



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.

HIGHLIGHTS

Reporting December 2012 - Epidemiological weeks 49 – 52

- **CHOLERA** Ten alerts in Lower Jubba and Bay regions
- **MALARIA** Outbreak in Bossaso
- **POLIO VACCINATION** Campaign targets newly accessible areas

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Ten alerts of suspected cholera were reported, eight in Lower Jubba and two in Bay

Lower Jubba - Eight alerts were reported by partners in Hido, Jedecaley, Jaaro, Diidadey, Dhobley, Kulbio, Durow and Gora. A total of 241 cases were reported, mainly children under the age of five, with three-related deaths (Case Fatality Rate: 1.2). Of these cases, 200 were treated as out-patients while 39 required in-patient treatment. Results of the verification of cases and deaths are still pending.

Bay region - Two alerts were verified and 13 cases and four-related deaths (including one adult) were registered. It was concluded that the affected victims developed diarrhea after consuming contaminated camel milk. The situation is back to normal.

Malaria: outbreak declared in Bossaso

An outbreak of confirmed malaria in **Bossaso** district (Bari region) was declared by health authorities, following an observed increase in cases attended to at private health facilities. The authorities requested the coordination of response activities and evaluation of impact integrating all data from both private and public health facilities. Outbreak investigation is currently ongoing. In the last week of December, 119 malaria cases were confirmed by Rapid-Diagnostic Testing (RDT).

Vaccination campaign reaches newly accessible areas

Vaccination activities took place in some areas of South-Central Somalia, mainly newly accessible areas, during National Immunization Days (NIDs) and Child Health Days (CHDs). Over 555,000 children were reached.

NIDs targeted more than 250,000 children under the age of five with **polio vaccination**, including 96,300 children in **newly accessible districts** of Afmadow, Badade (Lower Jubba region), Balad (Middle Shabelle region) and Afgoye (Lower Shabelle region), and five districts in Gedo region. The house-to-house campaign strategy reached almost 235,000 children.

CHDs immunization campaigns took place in Banadir region and Garbahare district (Gedo region), reaching 321,800 children under the age of five with polio vaccination. Within the campaign, **measles vaccine** was also administered to more than 265,000 children between 9 and 59 months, while about 330,000 women of child-bearing age received the **tetanus injection**. Additional interventions included deworming, Vitamin A supplementation, provision of aqua tabs and malnutrition screening.

EPIDEMIOLOGICAL SURVEILLANCE (EPI WEEK 49 to 52, 3-30 December 2012)

SOUTHERN SOMALIA

In the month of December, from weeks 49 to 52, four cases of **suspected cholera** were reported from the 36 sentinel sites in southern zone. This represents a 73.3% decrease compared to the month of November, when 15 cases of suspected cholera were reported, mainly in weeks 45 and 48. Over the past 4 months, adherence to the recommended case definition for suspected cholera has improved significantly among partners working in the Southern zone. Trainings on revised reporting tools for 2013 are planned, with the objective to cover case definitions and the monitoring and evaluation component of the program, and to ensure at least one visit to each sentinel site per month (where and when access is possible).

During the same period, 69 cases of **suspected measles** were reported, showing a slight decrease compared to the 61 cases reported during the month of November (weeks 45-48).

A 23 % increase in the reported **confirmed malaria** cases was observed. About 682 cases were reported in December compared to 526 cases reported during November.

Cases of **suspected shigellosis** continue to be reported and all verifications indicate non-adherence to the recommended case definition for suspected shigellosis, which is: “visible blood in stool”. This is expected to improve following the weekly feedback as part of the weekly monitoring and evaluation protocol and through the planned trainings of health workers.

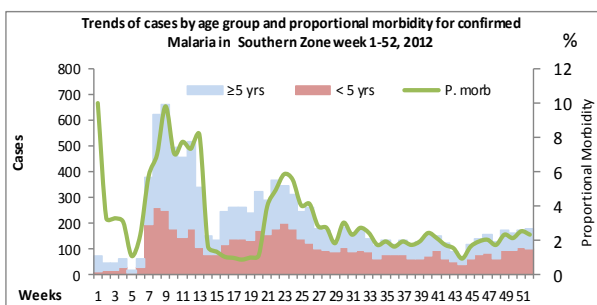
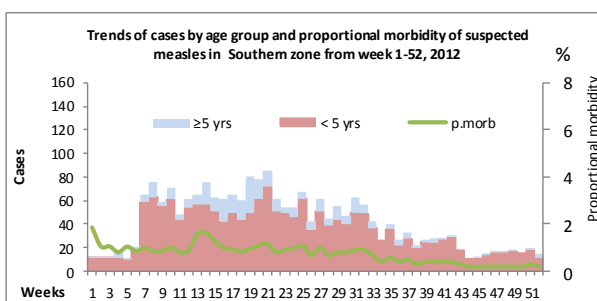
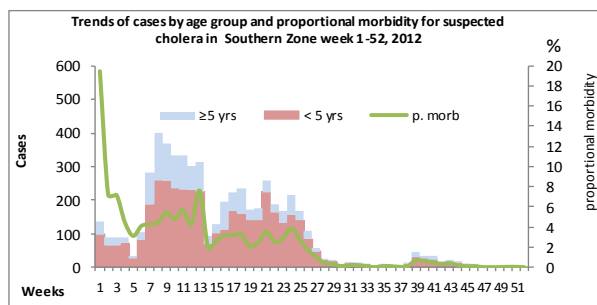


Table 1. Southern Somalia (36 sentinel sites)	Week 49 (3 -9 Dec 2012)- Number of reporting sites 36		Week 50 (10 -16 Dec 2012)- Number of reporting sites 36		Week 51 (17 -23 Dec 2012)- Number of reporting sites 36		Week 52 (24 -30 Dec 2012)- Number of reporting sites 36	
Health event	Total cases (% <5 yrs)	*Proportional morbidity	Total cases (% <5 yrs)	*Proportional morbidity	Total cases (% <5 yrs)	*Proportional morbidity	Total cases (% <5 yrs)	*Proportional morbidity
Susp. Cholera	0	0	2 (100)	0.03	2 (50)	0.03	0	0
Susp. Shigellosis	26 (61.5)	0.3	22 (45.4)	0.3	22 (45.4)	0.3	21 (57.1)	0.3
Susp. Measles	19 (89.5)	0.2	15 (100)	0.2	20 (90)	0.3	15 (80)	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	15 (86.7)	0.2	17 (94.1)	0.2	14 (100)	0.2	11 (91)	0.1
Confirmed Malaria	171 (53.2)	2.3	159 (56.6)	2.1	173 (59.5)	2.5	179 (54.7)	2.3
Neonatal Tetanus	0	0	0	0	0	0	0	0
All other consultations	7277 (48.7)		7343 (50.4)		6600 (44.3)		7634 (43.8)	
Total consultations	7492 (48.9)		7558 (50.8)		6831 (44.9)		7860 (44.3)	

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

CENTRAL SOMALIA

In central zone, a 19.5% increase of **suspected cholera** cases was observed during the month of December (weeks 49 to 52) with a total of 657 cases reported compared to 529 cases reported in the month of November. In the reporting month, Banadir region alone accounted for 94.2% (619) of all the reported cases with majority reported from Banadir hospital. While there were cases meeting the recommended case definition for suspected cholera, most did not. All diarrhea cases are still being reported as suspected cholera. Some improvement in adherence to case definition among health workers and partners working in central zone has been observed, but in Banadir region this still remains a challenge.

There were 317 cases of **suspected measles** reported in December, which compares to 314 cases reported in November. Mogadishu still receives IDPs from areas that have had no access to vaccination interventions, hosting thousands in makeshift and overcrowded settlements, which provide for easy transmission. A significant proportion of this population is reported to be malnourished. Measles cases are expected to continue to be reported. Plans for a number of vaccination interventions are underway by to prevent cases and deaths.

From week 49-52, central zone reported a total of 1758 **confirmed malaria** cases, which accounted for a 25% increase compared to November where 1317 confirmed malaria cases were reported. In **Mogadishu**, Ministry of Health (MOH), WHO and partners for the National Malaria Control Programme conducted an Insecticide-Residual Spraying (IRS) campaign at the internally displaced persons (IDPs) settlements, covering 51,000 households. This is expected to protect an estimated 300,000 population from malaria infection over the coming months.

Like southern zone, case of **suspected shigellosis** continues to be reported and verification reveals poor adherence to the recommended case definition.

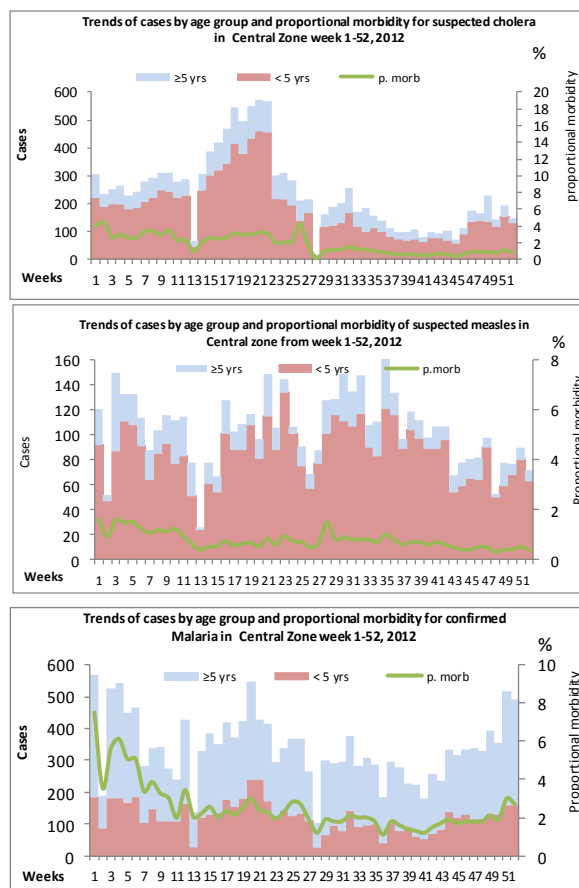


Table 2. Central Somalia (61 sentinel sites)	Week 49 (3 -9 Dec 2012)- Number of reporting sites 61		Week 50 (10 -16 Dec 2012)- Number of reporting sites 61		Week 51 (17 -23 Dec 2012)- Number of reporting sites 61		Week 52 (24 -30 Dec 2012)- Number of reporting sites 61	
Health event	Total cases (% <5 yrs)	*Proportional morbidity	Total cases (% <5 yrs)	*Proportional morbidity	Total cases (% <5 yrs)	*Proportional morbidity	Total cases (% <5 yrs)	*Proportional morbidity
Susp. Cholera	170 (78.2)	0.9	145 (80.7)	0.8	192 (80.2)	1.1	150 (86.0)	0.8
Susp. Shigellosis	42 (61.9)	0.2	46 (95.6)	0.2	53 (98.1)	0.3	19 (100)	0.1
Susp. Measles	78 (75.6)	0.4	77 (88.3)	0.4	90 (88.9)	0.5	72 (87.5)	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	30 (96.7)	0.2	32 (90.6)	0.2	15 (86.7)	0.1	47 (78.7)	0.3
Confirmed Malaria	395 (33.4)	2.1	353 (36.5)	1.9	519 (30.4)	3	491 (32.4)	2.7
Neonatal Tetanus	4 (100)	0.02	1 (100)	0.01	2 (100)	0.01	5 (100)	0.03
All other consultations	17824 (41.3)		17901 (42.3)		16656 (43.1)		17090 (40.2)	
Total consultations	18543 (41.7)		18527 (42.8)		17527 (43.6)		17874 (40.7)	

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

SOMALILAND

There were no reported cases of **suspected cholera** reported in December from the 54 health sentinel sites in Somaliland.

From week 49-52, Somaliland reported a total of 54 **suspected measles** cases, which accounted for a 70.3% increase compared to cases reported in November (weeks 45-48) in which 16 cases were registered. The cases were reported from Maroodijeh, Sahil, Togdheer and Sanag regions. Maroodijeh alone accounted for over 50% of all the cases.

In December, 6 cases of **confirmed malaria** were reported in Somaliland compared to 2 cases which were reported in the previous month.

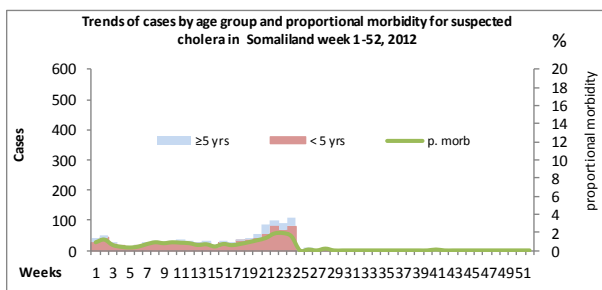
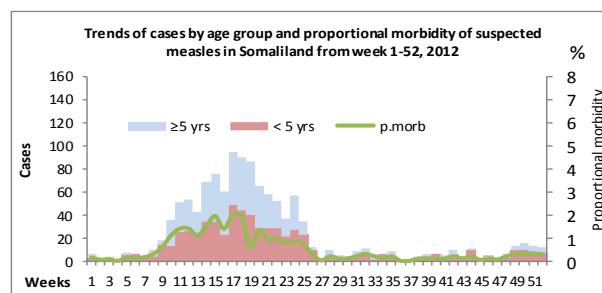


Table 3. Somaliland (54 sentinel sites)	Week 49 (3 -9 Dec 2012)- Number of reporting sites 53		Week 50 (10 -16 Dec 2012)- Number of reporting sites 54		Week 51 (17 -23 Dec 2012)- Number of reporting sites 54		Week 52 (24 -30 Dec 2012)- Number of reporting sites 53	
Health event	Total cases (% <5 yrs)	*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	1 (0)	0.02	2 (100)	0.04	2 (100)	0.04	4 (75)	0.09
Susp. Measles	13 (69.2)	0.3	16 (62.5)	0.3	13 (61.5)	0.3	12 (58.3)	0.3
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	1 (100)	0.02
Confirmed Malaria	1 (0)	0.02	0	0	1 (0)	0.02	4 (0)	0.09
Neonatal Tetanus	0	0	0	0	0	0	0	0
All other consultations	4187 (45.7)		5054 (42.1)		4558 (47.7)		4578 (48.3)	
Total consultations	4202 (45.7)		5072 (42.2)		4574 (47.8)		4599 (48.4)	

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



A child receives measles vaccination

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PUNTLAND

During week 52, two **confirmed malaria** cases (both above the age of five) were reported in Bossaso district, Bari region. One case was from Bossaso hospital and the other case was reported from Bossaso mother and child health center (MCH). MOH has since declared an outbreak of malaria in the district. Sentinel sites are not reporting these cases (outbreak). A total of 119 malaria cases were confirmed by RDT in the last week of December (see graph below) majority reported from private health facilities (see below graph on trends in the month of December).

In response, Health Authorities with the support of WHO is currently strengthening case management, early diagnosis and prompt effective treatment through the set-up of mobile health teams to undertake more active case and treatment of cases reported in Bossaso town. Long-lasting insecticide treated nets are being distributed and planned is the implementation of insecticide-residual spraying (IRS) campaigns in the area and surrounding villages including social mobilization on malaria prevention.



A health team carries out entomology investigations at various breeding sites like seasonal rivers and wells.

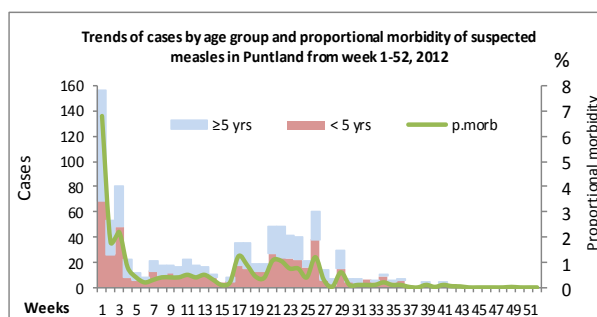
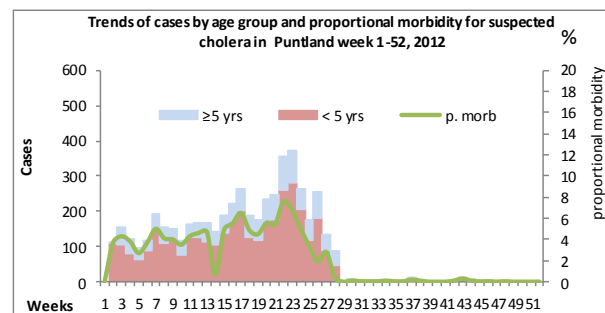
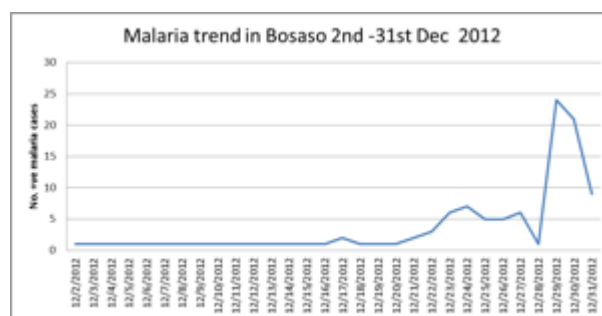


Table 4. Puntland (45 sentinel sites)	Week 49 (3 -9 Dec 2012)- Number of reporting sites 45		Week 50 (10 -16 Dec 2012)- Number of reporting sites 45		Week 51 (17 -23 Dec 2012)- Number of reporting sites 45		Week 52 (24 -30 Dec 2012)- Number of reporting sites 43	
Health event	Total cases (% <5 yrs)	*Proportional 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	1 (0)	0.02	0	0	0	0	0	0
Susp. Measles	0	0	1 (100)	0	0	0	0	0
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	2 (0)	0.04
Neonatal Tetanus	0	0	0	0	0	0	0	0
All other consultations	5932 (45.4)		5796 (43.7)		6109 (42.0)		5568 (40.7)	
Total consultations	5933 (45.4)		5797 (43.7)		6102 (42.0)		5570 (40.7)	

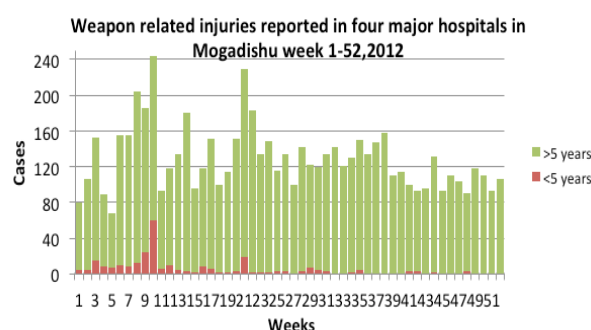
*Proportional Morbidity is the number of cases for individual health event as a proportion of all consultations for the reporting week.

CONFLICT-RELATED INJURIES

(Source: four major hospitals in Mogadishu and Kismayo General Hospital)

From **1 January - 30 December 2012**, 6680 casualties from weapon-related injuries were treated in four hospitals in Mogadishu, with 230 cases (3.6%) under the age of five (see graph). A total of 145 deaths above the age of five and 13 deaths below the age of five years were registered.

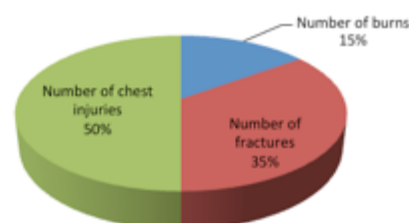
In the month of **December 2012**, 448 casualties from weapon-related injuries were treated in four hospitals in Mogadishu as compared to 451 cases reported in the previous month. A total of 9 deaths above the age of five were registered.



From week 49-52, of the 424 casualties treated, 219 of these were discharged (see chart on proportion of types of injuries).

In Mogadishu, there was a decrease observed in casualties in the first three weeks of December with 117, 109 and 93 respectively and a 12% increase in week 52, i.e. from 93 cases reported in week 51 to 106 in week 52. The number of deaths reported in Mogadishu reduced by 25% i.e. from 12 cases in the month of November to nine in December.

Proportion of the types of injuries as reported for weeks 49-52, 2012 in 4 facilities in Mogadishu



The caseload for weapon-related injuries of casualties treated in Kismayo General Hospital of Middle and Lower Jubba regions in the month of December was 72 cases as compared to 75 cases reported in the previous month.

From week 49-52, of the 72 casualties treated, 22 of these were discharged (see chart on proportion of types of injuries).

In Kismayo, a 30% decrease was observed in week 52 with 19 cases reported from 12, 14 and 27 respectively in the previous weeks. There were no related-deaths reported.

Proportion of the types of injuries as reported for weeks 49-52, 2012 at Kismayo General Hospital



An injured patient receiving treatment at Kismayo general hospital

HEALTH ACTIVITIES

Capacity building

From 9-11 December 2012, training for more than 20 Communicable diseases Surveillance and Response (CSR) regional and zonal staff from the four zones in Somalia was held in Djibouti. The aim of the training course was to strengthen the surveillance activities and improve the quality and validity of the data collected by the surveillance system and network. WHO and CDC introduced pre-defined monitoring and evaluation tools with specific indicators. This is expected to increase the proper utilization of the monitoring and evaluation tools and subsequently improve the performance of the system in 2013.



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CSR teams make presentation during the training.

Assessment

After months of lack of access into Merka district in Lower Shabelle region, a joint UN and partners mission was conducted in the district. WHO and health cluster conducted a health assessment of the situation including an assessment of the Merka hospital, which is the main secondary-level health facility in the region. The mission was supported by local health authorities and the AMISOM. The assessment of Merka hospital and its maternal child health clinic within the hospital revealed gaps, which will be addressed by both WHO and the health partners.

Partners

SORRDO

Through their safe motherhood programme, SORRDO provides ante-natal and post-natal care to pregnant women including obstetric care at their health centre and the Bulohubey and Heliwa mother and child health centres (MCH) in Banadir region. In the month of November, a total of 1200 women received care and 22 deliveries were conducted by skilled birth attendants at these health facilities.



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SOYDA

Health partner Somali Young Doctors Association (SOYDA) runs health centers in Halwaday and Hodan in Mogadishu providing free medical services to internally displaced persons (IDPS) and host communities



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