



Training of health workers in cholera case management in Lower Shabelle region

August 2010

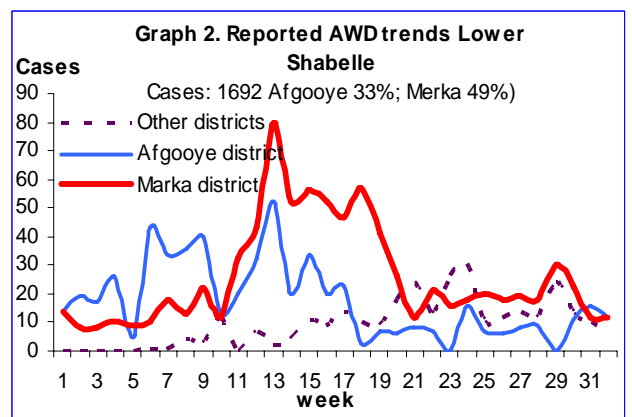
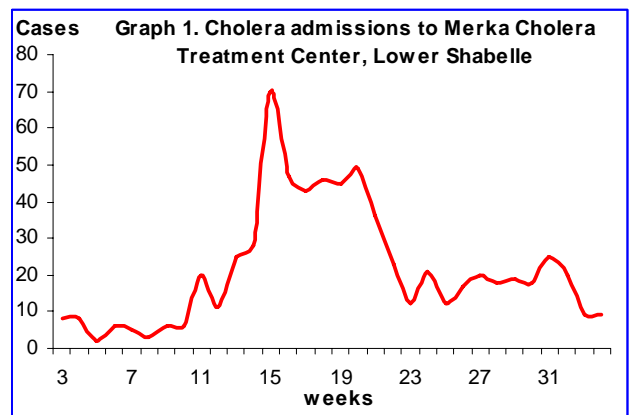
Background: Acute watery diarrhoea/cholera remains highly endemic in the region of Lower Shabelle in Somalia, demonstrated by multiple seasonal outbreaks experienced every year. In March, at the Merka hospital cholera treatment center (CTC), one case under 5 years of age tested positive for cholera using Cholera Smart II RDT. In late June, four rectal swabs **tested positive** for *Vibrio cholera* serotype 'inaba.'

WHO and partners in the region continue to respond to this protracted outbreak amid the challenges faced in the implementation of acute watery diarrhoea (AWD) preventive activities that include limited capacity to chlorinate communal water points to inaccessibility to populations in some areas. From epidemiological **week 1-32**, a total of 649 cases including 68% (443) children under five years of age were admitted at the Merka CTC with six deaths under five years of age reported; case fatality rate (CFR) 0.9 (see **Graph 1**). During the same period, 34 health facilities in Lower Shabelle region reported a total of 1692 AWD cases including 74% (1261) children under five years of age and 12 related deaths; CFR 0.7. **Merka** and **Afgooye** districts which is home to thousands of internally displaced people bear the greatest burden with 49% and 33% respectively of all AWD cases (see **Graph 2**). Although the health interventions have helped maintain low case fatality, it remains imperative that health workers are equipped with the knowledge to enable them implement response activities based on recommended protocols hence the need for continuous training.

Capacity building: In response to the ongoing outbreak, from **14-15 August 2010**, WHO in collaboration with COSV conducted an induction in cholera case management for health workers in Lower Shabelle region.

Aim: The objective was to improve health workers knowledge and skills on cholera case detection, case management and prevention based on recommended case definitions and treatment protocols.

Outcome: About 70 health workers from 13 agencies based in Lower Shabelle region participated. These include 37 qualified nurses and midwives and 33 auxiliary staff from hospitals and maternal and child health centres. Recommended integrated diseases surveillance and response (IDSR) case definitions were discussed and guidelines shared.



¹ Week 1-32: 4 January - 15 August 2010
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