



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 – WHO Communications Officer - desloovere@nbo.emro.who.int - T: +254 733 410 984

BULLETIN HIGHLIGHTS

Reporting dates 6 - 12 October 2012
(reflecting Epidemiological week 40)

- Following recent confirmation of three vaccine-derived poliovirus type-2 (cVDPV2) cases in the refugee camps in Dadaab, Kenya and one cVDPV2 case in Kismayo, South Central Somalia, an immunization response is currently being planned. More than 800,000 children will be targeted in Kenya, including in the Dadaab refugee camps (target age groups in the camps will be <15 years), meanwhile in South Central Somalia 30,000 children will be targeted in two recently-accessible districts adjacent (Afmadow and Badhaade) to the Kenya border.

IN FOCUS STORY:

WHO marks 20th Anniversary of World Mental Health Day

On World Mental Health Day (10 October), WHO is calling for an end to the stigmatization of depression and other mental disorders and for better access to treatment for all people who need it. Globally, more than 350 million people have depression, a mental disorder that prevents people from functioning well. But because of the stigma that is often still attached to depression, many fail to acknowledge that they are ill and do not seek treatment.

One in three Somali's has been affected by some kind of mental illness, a prevalence which is higher than in other low-income and war-torn countries. Many Somali's have experienced beating, torture, rape or have

been injured for life. Others witnessed horrific violence against family or friends. The people having a mental illness are socially isolated and vulnerable. The pain of this isolation is felt intensely because Somali culture is traditionally communal and family oriented. The mentally ill are generally chained or imprisoned, however the situation in the country has improved tremendously over the past few years. Somalia has only five health centres (Hargeisa, Berbera, Bosaso, Garowe and Mogadishu) that provide mental health care services.

Kayd, a mental health patient in Hargeisa, received treatment few months ago. "I do not know what caused my mental illness, but about 8 years ago I started to hear voices and became isolated", says Kayd. His family is very supportive and takes good care of their family member. "We came to Hargeisa Group Hospital, because we heard that the mental health ward improved a lot and patients are not being chained anymore. Back home my uncle was chained, so that's why we came here. It took us two days to drive here", says Kayd's nephew. Thanks to GRT, an Italian NGO that is very active in the area of mental health, Kayd has been discharged and goes back home this week, starting a new future.

More information:

- Fact sheet on depression <http://www.who.int/mediacentre/factsheets/fs369/en/index.html>
- A short 4-minute video which looks at depression from the perspective of a person suffering from the condition and what can be done about it <http://youtu.be/XiCrniLQGYc>
- Mental health in Somalia: a situation analysis - http://www.emro.who.int/images/stories/somalia/documents/Situation_Analysis_Mental_Health_print.pdf

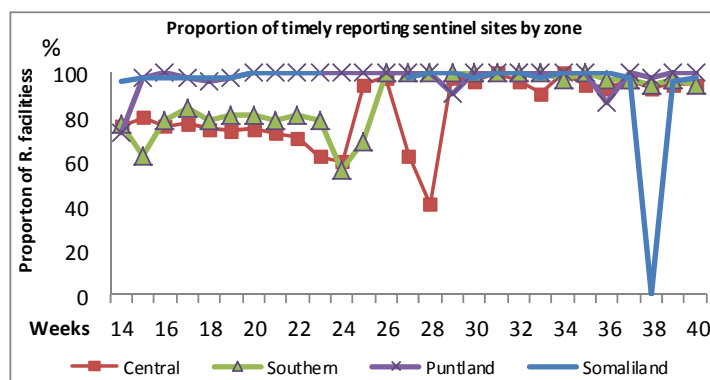


Kayd (on the right) with some of his family members at the mental health ward of Hargeisa Group Hospital

EPIDEMIOLOGICAL SURVEILLANCE (EPI WEEK 40, 1 – 7 October 2012)

TIMELY REPORTING:

Of the 196 facilities currently reporting to the Communicable diseases Surveillance and Response (CSR) sentinel surveillance network, 190 reported timely during week 40. In Southern Somalia 94.4% (34 of 36), Central Somalia 95.1 % (58 of 61) and in Somaliland 98% (53 of 54) sentinel sites reported on time for week 39. All reporting sites in Puntland were timely.



SITUATION OVERVIEW:

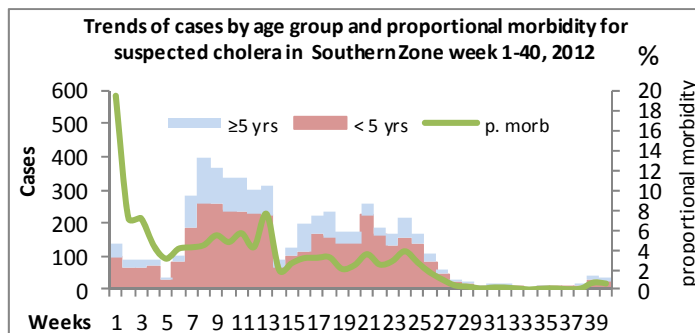
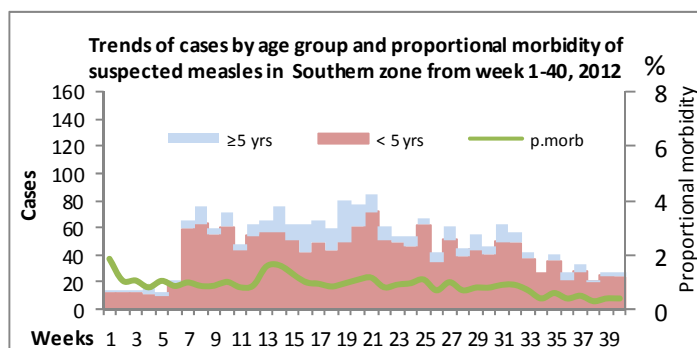
Trends for most of the reported health events remained stable during week 40. Suspected cases of **shigellosis** in Qooqani village, about 65 km from Afmadow town, are being investigated. As of 30th September, a total of three cases of vaccine-derived poliovirus type 2 were reported from the Dadaab refugee camps in Kenya and one case in Kismayo, South Central Somalia. These four cases are all linked to the case confirmed in 2011 in South and Central Somalia. A vaccination campaign targeting 800,000 children aged below 15 years in Eastern Kenya is planned. Kismayo, which remains the epicenter for the ongoing armed conflict in Lower Jubba, remains inaccessible for mass vaccination due to insecurity, however the neighbouring districts of Badade and Afmadow are targeted for the trivalent oral polio vaccination activities.

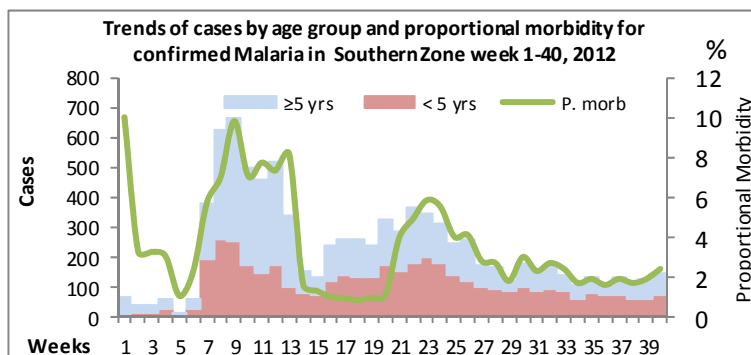
Health partners are yet to submit inventories for their current stocks of case management supplies for acute watery diarrhea/suspected cholera. Inventories can be submitted to: who-surveillance.wajid@gmail.com or eha@nbo.emro.who.int (WHO) or jnikulin@unicef.org (UNICEF); cluster@nbo.emro.who.int (Health cluster). This will help evaluate current capacity by location and facilitate pre-season prepositioning of necessary supplies.

SOUTHERN SOMALIA

Table 1. Southern Somalia (36 sentinel sites)	Week 37 (10 -16 Sept 2012) - Number of reporting sites 35		Week 38 (17-23 Sept 2012) - Number of reporting sites 34		Week 39 (24-30 Sept 2012) - Number of reporting sites 35		Week 40 (1-7 Oct 2012) - Number of reporting sites 34	
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)	0.03	10 (90)	0.1	44 (63.6)	0.7	35 (74.3)	0.6
Susp. Shigellosis	35 (71.4)	0.5	35 (74.3)	0.5	33 (60.6)	0.5	32 (75)	0.5
Susp. Measles	33 (84.8)	0.5	22 (90.9)	0.3	27 (92.6)	0.4	28 (85.7)	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	21 (81)	0.3	17 (94.1)	0.2	26 (84.6)	0.4	33 (78.8)	0.5
Confirmed Malaria	132 (57.6)	1.9	115 (51.3)	1.7	126 (46)	1.9	147 (49.6)	2.4
Neonatal Tetanus	0	0	0	0	0	0	0	0
All other consultations	6740 (47.5)		6751 (46.7)		6284 (44.8)		5746 (49.8)	
Total consultations	6963 (48.1)		6950 (47.3)		6540 (45.4)		6021 (50.5)	

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





Confirmed malaria was the leading cause of morbidity, having increased its caseload by 17% compared to week 39. Lower Jubba and Bay regions accounted for 48% and 30% of all reported cases.

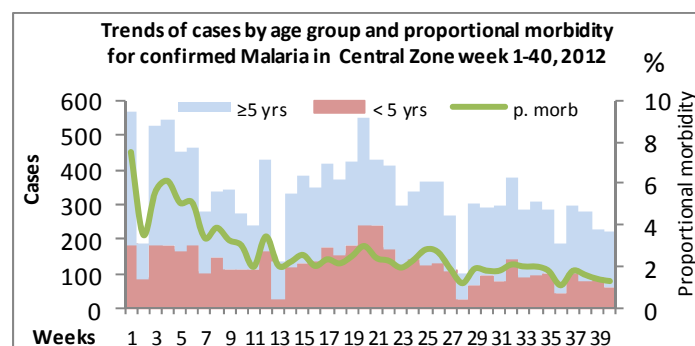
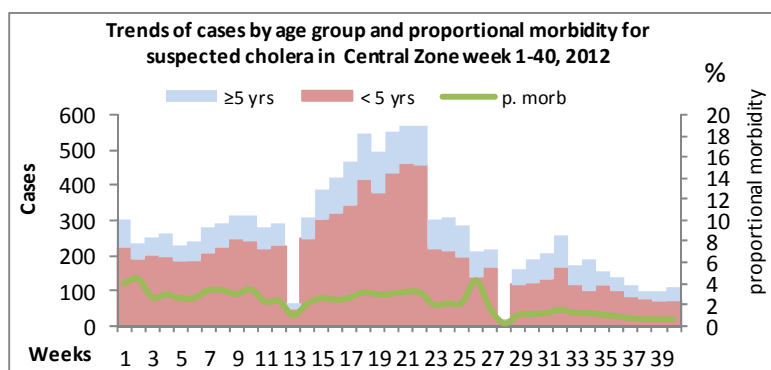
Cases of **suspected shigellosis** continue to be reported. A suspected outbreak with 12 cases including 11 children under the age of five is being investigated in Qooqani village, which is located about 65km from Afmadow town. Samples collection kits are available on the ground and WHO and health partners are conducting case based surveillance to collect samples for laboratory confirmation.

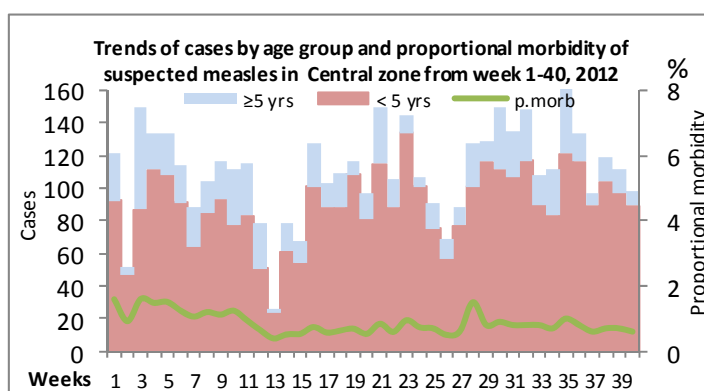
Trends of reported **suspected measles** cases have remained stable. No vaccination activities have been conducted in the region in the past two years.

CENTRAL SOMALIA

Table 2. Central Somalia 61 sentinel sites	Week 37 (10 -16 Sept 2012) - Number of reporting sites 59		Week 38 (17-23 Sept 2012) - Number of reporting sites 60		Week 39 (24-30 Sept 2012) - Number of reporting sites 58		Week 40 (1-7 Oct 2012) - Number of reporting sites 58	
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	114 (71.9)	0.7	98 (74.5)	0.6	97 (69.1)	0.6	108 (66.7)	0.6
Susp. Shigellosis	25 (72)	0.2	45 (88.9)	0.3	45 (91.1)	0.3	38 (81.6)	0.2
Susp. Measles	97 (91.7)	0.6	119 (87.4)	0.7	112 (86.6)	0.7	98 (90.8)	0.6
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	51 (82.3)	0.3	59 (69.5)	0.3	46 (97.8)	0.3	65 (86.1)	0.4
Confirmed Malaria	294 (34.7)	1.8	279 (28.3)	1.6	225 (40)	1.4	223 (26.5)	1.3
Neonatal Tetanus	8 (100)	0.05	5 (100)	0.03	3 (100)	0.02	6 (100)	0.04
All other consultations	15740 (43)		17067 (42.4)		15923 (40.2)		16370 (41.3)	
Total consultations	16329 (43.6)		17672 (42.3)		16455 (40.9)		16908 (41.9)	

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





Cases of reported **suspected cholera** remained stable for week 40. However, as part of the pre-season random check for cholera, samples were collected from two sentinel sites and referred to a laboratory for confirmation. This exercise is being conducted due to the confirmed cholera cases in Lower Jubba region. In addition, observed population movements out of and into Mogadishu, which remains densely populated with variable access to safe drinking water, sanitation and water safety interventions, is one of the risk factors for a potential outbreak.

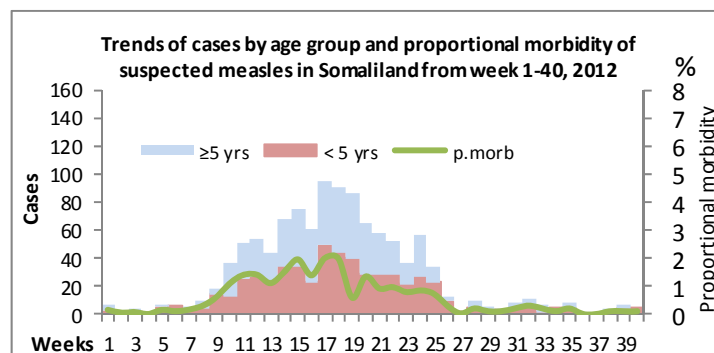
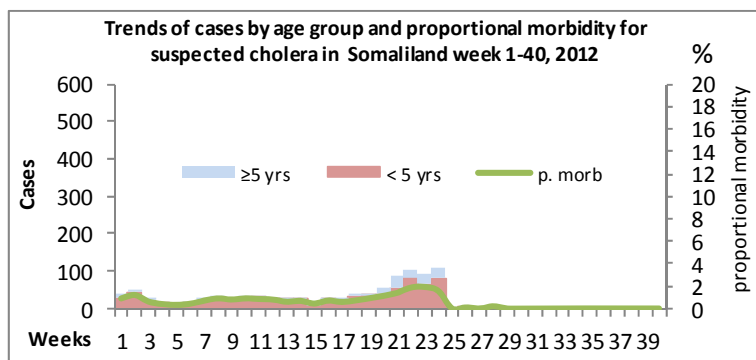
Suspected shigellosis and **suspected measles** cases continue to be reported as well. Follow up investigations are being made to ascertain the status of the reported cases and if they all fulfill to the recommended case definitions so that samples can be collected.

Confirmed malaria is the leading cause of morbidity with Banadir region accounting for 83% (186) of the cases.

SOMALILAND

Table 3. Somaliland 54 sentinel sites	Week 37 (10 -16 Sept 2012) - Number of reporting sites		Week 38 (17-23 Sept 2012) - Number of reporting sites 53		Week 39 (24-30 Sept 2012) - Number of reporting sites 52		Week 40 (1-7 Oct 2012) - Number of reporting sites 53	
	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	16 (56.3)	0.4	17 (58.8)	0.4	13 (30.8)	0.3	12 (50)	0.2
Susp. Measles	0	0	4 (25)	0.1	6 (66.7)	0.1	5 (100)	0.1
Acute Flaccid Paralysis	0	0	0	0	0	0	1	0.02
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 (0)	0.02
Confirmed Malaria	0	0	0	0	1 (0)	0.02	2 (0)	0.04
Neonatal Tetanus	0	0	0	0	0	0	0	0
All other consultations	4106 (46.6)		4283 (42.6)		4430 (46)		4990 (49.3)	
Total consultations	4122 (45.6)		4304 (42.6)		4451 (46)		5011 (49.3)	

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

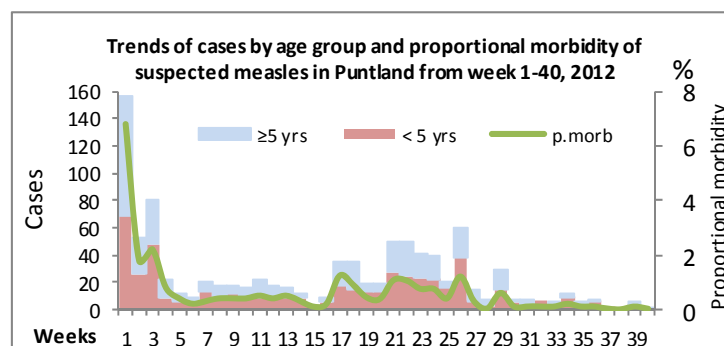
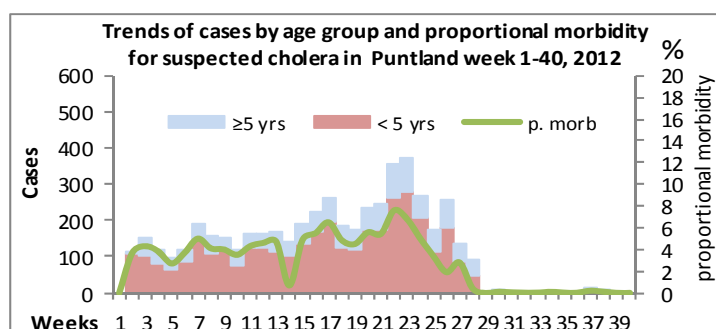


Trends for events under surveillance remained stable compared to the previous two weeks.

PUNTLAND

Table 4. Puntland 45 sentinel sites	Week 37 (10 -16 Sept 2012) - Number of reporting sites 45		Week 38 (17-23 Sept 2012) - Number of reporting sites 44		Week 39 (24-30 Sept 2012) - Number of reporting sites 45		Week 40 (1-7 Oct 2012) - Number of reporting sites 45	
	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	9 (88.9)	0.2	4 (50)	0.1	0	0	0	0
Susp. Shigellosis	1 (0)	0.02	1 (0)	0.02	1 (0)	0.02	0	0
Susp. Measles	1 (100)	0.02	0	0	5 (60)	0.1	1 (0)	0.02
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	1 (100)	0.02	0	0	0	0
Neonatal Tetanus	0	0	0	0	0	0	0	0
All other consultations	5710 (43.4)		5029 (46.4)		5219 (44.5)		5368 (43.8)	
Total consultations	5721 (43.5)		5035 (46.4)		5225 (44.5)		5369 (43.8)	

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



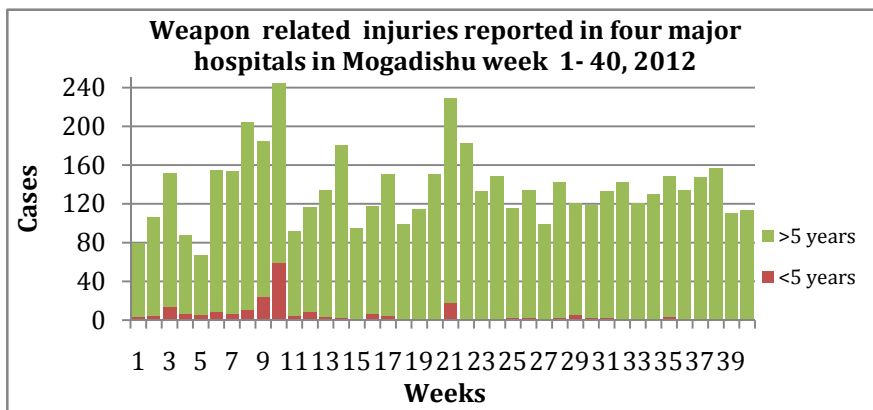
The investigation team has finally carried out case investigation, and confirmed that the reported malaria case on week 38 was false positive. Other more false positive cases from Darasalam and the other MCH were also identified by the investigating team. Trends for events under surveillance remained stable compared to the previous two weeks.

CONFLICT-RELATED INJURIES

(Source: four major hospitals in Mogadishu)

From **1 January – 7 October 2012**, 5442 casualties from weapon-related injuries were treated in four hospitals in Mogadishu, with 223 cases (4.1%) under the age of five. A total of 114 deaths above the age of five and 13 deaths below the age of five years were registered.

From **1 – 30th September 2012**, a total of 298 casualties from weapon-related injuries were treated in two hospitals in **Lower Juba region**, with 2 cases (0.7%) under the age of five. A total of 28 deaths of above the age of five were reported.



Breakdown of casualties treated in Kismayo General hospital of Middle and Lower Jubba region, from 1 - 7 October 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
21	7	0	0	0	1	2	0	3

Breakdown of casualties treated in four major hospitals in Banadir region, from 1 -7 October 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
113	39	0	8	19	12	27	0	0

HEALTH RESPONSE

Activity data from 29 September - 4 October 2012

Partner	Region(s) or location	Health intervention(s)	Target Population	Total consultations	Female	<five years
WARDI	Banadir, Hiraan	MCH/ Health centers	8049	227	105	99
		Primary health care	57 945	938	618	244
		Health posts	6722	1279	527	592
		Mobile clinics	34 773	2066	930	1036
		Cholera treatment center services	47 945	60	30	37
Centre for Peace and Democracy/Save the Children	Banadir	Primary Health Unit	1 007 220	3939	2085	1334
Muslim Hands	Banadir, Lower Juba, Middle Juba, Galgadud, Lower Shabelle	MCH/ Health Centres	25 690	680	348	410
MDF	Banadir	MCH/Health centre	9800	454	259	143
SAMA	Bay, Bakol	MCH/ Health Centres	134 000	1348	686	594
		Health post	25 000	193	96	76
		Mobile Clinics	46 000	640	352	300
WAHA	Banadir	MCH/ Health Centres	10 783	421	221	200
WYDO	Banadir, Lower Shabelle	MCH/ Health Centres	950	355	76	279
		Primary health care	12 000	289	82	207
InterSOS	Middle Shabelle	Hospital	500 000	434	210	207
		TB Center	250 000	4	3	1
		MCH/ Health centers	90 000	688	433	416
American Refugee Committee	Banadir, Lower Jubba	Cholera treatment centre services	197 740	39	16	27
		Primary health centre	147 640	2026	1053	920
		MCH/Health centre	8000	298	173	206
FERO	Lower Shabelle	MCH/Health centre	2500	155	80	66
Mercy Malaysia	Banadir	Primary health care	180 000	753	406	262
Mulrany International	Middle Shabelle	Primary health care	49 803	949	342	398
		Mobile clinics	7900	688	313	282
RI/FERO	Lower Shabelle	MCH/Health centre	2500	155	80	85
Save the Children	Bay, Bakool	Primary health care	300 000	2043	1301	787
VASCOM	Banadir	Primary health care	12 000	296	120	176
SHARDO	Banadir Middle Shabelle	Health post	987 850	185	125	36
		MCH/Health centre	6169	615	250	150
		TB Centre	129 062	46	18	2
		Mobile clinic	298 504	555	359	182

**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.*