



Situation report for acute watery diarrhoea/ cholera

Epidemiological week 18 (1st – 7th May- 2017)

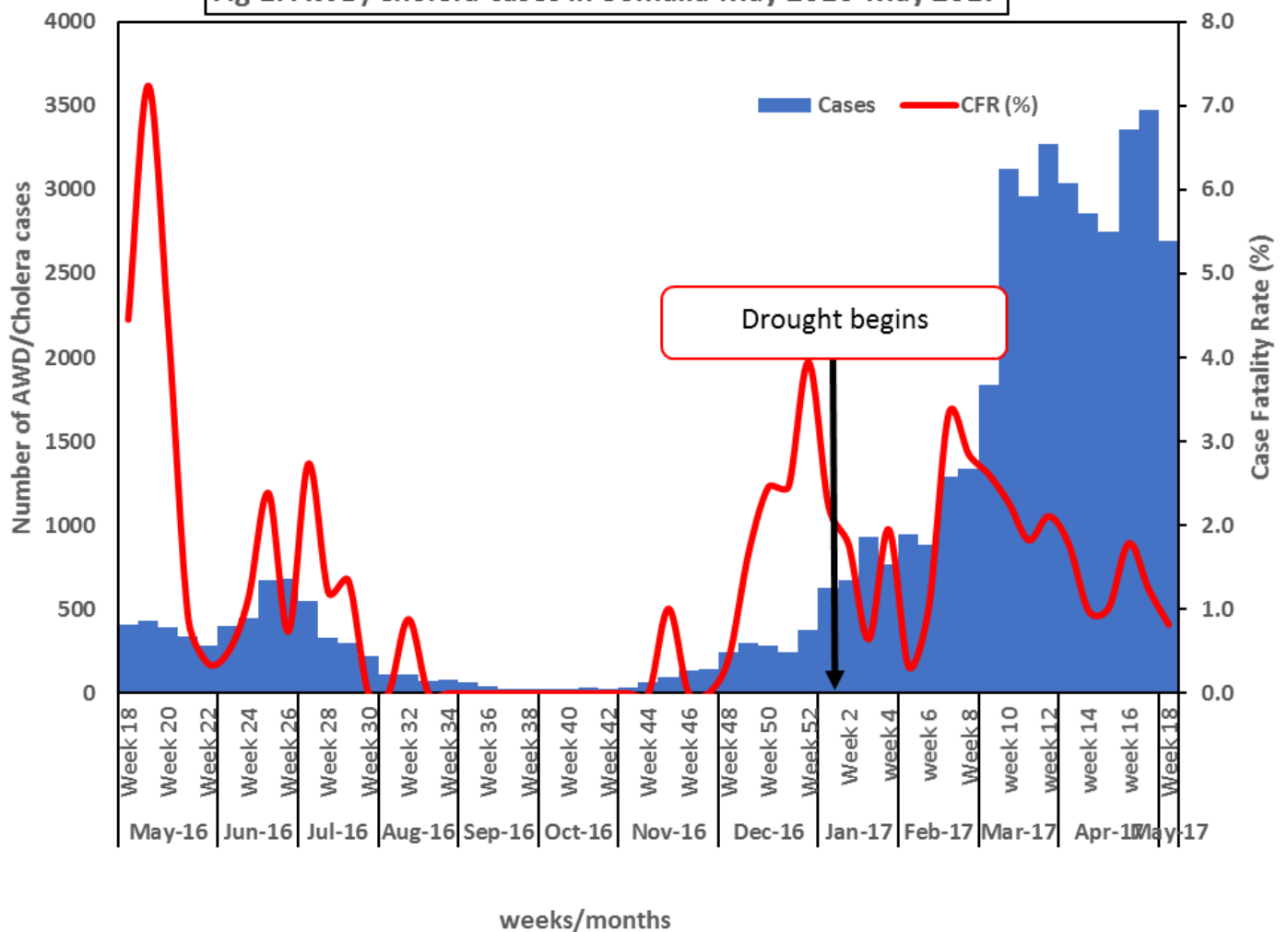
Highlights	Cumulative key figures 1 st – 7 th May 2017
<ul style="list-style-type: none"> A total of 2,691 AWD/ cholera cases and 22 deaths (CFR– 0.8%) were reported during week 18 (1st– 7th May 2017) in 44 districts in 15 regions. Of these, 520 cases were reported from Buhodle district, Ayn region, which represents 19% of the total cases. There is a decrease in the number of new AWD/ cholera cases and deaths reported from 3,475 cases/ 43 deaths in week 17 to 2,691 cases/ 22 deaths recorded in week 18. The number of AWD cases in the South central decreased from 2,297 and 20 deaths in week 17 to 1,901 cases and 14 deaths in week 18 In Puntland AWD cases decreased from 1,178 and 23 deaths in week 17 to 790 cases and 8 deaths in week 18 Most of the cases were reported from Baidoa in Bay region Abudwag in Galgadud, Banadir ,Buhodle of Ayn regions 	<ul style="list-style-type: none"> 2,691 new cases in week 18 22 deaths (CFR–0.8%) in week 18 54 % cases females 41% of cases are children under 5 years of age 44 districts reported AWD/ cholera cases in 15 regions 37,930 cumulative cases since wk 1 to wk 18. 683 cumulative deaths (CFR–1.8%) since week 1 to week 18

Situation update

- A total of 2691 AWD/ cholera cases and 22 deaths (CFR–0.8%) were reported during week 18 (1st- to 7th May 2017) from 44 districts in 14 regions. Of these cases, 520 cases were reported from Buhodle district, Ayn region which represents 19% of the total cases;
- A total of 37930 suspected AWD/ cholera cases and 683 deaths (CFR–1.8%) were recorded from 52 districts across 14 regions since the beginning of 2017. However, the trend of cholera cases recorded in the past 18 weeks has increased significantly compared to the cases reported during the same period last year (refer to epidemic curve below). It is important to note that the current cholera cases were a spill-over from last year's major cholera outbreak, which recorded 15,619 cases and 548 deaths. Last year's outbreak was one of the largest and longest in which the country has experienced in the last five years.
- Bay Region: A total of 480 AWD/ cholera cases and 1 deaths were recorded in week 18 and the trend has decreased during this reporting period. As shown in figure 2 there is a significant reduction in the number of AWD cases in the past 2 weeks

- Banadir Region: A total of 309 AWD/ cholera cases and 6 deaths were recorded across 15 districts in the region and the numbers of reported cases and deaths have increased over the past 2 weeks as shown in figure 2.
- Lower Shebelle Region: A total of 223 AWD/ cholera cases and 3 deaths were recorded in week 18,
- Middle Shebelle: A total of 84 AWD/ cholera cases and 1 death were recorded during this reporting period. There has been a notable decrease in the number of AWD cases over the past weeks.
- Lower Jubba: A total of 189 AWD/ cholera cases 2 death were recorded in week 18.
- Bakool Region: 85 AWD/ cholera cases and 1 deaths were recorded in week 18. The number of cases have decreased in this region over the past 2 weeks
- Gedo region: A total of 228 AWD/ cholera cases no death were recorded in week 18.
- Hiran Region: A total of 1 AWD/ cholera cases were recorded in Beletweyne district this week.
- Galgadud Region: A total of 302 AWD/ cholera cases and no death were recorded during this week. Most of the cases are reported from Adado and Abdiwaq which are experiencing civil conflict and not accessible.
- Bari region: A total of 38 AWD/cholera cases no deaths were reported this week 18.
- Mudug region AWD/Cholera cases 58 this week 18.
- Nugaal: A total of 77 AWD/cholera cases no death this week
- Ayn region; A total of 520 AWD/Cholera cases and 6 deaths were reported at week 18. Reports have been received that these cases are imported into Puntland from Ethiopia
- Sanaag: A total of 39 AWD/cholera cases 2 death this week. These are the first cases to be reported from this region since the beginning of the year. Sanag is one of the regions that has been hit by severe drought
- Karkaar: A total of 58 AWD/ cholera cases at week 18.

Fig 1. AWD/Cholera cases in Somalia May 2016-May 2017



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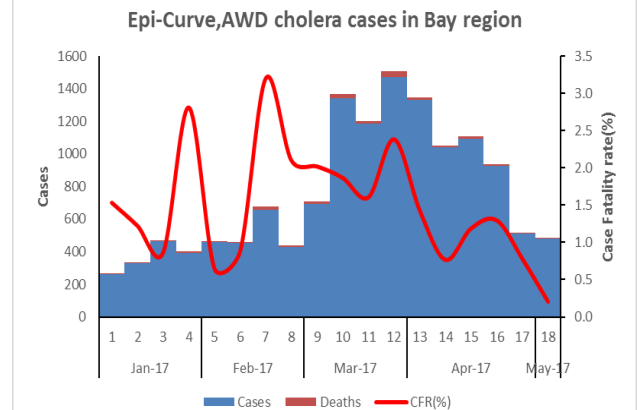
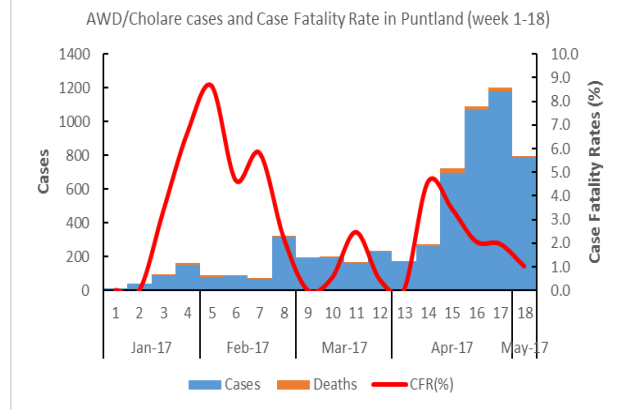
The overall trend of the AWD/ cholera is not slowing down and the outbreak is spreading to new villages and districts. There are cholera alerts reported from Galgaduud, Gedo, Togdheer, Bakol and Middle Juba region and other inaccessible areas, and the verification of these alerts is becoming a major challenge due to security.

The severe draught and its consequence (water scarcity, food insecurity and malnutrition) are major contributing factors to the ongoing cholera outbreak which has spread to 8 regions across the country. More AWD/ cholera cases were recorded among displaced people due to drought living in IDP camps in Baidao, Banadir and other locations.

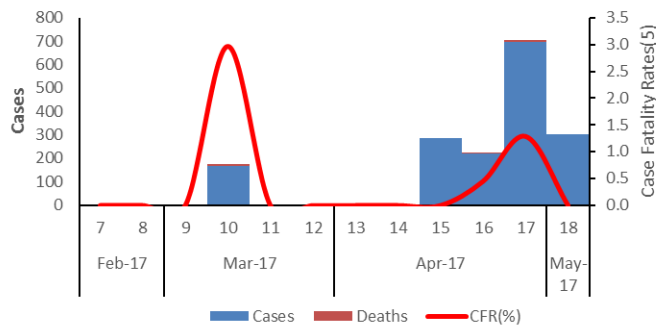
The preparation of another upsurge of cholera outbreak along the main rivers are ongoing since the rainy season is about to begin and major floods are expected. Active transmission of AWD/ cholera is still going in all districts in Banadir region, but Hodan. Daynile, Dharkeynlay and Wadajir recorded the highest number of AWD/ cholera cases.

¹ Data from Somaliland has not been included in the analysis

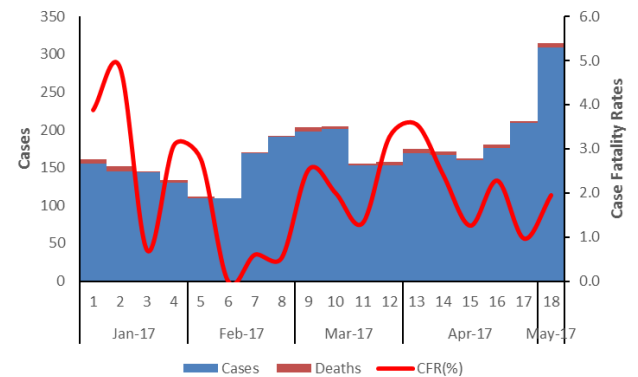
Fig.2 Charts showing AWD cholera cases in regions with active transmission,May 2017



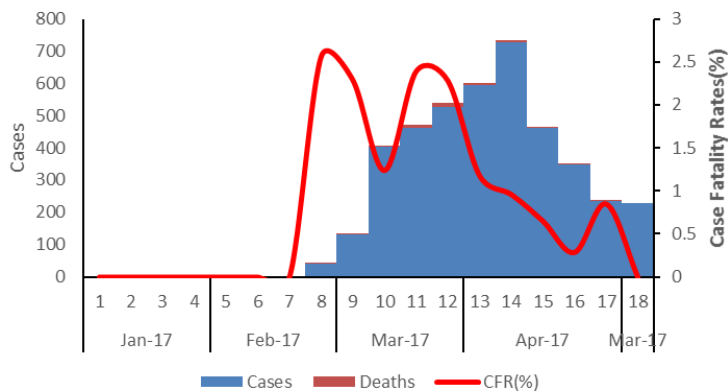
AWD cholera cases and deaths in Galgadud(week 10-18)



AWD/Cholera cases in Banadir region (week 1-18)



AWD/cholera cases in Gedo region(week 1-18)



AWD/Cholera cases in Lower Shabelle (Week 1-18)

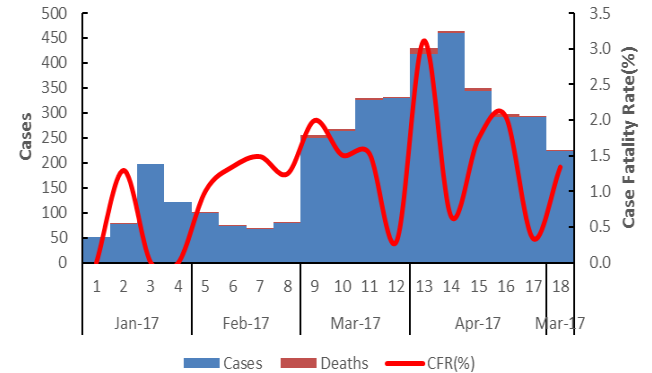


Table 1. Summary of AWD/Cholera cases reported per Region in Somalia

Region	Week 17 (24 th April – 30 th April 2017)			Week 18 (1 st -7 th May 2017)			Cumulative (Week 1-18)		
	Live	Deaths	CFR(%)	Live	Deaths	CFR(%)	Live	Deaths	CFR(%)
Bay	512	4	0.8	480	1	0.2	13483	210	1.6
Bakol	131	2	1.5	85	1	1.2	3421	152	4.4
Lower Juba	105	0	0	189	2	1.1	1141	10	0.9
Gedo	235	2	0.9	228	0	0	4151	52	1.3
Galgaduud	696	9	1.3	302	0	0	1672	15	0.9
Middle Shabelle	114	0	0	84	1	1.2	1694	17	1
Hiraan	4	0	0	1	0	0	314	3	1
Lower Shebelle	291	1	0.3	223	3	1.3	3965	52	1.3
Bari	56	0	0	38	0	0	446	5	1.1
Sanaag	0	0	0	39	2	5.1	39	2	5.1
Karkaar	38	1	2.6	58	0	0	100	4	
Mudug	86	0	0	58	0	0	576	4	0.7
Nugaal	101	1	0	77	0	0	1349	30	2.2
Ayn	897	21	0	520	6	1.2	2532	64	2.5
Banadir	209	2	1	309	6	1.9	3047	63	2.1
Total	3,475	43	1.2	2,691	22	0.8	37,930	683	1.8

*α*Oral Vaccination was introduced in 7 high risk districts in these regions. Alerts from Middle Juba have not be 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 Cases reported from Middle Jubba region could not be verified by the time of compiling this report. Data from Somaliland was not included in this analysis because the authroities have not submitted data.

Cholera Attack Rates (AR)² in affected regions

The Cholera Attack Rate is highest in Bay region where almost 18 people per 1000 have suffered from cholera which is above the projection of 1 person per 1000 (Table 2) . Howevre,the AR in all the population is still below the stimated figure of less than 1 person per 1000 population.

The drivers of this epidemic is limited access to safe water and poor sanitation among the IDP settlement in all the affected regions. In Bay,Bakol,Gedo and Lower Shabelle,the high AR is attributed to lack of access to the most affected areas.

Table 2. AWD/Cholera Attack rate in different regions of Somalia

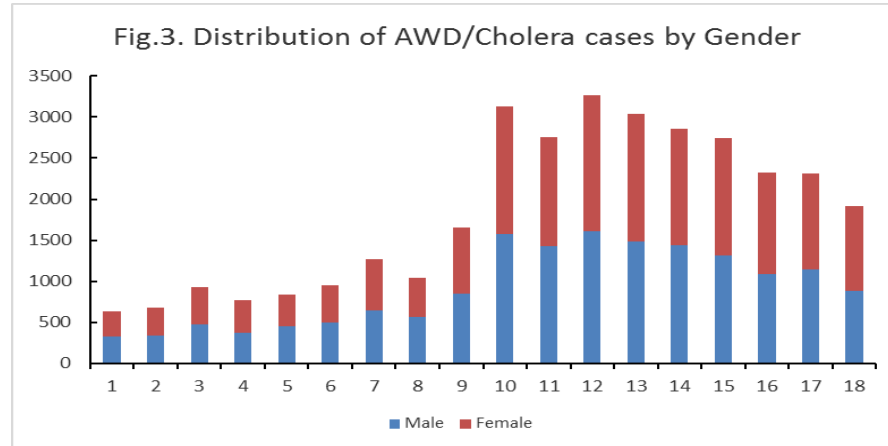
Region	Popn at risk	AR-Week 17	AR-Week 18	Cumulative AR
Bakol	352,538	0.4	0.2	9.7
Banadir	1,520,350	0.1	0.2	2.0
Bay	760,495	0.7	0.6	17.7
Galgadud	546,657	1.3	0.6	3.1
Gedo	488,069	0.5	0.5	8.5
Hiiran	499,858	0.0	0.0	0.6
Lower Jubba	469,734	0.2	0.4	2.4
Lower shabelle	1,154,129	0.3	0.2	3.4
Middle Shabelle	495,396	0.2	0.2	3.4
Ayn/Togdheer	692,509	1.3	0.8	3.7

² Population figures of UNFPA of 2014 where used to estimate population at risk. People aged 2 years and above where considered at risk basing on the AWD/Cholera case definition currently being used

Bari	690,731	0.1	0.1	0.8
Mudug	689,148	0.1	0.1	0.8
Nugal	376,989	0.3	0.2	3.6
Sanag	522,360	0.0	0.1	0.1
Sub total	8,736,601	0.4	0.3	4.3

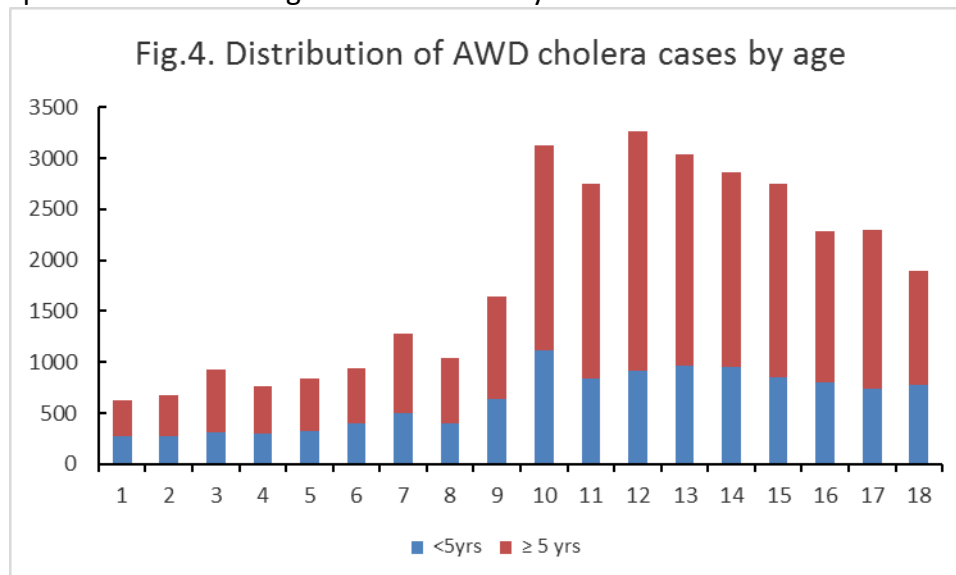
Distribution of AWD/Cholera cases by Gender

As shown in Fig 3, almost equal proportion of men and female are affected by WAD in all regions. Of the 37930 cumulative cases reported since the beginning of the outbreak, 50.2% are female while 49.8% are male as shown in figure below.



Distribution of AWD cases by age

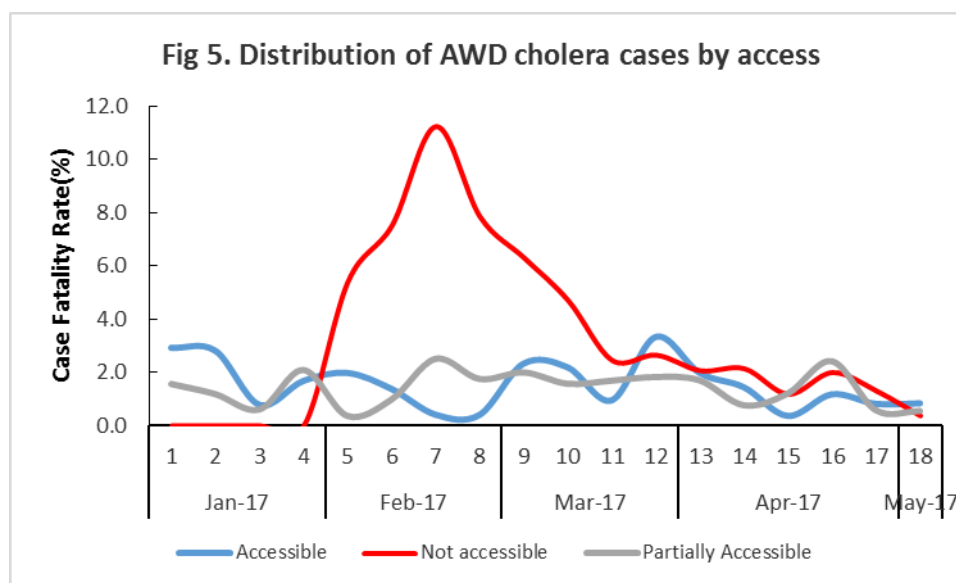
As shown in figure 4 below ,65% of the people affected by AWD cholera are above 5 years,however the cases fatality is 2.1% compared to 2.4% among children below 5 years



Distribution of AWD cases by access³

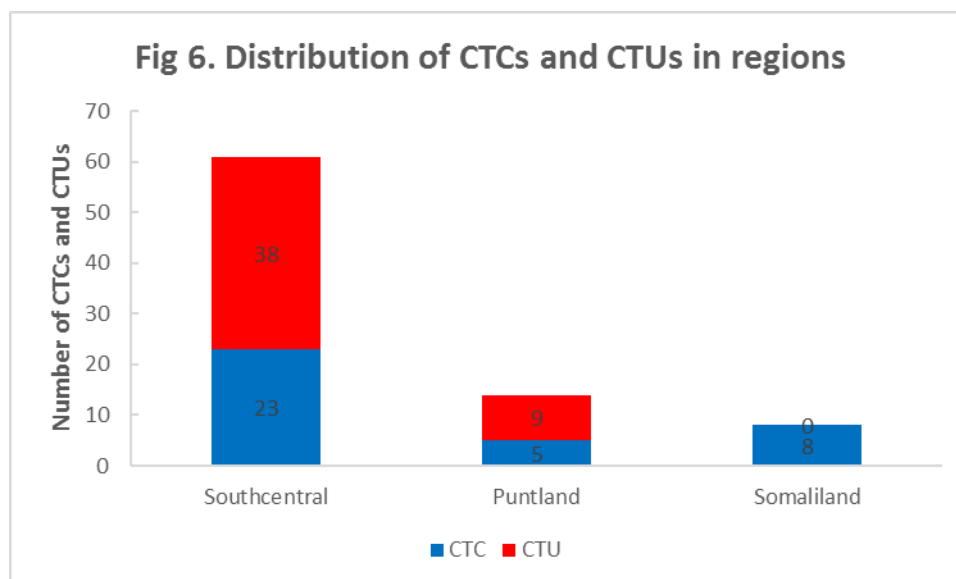
³ Access was defined as regions that are under government control and partners can offer AWD services to affected communities. Regions that are not accessible include Bay,Bakol,Gedo,Gagadud and Lower Shabelle. All areas in PL are accessible and were not included in this analysis

As shown in figure 5, the case fatality rate in areas that are not accessible is almost 4 times higher than accessible areas. However The CFR in week 17 in accessible area is 0.8% compared to 1.3% in areas that are not accessible



Cholera Treatment centres/Units

A total of 28 cholera treatment Centres and 45 cholera treatment units have been established in different regions affected by the epidemic as shown in the figure 6 below. However there is no registered Cholera treatment centre in Togdheer region one of the most affected regions.



Oral cholera vaccination results (Phase 1)

Oral cholera vaccination campaign was implemented in 7 high risk districts⁴ in Banadir, Hiraan and Kismayo between March and April 2017 and below are the highlights of the campaign results

⁴ Hodan and Dharkenley in Banadir, Xaawo-Taako and Koshin in Hiran, Fajano, Calenley and Fanole in Kismayo

- A total of 411,883 (91%) people aged 1 year and above received the second dose of oral cholera vaccine in Banadir, Beletweyne and Kismayo compared to 452,593 who received the first dose in same locations (Table 3)
- The Polio team led the implementation of the campaign using polio structures already existing in all parts of the country
- A total of 303 vaccination teams were trained and deployed in the target areas to provide vaccination to the target population
- A mix of fixed, temporary and house to house strategy was used in all the areas to reach the maximum number of target population
- A total of 61 supervisors & monitors from ministry of health and WHO supervised the implementation of the second round of the oral cholera vaccination campaign
- 4% of vaccine wastage was reported in Kismayo.
- No case of Adverse Events Following Immunization (AEFI) has been reported in any of the implementation sites.

Table 3. Number of people aged one year and above receiving First and second dose of OCV				
Region	Section	OCV-1	OCV-2	Dropout Rate (%)
Banadir	Hodan	174,600	151,902	13.0
	Dharkeynley	29,100	26,481	9.0
Sub-total		203,700	178,383	12.4
Hiran	Hawa- tako	35,284	33,865	4.0
	Koshin	49,834	46,997	5.7
Sub total		85,118	80,862	5.0
Lower Jubba	Calanley	69,162	66,530	3.8
	Farjano	57,818	45,584	21.2
	Fanole	36,795	40,524	(10.1)
Subtotal		163,775	152,638	6.8
Grant total		452,593	411,883	9.0

Oral cholera vaccination (Phase 2)

OCV was implemented in Jowhar and Baidoa between 3rd May and 10th may and the following were the outputs

- A total of 442,099 (95%) people aged 1 year and above received the first dose of OCV in Jowhar and Baidoa (Table 4)
- The OCV campaign was implemented by 449 vaccination teams of which 217 will be based in Baidoa while 232 teams will be based in Jowhar
- Over 90 supervisors will monitor the implementation of the campaign with 45 of them stationed in each of the target districts
- Social mobilisation was implemented by the local NGOs with support from the polio teams in Baidoa and Jowhar. Communication materials were developed and have been disseminated in Baido and Jowhar target areas
- Health partners supported the Ministry of Health to organise the oral cholera vaccination campaign in Baidoa and Jowhar
- All the activities from micro-planning ,training vaccination teams,social mobilisation were led by the Federal Ministry of Health with support from the Polio Team and partners.

Table 4. Number of target population who received 1 st round of OCV in Baidoa and Jowhar (May 3 rd -10 th 2017)				
Region	District	Target	Output	Percentage(%)
Bay	Baidoa	224,000	212,794	95

Middle Shabelle	Jowhar	239,000	229305	96
Total		463,000	442,099	95

Response activities

Coordination

- Sub-national coordination mechanism for cholera response has been strengthened in Kismayo, Baidao, Hargeisa and Garowe;
- Health authorities and a national partner delivered medical supplies to Buuhodle hospital whereby patients affected AWD/ cholera are treated;
- Health, WASH and Nutrition clusters, in collaboration with MoH, developed operational guide for 34 IERTs which spells out key functions, services to deliver supplies and logistical support;
- IOM will provide support in the Gedweyn village and IDP camps in Dollow district through deployment of 2 Integrated Emergency Rapid Response Teams (IERTS).
- Released two DDK 14 Cartons of ORS (7 each) and 100 boxes/100 tablet of Zinc (50 each) to SAMA and BRH.
- Weekly Emergency taskforce meeting has held and decisions to improve AWD/cholera prevention have been reached with time frame.

Surveillance and laboratory

- Early warning surveillance has been scaled up in all high-risk districts across Puntland, Central and Southern regions;
- State and Regional RRTs and surveillance officers have been investigating cholera alerts in Lower Shebelle, Baidao and Bakool regions;
- Active case search has been extended to districts that reported AWD cases and death;

Case management and infection control

- ACF trained 24 health workers in cholera case management and surveillance in Hargeisa
- WHO distributed cholera treatment protocols to all Cholera treatment centres in Somaliland
- FMOH and WHO have successfully Conducted a 5-day Training on AWD/Cholera Prevention, Case management, surveillance, outbreak investigation and Rumor Verification for 68 health Workers, incl. DMOs, DSMCs, Key Wash NGO staff in 17 districts of Banadir region.
- One inter-agency kit and DDK have been delivered to Banadir Hospital CTC while assessment of the physical structure of the CTC has been done for rehabilitation and improvement

Table 4. Distribution of cases per district in Somalia							
		Week 17			Cumulative		
Region	District	Live	Deaths	CFR (%)	Live	Deaths	CFR (%)
Bakol	Elbarde	0	0	0	122	4	3.3
	Hudur	40	0	0	841	18	2.1
	Teyeglow	26	1	3.8	184	17	9.2
	Wajid	19	0	0	2274	113	5.0
Banadir	4 district	309	6	1.94	3047	63	2.1
Bay	Baidoa	460	1	0.22	10274	152	1.5
	Bardale	16	0	0	943	26	2.8
	Burhakaba	0	0	0	908	24	2.6
	Dinsor	0	0	0	425	1	0.2
	Qandahder	4	0	0	933	7	0.8
Galgadud	Abudwaq	171	0	0	866	7	0.8

	Adado	68	0	0	514	7	1.4
	Dhusomareb	63	0	0	292	1	0.3
Gedo	Bardhere	40	0	0	1014	10	1.0
	Burdhubo	27	0	0	640	7	1.1
	Dolow	111	0	0	357	0	0.0
	Garbaharey	9	0	0	711	7	1.0
	Luq	41	0	0	1429	28	2.0
Hiiran	Beletweyne	1	0	0	283	2	0.7
	Buloburte	0	0	0	10	0	0.0
	Jalalaqsi	0	0	0	21	1	4.8
Lower Jubba	kismayo	189	2	1.1	1141	10	0.9
Lower Shabelle	Afgoye	81	0	0	353	0	0.0
	kurtunwarey	33	0	0	101	0	0.0
	Marka	80	2	2.5	1556	23	1.5
	Qoryoley	29	1	3.4	792	13	1.6
	Walaweyn	0	0	0	1163	16	1.4
Middle Shabelle	Balad	0	0	0	451	2	0.4
	Jowhar	84	1	1.2	1243	15	1.2
Ayn	Buhodle	520	6	1.2	2532	64	2.5
Sanaag	Dhahar	39	2	5.1	39	2	5.1
Bari	Bosasso	38	0	0	446	5	1.1
Karkaar	Qardho	58	0	0	100	4	4.0
Mudug	Galdogob	12	0	0	65	2	3.1
	Galkayo	39	0	0	474	2	0.4
	Jariiban	7	0	0	37	0	0.0
Nugal	Burtinle	53	0	0	341	6	1.8
	Dangorayo	0	0	0	23	0	0.0
	Eyl	0	0	0	74	0	0.0
	Garowe	24	0	0	911	24	2.6
Total		2691	22	0.8	37930	683	1.8

Contact details

The weekly situation report is prepared by Federal Ministry of Health, Emergency and Surveillance unit with the technical support from WHO Somalia. If you need further information, please contact Mr. Ahmed Moallim Mohamed; ahmeddiscipline@gmail.com; +252 615549878; and Dr. Mutaawe Lubogo, WHO Epidemiologist: mutaawe@who.int; +252 612857531