

21 June 2018 – The Ministry of Health of Somalia has announced 343 new cases of cholera, including four associated deaths for week 23 (4 to 10 June) of 2018. There has been a slight upward trend in the cases. The cumulative total of cases is 4 643, including 32 associated deaths (case-fatality rate 0.7%) since the beginning of the current outbreak in December 2017.

Since the beginning of the outbreak, 20 districts in five regions have been affected: 15 districts in Banadir; one district (Jowhar) in Middle Shabelle; two districts (Beletweyne and Bulobadre) in Hiran; three districts (Afgoye, Kurtunwarey and Merka) in Lower Shabelle; and one (Kismayo) in Lower Jubba.

This week, active transmission of AWD/cholera was reported in three regions; Lower Jubba, Lower Shabelle as well as Banadir region. While Hiran and Middle Shabelle have not reported any cases more than nine consecutive weeks. More than 50% of the new cases (179) are reported in Banadir where the highest concentration of IDPs reside in the camps. Banadir hospital has admitted the highest number of cholera admissions compared to other treatment facilities in the country.

Following heavy rains in Ethiopia and Somalia, flash floods have been reported in the basins of Juba and Shabelle in 4 states. An estimated 718 000 people have been affected of which 220 000 have been displaced. Floods contribute to contamination of water sources as well as disruption of health services which are precursors of cholera outbreaks. This week, 48% (164) of the new cases were reported in Lower Shabelle and Lower Jubba regions which were affected by the flood. Especially in Lower Shabelle, the outbreak started in week 17 as a result of displacement of people due to the floods, and the number of reported cases has been increasing since week 20.

WHO is coordinating the planning and implementation of response activities with the Ministry of Health, WASH and Health Cluster partners, and local health authorities. This includes support for: clinical care delivery; support for case management in cholera treatment centers; surveillance; deployment of rapid response teams; engagement of community health workers; provision and preposition of medical supplies; health and hygiene education in affected communities; and distribution of hygiene kits.

WHO continues to support enhancing the laboratory capacity. Stool samples are collected from

six cholera treatment centers in four regions ( Banadir, Hiraan, Lower Jubba and Middle Shabelle). Of 202 stool samples so far collected since the beginning of this year, 63 tested positive for Vibrio cholera. This week, out of 8 stool samples collected, one has tested positive for the presence of Vibrio cholera bacterium.

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