



Outbreak investigation: AWD outbreak in Banadir Region

15 October 2009

Background: Acute Watery Diarrhoea (AWD) is endemic in Somalia. Banadir Region, including Mogadishu, is home to over one million people, including many newly internally displaced people (IDPs), as a result of conflict in 2009. The Afgooye Corridor outside the capital hosts over 500 000 IDPs who are living in makeshift conditions. The ongoing situation exacerbates the risk of outbreaks of communicable disease, mainly AWD, particularly now at the onset of the rainy season. The people in this region access drinking water through wells, water trucking and piped water.

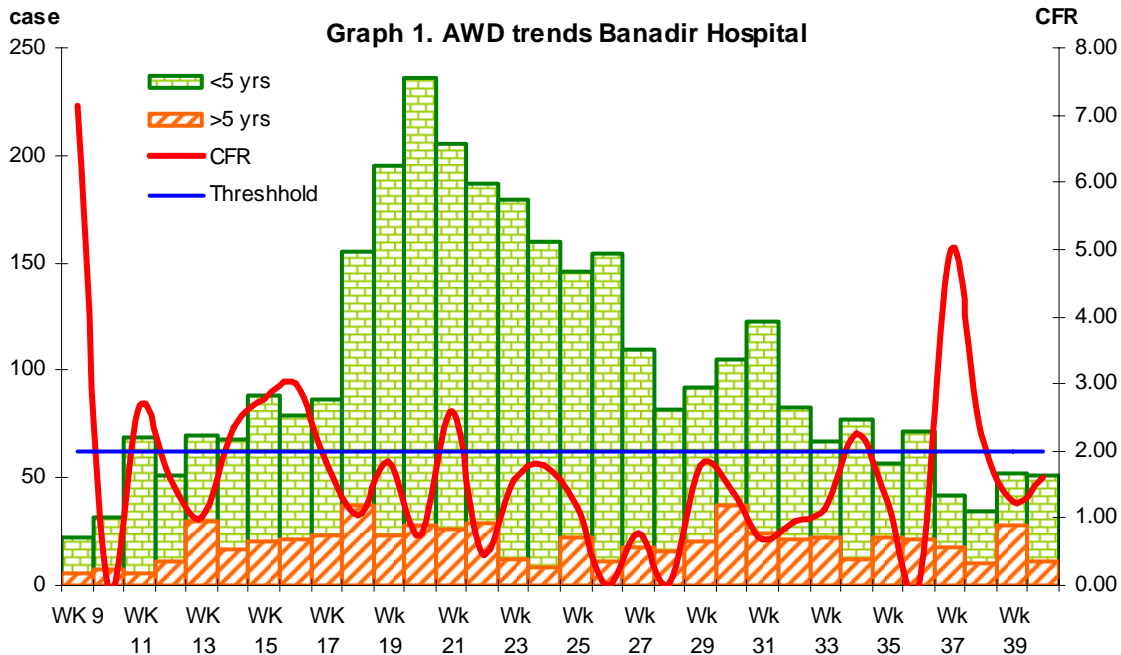
AWD trends for the current outbreak

Since week 9 of 2009, Banadir Hospital has maintained a register for all AWD cases and WHO has continuously updated the database.



A total of 3,846 cases has been reported from week 9 to week 39, 84% (3,229) of which were in patients younger than five years old. This number includes 56 deaths, 75% (42) of which were amongst children under five. An overall case fatality rate of 1.46% was recorded. It is important to note that 50% (1,941) of patients were seen between week 18 and 27, during which an average of 194 cases per week was recorded. The number of reported cases stabilized from week 28.

WHO visited Banadir Hospital between 1 and 6 April 2009. No samples tested positive for *V. cholerae*. WHO provided Banadir hospital with a cholera kit. WHO has been monitoring the situation since then. In week 39, WHO revisited the hospital in response to rumoured increases in AWD cases. WHO collected 10 stool samples on 6 October, which were sent to AMREF Nairobi. Two of the 10 samples tested positive for *V. cholera* serotype "inaba". The WHO team also visited Hawa Abdi Hospital, Muslim Aid OPD/MCH and Celasha OPD/MCH in Afgooye, where staff reported that they had no cases of AWD. As a result of the positive findings of cholera, WHO and partners are intensifying preventive activities and case detection.



Containment activities

Banadir Region does not have a specific outbreak task force since UN agencies relocated from Mogadishu to Merka. Banadir Hospital, Hawa Abdi and other health facilities and health implementing agencies work independently with WHO and UNICEF to help coordinate and facilitate outbreak response activities.

Social mobilization

UNICEF is supporting the dissemination of health messages through local radio with its implementing partner, Somali Public Health Provision Associate (SOPHPA).

Chlorination

Communities in the region are accessing drinking water from private wells, using plastic jerry cans. The capacity of these reservoirs varies from 20 to 200 litres. SOPHPA, with support from UNICEF, is chlorinating 97 water wells in Mogadishu and the Afgooye corridor.



If not well-maintained and cleaned, the exclusive use of jerry cans can lead to the contamination of drinking water

Table 2. Wells targeted for chlorination activities

Afgooye corridor	No of wells	Mogadishu (Banadir) districts	No of wells
Arbiska	1	Webari	10
Dugsi sare D.Qaranka	2	Hamar-Weyne	1
Lafoole	2	Hamar-Jajab	4
Hawa Abdi	2	Hodan	4
Eelasha	8	Howlwadaag	6
Km 15	1	Wadajir	21
Km13	3	Dharkenley	15
Km12	1	Kah-Shiiqaal	2
		Yaaqshiid	3
		Hiliwaa	2
		Daynile	7
		Wardhigley	3

AWD case management

WHO and UNICEF have pre-positioned case management supplies in key locations

Recommendations for future action

- Intensify WASH activities
- Monitor AWD trends
- Prepare for response activities through distribution of pre-positioned diarrhoeal disease kits

Conclusion

The ongoing cholera outbreak may spread due to the high proportion of IDPs in the region. While a lot has already been done, prevention and case detection efforts should be identified.



Communities in Banadir are mainly accessing drinking water through unprotected wells which increases the risk of disease