



Somalia Emergency Weekly Health Update

BULLETIN HIGHLIGHTS

Reporting dates 24 - 30 March 2012
(reflecting Epidemiological week 12)

- ✦ The Ministry of Health of Somaliland has released the Child Health Days immunization coverage rates, with 91% for polio, 88% for measles, 81% for diphtheria/pertussis/tetanus (DPT), 49% for tetanus toxoid, 82% for deworming, 86% for vitamin A, 88% for ORS, 90% for aqua tabs and 80% were screened using mid-upper arm circumference (MUAC).
- ✦ WHO and health partners are concerned of a potential high number of casualties if the military activities increase, particularly in Afgooye corridor.

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Epidemiological surveillance

- [Outbreak alerts](#)
- [Suspected cholera](#)
- [Suspected measles](#)
- [Confirmed malaria](#)
- [Conflict Related Injuries](#)

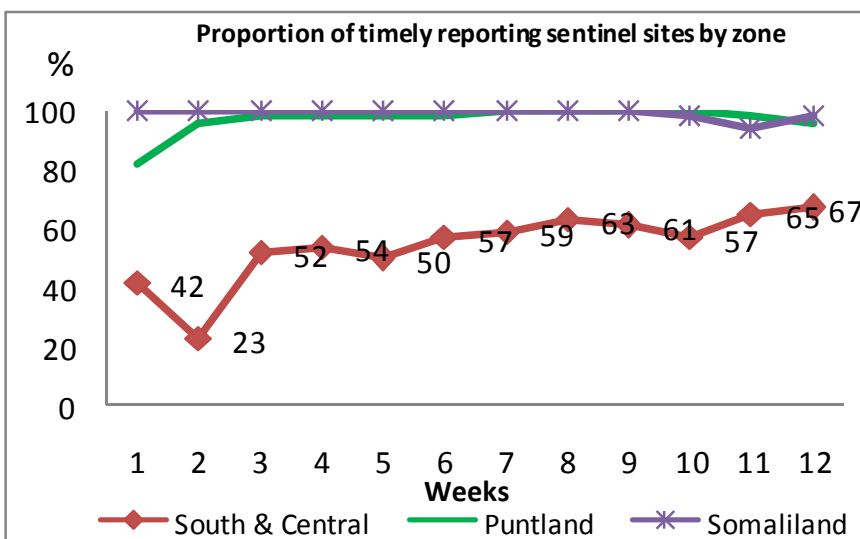
Health Response

- [Primary Health Care](#)

Communicable Disease Surveillance and Response (CSR)

Reporting completeness:

A total of 222 CSR sentinel sites report on weekly basis from the three zones of Somalia. During week 12, 98 % of all sentinel sites of Puntland reported (44 of 45), and so did report 98% (53 of 54) of all sentinel sites in Somaliland. A total of 67% (82 of 123) of all sentinel sites of South and Central Somalia reported on time (see graph 1), giving the highest number for this year and showing a steady slow increase. Overall, only 81% of the 222 sentinel sites reported on time for week 12.



EPIDEMIOLOGICAL SURVEILLANCE (19 - 25 MARCH 2012, EPI WEEK 12)

OUTBREAK ALERTS

- In **South and Central Somalia**, confirmed malaria was the leading cause of morbidity among the priority diseases (see table 1). There was a 36% increase in the number of confirmed malaria cases compared with week 11, particularly from the Lower Juba, Gedo, Lower Shabelle and Banadir regions. Suspected cholera cases also reported a slight decrease of 4% compared with week 11, particularly in Middle Shabelle, Middle Juba and Gedo regions.
- In **Somaliland**, the proportional morbidity of suspected measles continue to be reported with notably a 47% increase in the number of reported cases compared to week 10 (see table 2). The Ministry of Health has released the Child Health Days immunization coverage rates, with 91% for polio, 88% for measles, 81% for DPT, 49% for tetanus toxoid, 82% for deworming, 86% for vitamin A, 88% for ORS, 90% for aqua tabs and 80% were screened using MUAC.

Table 1. South and Central Somalia, Week 12 (19 - 25 March, 2012) No. of sentinel sites 123, reporting sites 82			
Health event	Total cases (%< 5 years)	Proportional Morbidity * (%)	CFR (%)
Susp. Cholera	589 (78%)	3	0.2
Susp. Shigellosis	140 (56%)	1	0
Susp. measles	140 (75%)	3	0.7
Acute flaccid paralysis	0	0	0
Susp. Hemorrh. Fever	0	0	0
Susp. Diphtheria	0	0	0
Susp. Whooping cough	34 (97%)	0.20	0
confirmed malaria	944 (36%)	4.85	0.2
Neonatal tetanus	3 (100%)	0.02	66
All other consultations	17602 (41%)		0

Table 2. Somaliland Week 12 (19 –25 March, 2012) No. of sentinel sites 54, reporting sites 53			
Health event	Total cases (%< 5 years)	Proportional Morbidity * (%)	CFR (%)
Susp. Cholera	30 (87%)	0.80	0
Susp. Shigellosis	30 (43%)	0.80	0
Susp. measles	53 (49%)	1.40	0
Acute flaccid paralysis	0	0	0
Susp. Hemorrh. Fever	0	0	0
Susp. Diphtheria	0	0	0
Susp. Whooping cough	2 (100%)	0.05	0
confirmed malaria	0	0	0
Neonatal tetanus	0	0	0
All other consultations	3819 (53%)		0

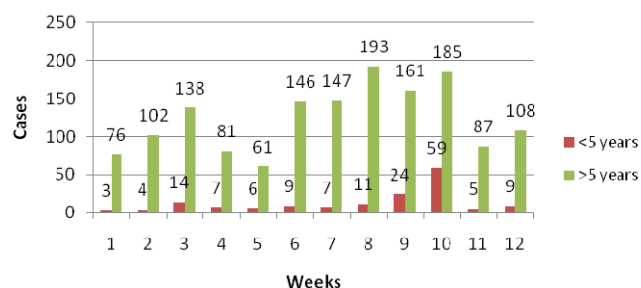
Table 3. Puntland Week 12 (19 –25 March, 2012) No. of sentinel sites 45, reporting sites 45			
Health event	Total cases (%< 5 years)	Proportional Morbidity * (%)	CFR (%)
Susp. Cholera	166 (75%)	4.60	0
Susp. Shigellosis	50 (52%)	-	0
Susp. measles	17 (47%)	-	0
Acute flaccid paralysis	1 (0%)	-	0
Susp. Hemorrh. Fever	0	0	0
Susp. Diphtheria	0	0	0
Susp. Whooping cough	0	0	0
confirmed malaria	5 (25%)	0.10	0
Neonatal tetanus	0	0	0
All other consultations	3375 (49%)		0

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

CONFLICT RELATED INJURIES

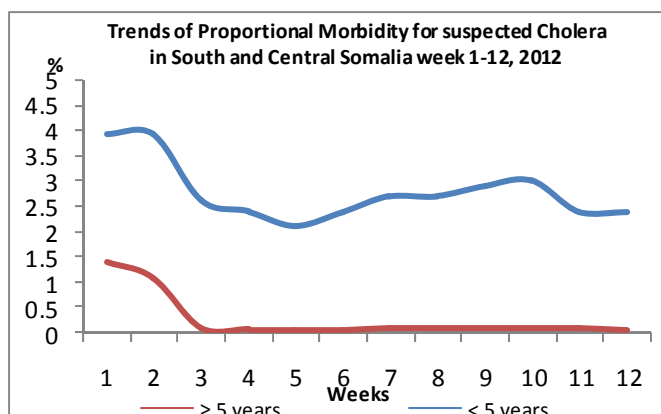
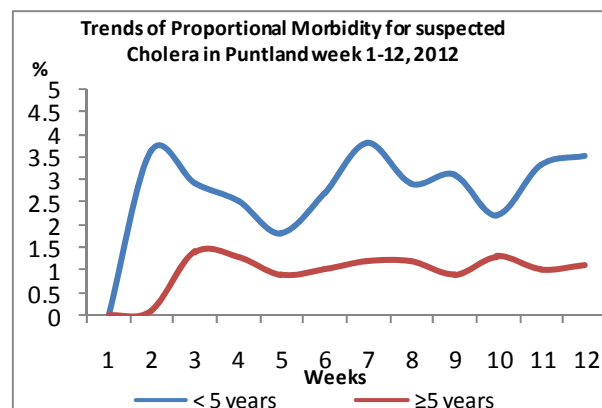
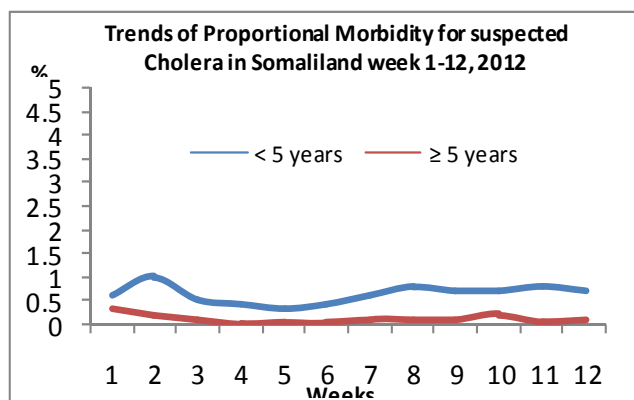
- From **1 January – 25 March 2012**, 1643 casualties from weapon-related injuries were treated in 4 hospitals in Mogadishu, with 158 cases (9.61%) under the age of five. A total of 23 deaths of above the age of five were reported.
- During the reporting week 12, a total of nine cases **under the age of five** were reported and 108 cases above the age of five. This increase is due to intensified fighting in some areas of Mogadishu and Afgooye corridor.

Weapon injuries reported in four hospitals in Mogadishu
week 1- 12, 2012



SUSPECTED CHOLERA (SOURCE: CSR SENTINEL SITES)

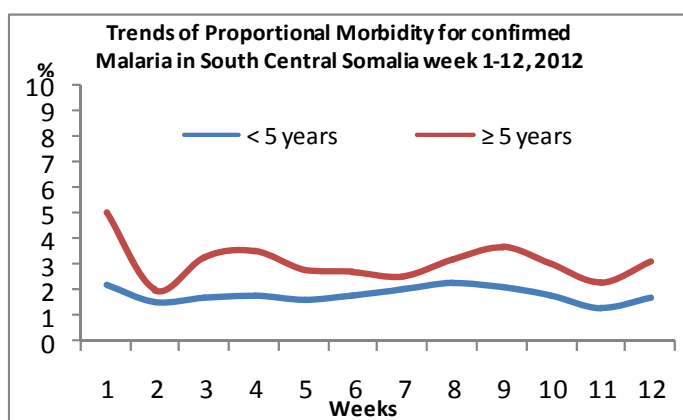
The number of suspected cholera cases across Somalia is expected to further increase. Although the proportional morbidity for South Central Somalia seems to remain stable during the past two weeks, looking at the regional breakdown, a 73% increase has been reported, particularly in Lower Shabelle region.



During 2012, the biggest disease burden for suspected cholera in South Central Somalia has been concentrated in 4 regions, namely Banadir, Lower Shabelle, Lower Juba and Middle Juba regions. Lower Shabelle, Lower Juba and Middle Juba are all located in riverine areas, while Banadir region has a huge number of IDPs and returnees living with lack of proper water and sanitation facilities.

As far as the immediate alert reporting of CSR, health partners face challenges in terms of picking up timely rumours for suspected cholera and other diseases with outbreak potential, due to sporadic communication network failures. This may mean an underreporting of the reality on the ground.

CONFIRMED MALARIA (SOURCE: CSR SENTINEL SITES)

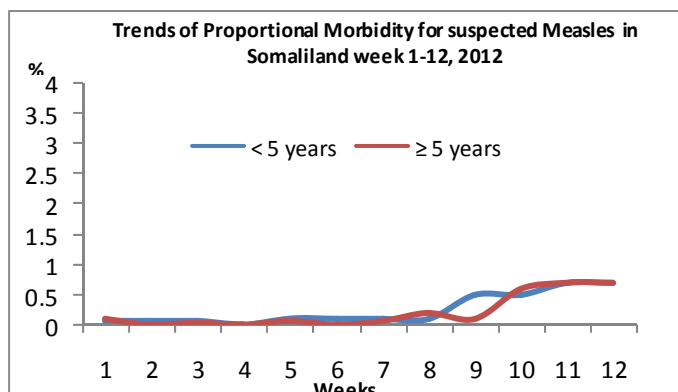


In **South and Central Somalia**, although two more sentinel sites reported in week 12, a 36% increase of confirmed malaria cases was reported during week 12.

A WHO investigation team, including an entomologist and laboratory technicians, is looking into the sudden increase of reported suspected malaria cases in Lower and Middle Juba. The results are still pending. However, Artemisinin-based combination therapy (ACT) and rapid diagnostic tests (RDTs) are in place at all health facilities.

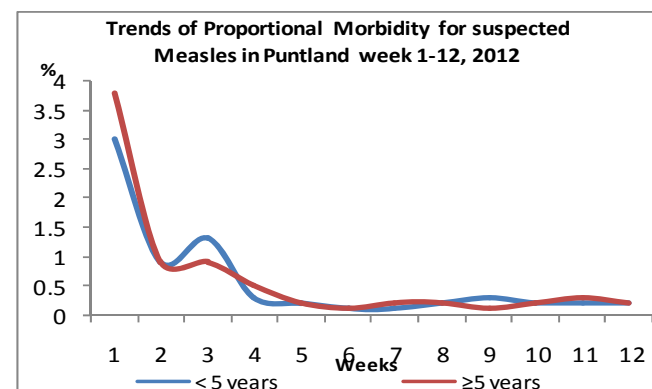
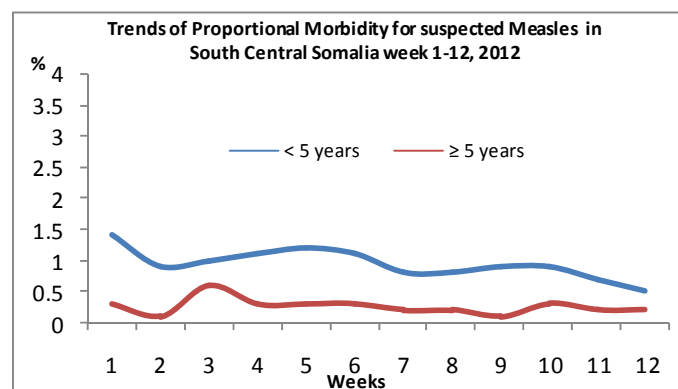
SUSPECTED MEASLES (SOURCE: CSR SENTINEL SITES)

Suspected measles cases continue to be reported across Somalia. Proportionally, **South Central Somalia** continues to report the highest number of suspected measles cases. This is due to the low vaccination coverage for all antigens as some regions have never been vaccinated over the past two years.



The Ministry of Health has released the Child Health Days immunization coverage rates, with 91% for polio, 88% for measles, 81% for DPT, 49% for tetanus toxoid, 82% for deworming, 86% for vitamin A, 88% for ORS, 90% for aqua tabs and 80% were screened using MUAC.

The increase in proportional morbidity continues to be generated by a large number of suspected measles cases reported especially from **Burao**. Burao reported the lowest measles vaccination coverage rates of the recently concluded Child Health Days (see tables below). However, local health authorities, WHO, UNICEF and health partners are strengthening routine immunization services by starting outreach vaccination activities in the affected areas.



MEASLES CASES IN SOMALILAND WEEK 11, 2012

District	< 5 yrs cases	> 5 yrs cases	Total cases
Burao	11	17	28
Berbera	9	4	13
Borama	2	4	6
Total for Somaliland	25	26	51

MEASLES CASES IN SOMALILAND WEEK 12, 2012

District	< 5 yrs cases	> 5 yrs cases	Total cases
Burao	16	20	36
Berbera	4	0	4
Borama	1	5	6
Total for Somaliland	26	27	53

CHILD HEALTH DAYS COVERAGE ROUND 1 2012, MEASLES (9-59 MONTHS) SOMALILAND

Region	District	Coverage rate (%)
Toghdeer	Burao	73
Sahil	Berbera	93
Awdal	Borama	82
Total for Somaliland		88

HEALTH RESPONSE

PRIMARY HEALTH CARE

- ✦ **Human Development Concern (HDC)** reported a total of 808 consultations (including 133 under the age of five and 352 female) at health facilities in some district of **Gedo region**. The main activities include outpatient department services to treat various illnesses, HIV awareness including voluntary counseling and testing, and maternal and child health care. The beneficiaries are the internally displaced people and host communities. Planned activities include training of health staff on the malaria emergency response and routine immunization.
- ✦ Between 24-29 March 2012, the **American Refugee Committee (ARC)** reported a total of 920 consultations including 395 children under the age of five, and 470 women. This is a slight increase as compared to previous week. During the reporting week, the teams diagnosed and treated 116 suspected cholera cases with oral-rehydration salts. About 40 cases were referred to major health facilities. The NGO's three mobile teams provided primary health care services and hygiene education to the more than 100 000 IDPs in Banadir region at selected sites in the districts of Hodan, Waberi, Shangani, Abdilaziz, Wardhigley and Xamarjajab. Following a memorandum of understanding with WHO, ARC will open a cholera treatment centre at Hodan district in April.
- ✦ The **Somali Young Doctors Association (SOYDA)** and partners are running health facilities and mobile clinics in the districts of Lower Shabelle and Banadir region. Between 23-29 March 2012, 1688 consultations were reported in Lower Shabelle, including 659 under the age of five, 941 female. In Banadir, 4137 consultations were reported including 1697 under the age of five including 2172 female. These facilities are targeting a population of more than 250 000 in both regions. The mobile clinics that provide basic health services mainly target IDPs. Other health services provided include free medical treatment and nutritional screening of patients.
- ✦ **HARD** organization and partners are distributing food items and other supplies at a temporary IDP settlement in Gerilley district in **Gedo region**. The displaced persons are from Bardere and Salagle districts and other parts of Somalia who enter Kenya from Liboi border. From 22- 28 March, a total of 250 consultations were reported including 87 children under the age of five. Malaria cases accounted for the highest number of consultations (74 including 20 under the age of five).
- ✦ In March 2012, **UNFPA** reported a total of 248 normal deliveries that were registered at nine Maternity Waiting Homes in Galkaayo set up at IDP camps in **Mudug region**. The project has hired skilled midwives who are assisted by traditional birth attendants (TBA), whose role is to mobilize pregnant mothers to utilize these homes. The main aim of this health initiative is to improve access to skilled birth attendance and facilitate referral to emergency care centers. At the Galkaayo Medical Centre fistula operations on nine patients were conducted, 32 mothers assisted with deliveries and 12 cesarean sections done for pregnant mothers referred from IDP camps in Puntland. course held in Hargeisa.



GAP ANALYSIS FOR HEALTH

- ✦ OCHA coordinated a gap analysis meeting on 22 March in Nairobi with stakeholders from Baidoa and Beletweyne towns. These towns have been recently liberated by TFG and allied forces. The Health Cluster partners participated in the meeting and provided the vital information on the existing gaps in health services.
- ✦ **BAIDOA**: Baidoa town has an estimated 30 000 population in need with an estimated population of 3685 IDPs (BWDN-2012). Health was regarded as number one priority by the participating organizations. They are currently undertaking needs analysis surveys for exact needs. Provision of medical supplies is not a big concern, however, access to these services are limited due to security and presence of qualified staff who fled during the recent violence. Access through roads is difficult during Gu rains. Gaps caused by the ban will be short lived as the partners starts returning gradually with the improved security. At the moment health supplies are routed to partners through Mogadishu and Mandera routes. Certain health cluster partners are willing to resume health services gradually as soon as the situation gets back to normal. Health Cluster plans are underway to scale-up services at the Baidoa hospital, selected MCH centers in the district and provision of mobile health services in secure areas.
- ✦ **BELETWEYNE**: The population in need is 36 500 in the Beletweyne town, with 7000 IDPs in Beletweyne town (UNHCR-2012). Health was regarded as number one priority by the participating organizations. Access to health services is not evenly distributed. One of the biggest gap is provision of vaccination services, especially due to an increased number of measles cases reported in recent months. There are 16 MCH centers in the town, however, they are providing services on a lower scales due to skeleton staff and limited supplies. The main hospital of Beletweyne town is supported by a health cluster associate partner and other partners are willing to increase primary healthcare services through MCH centers and Health posts. Health Cluster focal agency has been conducting regular monthly meetings in order to respond to the immediate needs through an integrated approach. There is need for another round of vaccination, child health services and strengthening of cold chain services. Restoration of health services through MCH centers and health posts is an immediate need. The health cluster has recently commissioned mobile health care services through its focal partner in Beletweyne.

In Focus

Mogadishu hospitals bear a great brunt of casualties after new fighting erupted

On 19 March 2012, seven-years-old Istahil was rushed to the hospital with one of the ambulances of AVRO (Aamin Voluntary and Relief Organization). She was one of the many victims injured following recent intensified fighting in some areas of Mogadishu and Afgooye corridor. Living with her family in Wardhigley district, motor shells severely injured her and her family, killing her parents and four siblings. Istahil now an orphan, has a broken hand and a head wound. She gets medical care in one of the major hospitals of Mogadishu.



Table 1: Overview of reported casualty data from three main hospitals in Mogadishu from 19 -25 March 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 the hospitals
238	134	31	12	21	14	66	1	4

Table 1 shows the breakdown of the 238 casualties reported from 19-25 March 2012 in three major Mogadishu hospitals. Compared with last week, an increase of 27% cases was reported. WHO and health partners are concerned of a potential high number of casualties if the military activities increase, particularly in Afgooye corridor. Many Somalis from Mogadishu fled to Afgooye when intense fighting in the city was a daily occurrence in recent years. The Afgooye corridor is the largest single concentration of internally displaced people in the world. There are over 400,000 people along a 40 kilometer stretch of road, which snakes out from Mogadishu heading eastwards.



Source: UNHCR web portal <http://data.unhcr.org/horn-of-africa/somalia.php>

According to UNHCR, the movement of IDPs from Afgooye to Mogadishu continued as a result of ongoing fighting between insurgents and AMISOM/TFG forces with over 4300 people arriving in various districts of the capital in the first two weeks of the month.

