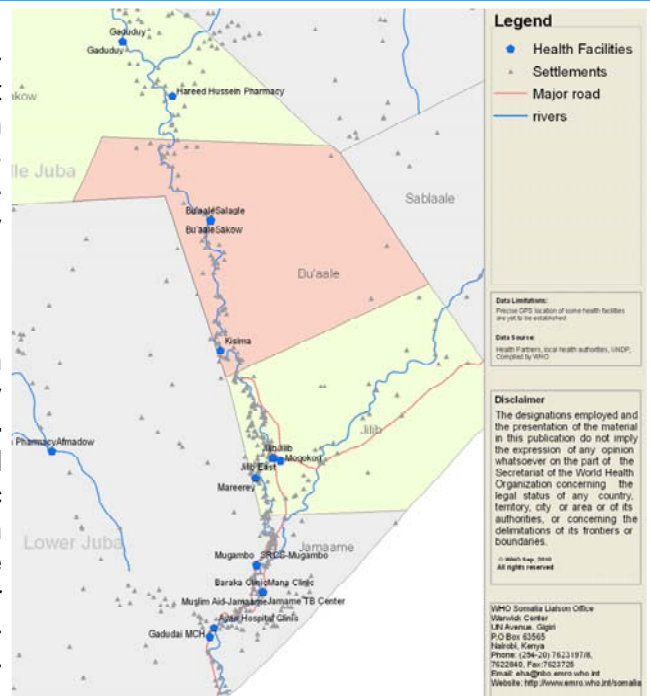




Outbreak investigation: Bloody diarrhoea in west bank of Bu'aale, Middle Jubba region 27-28 August 2010

Background: Community elders from the villages of Buulo-Gologol, Buur-fuule, Qardhaale and Kafinge in the west bank of Bu'aale district in **Middle Jubba region** reported an unspecified number of bloody diarrhoea cases. With the exception of Buulo-Gologol village which is home to the agro-pastoral Bantu minority, the other villages are inhabited by pastoral communities.

Investigation: As a response, the WHO team in Bu'aale in collaboration with the Somalia Red Crescent Society (SRCS) undertook health situation monitoring on **27-28 August 2010** in affected villages to investigate the suspected outbreak. Each village has a health post providing basic health services, managed mainly by community health workers and traditional births attendant (*see map*). These facilities were initially supported by World Vision but their activities in the area were suspended by the local authorities. Since, the provision of medical supplies has been severely hampered.



Outcome: Retrospective review of health facility-based records revealed the main causes of morbidity are acute watery diarrhoea, malaria, respiratory tract infections, bloody diarrhoea and schistosomiasis affecting mainly the communities that reside along the River Jubba. Observed was an increase in reported cases of bloody diarrhoea cases, with a total of 172 cases registered during the previous weeks with four deaths under five years of age. Patients receive treatment from SRCS team. The onset of the increase in cases was not definite although Kafinge village reported among the first cases. All patients suffered from abdominal pains, having visible blood in the stool and high fever while others experienced slight fever with mucoid diarrhoea. A makeshift centre to provide oral re-hydration salts was established which would also serve as an outpatient service area for dispensing prescribed medicines to patients. One of the challenges faced whilst providing treatment, were refusals by patients to stay on at the centre in order to receive adequate and supervised re-hydration due to cultural beliefs that patients do not usually survive after admission and treatment from diarrhoea. Health education sessions were conducted by the team and aqua tabs distributed for the chlorination of water points.

Conclusion: The expulsion of World Vision and other key humanitarian agencies from the context has left major gaps in access to basic quality health services. In the long term, this will aggravate the already poor health status of majority of the population especially children under five years of age who were previously malnourished and attending the supplementary feeding centers supported by these agencies. The absence of these agencies will also impact on the timeliness and quality of reporting of health events of public health concern when they occur.

Recommendation: WHO to continue collaborating with partners, the community and their leaders in reporting of health events of concern in order to maintain effective response when needed. WHO to provide support in filling gaps in essential medical supplies, partnering with UNICEF and other health partner to sustain their supply and ensure continued access to quality healthcare. Health education activities should be intensified in the area during this period.