



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 9 - 15 June 2012
(reflecting Epidemiological week 23)

- During week 22, 6 out of 20 stool samples collected from new admissions in Hodan and Hamarjabab cholera treatment centers in Mogadishu tested positive for cholera.

IN FOCUS STORY:

Tri-cluster response to address IDPs in Mogadishu

The Health, Shelter/Non-Food items and WASH Clusters made a strategy as a joint response to address the issues of IDPs in Mogadishu. This strategy looks at how to improve the living conditions of secondary displaced populations, how to respond to the needs of newly displaced people and other priority areas, and how to mainstream protection and encourage protection based programming in all programmes focusing on IDPs.

The partners and stakeholders of the three clusters involved will meet from 19-21 June in Mogadishu to discuss how this strategy can be implemented on the ground with overall effective coordination.

The priority geographical areas will focus on IDP settlements in Zona K and 77 (Hodan and Daynile district respectively) as well as other hotspots in Dharkeynley and Wadajir districts. Since these settlements are relatively new, the conditions are some of the worst in the capital.

The Health Cluster will provide a package of health services through existing clinics (health posts and maternal and child health centers), mobile health teams and IDP camps/community health workers, thereby providing full coverage to the affected population. This package of health services will enable IDPs to improve their health conditions and further avoid disease and displacement. High prevalence of malnutrition and disease may give rise to likely scenarios of increased risk of disease outbreaks due to rains, endemic infectious diseases, hepatitis E, dengue hemorrhagic fever, tuberculosis and acute watery diarrhoea (AWD) due to increased transmission in these situations.

The relationship between the three Clusters is recognized and acknowledged. To realize these synergies at a programme level requires Clusters to take a role of either lead or support.

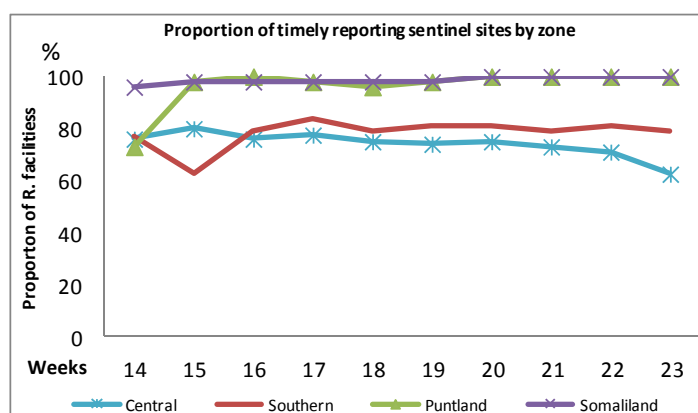


IDP families arriving from Afgooye corridor in Mogadishu

EPIDEMIOLOGICAL SURVEILLANCE (EPI WEEK 23)

TIMELY REPORTING:

A total of 222 sentinel sites report on a weekly basis from the four zones of Somalia. During **week 23**, all 54 sites in Somaliland and all 45 sites in Puntland reported on time. Only 50 of 80 (63%) sites reported on time from Central Somalia while 34 of 43 (79%) sites reported on time from Southern Somalia. Nine health facilities from SCZ are known to have been closed by local authorities and evidence from the field suggests that this number is growing. A review of the sentinel sites list is planned for next week, to evaluate the current distribution and coverage.



SITUATION OVERVIEW:

During week 23, the leading causes of morbidity across the zones were **suspected cholera** and **confirmed malaria**. Suspected cholera accounted for most consultations in **Central Somalia** (1.98%) and **Puntland** (6.78%), Suspected shigellosis was the leading cause of morbidity in Somaliland (1.93%) followed by suspected cholera (1.92%) while **confirmed malaria** was the leading cause of morbidity in **Southern Somalia** (5.84%). Most areas are still receiving rains. Areas most affected by conflict are Lower and Middle Jubba, and areas surrounding Mogadishu, including the Afgooye corridor resulting in continuous population displacement. However, a reduction in the overall caseload has been observed this week associated with reported return to stability in most areas that were previously affected by armed conflict between the transitional national government forces (TFG) in collaboration with the AMISOM against Al shabab forces.

The number of **suspected shigellosis** is alarming. Current evidence suggests there is non-adherence to the recommended case definition for suspected shigellosis, which is: "*visible blood in stool*". Most reported suspected shigellosis cases were based on patients' reported blood in stool. In response to this, a series of training activities will be conducted in collaboration with the Ministry of Health, health partners and local authorities. No deaths due to suspected shigellosis have been reported.

SOUTHERN SOMALIA

Table 1. Southern Somalia (43 sentinel sites)	Week 20 (14 – 20 May 2012) - number of reporting sites 35		Week 21 (21 – 27 June 2012) - number of reporting sites 34		Week 22 (28May – 3 June 2012) - number of reporting sites 35		Week 23 (4 – 10 June 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	176 (80%)	2.45%	258 (86.82%)	3.55%	188 (86.7%)	2.51%	169 (78%)	2.85%
Susp. Shigellosis	166 (58%)	2.31%	210 (61.43%)	2.89%	170 (63.53%)	2.27%	137 (67%)	2.31%
Susp. Measles	78 (78%)	1.09%	85 (84.71%)	1.17%	61 (83.61%)	0.81%	54 (91%)	0.91%
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	76 (78%)	1.06%	55 (79.71%)	0.95%	71 (73.24%)	0.95%	68 (75%)	1.15%
Confirmed Malaria	308 (53%)	4.29%	288 (53.47%)	3.96%	368 (48.64%)	4.91%	346 (58%)	5.84%
Neonatal Tetanus	0	0	0	0	0	0	1 (100%)	0.02%
All other consultations	6376 (51%)		6375 (57%)		6638 (47%)		5149 (57%)	

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

In **Southern Somalia**, confirmed malaria continues to be the leading cause of morbidity accounting for a proportional morbidity of 5.84% during week 23. Middle and Lower Jubba regions account for most of the cases.

CENTRAL SOMALIA

Table 2. Central Somalia 80 sentinel sites	Week 20 (14 – 20 May 2012) - number of reporting sites 60		Week 21 (21 – 27 June 2012) - number of reporting sites 58		Week 22 (28 May – 3 June 2012) - number of reporting sites 57		Week 23 (4 – 10 June 2012) - number of reporting sites 50	
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	550 (79%)	3.00%	571 (80.74%)	3.22%	568 (80.28%)	3.14%	302 (72%)	1.98%
Susp. Shigellosis	45 (58%)	0.25%	48 (41.67%)	0.27%	59 (67.8%)	0.33%	37 (51.35%)	0.24%
Susp. Measles	97 (84%)	0.53%	149 (77.18%)	0.84%	106 (83.02%)	0.59%	145 (92.41%)	0.95%
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	35 (86%)	0.19%	23 (82.61%)	0.13%	39 (82.05%)	0.22%	20 (95%)	0.13%
Confirmed Malaria	549 (44%)	2.99%	428 (55.61%)	2.41%	413 (41.46%)	2.28%	297 (39%)	1.95%
Neonatal Tetanus	2 (100%)	0.01%	5 (100%)	0.03%	5 (100%)	0.03%	3 (100%)	0.02%
All other consultations	17067 (53%)		16511 (44%)		16906 (44%)		14443 (41%)	

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

The reduction in number of **suspected cholera** cases for week 23 may be associated with a reduced caseload and/or better application of the case definition as the proportion of cases below the age of five years is decreasing. During week 23, the number of suspected cholera cases has reduced by 46% while the proportional morbidity decreased by 1.16% in comparison with week 22.

Of the 20 stool samples collected from new admissions to Hodan and Hamarjajab cholera treatment centers during week 22, 6 tested positive for cholera. Adequate case management supplies are available on the ground and partners are urged to continue preventive activities, including targeting new informal settlements and IDP camps.

Confirmed malaria remains an important cause of morbidity mostly affecting the riverine areas as well as Banadir region. Currently there are enough rapid diagnostic tests (RDTs) and ACT available in Somalia to respond for malaria case management.

Suspected measles and **suspected whooping cough** are also being reported across Southern and Central Somalia. This remains a problem due to the current population migration as a result of ongoing armed conflict. In addition, people living in most areas of Southern and Central Somalia have not been vaccinated over the past years. The majority of suspected measles and whooping cough cases have never been vaccinated. Reports suggest most of these people have traveled from the Shabelle and Jubba regions to Banadir region, including Mogadishu. In addition, the formation of multiple informal temporary internally displaced persons (IDP) settlements, which are difficult to target, contributes to the continued spread of diseases. Strategic catch-up vaccination activities are planned whenever access is granted in the newly liberated areas.

Neonatal tetanus continues to occur in Central Somalia demonstrating the need to step up routine vaccination activities. These cases need to be investigated. WHO and MOH are willing to provide assistance.

SOMALILAND

Table 3. Somaliland Number of sentinel sites 54	Week 20 (14 – 20 May 2012) - number of reporting sites 54		Week 21 (21 – 27 June 2012) - number of reporting sites 54		Week 22 (28May – 3 June 2012) - number of reporting sites 54		Week 23 (4 – 10 June 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	55 (71%)	1.13%	88 (60%)	1.38%	101 (82%)	1.87%	91 (73%)	1.92%
Susp. Shigellosis	46 (61%)	0.94%	64 (50%)	1.00%	65 (74%)	1.20%	92 (41%)	1.93%
Susp. Measles	65 (43%)	1.34%	58 (48%)	0.91%	52 (54%)	0.96%	37 (57%)	0.78%
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	2 (100%)	0.04%	0	0	0	0	2 (100%)	0.04
Confirmed Malaria	0	0	0	0	0	0	0	0
Neonatal Tetanus	0	0	0	0	0	0	0	0
All other consultations	4700 (51%)		6149 (52%)		5180 (51%)		4522 (48%)	

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

Suspected shigellosis now rivals suspected cholera as the leading cause of morbidity in Somaliland. Follow up on this sudden increase revealed poor adherence to the case definition. In addition, most reported cases of suspected cholera were due to watery diarrhea and did not fit within the recommended case definition for suspected cholera.

Two cases of **suspected whooping cough** were reported. Strategic vaccination activities are also planned in Somaliland to improve vaccination coverage.

PUNTLAND

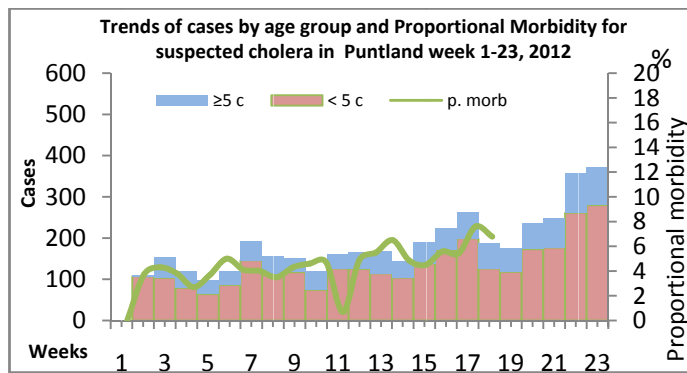
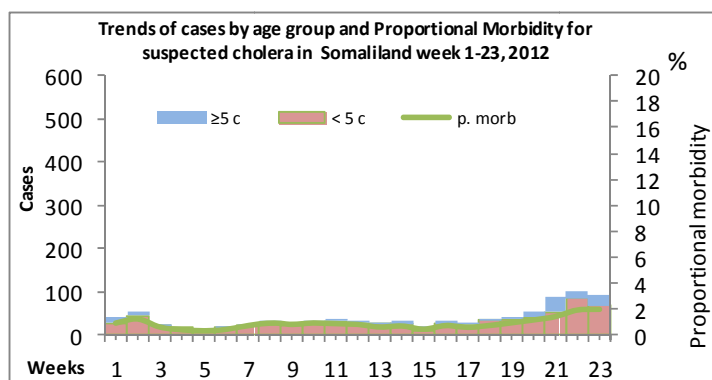
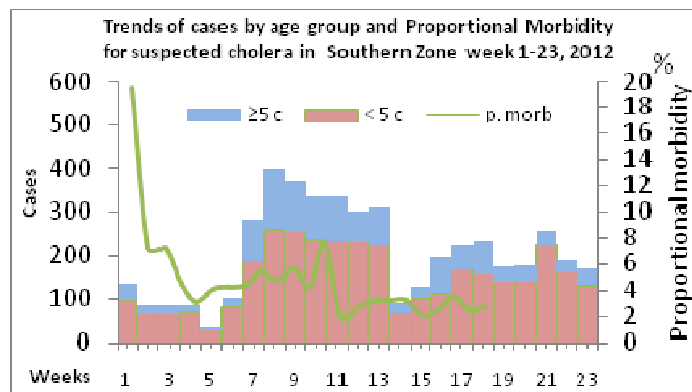
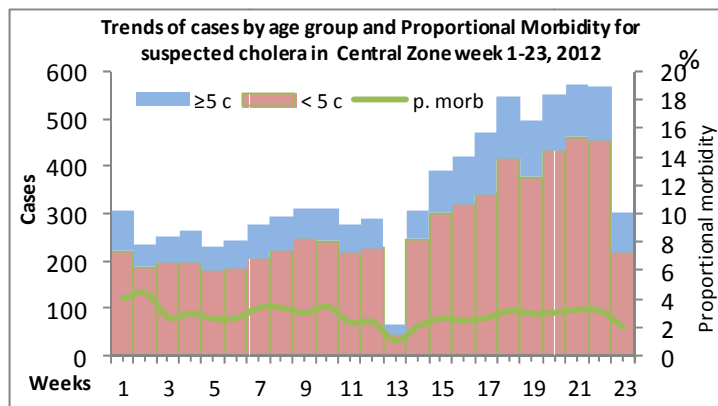
Table 4. Puntland Number of sentinel sites 45	Week 20 (14 – 20 May 2012) - number of reporting sites 45		Week 21 (21 – 27 June 2012) - number of reporting sites 45		Week 22 (28May – 3 June 2012) - number of reporting sites 45		Week 23 (4 – 10 June 2012) - number of reporting sites 45	
Health Event	Total 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	236 (73%)	5.58%	248 (71%)	5.44%	356 (73%)	7.60%	371 (75%)	6.78%
Susp. Shigellosis	61 (52%)	1.44%	58 (50%)	1.27%	52 (58%)	1.12%	55 (62%)	1.00%
Susp. Measles	16 (81%)	0.38%	49 (55%)	1.07%	49 (49%)	1.05%	41 (56%)	0.75%
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	9 (44%)	0.16%
Neonatal Tetanus	0	0	0	0	0	0	0	0
All other consultations	3916 (51%)		4206 (48%)		4200 (50.19%)		4992 (47%)	

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

Suspected cholera remains the leading cause of morbidity in Puntland (6.78% for week 23) and the proportion of cases under 5 years of age has not changed unlike for the other zones. Under leadership of the Ministry of Health, overall preventive activities have been launched by health and WASH partners in Bari, Nugaal and Mudug regions. Triangulation of data indicates the non-adherence of the health workers to the recommended case definition. Similarly, none of the reported cases of **suspected shigellosis** fit the recommended case definition. However, the current trends are closely monitored to exclude a possibility of actual cases occurring in areas outside the geographical catchments of sentinel sites. In week 23, nine confirmed malaria cases were reported, including four children under the age of five. Six malaria cases were reported by Nugaal regional hospital, one case by Daawad MCH and the remaining two from Burtinle MCH.

MAIN CAUSES OF MORBIDITY:

SUSPECTED CHOLERA (SOURCE: CSR SENTINEL SITES)



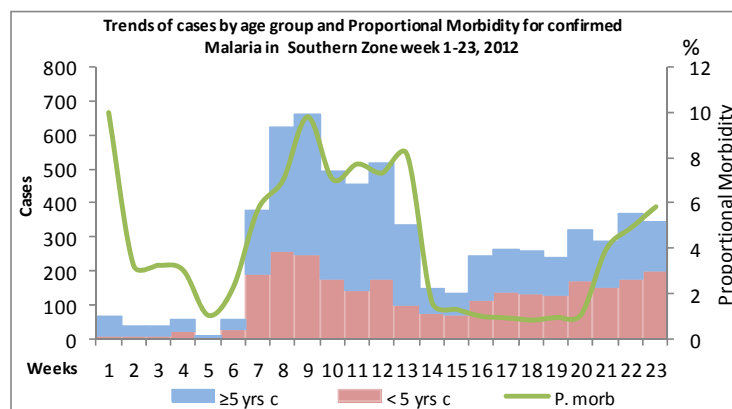
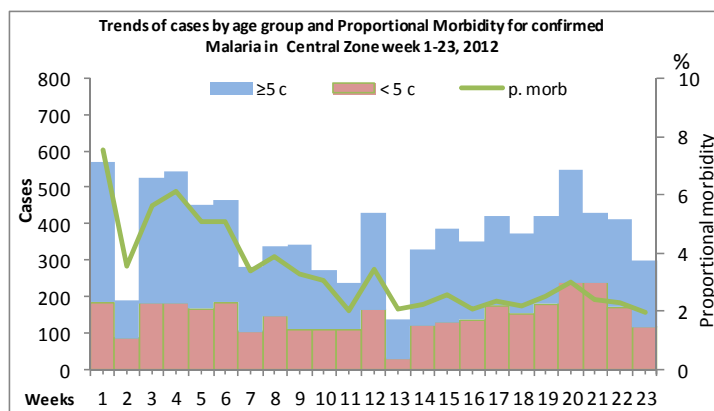
During week 22, a total of 20 stool samples were collected from new admissions of Hodan and Hamarjajab cholera treatment centers. Six out of those 20 cases tested positive for cholera. Adequate case management supplies are available on the ground and partners are urged to continue preventive activities, including targeting new informal settlements and IDP camps.

Suspected cholera remains the leading cause of morbidity in Puntland (6.78% for week 23). Under leadership of the Ministry of Health, overall preventive activities have been launched by health and WASH partners in Bari, Nugaal and Mudug regions. Triangulation of data indicates the non-adherence of the health workers to the recommended case definition.

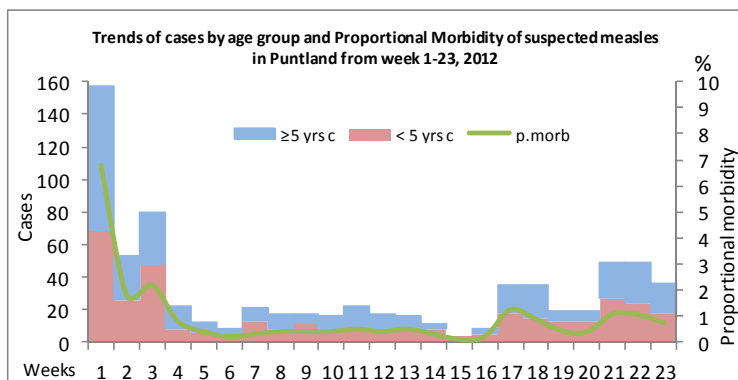
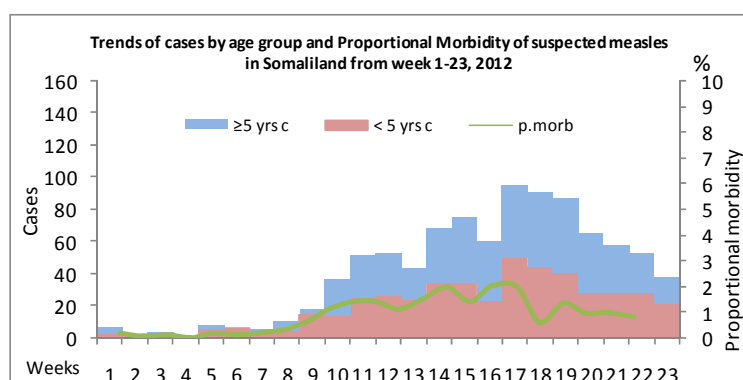
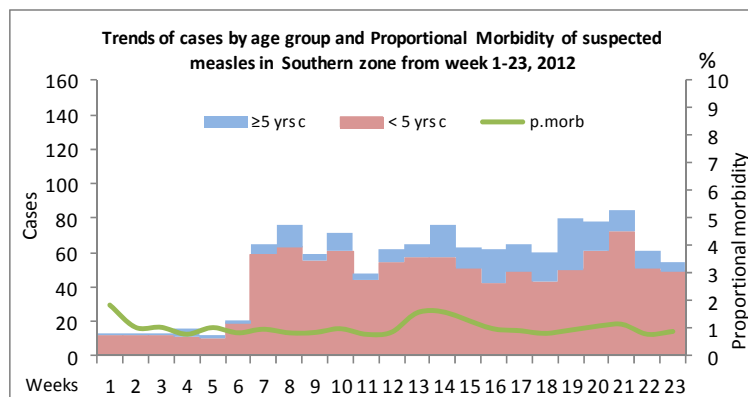
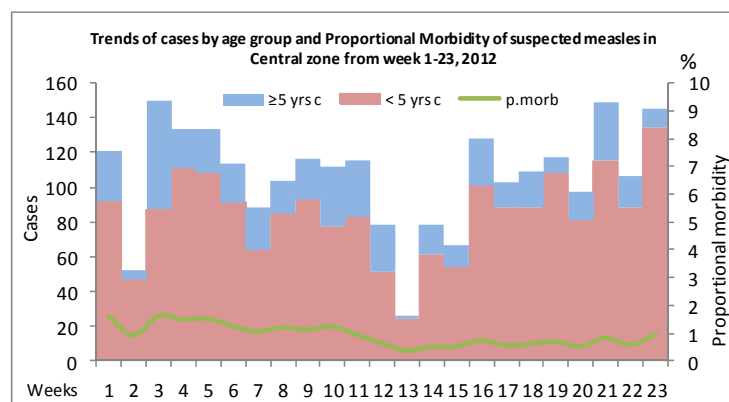


A child receives treatment at the cholera treatment center in Hamarjajab district, Mogadishu, run by WARDI

CONFIRMED MALARIA (SOURCE: CSR SENTINEL SITES)



SUSPECTED MEASLES (SOURCE: CSR SENTINEL SITES)



Suspected measles continues to be reported across Somalia. This remains a problem due to the current population migration as a result of ongoing armed conflict. In addition, people living in most areas of Southern and Central Somalia have not been vaccinated over the past years. The majority of suspected measles and whooping cough cases have never been vaccinated before. Most of these people go from the Shabelle and Jubba regions to Banadir region, including Mogadishu. In addition, the formation of multiple informal temporary IDP settlements, which are difficult to target, contributes to the continued spread of diseases. Strategic catch-up vaccination activities are planned whenever access is granted in the newly liberated areas.

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

From **1 January – 10 June 2012**, 3166 casualties from weapon-related injuries were treated in four hospitals in Mogadishu, with 199 cases (6.3%) under the age of five. A total of 67 deaths above the age of five and 11 deaths below the age of five years were registered.

During this reporting week, data from one of the four hospitals was unavailable.

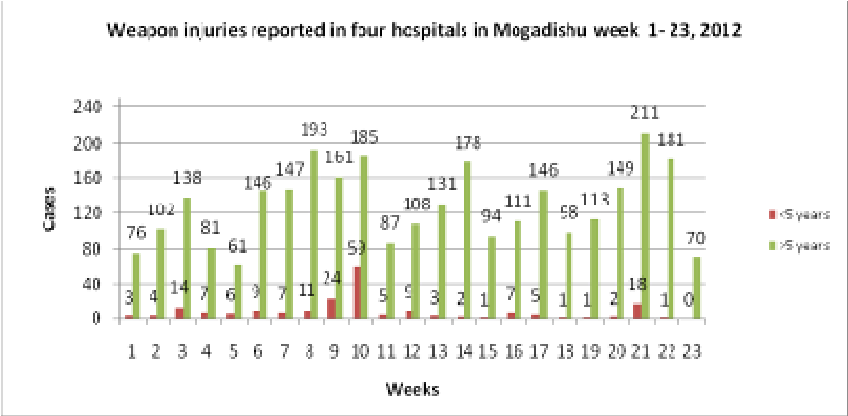


Table 5: Breakdown of casualties treated in Afmadow, Doble and Kismayo hospitals and Hagar MCH, from 4 - 7 June 2012

Name of Hospital	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	5	1	0	0	0	0	0	0	0
Doble hospital	3	0	0	0	0	0	2	0	0
Kismayo hospital	6	4	0	0	0	0	0	0	0
Hagar MCH	7	1	0	0	0	0	0	0	0

HEALTH RESPONSE (COVERING THE PERIOD FROM 2-7 JUNE 2012)

During the reporting week, six trainee nurses at the Hargeisa Group hospital and four at the Dolow field hospital were trained by WHO on anesthesia. The nurses are undertaking both a theoretical and practical training that involves preoperative assessment, preoperative care, preparation of the drugs, management of monitoring, management of IV fluids and postoperative care.



Trainees identify in a patient the point of entry for spinal anesthesia



WHO established a field hospital in Hudur district, Bakool region to provide the much-needed health services to the underserved population and those affected by the conflict. Two tonnes of diagnostic and surgical equipment, including medical supplies, were provided for the hospital. Eleven health workers were recruited by WHO and trained on basic surgical techniques and anesthesia. In addition, two hospital staff will provide surgery and comprehensive emergency obstetric care.

The field hospital will act as a secondary referral hospital for the whole of Bakool region and will also provide antenatal, postnatal and normal delivery services for women. Planned activities include vaccination following years of no coverage due to inaccessibility as a result of the conflict.

From 3-7 June 2012, health partner **WAMY** carried out surgeries for 58 patients with cleft lip and palate conditions, scar revision and cysts removal. The medical team consisted of two plastic surgeons, an orthodontist, two anesthesia doctors, a pediatrician, a general surgery and a nurse. In cooperation of World Wide Doctors Turkey and FIQI Foundation, plans are to undertake a similar initiative after six months.



Partner	Region(s) or location	Health intervention(s)	Target Population	Total consultations	< five years	Female
WAHA International	Banadir	MCH/OPD/non complicated deliveries, referral services to Hanano hospital	10783 families	761	439	322
		Hospital	> 100 000	90		
WARD	Banadir	OPD	31 000	1455	775	680
		Health centre	20 000 households	510	290	220
CAP ANAMUR	Mogadishu, Hodan	Health related activities at Banadir hospital including OPD/OTP/ICU/stabilization centre/pediatric ward	-	1112	932	487
American Refugee Committee (ARC)	Banadir	Mobile teams	100 737 IDPs	816	337	447
		cholera treatment centre (CTC)	197 740	42	33	21
GEELO	Hiraan	MCH, OPD	110 850	1703	940	763
		Ambulance services	92 890	52	25	27
Centre for Peace and Democracy/Save the Children UK	Banadir	Primary health care services	>14 000 households	1984	1283	1056
		Mobile clinic	5397	613	351	376
		Training on rational drug use	12 health staff including clinical officers, midwives and pharmacists			
SOADO	Banadir	MCH, OPD, non-complicated deliveries, referral services to Banadir hospital, mobile clinic	8000 households	145	96	78
		Mobile clinic	12 000 households	127	83	67
Peace Action Society Organization for Somalia (PASOS)	Banadir	Health centres. OPD	34 000	659	283	297
CESVI	Banadir	Health center	215 000	919	320	291
		Mobile clinic	84 000	1363	504	395
Mercy Malaysia	Banadir	Primary health unit/OPD	100 000	452	154	273
SWISSO-KALMO	Bay, Lower Shabelle	MCH, health posts, mobile clinic	>200 000	1858	651	709
Muslim Hands	Banadir	OPD	5679	645	501	434
PHF	Banadir	Clinic, MCH, OPD, CTC	62 200	1365	1885	1705
		Training of doctors and auxiliary nurses at Banadir hospital	70			
Qatar Red Crescent Society	Banadir	Mobile clinics, primary health center (PHC)	11 000	1185	340	635
Somali Aid	Middle Jubba	MCH	36 570	450	190	239
		OPD	36 570	399	186	264
		hospital	4035	192	2	96
FERO	Lower Shabelle	MCH	2500	102	48	60
SORRDO	Banadir	MCH, therapeutic supplementary feeding programme, in-patient department, reproductive health services	20 500	218	80	166
WYDO	Banadir	Free treatment to the internally displaced persons (IDP), hygiene promotion	IDPs	280	155	125
Somali Young Doctors Association (SOYDA)	Lower Shabelle, Banadir	Free health and laboratory services including health centres, mobile clinics, health posts, sentinel sites	>170 000	3970	1141	1861
		Integrated health and nutrition	57 390	767	215	381
Mulrany International	Banadir, Middle Shabelle	PHC, trauma clinic	129 803	1355	540	446
SORDA	Banadir	MCH and OPD	IDPs	321	146	175
Islamic Relief	Banadir	OPD/ANC		739	437	392
		Mobile clinic		447	230	203
SHARDO	Banadir	Health post	987 850	304	103	125
Human Development Concern (HDC)	Gedo	MCH	103 000	749	134	288
		OPD	10 000	253	47	92

**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.*