

Somalia Emergency Health Update

BULLETIN HIGHLIGHTS

Weekly Highlights 10–16 Dec 2011

- Alarming rates of 1705 suspected malaria cases are being reported by 21 health facilities in **Lower and Middle Jubba** (none confirmed by rapid diagnostic test or microscopy). Compared with the previous week, this is an increase of 24% (1371 suspected malaria cases reported during week 48) and almost 300% increase compared with week 46 (571 suspected malaria cases reported). Some districts have been affected by flush floods over the past four weeks and WHO warns of a possible outbreak in the two regions.
- Eleven out of the additional 25 samples collected from acute watery diarrhea (AWD) cases seeking treatment in Banadir hospital have tested positive for cholera. The cases are all above five years of age. WHO is calling on partners to intensify preventive activities especially in the districts of Madina, Bondheere, Hodan and Wadajir.

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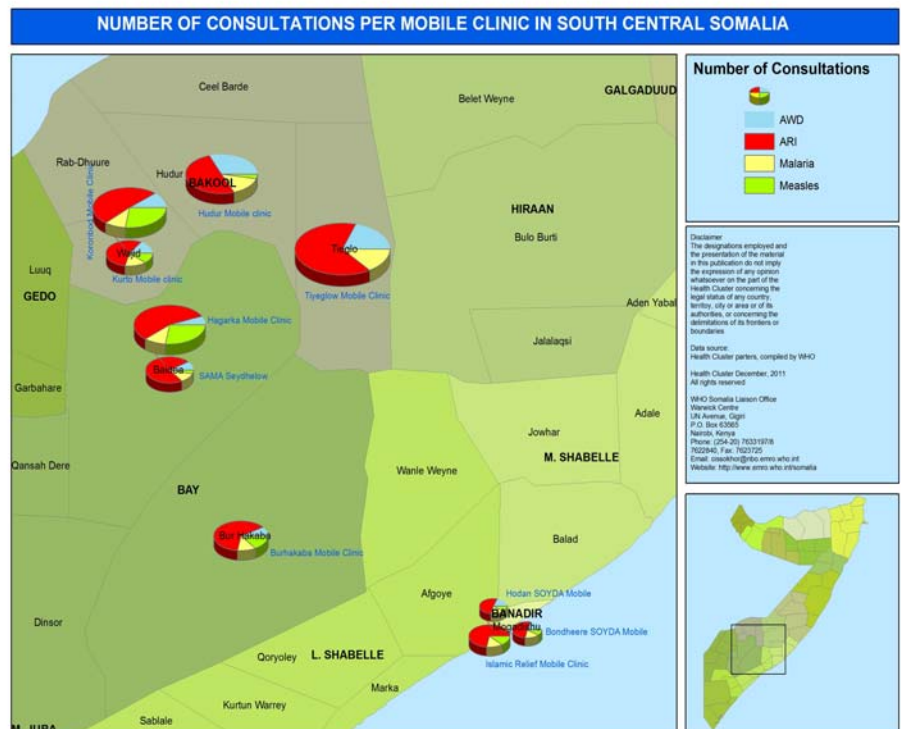
Epidemiological surveillance

- Acute Watery Diarrhoea
- Measles
- Malaria
- Acute Respiratory Infections
- Conflict Related Injuries

Health Response

- Primary Health Care
- Outbreak response
- Mobile Health Clinics

Stamp out Cholera! campaign



Mobile Health Clinics in South Central Somalia

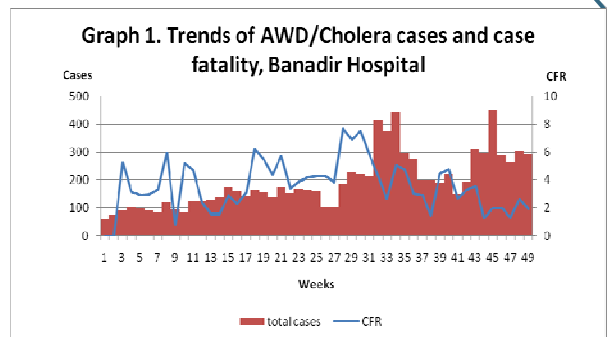
- 26 mobile clinics reported during the month of November a total of 48 630 consultations of which 25 055 (52%) were women and girls and 119 related deaths including 80 (67%) children under the age of five years.
- The majority of the consultations include Acute Respiratory Infections (ARI) and Acute Watery Diarrhoea (AWD).
- A detailed breakdown of the reported consultations of the various mobile health clinics can be found on page 5.

EPIDEMIOLOGICAL SURVEILLANCE (5- 11 DECEMBER 2011, EPI WEEK 49)

ACUTE WATERY DIARRHOEA (SOURCE: CSR SENTINEL SITES)

Banadir Hospital

- Since week 1¹, **9439** AWD/cholera cases were reported from Banadir Hospital in **Mogadishu** including **6623** (70%) cases in children under the age of five and **326** related deaths (241 under the age of five) (see graph 1).
- Women and girls account for **36%** of all reported cases at the hospital.
- For this reporting week², Banadir Hospital reported **293** cases of AWD, including 200 (**68%**) children under the age of five, with 2 related deaths (one under 5 years), giving a case fatality rate (CFR) of 0.68%. Of these cases 122 are women and girls. This week, a 1% decrease was reported compared to week 48 (during week 48 a total of 202 cases were reported).



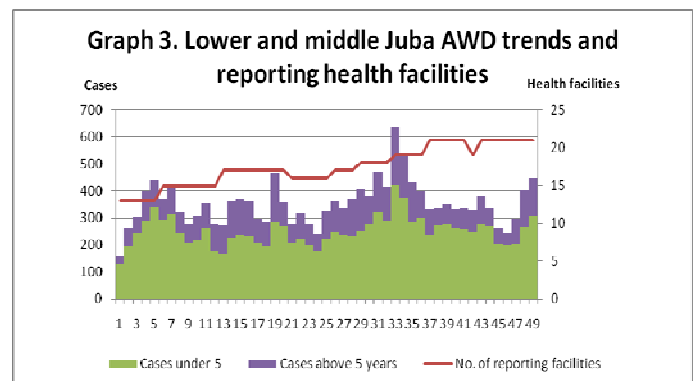
Lower Shabelle

- **164** AWD cases were reported from 56 health facilities (see graph 2), including 103 (63%) children under the age of five and 1 related death. Women and girls accounted for 51% of the reported cases.
- **Merka** Hospital cholera treatment centre reported 6 AWD cases including 3 (50%) children under the age of five. The rest of the cases were women and children.



Lower and Middle Jubba

- 21 health facilities reported **446** cases of AWD/cholera, of which 306 (69%) were children under the age of five (see graph 3). Compared to week 48 (400 reported cases), there was a 10% increase in the number of reported cases .
- **Sakow and Kismayo districts** accounted for 11% and 30% of all reported AWD cases respectively. Flash floods have been reported in areas of South central Somalia, some of which have triggered population displacement. The monitoring capacity is currently limited after the ban imposed on major health and humanitarian agencies.



MEASLES (SOURCE: CSR SENTINEL SITES)

Lower Shabelle

- Health facilities in the region reported **193** suspected measles cases, including 157 (**81%**) children under the age of five and 4 related deaths under the age of five, giving a CFR of 2.07%. 59% of the cases were women and girls.

Lower and Middle Jubba

- Health facilities in the region reported 12 suspected measles cases, all of them are children under the age of five. 7 of these cases were girls.

¹Week 1: 3-9 January 2011

²Epidemiological week 49: 5-11 December 2011

MALARIA (SOURCE: CSR SENTINEL SITES)

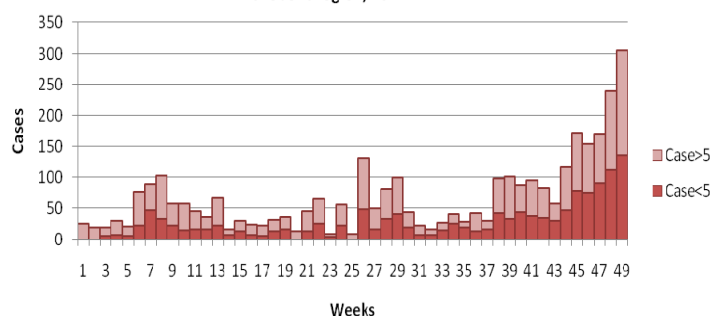
Lower Shabelle

- **743** suspected malaria cases were reported from 56 health facilities, of which 641 (86%) were confirmed by rapid diagnostic test or microscopy. **222** (35%) of the cases were children under the age of five. There was a 20% increment in reported cases compared to week 48 (653 reported cases). Graph 4a indicates an increase in the cases of malaria in Afgooye district of Lower Shabelle.
- Access to the region is limited following the ban of most implementing partners from the area by local authorities.

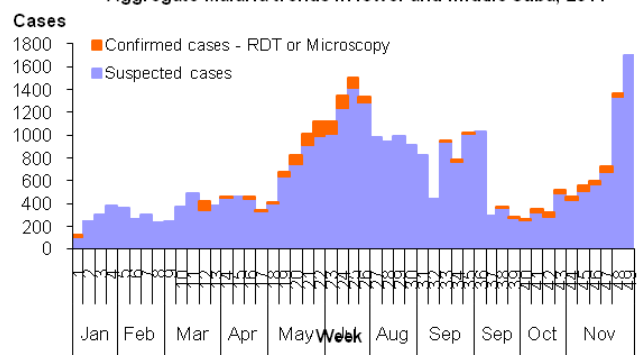
Lower and Middle Jubba

- Alarming rates of suspected malaria being reported by 21 health facilities in Lower and Middle Jubba with 1705 suspected malaria cases (none were confirmed by rapid diagnostic test or microscopy). 1060 (62%) were women and girls, 515 (30%) were children under five years. The reasons for this increase are still being investigated, amid challenges of access and subsequent limited possibility to conduct monitoring activities. However, some districts have been affected by flush floods over the past 4 weeks and WHO is warning of a possible malaria outbreak in the two regions.
- The current torrential rains observed in some of the districts with localized flooding will provide ample breeding sites for mosquitoes and increases the risk of malaria and other vector-borne diseases (such as dengue).

Graph 4a. Trends of confirmed malaria cases in Afgooye district of lower shebelle region, 2011



Aggregate Malaria trends in lower and middle Juba, 2011



ACUTE RESPIRATORY INFECTIONS (SOURCE: IDSR SENTINEL SITES)

Lower Shabelle

- **1503** cases of influenza-like illnesses were reported from 56 health facilities, of which 857 (57%) were children under the age of five and 826 (56%) are women and girls.

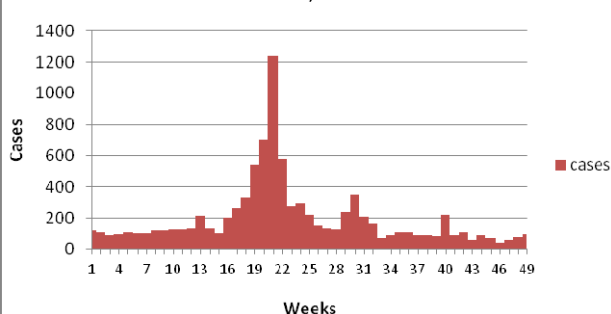
Lower and Middle Jubba

- **673** cases of influenza-like illnesses were reported from 21 health facilities, of which 509 (76%) were children under the age of five. Women and girls accounted for 62% of the reported cases.

CONFLICT RELATED INJURIES

- From **1-11 December 2011**, **96 casualties** from weapon-related injuries were treated in the 3 hospitals in Mogadishu. No Deaths were reported.
- During the month **November 2011**, **268 casualties** from weapon-related injuries were treated at the three major hospitals in Mogadishu. One death above the age of five was reported. The number of injuries reported remains stable.
- Since **1 January - 30 November 2011**, **7641 casualties** from weapon-related injuries were treated at the three major hospitals in Mogadishu. 97 death above the age of five were reported.

Weapon injuries reported in three hospitals in Mogadishu week 1-49, 2011.



HEALTH RESPONSE

PRIMARY HEALTH CARE

- ✦ **IRS** is providing routine diagnostic, curative and promotive health services through mobile clinic in the Galkaayo, **Mudug region**. During the reporting week a total of 146 consultations took place, including 95 under the age of five, 88 female. These health services are benefiting the internally displaced including the host communities in Halaboqad, Garsoor, and Alle-amin 1 and 2 IDP camps.
- ✦ **Mulrany International** who run a primary health care and trauma centre in **Wardhiigley**, reported 287 consultations, including 102 under the age of five, 96 female. The health facilities are to benefit about 80 000 people.
- ✦ The **Somali Young Doctors Association (SOYDA)**, in collaboration with Intersos and OCHA, extended their health services through health centers and mobile clinics in **Lower Shabelle region**. During the reporting week, 2714 consultations were reported, including 1025 under the age of five, 1481 female. The mobile clinics, that provide basic health services, mainly target IDPs.
- ✦ On 13 December 2011, a health needs assessment was conducted at Zamzam Egyptian hospital. The main objective was to assess the quality of health services at the hospital and its capacity, to identify the current needs and, monitor the adoption of WHO guidelines and the Essential Package of Health System for Somalia at the facility. The hospital, established in Mogadishu by **Arab Medical Union** provides health care services to the vulnerable communities and receives an average of about 200 patients (outpatient and inpatient) per day. Recommendations made is additional medical supplies including vaccines and supplies for therapeutic feeding and, training of staff in disease management and control.



OUTBREAK RESPONSE

- ✦ From 28 November - 8 December 2011, about 318 health workers including 9 doctors, 3 lab technicians, 2 pharmacists, 184 nurses, 3 nurse midwives, 12 midwives, 105 auxiliary nurses were trained on AWD and cholera case detection, management and prevention. The five session training course that was held at the Banadir University in Mogadishu was conducted by the university's faculty of medicine in collaboration with the WHO. The participants represented over 38 health partners and stakeholders.
- ✦ **WHO** has pre-positioned Patorex RDT for meningitis for partners who have reported cases of suspected meningitis for confirmatory diagnosis. Kits will be supplied mainly to hospitals.



CONSOLIDATED APPEAL FOR SOMALIA

- ✦ The Humanitarian Appeal for Somalia was launched on 13 December 2011 in Nairobi by the Humanitarian Coordinator for Somalia. The 2012 Appeal seeks \$1.5 billion for 350 humanitarian life-saving projects to be implemented by 148 UN agencies and national and international non-governmental organizations (NGOs). The total requirements for health alone is 85 million. The Health Cluster aims to assist 2.6 million of the estimated 3.7 million people in need throughout Somalia through the provision of access to primary and/or basic secondary health care services.

BREAKDOWN OF CONSULTATIONS MOBILE HEALTH CLINICS IN SOUTH CENTRAL SOMALIA

Region	District	Reporting period (week)	Mobile clinic	Events	Total	Under five years	Female
Bakool	Huddur	20-46	Huddur Mobile Clinic	All consultations	4056	948	2356
				AWD	248	183	
				ARI	384	210	
				Malaria	110	36	9 confirmed
				Measles	21	11	
Bakool	Tiyeglow	24-46	Tiyeglow Mobile Clinic	All consultations	7129	2069	3594
				AWD	266	183	
				ARI	976	600	
				Malaria	178	113	32 confirmed
				Measles	10	8	
Bakool	Wajid	38-46	Koronbod Mobile Clinic	All consultations	4242	1638	2032
				AWD	227	109	
				ARI	1153	484	
				Malaria	259	97	168 confirmed
				Measles	625	296	
Bakool	Wajid	39-46	Kurto Mobile clinic	All consultations	1740	872	843
				AWD	110	86	
				ARI	430	217	
				Malaria	144	66	11 confirmed
				Measles	81	49	
Bay	Burhakaba	39-46	Burhakaba Mobile Clinic	All consultations	2336	765	1051
				AWD	85	49	
				ARI	729	281	
				Malaria	163	44	129 confirmed
				Measles	152	68	
Bay	Baidoa	39-46	Hagarka Mobile Clinic	All consultations	4056	1578	2160
				AWD	80	49	
				ARI	832	293	
				Malaria	181	61	88 confirmed
				Measles	419	255	
Bay	Baidoa	39-46	Seydhelow Mobile Clinic	All consultations	1794	880	861
				AWD	80	60	
				ARI	755	426	
				Malaria	100	47	0 confirmed
				Measles	33	28	
Banadir	Bondheere	41-46	Bondheere Mobile Clinic	All consultations	698	287	420
				AWD	131	56	
				ARI	340	141	
				Malaria	129	43	129 confirmed
				Measles	59	24	
Banadir	Hodan	41-46	Hodan Mobile Clinic	All consultations	608	245	377
				AWD	111	47	
				ARI	311	125	
				Malaria	116	39	116 confirmed
				Measles	56	25	
Banadir	Wadajir	30-32; 34; 36	Mobile Clinic	All consultations	1341	938	586
				AWD	3	3	
				ARI	519	391	
				Malaria	118	85	0 confirmed
				Measles	83	78	

'STAMP OUT CHOLERA!' CAMPAIGN KICKS OFF IN MOGADISHU

Somalia's Ocean Stars and Heegan Football Club kick off 'Stamp out cholera!' campaign in Mogadishu

16 December, 2011 | Mogadishu/Nairobi – Somali soccer players kicked off today the 'Stamp out cholera' campaign. A friendly soccer match between the Somali national team, also known as the Ocean stars, and Heegan FC will take place this afternoon at the University Football stadium in Mogadishu.

The 'Stamp out cholera!' campaign aims at raising awareness on cholera and acute watery diarrhea among the Somali population. "As the Somali National soccer team, we are very honored to support this campaign. Cholera is a killer disease but can easily be prevented and save many lives," says Yassin Ali Egal, captain of the Ocean Stars (Somali National team). "During our match, various cholera prevention messages such as hand washing and water chlorination will be announced to make sure that every Somali citizen understands what cholera is and how it can be prevented," he added.



The cause of cholera is that sewage water gets mixed into drinking water, making it unsafe to drink. Cholera is an easily transmittable disease that causes severe diarrhoea, leading to rapid dehydration. If left untreated, it can kill in a matter of hours. The contagious disease continues to be one of the major health concerns in the country.

Since January this year, about 60 000 cases of acute watery diarrhoea and cholera have been reported in South Central Somalia. About 75 percent of all cases are children under the age of five. Boys and girls under the age of five and women are among the most vulnerable hit by the disease.



"Cholera can be prevented by increasing awareness on hygienic living conditions among people, by educating them on hygiene and telling them to wash their hands with soap before eating and after visiting the toilets. This can bring down the number of diarrhea cases by at least 50%", says the Minister of Health and Human Services, Abdiyaz Sh. Yussuf. "Cholera is spreading fast nowadays in Somalia, because people have been displaced without access to safe water and sanitation. Therefore, chlorinating the water with tablets is very efficient and makes the water safe to drink," he continued.

The most important treatment for cholera is rehydration, which consists of prompt replacement of the water and salts lost. Early use of Oral Rehydration Salts (ORS) can save the lives of nearly all cholera patients. People living in high-risk areas can protect themselves by following a few simple rules of good hygiene and safe food preparation. These include washing of hands with soap, especially before food preparation and eating, thorough cooking of food, boiling or using purification techniques to make drinking water safer, and use of sanitary facilities.

The ultimate aim of this public-awareness campaign is to ensure that households have at least one person who knows how to prevent cholera and what to do in case symptoms occur, and where to refer severe cases. Other efforts will also include community meetings and distribution of information in health centres, schools and markets – as well door-to-door visits and children's activities in local communities.

For more information, visit: www.stampoutcholera.org