5 (100%)	0.03%
All other consultations	16906 (44%)	

SOUTHERN SOMALIA

Table 3. Southern Somalia	Week 22 (28 May - 3 June 2012) - Number of sentinel sites 43, number of reporting sites 35	
Health Event	Total cases (% < 5 yrs)	*Proportional Morbidity
Susp. Cholera	188 (86.7%)	2.51%
Susp. Shigellosis	170 (63.53%)	2.27%
Susp. Measles	61 (83.61%)	0.81%
Acute flaccid paralysis	0	0
Susp. Hemorrh. Fever	0	0
Susp. Diphtheria	0	0
Susp. Whooping cough	71 (73.24%)	0.95%
Confirmed Malaria	368 (48.64%)	4.91%
Neonatal Tetanus	0	0
All other consultations	6638 (47%)	

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

Cases of **suspected shigellosis** continue to be elevated in all four zones, with **Southern Somalia** being the most affected in absolute numbers and proportional morbidity. Investigations into water and food contamination and the potential of person-to-person (fecal-oral) transmission need to occur. Contact the Ministry of Health (MoH) or WHO office for assistance.

In **Central Somalia**, cases of **neonatal tetanus** continue to be reported intermittently (two cases in Southern Somalia for week 20, five cases for week 21 and five cases for this week in Central Somalia). This is associated with 100% preventable mortality. Enforce strict adherence to aseptic deliveries, including cutting of the umbilical cord, and administration of tetanus toxoid-containing vaccine during pregnancy. An investigation into the reason for these neonatal cases is needed.

Southern and Central Somalia continue to be the only zones with reported suspected whooping cough (pertussis) and the numbers and proportional morbidity have changed little through the weeks.

SOMALILAND

Table 4. Somaliland	Week 22 (28 May - 3June 2012)- Number of sentinel sites 54, number of reporting sites 54	
Health Event	Total cases (% < 5 yrs)	*Proportional Morbidity
Susp. Cholera	101 (82%)	1.87%
Susp. Shigellosis	65 (74%)	1.20%
Susp. Measles	52 (54%)	0.96%
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
All other consultations	5180 (51%)	

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

Suspected cholera was this week the leading cause of morbidity in Somaliland (see table 4). The exact reason for the sudden increase in Erigavo district is still being investigated. Regarding **suspected measles**, the proportional morbidity slightly increased compared with last week (0.91% for week 21), however the total number of consultations was higher last week. Burao district (Togdheer region), which also has the lowest vaccination coverage for the recently conducted Child Health Days, accounts for most of the cases.

PUNTLAND

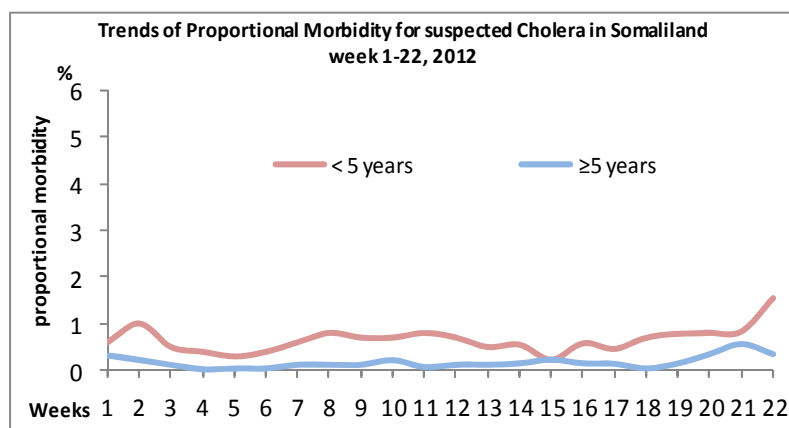
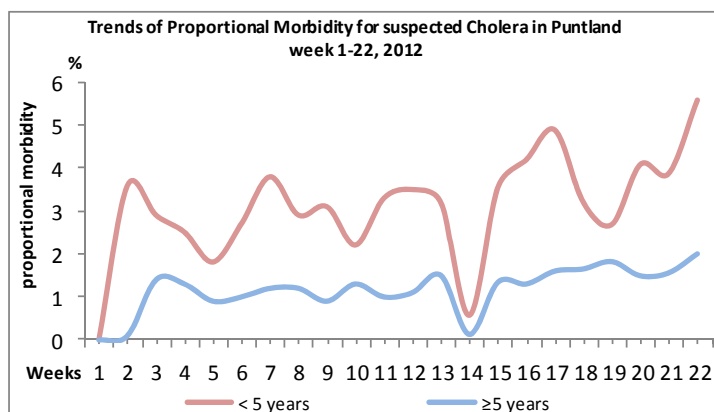
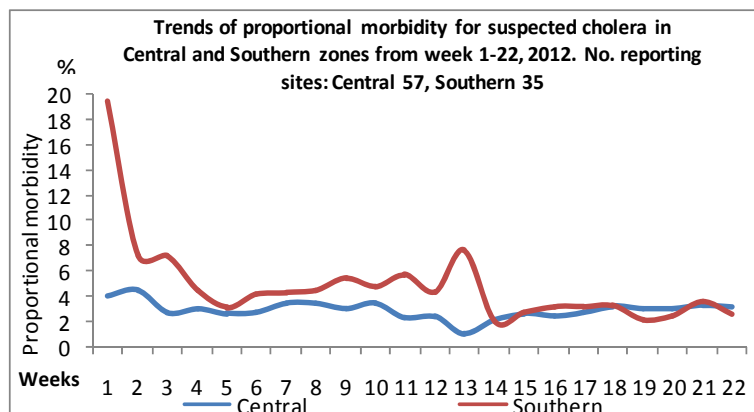
Table 5. Puntland	Week 22 (28 May - 3June 2012)- Number of sentinel sites 45, number of reporting sites 45	
Health Event	Total cases (% < 5 yrs)	*Proportional Morbidity
Susp. Cholera	356 (73.31%)	7.60%
Susp. Shigellosis	52 (58%)	1.12%
Susp. Measles	49 (49%)	1.05%
Acute flaccid paralysis	0	0
Susp. Hemorrh. Fever	0	0
Susp. Diphtheria	0	0
Susp. Whooping cough	0	0
Confirmed Malaria	0	0
Neonatal Tetanus	0	0
All other consultations	4200 (50.19%)	

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

Suspected cholera remains the leading cause of morbidity in Puntland accounting for 7.60% during **week 22**. The number of reported cases has tripled in **Nugaal region** (35 cases in week 21, 110 cases in week 22) accounting for 31% of all reported cases, while **Bari and Mudug regions** accounted for 26% and 23% of the cases respectively.

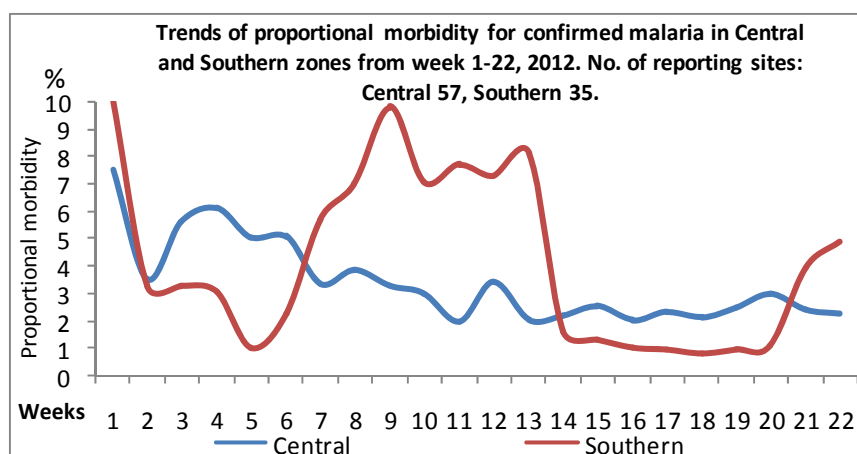
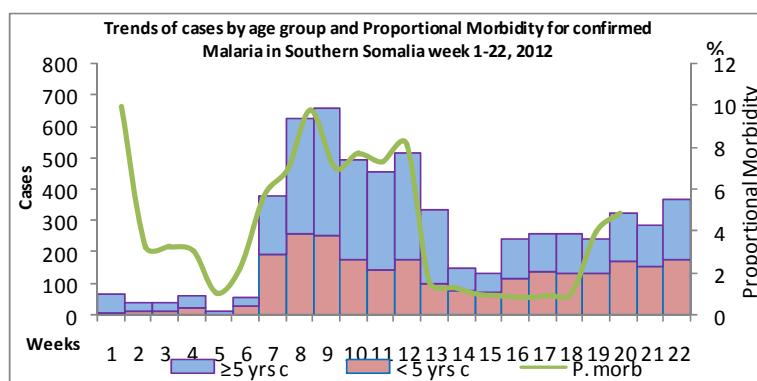
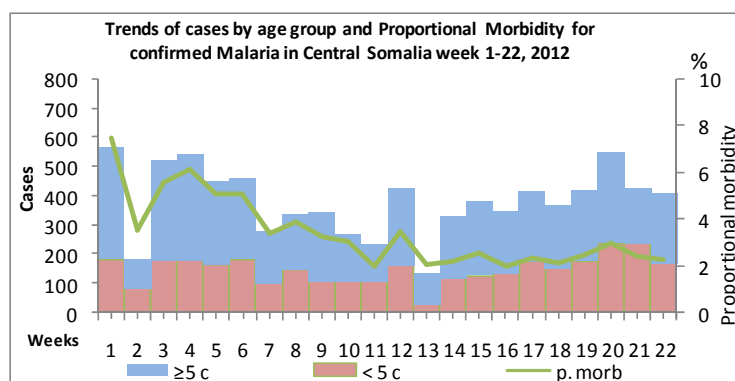
MAIN CAUSES OF MORBIDITY:

SUSPECTED CHOLERA (SOURCE: CSR SENTINEL SITES)



As response to the increased number of suspected cholera cases in **Puntland**, a cholera task force meeting led by Ministry of Health was held in Bari region. As outcome, an extensive prevention and response plan has been developed, and various response activities are in the pipeline. These include water treatment targeting shallow wells and home reservoirs, and main distributor plants, testing of cases to confirm diagnosis; conducting awareness campaigns through community and mass media channels; and stepping up of case management. In addition, WHO has dispatched 10 inter-agency health kits and 11 diarrheal disease kits for various locations in Puntland. Each inter-agency kit can treat 10 000 people for three months while each diarrheal disease kit treats 100 severe and 400 mild/moderate cases of severe dehydration/cholera.

CONFIRMED MALARIA (SOURCE: CSR SENTINEL SITES)

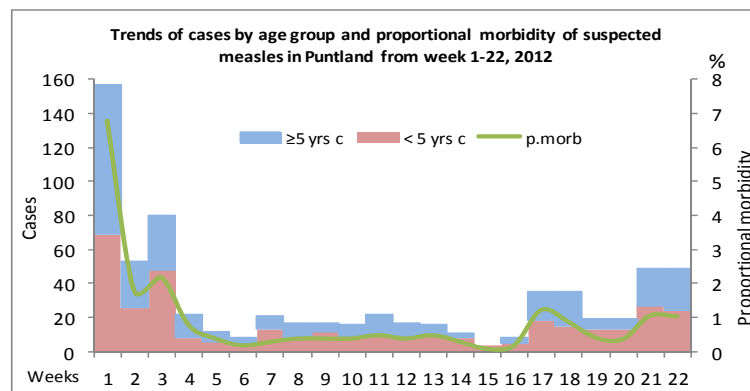
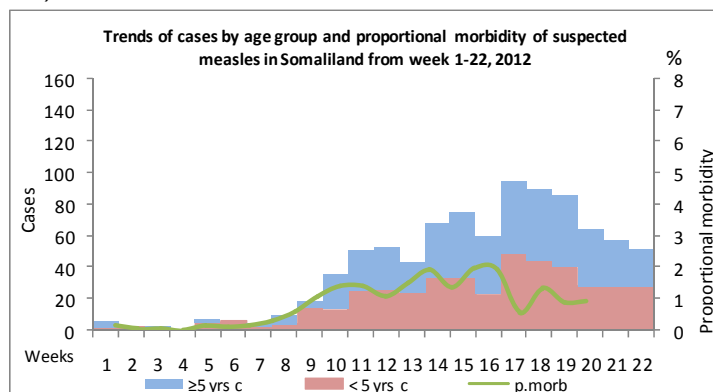
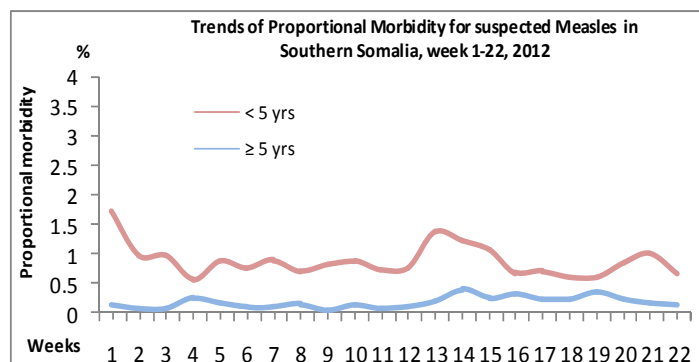
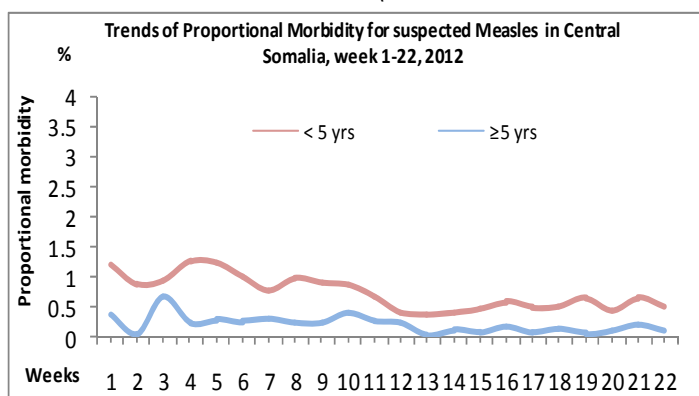


Malaria remains an important cause of morbidity especially during the ongoing rainy season and the current population displacement and additional set up of informal settlements of people living in temporary shelters. Children under the age of five are the most vulnerable of the disease and most of them may not use an Insecticide-treated bed net. Therefore, timely and effective treatment is absolutely necessary to reduce the morbidity and avoid mortality associated with malaria.

WHO and UNICEF urge health partners to utilize the available stocks of rapid diagnostic tests for malaria and to submit monthly stock reports. This will facilitate the development of true estimates of needs and enable timely prepositioning, distribution or replenishment of stocks to avoid stock outs in future.

WHO is still investigating the increased number of confirmed malaria cases reported over the past weeks, in particular from six regions (Banadir, Lower Shabelle, Bay, Bakool and Lower Jubba). Cross-checking is being carried out and a detailed report is still pending.

SUSPECTED MEASLES (SOURCE: CSR SENTINEL SITES)



The increase in proportional morbidity for measles in **Somaliland** remains high, especially for the age group above five years. The current measles outbreak was detected back in February of this year, and case investigation has been conducted with the support of WHO. The Ministry of Health of Somaliland plans to vaccinate about 180 000 children between the age of 6 months – 15 years as part of the mop up measles campaign in Togdheer region.

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

From **1 January – 3 June 2012**, 3096 casualties from weapon-related injuries were treated in four hospitals in Mogadishu, with 199 cases (6.4%) under the age of five. A total of 65 deaths above the age of five and 11 deaths below the age of five years were registered.

During the month of **May 2012**, 670 casualties from weapon-related injuries were treated in four hospitals in Mogadishu with a total of 19 deaths above the age of five years.

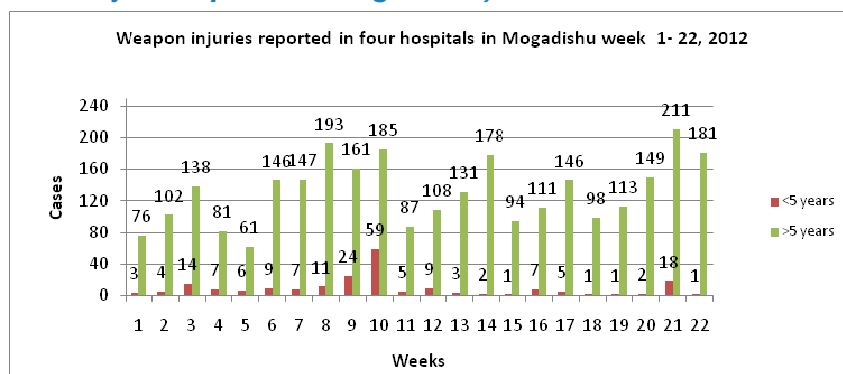


Table 6: Breakdown of casualties treated in Afmadow and Dobley hospitals, from 28 May - 3 June 2012

Name of Hospital	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
Afmadow hospital	30	1	1	0	14	5	1 (Chest tube only)	2	3
Dobley hospital	11	2	0	0	0	0	3	0	3

HEALTH RESPONSE (COVERING THE PERIOD FROM 26-31 MAY 2012)

PRIMARY HEALTH CARE

During the reporting week, **Peace Action Society Organization for Somalia (PASOS)** carried out a **health needs assessment** for internally displaced persons in Mogadishu following an influx in the various districts due to the ongoing conflict. Districts targeted during the assessment included 77 areas in Deyniledistrict, Jamacadaha locality and Siliga in Wadajir district. An estimated 3000 households were reported to exist. A total of 80 persons from these locations including Afgooye Corridor were examined, with 12 cases of acute watery diarrhea (AWD), including 7 children under the age of five, and 16 cases of malaria including 7 children under the age of five. PASOS provides free health services to the IDPs through mobile teams. The major gaps in health are the lack of enough health facilities to serve the growing number of both newly arriving and existing IDPs in these areas. Lack of sanitary facilities, food and shelter is also major concern. Plans are underway to build 100 latrines to serve the people. From 19-20 May, **SAMA** carried out a rapid needs assessment was carried out at about 5 major IDP camps in Baidoa town. In general, the current gaps in health include the lack of routine or mass immunization services in many settlements as reports of whooping cough and measles cases continue. Most of the health facilities are in need of sufficient medical supplies. In addition, secondary health care facilities need to be put in to be place including the establishment of a well-functioning referral hospital in Baidoa. Currently, the Bayhaaw hospital in Baidoa, which will be a referral hospital, is being set up.



Testing of a malaria patient



Rapid health needs assessment at internally displaced persons camps in Baidoa town

Partner	Region(s) or location	Health intervention(s)	Target Population	Total consultations	< Five years	Female
WAHA International	Banadir	MCH/OPD/non complicated deliveries, referral services to Hanano hospital	10783 families	693	411	282
		Hospital	> 100 000	91		
CAP ANAMUR	Mogadishu, Hodan	Health related activities at Banadir hospital including OPD/OTP/ICU/stabilization centre/pediatric ward	-	1140	979	494
American Refugee Committee	Banadir	Mobile teams	100 737 IDPs	1642	736	833
		cholera treatment centre (CTC)	197 740	64	52	33
GEELO	Hiraan	MCH, OPD, ambulance services	203 740	1861	1001	860
Save the Children UK/CPD	Banadir	Primary health care services	14 000 households	2084	1330	1009
SOADO	Banadir	MCH, OPD, non-complicated deliveries, referral services to Banadir hospital, mobile clinic	20 000 households	309	50	131
Peace Action Society Organization for Somalia (PASOS)	Banadir	OPD	34 000	846	327	403
CESVI	Banadir	Health center	215 000	782	176	324
		Mobile clinic	84 000	1313	410	366
Mercy Malaysia	Banadir	Primary health unit/OPD	100 000	481	155	263
SWISSO-KALMO	Bay, Lower Shabelle	MCH, health posts, mobile clinic	>150 000	1892	817	777
Muslim Hands	Banadir	Health services	5679	602	490	382
PHF	Banadir	Clinic, MCH, OPD, CTC	62 200	646	269	428
		Training of doctors and auxiliary nurses at Banadir hospital	46 health staff			
Qatar Red Crescent Society	Banadir	Mobile clinics, primary health centres (PHC), OPD	15 800	1518	609	746
		MCH	36 570	520	167	203
Somali Aid	Middle Jubba	OPD	36 570	591	193	297
		Hospital	4035	219	2	111
FERO	Lower Shabelle	MCH	2500	105	68	37
SORRDO	Banadir	MCH, therapeutic supplementary feeding programme, reproductive health services	20 500	370	110	230
		Mobile teams/OPD	20 000	-	75	165
WYDO	Banadir	Free treatment to the internally displaced persons (IDP), hygiene promotion	IDPs	530	320	210