

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 20 - 26 October 2012
(reflecting Epidemiological week 42)

- In week 42, a total of 42 stool samples were collected from acute watery diarrhea patients in Hamarweyne, Elgaab, Hodan and Madina. Of those, 21% (9 of 42) tested positive for cholera serotype 'inaba'.
- WHO warns health partners of possible larger sporadic cholera outbreaks during this rainy season compared to the previous two years. Health partners working in Mogadishu, the Jubas and the Shabelles are advised to stay on high alert and report cases.

IN FOCUS STORY:

World Polio Day – 24 October 2012

World Polio Day is observed annually on 24 October, which marks the birth of United States virologist, Jonas Salk, who was the leader of the team that invented a polio vaccine in 1955.

Polio is a highly infectious disease caused by a virus that invades the nervous system and can cause total paralysis in a matter of hours. The virus enters the body through the mouth and multiplies in the intestine. Initial symptoms are fever, fatigue, headache, vomiting, and stiffness in the neck and pain in the limbs. One in 200 infections leads to irreversible paralysis and among those paralyzed, five to 10 per cent die when their breathing muscles become immobilized.

Since 1988, the number of polio cases has been reduced by more than 99 per cent. Currently, only three countries – Nigeria, Afghanistan and Pakistan – are polio endemic. WHO is supporting these countries to implement national emergency action plans to increase polio vaccination coverage among children under five years of age.

For the past five years, Somalia remained its polio-free status. The last wild poliovirus case, a four-year old female child, was detected on 25 March 2007 from Hobyo district, Mudug region, Puntland. The country is characterized by a low coverage rate of vaccinated children routinely and the inability to conduct adequate and timely vaccination activities, especially in some regions of South Central Somalia due to inaccessibility and insecurity.

Coinciding with World Polio Day, the second round of Child Health Days for this year for Somaliland (21-25 October) and Puntland (28 October – 1 November) are being conducted. The target figures for both zones are in the tables below.



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Child Health Days are being conducted in Somaliland and Puntland, targeting more than 440 000 and 170 000 children respectively with a polio vaccine as part of the vaccination package.

Target population Somaliland			Target population Puntland		
OPV (Polio) (0-59 Months)	Measles (9-59 Months)	TT (Women of child bearing age)	OPV (Polio) (0-59 Months)	Measles (9-59 Months)	TT (Women of child bearing age)
448 130	380 911	515 350	172 188	146 359	198 016

EPIDEMIOLOGICAL SURVEILLANCE (EPI WEEK 42, 15 – 21 October 2012)

TIMELY REPORTING:

Of the 196 facilities currently reporting to the Communicable diseases Surveillance and Response (CSR) sentinel surveillance network, 140 reported timely during week 42. All reporting sites in Puntland and Southern Somalia were timely. In Central Somalia however, only 96.7 % (59 of 61) of the sentinel sites reported on time for week 41. The data from the 54 health facilities in Somaliland was not received in time.

SITUATION OVERVIEW:

Flood alerts were issued for the Juba and Shabelle river basins as observed levels are higher than normal. Although the number of reported **suspected cholera cases** has remained stable across Somalia this could change with the early onset of the rainy season. Parts of Puntland have already experienced flooding.

The number of **suspected cases of cholera** and **confirmed malaria** is expected to increase over the next weeks. Health partners are requested to remain on high alert and report unusual trends. Health partners in riverine areas are requested to report on their current stocks of rapid diagnostic tests for malaria and anti-malarial medicines to facilitate distribution of these supplies. Although cholera is endemic across Somalia and highly endemic in some parts of Southern and Central Somalia, pre-season bio-surveillance for cholera is conducted every year. In week 42, a total of 42 stool samples were collected from admissions presenting with acute watery diarrhea to treatment units in Hamarweyne, Elgaab, Hodan and Madina. Of those, 21% (9 of 42) tested positive for cholera serotype 'inaba'. Of all the positive cases 67% (6 of 9) were children under the age of five, and the overall age range is between 7 months and 70 years. Districts of origin of the positive cases were Hodan (3 of 12), Madina (1 of 5), Karaan (1 of 2), Wardhigley (1 of 7), Howlwadag (2 of 2), and Waberi (2 of 6).

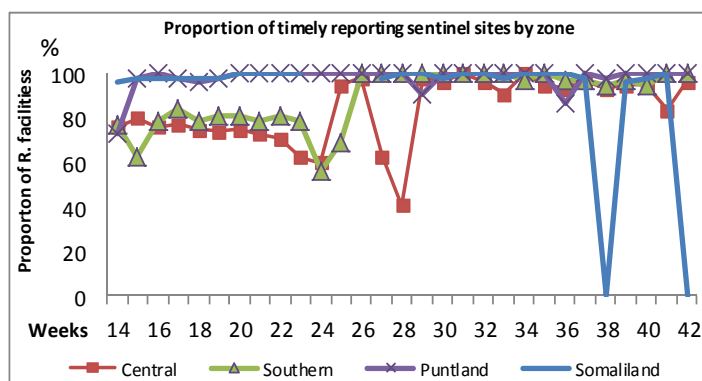
WHO warns health partners of possible larger sporadic cholera outbreaks during this rainy season compared to the previous two years. Health partners working in Mogadishu, the Jubas and the Shabelles are advised to stay on high alert and report cases. Health partners working in the above districts are particularly requested to refer all suspected cholera cases to the nearest cholera treatment unit.

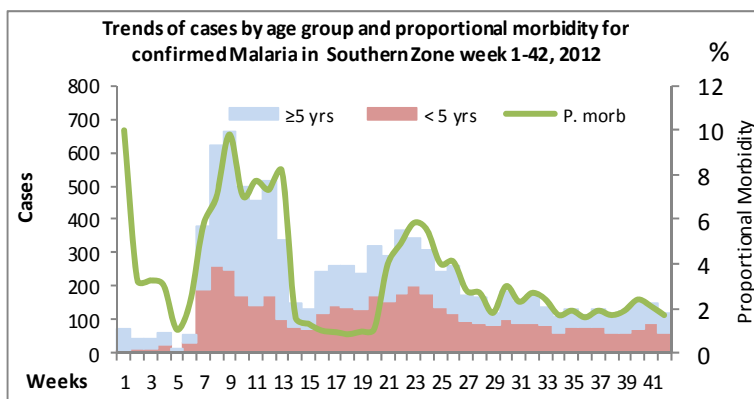
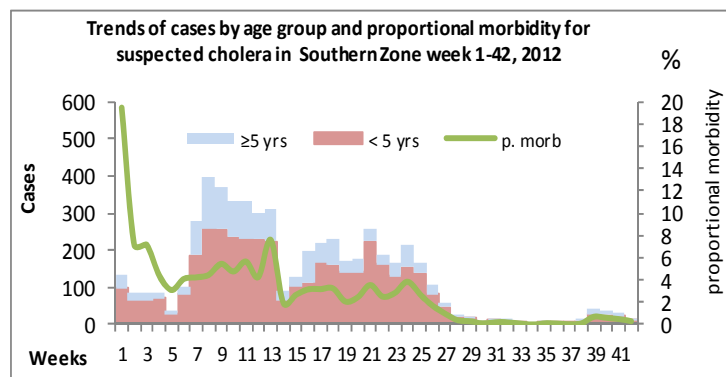
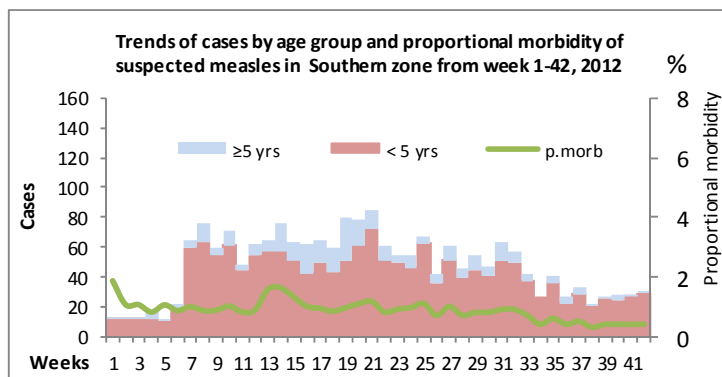
Currently, WHO and UNICEF have adequate case management supplies on ground and distribution to pre-selected partners is ongoing. More stool samples will be collected from other areas and tested. Health partners are yet to submit inventories for their current stocks of case management supplies for acute watery diarrhea/suspected cholera. Inventories can be submitted to: who.surveillance.wajid@gmail.com or eha@nbo.emro.who.int (WHO) or jagbor@unicef.org (UNICEF); cluster@nbo.emro.who.int (Health cluster). This will help evaluate current capacity by location and facilitate pre-season prepositioning of necessary supplies.

SOUTHERN SOMALIA

Table 1. Southern Somalia (36 sentinel sites)	Week 39 (24-30 Sept 2012) - Number of reporting sites 35		Week 40 (1-7 Oct 2012) - Number of reporting sites 34		Week 41 (8-14 Oct 2012) - Number of reporting sites 36		Week 42 (15-21 Oct 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	44 (63.6)	0.7	35 (74.3)	0.6	34 (67.6)	0.5	18 (66.7)	0.3
Susp. Shigellosis	33 (60.6)	0.5	32 (75)	0.5	32 (50)	0.5	40 (60)	0.6
Susp. Measles	27 (92.6)	0.4	28 (85.7)	0.4	28 (96.4)	0.4	30 (96.7)	0.4
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	26 (84.6)	0.4	33 (78.8)	0.5	32 (87.5)	0.5	21 (90.5)	0.3
Confirmed Malaria	126 (46)	1.9	147 (49.6)	2.4	146 (61.6)	2.1	119 (50.4)	1.7
Neonatal Tetanus	0	0	0	0	0	0	0	0
All other consultations	6284 (44.8)		5746 (49.8)		6695 (48.5)		6934 (45.8)	
Total consultations	6540 (45.4)		6021 (50.5)		6967 (49.3)		7162 (46.3)	

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





Malaria is the leading cause of morbidity with a slight decrease observed in week 42 compared to week 41, despite a slight increase in the overall facility visits. The current early rains and flood alerts, especially in river basins, and if water levels in breeding sites are sustained, could trigger an early transmission of the disease, particularly in the South and Central Somalia.

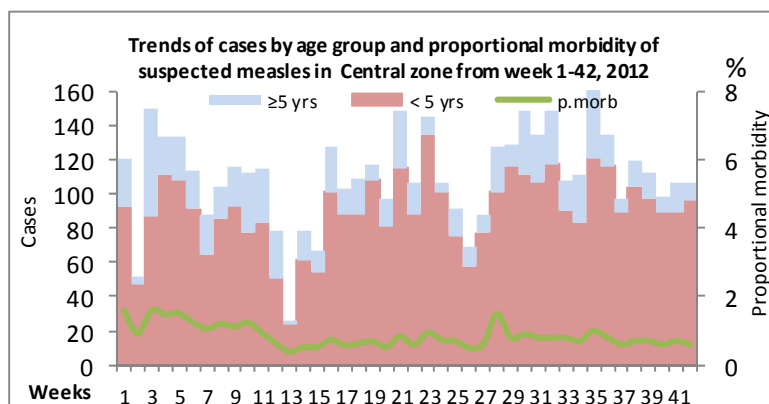
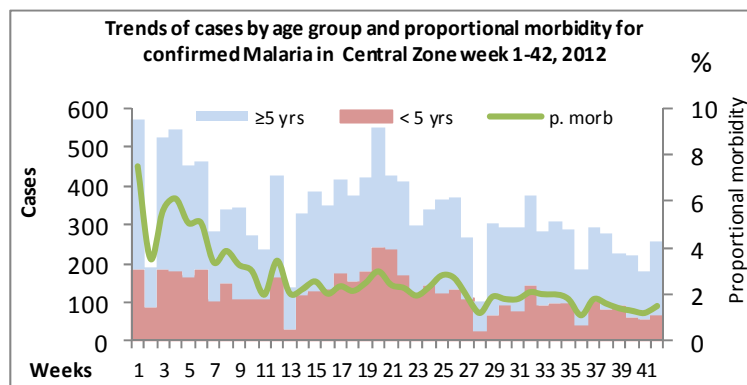
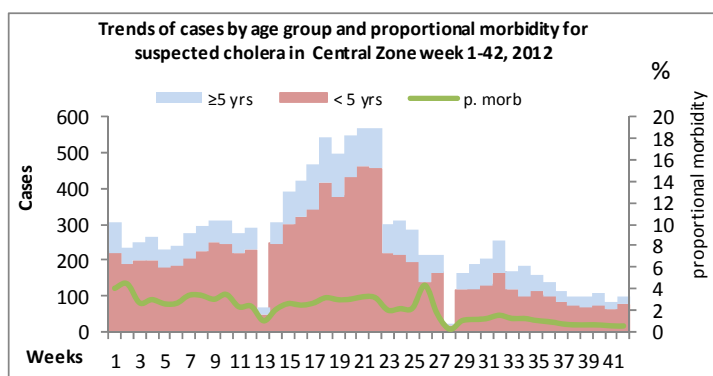
The number of reported **suspected cholera cases** has remained stable. However, changes in rain patterns will make the next cholera season coming earlier as usual. The observed decrease in proportional morbidity may not present the true situation given the current seasonal changes.

Low vaccination coverage has continued to enable propagated cases of vaccine preventable diseases especially measles and whooping cough.

CENTRAL SOMALIA

Table 2. Central Somalia 61 sentinel sites	Week 39 (24-30 Sept 2012) - Number of reporting sites 58		Week 40 (1-7 Oct 2012) - Number of reporting sites 58		Week 41 (8-14 Oct 2012) - Number of reporting sites 51		Week 42 (15-21 Oct 2012) - Number of reporting sites 59	
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	97 (69.1)	0.6	108 (66.7)	0.6	81 (75.3)	0.5	97 (78.3)	0.5
Susp. Shigellosis	45 (91.1)	0.3	38 (81.6)	0.2	23 (95.6)	0.2	23 (91.3)	0.1
Susp. Measles	112 (86.6)	0.7	98 (90.8)	0.6	107 (83.2)	0.7	107 (89.7)	0.6
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	46 (97.8)	0.3	65 (86.1)	0.4	72 (86.1)	0.5	44 (84.1)	0.2
Confirmed Malaria	225 (40)	1.4	223 (26.5)	1.3	178 (29.8)	1.2	255 (26.7)	1.5
Neonatal Tetanus	3 (100)	0.02	6 (100)	0.04	6 (100)	0.04	1 (100)	0.01
All other consultations	15923 (40.2)		16370 (41.3)		14513 (42.2)		17054 (39.7)	
Total consultations	16455 (40.9)		16908 (41.9)		14980 (42.8)		17581 (40.2)	

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



Morbidity trends for events under surveillance have remained stable over the past few weeks. The increase of cases across all diseases is due to a higher number of sentinel sites reporting for week 42 (59 sentinel sites reported in week 42 compared to 51 in week 41).

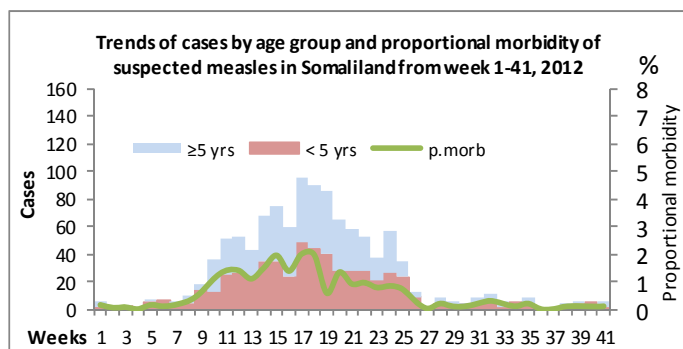
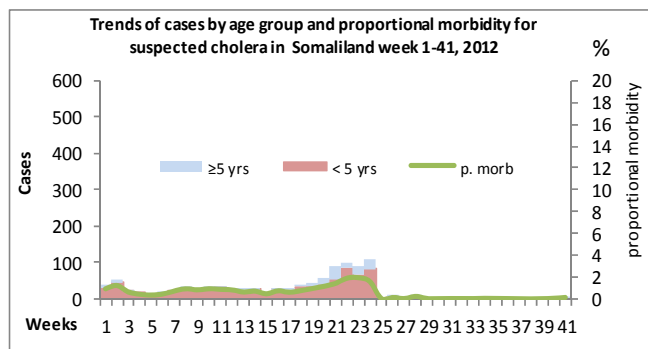
Pre-season bio-surveillance is ongoing and 21% of the first 42 stool samples collected from **suspected cholera cases** in Mogadishu and referred for culture tested positive for cholera. There are adequate case management supplies available on the ground. Contact with local authorities was made to step up socio-mobilization and other preventive activities during this transmission season. The number of **suspected measles cases** remains high, with Banadir region reporting most of the cases.

SOMALILAND

Table 3. Somaliland 54 sentinel sites	Week 39 (24-30 Sept 2012) - Number of reporting sites 52		Week 40 (1-7 Oct 2012) - Number of reporting sites 53		Week 41 (8-14 Oct 2012) - Number of reporting sites 54		Week 42 (15-21 Oct 2012) - Number of reporting sites 0	
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	5 (0)	0.1		
Susp. Shigellosis	13 (30.8)	0.3	12 (50)	0.2	14 (37.5)	0.3		
Susp. Measles	6 (66.7)	0.1	5 (100)	0.1	5 (20)	0.1		
Acute Flaccid Paralysis	0	0	0	0.02	0	0		
Susp. Hemorrh. Fever	0	0	0	0	0	0		
Susp. Diphtheria	0	0	0	0	0	0		
Susp. Whooping Cough	1 (100)	0.02	1 (0)	0.02	0	0		
Confirmed Malaria	1 (0)	0.02	2 (0)	0.04	0	0		
Neonatal Tetanus	0	0	0	0	0	0		
All other consultations	4430 (46)		4990 (49.3)		4734 (47.2)			
Total consultations	4451 (46)		5010 (49.3)		4758 (47.1)			

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

Data from Somaliland for week 42 has not been received on time. Below is a breakdown of the targeted population for the Child Health Days, Round 2 (21-25 October 2012) per region and per district.

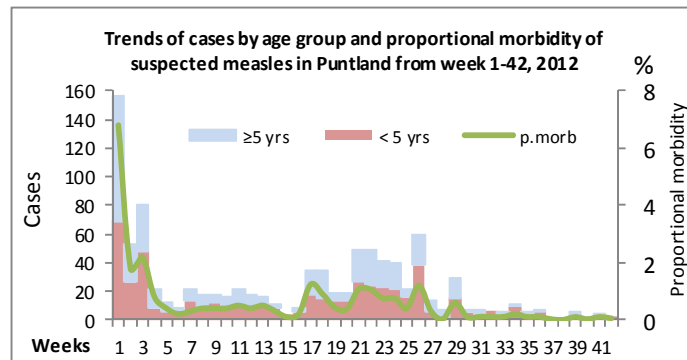
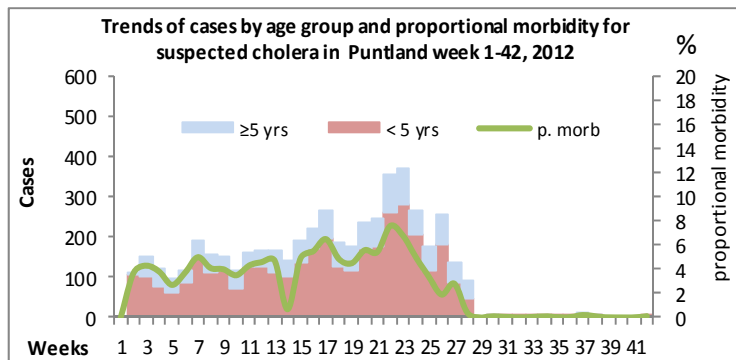


Region	District	Target population		
		OPV 0-59 Months)	Measles (9-59 Months)	TT (WCBA)
GALBEED	GABILEY	23,211	19729	26692
	B/GUBADLE	6,810	5789	7832
	HARGEISA	146,149	124226	168071
	Total	176,169	149,744	202,595
AWDAL	BORAMA	40,900	34765	47035
	BAKI	6,180	5253	7107
	LUGHAYA	6,180	5253	7107
	ZEILA	5,665	4815	6515
	Total	58,925	50,086	67,763
SANAG	EL AFWEIN	10,802	9182	12423
	BADAN	18,658	15860	21457
	ERIGAVO	15,806	13435	18177
	Total	45,267	38,477	52,057
TOGDHER	BUHODLE	10,071	8560	11581
	OWDWEYNE	12,101	10286	13916
	BURAO	61,677	52425	70928
	AINABO	14,399	12239	16559
	Total	98,248	83,511	112,985
SOOL	LAS ANOD	27,978	23782	32175
	HUDUN	6,811	5790	7833
	TALEH	8,785	7467	10102
	Total	43,574	37,038	50,110
SAHIL	BERBERA	16,053	13645	18461
	SHEIKH	9,893	8409	11377
	Total	25,947	22,055	29,839
Somaliland Total		448,130	380,911	515,350

PUNTLAND

Table 4. Puntland 45 sentinel sites	Week 39 (24-30 Sept 2012) - Number of reporting sites 45		Week 40 (1-7 Oct 2012) - Number of reporting sites 45		Week 41 (8-14 Oct 2012) - Number of reporting sites 45		Week 42 (15-21 Oct 2012) - Number of reporting sites 45	
	Total cases (% < 5 yrs)	*Proportional morbidity	Total cases (% < 5 yrs)	*Proportional morbidity	Total cases (% < 5 yrs)	*Proportional morbidity	Total cases (% < 5 yrs)	*Proportional morbidity
Health Event								
Susp. Cholera	0	0	0	0	0	0	4 (100)	0.1
Susp. Shigellosis	1 (0)	0.02	0	0	0	0	2 (50)	0.04
Susp. Measles	5 (60)	0.1	1 (0)	0.02	4 (75)	0.1	3 (100)	0.05
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
All other consultations	5219 (44.5)		5368 (43.8)		5543 (41.5)		5353 (43.3)	
Total consultations	5225 (44.5)		5369 (43.8)		5547 (41.5)		5362 (43.3)	

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



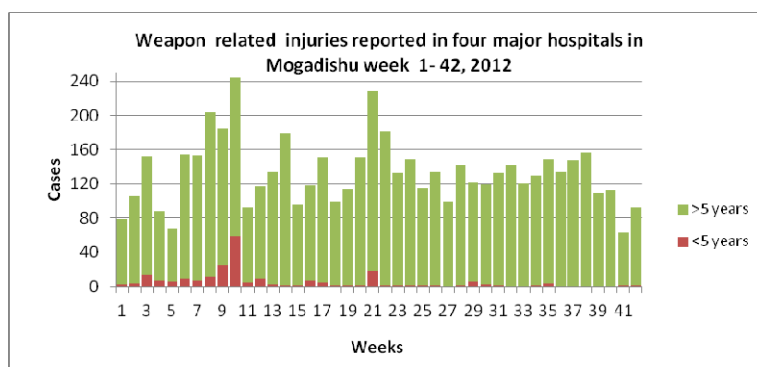
Morbidity trends for health events under surveillance remained stable in Puntland except for Mudug where 4 cases of suspected cholera were reported. These are still being investigated. Floods are expected in some areas of Puntland and this could change the trends for some of the health events, especially suspected cholera and malaria.

Below is a breakdown of the targeted population for the Child Health Days, Round 2 (28 October - 1 November 2012) per region and per district.

Region	District	Target population		
		OPV 0-59 Months)	Measles (9-59 Months)	TT (WCBA)
NUGAAL	Garowe	14,890	12,657	17,124
	Dangoroyo	4,493	3,819	5,167
	Burtinle	8,189	6,961	9,417
	Eyl	7,003	5,953	8,053
	Total	34,575	29,389	39,761
MUDUG	Galdogob	8,374	7,118	9,630
	Galkaio	40,796	34,677	46,915
	Jariban	6305	5,359	7,251
	Hobyo	10661	9,062	12,260
	Total	66,136	56,216	76,056
BARI	Bosaso	29,000	24,650	33,350
	Armo	1,000	850	1,150
	Iskushuban	4,200	3,570	4,830
	Bargaal	4,270	3,630	4,911
	Ufayn	4,903	4,168	5,638
	Alula	5,927	5,038	6,816
	Qandala	4,995	4,246	5,744
	Total	54,295	46,151	62,439
KARKAR	Gardo	10,121	8,603	11,639
	Rako	1,625	1,381	1,869
	Waiye	1,761	1,497	2,025
	Hafun	1626	1,382	1,869
	Bederbayla	2,050	1,742	2,357
	Total	17,182	14,604	19,759
Puntland Total		172,188	146,359	198,016

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

From **1 January – 21 October 2012**, 5597 casualties from weapon-related injuries were treated in four hospitals in Mogadishu, with 226 cases (4%) under the age of five. A total of 117 deaths above the age of five and 13 deaths below the age of five years were registered.



Breakdown of casualties treated in Kismayo General hospital of Middle and Lower Jubba region, from 15 - 21 October 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
6	4	0	0	0	0	0	0	0

Breakdown of casualties treated in four major hospitals in Banadir region, from 15 -21 October 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
92	43	2	7	6	8	20	0	6

HEALTH RESPONSE

Activity data from 12 - 18 October 2012

Partner	Region(s) or location	Health intervention(s)	Target Population	Total consultations	Female	<five years
WARDI	Banadir, Hiraan	Health centres	6722	1132	676	601
		Primary health units	65994	774	490	331
		Mobile clinics	34773	2083	1106	840
		Cholera treatment centre services	47945	1839	941	727
Merlin	Banadir, Galgadud	Primary Health Care	637116	6772	3757	2401
Muslim Hands	Banadir, Lower Juba, Middle Juba, Galgadud, Lower Shabelle	Primary Health Centres	17690	729	299	330
		Health units	8000	402	133	184
SOYDA	Lower Shabelle, Banadir	Hospital	57390	629	317	293
		Health Centres	173320	3806	1794	1280
HIJRA	Banadir	Health Centre	33870	536	365	249
		Mobile Clinic	12360	153	87	59
DMF	Banadir	Mobile Clinic	5000	186	103	54
		Health Centre	4800	163	98	57
SAMA	Bay, Bakol	Health Centres	55000	559	294	202
		Primary Health Unit	75000	1149	597	475
		Mobile Clinic	46000	785	402	320
ARC	Banadir	Health Centres	353380	2054	1134	1009
WYDO	Banadir, Lower Shabelle	Health Centres	12950	446	128	318
InterSOS	Middle Shabelle	Hospital	500000	521	299	249
		TB Centre	250000	6	1	2
		Health Centres	90000	592	280	316
AFREC	Lower Juba	Health Centres	118, 000	1278	627	649
Deegroor Medical Organization	Bay	Health Centres	360142	1154	622	375
Direct Aid	Banadir	Health Centres	201000	500	285	268
Mulrany International	Middle Shabelle	Health centres	174803	1607	594	691
		Mobile clinics	4500	362	178	132
CISP	Banadir	Health Centres	54790	981	565	430
Mercy Malaysia	Banadir	PHC	1000000	479	323	
HDC	Gedo	Health centres	113000	1057	460	141
VACSOM	Banadir	Health Centre	15000	283	119	164
UAE	Banadir	Health centres	150,000	490	302	146
WAHA Intl	Banadir	Health Centres	10783	484	257	253
CPD/SCSOM	Banadir	Health Centres	1,007220	3734	1976	1487
CESVI	Banadir	Health centres	340000	1163	636	397
		Mobile clinics	145500	1804	1401	631
PHF	Banadir	Health centres	20,800	1601	882	1008
		Cholera Treatment centre	20,500	185	108	154
PASOS	Banadir	Health Centres	34000	808	223	251
NEW Ways	Lower Shabelle	PHC	36800	569	336	320
AVRO	Banadir	Ambulance	N/A	76	41	20
IMC	Banadir	Health Centres	14300	569	350	188
SORRDO	Banadir, L. Shabelle	Health centres	92890	19	9	10
		CTC	64500	684	323	126
		Mobile clinics	45500	54	31	42
Somali Aid	Middle Juba	Health Centres	73140	217	118	48
		Leprosy Hospital	4035	49	25	0

**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.*