



Somali Health response update

Weekly Highlights 3 – 9 Sept 2011

DISEASE HIGHLIGHTS - AUGUST 2011

- **MEASLES**

During August 2011, over 1903 suspected **measles** cases (including 1530 under the age of five) and 65 related deaths have been reported in South and Central Somalia.

RESPONSE

An **emergency vaccination campaign** (including polio and measles vaccine, deworming tablets and vitamin A supplements) is ongoing in the accessible areas of South and Central Somalia, targeting 2.3 million children aged between six months and 15 years. The measles vaccination is completed in Banadir, and vaccinated 656 266 children, achieving a coverage of 88%.

- **ACUTE WATERY DIARRHEA / CHOLERA**

During August 2011, a total of 7109 cases of **acute watery diarrhea (AWD)** (including 5019 under the age of five) with 133 related deaths were reported for the South Central Zone. (Data for the north of Somalia are not available). The highest numbers of cases were reported in Banadir region with 3092 cases in the same period. Cases are concentrated in Banadir and surrounding regions of Middle Shabelle, Lower Shabelle, Bay and Lower Juba. 66% of reported AWD cases, a total of 2054, were children under the age of five. Banadir hospital alone reported for August a total 1737 cases of acute watery diarrhea (AWD)/cholera cases, including 1020 (59%) cases under the age of five with 69 related deaths.

RESPONSE

Last week, WHO sent 2 diarrheal disease kits (treatment for 500 cases, including 100 severe adult cases) and 15 cholera beds to Kismayo hospital to complement the initial response supplies. Health partners are organizing case detection and management trainings for health workers in the affected areas, and support cholera treatment units in Banadir, Habeeb, Xarardheere and Baidoa Hospitals.

- **ACUTE RESPIRATORY INFECTIONS / PNEUMONIA**

During August 2011, over 9500 cases of **pneumonia** or acute respiratory infections (including 5646 under the age of five), have been reported in some regions of south and central Somalia (Banadir, Lower Shabelle, Middle and Lower Juba). The exact number of deaths is unknown due to challenges in death reporting in the country. The prevailing malnutrition and environmental factors such as crowded IDP camps contribute to the high burden of pneumonia cases.

- **MALARIA**

During August 2011, a total of 2572 suspected **malaria** cases were reported in South and Central Somalia, including 1038 cases under the age of five and 9 related deaths (eight are under the age of five).

RESPONSE

Indoor residue spraying for **malaria** of 6,800 households will start in the coming weeks in North Somalia as well as 711,000 high risk IDP households across the country will get protected either through spraying or providing Zero-fly sheeting.

BULLETIN HIGHLIGHTS

- Health partners continue to provide critical health services in response to the ongoing famine that has hit the regions of South Central Somalia (see page 5 on health response). About 2.6 million people need assistance to access to primary and/or basic secondary health care services in the country.
- **190 casualties from weapon- related injuries** and 36 deaths were reported from two main hospitals in the Galkaayo (Mudug region) following the eruption of fighting in the past week. WHO has provide **one inter-agency health kit** in response.
- ***In Focus:*** Preparedness for the malaria season

Update on major public health concerns:

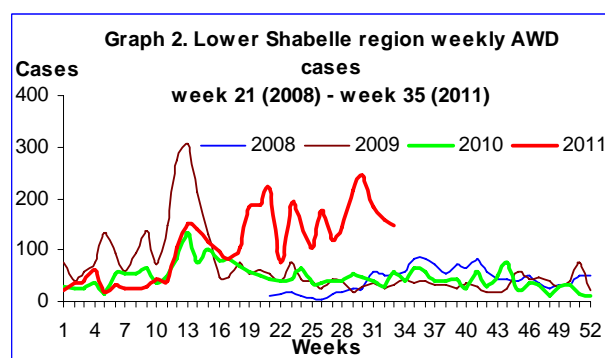
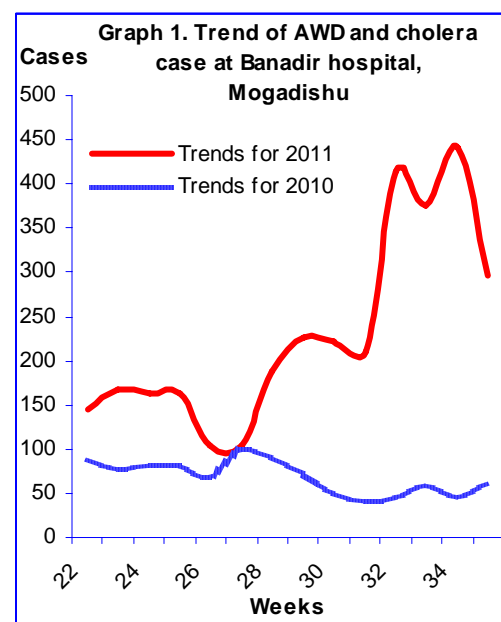
• Trends of acute watery diarrhoea (AWD)/cholera

Poor sanitation conditions, a shortage of safe water, overcrowding and high malnutrition rates are the perfect combination for infectious diseases, such as cholera, to spread and increase death rates. The cholera transmission season is ongoing. Some areas have received sporadic rains, posing a high risk for transmission of waterborne diseases, such as AWD. Communities tend to use contaminated water for domestic use, hence the high risk for sporadic outbreaks.

Multiple rumors are currently being investigated. Confirmed cholera outbreaks are ongoing in Mogadishu (**Banadir region**), the Afgooye corridor, meanwhile Baidoa (**Bay region**), Xarardere, Bursalah, Goddogob, and Hobyo district (**Mudug region**), Awdhegle and Wanlaweyne district (**Lower Shabelle region**) are under control. Confirmed measles and dengue fever cases have been identified in Mogadishu (**Banadir region**). Dengue fever is confirmed in **Galbeed region** of Somaliland. The cholera outbreak in Baidoa is considered under control.

Since week 1¹, 5798 AWD/cholera cases including 4124 (71%) cases under the age of five with 241 related deaths have been reported from Banadir Hospital in **Mogadishu** (see graph 1 on trends). Children under the age of two bear the greatest burden of AWD accounting for 49% of all reported cases and 46% of all reported deaths. Based on data collected, women and girls account for 47% of all AWD reported cases at the hospital.

The number of AWD cases reported in **Lower Shabelle region** tends to decrease in week 35² compared with the previous week (see graph 2).



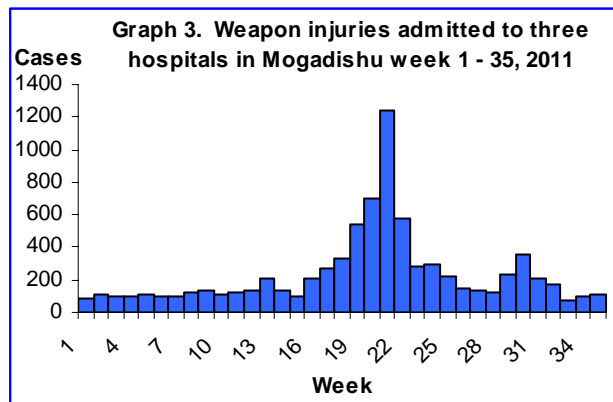
¹Week 1: 3-9 January 2011 ²Week 2: 29 Aug - 4 Sept 2011

Conflict and displacement

From **1-31 August 2011**, **570 casualties** from weapon-related injuries were treated in the three hospitals in Mogadishu. Six related death were reported. The number of weapon-related casualties reported from these hospitals has remained stable over the month (see graph 3). From **1 January to 31 August 2011**, **8020 casualties** from weapon-related injuries were treated in the three hospitals in Mogadishu. Seventy-three related death were reported. The deaths on site of injury remain unknown.

Following the eruption of fighting in Galkacyo (**Mudug region**) in the past week, **190 casualties** from weapon-related injuries were reported from two main hospitals in the district. Around 36 deaths were reported.

From 16 June to date³, more than 100,000 people have been displaced nationwide, 79% due to the drought.

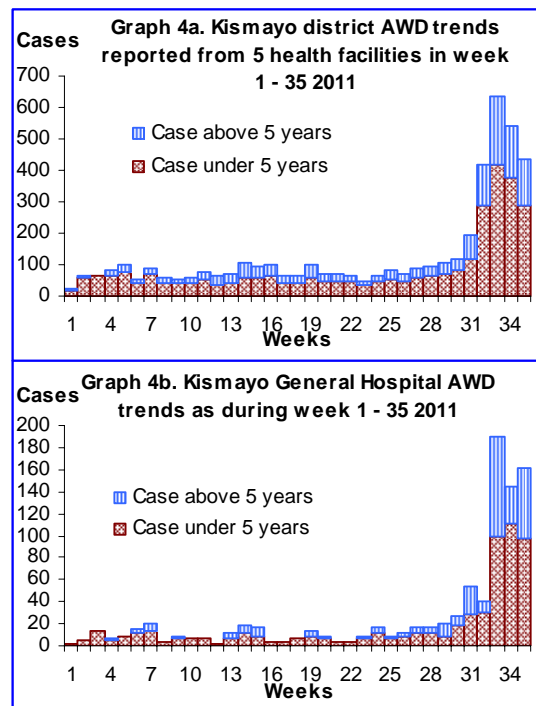


Health Events in Somalia

Epidemiological surveillance during week 35

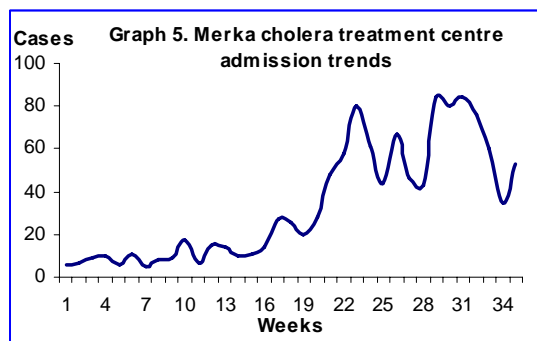
- In **Lower and Middle Juba regions**, 16 health facilities reported 1947 consultations including 950 (49%) children under the age of five. Women and girls accounted for 1074 (55%) of all consultations. Influenza like illness (ILI) accounted for 349 consultations of which 249 (79%) were children under the age of five. Suspected malaria accounted for 1125 cases including 371 (33%) children below the age of five. AWD accounted for 433 cases including 286 (66%) children under the age of five (see graph 4a). Kismayo districts accounted for 37% of all the consultations.

The number of AWD cases admissions at the **Kismayo** Hospital remained stable (see graph 4b). About 95 cases including 52 (55%) children under the age of five, were treated at the hospital's management unit. There are adequate case management supplies on ground and WHO is working in collaboration with local authorities to respond to the current situation in the district.



³Population Movement Tracking (PMT) 5 September 2011

- In **Lower Shabelle region**, 51 health facilities reported a total of 7059 consultations of whom 3489 (49%) are children younger than five and 12 related deaths (11 under the age of five). Women and girls accounted for 3883 (55%) of all consultations. Acute respiratory infections (ARI) accounted for 1158 consultations of which 613 (53%) were children under five years. Malaria accounted for 145 cases including 66 (46%) children under five years. Around 94 (79%) were confirmed by rapid diagnostic test or microscopy. AWD accounted for 149 consultations including 96 (64%) children under five years. During the same period, 241 suspected measles cases were reported from the region- a 49% increase. Around 43 suspected whooping cough cases were reported. The number of measles cases continues to increase. The lack of access to conduct vaccination activities in the region continues to impact negatively on the health of children.
- At the **Merka Hospital** cholera treatment centre in the region reported 53 AWD cases including 28 (53%) children under the age of five. Of all the cases 27 (47%) were women and girls. This indicates a 51% reduction in admissions as compared to previous week (see graph 5). WHO and partners are monitoring the situation and facilitating preventive activities. Adequate case management supplies are been distributed to partners on the ground. Mobile clinics supported by WHO and implemented by partners in **Lower Shabelle region** provide access to basic services targeting over 5000 people per month.



Patients receive treatment at a cholera treatment centre

- Banadir Hospital in **Mogadishu** reported 296 cases of AWD including 201 (60%) children under five years, with 9 related deaths (6 under the age of five). Of these cases 35% are women and girls. The number of reported cases has decreased by 33% compared to the previous week. WHO and partners continue to monitor the trends and undertaking AWD preventive activities. Case management supplies have been pre-positioned in Mogadishu, ready for dispatch. The increased influx of internal displaced people and the precarious living conditions are high risk for outbreaks and the number of AWD cases is expected to rise significantly between now and October.
- The SOS Hospital in Huruwaa district, **Mogadishu**, reported 40 AWD cases including 37 (93%) under the age of five. Of these cases 22 (55%) were women and girls. With the sporadic fighting and the rains in Mogadishu and other parts of Somalia resulting in continued influx of internally displaced persons and the current malnutrition rates, AWD cases are expected to increase.
- The Habeeb Hospital cholera treatment centre in Heliwa district, **Mogadishu** reported seven AWD admissions including four children under the age of 5. Of all the cases 3 were women and girls. The situation remains stable but AWD cases are expected to increase. Population access to the hospital remains a challenge.
- WHO and partners continue to monitor trends closely. Baidoa Hospital in **Bay region** reported two AWD cases including one children under the age of five with no death. The situation remains stable. WHO is urging partners in Bay and Bakool regions to step up WASH and surveillance activities for waterborne diseases. There has been an influx displaced persons in Baidoa and Mogadishu creating the possibility of a new outbreak.

Health response

WHO and partners continue to monitor health events and to respond to the ongoing situation in South Central Somalia, through the following activities:

- **WHO** has provided one inter-agency health kit (IAHK) to Mudug Regional Hospital in response to the fighting reported in the past week. An IAHK benefits 10 000 population for a period of three months.
- On **7 September 2011**, a WHO team lead by the country representative, Dr Marthe Everard and WHO Regional Director, EMRO, Dr Hussein Gezzairy, were in Mogadishu to hold a series of meetings with the Minister of Health and TFG President. WHO did a hand-over of medical supplies including two inter-agency health kits, a donation from the Saudi Government in response to the famine situation in Somalia. The mission visited the Banadir Hospital.
- Health partner **Mulrany Intern**, is operating a primary health care clinic and trauma clinic in a number of districts in **Banadir region**. About 200 consultations were reported including 70 children under the age of five.
- **ACF** is providing mother and child care in Hodan district, **Banadir region**. More than 1300 consultations (700 are internally displaced persons) were reported from at their mother and child health centre (MCH) and the out-patient department. Of these consultations, 100 were children under the age of five.



- **SOYDA** and **INTERSOS** with the support of OCHA and WHO continue to operate health centers and implement mobile clinics in the regions of **Lower Shabelle/Afgooye Corridor** and **Banadir**. In the reporting week, over 3300 consultations were reported at their health facilities in the district of Afgooye and Hodan. In the same period, SOYDA and in collaboration with MERCY Malasia doctors, conducted a 3-days training for health workers on AWD outbreak response and management

- From **3-7 September 2011**, health partner **WARDI** trained **15 health workers** from the regions of **Banadir** and **Hiraan**. The aim of the training course was to improve the skills of doctors, nurses and midwives to provide quality primary health care services to host communities.
- **UNFPA** is undertaking trainings in emergency obstetric care for a number of health workers. So far 8 medical doctors, 28 midwives, and 20 reproductive health emergency focal points have been trained on different aspects. About 3600 delivery kits have been provided to midwives, hospital kits distributed to 6 hospitals and 11 MCH centers.



In Focus

Preparedness for the malaria season

During August 2011, a total of 2572 suspected malaria cases were reported in South and Central Somalia, including 1038 cases under the age of five and 9 related deaths (eight are under the age of five). For trends, see graph below.

Malaria is caused by a parasite called Plasmodium, which is transmitted via the bites of infected mosquitoes. In the human body, the parasites multiply in the liver, and then infect red blood cells.

Symptoms of malaria include fever, headache, and vomiting, and usually appear between 10 and 15 days after the mosquito bite. If not treated, malaria can quickly become life-threatening by disrupting the blood supply to vital organs.

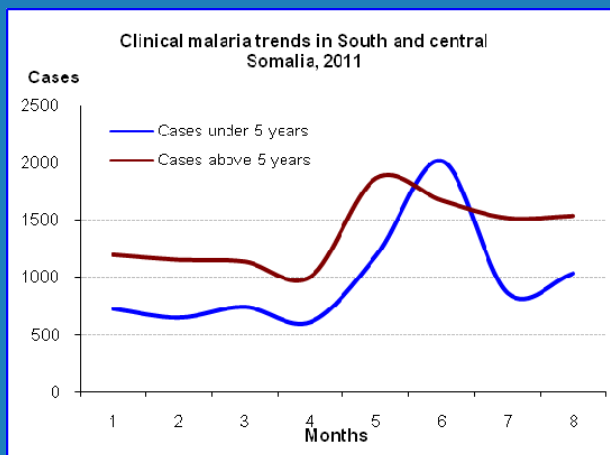
Transmission of malaria depends on climatic conditions that may affect the abundance and survival of mosquitoes, such as rainfall patterns, temperature and humidity. In many places, transmission is seasonal, with the peak during and just after the rainy season. Malaria epidemics can occur when climate and other conditions suddenly favour transmission in areas where people have little or no immunity to malaria. They can also occur when people with low immunity move into areas with intense malaria transmission, for instance to find work, or as refugees.

According to FSNAU⁴ and the World Meteorological Organization⁵, in the most-likely scenario the September-December rains for Somalia are expected to start on time and overall season totals are expected to be average, though rains during the second half of the season are likely to be less favorable. Among the principal factors influencing the evolution of rainfall over the coming season are the currently available scenarios for neutral to weak La Niña conditions over the tropical Pacific, warmer than average sea surface temperatures in the tropical western Indian Ocean, and the associated monsoonal winds.

Key response activities to control malaria in Somalia include indoor residue spraying of 6,800 households that will start in the coming weeks in North Somalia as well as 711 000 high risk IDP households across the country will get protected either through spraying or provision of Zero-fly sheeting. Almost 200 000 long-lasting insecticide nets were distributed in 2011. Health partners are in the process of implementing a malaria emergency preparedness plan.

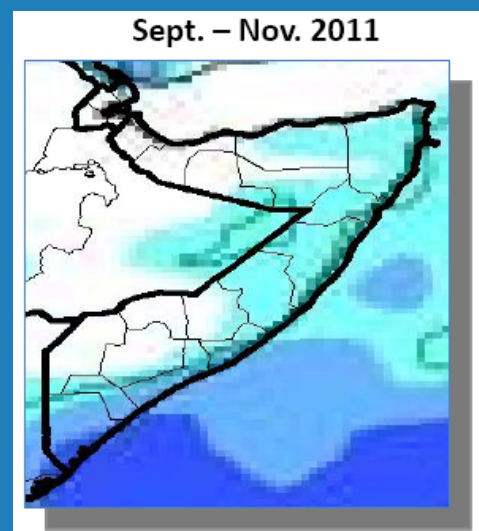


In 2011, almost 200 000 long-lasting insecticide nets have been distributed across the country in 2011.



⁴<http://www.fsnau.org/downloads/FSNAU-Post-Gu-2011-Analysis-Presentation.pdf>

⁵http://www.wmo.int/pages/mediacentre/press_releases/pr_926_en.html



Source: FSNAU