



Somalia Emergency Weekly Health Update

HIGHLIGHTS

Reporting 21-27 January 2013 - Epidemiological week 4

- **DENGUE FEVER** Response activities planned in Mogadishu
- **MALARIA** 1227 cases confirmed to date in Bossaso district
- **MEASLES** 47 suspected cases in Bay and Bakool

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

Response plan following reports of cases of Dengue fever in Mogadishu

Following the detection of 28 cases of Dengue Fever in Mogadishu, the World Health Organization (WHO) has taken immediate action to integrate vector control of *Aedes aegypti* in the malaria elimination programme. 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.

WHO urges health workers to report any case that meets the above description to WHO staff, when diagnosis of malaria or any other severe disease has been excluded by Rapid Diagnostic Testing (RDT) or microscopy testing.

Ongoing response to malaria outbreak in Bossaso

Health authorities and partners continue to respond and undertake preventive measures. A total of 1227 confirmed cases of malaria have been reported since 2 December 2012, including 171 (14%) children under the age of five and four-related deaths. Mixed *Plasmodium falciparum* and *Ovale* infections account for the majority of the cases reported.

Disease alerts

Alerts for **suspected measles** have been reported in parts of Bay and Bakool regions, where health partners have reported more than 47 cases, including 31 (66%) children under the age of five.

Virology results are still pending for the **Acute Flaccid Paralysis** (AFP) cases reported in the first three weeks from Berbera district in Somaliland and Wardhigley in Mogadishu.

An alert for **suspected diphtheria** from Galinsor (Galgadud region) was verified. Samples collected from two cases are under further investigation.

EPIDEMIOLOGICAL SURVEILLANCE (EPI WEEK 4, 21 – 27 January 2013)

During the reporting week, more than 29 000 health facility visits were reported, including over 44% children under the age of five. Central Somalia accounted for over 58% of the reported visits, Southern Somalia 23% and Somaliland and Puntland accounted for 18%. Confirmed malaria was the leading cause of disease. The number of reported suspected cholera increased by over 50%, with a majority of the cases reported from Banadir region of Central Somalia.

Weekly aggregate data from sentinel sites in 3 zones of Somalia

	Week 1 31 Dec - 6 Jan 2013		Week 2 7 - 13 Jan 2013		Week 3 14 - 20 Jan 2013		Week 4 21 - 27 Jan 2013	
Health event	Total cases	*Proportional morbidity	Total cases	*Proportional morbidity	Total cases	*Proportional morbidity	Total cases	*Proportional morbidity
Susp. Cholera	136	0.5	139	0.4	89	0.3	140	0.5
Susp. Shigellosis	59	0.2	69	0.2	72	0.2	85	0.3
Susp. Measles	115	0.4	122	0.4	100	0.3	115	0.4
Acute Flaccid Paralysis	0	0	1	0.003	1	0.003	0	0
Susp. Diphtheria	0	0	0	0	0	0	0	0
Susp. Whooping Cough	72	0.2	35	0.1	62	0.2	48	0.2
Confirmed Malaria	680	2.3	681	2	646	1.8	679	2.3
Susp. Neonatal Tetanus	0	0	3	0.01	6	0.02	5	0.02
All other consultations	28782		33584		34363		28732	
Total consultations	29867		34634		35339		29804	

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

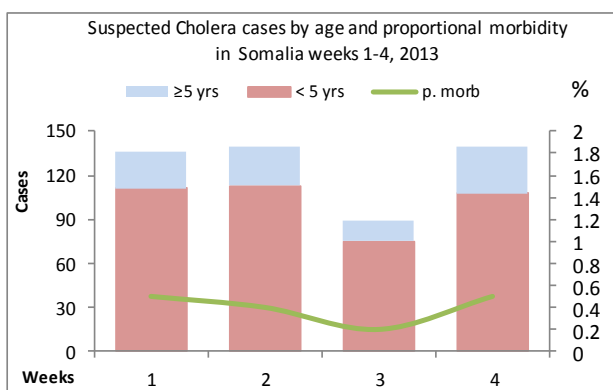
TIMELY REPORTING

In week 4, the 45 health sentinel sites in Puntland and the 36 sites in Southern Somalia currently reporting to the Communicable disease Surveillance and Response (CSR) network reported timely. In Central Somalia 98% (60 out of the 61) reported on time. No data was received from Somaliland due to technical reasons.

SUSPECTED CHOLERA

Central Somalia accounted for nearly all of the suspected cholera cases reported in week 4, i.e. 139 out of 140 cases reported. All the suspected cases were reported from Banadir region.

Poor adherence to the recommended case definition for suspected cholera¹ has been observed, since 67% of the reported cases are children under the age of two. On-the-job training during weekly and monthly visits to the sentinel sites is planned to improve case detection and data quality. Following an observed increase since the previous week, WHO teams collected stool samples from three facilities in the region. Results are still pending.

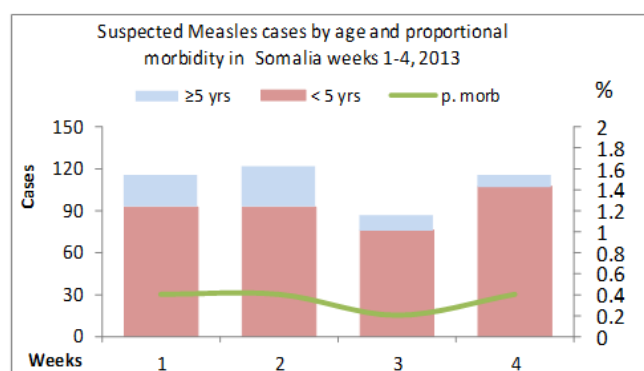


¹ Case definition for suspected cholera: Person aged 5 years or more with severe dehydration OR death from 3 or more acute watery diarrhea per day (24 hours), with or without vomiting or - Child aged 2-4 years with severe dehydration OR death from acute watery diarrhea, with or without vomiting

SUSPECTED MEASLES

With low vaccination coverage and poor access to vulnerable populations across Somalia, especially in Southern and Central Somalia, suspected measles remains a challenge. In week 4, Central Somalia reported 76% of the 115 suspected measles cases, while Southern Somalia reported 14% and Puntland 10%.

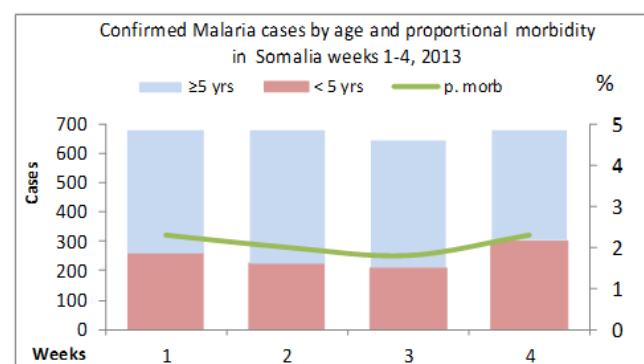
In collaboration with the Health Authorities, partners are undertaking response activities.



CONFIRMED MALARIA

Confirmed malaria was the leading cause of morbidity during week 4, with 679 cases reported from sentinel sites across Somalia. Central and Southern Somalia reported 55% and 34% of all cases respectively.

Puntland reported 75 (11%) of the cases, mainly from Bossaso district, where response activities to a malaria outbreak are ongoing. With active case finding, the number of reported malaria cases has increased by 69% in the affected areas.



OTHER HEALTH EVENTS

During week 4, Central and Southern Somalia reported cases of **suspected shigellosis**. Although this have been decreasing gradually, adherence to the recommended case definition for shigellosis of visible blood remains a challenge. On-the-job trainings are being conducted to improve adherence to case definition. Central Somalia reported 59 (69%) of the 85 cases, while Southern Somalia reported 26 (30%) cases.

Whooping cough control continues to remain a challenge. In the reporting week, 48 cases of **suspected whooping cough** were reported from Central and Southern Somalia. Parts of these areas have issues of insecurity and inaccessibility for vaccination interventions to be undertaken.

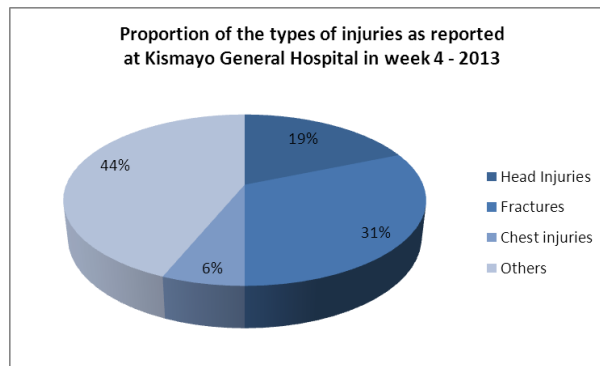
Suspected neonatal tetanus has been reported in Central Somalia. Verifications need to be undertaken to confirm tetanus but tracking these patients in the past has remained a major challenge. Prevention needs to be strengthened through vaccination activities among pregnant women and clean delivery methods.

CONFLICT- RELATED INJURIES

(Source: Kismayo General Hospital)

From 31 December 2012 to 27 January 2013, 64 casualties from weapon-related injuries were treated at Kismayo General Hospital, including five cases under the age of five (see graph below). Three related-deaths above the age of five were registered.

In week 4 alone, 16 casualties from weapon-related injuries were reported including one case under the age of five (see pie chart on types of injuries below).



For further information please contact:

CSR Team Leader, 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/somalia-infocus/somalia-health-update.html>



**World Health
Organization**

WHO SOMALIA
Warwick Centre, UN Avenue, Gigiri
Tel: +254 20 20 7266700
www.emro.who.int/somalia