



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.

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BULLETIN HIGHLIGHTS

Reporting dates 8 - 14 September 2012
(reflecting Epidemiological week 36)

- Suspected cholera cases continue to be reported from Hoosingo village in Badade district (Lower Jubba). Between 5 and 13 September 2012, 107 suspected cholera cases and 12 deaths have been reported. The majority of the cases are children above the age of five. The village is not served by any health facility, however, WHO, UNICEF, health partners, the community and local authorities have concerted resources to ensure availability of adequate supplies on ground.

IN FOCUS STORY:

Lifting the stigma of leprosy

Fifty-five years old Omar Mayo, who currently lives in Faragurow village, Jilib district (Middle Juba region) left Lower Shabelle Region about 30 years ago. Some time ago he was diagnosed with leprosy. Today, Omar is one of the leprosy patients in Faragurow Hospital where he receives a medical treatment through a multidrug therapy. Every day more than 70 patients come to the hospital for new wound dressing. The stigma surrounding the disease remains hard to dispel, and results in discriminatory attitudes and practices that continue to blight the lives of Somali's with leprosy, including Omar.

Leprosy is a chronic infectious disease caused by *Mycobacterium leprae*, an acid-fast, rod-shaped bacillus. The disease mainly affects the skin, the peripheral nerves, mucosa of the upper respiratory tract and also the eyes. Once a person is infected, the bacterium grows very slowly and begins to multiply within the body. Leprosy is curable and treatment provided in the early stages averts disability.

According to official reports received from 105 countries and territories, the global registered prevalence of leprosy at the beginning of 2012 stood at 181 941 cases. In Somalia, leprosy continues to be a public health concern, where it has afflicted the local population for decades, leaving behind a terrifying image of mutilation, rejection and exclusion from society. Until recently, most of the Somalis regarded leprosy as a contagious, mutilating, incurable disease. In 2011, 255 new cases were detected. Of these 218 cases were Multibacillary (MB) stages. A total of 49% of the detected cases were female, whereas 24% were children below 15 years of age. Up-to-date statistics on the disease in Somalia are not available.



A doctor attends Omar Mayo in the leprosy wound care section of Faragurow Hospital



Patients in the leprosy wound care section of Faragurow Hospital

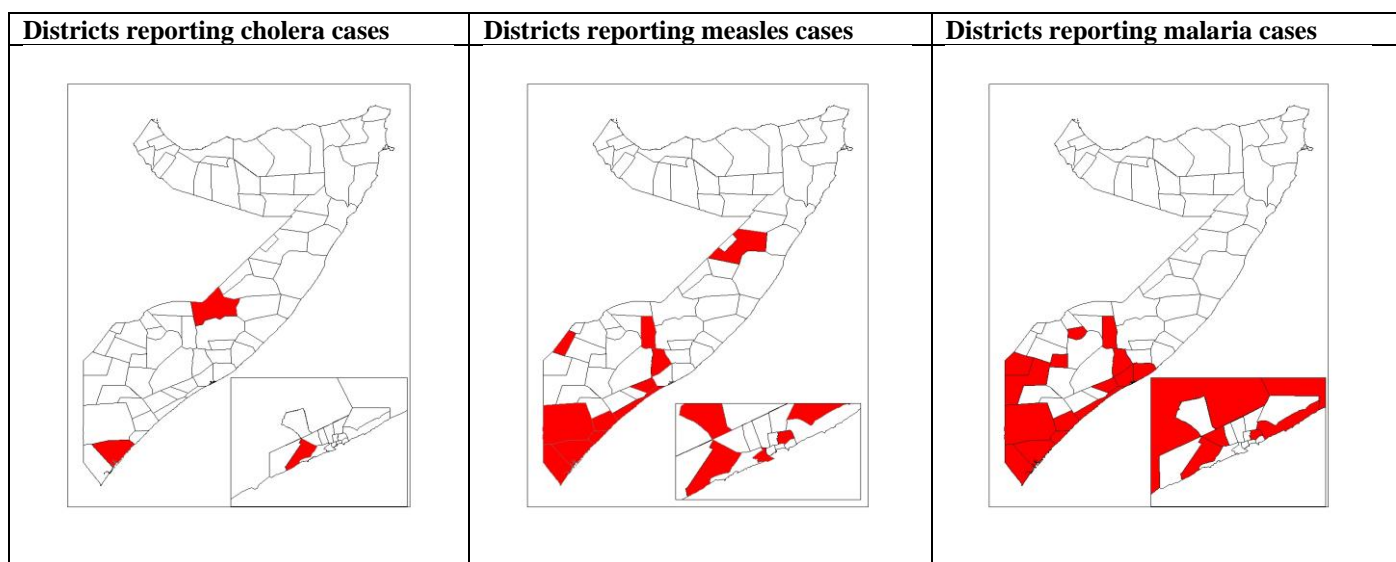
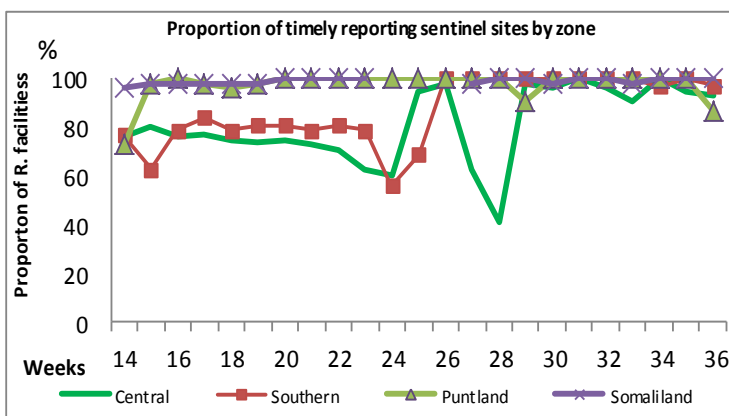
EPIDEMIOLOGICAL SURVEILLANCE (EPI WEEK 36, 3 – 9 September 2012)

TIMELY REPORTING:

Of the 196 facilities currently reporting to the Communicable diseases Surveillance and Response (CSR) sentinel surveillance network, 185 reported timely during week 36. All reporting facilities in Somaliland were timely. In Southern Somalia 97% (35 of 36), Central Somalia 93.4% (57 of 61) facilities reported timely while in Puntland, only 86.7% (39 of 45) facilities did report timely.

SITUATION OVERVIEW:

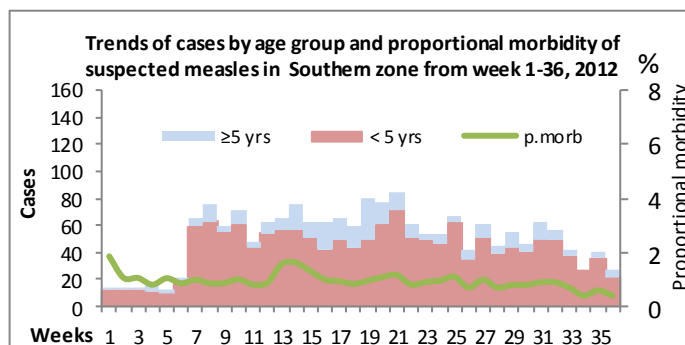
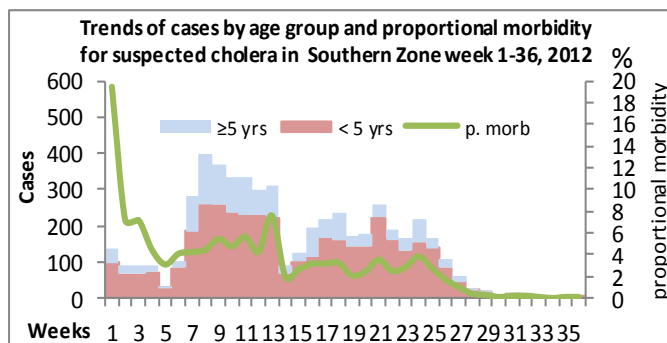
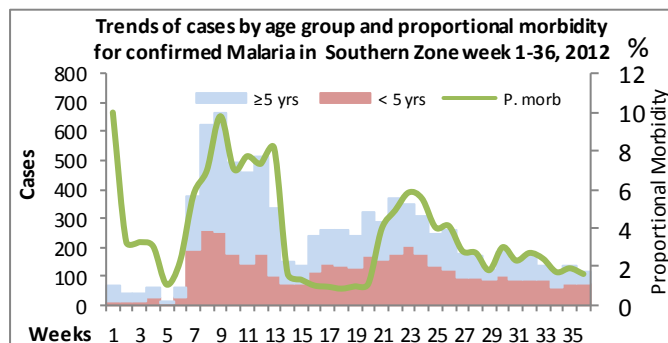
WHO and health partners are concerned about the increased risk of a widespread cholera outbreak especially in Lower Jubba and along the Kenya-Somalia border. Deaths due to suspected cholera have been reported from Hosingo in Badade district (approximately 100 km from Liboi border down of Kenya and Doble). Suspected cases have been reported from Waraq, some 70 km from Liboi. These areas are transit points into Kenya hence the risk of cross-border transmission. The maps below indicate the districts that reported cases of suspected cholera, suspected measles and confirmed malaria cases during week 36.



SOUTHERN SOMALIA

Table 1. Southern Somalia (36 sentinel sites)	Week 33 (13-19 August 2012) - Number of reporting sites 36		Week 34 (20-26 August 2012) - number of reporting sites 35		Week 35 (27 Aug-2 Sept 2012) - Number of reporting sites 36		Week 36 (3-9 Sept 2012) - Number of reporting sites 35	
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	8 (100)	0.1	0	0	6 (83.3)	0.1	1 (100)	0.01
Susp. Shigellosis	39 (66.7)	0.7	29 (65.5)	0.5	27 (81.5)	0.4	35 (80)	0.5
Susp. Measles	42 (88.1)	0.7	26 (100)	0.4	40 (90)	0.6	27 (81.5)	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	40 (67.5)	0.7	34 (70.6)	0.6	108 (22.2)	1.5	16 (93.7)	0.2
Confirmed Malaria	138 (61.6)	2.4	108 (54.6)	1.7	133 (57.9)	1.9	115 (65.2)	1.6
Neonatal Tetanus	0	0	0	0	0	0	0	0
All other consultations	5450 (49.0)		5979 (48.5)		6739 (47.0)		6822 (48.5)	
Total consultations	5717 (49.9)		6176 (48.8)		7053 (47.3)		7016 (49.2)	

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



High tension due to ongoing armed conflict in the Jubba regions has rendered some areas inaccessible. Currently cases of **suspected cholera** continue to be reported from Hoosingo village in Badade district where both WASH and health response activities have been launched at various levels. Hoosingo is not served by any health facility hence the information is not captured in the routine weekly data in the table above. Between 5 and 13 September 2012, 107 cases and 12 deaths were been reported from the village. Of these cases, 43 cases and 4 deaths were reported on the 12th and 13th of September with 70% of them above 5 years of age and 74% male. UNICEF, WHO, partners, the community and local authorities have concerted resources to ensure availability of adequate supplies on ground. With the ongoing conflict and subsequent population displacement and disruption of the existing health service access points in the region, the risk of sporadic cholera outbreaks in the Southern zone cannot be excluded. Health and WASH partners are requested to remain vigilant and report any suspected cases.

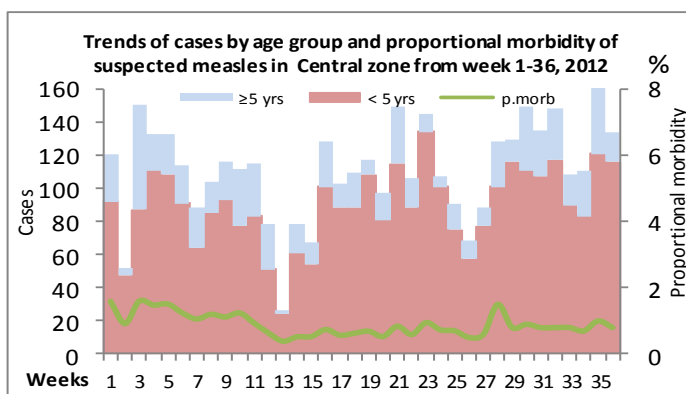
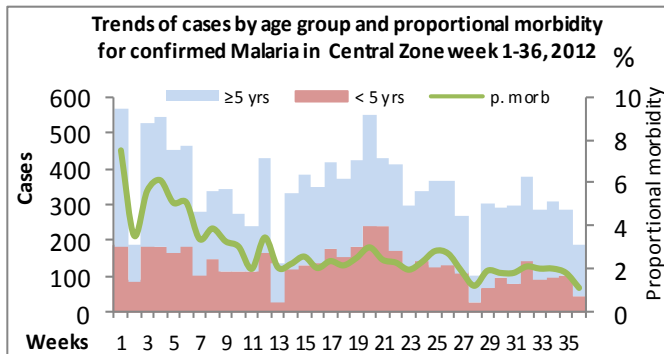
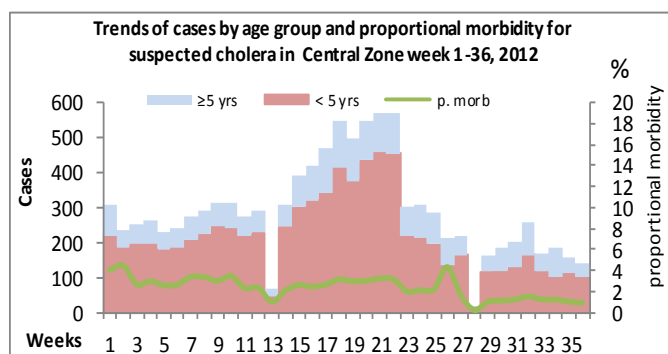
The number of reported case of **suspected measles** has reduced compared to the previous weeks but given the low vaccination coverage in the area; the reduction may not be significant. WHO advocates for improved access to routine vaccination, which has remained a challenge in most areas of Southern and Central Somalia due to various causes. This would also lead to reduced number of reported suspected whooping cough cases.

The number of reported cases of **suspected shigellosis** increased compared to week 35. However during verification of these cases, no actual case fulfilling the recommended case definition was identified. Cases were reported by several facilities across all regions.

CENTRAL SOMALIA

Table 2. Central Somalia 61 sentinel sites	Week 33 (13-19 August 2012) - Number of reporting sites 60		Week 34 (20-26 August 2012) - number of reporting sites 61		Week 35 (27 Aug-2 Sept 2012) - Number of reporting sites 58		Week 36 (3-9 Sept 2012) - Number of reporting sites 57	
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	169 (69.2)	1.2	186 (52.7)	1.2	156 (72)	1	138 (71.7.)	0.9
Susp. Shigellosis	25 (84)	0.2	53 (79.2)	0.3	31 (80.6)	0.2	27 (92.6)	0.2
Susp. Measles	108 (83.3)	0.7	111 (74.8)	0.7	164 (73.8)	1	134 (86.6)	0.8
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	18 (77.8)	0.1	23 (86.9)	0.1	11 (100)	0.1	32 (87.5)	0.2
Confirmed Malaria	284 (31.7)	2	309 (30.7)	2	287 (34.5)	1.8	186 (22)	1.1
Neonatal Tetanus	8 (100)	0.1	2 (100)	0.01	2 (100)	0.01	5 (100)	0.03
All other consultations	13790 (44.3)		14565 (43)		15049 (44.2)		15657 (41.5)	
Total consultations	14402 (44.8)		15249 (43.4)		15700 (44.7)		16179 (42.1)	

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

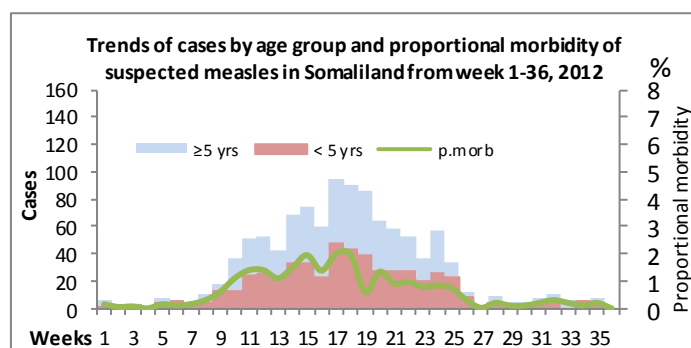
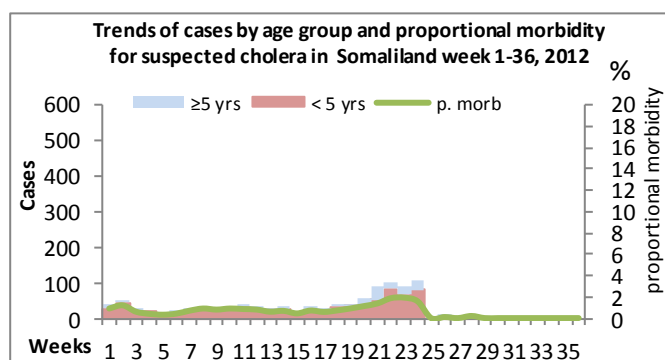


During the past few weeks, population influx into Banadir region was observed, mainly from Lower Shabelle and the Jubba regions. As such the overall caseload at health facilities slightly increased but all disease specific proportional morbidity compare well to the previous two weeks. The number of **suspected cholera cases** has reduced compare to the previous two weeks and so has the number of **suspected shigellosis cases**. A total of 136 (99%) of all 138 cases were reported by Banadir hospital while the other two remaining cases were reported by the rest of the health facilities in the four regions of Central Somalia.

SOMALILAND

Table 3. Somaliland 54 sentinel sites	Week 33 (13-19 August 2012) - Number of reporting sites 53		Week 34 (20-26 August 2012) - number of reporting sites 54		Week 35 (27 Aug-2 Sept 2012) - Number of reporting sites 54		Week 36 (3-9 Sept 2012) - Number of reporting sites 54	
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	19 (42.1)	0.5	29 (58.6)	0.8	16 (50)	0.4	27 (59.3)	0.6
Susp. Measles	6 (16.6)	0.2	5 (100)	0.1	8 (50)	0.2	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	0	0
Neonatal Tetanus	0	0	0	0	0	0	0	0
All other consultations	3446 (43.6)		3686 (50.9)		4526 (43.7)		4500 (42.1)	
Total consultations	3471 (43.5)		3720 (51)		4550 (43.6)		4527 (42.2)	

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

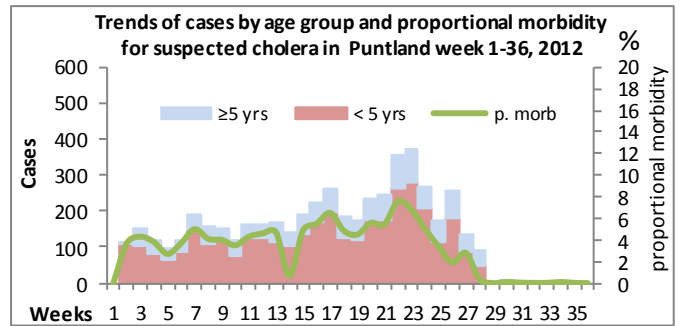
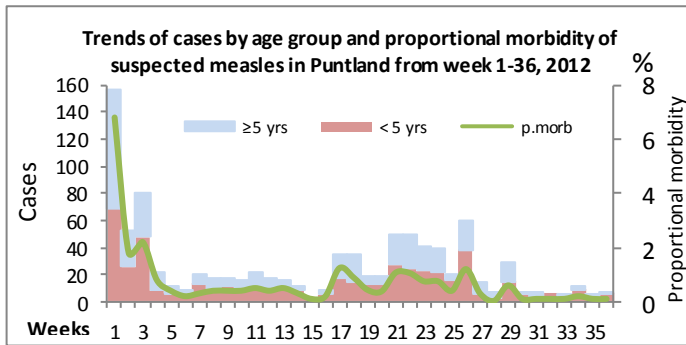


The morbidity trends for health events under surveillance remained stable except for **suspected shigellosis** for which current evidence suggests non-adherence to the recommended case definition. However, this is still being investigated further. Nine and seven cases were reported from Daami MCH and Faexaskule MCH in Lascanod district of Sool region.

PUNTLAND

Table 4. Puntland 45 sentinel sites	Week 33 (13-19 August 2012) - Number of reporting sites 45		Week 34 (20-26 August 2012) - number of reporting sites 45		Week 35 (27 Aug-2 Sept 2012) - Number of reporting sites 45		Week 36 (3-9 Sept 2012) - Number of reporting sites 39	
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	1 (100)	0.02	3 (100)	0.1	1 (100)	0.02	0	0
Susp. Shigellosis	4 (75)	0.08	3 (33.3)	0.1	5 (60)	0.1	0	0
Susp. Measles	5 (80)	0.1	11 (81.8)	0.2	5 (80)	0.1	7 (85.7)	0.1
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	1 (100)	0.02	1 (100)	0.02	0	0	0	0
Confirmed Malaria	0	0	0	0	0	0	0	0
Neonatal Tetanus	0	0	0	0	0	0	0	0
All other consultations	4637 (44.0)		5316 (44.4)		5713 (45.6)		5028 (43.3)	
Total consultations	4648 (44.1)		5334 (44.5)		5724 (45.7)		5035 (43.4)	

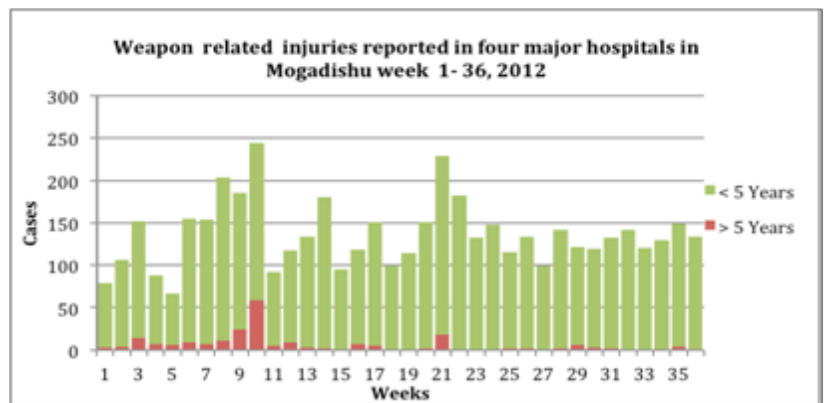
*Proportional Morbidity is the number of cases for individual health event as a proportion of all consultations for the reporting week.



Morbidity trends for all events under surveillance remained the stable though the overall caseload reduced significantly, presumably due to missing data from six health facilities. Reasons for non-reporting are still being investigated.

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

From **1 January – 9 September 2012**, 4915 casualties from weapon-related injuries were treated in four hospitals in Mogadishu, with 218 cases (4.5%) under the age of five. A total of 93 deaths above the age of five and 13 deaths below the age of five years were registered.



Breakdown of casualties treated in four major hospitals in Mogadishu, from 3 - 9 September 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
134	81	0	6	22	17	23	0	3

Breakdown of casualties treated in major hospitals of Middle and Lower Jubba region, from 3 - 9 September 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
Afmadow hospital	18	4	0	0	0	0	2	1	0
Kismayo General hospital	34	7	0	1	1	2	12	0	2
TOTAL	52	11	0	1	1	2	14	1	2

HEALTH RESPONSE

Activity data from 1-6 September 2012

Partner	Region(s) or location	Health intervention(s)	Target Population	Total consultations	<five years	Female
WAHA International	Banadir, Hiraan	Mother and child hospital	50 000	131	90	
		Health centre MCH/OPD/ non-complicated deliveries and referral service to Hanano hospital)	17 000	527	309	218
WARDI	Banadir, Hiraan	Health centre	8719	327	129	200
		Primary health units	64 667	1397	568	793
		Mobile clinics	34 773	1873	860	913
		Cholera treatment centre services	47 945	42	29	23
Warsan Youth Development Organization	Banadir, Lower Shabelle	Health centre	950	197	140	57
		Mobile clinic	13800	640	426	196
		Hospital	12 000	216	119	97
Center for Peace and Democracy/Save the Children	Banadir, Hodan and Hawl Wadaag districts	Primary health unit (Primary health care services, 2 ORP sites, EPI services, ANC)	134 708	3677	1465	1886
American Refugee Committee	Banadir, Lower Jubba	Primary Health Unit (A fixed OPD/ORP site provides PHC, ORP services and hygiene education sessions to IDP populations; PHC - MCH/ANC/PNC)	155 640	2067	833	1099
		Cholera treatment centre services (classification and treatment of AWD cases)	197 740	54	39	27
Family Empowerment and Relief Organization	Lower Shabelle	Health Centre (MCH)	2500	175	80	125
GREDO/Save the Children	Bay, Baidoa district	Primary health unit (PHC)	280 000	1779	1184	788
Society Development Initiative Organization	Middle Jubba, Sakow district	Health Centre (consultation and treating in MCH/OPD in the district)	6537	232	117	121
		Primary health unit	4896	675	198	276
PHF	Banadir	Health centre	20 800	1198	617	988
		CTC	20 500	304	256	181
SCC	Banadir, Middle Shabelle, Galgaduud	Health centre	495	168	146	181
		Health education	431	171	146	471
Horn Aid Trust	Banadir	Health Centre	3500	560	120	257
Somali Aid	Middle Jubba, Jilib district	Health centre (MCH/OPD)	73 140	140	33	64
		Leprosy hospital	4035	49	0	27
International Medical Corps	Banadir	Primary Health Unit (static mobile clinic)	50 245	226	101	146
Merlin	Banadir	Primary Health Care (MCH that provides ANC services, deliveries, immunization, some nutritional supplement to malnourished children under five years, treatment of minor illness and hygiene education sessions to IDPs and host community)	343 442	4163	1493	2378
Qatar Red Crescent Society	Lower Shabelle	Communicable disease services (Communicable and tropical disease center)	30 000	443	267	318
Voluntary Action Committee in Somalia	Banadir	Health centre (PHC, MCH)	10 000	286	152	134
CESVI	Banadir	Health Centre (MCH/OPD)	340 000	1465	622	599
		Mobile teams	145 500	1747	736	587
Horn Aid Trust	Banadir	Health Center	3500	560	120	257
Muslim Hands	Banadir, Lower and Middle Jubba, Galgaduud	Health Center	22 580	1356	698	763

SORRDO	Banadir	Health Centre	64 500	705	186	403
		CTC	10 000	48	16	23
		Mobile teams	10 000	214	39	78
SAMA	Bay, Bakool	Health centre	134 000	2219	796	985
		Mobile clinic	21 000	583	188	218
		Primary health units	50 000	672	238	334

**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.*