



BULLETIN HIGHLIGHTS

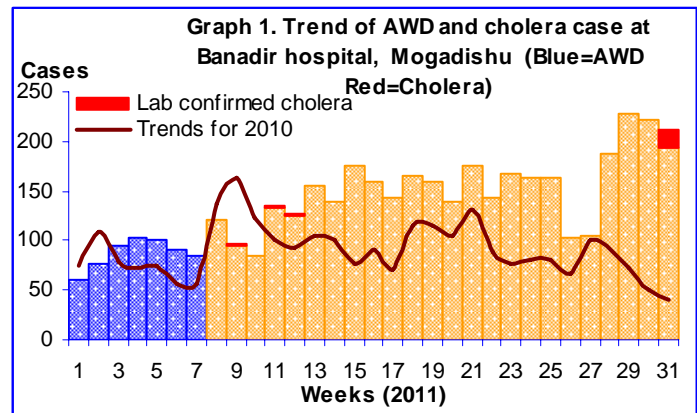
- Alarming rates of confirmed cholera cases among IDPs have been reported in Mogadishu. Out of the 30 stool samples collected last week, 18 have tested positive for *Vibrio cholera* serotype 'inaba'.
- Several AWD cases, mainly IDPs, have been reported from Kismayo with at least 40 cases and 4 deaths. WHO has sent medical supplies that are adequate to treat up to 20 severe adults or 50 children and over 100 moderate cases.

Update on major public health concerns:

• Trends of acute watery diarrhoea (AWD)/cholera

The cholera transmission season is ongoing. Some areas have received sporadic rains, posing a high risk for transmission of waterborne diseases, such as AWD. Communities tend to use contaminated water for domestic use, hence the high risk for sporadic outbreaks. Multiple rumors are currently being investigated. Confirmed cholera outbreaks are ongoing in Mogadishu (**Banadir region**), the Afgooye corridor, Baidoa (**Bay region**), Xarardere, Bursalah, Goddogob, and Hobyo district (**Mudug region**), Awdhegle and Wanlaweyne district (**Lower Shabelle region**). Confirmed measles and dengue fever cases have been identified in Mogadishu (**Banadir region**). Dengue fever is confirmed in **Galbeed region** of Somaliland. The cholera outbreak in Baidoa is considered under control.

Since week 1¹, 4272 AWD/cholera cases including 3225 (75%) cases under the age of five with 181 related deaths have been reported from Banadir Hospital in **Mogadishu** (see graph 1). Children under the age of two bear the greatest burden of AWD accounting for 53% of all reported cases and 51% of all reported deaths. Based on data collected, women and girls account for 47% of all AWD reported cases at the hospital.



¹Week 1: 3-9 January 2011

The number of AWD cases reported in **Lower Shabelle region** tends to decrease in week 31² compared with the previous week (see graph 2). WHO and partners are closely monitoring trends of communicable diseases, especially AWD and measles in light of the end of the dry season.

It has rained in some regions and people are moving back to their original homes to prepare for the planting season. On the other hand, the number of IDPs continues to increase as people move to urban areas, such as Mogadishu and Galkacyo.

The emergence of new informal settlements is a major challenge to the few health service providers who also have limited operational capacity. The prevailing malnutrition levels exacerbate the existing precarious public health situation in Somalia.

Mogadishu conflict and displacement

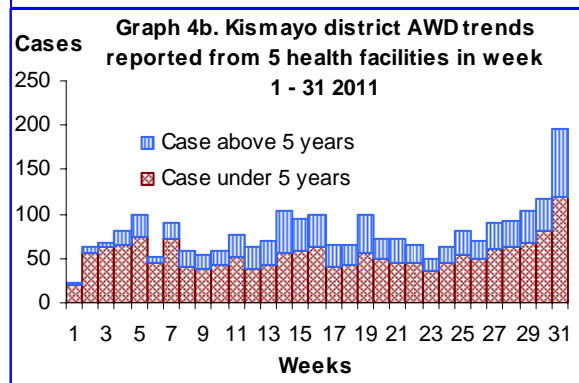
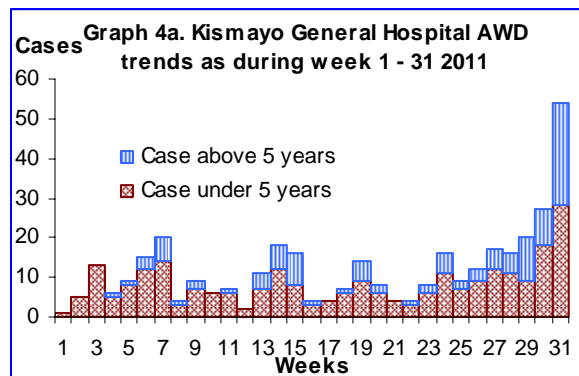
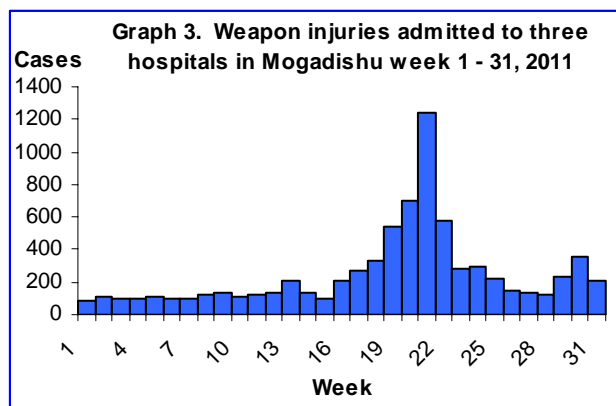
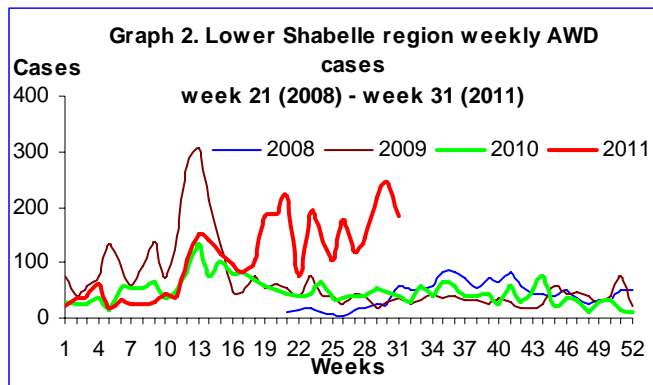
From 1-7 August 2011, 205 casualties from weapon-related injuries were treated in the three hospitals in Mogadishu. One related death is reported. The number of weapon related casualties reported from these hospitals has remained stable compared to week 30 (see graph 3).

The total number of new IDPs³ in Somalia since 16 June is estimated at 74 400, of which 82 per cent moved because of drought.

Health Events in Somalia

Epidemiological surveillance during week 31

- In **Lower and Middle Juba regions**, 16 health facilities reported 1706 consultations including 1099 (64%) children under the age of five. Women and girls accounted for 848 (50%) of all consultations. Influenza like illness (ILI) accounted for 350 consultations of which 240 (69%) were children under the age of five. Suspected malaria accounted for 829 cases including 529 (64%) children below the age of five. AWD accounted for 470 cases including 320 (72%) children under the age of five. Jilib and Kismayo districts accounted for 46% of all the consultations. The number of AWD cases increased by 19% compared to week 30. Several AWD cases, mainly IDPs, have been reported from Kismayo with at least 40 cases and 4 deaths. WHO has sent initial supplies with the outbreak verification team: 10 boxes of ringer lactate (120 liters) and accessories, 1000 sachets of Oral Rehydration Solution, 300 Doxy capsules (anti-biotic), 100 bottles of erythromycin syrup, 2000 Erythromycin tablets, scalp vein needles; and canula with additional antibiotics. The supplies are adequate to treat up to 20 severe adults or 50 children and over 100 mild/moderate cases. The team will test stool samples for cholera on the spot using the rapid Cholera Smart™ II diagnostic test. Several cases of suspected measles and whooping cough have also been reported in the area and negotiations are ongoing for permission to implement vaccination activities.

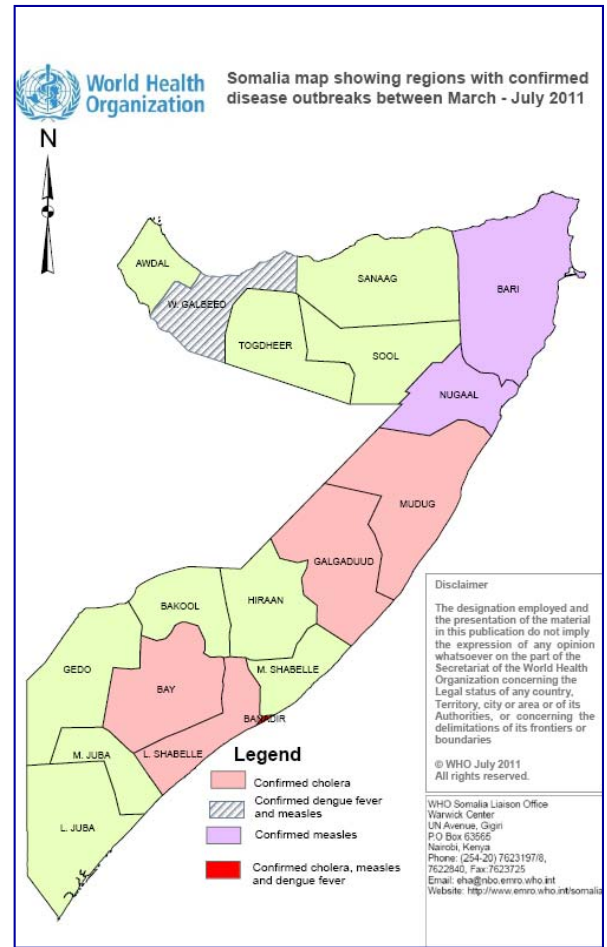


²Week 30: 25-31 July 2011

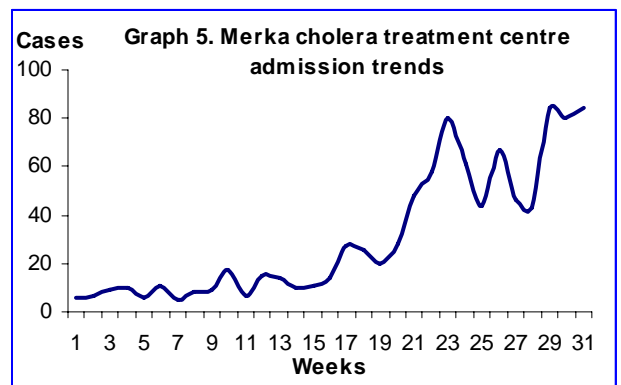
³Population Movement Tracking 5 August, UNHCR

As part of the routine monitoring activities, WHO periodically collects samples from cases of AWD and other suspected outbreak prone diseases. On 31st July and 1st August, a WHO team randomly collected 30 stool samples from patients seeking treatment at hospitals for acute watery diarrhea. Eighteen (60%) of the samples have tested positive for *Vibrio cholera* serotype 'inaba' which has been the predominant serotype in Somalia for the past 3 years. IDPs accounted for 39% of the positive cases while the remaining are residents of Mogadishu districts as follows: Wadajir 3; Hodan 3; Wabari 2; Howlwadag 1; Xamarjajab 1 and Ceelasha – Afgooye corridor 1.

- In **Lower Shabelle region**, 51 health facilities reported a total of 8464 consultations of whom 4111 (49%) are children younger than five, with five related deaths. Women and girls accounted for 4748 (56%) of the consultations. About 1122 consultations were reported for influenza-like illness (ILI), 614 (55%) children under five years. Severe acute respiratory infections (SARI) accounted for 256 consultations of which 148 (58%) were children under five years. Suspected malaria accounted for 167 cases including 64 (38%) children under five years. Around 104 (62%) were confirmed by rapid diagnostic test or microscopy. AWD accounted for 183 consultations including 128 (70%) children under five years. During the same period, 133 suspected measles cases were reported from the region. Around 33 suspected whooping cough cases were reported. The number of suspected measles cases continues to increase. WHO is monitoring the situation. The lack of access to conduct vaccination activities in the region continues to impact negatively on the health of children. WHO responses to confirmed cholera in Wanlaweyne and Awdhegle districts is ongoing and the situation is stable.



- The **Merka Hospital** cholera treatment centre in the region reported 84 AWD cases including 51 (61%) children under the age of five. Of all the cases 36% were women and girls. WHO and partners are monitoring the situation and facilitating preventive activities. Adequate case management supplies are being distributed to partners on the ground. Mobile clinics supported by WHO and implemented by partners in Lower Shabelle provide access to basic services targeting over 5000 people per month. WHO has sent a cholera kit to Merka hospital to facilitate continued response to AWD.



- Banadir Hospital in **Mogadishu** reported 211 cases of AWD including 121 (57%) children under five years, with 9 related deaths (2 under the age of five). Of these cases 40% are women and girls. The number of reported cases remained stable as compared to previous week. WHO and partners continue to monitor the trends and undertaking AWD preventive activities. Case management supplies have been pre-positioned in Mogadishu, ready for dispatch. The increased influx of internal displaced people and the precarious living conditions are high risk for outbreaks and the number of AWD cases is expected to rise significantly between now and October.

- The Habeeb hospital cholera treatment centre in Heliwa district, **Mogadishu** reported 15 AWD admissions of which eight are under the age of five with no death. Of these cases, 6 were women and girls. The situation remains stable but cases are expected to increase and WHO and partners continue to monitor trends closely.
- The SOS Hospital in Huruwaa district, **Mogadishu**, reported 26 AWD cases of children under the age of five with one death. Of these cases 36% are girls. Compared to week 30, the number of reported cases remained stable. With the recent intense fighting and onset of rains in Mogadishu and other parts of Somalia resulting in continued influx of internally displaced persons and the current malnutrition rates, AWD cases are expected to increase.
- Baidoa Hospital in **Bay region** reported 8 AWD cases including 5 children under the age of five with no death. Women and girls accounted for 50% of reported cases. Although the cholera outbreak in Baidoa has been declared under control, WHO is urging partners in Bay and Bakool regions to step up WASH and surveillance activities for waterborne diseases. There has been an influx displaced persons in Baidoa and Mogadishu creating the possibility of a new outbreak.
- Suspected measles cases have been reported from Jalalaqsi district, **Hiraan region**. Humanitarian access to the region has remained a challenge over the past three years and no vaccination activities were implemented in the area. Negotiations for permission to implement vaccination is ongoing. Retrospective data for the past 10 weeks (wk 22 – 31) suggests that there have been 440 cases of suspected measles including 372 (85%) children under 5 years and a possible 29 associated deaths including 86% children under 5 years. Following the expulsion of international aid agencies in the district, a major gap remains with no real viable access to health services. Health partners continue to shun from introducing any interventions in the district and neighboring areas. WHO is calling on health authorities to allow the implementation of accelerated child survival interventions to reduce avoidable deaths.

WHO's response

WHO and partners continue to monitor health events and to respond to the ongoing situation in South Central Somalia, through the following activities:

- Ten boxes of ringer lactate (120 liters) and accessories, 1000 sachets of Oral Rehydration Solution, 300 Doxy capsules (anti-biotic), 100 bottles of erythromycin syrup, 2000 Erythromycin tablets, scalp vein needles; and canula with additional antibiotics have been sent **Kismayo General Hospital**. The supplies are adequate treatment for up to 20 severe adult or 50 children and over 100 moderate cases.
- WHO provided 1 complete inter agency health kit (10 basic units) to the **Ministry of Health** and health partners in **Mogadishu** for use in the new **IDP camps** of Badbaado and Saliga. Each kit covers a population of 10 000 people for 3 months.



In Focus

Number of cholera cases in Somalia on the rise

Since March 2011, various confirmed cholera outbreaks have been reported in Mudug, Galgaduud, Bay, Lower Shabelle and Banadir region of Somalia (see map). Most of them have been declared under control, however alarming rates of confirmed cholera cases among internally displaced people (IDPs) have been reported recently in Mogadishu.

Cholera is an intestinal infection caused by a bacteria - and is often linked to contaminated supplies of drinking water. It causes severe diarrhea and vomiting, and patients - particularly children - are vulnerable to dangerous dehydration as a result.

In June and July alone, 1633 acute watery diarrhea/cholera cases have been reported in Banadir Hospital, Mogadishu, representing 38% of all reported cases for this year. Compared with the same period in 2010, the number of AWD and cholera cases has increased with 44%⁴ (see graph). Since January 2011, 4272 AWD/cholera cases were reported in the same hospital, including 3225 or 75% children under the age of five.

This sudden increase has various reasons: the numerous informal IDP settlements with makeshift shelters, poor sanitation and limited access to safe water, limited capacity of existing health partners to access those informal settlements and provide essential health services, and the high level of malnourished children due to the ongoing famine making them much more prone to waterborne diseases such as acute watery diarrhea.

As response to the confirmed cholera cases, WHO organized case detection and management trainings for health workers in the affected areas, supported cholera treatment units in Banadir, Habeeb, Xarardheere and Baidoa Hospitals and sent diarrheal disease kits to various places in Somalia (see table). Each kit can treat 500 cases, including 100 severe adult cases.

Region	Diarrheal Disease Kits
Mudug	1
Lower Jubba	3
Lower Shabelle	5
Banadir	2
Bakool	4
Bay	1
Middle Shabelle	1
Nugal	1
Bari	1
West Galbeed	1

⁴June-July 2010: 747 cases; June-July 2011: 1693 cases

