

July 201

Health Emergency Programme Update – Somalia



IMMUNIZATION INDICATORS

- The coverage rate for the first dose of measles-containing vaccine (MCV1) for the month of June was 76% (40 238 out of 53 239 infants under the age of 1 year were vaccinated)
- Penta 3 coverage rate during the month of June was 77% (40 881 out of 53 239 infants under the age of 1 year were vaccinated)

HEALTH NEEDS AND PROVISIONS

- 2.9 million people internally displaced, of whom
 1.8 million require humanitarian assistance
- 681 000 drought-affected people in six states and Benadir
- < 1 consultation per person per year reported during the month (as compared to Office for the Coordination of Humanitarian Affairs (OCHA) standard of 1 new visit/person per year)

KEY HEALTH INDICATORS - July 2021

- 130 Health Cluster partners
- 3.15 million people in need of health care

Funding gaps

US\$ 8.3 million Required for WHO's health emergency programme in 2021

HIGHLIGHTS

- OUTBREAK ALERTS: 662 alerts of epidemic-prone diseases were reported through the Early Warning Alert and Response Network (EWARN) system in July 2021, 30% of which were investigated. The three main types of alerts were for suspected acute watery diarrhoea (AWD)/cholera (33%), suspected measles (25%) and malaria (42%). Most cases were reported from drought- and flood-affected districts.
- 3207 alerts of epidemic-prone diseases were reported from the communities during this month, of which 862 (25.8%) were verified to be true alerts and investigated by district-based Rapid Response Teams (RRTs).
- COVID-19: In June 2021, Somalia had reported 493 laboratory-confirmed cases; 98 patients received care following admission in designated treatment centers across the country; and 22 associated deaths were reported. Since the beginning of the outbreak in March 2020, a total of 2687 patients with COVID-19 were admitted to treatment centers designated for COVID-19.
- COVID-19 Vaccine: In July 2021, 34 908 people received the first dose of vaccine against COVID-19 and 9 823 received the second dose. The campaign is targeting high-risk priority groups, including frontline health workers, teachers, police, people above 50 years old and people with chronic and underlying medical conditions.

Coordination update

Coordination meetings conducted

Integrated Disease Surveillance and Response System (IDSRS): A workshop was convened in Naivasha, Kenya, to develop an Integrated Disease Surveillance and Response System (IDSRS) for Somalia. Officials from the Ministry of Health and representatives from UN agencies and academic institutions participated. The workshop developed (i) a roadmap for IDSRS implementation; (ii) a list of priority diseases to be detected and responded to under IDSRS; (iii) a national risk profile. Additionally, technical experts oriented participants on the functions of the Public Health Emergency Operations Centres (PHEOCs) in the coordination of response efforts to different health hazards.

The Puntland Ministry of Health and World Health Organization (WHO) convened a meeting to review and improve the implementation of immunization activities in high-risk districts. The participants assessed the immunization vaccination coverage for high-risk districts based on epidemiological data and developed a plan for the scale up of expanded programme on immunization (EPI) services in high-risk districts.

Health cluster coordination meetings were convened in Benadir region and South West state to discuss outbreaks of acute watery diarrhoea (AWD)/cholera among people living in camps for the Internally Displaced People (IDPs). As part of the action points from these meetings, health cluster partners resolved to strengthen the early detection of AWD cases, using community health volunteers; preposition medical supplies; implement water quality surveillance; and collaborate with the Water Sanitation and Hygiene (WASH) cluster to chlorinate water sources and distribute hygienic kits in IDP camps.

The WHO Emergency Programme participated in a meeting organized by the WHO Eastern Mediterranean Regional Office (EMRO) to share experiences on the implementation of influenza surveillance in the context of COVID-19 pandemic with other countries. Action points of this meeting included: (i) Conducting training of frontline health workers on influenza surveillance in Mogadishu and Garowe (ii) Supporting the development of a laboratory strategy for the screening of influenza cases in the context of COVID-19 in Somalia (iii) Identifying National Influenza Centres (NICs) in the Eastern Mediterranean region to provide mentorship to the public health laboratories in Somalia to strengthen in-country capacity for virological surveillance of influenza.



Epidemiological update

Acute diarrhoeal disease cases

In July 2021, a total of 11 752 cases of acute diarrhoeal disease cases were reported from drought-affected districts through the Early Warning Alert and Response Network (EWARN). The most affected districts were Baidoa (455) in South West State, Beletweyne (494) in Hiran region, and Galkacyo (474) in Mudug region. The number of new cases of acute diarrhoeal disease cases reported in July 2021 is 10% lower than in July 2020 (12 906). This reduction is attributed to improved access to safe water and improved sanitation and hygiene among displaced communities in drought-affected districts. Since January, 623 samples of suspected acute diarrhoeal disease samples were collected and analyzed in the National Public Health Laboratory; 178 (29%) of these were confirmed as positive for Vibrio cholerae 01 serotype Ogawa, Severe Acute Respiratory Illness (SARI) and Influenza Like Illness (ILI).

Suspected cholera cases

Somalia is a cholera-endemic country that has reported uninterrupted cholera transmissions since 2017. The heavy *Gu* rains that affected districts in the basins of Rivers Juba and Shabelle led to flash floods contaminating water sources in villages located by the river banks. In July, 588 cholera cases and three deaths (CFR 0.5 %) were reported from 20 districts. Districts mostly affected include 17 districts of Benadir region, Baydhawa, Qoryooley, and Qardho. Of the 588 cases, 424 (68%) were children aged below five years. Since January 2021, a total of 623 stool samples have been tested, of which 178 were positive for Vibrio cholerae 01 serotype Ogawa. Health cluster, and WASH cluster partners are conducting response activities to contain the current cholera outbreak.

Fig.1. Acute diarrhoea cases reported to EWARN, Somalia, 2019-2021

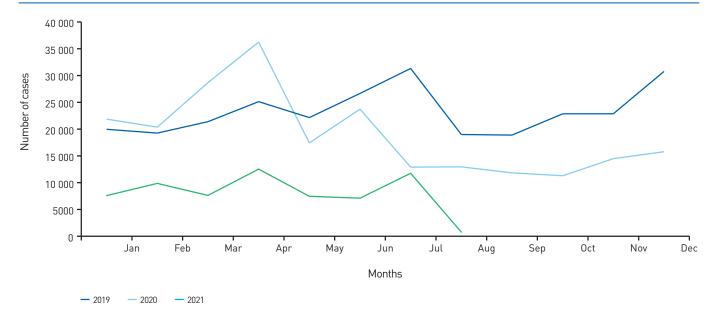
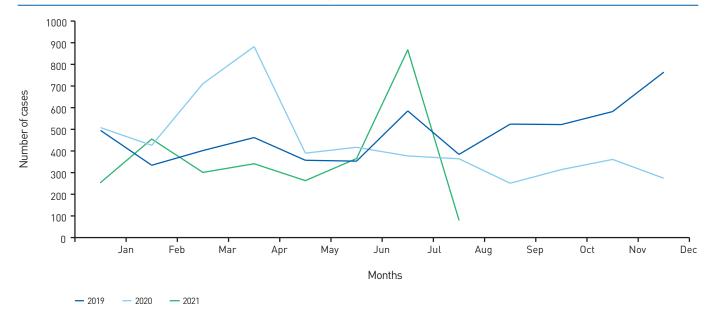


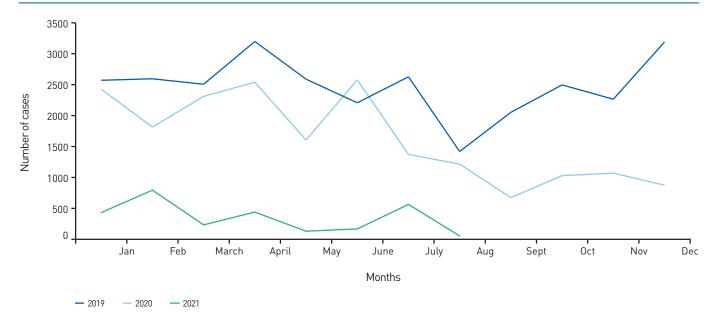
Fig.2. Suspected measles cases reported through the EWARN, Somalia, 2019-2021



Suspected malaria cases

Malaria still remains one of the major causes of morbidity among the population in Somalia, with *Plasmodium falciparum* species accounting for majority of the new cases. However, an increased number of *Plasmodium vivax* cases have been reported from Somaliland and Puntland. The population that is most vulnerable to malaria is children aged under five years and pregnant women. In June 2021, 162 suspected malaria cases were reported through the EWARN, more than half of which were from Baidoa (97) and Benadir (35) regions. In July, 204 malaria samples were collected and tested, 76% of which tested positive for *Plasmodium falciparum*. Of the patients tested, 38% were children aged under five years and 62% of all cases were female.

Fig.3. Suspected malaria cases reported through the EWARN, Somalia, 2019-2021



Other emergency updates and response operations

- Community event-based surveillance: Somalia rolled out an integrated community-based surveillance system as part of IDSRS in 71 districts of Somalia on a pilot basis. The aim of this approach is to support community health workers (CHWs) to conduct timely reporting of seven health events using a syndromic approach. During July, 1829 CHWs were deployed in 71 districts. They visited 331 545 households and reached 1 754 990 people with health preventive messages for epidemic-prone diseases, including COVID-19. Of the 3207 alerts of epidemic-prone diseases reported from the communities, 862 (25.8%) were verified to be true alerts and investigated by district based Rapid Response Teams (RRTs). CHWs followed up on 2206 contacts of COVID-19 confirmed cases for symptoms suggestive for COVID-19; 245 contacts were released from isolation in their homes after completing a mandatory 14-day follow up.
- Investigation of suspected measles outbreaks: WHO supported the state- and district-based RRTs to investigate alerts of suspected measles in Yako and Rako districts of Karkar region. The response teams, led by the state surveillance head, conducted a meeting with health workers in the two districts, reviewed clinical and surveillance documents in health facilities and recorded cases that match the standard case definitions in standard line-list forms. They also collected blood samples from suspected cases of measles that were analyzed in the Public Health Laboratory in Garowe. Of the five blood samples collected from suspected measles cases, two tested positive for measles antibodies (IgM). As part of action points, Health Cluster partners were requested to scale up the implementation of routine immunization services in the affected villages, in addition to active surveillance and reporting of new cases in EWARN.
- Investigation of acute watery diarrhoea (AWD): WHO supported the district-based RRTs to investigate alerts of AWD in Yako district. The response team conducted a meeting with health workers in the Yako Health Centre, reviewed clinical and surveillance records and recorded all suspected cases in a standard line list. The team collected seven stool samples that tested negative for *Vibrio cholerae* in the National Public Health Laboratory in Mogadishu. As part of action points, the response team will conduct water quality surveillance, chlorination of water sources, distribution of standard guidelines translated in Somali language to all health facilities and preposition emergency medical supplies to manage cases of diarrhoea.

- **Assessment of drought:** The Ministry of Health of Puntland, Health Cluster and WASH Cluster. in collaboration with United Nations Office for the Coordination of Humanitarian Affairs (UN OCHA) and Humanitarian Affairs and Disaster Management Agency (HADMA), conducted an assessment of the effects of drought in high-risk districts in Puntland. The clusters identified severe water shortages and food insecurity as major challenges that affected the districts of Baargal, Bayla Eyl, Xaafun, Qardho, Iskushuban and Eyl. Additionally, Health, WASH and Nutrition Cluster partners were requested to mobilize resources to contribute to the provision of food, safe water and primary health care services for the affected districts.
- National immunization campaign for polio: A four-day national immunization campaign was conducted in Puntland from 14 to 17 July 2021,



The Federal Minister of Health & Human Services, Dr Fawziya Abikar Nur, visited the WHO Office in Garowe, Puntland, along with the Health Minister of Puntland @ WHO

- where a total of 562 727 children aged under five received bivalent oral polio vaccines (bPOV) and Vitamin A supplementation.
- Water, sanitation and hygiene (WASH) activities: With support from the UN Central Emergency Response Fund (CERF), 10 public health officers were trained in water quality surveillance in Hobyo, Galkacyo and Dhusamareb districts of Galmudug state of Somalia. The public health officers will also receive support to conduct water testing in the drought-affected districts of Galmudug.
- Investigation of suspected measles outbreak in IDP camps in Kahda district: WHO supported the district-based RRT in Kahda to investigate alerts of suspected measles outbreaks in the IDP camps in the district.
 The RRT listed suspected cases in the standard line list and collected 44 blood samples, of which 24 of tested positive for measles IgM in the National Public Health Laboratory in Mogadishu. In response, Health Cluster partners in Kahda were requested to scale up the implementation of routine immunization services in Kahda district, targeting IDPs.
- Investigation of AWD outbreak in Johwar: WHO supported the district-based RRT in Jowhar district to investigate alerts of AWD. The team trained frontline health workers to collect and analyze stool samples using Rapid Diagnostic Kits (RDTs). The RRT also analyzed 300 stool samples using RDTs, of which 102 stool samples were tested positive for V. Cholerae. WHO prepositioned Cary-Blair tubes in Jowhar to collect stool samples to be shipped to the National Public Health Laboratory in Mogadishu for analysis and culture and sensitivity studies. The RRT identified limited supplies, including cholera kits as one of the major gaps in the management of cholera cases that are admitted in the Jowhar Cholera Treatment Centre.

Nutrition update

- WHO supports state health ministries in the management of cases of Severe Acute Malnutrition (SAM) with
 medical complications in the districts affected by drought, floods and conflict in Somalia. This is provided
 through technical support, training, and the provision of supplies to nutritional stabilization centres in the
 country. These supplies include SAM kits, distributed to the state health ministries on a quarterly basis.
- In July, there were 1763 new SAM cases with medical complications admitted to 27 stabilization centres in Somalia (three in Benadir region, eight in Jubaland, six in Galmudug, six in Puntland, three in South West and one in Hirshabelle). Overall, 1529 (87%) recoveries, 72 (4%) defaulters, 45 (02.5%) medical referrals and 47 (2.6%) deaths were reported in July.

Trauma case monitoring and critical care

• As the country is experiencing different types of emergencies, including conflict, WHO is closely monitoring the number of people affected by these conflicts in the country and responding accordingly. An explosion that affected football players, causing ten injuries and three deaths, was reported in the Kismayo district of Jubaland state. The injured cases are undergoing treatment in Kismayo General Hospital. In July 2021, a total of 2 570 injuries were reported from the health facilities through the District Health Information System (DHIS)2. Of these, 3% were burns; and a 47.5% decrease (2 323) was noted, as compared to the same period in 2020 (4 893 injuries in July 2020). As part of the response to injuries, emergency medical supplies adequate for the management of 40 000 people with emergency medical conditions and trauma were distributed to all states. The supplies included four Integrated Emergency Medical Kits (IEHK) and eight trauma kits.

Contacts

Dr Mirza Mashrur Ahmed, ahmedmi@who.int Mr Kyle Defreitas, External Relations Officer, defreitask@who.int Ms Fouzia Bano, Communications Officer, banof@who.int Dr Omar Omar, Information Management Officer, oomar@who.int

Our weekly and monthly information products

Weekly cholera infographic:

• http://www.emro.who.int/somalia/information-resources/acute-watery-diarrhoeacholera-situation-reports.html

Monthly COVID-19 reports:

- http://www.emro.who.int/countries/somalia/index.html
- COVID-19 Dashboard-Somalia





@WHOSom

