

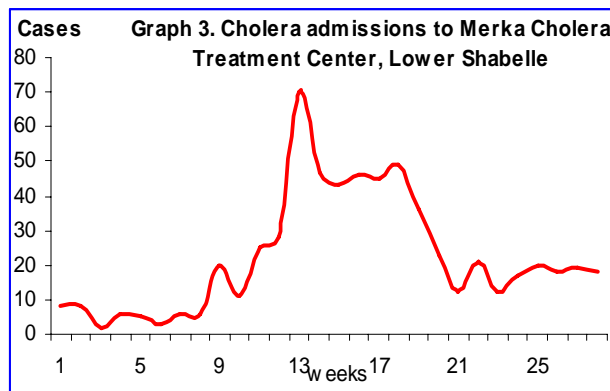
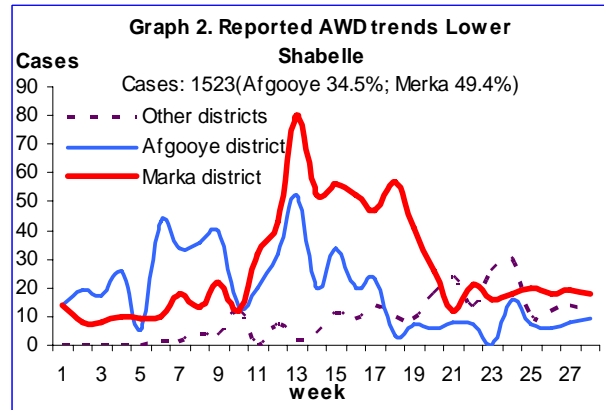
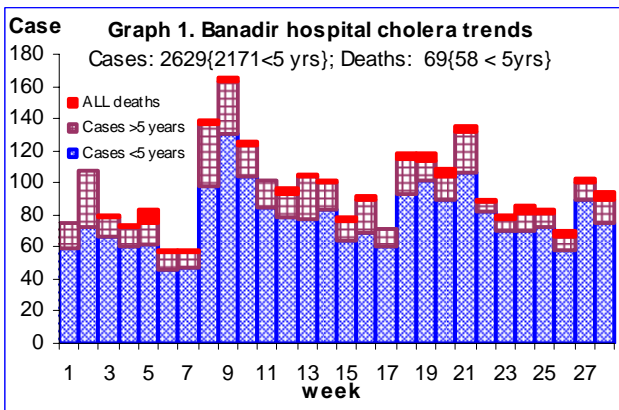


Cholera case detection, case management and integrated disease surveillance and response (IDSR) training for health workers in Mogadishu and the Afgooye corridor July 2010

Background: Acute watery diarrhoea (AWD) is endemic and remains the leading cause of morbidity in Somalia. As such, sporadic AWD/ cholera outbreaks occur every year and seasonal confirmed cholera outbreaks have been known to occur as well, mainly in the riverine areas and regions that host internally displaced people. Over 25 000 cases of AWD including over 76% children under five years of age, and over 50 deaths have been reported from across Somalia since the beginning of 2010. South and Central zone (SCZ) alone has accounted for over 86% of all cases.

Currently there are two ongoing confirmed cholera outbreaks for which the predominant circulating serotype has been identified as *Vibrio cholera* serotype 'inaba'. This has been reported in Banadir region in the Mogadishu area, which is densely populated and the epicentre of the current conflict and neighbouring the Afgooye corridor which is home for over 0.36 million internally displaced people and, from Merka district in Lower Shabelle.

From epidemiological week 1-28 (4 January - 18 July 2010), about 2629 and 1523 cases including cholera have been reported from Banadir hospital and Lower Shabelle region respectively (**Graphs 1 and 2**). The Merka CTC in Lower Shabelle reported 624 admissions including 67% (421) children under five years of age and 6 related-deaths; CFR 1 (**Graph 3**).



Capacity building: As a response to the ongoing outbreak, in collaboration with Banadir University, WHO conducted a training in cholera case detection, case management and integrated disease surveillance and response (IDSR) from **21-22 July 2010**, for 54 health workers in Mogadishu and the Afgoye corridor. About 18 agencies participated.

Participants	
Cadre	Total
Auxiliary	6
Lab technician	1
Midwife	8
Nurse	39
Total	54

Participating agencies:

ACF, A/Dawa, CBO, COSV, Fatha, Hanana, Hawa Abdi, Hayat, HIJRA, Keydsaney Hospital, Ministry of Health, Muslim Aid, SOS, SRCS, Zamzam.

The training aimed to equip health workers with knowledge on:

1. AWD/cholera specific standardized case definitions;
2. Use of reporting tools i.e weekly reporting and daily outbreak alert forms;
3. How to conduct basic analyses of health facility-based data, identify, raise alerts and report;
4. How to conduct initial basic outbreak investigation, appropriate reporting and how to/where to seek help;
5. The importance of the integrated disease surveillance and response.

Training methodology:

The training had three core components namely:

- lectures
- power point presentation (including activity visuals from past outbreaks);
- group discussions.

Standardized case definitions and treatment protocols were extensively covered during this training. Reporting tools were also presented and demonstrations on how to use them. Scenarios were used to demonstrate the processes of identifying possible outbreaks, how to report and where to seek help. Participants received copies of the recommended AWD case definitions, outbreak and standardized case definitions for the current 16 key health events under surveillance in the IDSR system.



Photos by WHO/Somalia

Conclusion: There is need to expose more health workers in Somalia to these training sessions especially due to the fact that there exists low national capacity to keep health workers updated on current evidence-based protocols and practices. While the key objective of the course is to equip health workers with the knowledge they require to effectively deal with communicable diseases and outbreaks, there is a clear need to extend such activities further to strategies such as the integrated management of childhood illness (IMCI) and others.

Way forward: Similar capacity building activities are planned in Burhakaba in Bay region, Lower Shabelle region and in Galkacyo, Mudug region among others.

Acknowledgement: We acknowledge the continued collaboration of the teaching staff at the Banadir University for with their support in making this training not only possible but successful. We would like to also thank health partners for their participation and we look forward to improving and extending these activities to other regions of Somalia.