



Somalia Emergency Health Update

HIGHLIGHTS

Reporting 4 - 17 March 2013 - Epidemiological weeks 10 - 11

CHOLERA Outbreak in Mogadishu Central Prison

MALARIA Ongoing response to Bossaso outbreak

MENINGITIS Suspected bacterial meningitis in Burao

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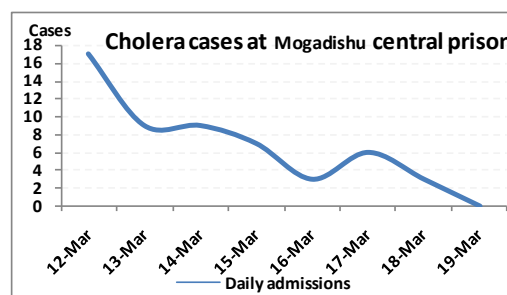
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Cholera outbreak in Mogadishu Central prison

Cholera was confirmed in Mogadishu Central prison, where 3 out of the 6 collected stool samples tested positive for cholera. As of 19 March, a total of 54 cases had been treated and 2 deaths (Case Fatality Rate, CFR: 3.7%) were also reported. Although the number of cases is decreasing, health partners are cautious as the risk of escalation remains.

Response to a suspected cholera outbreak is ongoing in Beletweyne (Central Zone). Between 16 and 20 March, a total 74 cases were treated, 40 of whom were children under the age of 5. A total of 3 deaths (CFR 4.1%) were also reported. Partners on the ground have adequate case treatment, and water and sanitation supplies. The number of suspected cholera cases is increasing in Beletweyne. Eleven stool samples were collected from suspected cases, with lab results still pending.

Cases of suspected cholera have also been reported from the Lower and Middle Jubba regions (Southern Zone), and WHO team is investigating this reports. Affected areas include Buale, Afmadow, Badade and Kismayo. **Read more on cholera on page 3.**



Ongoing response to malaria outbreak in Bossaso

The malaria outbreak in Bossaso is still ongoing, with a total of 5205 cases confirmed by 17 March 2013. Public and private health facilities are currently engaging in response activities, including effective case management, Indoor Residual Spraying (IRS), and outreach activities, that have led to a downward trend in the malaria curve. Rapid Diagnostic Testing (RDT) results show mixed infections of *Plasmodium Falciparum* and *Plasmodium Vivax*. 59 samples of Dried Blood Spot (DBS), sent to KEMRI/Kisumu for Polymerase Chain Reaction (PCR) investigation, show single infection with *P. Falciparum*. However, these same samples had previously resulted as mixed infections by RDT. Additional samples of DBS will be investigated by PCR. **Read more on cholera on page 4.**

Suspected bacterial meningitis in Burao

The number of suspected bacterial meningitis cases treated at Burao hospital doubled from EPI week 9 to EPI week 10. As of EPI week 11, a total of 18 cases were admitted, including 14 (78%) children under the age of 5. A Case Fatality Rate of 22.2% was estimated (4 deaths out of 18 cases).

Out of the 10 samples collected, one tested positive for *Neisseria Meningitidis* and one for *Haemophilus Influenzae*. None of the samples tested positive on culture.

Health Authorities and partners continue to monitor the situation closely. Meningitis is transmitted mainly through inhalation of droplets from coughing or sneezing, and rarely through contact with infected surfaces (*H. Influenzae*). The incubation period varies from 4 to 10 days, and the main signs and symptoms include fever, stiff neck, headache, confusion, irritability, photophobia, and bulging fontanelle (soft spot) in young children. *N. Meningitidis* has been known to cause large outbreaks, thus Health Authorities and WHO are urging all health workers to report suspected cases immediately.

The pentavalent vaccine will be introduced in Somalia at the end of April 2013, as part of the routine vaccination programme. The vaccine will protect children against *H. influenza*, *Hepatitis B*, diphtheria, tetanus and whooping cough.

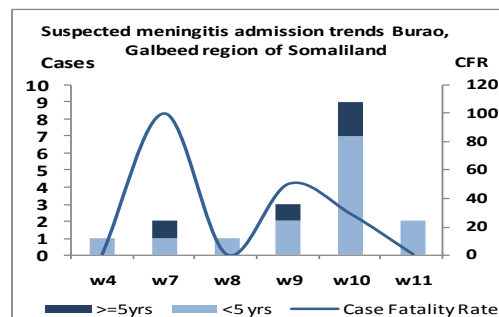


Table 1 – Disease alerts

Zone/ Region/ District	Date of notification	Suspected disease	Date of onset	Date of rumor verification /investigation	Date of response	Actions taken
Central/ Lower Shabelle/ Merka / Mushani	18-Feb	Cholera	?	19-Feb	18-Feb by partners on the ground	Partners are responding to the suspected cholera outbreak with a total of 52 cases (25 children <5 yrs) and 12 deaths (6 children). 3 out of 6 samples tested positive for cholera. The situation is under control
Central/ Middle Shabelle/ Jowhar/ Bananey	5-Mar	Cholera	5-Mar	6-Mar	6-Mar	The community, contacted by the regional staff, reported 7 cases and 4 deaths. 2 patients were treated at home, 1 admitted to Jowhar hospital. No additional cases reported
Central/ Mogadishu/ Central Prison	12-Mar	Cholera	13-Mar	13-Mar	13-Mar	Health Authorities/WHO/UNICEF and partners visited the prison. A local health partner responded and managed the cases. 17 cases and 2 deaths occurred on 13 Mar (CFR: 11.8%). 3 out of 6 stool samples tested positive for cholera. Response is ongoing, situation is under control but risk of escalation remains
Central/ Middle Shabelle/ Jowhar	14-Mar	Measles	?	14-Mar	14-mar	Communicable disease Surveillance and Response (CSR) data showed an increase in reported suspected measles' cases. The area is difficult to access, WHO measles lab team is following up. Vaccination is ongoing in accessible areas but hindered by inadequate security
Central/ Hiraan/ Beletweyne	16-Mar	Cholera	?8-Mar	17-Mar	17-Mar	Health partners and security agencies have both responded by setting up Cholera Treatment Units (CTU). More CTUs will be set up. Adequate supplies of treatment, water and sanitation are on ground. A total of 45 cases (62% children <5 years) have been treated, with 2 deaths (CFR: 4.4%). Response is ongoing, but the situation the situation remain on high alert

EPIDEMIOLOGICAL SURVEILLANCE (EPI weeks 10 and 11, 4 – 17 March 2013)

During weeks 10 and 11, an average of over 35,000 health facility visits were reported by the sentinel sites from the four zones; 40% being children under the age of 5. In week 11, Central Somalia accounted for 48% of the reported visits, Puntland 19%, Somaliland 15% and Southern Somalia 18% of all health facility visits.

Table 2- Weekly aggregated data from sentinel sites in 4 zones of Somalia

	Week 8 18-24 Feb 2013		Week 9 25 Feb – 3 Mar 2013		Week 10 4-10 Mar 2013		Week 11 11-17 Mar 2013	
Health event	Total cases	*Proportional morbidity	Total cases	*Proportional morbidity	Total cases	*Proportional morbidity	Total cases	*Proportional morbidity
Susp. Cholera	177	0.5	162	0.4	137	0.4	183	0.5
Susp. Shigellosis	11	0.03	12	0.03	6	0.02	13	0.04
Susp. Measles	73	0.2	43	0.1	47	0.13	41	0.1
Acute Flaccid Paralysis	0	0	1	0.003	0	0	0	0
Susp. Diphtheria	0	0	0	0	0	0	0	0
Susp. Whooping Cough	32	0.1	28	0.1	29	0.1	24	0.07
Confirmed Malaria	754	2.0	683	1.9	657	1.8	736	2.1
Susp. Neonatal Tetanus	5	0.01	4	0.01	6	0.02	1	0.003
All other consultations	37626		35426		34730		34562	
Total consultations	38678		36359		35612		35560	

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

TIMELY REPORTING

In weeks 10 and 11, all 45 sentinel sites in Puntland and 54 sentinel sites in Somaliland reported on time. In Central Somalia, 98% (60 out of 61) of the sites reported on time in both weeks 10 and 11. In Southern Somalia, 86.1% (31 out of 36) in week 10 and 88.9% (32 out of 36) of the sites in week 11 reported on time. Insecurity in parts of Bakool region led to the closure of 2 sentinel sites.

SUSPECTED CHOLERA

Central Somalia accounted for 100% (320) of the suspected cholera cases reported in both weeks 10 and 11. Banadir region accounted for 87.5% (280) of all these cases. The number of reported cases is expected to rise with the ongoing rains. Induction of health workers on surveillance case definitions and case management is ongoing. This is expected to improve health workers knowledge and adherence to recommended surveillance classifications of cases. Prepositioning medical supplies within selected health facilities/ partners is ongoing.

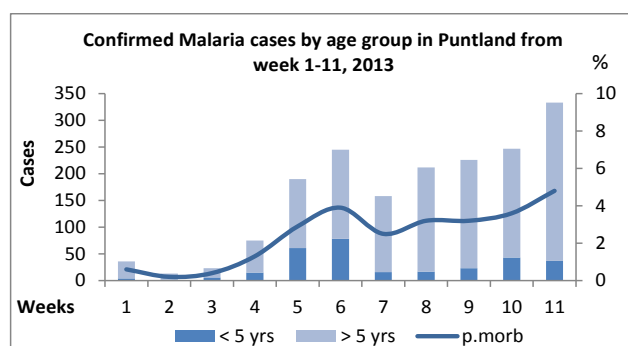
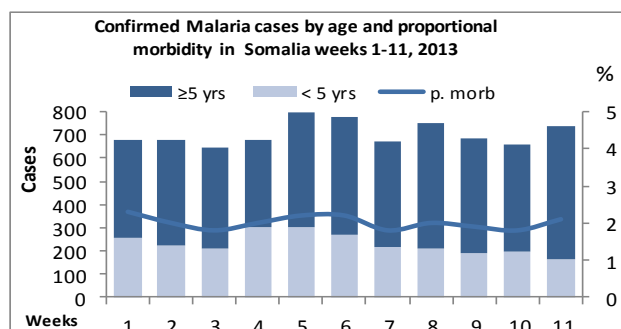
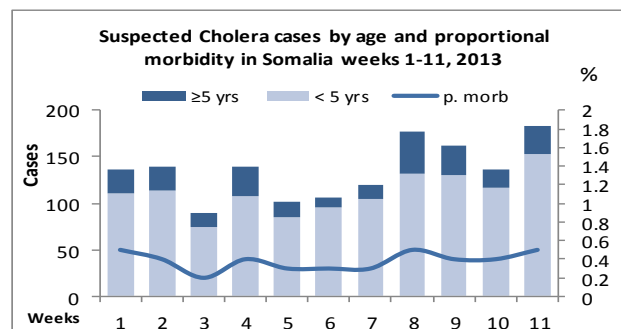
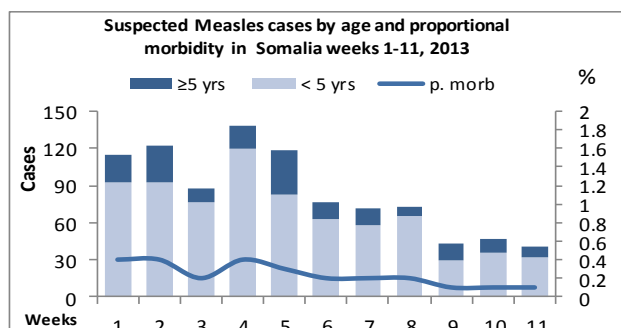
SUSPECTED MEASLES

During week 11, Southern and Central zones, which have vast populations without access to vaccination activities, accounted for over 90% (37) of all cases. Vaccination activities are set to continue in accessible areas.

CONFIRMED MALARIA

Confirmed malaria remained the leading cause of morbidity during weeks 10 and 11, with sustained proportional morbidity over the past three weeks. During week 11, the four zones of Somalia reported a total of 736 cases, including 22.3% (164) children below the age of 5 years. The Central zone reported 32% (236) of these cases while the Southern zone accounted for 23% (167) of the cases. Somaliland did not report any case of confirmed malaria during weeks 10 and 11.

Puntland zone accounted for 45% (333) of the cases, of which only 11.1% (37) were children under 5 years. 99% (332) of the cases in Puntland were reported from Bari region. There was a steady increase in the number of confirmed malaria cases and proportional morbidity in Puntland from week 7 to week 11 (see chart). This is largely attributed to the improvement of surveillance for malaria in the zone. Indoor Residual Spray (IRS) for malaria control is ongoing in Bosaaso, reaching so far a total of 8991 households.



OTHER HEALTH EVENTS

Continued follow-up to verify **suspected shigellosis** cases revealed inaccurate application of the CSR case definition. Therefore, the number of reported cases has steadily declined. In weeks 10 and 11, all 19 reported cases were from Southern Zone (14 from Gedo region, 4 from Bay and 1 case from Bakool region), however none of the cases met the recommended case definitions. A training is ongoing to improve case classification.

Suspected whooping cough control continues to remain a challenge. In week 11, Somaliland reported 2 cases of suspected whooping cough in children under the age of 5. One of the cases was reported from Hawdale MCH in Hargeisa, while the other case was reported from Tog-Wajale MCH in Gabiley district. Vaccination activities continue in these areas.

CONFLICT-RELATED INJURIES

In **Mogadishu**, a 27% decrease in casualties was observed in week 10 as compared to week 9, and a 7% decrease in week 11 as compared to week 10.

From 31 December 2012 to 17 March 2013, 1047 casualties from weapon-related injuries were treated in 4 hospitals in Mogadishu. Six deaths were also reported.

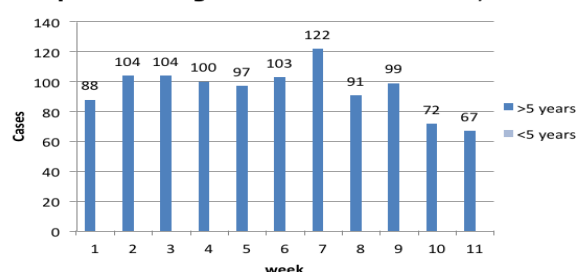
In the same period, 574 patients received free ambulance services by the local partner AVRO, whose services are run in IDPs settlements and host communities in Banadir region. Almost 70% of the patients were of children below the age of 5.

In **Kismayo**, 29 injuries were reported in week 10, and 17 in week 11, showing a 47% decrease in week 11.

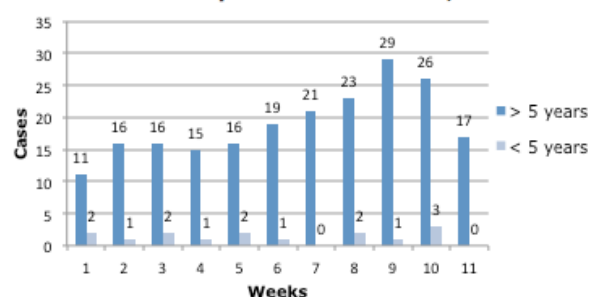
From 31 December 2012 to 17 March 2013, 224 casualties from weapon-related injuries were treated at Kismayo General Hospital, including 15 children under age of 5.

15 deaths were also reported.

Weapon related injuries reported in four major hospitals in Mogadishu week 10 and 11, 2013



Weapon related injuries reported at Kismayo General Hospital week 10 and 11, 2013



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Previous issues can be found on the following link:

<http://www.emro.who.int/som/somalia-infocus/somalia-health-update.html>

Health partners' activity data can be found on the Health Cluster website on:

<http://healthsomalia.org/documents.php>