



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 26 May - 1 June 2012
(reflecting Epidemiological week 21)

- As a response to the current cholera outbreak in Mogadishu, a fourth cholera treatment center (CTC) has been opened. The CTC, fully functional, is located in Xamarjajab district and acts as a referral center for suspected cholera cases to decongest the caseload in Banadir hospital.

Rapid needs assessments in various IDP camp locations in Mogadishu

Health partner Watchful Association for Relief and Development (WARD) carried out between 19-24 May 2012 a rapid needs assessment on the health needs in the IDP camp Dankulan (Hodan district), following the new displacements of Afgooye corridor. Results are still pending. Various families were interviewed, one of them Maka Mohamed, a mother of 8 children. "We would like to go back home in Bay region after fleeing Afgooye, to settle down and start our lives again", she said.



Maka and her family preparing a meal

Preliminary report on intensified fighting in Afmadow

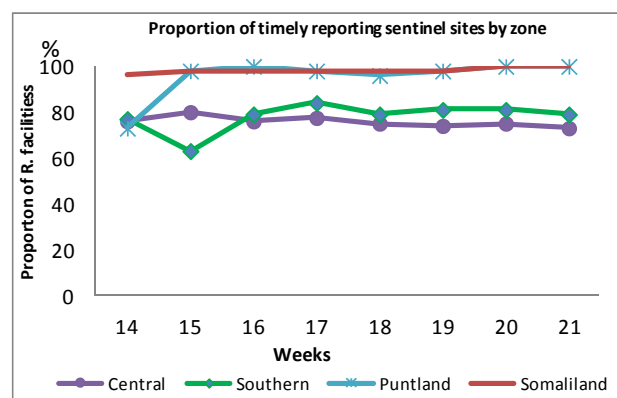
On Thursday 31 May, preliminary updates were received regarding heavy fighting near Afmadow town. Over the past 48 hours an unknown number of civilians have been displaced towards Godaya, Magar and Qabaa villages (Afmadow district). So far, reports were received that a total of four civilians were injured before dawn after mortar shells have hit their nomadic settlements near Afmadow town. However, tension seem to be very high, and WHO and partners expect that wounded civilians might seek treatment in the coming hours in the various health facilities of Lower Jubba.



EPIDEMIOLOGICAL SURVEILLANCE (EPI WEEK 21)

TIMELY REPORTING:

A total of 222 sentinel sites report on a weekly basis from the four zones of Somalia. During **week 21**, all 54 (100%) sites in Somaliland and 45 sites in Puntland reported on time. Only 58 of 80 (72.5%) sites reported on time from Central Somalia while 34 of 43 (79.0%) sites reported on time from Southern Somalia.



SITUATION OVERVIEW:

During week 21, the leading causes of morbidity across the zones were **suspected cholera** and **confirmed malaria**. Suspected cholera accounted for most consultations in **Central Somalia** (3.22%), **Somaliland** (1.38%), and **Puntland** (5.44%) while **confirmed malaria** was the leading cause of morbidity in **Southern Somalia** (3.96%). A steady increase in the number of consultations continues to be observed in almost all areas of Somalia experiencing rains.

CENTRAL SOMALIA

Table 1. Central Somalia	Week 21 (21-27 May 2012) - Number of sentinel sites 80, number of reporting sites 58	
Health Event	Total cases (% < 5 yrs)	*Proportional Morbidity
Susp. Cholera	571 (80.74%)	3.22%
Susp. Shigellosis	48 (41.67%)	0.27%
Susp. Measles	149 (77.18%)	0.84%
Acute flaccid paralysis	0	0
Susp. Hemorrh. Fever	0	0
Susp. Diphtheria	0	0
Susp. Whooping cough	23 (82.61%)	0.13%
Confirmed Malaria	428 (55.61%)	2.41%
Neonatal Tetanus	5 (100%)	0.03%
All other consultations	16511 (44%)	

SOUTHERN SOMALIA

Table 2. Southern Somalia	Week 21 (21-27 May 2012) - Number of sentinel sites 43, number of reporting sites 34	
Health Event	Total cases (% < 5 yrs)	*Proportional Morbidity
Susp. Cholera	258 (86.82%)	3.55%
Susp. Shigellosis	210 (61.43%)	2.89%
Susp. Measles	85 (84.71%)	1.17%
Acute flaccid paralysis	0	0
Susp. Hemorrh. Fever	0	0
Susp. Diphtheria	0	0
Susp. Whooping cough	55 (79.71%)	0.95%
Confirmed Malaria	288 (53.47%)	3.96%
Neonatal Tetanus	0	0
All other consultations	6375 (57%)	

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

More than 250 cases of suspected **shigellosis** are being reported in South and Central Somalia and 1% or greater proportional morbidity in Somaliland and Puntland. Shigellosis can be associated with high attack rates and case-fatality rates, especially among children aged less than 5 years. The Center for Disease Control (CDC) recommends to minimize person-to-person transmission (fecal-oral) and keep food and water safe and covered.

In **Central Somalia**, cases of **neonatal tetanus** are continuing to be reported intermittently (none last week; however, 2 cases in South Somalia last week). Enforce strict adherence to aseptic deliveries, including cutting of the umbilical cord, and administration of tetanus toxoid-containing vaccine during pregnancy.

In the **Southern Somalia**, **confirmed malaria** is the leading cause of morbidity accounting for 3.96%. For Central and Southern Somalia, suspected whooping cough continues to be reported. Ensure vaccination and adherence to the case definition is occurring.

Case definition for suspected whooping cough (pertussis):

Suspected whooping cough (pertussis)	- Person with cough lasting <u>at least</u> 2 weeks AND ONE or more of the following signs: <ul style="list-style-type: none"> o Fits of coughing (paroxysms) o Making whooping sound when breaking in (inspiratory whooping) o Vomiting immediately after coughing without other cause (post-tussive vomiting)
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SOMALILAND

Table 3. Somaliland	Week 21 (21-27 May 2012) - Number of sentinel sites 54, number of reporting sites 54	
Health Event	Total cases (% < 5 yrs)	*Proportional Morbidity
Susp. Cholera	88 (60%)	1.38%
Susp. Shigellosis	64 (50%)	1.00%
Susp. measles	58 (48%)	0.91%
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	6149 (52%)	

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

Suspected cholera became this week the leading cause of morbidity in Somaliland (see table 3). A total of 58 out of 88 (67%) reported suspected cholera cases came from Erigavo district, Sanaag region. The exact reasons for this sudden increase in Erigavo district are being investigated. Regarding **suspected measles**, the proportional morbidity slightly decreased compared with last week (1.34% for week 20, compared with 1.00% for week 21), however the total number of consultations was higher this 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 4. Puntland	Week 21 (21-27 May 2012) - Number of sentinel sites 45, number of reporting sites 45	
Health Event	Total cases (% < 5 yrs)	*Proportional Morbidity
Susp. Cholera	248 (71%)	5.44%
Susp. Shigellosis	58 (50%)	1.27%
Susp. Measles	49 (55%)	1.07%
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	4206 (48%)	

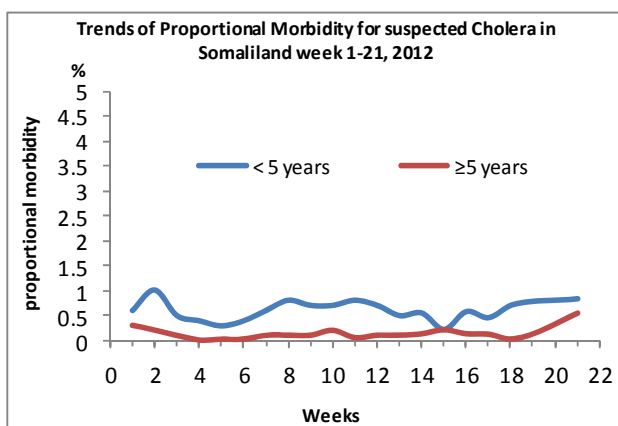
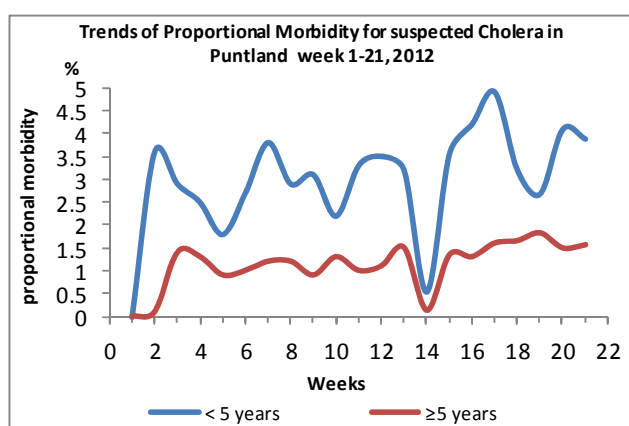
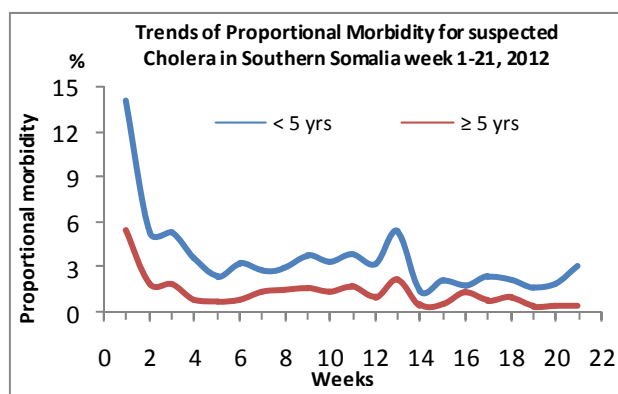
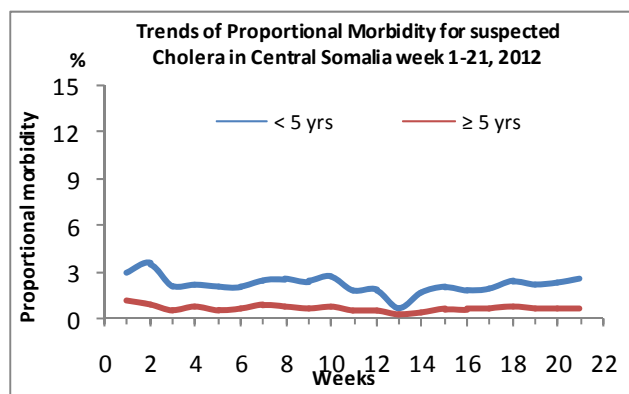
**Proportional Morbidity is the number of cases for individual health event as a proportion of all consultations for the reporting week.*

Suspected cholera remains the leading cause of morbidity in Puntland accounting for 5.44% during **week 21** (see table 4).

A similar trend is being observed for **suspected shigellosis**, with almost remaining stable in terms of proportional morbidity (1.44% last week compared to 1.27% this week).

MAIN CAUSES OF MORBIDITY:

SUSPECTED CHOLERA (SOURCE: CSR SENTINEL SITES)



Results of 23 out of 60 stool samples collected from suspected cholera cases in Banadir region (**South Central Somalia**) during week 19 are still pending. The results of the 37 other samples were reported during week 20.

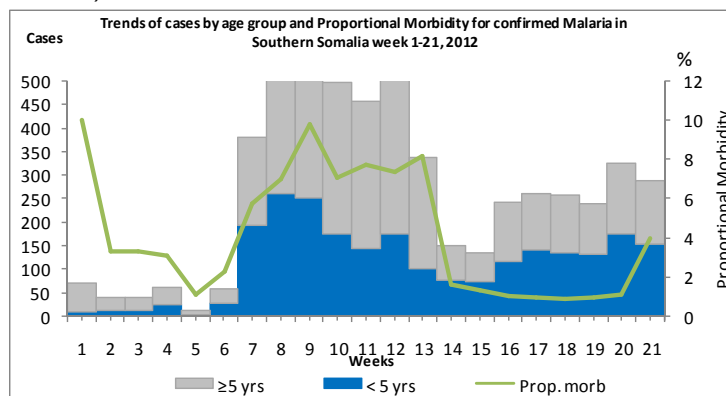
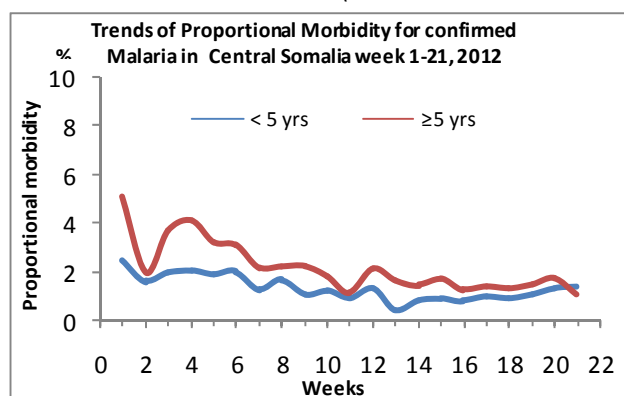
Following the routine water quality monitoring exercise in Mogadishu, reported during week 18, UNICEF and WASH cluster have dispatched additional chlorine to Mogadishu. In this regard, WASH partners will be able to step up chlorination activities.

As response to the current cholera outbreak in Mogadishu, WHO and UNICEF have prepositioned adequate stocks of diarrhoeal disease kits (DDKs). Partners who are in need of additional DDKs should contact WHO/UNICEF staff in Mogadishu.

Table 5: Overview of reported suspected cholera cases in four cholera treatment centers, week 21

Name Cholera treatment center (CTC)	Total cases	Total cases under the age of five	Number of deaths
Banadir hospital	288	166	2
Hodan	65	50	0
Xamarjajab	79	54	0
Merka hospital	35	25	0

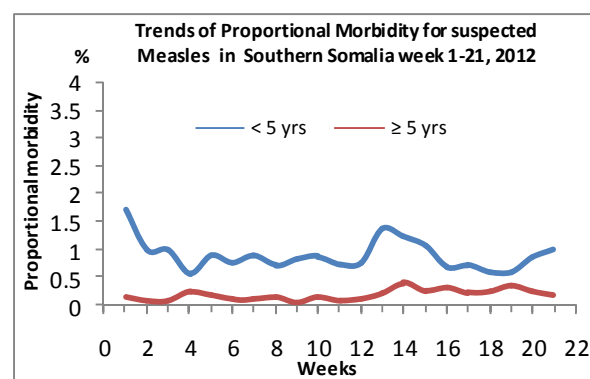
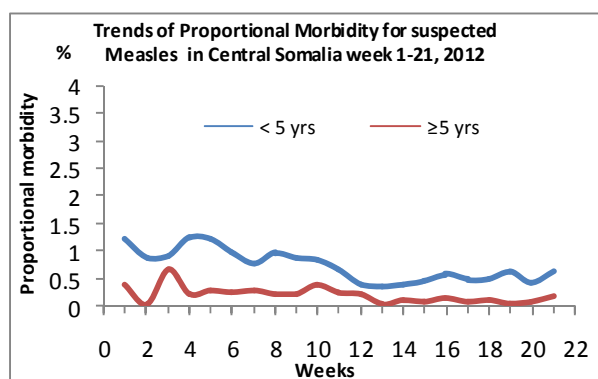
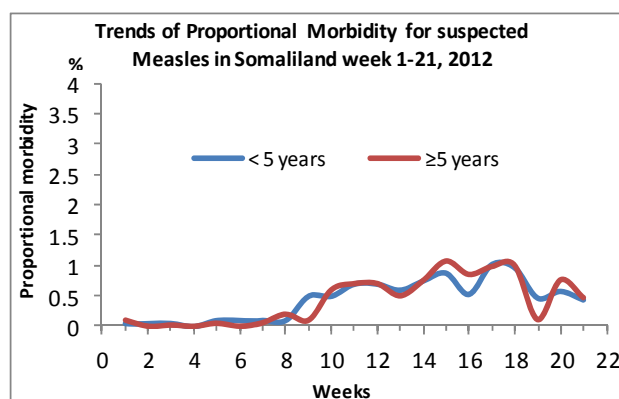
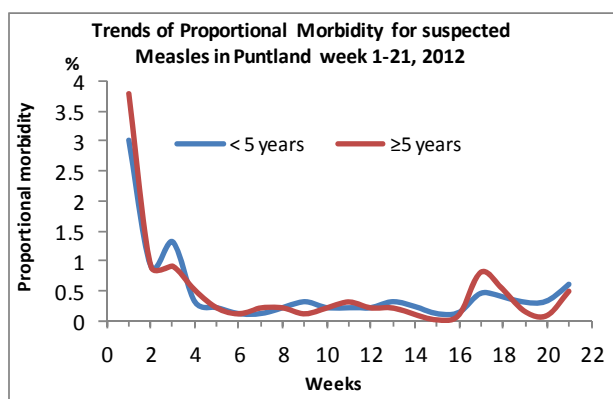
CONFIRMED MALARIA (SOURCE: CSR SENTINEL SITES)



WHO encourages all field partners to screen all fever cases with the rapid diagnostic tests (RDTs) as well as microscopy whenever it is available. RDTs have been provided by UNICEF to all health facilities and are available in large quantities.

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** continues. 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. The planned National Immunization Days for Somaliland (28-30 May) have been cancelled till further notice.

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

From **1 January – 27 May 2012**, 2914 casualties from weapon-related injuries were treated in four hospitals in Mogadishu, with 198 cases (6.8%) under the age of five. A total of 60 deaths above the age of five and 11 deaths below the age of five years were registered.

Since the beginning of the year, this reporting week accounted for the highest number of casualties ever, giving a total of 229 casualties. This is due to additional fighting (see graph).

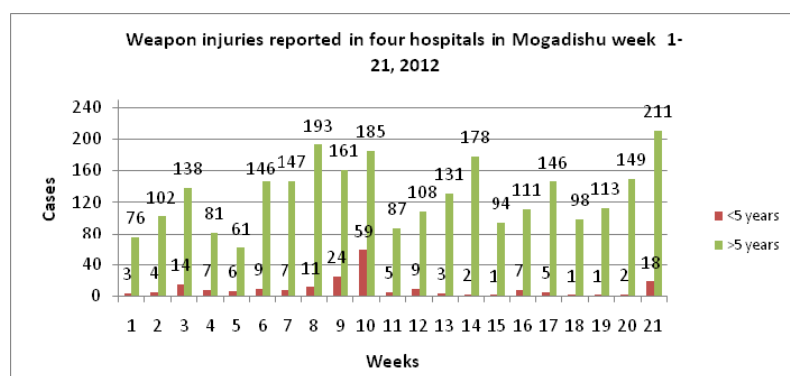


Table 6: Distribution of medical supplies by UNICEF and WHO

Number of kits	Location/Region	Beneficiaries
One trauma kit	Kismayo, Lower Jubba	100 major surgeries
10 basic units	Dobley, Gedo	10 000 population for three months
One trauma kit	Baidoa, Bay	100 major surgeries
One trauma kit	Afgooye, Lower Shabelle	100 major surgeries
One trauma kit	Galckayo south, Mudug	100 major surgeries
Two inter-agency health kits	Ministry of Health/TFG	To serve population in the liberated areas (20 000 for three months)

HEALTH RESPONSE (COVERING THE PERIOD FROM 19-24 MAY 2012)

PRIMARY HEALTH CARE:



A child is measured its weight at a health facility



Mobile clinic activities organized by Geelo in Hiraan

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	223	290	184
		Hospital	> 100 000	119	5	
CAP ANAMUR	Mogadishu, Hodan	Health related activities at Banadir hospital including OPD/OTP/ICU/stabilization centre/pediatric ward	-	1196	985	549
American Refugee Committee	Banadir	Mobile teams	100 737 IDPs	1527	647	825
		cholera treatment centre (CTC)	-197 740	68	45	29
GEELO	Hiraan	MCH, OPD, ambulance services	2134	1980	1150	872
SOADO	Banadir	MCH, OPD, non-complicated deliveries, referral services to Banadir hospital, mobile clinic	20 000 households	301	155	184
Peace Action Society Organization for Somalia (PASOS)	Banadir	OPD	37 000	1021	206	370
CESVI	Banadir	MCH	120 000	598	193	257
		Mobile team	60 000	1153	405	617
Mercy Malaysia	Banadir	Primary health unit/OPD	100 000	431	128	266
Daod Medical Foundation	Banadir	Mobile team	4800	150	69	72
		OPD	5000	180	81	90
Watchful Association for Relief and Development (WARD)	Banadir	Health Centre, Out-patient department (OPD), Mother and child health (MCH) centre	51 000 households	2010 households	1110	900
OSPAD	Banadir	OPD, mobile clinic teams	4813	3414	1692	2553
Muslim Hands	Banadir	Health services	5679	615	495	400
SOPHCO	Banadir	Mobile clinic, OPD	3675	310	221	82
PHF	Banadir	Clinic, MCH, OPD, CTC	3200	1266	725	543
SDIO	Middle Jubba	MCH, OPD, health post	24 356	370	38	283
Horn Aid Trust	Lower Shabelle, Banadir	MCH, mobile clinic	1700	900	212	682
Muslim Aid UK	Lower Shabelle, Banadir	MCH, outpatient therapeutic (OTP) programme supplementary feeding programme, TB control	>530 000	3653	1458	2175
Direct Aid	Banadir, Gedo	OPD, rehydration services	171 000	674	323	388
Qatar Red Crescent Society	Banadir	Mobile clinics, primary health centres (PHC), OPD	15 800	880	625	680
Somali Aid	Middle Jubba	MCH	36 570	564	167	209
FERO	Lower Shabelle	MCH	2500	174	110	64
WYDO	Banadir	Free treatment to the internally displaced persons, hygiene promotion		400	77	323
Islamic Relief	Banadir, Lower Shabelle	OPD, antenatal care services, mobile clinic		1837	965	840
Somali Young Doctors Association (SOYDA)	Lower Shabelle, Banadir	Free health services, integrated health and nutrition	>230 000; 1100 households	5471	1954	2608