



## 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 25 - 31 August 2012  
(reflecting Epidemiological week 34)

- Following the measles outbreak in June 2012 in Burao district, no suspected measles cases were reported in the same area during the reporting week.
- During the reporting week, no suspected cholera cases were reported in Southern Somalia.

#### IN FOCUS STORY:

#### ***Health partners trained on how to diagnose and treat correctly malaria cases***

Malaria, which is caused by a parasite transmitted to humans through the bites of infected mosquitoes, kills nearly 800,000 people around the world every year with most of the deaths occurring in Africa. The disease is a major health concern in Somalia, particularly affecting pregnant women and children under the age of five.

Following the call to health partners a couple of months ago, various requests were received to supply additional rapid diagnostic test (RDTs) to the health partners. RDTs assist in the diagnosis of malaria by providing evidence of the presence of malaria parasites in human blood. They are a useful alternative to diagnose effectively malaria, particularly where good quality microscopy services cannot be readily provided, which is sometimes the case in Somalia.

On 22 August 2012, a total of 20 participants coming from various health partners working in the area of malaria attended a one day training course in Mogadishu. Organized by WHO and in collaboration with the Ministry of Health, UNICEF and the Health Cluster, the training tackled issues on how to use correctly a rapid diagnostic test (RDT), how to administer malaria drugs by using the artemisinin-combination therapies (ACT) and finally how to do proper reporting of malaria cases using the Health Management Information System (HMIS) tools.

During the reporting week, health partner AFREC distributed a total of 500 long-lasting insecticide treated bed nets to the population living in Doble, Lower Jubba region.



*The training consisted of practical sessions on how to use RDTs for malaria*



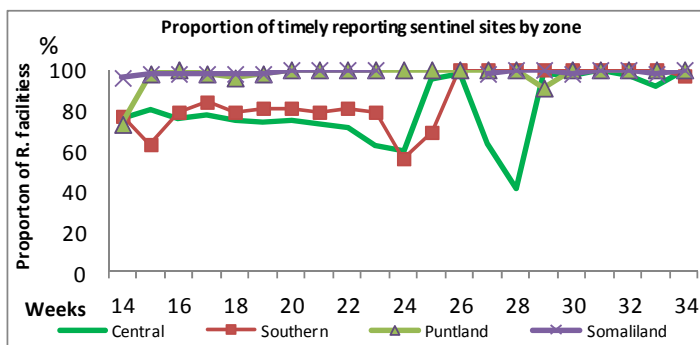
## EPIDEMIOLOGICAL SURVEILLANCE (EPI WEEK 34, 20 – 26 August 2012)

### TIMELY REPORTING:

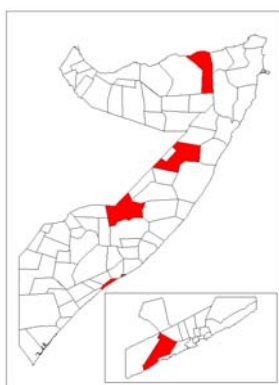
Of the 196 facilities currently reporting to the Communicable diseases Surveillance and Response (CSR) sentinel surveillance network, 195 reported timely during week 34. All reporting facilities in Central Somalia, Puntland and Somaliland were timely. In Southern Somalia 97% (35 of 36) sentinel sites reported timely in week.

### SITUATION OVERVIEW:

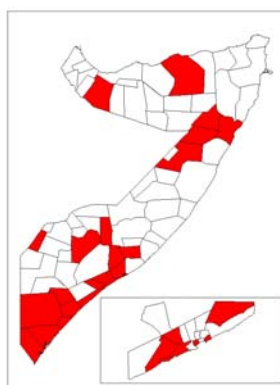
The maps below indicate the districts that reported cases of suspected cholera, suspected measles and confirmed malaria cases during week 34. No suspected cholera cases were reported in Southern while in Central cases were reported in two districts.



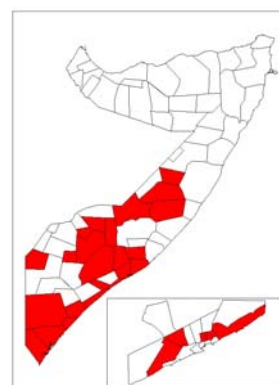
Districts reporting cholera cases



Districts reporting measles cases



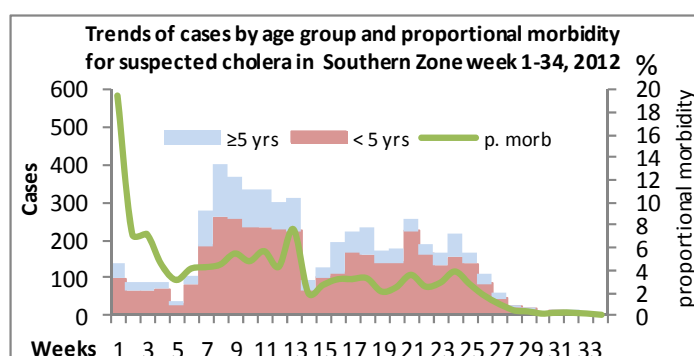
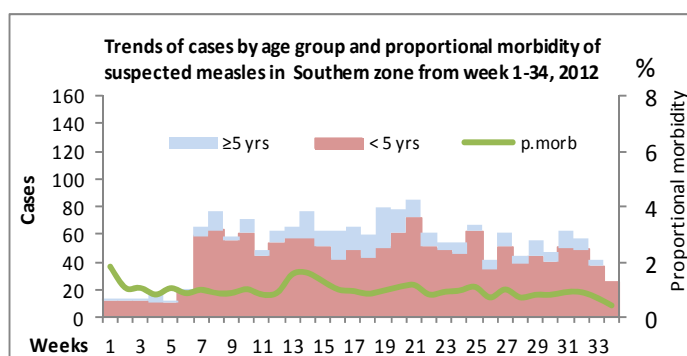
Districts reporting malaria cases

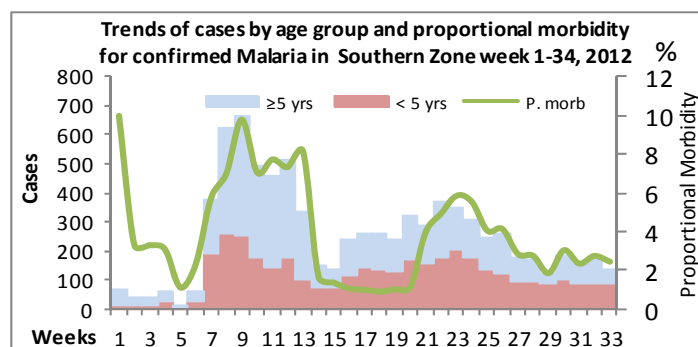


### SOUTHERN SOMALIA

Table 1. Southern Somalia (36 sentinel sites)	Week 31 (30 July-5 August 2012) - number of reporting sites 36		Week 32 (6-12 August 2012) - number of reporting sites 36		Week 33 (13-19 August 2012) - Number of reporting sites 36		Week 34 (20-26 August 2012) - number of reporting sites 35	
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	13 (84.6)	0.2	11 (81.8)	0.2	8 (100)	0.1	0	0
Susp. Shigellosis	51 (74.5)	0.7	44 (65.9)	0.7	39 (66.7)	0.7	29 (65.5)	0.5
Susp. Measles	63 (79.4)	0.9	57 (86.0)	0.9	42 (88.1)	0.7	26 (100)	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	59 (49.2)	0.9	59 (78.0)	0.9	40 (67.5)	0.7	34 (70.6)	0.6
Confirmed Malaria	154 (57.8)	2.3	172 (52.3)	2.7	138 (61.6)	2.4	108 (54.6)	1.7
Neonatal Tetanus	0	0	0	0	0	0	0	0
All other consultations	6472 (45.7)		6045 (45.7)		5450 (49.0)		5979 (48.5)	
Total consultations	6812 (46.6)		6388 (46.7)		5717 (49.9)		6176 (48.8)	

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





Consistent declines have been observed in Southern Somalia for all conditions that have been reported since week 31. During week 34, no **suspected cholera** cases were reported.

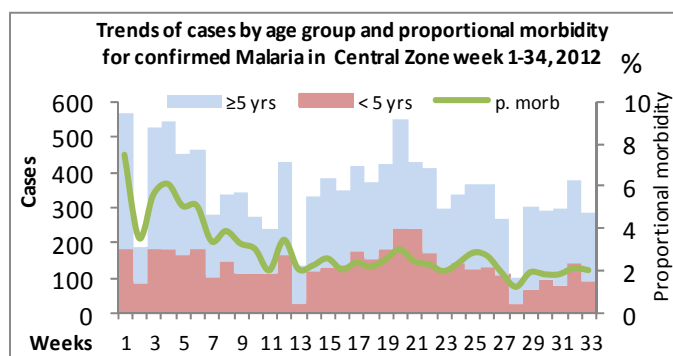
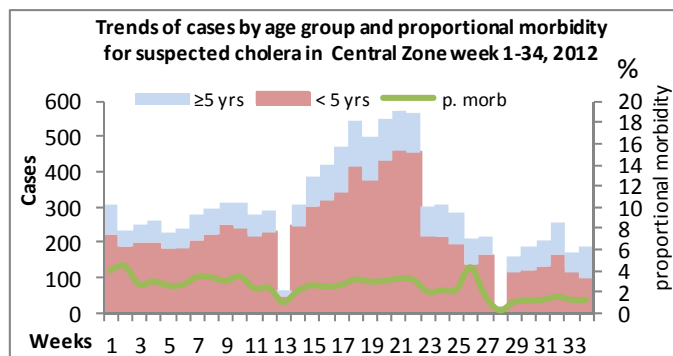
Fourteen out of twenty one districts in Southern Somalia reported **confirmed malaria** cases. In all districts except of two, the number of cases declined or remained stable. In Afmadow and Bhadhaade, confirmed malaria cases increased by 106.7% (from 15 to 31) and 42.9% (from 7 to 10) respectively.

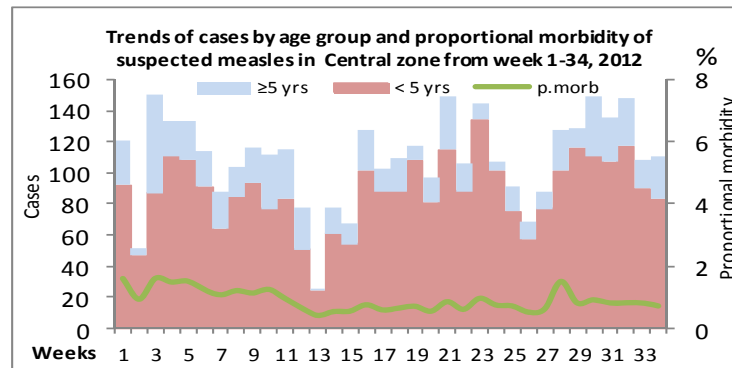
The 29 **suspected shigellosis** cases were reported from eight districts in three regions. While there was an overall decline increases in number of cases was reported in Baidoa, Bur hakana and Doolow districts. Nine districts in Southern Somalia reported **suspected measles** cases. Except for Afmadow and Badale districts, where a small increase in the number of cases was reported, the number of cases declined or stabilized in the rest of the districts.

## CENTRAL SOMALIA

Table 2. Central Somalia 61 sentinel sites	Week 31 (30 July-5 August 2012) - number of reporting sites 61		Week 32 (6-12 August 2012) - number of reporting sites 61		Week 33 (13-19 August 2012) - number of reporting sites 60		Week 34 (20-26 August 2012) - number of reporting sites 61	
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	204 (63.7)	1.2	256 (64.1)	1.5	169 (69.2)	1.2	186 (52.7)	1.2
Susp. Shigellosis	29 (75)	0.2	53 (90.6)	0.3	25 (84)	0.2	53 (79.2)	0.3
Susp. Measles	135 (79.2)	0.8	148 (79.1)	0.8	108 (83.3)	0.7	111 (74.8)	0.7
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	27 (81.4)	0.2	17 (76.5)	0.1	18 (77.8)	0.1	23 (86.9)	0.1
Confirmed Malaria	295 (26.1)	1.8	376 (37.5)	2.1	284 (31.7)	2	309 (30.7)	2
Neonatal Tetanus	1 (100)	0.01	5 (100)	0.03	8 (100)	0.1	2 (100)	0.01
All other consultations	15693 (41.2)		16674 (42.4)		13790 (44.3)		14565 (43)	
Total consultations	16384 (41.9)		17529 (40.1)		14402 (44.8)		15249 (43.4)	

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





In Central Somalia, **suspected cholera** cases continue to be reported mainly from one health facility, accounting for 98% (182 out of 186) of the reported cases in week 34. Another case was reported in Belet Weyn district where in the last four weeks at most two cases have been reported each week. Marka district reported three cases during the same reporting week. This district has reported three to four cases each week and this for the past six weeks. In Banadir region, only Kurtunwarey has suspected cholera cases later than week 28, besides the three that were reported in week 34.

**Suspected shigellosis** cases continue to be reported with fluctuating trends in Banadir and Lower Shabelle regions. In Banadir region, like with suspected cholera cases, suspected shigellosis cases continue to be reported in the same facility and nowhere else. In Lower Shabelle, cases were reported from four districts (Awdhegle, Kurtunwarey, Marka, Wanla Weyn) where since week 14 93.4% of the reported cases in the region occurred.

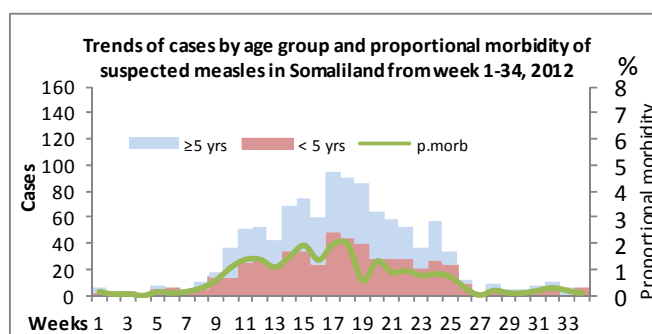
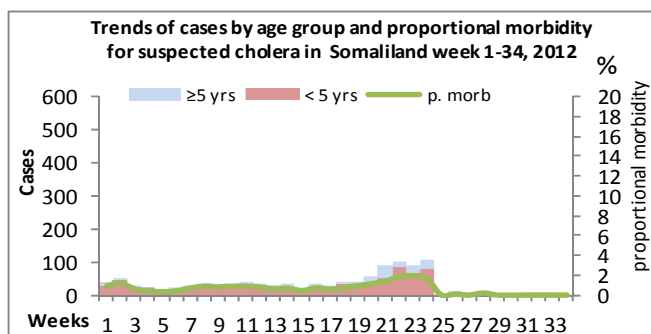
Huriwaa and Wadajir districts, accounting for the majority of all reported **suspected measles** cases (69.4% of all cases in Central Somalia) reported a 38.4% and 13.8% increase of cases respectively.

**Confirmed malaria** cases increased in week 34 in Banadir, Hiraan and Middle Shabelle regions. The last confirmed malaria cases reported in Hiraan date back from week 27. All cases were reported in a single facility in Belet Weyne. Middle Shabelle reported 22 cases up from 7 reported in week 33. The three districts that reported cases in week 34 have seen increases in recent weeks. Banadir region accounted for 80.5% of the confirmed malaria cases reported in Central Somalia, with 75.5% of these reported in Wadajir district alone.

## SOMALILAND

Table 3. Somaliland 54 sentinel sites	Week 31 (30 July-5 August 2012) - number of reporting sites 54		Week 32 (6-12 August 2012)- number of reporting sites 54		Week 33 (13-19 August 2012)- Number of reporting sites 53		Week 34 (20-26 August 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	0	0	0	0	0	0	0	0
Susp. Shigellosis	29 (27.6)	0.7	11 (18.1)	0.3	19 (42.1)	0.5	29 (58.6)	0.8
Susp. Measles	8 (50)	0.2	11 (54.5)	0.3	6 (16.6)	0.2	5 (100)	0.1
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	1 (100)	0.03	0	0	0	0	0	0
All other consultations	3954 (44.3)		3420 (47.0)		3446 (43.6)		3686 (50.9)	
Total consultations	3992 (44.1)		3442 (46.9)		3471 (43.5)		3720 (51)	

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

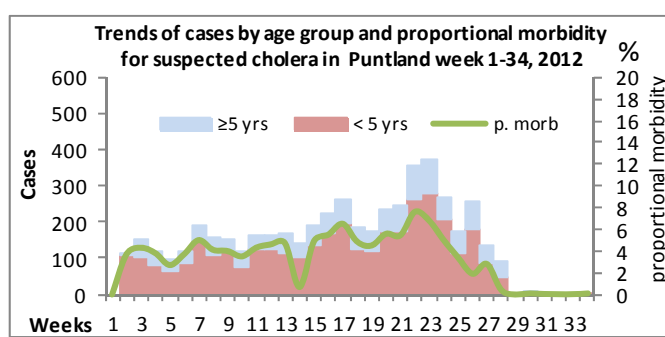
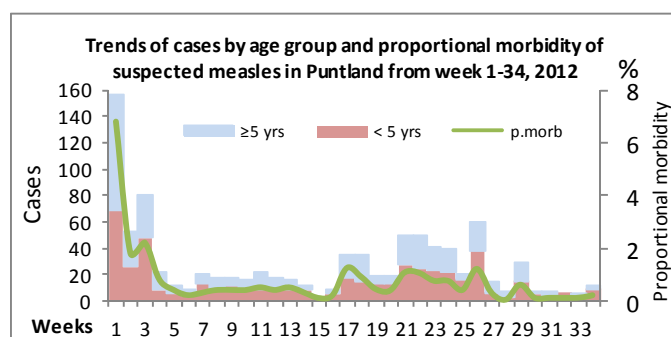


No **suspected measles** cases were reported from Burao district where an outbreak occurred in June despite the continued number of reported cases. However, during week 34, one suspected measles case was reported in Bhdan and four in Hargeysa. Reported **suspected shigellosis** cases increased for the second consecutive week with cases reported in nine districts in four different regions. Hudun district reported three cases after reporting no cases for 10 consecutive weeks. The number of cases reported in Lasanod increased by 100% from 6 to 12 between weeks 33 and 34.

## PUNTLAND

Table 4. Puntland 45 sentinel sites	Week 31 (30 July-5 August 2012) - number of reporting sites 45		Week 32 (6-12 August 2012)- number of reporting sites 45		Week 33 (13-19 August 2012)- Number of reporting sites 45		Week 34 (20-26 August 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)	*Proportional morbidity
Susp. Cholera	2 (100)	0.04	1 (100)	0.02	1 (100)	0.02	3 (100)	0.1
Susp. Shigellosis	0	0	1 (100)	0.02	4 (75)	0.08	3 (33.3)	0.1
Susp. Measles	7 (42.9)	0.1	6 (100)	0.1	5 (80)	0.1	11 (81.8)	0.2
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	1 (100)	0.02	1 (100)	0.02
Confirmed Malaria	0	0	0	0	0	0	0	0
Neonatal Tetanus	0	0	0	0	0	0	0	0
All other consultations	5378 (41.6)		5314 (41.8)		4637 (44.0)		5316 (44.4)	
Total consultations	5387 (41.6)		5322 (41.9)		4648 (44.1)		5334 (44.5)	

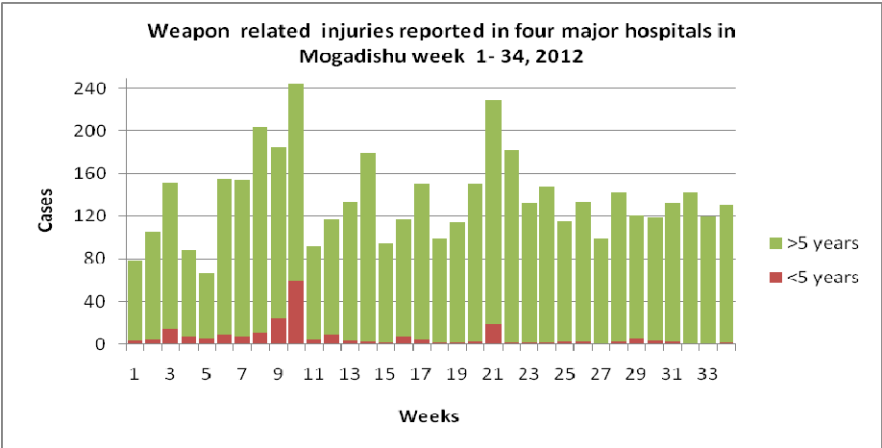
\*Proportional Morbidity is the number of cases for individual health event as a proportion of all consultations for the reporting week.



Reported **suspected measles** cases increased after gradual declines in recent weeks. The 11 cases were reported in five districts. Three of these districts did not report a case last week and Burtinle had last reported a case in week 29. **Suspected cholera** and **suspected shigellosis** cases continue to be reported at low levels. Suspected shigellosis cases were reported from Jariiban and Garoowe, both of which did not report a case in the previous week. Suspected cholera cases were reported from Dhahar and Galkacyo districts which have generally been reporting a decreased number of cases since week 25. The single case in Dhahar was reported after two consecutive weeks with no reported cases.

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

From **1 January – 26 August 2012**, 4632 casualties from weapon-related injuries were treated in four hospitals in Mogadishu, with 218 cases (4.7%) under the age of five. A total of 90 deaths above the age of five and 13 deaths below the age of five years were registered.



Breakdown of casualties treated in four major hospitals in Mogadishu, from 20-26 August 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
130	60	4	15	9	4	9	0	3



## HEALTH RESPONSE

Activity data from 18-23 August 2012



Patients take medication at a WARDI mobile health teams in Mogadishu



A doctor sees a patient at the Muslim Aid medical camp in Mogadishu. The health partner is providing free health services



Somali Community Concern provides free consultation and treatment at their health centers in Banadir region

Partner	Region(s) or location	Health intervention(s)	Target Population	Total consultations	<five years	Female
Women and Health Alliance (WAHA) International	Banadir	MCH/OPD/non complicated deliveries, referral services to Hanano hospital	10783 families	240	121	127
		Maternal Hospital	> 100 000	68 in-patients, 128 OPD consultations		
		Forlanini Hospital- mother and child health	> 50 000	61	47	14
WARDI	Banadir, Hiraan	Primary health care, MCH, OPDs, health posts	73 386	1973	833	1094
		Mobile teams	34 773	1684	815	786
		Cholera treatment centre	47 945	44	30	28
Warsan Youth Development Organization (WYDO)	Banadir, Lower Shabelle	MCH, hospital	12 950	463	329	134
Centre for Peace and Democracy/Save the Children UK	Banadir, Hodan and Holwadag districts	PHC including MCH, ORP and immunization services	> 114 220	2413	943	1185
American Refugee Committee (ARC)	Banadir	Fixed OPD/ORP	88 940	1473	706	748
		PHC	8000	183	94	98
		Cholera treatment centre	197 740	65	46	34
Mercy Malaysia	Banadir	Primary health unit	100 000	475	150	270
Society Development Initiative Organization (SDIO)	Middle Jubba	MCH, health post including outpatient therapeutic and supplementary feeding programmes	15792	1326	226	456
Somali Community Concern (SCC)	Banadir, Galgadud, Middle Shabelle	OPD	1062	523	98	381
Somali Aid	Middle Jubba	MCH, OPD	73 140	294	41	161

		Leprosy hospital	4035	76	1	40
IMC	Banadir	Mobile clinic	50 245	60	17	28
SORRDO	Banadir	CTC		32	13	21
		Mobile clinic	12 000 households	153	89	78
		MCH, OPD including reproductive health services	72 500	941	246	408
SAMA	Bay, Bakool	Mobile clinics	46 000	807	283	371
		MCH, OPD, health centre, emergency health post	159 000	2291	840	1187
Muslim Hands	Banadir, Middle and Lower Jubba, Galgaduud	MCH, OPD	22 490	1401	701	837
HDC	Gedo	MCH, OPD	130 000	905	141	398
AFREC	Lower Jubba	MCH	21 200	250	137	113
Direct Aid	Banadir, Gedo	OPD including rehydration services	201 000	448	197	231
Merlin	Banadir, Galgadud	Intergrated primary health centre, MCH, OPD including antenatal care, immunization services and health education	249 179	3279	1175	1763
PHF	Banadir	MCH, OPD	20 800	1336	695	554
		Diarroeah centre	20 800	390	339	254
Qatar Red Cresent Society	Lower Shabelle	Communicable and tropical disease centre	30 000	587	102	387
SWC	Banadir	Health centre	600	210	90	120
		Mobile clinic	300	156	58	98

*\*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.*