Situation report for Acute Watery Diarrhoea/Cholera

Epidemiological week 28 (10th to 16th Jul 2017)

**HIGHLIGHTS**

- A total of 1,068 AWD/cholera cases and 3 deaths (CFR-0.3%) were reported during week 28 from 37 districts in 13 regions. Of these, 286 cases (27%) were reported from in Middle Shabelle region.
- There was 13.1% increase in the number of new AWD/cholera cases from 928 cases in week 27 to 1,068 cases in week 28. Deaths also decreased by 0% from 3 during week 27 to 3 during week 28.
- The number of cases in South Central decreased from 385 and 3 deaths during week 27 to 610 cases and 3 deaths in week 28.
- In Puntland, AWD/cholera cases decreased from 543 and no deaths during week 27 to 458 cases no deaths during week 28.
- Most of the cases were reported from in Banadir region, in Mudug region, in Lower Jubba, Middle Shabelle region and in Sool region.

**KEY FIGURES**

- 1,068 new cases.
- 3 deaths.
- 0.3% Case Fatality Rate (CFR).
- 49% of the cases were female.
- 50% of the cases were children < 5 years.
- 37 districts reported cases.
- 58,524 cumulative cases (week 1-28).
- 812 cumulative deaths (week 1-28).
- 1.4% overall Case Fatality Rate.

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**Fig 1. AWD/Cholera cases in Somalia June2016-Jul-2017**
Situation update.

The overall trend shows that the AWD/cholera outbreak is slowing down. However, there are AWD/cholera alerts being reported from Galgadud, Gedo, Bay, Togdheer, Bakol, Middle Juba regions and other inaccessible areas. Verification of these alerts is difficult due to insecurity. The severe drought and its consequences (including water scarcity, food insecurity and malnutrition) are major contributing factors to the ongoing cholera outbreak. More AWD/cholera cases were recorded among people living in IDP camps due to worsening drought in Baidoa, Banadir and other districts. Response preparations for another cholera outbreak along the main rivers are ongoing since the rainy season has begun and major floods are expected. Active transmission of AWD/cholera is ongoing in 17 districts of Banadir region.

A cumulative 58,624 suspected AWD/cholera cases and 812 deaths (CFR-1.4%) have been recorded from 37 districts across 13 regions since the beginning of 2017. The trend of cholera cases recorded in the past 28 weeks shows a significant increase when compared to cases reported during the same period last year (refer to epidemic curve above). The current AWD/cholera cases were a spill-over from last year’s major outbreak, which recorded 15,619 cases and 548 deaths.

AWD/cholera situation in different regions of Southcentral zone and Puntland

Surveillance records show that there is a sharp decrease in the number of new cases in all regions with no region reporting active transmission in the past two weeks

- Banadir: 134 cases and 2 deaths were recorded across 17 districts in the region. The number of reported cases decreased during the week as shown in figure 2 (D).
- Lower Shebelle: 69 cases and no death were recorded during week 28 as shown in Fig 2(F).
- Lower Jubba: 107 cases and no death were recorded during week 28.
- Hiran: 4 AWD/cholera cases were reported this week
- Bakool: 10 cases and no death were recorded during week 28. Reported cases have decreased over the past 2 weeks as shown in Fig 2 (E).
- Middle Shabelle: A total of cases 286 and 1 death were recorded in week 28.
- Bari: A total of 5 cases and no deaths were reported during the reporting period.
- Mudug: 185 cases and no death were reported in week 28.
- Nugaal: A total of 39 AWD/cholera cases and zero deaths were reported during week 28.
- Ayn: 21 cases and no death were reported in week 28. Reports have been received that these cases are being imported into Puntland from Ethiopia.
- Sanaag: 57 cases no deaths were reported during the reporting week.
- Karkaar: A total of 16 cases and no death were reported in week 28.
- Sool: 135 cases and no death were recorded during the reporting week.
### Table 1. Summary of AWD/Cholera cases reported per Region in Somalia

<table>
<thead>
<tr>
<th>Region</th>
<th>Week27 (3rd to 9th Jul 2017)</th>
<th>Week28 (10th to 16th Jul 2017)</th>
<th>Cumulative as of Epi-Week 1 to 28</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Live</td>
<td>Deaths</td>
<td>CFR(%)</td>
</tr>
<tr>
<td>Bay</td>
<td>0</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Bakol</td>
<td>21</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Lower Juba</td>
<td>132</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Gedo</td>
<td>9</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Galgaduud</td>
<td>0.0</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Middle Shabelle</td>
<td>286</td>
<td>1</td>
<td>0.3</td>
</tr>
<tr>
<td>Hiraan</td>
<td>3</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Lower Shebelle</td>
<td>69</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Bari</td>
<td>6</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Sanaag</td>
<td>119</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Karkaar</td>
<td>33</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Mudug</td>
<td>152</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Sool</td>
<td>143</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Nugaal</td>
<td>66</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Ayn</td>
<td>24</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Banadir</td>
<td>193</td>
<td>3</td>
<td>1.6</td>
</tr>
<tr>
<td>Total</td>
<td>928</td>
<td>3</td>
<td>0.3</td>
</tr>
</tbody>
</table>

*Oral Cholera Vaccination (OCV) was introduced in 9 high risk districts in these regions. Alerts from Middle Juba have not been included because they could not be verified due to insecurity. Affected districts in these regions are hard to reach with the exception of town areas.*

### AWD/Cholera Attack Rates (AR) in affected regions

The AWD/cholera attack rate is highest in Bay region where almost 19 people per 1000 have suffered from AWD/cholera since the beginning of the outbreak. This is above the projection of 1 person per 1000 (Table 2). The drivers of the current epidemic include limited access to safe water and poor sanitation in IDP settlements in all the affected regions. In Bay, Bakol, Gedo and Lower Shabelle, the high AR is attributed to inaccessibility of the most affected areas.

### Table 2. AWD Attack Rates in different regions

<table>
<thead>
<tr>
<th>Region</th>
<th>Popn at risk</th>
<th>AR week 26</th>
<th>AR Week 27</th>
<th>AR CM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bakol</td>
<td>352,538</td>
<td>0.1</td>
<td>0.1</td>
<td>11.4</td>
</tr>
<tr>
<td>Banadir</td>
<td>1,520,350</td>
<td>0.1</td>
<td>0.1</td>
<td>4.3</td>
</tr>
<tr>
<td>Bay</td>
<td>760,495</td>
<td>0</td>
<td>0.0</td>
<td>19.9</td>
</tr>
<tr>
<td>Galgadud</td>
<td>546,657</td>
<td>0.2</td>
<td>0.0</td>
<td>6.9</td>
</tr>
<tr>
<td>Gedo</td>
<td>488,069</td>
<td>0</td>
<td>0.0</td>
<td>11.6</td>
</tr>
<tr>
<td>Hiiran</td>
<td>499,858</td>
<td>0</td>
<td>0.0</td>
<td>0.7</td>
</tr>
<tr>
<td>Lower Jubba</td>
<td>469,734</td>
<td>0.3</td>
<td>0.3</td>
<td>5.7</td>
</tr>
<tr>
<td>Lower Shabelle</td>
<td>1,154,129</td>
<td>0</td>
<td>0.0</td>
<td>4.7</td>
</tr>
<tr>
<td>Middle Shabelle</td>
<td>495,396</td>
<td>0</td>
<td>0.0</td>
<td>4.3</td>
</tr>
<tr>
<td>Ayn</td>
<td>692,509</td>
<td>0</td>
<td>0.0</td>
<td>5.5</td>
</tr>
<tr>
<td>Bari</td>
<td>690,731</td>
<td>0.1</td>
<td>0.1</td>
<td>2.5</td>
</tr>
</tbody>
</table>
AWD/Cholera cases breakdown by category

Distribution of AWD/Cholera cases by Gender
As shown in Fig.3 below, an almost equal proportion of males and females are affected by AWD in all regions. During week 28, 51% of the population where men while 49 % were females of reproductive age.

![Fig 3.Distribution of AWD cases by Gender](image)

Distribution of AWD cases by age
As shown in figure 4 below, 57% of the people affected by AWD/cholera in week 28 are below 5 years. This is suggestive of the possible causes of AWD in this age category and needs further investigation.

![Fig 4.AWD cholera cases Distribution by age](image)
Distribution of AWD cases by access

As shown in figure 5 below, the case fatality rate in areas that are not accessible is almost 4 times higher than that in accessible areas.

Cholera Treatment Centres/Units

A total of 56 cholera Treatment units were established in all zones during the outbreak. Of the 56 CTCs that were established, 10 have been closed in the southcentral Zone. While of the 54 cholera Treatment units that were established, 34 have been closed.

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Access was defined as regions that are under government control and partners can offer AWD services to affected communities. Regions that are not accessible include Bay, Bakol, Gedo, Gagadud and Lower Shabelle. All areas in Puntland are accessible and were not included in this analysis.
<table>
<thead>
<tr>
<th>Region</th>
<th>District</th>
<th>Week28 (10th to 16th Jul 2017)</th>
<th>Cumulative (week 1-28)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>cases &lt;Syrs</td>
<td>cases &gt;Syrs</td>
<td>Deaths</td>
</tr>
<tr>
<td>Bakol</td>
<td>Elbarde</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Hudur</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Teyeglow</td>
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<td>0</td>
</tr>
<tr>
<td></td>
<td>Wajid</td>
<td>0</td>
<td>0</td>
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<tr>
<td>Banadir Bay</td>
<td>17 district</td>
<td>75</td>
<td>59</td>
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<td></td>
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<tr>
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<tr>
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<td></td>
<td>Elder</td>
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<td>Dhusomareb</td>
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</tr>
<tr>
<td>Gedo</td>
<td>Bardhere</td>
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<tr>
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<td>Burdhubu</td>
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</tr>
<tr>
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<td>Luq</td>
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<tr>
<td>Hiiran</td>
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<td>Buluburte</td>
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<td>Jilalaqsi</td>
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<td>Lower Jubba</td>
<td>Kismayo</td>
<td>75</td>
<td>32</td>
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<td></td>
<td>Walaweyn</td>
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<td>Middle Shabelle</td>
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<td>204</td>
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</tr>
<tr>
<td></td>
<td>Jowhar</td>
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<tr>
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</tr>
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<tr>
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<td>Qardho</td>
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<td>8</td>
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<tr>
<td>Mudug</td>
<td>Galdogob</td>
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<td>20</td>
</tr>
<tr>
<td></td>
<td>Galkayo</td>
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</tr>
<tr>
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<td>Harfo</td>
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<td>19</td>
</tr>
<tr>
<td></td>
<td>Jarliban</td>
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</tr>
<tr>
<td>Nugal</td>
<td>Burtinle</td>
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<tr>
<td></td>
<td>Dangorayo</td>
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</tr>
<tr>
<td></td>
<td>Eyl</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Garowe</td>
<td>11</td>
<td>6</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>542</td>
<td>526</td>
</tr>
</tbody>
</table>
Response activities

Coordination and Leadership
- The Federal ministry of health was supported to conduct weekly coordination meeting with health cluster and WASH cluster partners at national and subnational level
- Of the 56 cholera treatment centres that were established at the beginning of the outbreak, 10 have so far been closed due to reduction in the number of cases.
- Of the 54 cholera treatment units that were established at the beginning of the outbreak, 34 have so far been closed

Surveillance and Laboratory activities
- A total of 265 sentinel health facilities submitted reports to the electronic disease surveillance systems in all regions. This is in addition to AWD reports received from cholera treatment facilities
- Weekly and daily surveillance reports were compiled and shared with different partners
- Data quality assessment was conducted for all the surveillance records submitted from all regions in the central zone

Water Sanitation and Hygiene
- Chlorination of water sources was conducted in selected villages and IDP camps in Lower Jubba especially among returns
- Community sensitisation was conducted in communities living in IDP camps in Lower Jubba district of Kismayo

Essential Medicines and supplies
- 60 tons of essential medicines and supplies have been distributed to all regions since the beginning of the outbreak

For enquiries, please contact

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