

23 March 2021 – The Ministry of Health of Somalia has announced 59 new suspected cases of cholera, with no reported deaths, for epidemiological week 9 (22 to 28 February 2021). In week 9 all cases were reported from 12 districts of Banadir region, and from Baidoa district of Bay region. No cases were reported from Lower Shabelle this week. The cumulative total number of suspected cholera cases in 2021 is 712, including 2 associated deaths with a case fatality ratio (CFR) of 0.3%. All of the cases were reported from 17 districts in Banadir region; Merka and Afgoye districts in Lower Shabelle region; and Baidoa district in Bay region.

Of the 712 cases reported from Somalia since the week 1, 272 (38%) are aged  $\leq 2$  years. Of the 2 deaths registered, 1 (50%) is aged  $\leq 2$  years.

The current cholera outbreak started in December 2017 following floods that affected districts in the basins of Jubba and Shabelle rivers. It was contained in five of the six regions while active transmission has continued to be reported from Banadir. Flash floods caused by heavy Gu rains in April 2020 led to the contamination of water sources that led to an increase in the number of cholera cases. In 2021, a cumulative attack rate of 24 persons per 100 000 populations was reported. The highest attack rate was reporting from the districts of Danyile (120 per 100 000 population), Madina (66 per 100 000 population), and Dharkenly (45 per 100 000 population). The majority of the deaths have been reported in Banadir. The overall CFR is 0.4%.

Of the 205 stool samples tested since January 2021, a total of 62 (30%) samples came out positive for *Vibrio cholerae*. Serotype V. Cholerae Ogawa was isolated from stool samples collected from Banadir. This strain is sensitive to Tetracycline, Chloramphenicol and Ciprofloxacin.

The overall reduction in the number of new cholera cases as compared to the numbers at the beginning of the outbreak is attributed to improved implementation of preventive interventions including oral cholera vaccination (OCV) campaigns and the strengthening of water, sanitation and hygiene (WASH) activities in hot spots. However, the current floods and cholera outbreak occurred at a time when COVID-19 cases are increasing in all regions of Somalia, stretching the already limited capacity to respond to the cholera alerts.

WHO continues to provide leadership and support to health authorities and partners in implementing activities that can mitigate the outbreak. Disease surveillance is being managed

with the support of WHO through an electronic system known as the Early Warning Alert and Response Network (EWARN) and is currently being expanded to all health facilities across the country. WHO and the Ministry of Health continue to monitor outbreak trends through EWARN and promptly investigate and respond to all alerts.

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Friday 3rd of May 2024 01:31:19 PM