



# Somalia Emergency Weekly Health Update

## HIGHLIGHTS

Reporting 28 January to 3 February 2013 - Epidemiological week 5

- CHOLERA 7 stool samples tested positive in Mogadishu
- MALARIA OUTBREAK 1137 cases confirmed to date in Bossaso district
- DENGUE FEVER Ongoing surveillance in Mogadishu

## In this issue:

### Epidemiological surveillance

Timely reporting	p.2
Suspected Cholera	p.2
Suspected Measles	p.3
Confirmed Malaria	p.3
Other Health Events	p.3
Conflict-related injuries	p.4

### Seven cholera cases detected in Mogadishu

In week 5 seven cholera cases were confirmed in Mogadishu. Samples of suspected cases were collected in Banadir hospital, and in Hodan's and Ceel Gaab's Cholera Treatment Centres (CTC). Six of the eight stool samples from Hodan CTC and one of the 15 samples from Banadir Hospital tested positive for *Vibrio cholera*, serotype 'Inaba'. The five samples collected from Ceel Gaab CTC were negative. High positive rates, like in Hodan CTC, are expected among admissions, when the case definition is followed.

Since December 2012, the number of admissions to Hodan facility related to cholera has remained stable, with an average of 69 cases per week and no related deaths.

Bio-surveillance for cholera has begun in preparation for the *Gu* rains (end of March to beginning of April), which marks the beginning of the first annual cholera transmission season in Somalia.

### Ongoing response to malaria outbreak in Bossaso

The number of confirmed malaria cases detected in Bossaso remains stable compared to previous weeks. Health authorities and partners are planning to initiate response activities, such as Insecticide-Residual Spraying (IRS) campaigns and community social mobilization. A total of 1137 cases of malaria have been reported since 2 December 2012, including 14% children under the age of five and two-related deaths (Case Fatality Rate: 0.18). Mixed *Plasmodium falciparum* and *Ovale* infections account for about 67% of the cases, while *Falciparum* accounts for 33%. Three locations reported over 98% of all cases, i.e. Biyo Kulule (41.2%), New Bossaso (31.2%) and Baalade (26.1%).

### Dengue Fever

Following the detection of cases of Dengue Fever in Mogadishu, WHO urges health workers to report any case, presenting the symptoms described below, to WHO staff, when diagnosis of malaria or any other severe disease has been excluded by Rapid Diagnostic Testing (RDT) or microscopy testing.

Dengue fever is a flu-like illness, transmitted to humans primarily through *Aedes aegypti* mosquito, which is a day biter. Dengue fever should be suspected when a sudden onset of fever (above 38°C) is accompanied by two of the following symptoms: severe headache, pain behind the eyes, muscle and joint pains, measles-like rash. Complicated cases develop bleeding from eyes, nose, mouth, birth canal, anus or any opening.

### Disease alerts

Alerts of 47 **suspected measles** cases were reported from parts of Bay and Bakool regions. Results of investigation are still pending.

An alert for **suspected diphtheria** from Galinsor (Galgadud region) was verified, and samples collected from two cases are under further investigation. No more cases were reported.

## EPIDEMIOLOGICAL SURVEILLANCE (EPI WEEK 5, 28 January-3 February 2013)

During the reporting week, more than 35 000 health facility visits were reported, including over 43% children under the age of five. Central Somalia accounted for over 50% of the reported visits, Puntland 14% and Somaliland and Southern Somalia accounted for 18% respectively. Confirmed malaria was the leading cause of disease.

### Weekly aggregate data from sentinel sites in 4 zones of Somalia

Health event	Week 2 7 - 13 Jan 2013		Week 3 14 - 20 Jan 2013		Week 4 21 - 27 Jan 2013		Week 5 28 Jan – 3Feb 2013	
	Total cases	*Proportional morbidity	Total cases	*Proportional morbidity	Total cases	*Proportional morbidity	Total cases	*Proportional morbidity
Susp. Cholera	139	0.4	89	0.3	140	0.4	102	0.3
Susp. Shigellosis	69	0.2	72	0.2	85	0.2	109	0.3
Susp. Measles	122	0.4	100	0.3	138	0.4	119	0.3
Acute Flaccid Paralysis	1	0.003	1	0.003	0	0	1	0.003
Susp. Diphtheria	0	0	0	0	0	0	0	0
Susp. Whooping Cough	35	0.1	62	0.2	48	0.1	52	0.1
Confirmed Malaria	681	2	646	1.8	680	2	794	2.2
Susp. Neonatal Tetanus	3	0.01	6	0.02	5	0.01	3	0.008
All other consultations	33584		34363		33157		34575	
<b>Total consultations</b>	<b>34634</b>		<b>35339</b>		<b>34253</b>		<b>35755</b>	

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

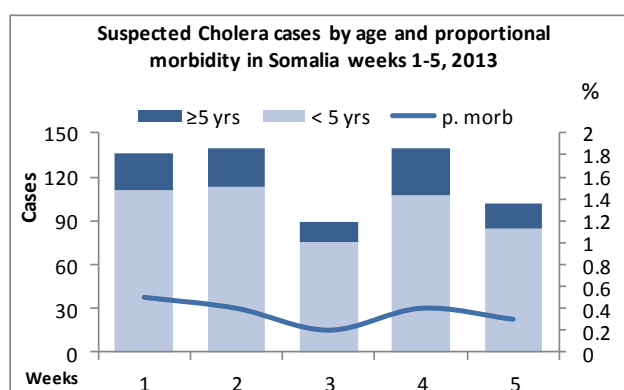
### TIMELY REPORTING

In week 5, the 45 health sentinel sites in Puntland currently reporting to the Communicable disease Surveillance and Response (CSR) network reported timely. In Central Somalia 98% (60 out of the 61) and 97.1% (33 out of the 36) of the sentinel sites in Southern Somalia reported on time. No data was received from Somaliland due to technical reasons.

### SUSPECTED CHOLERA

Cholera is endemic in Somalia, with sporadic cases and occasional outbreaks occurring in a number of areas all year round. 74% of the reported cases were children under the age of two which does not meet the case definition of suspected cholera<sup>1</sup>. Collaborative activities (like tracing patients) and on-the-job training are being carried out to address this issue. Adequate water and sanitation supplies have been, prepositioned in strategic warehouses by UNICEF and WHO, to be distributed in the event of an outbreak.

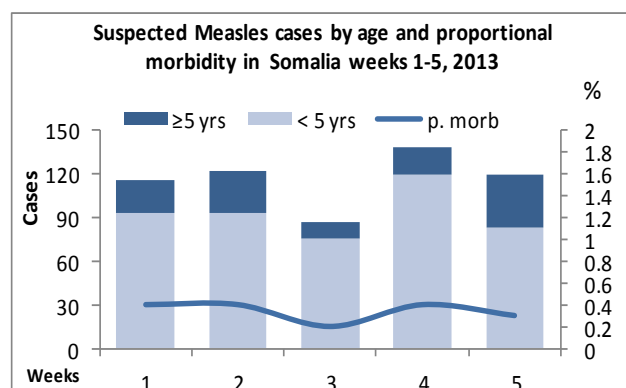
**Central Somalia** accounted for all the 102 suspected cholera cases reported in week 5, which represents a 27% decrease compared to week 4 (140 cases). All the suspected cases were reported from Banadir region.



<sup>1</sup> Suspected Cholera (case definition): Person aged 5 years or more with severe dehydration OR death from 3 more acute watery diarrhea per day (24 hours), with or without vomiting – or – Child aged 2-4 years with severe dehydration OR death from acute watery diarrhea, with or without vomiting.

## SUSPECTED MEASLES

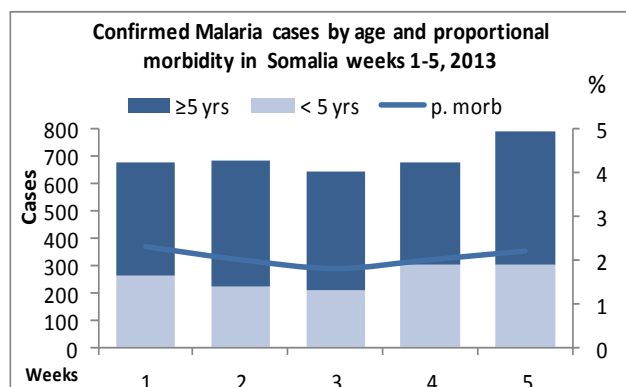
Suspected measles cases continue to be reported from Somalia, with poor access to vulnerable populations still a challenge in many areas. The number of cases reported remained stable in week 5. Central Somalia reported over 57% of the 119 suspected measles cases, while Southern Somalia accounted for 27% of those. Somaliland and Puntland reported 13% and 3% of the total cases respectively. In collaboration with the health authorities, partners are undertaking response activities.



## CONFIRMED MALARIA

Confirmed malaria was the leading cause of morbidity during week 5, with 794 cases reported from sentinel sites across Somalia. This represents a 17% increase as compared to week 4, when Central and Southern Somalia reported 76% of the cases.

Puntland reported 190 (24%) cases, mainly from Bossaso district.



## OTHER HEALTH EVENTS

In week 5, 109 cases of **suspected shigellosis** were reported, including 81 children under the age of five. Banadir Hospital alone reported 70% of these cases. No case with “visible blood in stool” was identified. Adherence to the recommended case definition for shigellosis<sup>2</sup> remains a challenge in Southern and Central Somalia. It has been observed that health workers classify cases as suspected shigellosis based on patient reports during history taking, and not the actual physical examination. WHO, in collaboration with partners and staffs from health facilities, is on high alert and will trace reported cases and collect stool samples.

Whooping cough control continues to remain a challenge. In the reporting week, 52 cases of **suspected whooping cough** were reported, all from Central and Southern Somalia. Parts of these areas have issues of insecurity and inaccessibility for vaccination interventions to be undertaken.

Three cases of **suspected neonatal tetanus** have been reported in Central Somalia. Mechanisms are being put in place for purposes of verification to confirm tetanus cases. Tracking these patients in the past has remained a major challenge. Prevention needs to be strengthened through vaccination activities among pregnant women and clean delivery methods.

<sup>2</sup> Suspected Shigellosis (case definition): Person with 3 or more loose stools (diarrhea) per day (24 hours) with visible blood OR any person in whom a clinician suspects shigellosis (NOT just bloody diarrhea)

## CONFLICT- RELATED INJURIES

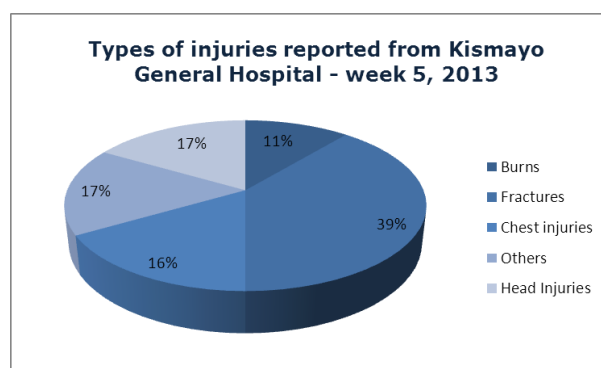
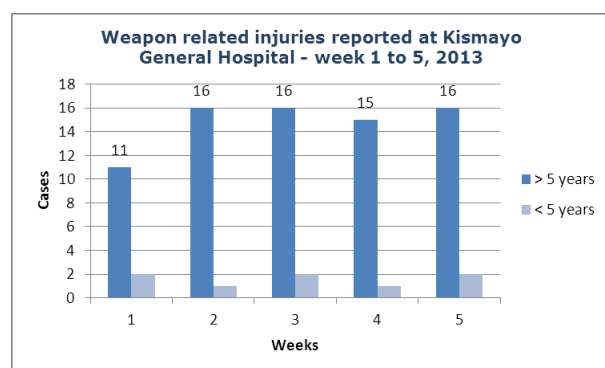
(Source: Four hospitals in Mogadishu, Kismayo General Hospital and Mudug Regional Hospital)

In week 5, 97 weapon related casualties were treated in four hospitals in Mogadishu.

Between 31 December 2012 and 3 February 2013, a total of 493 casualties from weapon-related injuries were treated in the 4 hospitals, two related deaths above five years were registered, and no case below five years was reported.

In week 5 alone, 18 casualties from weapon-related injuries were reported at Kismayo General Hospital including two cases under the age of five. The main type of injury was fractures (see pie chart on types of injuries below).

From 31 December 2012 to 3 February 2013, 82 casualties from weapon-related injuries were treated at the hospital, including five cases under the age of five (see graph below). Three related-deaths above the age of five were registered. In the month of January 2013, 74 casualties from weapon-related injuries were treated at the hospital. No cases under the age of five were reported.



In week 5, four weapon related casualties were treated at Mudug Regional Hospital.

Between 31 December 2012 and 3 February 2013, a total of 25 casualties from weapon-related injuries were treated at the hospital. Four related deaths above five years were registered, and one related death below five years.

For further information please contact:

CSR Team Leader, [ajangaa@nbo.emro.who.int](mailto:ajangaa@nbo.emro.who.int), Tel: +254 736 100 177

Previous issues can be found on the following link:

<http://www.emro.who.int/som/weekly-updates/>

Health partners' activity data can be found on the Health Cluster website on:

<http://healthsomalia.org/documents.php>