



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 21 - 27 July 2012
(reflecting Epidemiological week 29)

- An **unknown illness** was reported from Qol village (Nugaal region) in northeastern Somalia with patients presenting with diarrhea and vomiting. A Ministry of Health (MoH) team verified 47 people affected of which 8 were hospitalized at Dhahar Hospital where they were treated with intravenous fluids and antibiotics. All patients recovered. The source and cause of illness was suggested to be contaminated milk.

IN FOCUS STORY:

Midwifery school opens in Mogadishu

On 24th July, a new midwifery school opened in Mogadishu. The Ministry of Health, UNFPA and WAHA (Women and Health Alliance International) joined hands to take the lead in this important initiative. A total of 20 students are expected to obtain their post basic diploma in Midwifery after 18 months of intensive study and training.

For more than two decades, almost all health training programmes have been ceased with no formal midwife curriculum in South and Central Somalia. The country faces a huge shortage of proper trained and skilled health workers. There are only 965 midwives in the country, with a density of 1.1 midwives per 10 000 people¹.

“Having this post basic curriculum for midwifery in place, is one of the many steps to help and assist the Somali women in need”, says Dr Rogaia Abuelgasim, UNFPA deputy representative for Somalia. While a new midwifery school was opened in Mogadishu, the community midwifery curriculum in Somaliland and Puntland was upgraded. All activities contribute to the Millennium Development Goal 5, improving maternal health by reducing by three quarters, between 1990 and 2015, the maternal mortality ratio globally.



Inauguration of midwifery school in Mogadishu, Somalia

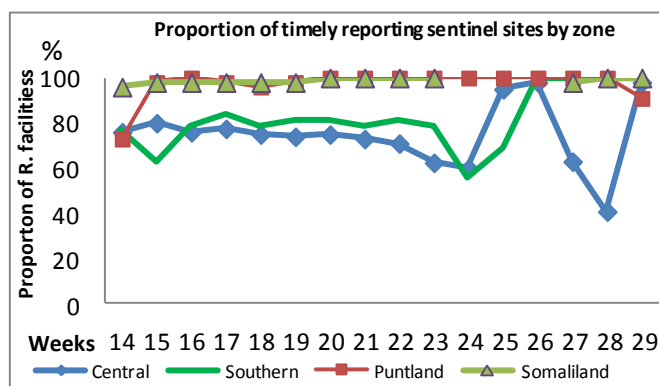


¹ WHO World Health Statistics 2012

EPIDEMIOLOGICAL SURVEILLANCE (EPI WEEK 29, 16 – 22 July 2012)

TIMELY REPORTING:

A total of 222 sentinel sites report on a weekly basis from the four zones of Somalia to the Communicable diseases Surveillance and Response (CSR) network. However, 26 of them have been closed permanently (7 in Banadir, 1 in Bay, 9 in Lower Shabelle, 1 in Gedo, 1 in Lower Jubba, 4 in Middle Jubba, and 3 in Middle Shabelle region). Hence a total of 196 sentinel sites did report for **week 29**. Of the 196 facilities currently reporting to the CSR network on nine diseases and conditions, 191 did so in a timely manner. All reporting facilities in Somaliland and Southern Somalia reported on time, while in Central Somalia 60 (98%) and in Puntland 41 (91%) sentinel sites reported on time. Additional sites to be included in the surveillance network have been identified and are being assessed for consistency of reporting before inclusion.



SITUATION OVERVIEW:

During week 29, the leading causes of morbidity across the zones were **confirmed malaria** for Southern Somalia (1.8%) and Central Somalia (1.9%), **suspected shigellosis** for Somaliland (1.0%) and **suspected measles** for Puntland (0.6%). **An unknown illness** was reported from Qol village (Nugaal region) in northeastern Somalia with patients presenting with diarrhea and vomiting. A Ministry of Health (MoH) team verified 47 people affected of which 8 were hospitalized at Dhahar Hospital where they were treated with intravenous fluids and antibiotics. All patients recovered. The source and cause of illness was suggested to be contaminated milk. There are no more cases.

SOUTHERN SOMALIA

Table 1. Southern Somalia (43 sentinel sites)	Week 26 (25 June – 1 July 2012) - number of reporting sites 36		Week 27 (2 – 8 July 2012) - number of reporting sites 36		Week 28 (9 – 15 July 2012) - number of reporting sites 36		Week 29 (16 – 22 July 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	109 (76.1)	1.7	59 (78.0)	1.0	23 (91.3)	0.4	19 (84.2)	0.3
Susp. Shigellosis	67 (68.7)	1.1	62 (61.3)	1.0	51 (68.6)	0.8	50 (62.0)	0.7
Susp. Measles	42 (83.3)	0.7	61 (83.6)	1.0	45 (86.7)	0.7	55 (80.0)	0.8
Acute Flaccid Paralysis	0	0.0	0	0.0	0	0.0	0	0.0
Susp. Hemorrh. Fever	0	0.0	0	0.0	0	0.0	0	0.0
Susp. Diphtheria	0	0.0	0	0.0	0	0.0	0	0.0
Susp. Whooping Cough	58 (67.2)	0.9	52 (63.5)	0.8	38 (71.1)	0.6	60 (73.3)	0.9
Confirmed Malaria	261 (46.4)	4.1	175 (55.4)	2.8	168 (54.2)	2.7	122 (69.7)	1.8
Neonatal Tetanus	0	0.0	0	0.0	0	0.0	0	0.0
All other consultations	5756 (44.8)		5760 (39.6)		5981 (43.0)		6618 (43.7)	

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

The leading cause of morbidity in Southern Somalia was also **confirmed malaria**; Lower Jubba region accounted for 51% of all reported cases and Kismayo accounted 44% of these. Partners have reported lack of rapid diagnostic tests, an issue that is being sorted.

The number of reported **suspected cholera** cases continues to decline and there were no alerts for suspected cholera during the week. Of the cases reported from Southern Somalia, 89% were reported from Lower Jubba. Knowing that the area is facing violence and fighting with the opposing forces, health partners are on high alert for cases in the zone.

Suspected measles and **whooping cough** are a concern given the denied access for interventions that provide vaccination. The proportion of children aged less than five years with **suspected pertussis** is increasing making the risk of whooping cough-related death greater. Of 20 districts in Southern Somalia, 14 reported at least 1 case of suspected measles (median 2.5 cases).

Suspected shigellosis cases continue to be reported from health facilities but verification indicated non-adherence to the recommended case definitions at most. Classification is largely based on history of blood in stool rather than visible blood in stool.

Comprehensive trainings for health staff have just been completed in both Central and Southern Somalia and it is expected that application of case definitions will improve for all conditions.

CENTRAL SOMALIA

Table 2. Central Somalia 80 sentinel sites	Week 26 (25 June – 1 July 2012) - number of reporting sites 60		Week 27 (2 – 8 July 2012) - number of reporting sites 54		Week 28 (9 – 15 July 2012) - number of reporting sites 60		Week 29 (16 – 22 July 2012) - number of reporting sites 60	
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	257 (70.8)	1.6	217 (76.0)	1.2	160 (70.7)	1.0	161 (72)	1.0
Susp. Shigellosis	46 (58.7)	0.3	22 (72.7)	0.1	29 (79.3)	0.2	27 (78)	0.2
Susp. Measles	90 (86.7)	0.6	100 (87.0)	0.6	190 (78.9)	1.2	129 (90)	0.8
Acute Flaccid Paralysis	0	0.0	0	0.0	0	0.0	0	0
Susp. Hemorrh. Fever	0	0.0	0	0.0	0	0.0	0	0
Susp. Diphtheria	0	0.0	0	0.0	0	0.0	0	0
Susp. Whooping Cough	35 (85.7)	0.2	23 (82.6)	0.1	29 (89.7)	0.2	27 (78%)	0.2
Confirmed Malaria	368 (35.6)	2.4	300 (41.7)	1.7	271 (38.7)	1.3	301 (21.6)	1.9
Neonatal Tetanus	5 (100)	0.03	5 (100)	0.03	2 (100)	0.01	3 (100)	0.02
All other consultations	15565 (42.7)		17231 (41.8)		15808 (43.2)		15141 (40.7)	

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

The leading cause of morbidity for Central Somalia continues to be **confirmed malaria**. Over the past weeks awareness of use and subsequent access to rapid diagnostic tests has been the focus of the health cluster and partners. This is expected to regulate the number of reported cases as increase in adherence to the recommended case definition is expected. Banadir region accounted for 76% of the reported cases of which Wadajir district alone accounted for 59% while Madina district accounted for 18% of the total cases. These districts are densely populated, mainly inhabited by internally displaced persons (IDPs) living in makeshift shelters that may not have been part of those targeted for indoor residual spraying (IRS). These shelters are not suitable for IRS as they are too small to ensure adequate distribution of the residue.

Despite a 4% reduction in the overall caseload, **suspected cholera** was the second leading cause of morbidity and proportional morbidity compared to the previous week. Banadir region alone accounted for 98% (157) of the reported cases followed by Wadajir and Huruwaa districts. The two districts are home to thousands of IDPs with limited access to safe drinking water and poor sanitation. The cholera awareness activities are ongoing but all interventions to ensure acceptable access to adequate water quantity and quality are still weak.

Measles remains a problem across Central Somalia, which is characterized by non-functioning routine vaccination programs, population displacement and general low vaccination coverage. Banadir region accounted for 84% (109) of all reported cases in Central Somalia, with Huruwaa district alone reporting 62% (80) of all reported cases for Banadir region. Children are especially affected with 90% of the cases this week being less than 5 years old; the population who need to be targeted for vaccination.

SOMALILAND

Table 3. Somaliland Number of sentinel sites 54	Week 26 (25 June – 1 July 2012) - number of reporting sites 54		Week 27 (2 – 8 July 2012) - number of reporting sites 53		Week 28 (9 – 15 July 2012) - number of reporting sites 54		Week 29 (16 – 22 July 2012) - number of reporting sites 54	
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 (66.7)	0.1	0	0.0	9(44.4)	0.2	0	0.0
Susp. Shigellosis	26 (65.4)	0.6	23 (43.5)	0.6	11 (36.4)	0.3	36 (55.6)	1.0
Susp. Measles	12 (75.0)	0.3	1 (100)	0.02	9 (44.4)	0.2	5 (60.0)	0.1
Acute Flaccid Paralysis	0	0	0	0	0	0	0	0.0
Susp. Hemorrh. Fever	0	0	0	0	0	0	0	0.0
Susp. Diphtheria	0	0	0	0	0	0	0	0.0
Susp. Whooping Cough	0	0	0	0	0	0	1(0)	0.03
Confirmed Malaria	1(0.0)	0	0	0	0	0	0	0.0
Neonatal Tetanus	0	0	0	0	0	0	0	0.0
All other consultations	4623 (51.2)		4041 (48.4)		3953 (47.1)		3690 (50.7)	

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

There were 36 reported suspected shigellosis cases reported in Somaliland, which is triple the proportional morbidity and cases reported in week 28 after declines since week 26. The cases were reported from 9 of the 21 reporting districts and 5 of these 9 districts did not report any cases in week 28. Five districts reported 23 cases in week 27; hence the trend is showing a geographical spread of suspected shigellosis cases. Investigations are ongoing and the MoH, WHO and partners in Somaliland have adequate response capacity if need arises. After weeks of no reported cases of **suspected pertussis**, one case was reported for week 29.

PUNTLAND

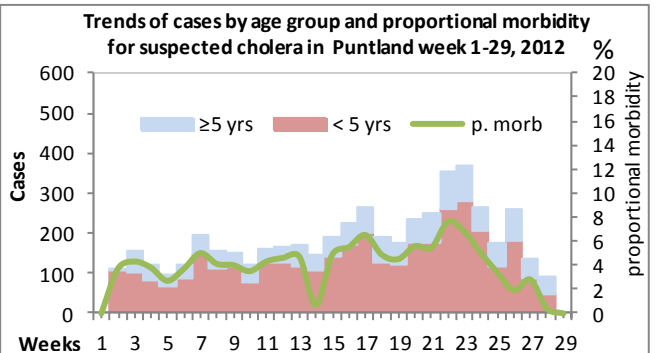
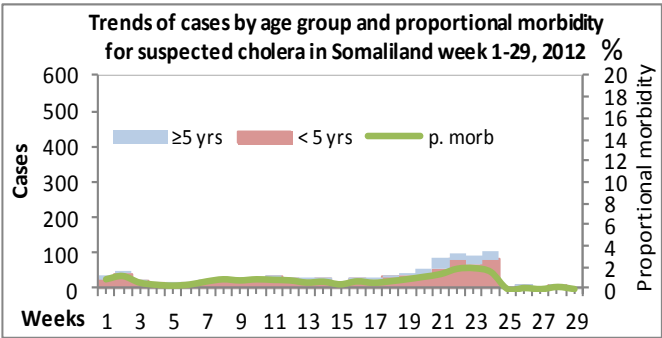
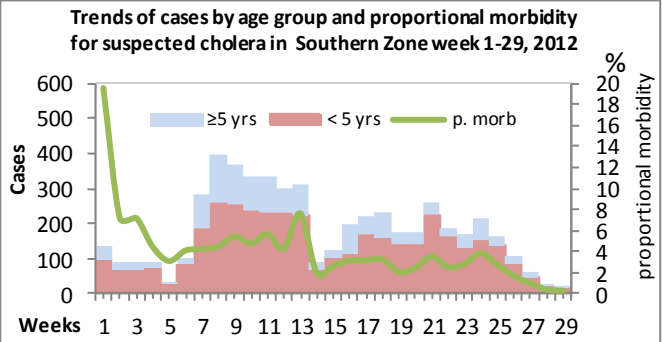
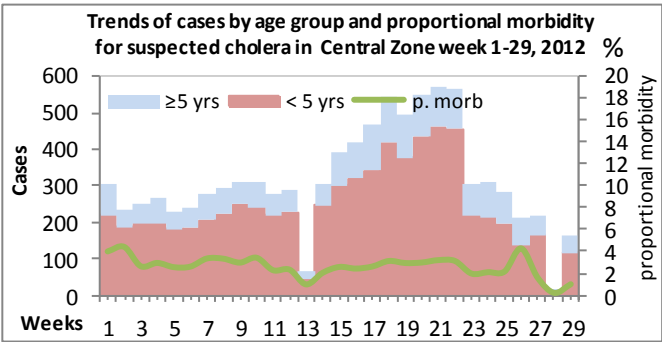
Table 4. Puntland Number of sentinel sites 45	Week 26 (25 June – 1 July 2012) - number of reporting sites 45		Week 27 (2 – 8 July 2012) - number of reporting sites 45		Week 28 (9 – 15 July 2012) - number of reporting sites 45		Week 29 (16 – 22 July 2012) - number of reporting sites 45	
Health Event	Total cases (% < 5 yrs)	*Proportional morbidity	Total cases (% < 5 yrs)	*Proportional morbidity	Total cases (% < 5 yrs)	*Proportional morbidity	Total cases (% < 5 yrs)	*Proportiona morbidity
Susp. Cholera	213 (64.3)	4.3	136 (64.0)	2.8	90 (53.3)	0.4	0	0.0
Susp. Shigellosis	41 (56.1)	0.8	33 (66.7)	0.7	17 (58.8)	0.1	1 (0)	0.02
Susp. Measles	60 (63.3)	1.2	14 (57.1)	0.3	7 (28.6)	0.03	29 (51.7)	0.6
Acute Flaccid Paralysis	0	0.0	0	0.0	0	0.0	0	0.0
Susp. Hemorrh. Fever	0	0.0	0	0.0	0	0.0	0	0.0
Susp. Diphtheria	0	0.0	0	0.0	0	0.0	0	0.0
Susp. Whooping Cough	1 (100)	0.0	0	0.0	0	0.0	0	0.0
Confirmed Malaria	0	0.0	0	0.0	0	0.0	0	0.0
Neonatal Tetanus	0	0	0	0	0	0.0	0	0.0
All other consultations	4677 (41.9)		4722 (44.5)		5124 (46.6)		4548 (42.6)	

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

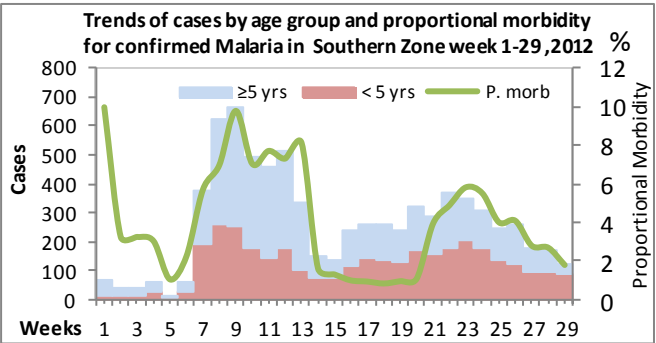
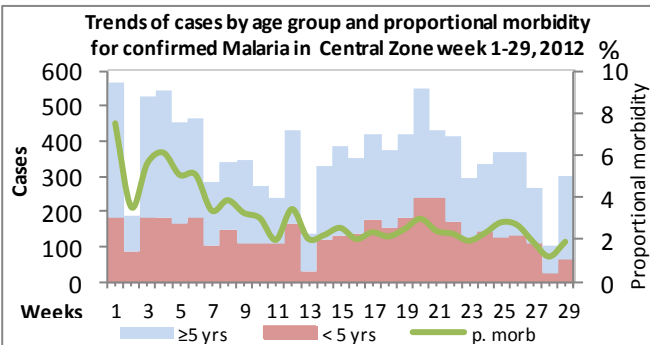
One **suspected shigellosis** case was reported in week 29, indicating a sustained decline in reported cases for three consecutive weeks. Prevention activities, mainly water chlorination and health education are ongoing. There was a surge in reported **suspected measles** cases, with 16 cases (55.2%) reported in Galkacyo district and 9 cases (31.0%) reported in Eyl district. There have been no suspected measles cases reported in Galkacyo in the previous two weeks. Feedback on investigation is still awaited. The majority of cases are in children aged less than 5 years as seen in weeks 26 and 27.

MAIN CAUSES OF MORBIDITY:

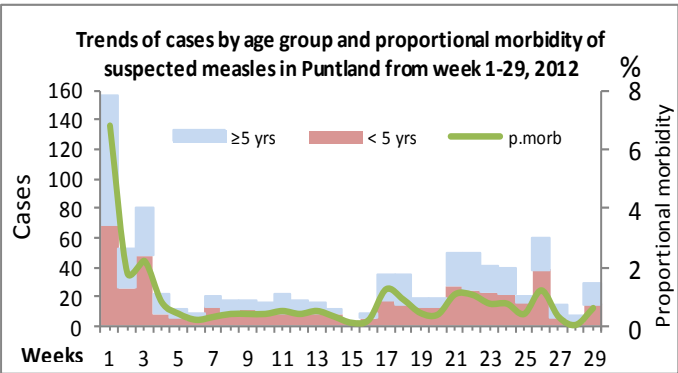
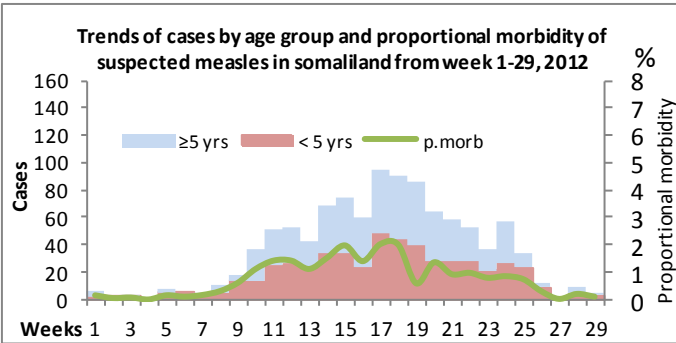
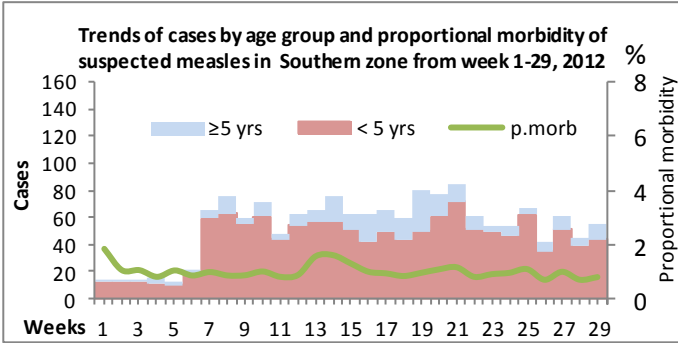
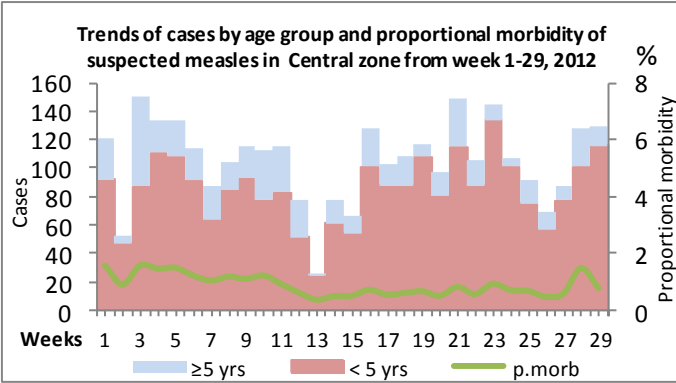
SUSPECTED CHOLERA (SOURCE: CSR SENTINEL SITES)



CONFIRMED MALARIA (SOURCE: CSR SENTINEL SITES)

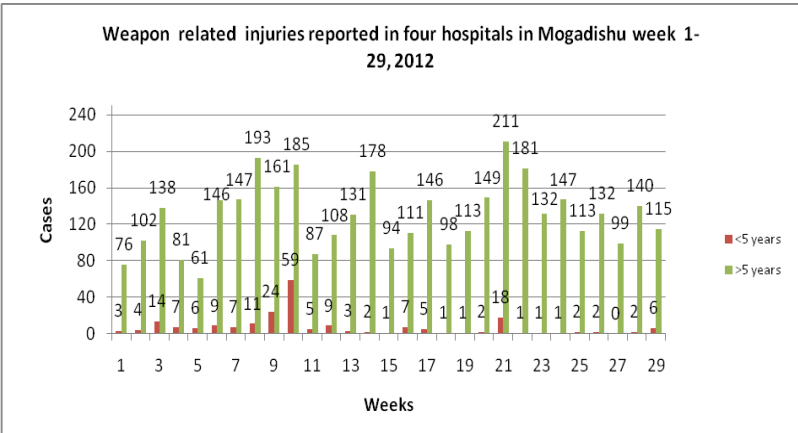


SUSPECTED MEASLES (SOURCE: CSR SENTINEL SITES)



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

From 1 January – 22 July 2012, 3988 casualties from weapon-related injuries were treated in four hospitals in Mogadishu, with 213 cases (5.3%) under the age of five. A total of 80 deaths above the age of five and 13 deaths below the age of five years were registered.



HEALTH RESPONSE

Activity data from 14 – 19 July 2012



Administering medicines at WARDI health centre.



Health staffs measure a child's width and height.



A mother and child visit an MCH managed by HIRDO

From 16-20 July 2012, **Somali Young Doctors Association (SOYDA)** in collaboration with **Polish Humanitarian Aid (PAH)** held a five-day workshop in Mogadishu on the Integrated Management on Acute Malnutrition guidelines, for about fifteen staffs (nurses and nutritionists) involved in health projects in the districts of Mogadishu. The aim of the workshop was to enhance the health workers skill and capacity to identify malnutrition in children above the age of six months. This includes early detection of malnourished cases and referral for treatment before their health deteriorates.



Surveillance staff in a session

From 15-18 July 2012, about 21 health workers from sentinel sites (auxiliary and qualified nurses) from the regions of Hiraaan and Galgaduud attended training on communicable disease surveillance and response (CSR). The aim of the training was to build the capacity of the health workers to better understand the structure of public health surveillance and its importance; introduce the revised CSR reporting tools including data flow and; improve their ability to use the data to detect an outbreak and respond to one in a timely manner. Four health organizations participated in the training course that was held at the Galkaayo Mudug regional hospital. This training was a follow-up of the one held in Nairobi for CSR regional focal points.

Partner	Region(s) or location	Health intervention(s)	Target Population	Total consultations	<five years	Fema
Salama Medical Agency (SAMA)	Bay, Bakool	MCH/OPD, emergency health post, health centre	159 000	2239	768	1318
		Mobile clinic	21 000	334	143	142
		Fixed mobile clinic	25 000	352	114	146
Society Development Initiative Organization (SDIO)	Middle Jubba	Health post, mobile clinic including oral therapeutic and supplementary feeding programmes, screening of pregnant and lactating mothers	17 200	3515	763	1762
SOADO	Banadir	MCH	8000 households	145	87	35
		Mobile clinic	12 000 households	143	78	61
Mulrany International	Banadir, Middle Shabelle	PHC, MCH, Trauma services	> 129 000	1156	419	406
Women And health Alliance (WAHA) International	Banadir	MCH/OPD/non complicated deliveries, referral services to Hanano hospital	10783 families	566	325	241
		Maternal Hospital	> 100 000	86 in-patients, 167 OPD consultations		
		Forlanini Hospital- mother and child health	> 50 000		69	39
WARDI	Banadir, Hiraan	Community health centers, MCH/OPDs, health posts	> 270 000	1907	1090	1127
		Mobile teams	>100 000	2340	1263	977
Warsan Youth Development Organization (WYDO)	Banadir, Lower Shabelle	MCH, hospital	12 950	623	402	221
Centre for Peace and Democracy/Save the Children UK	Banadir, Hodan and Holwadag districts	PHC including ORP and immunization services	6500	1572	911	999
CESVI	Banadir	Health centre (MCH/OPD)	215 000	765	390	321
		Mobile teams	84 000	1294	628	410
SORRDO	Banadir	MCH, therapeutic supplementary feeding programme, CTC, reproductive health services	20 500	520	126	228
		Mobile team	10 000	450	90	250
American Refugee Committee (ARC)	Banadir, Hodan	Cholera treatment centre	197 740	45	34	22
SORDA	Banadir, Mudug	MCH, OPD	1324	1264	596	530
SWC	Banadir	Heath center (MCH, OPD)	900	200	86	114
		Mobile clinic	490	140	54	86
VASCOM	Banadir	MCH	10 000	145	80	65
Muslim Hands	Banadir	MCH, OPD	13 024	1059	601	544
SWISSO-KALMO	Bay, Lower Shabelle	MCH, health post	>250 000	2002	931	737
PHF	Banadir	MCH, OPD - Banadir hospital	20 800	454	208	246
		CTC – Banadir hospital	41 400	496	221	255
		Ongoing training of doctors and auxiliary nurses at Banadir hospital	70			
Somali Aid	Middle Jubba, Jilib district	MCH, OPD	73 140	165	35	101
		Leprosy Hospital	4035	216	1	107
HIRDO	Hiraan, Banadir	PHC	8762	370	166	266
Mercy Malaysia	Banadir	OPD	100 0090	390	121	250
HIJRA	Banadir	Health centre	33 870	532	202	370
		Mobile teams	12 360	250	64	153
Somali Relief Centre (SRC)	Bay	Health centre, OPD, malnutrition screening	28 000	609	297	312
		Rapid health assessment among returnees in Kanaanah village	11 000	Returnees and drought-affected communities in the area		

**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.*